CLINICAL PRACTICE

The essential triad of the nurse-patient-interpreter relationship with non-English-speaking patients in psychiatric mental health nursing practice

Karen Goyette Pounds[1], Marian Newton*[2]

[1] *William F. Connell School of Nursing, Boston College, Chestnut Hill, Massachusetts, United States*
[2] *Shenandoah University, Winchester, Virginia, United States*

Received: January 1, 2025 **Accepted:** February 21, 2025 **Online Published:** March 20, 2025
DOI: 10.5430/jnep.v15n5p11 **URL:** https://doi.org/10.5430/jnep.v15n5p11

ABSTRACT

Non-English speaking (NES) immigrant residents interact with the United States (U.S.). health care system in all settings, inpatient, outpatient and emergency departments. Medical interpreters occupy a central role in mental health care by bridging the communication gap between the patient and the Psychiatric Mental Health Registered Nurse (PMHRN) and the Advanced Practice Registered Nurse (APRN) providers. The authors' interest in the nature and effects of the presence of the interpreter on the nurse-patient therapeutic relationship began during their clinical experiences in two mental health outpatient settings. The purpose of this article is to describe a clinical occurrence faced by psychiatric mental health nurses in routine practice. It reviews scant literature on changes in dynamics that occur in the provider-patient relationship when an interpreter is present. Secondarily, the authors present interventions for working within the triad partnership of the nurse-patient- interpreter through the lens of Hildegard Peplau's Interpersonal Relations Theory. The intended outcome of this review is to describe specific interventions for nurses working with interpreters to ease the patient's mental distress and assist their transition to a higher level of mental health wellness in a new country. Application of the Peplau theory can influence the interpreter's presence in establishing and maintaining the provider-patient therapeutic relationship, as it applies to nursing. The interpreter is essential to interventions for the NES person and is facilitated by the development of a meaningful and productive relationship within the Nurse-Patient-Interpreter triad. This process is critical in reducing the patient's distress from entry to settlement in the U.S.

Key Words: Non-English speaking, Psychiatric mental health, Nurse-patient-interpreter

1. BACKGROUND/OBJECTIVES

The U.S. population represents only 5% of the total world population, but nearly 20% of all global migrant persons live in the U.S. While 78% of the 313.2 million U.S. residents report speaking only English at home, the other 22% (67.8 million) report that English is not their primary language.[1] The population of Non-English Speaking (NES) patients treated primarily by Only English Speaking (OES) psychiatric mental health providers is increasing and therefore, presents an emerging clinical challenge. The Affordable Care Act of 2018 included regulations which restrict the use of family members as interpreters and contains language narrowing interpretation of oral communication to bilingual staff and interpreters.[2] The former practice invited bias and possible confusion to the interaction between providers and patients.

*Correspondence: Matthew J. Barton; Email: mnewton@su.edu; Address: Shenandoah University, Winchester, Virginia, United States.

This manuscript describes how the interpreter role often goes beyond verbal communication to that of clarifier, cultural broker and advocate-mediator.[3] The involvement of interpreters in patient care and the impact of their presence on the nurse patient relationship within psychiatric mental health care settings is described. It is essential for mental health care providers to understand the role of the professional medical interpreter within the triad relationship. The exploration of this relationship includes a relevant literature review and direct practice experiences of the authors guided by Hildegard Peplau's Interpersonal Relations Theory and its stages of development of the therapeutic relationship. The intent of the authors is to apply working with migrants within the empathic framework of Hildegard Peplau.

Cultural understanding impacts every phase of the therapeutic relationship regarding client, provider and interpreter. An interpreter is a language translator and has experience with the culture to assist both the patient and provider. Medical interpreters can bridge the gap between patient and provider and can clarify and advocate for the patient. The patient-nurse-interpreter can strengthen the therapeutic relationship in both the assessment and therapeutic phases.

2. Application of a Theoretical Framework: Hildegard Peplau

Peplau's theory of interpersonal relations focuses on client growth, relief of patient suffering, and assisting with patient problem solving in three phases: orientation, the working phase, and during termination.[4] The key to a positive patient outcome throughout treatment involves being genuine and helping the patient to feel cared for and safe in the relationship. The interpreter can assist in the process. A study by Ikafa and Holmes explored the experience of involuntary African migrants settling in Australia.[5] Initially, support was not broad or culturally significant. Recommendations were made by applying Peplau's theory to improve services. The study highlighted interventions within each phase: Consulting with migrants regarding their actual needs (orientation), adapting services to meet those needs (working) and coordinating long term services (termination). Migrants felt empathy, a feeling of genuineness by the nurse and thus, quality of care.[6] This was the first and only study to apply Peplau's theory to improve care for migrants in their resettlement process.

