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Bridging the Language Gap: The Impact of Interpretation Services on Healthcare Access for Immigrants and Refugees in Greece

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Abstract

The increasing influx of immigrants and refugees in Greece has heightened the need for accessible healthcare services, particularly for individuals with Limited English Proficiency (LEP) or non-Greek speakers. Effective doctor-patient communication is crucial for quality healthcare delivery, yet language barriers remain a significant obstacle. This paper presents a literature review examining the impact of language proficiency on healthcare access, patient satisfaction, and clinical outcomes. Studies indicate that LEP patients are less likely to receive adequate medical information and participate in decision-making processes. Research further highlights that the use of professional interpreters significantly improves clinical care, reduces medical errors, and enhances patient satisfaction compared to ad hoc interpreters. Moreover, the absence of interpretation services is associated with prolonged hospital stays, higher readmission rates, and increased healthcare costs. In the Greek context, studies reveal that immigrants with higher Greek language proficiency demonstrate better knowledge and utilization of healthcare services. Conversely, those with limited Greek skills experience restricted access, longer waiting times, and difficulty in communicating with healthcare providers. The findings emphasize the urgent need for structured interpretation services in Greek healthcare facilities to bridge communication gaps, ensure equitable healthcare access, and enhance patient outcomes. This review calls for policy interventions that prioritize linguistic inclusivity to foster better integration of immigrants and refugees into the Greek healthcare system.

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Keywords: Language Barriers, Healthcare Access, Limited English Proficiency (LEP), Medical Interpretation, Immigrant Health, Patient-Physician Communication

List of abbreviations

Abbreviation	Full Term
CCC	Culturally competent care
IOM	International Organization for Migration
LEP	Limited English proficiency
NCIHC	National Council on Interpreting in Health Care
OCR	Office for Civil Rights (U.S. Department of Health and Human Services)
WHO	World Health Organization

Introduction

Global displacement driven by conflict, persecution, environmental disruption, and economic instability has intensified cross-border migration. In 2020, international migrants numbered an estimated 281 million worldwide, approximately 3.6% of the global population, with major destinations including Europe, Western Asia, Northern Africa, and North America (International Organization for Migration [IOM] [1]. Migration enriches host societies but also obliges healthcare systems to deliver culturally and linguistically responsive care.

For migrants and refugees in Greece, language is often the decisive barrier to equitable access. Patients from refugee or immigrant backgrounds frequently have LEP—insufficient speaking, reading, writing, or comprehension skills for health communication [2,3]. LEP impedes conveying symptoms, understanding diagnoses and treatment, and participating in shared decision-making; it compromises safety and contributes to misdiagnoses, medication errors, and poor adherence [4]. Studies consistently show that minority populations receive lower quality care than majority groups, a disparity exacerbated by language barriers [5].

Since the 1990s, Greece has experienced sustained inflows of migrants and asylum seekers, producing urgent demand for effective communication—especially in healthcare. This context amplifies the need for professional medical interpreters and intercultural mediators within the health system [5].

Conceptual Framework and Defintions

In order to clarify the scope of this review, it is necessary to define the principal terms employed in the discussion of language access and culturally competent healthcare. Intercultural mediators are trained professionals who facilitate communication and mutual understanding between patients and healthcare staff across linguistic and cultural differences. Their role extends beyond linguistic transfer to include clarification of cultural norms, expectations, and health beliefs, the prevention and resolution of conflicts, assistance with service navigation, and the promotion of patient-centred care. In this capacity they contribute to cultural clarification, psychosocial support, and the establishment of trustful clinical relationships [6-8]. Professional medical interpreters, by contrast, are individuals employed by healthcare services to provide accurate, impartial, and confidential interpretation between a source and a target language. They adhere to recognized standards of practice—including completeness, role boundaries, and confidentiality—and their involvement is associated with fewer clinically important errors, improved comprehension, and greater satisfaction for both patients and clinicians [3,9,10]. In many contexts where professional services are unavailable, clinicians rely on ad-hoc interpreters, such as family members, bilingual staff, or other untrained individuals. Although these ad-hoc solutions may appear convenient, research demonstrates that they frequently result in omissions, distortions, and breaches of confidentiality, thereby introducing significant clinical and ethical risks [11,3]. The broader framework for understanding these practices is provided by the concept of culturally competent care (CCC), which denotes a multidimensional, systems-level approach that recognizes diversity and adapts care processes to patients' linguistic, cultural, and social needs. Its core components include cultural awareness, knowledge, skills, and sustained encounters, all of which must be supported by organizational policies and resources [12].

