Exploring the effect of language concordance between nurses and Limited English Proficient patients on their health outcomes.

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Abstract

Communication is essential to the medical field. Approximately 350 different languages are spoken in the USA. The commonality of language discordance between patients and health care providers causes poor communication, limited understanding of their condition, and a decrease in the patient's satisfaction with their care. This literature review explored the effect that a language concurrent healthcare provider has on the health outcomes of LEP patients. LEP is defined as limited English proficiency. METHODS: CINHAL and Pubmed were used. The key terms used were communication barriers, language barriers, nurse, nurses, nursing, and health outcomes. The search revealed 719 articles. Seven articles were included from this search. Two were included from the recommendation function of the literature software Mendeley. Nine articles were included in total. The following filters were used: written in English, research articles, published between 2010-2020, full text, and peer-reviewed and available pdf. Inclusion factors were health outcomes of LEP patients, Health outcomes for patients who used interpreters, language concordance, and patient satisfaction based on language concordance. Seven articles were included based on the inclusion and exclusion criteria. Articles were excluded due to improper patient population, exclusion of language concordance, improper picot question, lack of professional hospital interpretation, or topics not exploring health outcomes of LEP patients. Nine articles were included in the literature review. RESULTS: Three common themes were identified, decreased patient satisfaction, missed points in care, and declining health outcomes. LEP patients had higher chances of being transferred to the ICU, death, and to be misassigned to lower acuity. Absence of crucial discharge information and dissatisfaction with care were more likely to occur without language concordant care. CONCLUSION: For patients who are LEP, communication is impaired resulting in declining health outcomes, missed points in care, and decreased patient satisfaction. There was some contradiction in health outcomes for patients. Limitations were that interpreter presence and training level were not always known. Research should focus on health outcomes for LEP patients.

Keywords
barriers, language barriers, nurse, nurses, nursing, and health outcomes

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Background

Accurate communication is essential in the medical field. Miscommunication can lead to life threatening medical errors, longer hospital stays, and worsening patient outcomes (Al-Harasis, 2013). Miscommunication can happen between hospital staff, from hospital staff to patients or from staff to caregivers. These levels of communication can greatly impact health outcomes. Communication is both verbal and non-verbal. Language is one very important aspect of communication. According to the 2015 Census Bureau Reports in the USA, there are at least 350 different languages spoken here.

The projected increase in language diversity may have a substantial impact on the delivery of healthcare. Confronting language barriers is a common challenge among health care providers. Nurses are pivotal members of the health provider team and are responsible for relaying vital information from and to their patients. Due to this, accurate communication between nursing staff and patients is especially important. Speaking the same language as patients, or language concordance between patients and providers is vital to ensuring that the healthcare team obtains all the critical information. A lack of language concordance is related to difficulty

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with understanding health conditions for patients, decreased effective communication with providers, and decreased satisfaction with health care (Rodriguez, 2009; Sudors, 2009).

A better understanding of how language barriers affect health outcomes is critical to all levels of healthcare. This is particularly relevant for patient populations with limited English proficiency (LEP). LEP status does not mean that the patient cannot speak or understand English. Some patients qualify themselves as LEP for speaking English less than "very well" (Hartford et al., 2019). It is estimated that there are around 26 million individuals in the United States that are LEP (Hartford et al., 2019). LEP patients are at a higher risk for multiple vital complications. One example of such is the increased admission to the ICU (Hartford et al., 2019). Exploring how language concordance for these patients may affect their health outcomes is critical to achieving health equity. The purpose of this literature review was to explore the effect of language concordance between nurses and LEP patients on their health outcomes.

Methods

We conducted a comprehensive literature review in June 2020 using Cinahl and Pubmed to review the effects of language concordant nurses on health outcomes. To conduct the search, we used the following terms: communication barriers, language barriers, Nurse, nursing, nurses, and health outcomes. The initial search resulted in a total of 1,483 articles. The authors applied the following filters written in English, research articles, published between 2010-2020, full text, and peer-reviewed and available pdf. This decreased the results to 719 articles. The 719 article titles and abstracts were screened for potential inclusion. Articles were included that explored health outcomes of patients

who did not speak English as a primary language and addressed language concordance with nurses and patients, including through an interpreter. In total, seven articles were included in the review after screening. Another two articles were included from the recommendation function of the literature software Mendeley. Therefore, a total of nine articles were included in the literature review. The description of the nine articles is included in Table 1 in the matrix.

Results

Decreased Patient Satisfaction.