Peplau's theory can be applied for working with NES persons during the orientation phase by pre-session communication with the interpreter, introduction of the interpreter role to the patient/client along with identification of the patient's problem area of concern. The working phase as identified by Peplau is divided into 2 phases. The first is the identification subphase with choosing patient problems areas and goals through the emerging relationship. Patients begin to feel a sense of belonging and understanding within the PMHN-patient process. During the exploitation subphase of the working phase, the patient begins to feel empowered by the form of communication utilizing their native language within the triad relationship. The PMH provider assists the patient to move toward goals of treatment aided by the interpreter's translation, to use all avenues of help within and outside the relationship. Lastly, in the resolution or termination phase, the patient expresses a belief in command of the situation by using all services offered. The therapeutic relationship often moves to an independent or termination phase and patient sessions may end or decrease in frequency.

One of the PMHNP authors treated patients one day weekly in 2023 at a free health clinic in a city in northwestern Virginia where 16 of her 105 (15%) patients were NES Hispanic/Latino persons. That PMHNP was provided with a list of NES patients, and she then obtained permission from those in need of an interpreter to enhance the communication process and assist in addressing patient needs. Those consenting NES patients were informed that the interpreter would be either present or connected by an audio-video device (e.g., Stratus). After a smooth connection and appropriate introductions, the appointment was conducted.

The other author's clinical experience occurred in 2023 in a community health center in a city in eastern Massachusetts where psychiatric services were integrated within specialty clinics such as pediatrics. Her patient population included children, adolescents under 18 and their parents or guardians who accompanied them, all of whom were Spanish speaking only. The patient appointments consisted of new patient intakes, medication management and some psychotherapy. More than 100 patients were evaluated over a 3-month period using interpreters via telephone.

At the start of each appointment, the provider determined the purpose of each visit, such as new patient intake, psychotherapy, medication management, teaching or discharge planning. Calmness and empathy are essential to nurse-patient-interpreter communication. Nurse providers must avoid long and complicated statements, and present one question at a time. Nurse providers' statements must consist mostly of nouns and verbs, and avoid or minimize adjectives and adverbs, to ensure short and clear communication. It is important for the provider to ensure that the patient and interpreter understand the provider's communication, and document the outcome of the interaction. During some appointments, the interpreter may be physically present to ease the language

barrier, or the interpreter may connect via phone, Google Translator, or the audio-visual machine mentioned earlier. The interpreters selected varied according to the day of the week and shift of the day. The presence of an interpreter for migrants seeking asylum and health care can help provide a feeling of safety for such patients. The interpreter often facilitates the development of a therapeutic relationship between nurse and patient.

It is essential for the interpreter to experience respect during the triad nurse-patient-interpreter experience to emphasize how important their role is in the delivery of health care to NES patients. Interpreters sometimes experience and feel invisible to others during stressful working conditions and with little support.[6] They may also be exposed to trauma in work with the immigrant population that reminds them of their personal migrant related trauma, which is often unresolved. Interpreters have identified their need for mental health support and training.[7–9] The interpreter can be viewed as a supportive clinical person who acts as a conduit between the English-speaking provider and the NES patient. Consequently, interpreters represent an essential resource for all nurses and PMHNP providers in multiple settings such as inpatient, emergency departments and outpatient settings for every patient visit.

3. Summary and recommendations for practice, education and research

3.1 Practice

• Consideration of the value of the nurse-patient-interpreter triad at clinical sites in each phase of the nurse-patient-interpreter relationship.
• Recognition and respect of the interpreter presence in caring for patients with limited English proficiency by offering feedback and exploring insights from the interpreter's perspective.

3.2 Education

• Inclusion of strategies for providing patient care with the help of an interpreter at all educational levels, such as role-play, group work, simulation and clinical practice.[10]
• Involve interpreters as guest speakers to share their expertise with students.
• Incorporate strategies of care based on fostering a safe, healing and empowering environment into the clinical and classroom settings, particularly with the evidence that interpreters often re-experience their own personal trauma as a new immigrant to the U.S.[11]

3.3 Research

• Explore the interpreter's role through the lens of the interpreter, patient and nurse provider (e.g., PMHRN or (PMHAPRN).
• Design future studies to enhance nurses' knowledge and strategies in supporting the nurse-patient-interpreter relationship.

4. Conclusion

The OES nurse provider authors affirm the essential need for an interpreter to achieve successful therapeutic outcomes with NES psychiatric mental health patients. When the interpreter is fluent in the NES patient's language, this is likely to improve mutual understanding and trust within the nurse-patient-interpreter triad. Without a competent interpreter, OES nurses will be greatly challenged to achieve optimal therapeutic outcomes for their NES patients.

