Commentary

# Bridging the Language Divide in UK Paramedic Care: An Atomic Article Reviewing Challenges, Strategies, and Emerging Innovations

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**This review synthesises evidence on how language barriers impact UK paramedic care, leading to reduced on-scene assessment times, delays in treatment, and potential errors in clinical decision-making. Paramedics often rely on strategies such as body language, basic keywords, and ad hoc interpreters, which may compromise care quality. Research highlights the need for professional interpretation services and digital communication tools to support accurate, equitable patient assessment and treatment. Emerging technologies, including translation apps, show promise but require further evaluation. Addressing language barriers is essential to ensuring fair, high-quality prehospital care for patients with limited English proficiency in the UK.**

## Introduction

Language barriers pose significant challenges for paramedics in providing high-quality prehospital care[1][2][3]. Studies have shown that paramedics tend to spend less on-scene time with patients who lack language congruency, and they are more likely to transport these patients quickly to the emergency department[1]. This can lead to delays in care and a lower quality of care once the patient reaches the hospital[1].

## Discussion

Paramedics have reported that language barriers are a daily issue in their work and can hinder their ability to perform optimal assessments and provide appropriate treatment[4]. To overcome these

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barriers, paramedics have described using a variety of strategies, such as using body language, keywords, and ad hoc interpreters (e.g., bystanders or family members)[4][5]. However, the use of ad hoc interpreters has been associated with more dissatisfaction and a higher likelihood of errors that could impact clinical care[5].

Researchers have highlighted the importance of professional language interpretation services to provide equitable and high-quality care for patients with limited English proficiency (LEP)[6][6]. However, access to prehospital trained interpreters is often limited, and connecting to remote interpretation services can be challenging for paramedics in the field[2].

To address these challenges, some studies have explored the development and evaluation of digital communication tools, such as fixed-phrase translation apps, to support paramedics in communicating with foreign-language patients[7][6][8]. These studies have shown promising results in improving communication and care delivery, but more research is needed to fully understand the impact of such technologies[7][6][9].

Additionally, studies have identified other factors that can affect the quality of care for patients with language barriers, such as delayed or inaccurate dispatching, and the distribution of different levels of resources (e.g., advanced life support vs. basic life support) based on the caller's language proficiency[10].

## Conclusion

Overall, the literature highlights the significant challenges that language barriers pose for paramedics in the UK and the need for more research and interventions to improve the level of care for patients with limited English proficiency[1][6].

## References


1. a, b, c, d *Sterling M, Echeverria S, Merlin M (2013). "The effect of language congruency on the out-of-hospital management of chest pain." World Medical & Health Policy. 5 (2): 111-123. doi:10.1002/wmh3.46.*
2. a, b *Stadeli K, Sonett D, Conrick K, Moore M, Riesenberg M, Bulger E, Vavilala M (2023). "Perceptions of prehospital care for patients with limited english proficiency among emergency medical technicians and paramedics." Jama Network Open. 6 (1): e2253364. doi:10.1001/jamanetworkopen.2022.53364.*

3. ^Noack E, Kleinert E, Müller F (2020). "Overcoming language barriers in paramedic care: a study protocol of the interventional trial 'dictum rescue' evaluating an app designed to improve communication between paramedics and foreign-language patients." BMC Health Services Research. 20 (1). doi:10.1186/s12913-020-05098-5.
4. a, bAlm-Pfrunder A, Falk A, Vicente V, Lindström V (2018). "Prehospital emergency care nurses' strategies while caring for patients with limited swedish–english proficiency." Journal of Clinical Nursing. 27 (19-20): 3699-3705. doi:10.1111/jocn.14484.
5. a, bTurner A, Choi Y, Dew K, Tsai M, Bosold A, Wu E, Meischke H (2019). "Evaluating the usefulness of translation technologies for emergency response communication: a scenario-based study." JMIR Public Health and Surveillance. 5 (1): e11171. doi:10.2196/11171.
6. a, b, c, d, eMüller F, Schröder D, Schäning J, Schmid S, Noack E (2023). "Lost in translation? information quality in pediatric pre-hospital medical emergencies with a language barrier in germany." BMC Pediatrics. 23 (1). doi:10.1186/s12887-023-04121-y.
7. a, bMüller F, Schröder D, Noack E (2022). Overcoming language barriers in paramedic care with an app designed to improve communication with foreign-language patients: nonrandomized controlled pilot study (preprint).. https://doi.org/10.2196/preprints.43255
8. ^Noack E, Schulze J, Müller F (2021). "Designing an app to overcome language barriers in the delivery of emergency medical services: participatory development process." JMIR Mhealth and Uhealth. 9 (4): e21586. doi:10.2196/21586.
9. ^Müller F, Schröder D, Noack E (2023). Overcoming language barriers in paramedic care with an app designed to improve communication with foreign-language patients: nonrandomized controlled pilot study. JMIR Form Res. 7:e43255. https://doi.org/10.2196/43255
10. ^Müller F, Hummers E, Noack E (2020). "Medical characteristics of foreign language patients in paramedic care." International Journal of Environmental Research and Public Health. 17 (17): 6306. doi:10.3390/ijerph17176306.

## Declarations

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