There were a few different aspects of non-concordant language care that affected patient satisfaction. LEP patients experienced decreased satisfaction with care when language barriers were present and were more satisfied with providers that were fluent in their language (Eskes et al., 2013). Patients who received language concordant care felt better understood by the nurse and reported more satisfaction with the overall process (Cossey & Jeanmonod, 2012). When an interpreter was present, LEP patients felt there was insufficient time for questions, insufficient availability of appointments, and encounters did not allow for unpredictable emergencies. Another aspect that decreased patient satisfaction was the lack of continuity of interpreters who worked with them or not having the same interpreter throughout their care (Williams et al., 2018). Lack of interpreter training also affected patient satisfaction, and patients described a clear preference and increased satisfaction with those interpreters trained in hospital terminology (Karliner et al., 2007).

Missed Points in Care.

Results of the literature reviews highlight that LEP patients lacked hospital discharge information, had misassigned acuity levels and were unable to communicate needs to health care professionals (Gutman et al.,

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2018; Rodriguez 2009; Sudore 2009). In a study that explored LEP caregivers of children being discharged from the hospital, 31% of communications did not include professional interpretation use (Gutman et al., 2018). In the same study, it was found that 70% received completed discharge education (Gutman et al., 2018). However, for children going home on medication, none were taught how to administer medications. Over half of the discharged patients in this study (55%) were given information on return precautions (Gutman et al., 2018). On the other half, 45% of patients did not receive return precaution instructions. Another study found that nurses overestimated the English proficiency of their LEP patients at a rate of almost 4 times higher than patients' self-identified proficiency (Cossey & Jeanmonod, 2012). Because of this, needed interventions to compensate for language barriers in these patients were not in place (Cossey & Jeanmonod, 2012). Due to the lack of interpreter use, studies revealed a gap in care for LEP patients that caused a comprehension deficit of their health conditions (Karliner et al., 2007; Williams et al., 2018). Additionally, needed support was not given to these patients because of a lack of interpreter use (Karliner et al., 2007; Williams et al., 2018).

Declining Health Outcomes.

A number of studies compared outcomes between LEP patients with interpretation, LEP patients without interpretation, and patients who spoke English. LEP patients who did not receive interpretation had a higher chance of being admitted to ED when compared to their EP counterparts (Hartford, E., Anderson, A., Klein, E., et al., 2019). Overall, those who were labeled as LEP patients in the emergency room were also more likely to be assigned a lower acuity Patient Emergency Severity Index (ESI) and therefore more likely to be labeled as needing less intervention from health providers

(Basic et al., 2017). This not only affected the level of anticipated care from health providers, but it was also related to being less likely to receive language interpretation (Hartford et al., 2019). Patients who were LEP without interpretation were less likely to be admitted to the ED compared to EP patients. When interpreting services were used for patients lacking English proficiency, the odds of emergency department (ED) admission were slightly higher than their English proficient counterparts. With or without interpretation, LEP patients were more likely than English-speaking patients to be transferred to the ICU from an inpatient unit within 24 hours of admission (Hartford et al., 2019). Another finding from the studies was that language barriers affected health outcomes more than cultural barriers. Patients who came from the same cultural background had different health outcomes based on their ability to speak English (Basic et al., 2017). It was found that culturally and linguistically diverse (CALD) and non-CALD groups had similar in-hospital mortality but patients who were unable to speak English were more likely to die (Basic et al., 2017).

Discussion

Findings from this literature review demonstrate that language barriers contribute to many adverse health outcomes for LEP patients. For patients who are LEP, communication is impaired resulting in declining health outcomes, missed points in care, and decreased patient satisfaction. Health care systems need to identify appropriate interventions to decrease the adverse health outcomes seen with language barriers.

One area that is critical to improving the care and experiences of LEP patients is improving the use and training of medical interpreters. This review indicates the use of interpreters for LEP patients aids nursing practice by increasing health outcomes,

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meets patient needs for advocacy, and allows for quicker interventions. Professional interpreter use is known to be underused by health care providers (Hartford et al., 2019). Results of this review confirmed this underuse and emphasized the importance of improving this practice. The use of this data indicates that proper use of interpretation improves aspects of nursing practice for patients and hospital staff. In practice, nurses are not always using iPad, phones, or in-person interpreters. Results of this review also indicate that nurses are often overestimating LEP patients' ability to understand and speak English and underestimating their critical health care needs. Nurses need to be educated on the importance of providing interpreters for LEP patients and the dangers that can happen when such is not provided.

