

Challenging Inequalities in Patient Information: Multilingual Online Resource for those affected by Hip Fracture

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Introduction

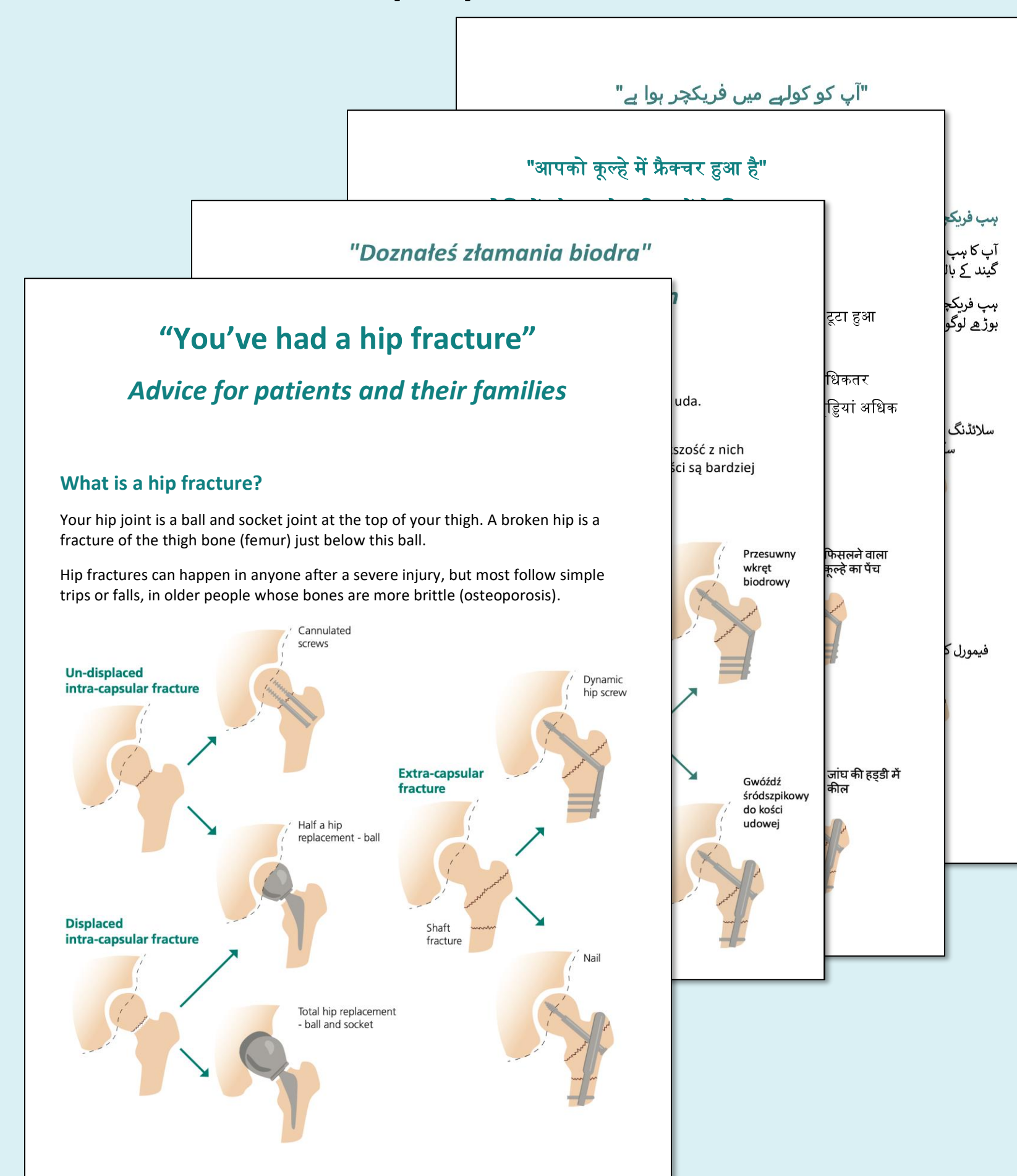
People from ethnic minorities face additional challenges when admitted to hospital. This may contribute to poorer progress in hospital ¹ and poorer outcome ^{2,3} following a hip fracture.

The age, sex, socioeconomic and comorbidity profile of ethnic minorities may play a part in such inequalities and inequities. Research will eventually help us to understand such factors, but we should not wait for its results before addressing obvious inequalities in patients' and their families' access to information.

We set out to develop an online resource to help hip fracture teams provide information and answers to the questions commonly posed by patients presenting with hip fracture.

Method

In 2021 the National Hip Fracture Database (NHFD) surveyed all 167 hospitals in England, Wales, and Northern Ireland which look after people with hip fracture – to identify which provided printed or digital patient information, and which made this available in languages appropriate to the needs of their local population.



Results

The survey found that 117 hospitals (70%) claimed to routinely provided printed information about injury, surgery and recovery, but that only 43 (26%) made this available in languages that were appropriate to the population in their area. The equivalent figures for digital forms of information were 23% and just 10%.

We produced, piloted, refined and finalised an English language template in discussion with people attending our hospital.

Google translations of this template were circulated to clinicians within our department who were familiar with this patient group and able to read, edit and sign off versions in other languages.

We surveyed these editors and 71% described the final document as highly useful. However, nearly two-thirds had identified limitations in the Google draft and 50% reported needing to modify technical elements of the text. One-third (36%) spent more than two hours editing the text to a form they felt would be accessible to patients.

The need for revision was confined to colloquialisms such as 'ball and socket', to technical surgical terms, and to a limited extent to the naturalness of expression and flow of the Google draft translation.

These resources are freely available to download in Word and PDF format from this QR code



Conclusions

There is clearly a need for information to meet the needs of the patient, for this and other conditions.

While it is not appropriate to use AI-based translation on a mobile phone to translate English language documents at the patient's bedside, such software makes it very much quicker to draft documents in multiple language so that appropriate clinicians can review and revise any documentation.

We would be keen to extend our portfolio of 19 languages (the first language of >3 million people in the UK alone) in collaboration with clinicians fluent in other languages.

We would recommend this approach to those working with other conditions and other patient groups.



References

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