Greek Policy and Access to Care

Within European and Greek legal frameworks, refugees and beneficiaries of international protection have the right to access healthcare. Nonetheless, practical access is shaped by resource availability, affordability, acceptability, navigation challenges, and pervasive language barriers (World Health Organization [WHO] [13]. Evidence from Greece indicates that good command of Greek is strongly associated with better knowledge and use of services, while limited proficiency leads to longer waiting times, communication difficulties, and lower satisfaction. The gap is especially consequential for mental health services, where language and cultural nuance are integral to therapeutic engagement [14,15].

Materials and Methods

This study is a narrative literature review focused on the impact of language proficiency and language support modalities on healthcare access, quality, and outcomes for migrants and refugees, with emphasis on Greece. We synthesized peer reviewed studies, systematic reviews, and relevant reports addressing: (a) the effects of LEP on communication, safety, and utilization; (b) comparative outcomes for professional interpreters versus ad hoc interpreters; (c) language concordant care; (d) roles and effectiveness of intercultural mediators; and (e) Greek specific evidence on access and satisfaction. Inclusion prioritized studies in hospital, emergency, primary care, and perinatal settings. Given heterogeneity across designs, we present an integrative synthesis rather than meta analysis.

Results and Discussion

The findings of this review highlight the centrality of language support in ensuring equitable access to healthcare services for migrant and refugee populations. Evidence from international and Greek studies consistently demonstrates that limited proficiency in the host country's language is a key determinant of poor communication, compromised patient safety, and reduced satisfaction with care [16,17,4]. These findings are summarized in Table 1, which compares professional interpreters, intercultural mediators, and ad hoc interpreters across several domains.

Table 1: Comparative Outcomes by Interpreter Type

Interpreter Type	Accuracy of Communication	Patient Satisfaction	Clinical Outcomes (LOS, Readmission)	Risks Identified
Professional Interpreters	High accuracy; fewer clinically significant errors	Higher satisfaction for both patients and clinicians	Reduced LOS; lower readmission; reduced costs	Minimal; adherence to ethical standards
Intercultural Mediators	High accuracy plus cultural clarification	High satisfaction, increased trust and engagement	Improved outcomes especially in mental health and perinatal care	Requires sustained funding and training
Ad hoc Interpreters	Low accuracy; frequent omissions/ substitutions	Mixed; often lower satisfaction	Longer LOS; higher risk of errors and adverse outcomes	Ethical concerns; confidentiality risks

Professional interpreters are associated with high levels of communication accuracy, fewer clinically significant errors, and higher satisfaction rates for both patients and clinicians [3,10,11]. Studies further suggest that their involvement contributes to shorter hospital stays, fewer readmissions, and reduced healthcare costs [4,15]. Intercultural mediators, while also facilitating linguistic accuracy, extend their role by addressing cultural norms, values, and social contexts, thereby creating trustful relationships and improving outcomes in sensitive areas such as mental health and perinatal care [7,8,12]. By contrast, ad hoc interpreters—family members, bilingual staff, or other untrained individuals—are consistently linked to omissions, misinterpretations, and

breaches of confidentiality. Although they may be readily available, their use increases the risk of adverse outcomes and reduces patient trust [11,18].

The comparative outcomes captured in Table 1 therefore underscore the evidence that professional interpreters and intercultural mediators are far superior to ad hoc approaches in terms of safety, accuracy, and patient experience. Importantly, intercultural mediators provide added value by bridging not only linguistic but also cultural gaps, which is essential in contexts such as Greece where diverse migrant populations often face both communication and cultural barriers [14,19].