In addition, the language barrier is also leading to important and dangerous missed opportunities in care for LEP patients. In one study, the LEP population was more likely to be transferred to the ICU from an inpatient unit within 24 hours of admission than English-speaking populations regardless of interpretation use (Hartford et al., 2019). This suggests that signs of severity or impending deterioration may have been missed in the ED leading to worse outcomes for these patients. This is an important safety measure and introduces the possibility that there is a component of a language barrier to the clinical assessment in the ED that might affect appropriate disposition. This review also supports that there are missed opportunities for health education, medication teaching, and overall support for LEP patients when language barriers are not addressed. These findings affect patients, nurses, and hospital providers at all levels, and further highlight the need to find better solutions for addressing language barriers in the care of LEP patients. Interpretation is one solution the medical field is currently using. When patients can receive care that is given in their language, they are more satisfied (Cossey & Jeanmonod, 2012).

There are some limitations to this literature review. A number of studies did not always clearly define when an interpreter was present or not in healthcare interventions with LEP patients. Additionally, many studies did not distinguish between professionally trained interpreters and informal interpreters. This lack of information needs to be taken into account when reviewing the findings of the studies.

Despite these limitations, the findings of this review present valuable information for nursing practice, education, and research in the future. There is a need to educate nurses on the appropriate use of interpreters, the different technologies associated with interpretation, and how this ultimately has such an important role in the health outcomes of their LEP patients. Improving this practice has the potential to improve patient satisfaction and health outcomes, as well as avoiding missed opportunities in care that are so critical to the well-being of LEP patients. Future research should continue to focus on health outcomes for LEP patients and the role of language concordant care. More specifically, research should attempt to compare the effects that level and type of interpreter use has on communication and health outcomes for LEP patients. Health care equity is always the goal. To achieve equity effective communication without language barriers needs to be present in the medical field. Medicine will continue to expand and grow by closing this gap in practice nursing can prepare for the present and future of patients.

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Table 1. Literature Review Matrix

