Code-Switching and Handoff Communication Processes

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According to a report by the Office of the Inspector General for Health and Human Services,1 approximately 180 000 patients die each year from preventable medical errors. However, other studies have found the number is actually much higher, ranging somewhere between 210 000 and 440 000 deaths per year. Based on these figures, patient safety errors account for approximately one sixth of all deaths in the United States and are the third leading cause of death in America.2 This suggests an urgent need for a detailed examination of factors contributing to medical errors. One area that inadvertently creates conditions for patient safety errors to arise is handoff communications, or the essential transfer of patient information between service providers and health care professionals. When properly executed, handoff communication “supports the transition of critical information and continuity of care and treatment.”3 Unfortunately, both the literature and medical reports continue to identify the grave ineffectiveness of this process. Alarmingly, according to a report from The Joint Commission,4 approximately 80% of all serious medical errors occur at the moment of information handoff and/or are associated with improper handling of information. In health care settings, the transfer of patient information between service providers and health care professionals is essential. According to the Institute of Medicine, it is in the handoff communication stage that failures in patient safety first arise, and this vulnerability within health care systems leads to delay in treatment, increases length of hospital stays, and untimely deaths.4 The overarching goal of this commentary is to increase understanding of code-switching among multilingual/multicultural health professionals during handoff processes and its potential effect on patient safety.

Handoff Communications

Effective handoff communications, or the real-time process of information transference between members of a health care team, are crucial to the safety, well-being, and continuity of care of patients. Although studies5 have found that ineffective handoff communications are the leading cause of medical errors, there still appears to be a significant gap in the literature regarding the processes by which patient information transference is assessed. Studies, albeit limited, measuring handoff programs report promising findings. Not surprisingly, cultural norms have been found to present barriers to effective medical care, leading to a great deal of efforts to train health care professionals in cultural competence or cultural sensitivity. In medical settings situated among and/or serving diverse communities (eg, multiethnic societies), programs benefit from targeting awareness of culture, but more importantly, culture’s potential effects on behavioral outcomes.

Cultural Schema Theory

According to cultural schema theory, when individuals are engaged in situations within their own culture they utilize preexisting knowledge and information, or schemas, in their interactions.6 Cultural schemas, although habituated, are often malleable. Unfortunately, even if people are motivated to engage in the requested behavior, at times several strongly embedded, culturally bound barriers impede behavior change. In order to determine which factors promote or inhibit sustainable behavioral outcomes, the dynamics between appeals that convey people’s intrinsic motivations to comply and factors that might impede such motivation must be examined. Although numerous culturally bound behaviors could affect patient safety, this commentary focuses on the ways in which language affects information transference.

Code-Switching

One clear example of problematic culturally based schemas is that of code-switching, or the alternating use of languages; for example, Spanish and English within a single conversational event by Spanish–English-speaking Latino/as.7 Code-switching8 in multilingual clinical settings presents a huge barrier to effective patient information handoff.

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and can happen at various points of speech; for instance, (1) intrasentential language switches within a sentence; (2) intersentential, which are switches between sentences; and (3) interjections, which include tag-switching, emblematic switching, or extrasentential switching. Spanglish, which is often grouped under the code-switching umbrella, is “a narrower and more precise” case in which English words are transformed and conjugated with the Spanish grammar structure. Verbs and nouns are often used when communicating in Spanglish where words such as “parquear,” used in lieu of the verb estacionar and taken from the English verb ‘to park’” are transmuted from their original form and used in their new forms to communicate thoughts and intent.

Previous studies have examined multiple factors contributing to the breakdown of handoff communications; however, to date none has examined the effects of code-switching in multilingual health care settings. In order to examine the interaction between language and medical error, it is important to establish factors such as the incidence, prevalence, and severity of code-switching. Particularly, the way in which code-switching manifests is critical to understanding its communicative role, as well as the potential effect on patient safety within multilingual health care settings. Beyond presence/absence of code-switching behaviors, studies should explore attitudes toward code-switching and the exact nature in which it occurs in health care settings. Understanding when and how code-switching is deemed acceptable by others is critical to redesigning handoff communication to address code-switching and thereby reduce patient error related to this communicative process.

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References