Collectively, the results of this review argue that healthcare systems should prioritize structured, professionalized language support as a means of improving both clinical outcomes and equity. This entails not only ensuring availability of professional interpreters but also embedding intercultural mediation into care models, particularly in high need settings such as emergency care, maternity services, and mental health. Reliance on ad hoc interpreting solutions should be minimized, as the risks they introduce—including clinical errors and ethical breaches—far outweigh their perceived convenience.

Interpreter Outcomes in the Greek Context

While the international evidence summarized above is compelling, Greek studies provide critical local insights that align closely with the comparative outcomes in Table 1. Galanis et al. showed that immigrants with good knowledge of Greek demonstrated more efficient utilization of services and reported higher satisfaction, echoing the benefits attributed to professional and mediated interpretation [14]. Kitsaras and Baka similarly reported that migrants with limited language proficiency often avoided hospitals unless accompanied by a trusted individual, illustrating the risks of relying on ad hoc or absent interpretation [20].

Together, these findings reinforce that the Greek healthcare system requires structured, professionalized language services to reduce dependency on ad hoc solutions and to ensure safe, equitable, and patient centred care for refugee and migrant populations.

Practical Implications and Recommendations

Addressing language barriers in healthcare requires not just technical solutions but also structural and cultural transformation of the health system. First, systematic identification of LEP patients must be implemented at the point of entry. Recording preferred language and interpreter needs in electronic health records ensures that clinicians are alerted to communication requirements and that institutions can monitor performance [21]. Without such standardization, language barriers remain invisible and unaddressed.

Second, qualified language support must be guaranteed. Evidence indicates that professional interpreters and trained intercultural mediators significantly reduce miscommunication and improve outcomes compared to ad hoc solutions [3,10,11]. Therefore, healthcare facilities should establish on site and remote (telephone or video) interpretation services. Investing in rosters of trained intercultural mediators for high demand areas such as maternity, paediatrics, mental health, and emergency services can improve access and safety [6,12].

Third, training the healthcare workforce is essential. Incorporating cultural competence and "working with interpreters" modules into undergraduate curricula and continuing professional development can foster awareness and skills [8]. Evaluating the language proficiency of bilingual providers before assigning them interpretation tasks ensures that patient safety is not compromised [18].

Fourth, infrastructure must enable effective use of interpretation. Access to private rooms, inpatient phones, and reliable video platforms is essential to create conditions where patients feel safe and respected [22]. Similarly, interpreter access carts in emergency departments or primary care can normalize interpreter use during high volume clinical encounters.

Fifth, digital tools such as telemedicine platforms and mobile health applications can facilitate remote interpretation, appointment management, medication adherence, and health education in patients' preferred languages [21]. Such innovations extend reach to migrants in rural or underserved areas and can reduce missed appointments.

Sixth, engaging migrant communities in the co design of materials and services is crucial. Recruiting mediators from relevant communities and clearly communicating patients' rights to interpretation promotes trust and utilization [14,19]. Partnerships with community organizations can also counter misinformation and strengthen public health.

Finally, systematic monitoring and evaluation are required. Tracking interpreter utilization, waiting times, readmissions, and patient satisfaction by language group provides feedback loops to improve services and demonstrate accountability [15]. Without measurement, inequities remain hidden.

Together, these measures form a multi layered approach to culturally competent care, supported by strong evidence from both international and Greek contexts. Implementing them requires political will, dedicated funding, and organizational commitment but offers clear benefits in patient safety, satisfaction, and efficient use of resources.

Conclusion

Language barriers remain a critical, modifiable driver of inequity in Greece's healthcare system. Evidence consistently supports professional interpreters and intercultural mediators as safer, more effective alternatives to ad hoc solutions, improving comprehension, satisfaction, and selected clinical and utilization outcomes. To translate consensus into practice, healthcare organizations should standardize LEP identification, guarantee qualified language support (including remote modalities), build competencies among clinicians, and partner with migrant communities. These steps are actionable, ethically imperative, and likely to yield better outcomes and more efficient use of resources.

Declarations

Ethics Approval and Consent to Participate: Not applicable.

Consent for Publication: Not applicable.

Availability of Data and Materials: All data generated or analysed during this study are included in this published article.

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