Author/ Date	Sample	Research Question(s)/ Hypotheses	Methodology	Analysis & Results	Conclusions	Implications for Future Research	Implications for Practice
Al-Harasis, S. (2013).	This study included all nurses working at these hospitals with a total of 385 nurses. They were invited to voluntarily participate. (n = 360) Self reporting questionnaire re was applied to all participants. Another simple questionnaire re administered through interview, was distributed to 227 in patients already present during the study period. Out of 343 nurses 96% responded. Out of 227 patients 88% responded. 92.7% of the nurses were female.	To determine the effect of language barriers on quality of nursing care at Taif Armed Forces Hospitals and to suggest interventions ns to mitigate the effect of language barriers on quality of nursing care. of the language barrier and its relation to the communica tion difficulties with nursing staff as well its relation to their satisfaction of the healthcare provided.	quantitative. This study was conducted during the period from April December 2009 in Armed Forces Hospitals. Taif, Saudi Arabia. These hospitals consist of 3 main hospitals (Ie. Alhada, Prince Mansour and Prince Sultan Hospital) in addition to the rehabilitation center. It included questions about age and level of education in addition to questions about their assessment of the magnitude (81.9%), delay in nursing care (80.7%), building trust with patients (77.3%) and potential for healthcare errors (57%). an equal percentage of nurses and patients (90% and 89.5% respectively) suggested that attending an Arabic course during the orientation period is very essential.	49% of nurses reported difficulty in dealing with patients due to language barriers. healthcare outcomes were affected because of language barriers. As rated by outcomes that may be affected by language barriers study defined health outcomes as understanding of patient needs (88.4%), general communication with patients (86.9%), quality of nursing care language barriers.	Almost ⅓ of the nurses think healthcare outcomes (i.e., nursing care, understanding patient's needs, communication, healthcare errors, having trust in nursing care and feeling satisfaction) are usually or always affected because of language barriers. However, more than half of the nurses think that the reported healthcare outcomes are sometimes affected because of language barriers.	Future studies may focus on the relationship and impact of language barriers and health outcomes and languages courses, bilingual staff, common words dictionary, and their impact on improving communication, change behaviors, and ultimately reducing disease.	An equal percentage of nurses and patients (90-89.5%) suggested that attending an Arabic course during the orientation period is very essential to be able to have effective communication.
Gutman, C., Cousins, L., Gritton, J., Klein, E., Brown, J., Scannell, J., & Lion, K. (2018)..	336 patients were screened for enrollment. Out of those 249 patients consented to enrollment in RCT. The RCT enrolled Spanish speaking LEP caregivers who presented with their child to the ED of an academic children's hospital. Transcripts of Video recorded ED visits for Spanish speaking LEP families were obtained from a larger study comparing professional interpretation modalities in a freestanding-children's hospital	To describe the characteristics of ED discharge communication for LEP families and to assess whether the use of professional interpreter was associated with provider communication quality during ED discharge.	Qualitative communication interactions that included discharge education were analyzed for content and for the techniques that providers used to assess caregiver comprehension. Regression analysis was used to assess for an association between professional interpreter use and discharge education content or assessment of caregiver comprehension.	101 discharge communication interactions from 47 LEP patient visits were analyzed; 31% of communications did not use professional interpretation. Although most patients (70%) received complete discharge education content, only 65% received instructions on medication dosing, and only 55% were given return precautions. 13% of the patient visits included an open-ended question to assess caregiver comprehension, and none included teach back. Professional Interpreter use was associated with greater odds of complete discharge education content (odds ratio [OR]. 7.1: 95% confidence interval [CI]. 1.4- 37.0) and high-quality provider assessment of caregiver comprehension (OR, 6.1;95% CT.2.3-1).\	Professional interpreter use is known to be underused by health care providers. Results confirmed this underuse and emphasized the importance of answers. Use of professional interpretation during discharge communication with LEP families is associated with high quality provider communication.	In the future more research needs to be completed on the effect of professional interpreter use on communication.	The findings in this study suggest that information is being presented in a suboptimal way by providers. Many vital discharge instructions were not discussed in depth or at all. Use of an interpreter was associated with higher quality provider communication. This has implications that to improve communication for LEP families in the healthcare setting, that professional interpreters must be used.
Basic, D., Shanley, C., & Gonzales, R. (2017).	This study took place in Liverpool hospital in south wester Sydney, Australia. Study participants were 2180 consecutive index admissions to the acute geriatric medicine services between august 2010-February 2014. The study population was multicultural and included people from 75 CALD countries.	To compare in-hospital outcomes of frail older inpatients born in non-English speaking countries, referred to as culturally and linguistically diverse (CALD) countries in Australia, with those born in English speaking countries.	Multivariate logistic regression was used to model in hospital mortality and new nursing home placement. Multivariate Cox proportional hazard regression was used to model length of stay. The mean age of all patients was 83 years and 93% were admitted through the emergency department.	Most (93.1%) were admitted through the emergency department and were acutely unwell, with a median of seven active diagnoses. The diagnoses shown in Table 1 were those tested in multivariate models. Participants from CALD countries were significantly more likely to be within the highest CSHA CFS categories, they also had higher rates of BPSD and stroke.	This research indicated the hypothesis of poorer health outcomes of people from minority ethnic groups is not supported. Did find that patients CALD background is unable to speak English were more likely to die in hospital compared with those able to speak English.	Developing culturally appropriate services may mitigate some of the adverse outcomes commonly associated with ethnicity. Further research should explore a wider range of outcomes and evaluate the impact of socio-economic variables and other measures of ethnicity among multiethnic hospital populations.	This research has implications for all levels of health care practice. Interventions should be explored as to best prevent language barriers from leading to adverse health outcomes.