The authors assume, but did not determine, that the nurse-patient-interpreter triad they describe would also be applicable and successful with NES patients who are fluent in languages other than Spanish (e.g., French, German, Italian, Polish, etc.). When performing EMDR (eye movement desensitization and reprocessing) therapy with patients fluent only in languages that he is not, renowned trauma psychiatrist Dr. Bessel van der Kolk states "I always have an interpreter available, but primarily to explain the steps of the process."[12] It is important to acknowledge the vital role of the interpreter in providing effective psychiatric mental health care.

Limitations

This clinical report represents the direct experiences of the authors as psychiatric mental health nurse providers at one outpatient facility each in two east coast U.S. states. Their NES Hispanic patients needing interpreters were chosen randomly according to their concurrent presence on routine days of practice. The authors did not interview or survey nurse providers at other facilities in the same or other U.S. states regarding the nurse-patient-interpreter triad relationship they describe here.

Acknowledgements

In their manuscript, the authors acknowledged their presentation on the title topic at the ISPN 2024 Conference in Providence, Rhode Island, USA.

Authors contributions

Authors Dr. Karen Goyette Pounds and Dr. Marian Newton contributed equally to writing the manuscript.

FUNDING
Not applicable.

CONFLICTS OF INTEREST DISCLOSURE
The authors declare that there is no conflict of interest.

INFORMED CONSENT
Obtained.

ETHICS APPROVAL
The Publication Ethics Committee of the Sciedu Press. The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

PROVENANCE AND PEER REVIEW
Not commissioned; externally double-blind peer reviewed.

DATA AVAILABILITY STATEMENT
The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DATA SHARING STATEMENT
No additional data are available.

OPEN ACCESS

COPYRIGHTS

REFERENCES
[1] Ward N, Batalova J. Frequently requested statistics on immigrants and immigration in the United States. Migration Policy Institute. 2023. Available from: https://wwwrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states

[2] National Health Law Program. 2018. Available from: https://healthlaw.org

[3] Akinsulure-Smith AM. Working with interpreters: Tools for clinicians conducting psychotherapy with forced immigrants. International Journal of Migration, Health and Social Care. 2011; 7(1): 33-43. https://doi.org/10.1108/17479891111176287

[4] Hagerty TA, Samuels W, Norcini-Pala A, et al. Peplau's Theory of Interpersonal Relations: An Alternate Factor Structure for Patient Experience Data? Nursing Science Quarterly. 2017; 30(2): 160-167. PMid:28899257 https://doi.org/10.1177/0894318417693286

[5] Ikafa IN, Holmes CA. Empowering migrants during the resettlement process: applying Peplau's theory of interpersonal relations. Mental Health Practice. 2020; 23(5): 29-36. https://doi.org/10.7748/mhp.2020.e1469

[6] Gartley T, Due C. The interpreter is not an invisible being: A thematic analysis of the impact of interpreters in mental health service provision with refugee clients. Australian Psychologist. 2017; 52(1): 31–40. https://doi.org/10.1111/ap.12181

[7] Chang DF, Hsieh E, Somerville WB, et al. Rethinking Interpreter Functions in Mental Health Services. Psychiatric Services. 2021; 72(3): 353-357. PMid:32988324 https://doi.org/10.1176/appi.ps.202000085

[8] Geiling A, Knaevelsrud C, Böttche M, et al. Mental Health and Work Experiences of Interpreters in the Mental Health Care of Refugees: A Systematic Review. Frontiers in Psychiatry. 2021. PMid:34733183 https://doi.org/10.3389/fpsyt.2021.710789

[9] Hassan H, Blackwood L. (Mis)recognition in the therapeutic alliance: the experience of mental health interpreters working with refugees in U.K. clinical settings. Qualitative Health Research. 2021; 31(2): 399-410. PMid:33135568 https://doi.org/10.1177/1049732320966586

[10] Squires A. Strategies for overcoming language barriers in healthcare. Nursing Management. 2018; 49(4): 20-27. PMid:29528894 https://doi.org/10.1097/01.NUMA.0000531166.24481.15

[11] Perez-Foster R. When immigration is trauma: guidelines for the individual and family clinician. American Journal of Orthopsychiatry. 2001; 71(2): 153-167. PMid:11347358 https://doi.org/10.1037/0002-9432.71.2.153

[12] van der Kolk BA. The Body Keeps The Score. Penguin Random House LLC, New York, NY; 2014.