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Author/ Date	Sample	Research Question(s)/ Hypotheses	Methodology	Analysis & Results	Conclusions	Implications for Future Research	Implications for Practice
Njeru, J., Boehm, D., Jacobson, D., Guzman-Corrales, L., Fan, C., Shimotsu, S., & Wieland, M. (2017).	The sample included a total of 1486 IS patients and 11,970 non-IS patients with diabetes. Patients were chosen for inclusions from their primary care in internal medicine or family medicine. patients were excluded if they did not have at least one visit to the practice within the 2-year study. The IS patients were younger, and more likely to be female, non-white, and had more outpatient healthcare utilization.	To determine adherence with diabetes process and outcomes measures among LEEP patients in primary care settings.	Quantitative. A retrospective cohort study of adult patients in two large academic medical centers was conducted. (Southeast Minnesota: mayo clinic, Rochester, MN (MCR) and Hennepin County Medical Center, Minneapolis, MN (HCMC) between 1/1/2012 & 12/31/2013) Diabetes outcomes were defined as recent values from the end of the study internally for the following test: hemoglobin, A1C, LDL-C, and blood pressure. These measures were obtained using the institutional Microsoft Analgia database.	Groups were compared using 2 tests for categorical variables. Diabetes outcome measures and process measures were dichotomized as being above or below recommend ed guidelines and were compared using a X2 test for categorical variables. Logistic regression was to compare differences in diabetes outcome and process measure adherence rates between IS and non-IS patients and are presented as odds ratios and 95% confidence intervals. Compared to the non- IS patients, the IS patients were less likely to meet guideline outcome recommendations for hemoglobin A1C (66.0 vs 73.9% p< 0.0001) and LDL-C (59.3 vs. 71.4%: p<0.0001) but more likely to meet guideline outcomes for blood pressure. In contrast, IS patients were more likely than non-IS patients to meet guidelines for hemoglobin and A1C.	There was a contradiction between adherence with diabetes process goals and lower accomplishment of diabetes outcome goals among patients who require a medical interpreter compared with a general population of patients who do not require an interpreter in two large, heterogeneous Minnesota primary care networks. Healthcare system solutions are needed to bridge this gap from process to outcomes among patients with LPE in primary care settings.	Future research should focus on targeted intervention component s for the subgroup of patients with LEP who require IS Within existing primary care diabetes management systems.	If special efforts are not taken, these healthcare systems may unintentionally widen health disparities among patients with diabetes and LEP where communication barriers may blunt the intensity of care management efforts aimed at translating process measures (e.g., measurement of hemoglobin A1C,) to improved outcomes (optimal glycemic control and prevention of Diabetes- related complications).
Williams, A., Oulton, K., Sell, D., & Wray, J. (2018).	In the UK, HCP were recruited through a hospital email newsletter. Interpreters were recruited through the translation services from the hospital. Interpreters were selected to receive an email newsletter if they had undertaken four or more appointments in the hospital over the three months preceding the start of the study. There was a total of 12 healthcare professionals and 11 interpreters.	To understand the perspective s of healthcare professionals and interpreters in relation to working with and caring for non-English speaking families accessing National Health Service pediatric tertiary health care services.	Qualitative. Focus group and interview methods were used to elicit the views of healthcare professionals and interpreters at one tertiary pediatric hospital in the United Kingdom. Interviews lasted 1-1.5 hrs. Individual interviews of 20-60 minutes were conducted for staff unable to attend focus groups. Data was subjected to framework analysis.	Data was subjected to framework analysis. The final stage involved systemic mapping and interpretation of the entire data set. Twelve HCP and eleven interpreters participated. HCP and interpreters identified factors affecting communication and their interactions with NES families. They also described how the nature of this communication could impact on both delivery of care and the experiences of these families in the context of tertiary care.	Data shows how significant the impact of language barriers can be, and the need to consider not only how communication can be improved, but also how this is situated in the specific context of tertiary pediatric care as well as a wider social context of inequity.	Future research needs to focus on what good interpretation includes.	Communication in health care needs to be examined. Proper precautions need to be followed to ensure proper communication is had between levels of health care and to patients.
Hartford, E., Anderson, A., Klein, E., Caglar, D., Carlin, K., & Lion, K. (2019).	Over a 15- month period all ED patients were screened for LEP. Those who answered yes to preferring a non-English language for care were included in this study. This data was collected from the EMR at the Seattle Children's Hospital.	To describe patterns of interpreter, use in a pediatric emergency department. to determine factors associated with its use, and to examine differences in outcomes between EP families and those with LEP.	ED encounters for LEP and EP patients were reviewed in a retrospective cohort study design over a 15-month period. Generalize d estimating equations were used to compare patients' encounters and factors associated with interpreter use.	Interpreter use for families who preferred a non-English language was 45.4%. Use of interpretation was less likely during busier times of day (odds ratio [OR] 0.85, confidence interval [CI] 0.78- 0.93), with a lower triage acuity (OR 0.66, CI 0.62-0.70), and with each increasing year of patient age (OR 0.69,0.62-0.78). Patients of LEP families, with or without interpretation, were more likely to be transferred to the ICU within 24 hours of admission than patients of EP families (OR 1.76, 1.07-2.90; 1.85, 1.08- 3.18) suggesting that an aspect of clinical severity may have been missed in the ED.	Professional interpretation is currently underutilized in this ED for patients with LEP, and significant differences in outcomes exist between LEP and EP patients. Factors associated with interpreter use will inform ongoing improvement effects.	Future work should include a multisite collaboration to look at trends of interpretation use and its impact on the quality of care in different regions of the United States with different patient populations, reimbursement policies, and access to interpretation modalities. More research is needed to determine the different factors involved in use of interpretation and its association with language type.	Process changes are needed to identify LEP patients easier in their visit and to make their preference more visible to the ED care team.

Author/ Date	Sample	Research Question(s)/ Hypotheses	Methodology	Analysis & Results	Conclusions	Implications for Future Research	Implications for Practice
Eskes, C., Salisbury, H., Johannsson, M., & Chene, Y. (2013).	100 participants were recruited through consecutive sampling from the three social Action Community Health System clinics (SACHS) in San Bernardino, California. Inclusion criteria were that they had to be patients of the SACHS, have a primary language of Spanish, and had to be 18 or over.	The Spanish speaking population is more likely to be in poor health than their English-speaking counterpart s. These Patients are less satisfied with their care, which may lead to adverse health outcomes.	A quantitative, descriptive study was conducted in San Bernardino, California. Surveys reflecting various aspects of patient's satisfaction and language concordance were distributed to 100 Spanish speaking Hispanic patients over a 2- month period.	Nearly all patients (97%) indicted increased satisfaction if their providers speak Spanish, and a large majority (83.7%) reported that it mattered that their provider speaks Spanish fluently (83.7%) Those more satisfied with fluency were also less likely to speak English (P = 0.001), understand English (P < 0.001), or have a high school diploma (P = 0.002)	The results suggest that this population, especially those patients who are undereducated with minimal English language proficiency, may feel more comfortable with a health care provider if the provider speaks Spanish fluently. Spanish speaking patients may be more satisfied if their provider speaks Spanish fluently.	Further evaluation is needed as to whether decreased satisfaction due to language discordance leads to adverse patient events.	This study may have far reaching implication s for training programs that teach medical Spanish to students of all fluency levels among multiple medical specialties.
Karliner L, Jacobs E, Chen A, et. al. (2007)	Out of 3,698 references 28 articles were selected to be included in this literature review. These articles had the following inclusion criteria: peer reviewed English language publication, data centered around the use of professional medical interpreters and a relevant clinical topic and compared results from the group using interpreters to another group. These articles were selected from PubMed and Psych INFO.	To determine if professional medical interpreters have a positive impact on clinical care for limited English proficiency (LEP) patients.	Qualitative literature review. Inclusion factors were peer reviewed, English language publication, contained data about use of professional medical interpreters and relevant clinical topics; and compared results for the group using interpreters to another group. Each article that had information about association of interpreter use in comparison to a nonprofessional interpreter was abstracted.	Most of these studies found a positive impact on clinical care for patients with language barrier when professional interpreters were used. There was an association of decreased disparities of LEP patients when professional interpreters were used. One study did find a high error rate that was not mirrored by the other articles.	The articles in this review suggest professional interpreters are associated with an overall improvement of care for LEP patients. These studies would appear to demonstrate a decrease in communication errors, increase patient comprehension, equalize health care utilization, improve clinical outcomes, and increase satisfaction with communication and clinical services for LEP patients.	Future studies should focus on if level of interpreter training affects quality of communication and/or health outcomes for patients.	It was shown that professional interpreters were associated with improved quality of care for patients. This has implication s for what interventions healthcare should be looking to implement to improve care for patient with LEP.
Cossey K, Jeanmonod R. (2012).	This study was composed of 75 patients and triage nurses. The patients and the nurses took paired surveys. All patients were between the ages of 18-65. They were selected from a volume community -based, university affiliated ED.	This study looked at language discordance as reported by both the patient and nurse and whether language discordance influenced door-to room time or patient satisfaction in the triage setting.	This is a cross sectional survey. Patients speaking Spanish and mostly Spanish felt less well understood by the triage nurse and reported feeling less satisfied with the triage process overall. Nurses likewise felt they understood Spanish speaking patients less well. There was no difference in triage acuity level or time to room between groups.	Majority of the patients identified as English speaking. Less than half of the group identified themselves as Spanish speaking. Overall, the patients that spoke Spanish or mostly Spanish felt less well understood when compared with their English counterpart s.	Triage nurses overestimate the language skills of patients and they may not offer the translation services deemed to be the standard of care. Spanish speaking patients feel less well understood and less satisfied with care as compared to their English speaking counterparts.	Future research should focus on how to prevent language skill overestimation.	This study demonstrates a need for interpretation and concordant language care, even in situations where it may not seem necessary.

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