

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Caregivers with limited language proficiency and their satisfaction with pediatric emergency care related to the use of professional interpreters – a mixed methods study
AUTHORS	Gmünder, Myriam; Gessler, Noemi; Buser, Sina; Feuz, Ursula; Fayyaz, Jabeen; Jachmann, Anne; Keitel, Kristina; Brandenberger, Julia

VERSION 1 – REVIEW

REVIEWER	Granhagen Jungner, Johanna Karolinska Institute, Dept women's and children's health
REVIEW RETURNED	25-Aug-2023

GENERAL COMMENTS	<p>Thank you for the opportunity of reviewing this Manuscript BMJOpen-2023-077716 “The satisfaction of caregivers with limited language proficiency with the quality of pediatric emergency care related to the use of professional interpreter services – a mixed methods study”. I think the research that is discussed in this manuscript is adding something important to the research field. I only have a few issues about the manuscript, I think the research that is discussed in this manuscript is adding something important to the research field.</p> <p>I only have a few issues about the manuscript:</p> <ol style="list-style-type: none"> 1) The Title: It is always difficult to formulate a Title which both captures the reader's attention but is also easy to understand and “selling in”. As it is formulated now it's too complicated. Maybe something like: Caregivers with Low Language Proficiency and their satisfaction with pediatric emergency care related to the use of professional interpreters – a mixed methods study 2) BMJ Open default keywords: is there a possibility to add “communication” as a BMJ Open default keyword? 3) Introduction: I think you need to contextualize caregivers/patients rights in healthcare concerning understandable healthcare/medical information. What about laws and regulations in Switzerland? What about the United Nations Conventions of the Rights of the Child? 4) Methods page 7/35 line 29-38: This paragraph belongs to Data collection. 5) Methods page 7/35 line 43-50: Is the concept “outcome” correct? Shouldn't it be aim or objective? The paragraph should also be moved to Data
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	<p>management and analysis.</p> <p>6) Study population page 8/35 line 5 and 15: I'm a little confused regarding the different concepts of presence vs. visited "...patients present to the emergency..." and "...caregivers of patients who visited the emergency...". Are they not all visiting the emergency department?</p> <p>7) Data collection page 8/35 line 38: maybe this is different academic tradition, but I prefer not writing the names of the researcher in the body of text in the manuscript. Suggestion: "... was conducted by author 1 & 3...".</p> <p>8) Data management and analysis page 10/35 line 19: Please explain the concept of "saturation" and a reference.</p> <p>9) Data management and analysis page 10/35 line 26-30: The categories satisfaction, communication, expectation, health concept, relationship, and patient management are part of the result and should be moved to the Result section.</p> <p>10) Results page 10/35 line 48: In academic writing you do not start a sentence with a number. If so, the number is written in letters. Please, clarify the numbers with percentages – 14 participants (8%) and 167 (92%). That illustrates the uneven distribution of the participants who have had access to a professional interpreter despite the LLP which you should address a little bit more in your Discussion and in Limitations.</p> <p>11) Satisfaction related to the use of interpreters page 12/35 line 7-11: Please problematize the use of minors as language brokers in your discussion.</p> <p>12) Discussion page 16-18/35: My main concern with the discussion section is that you need to problematize that there were only 8% of the population group with LLP that were offered a professional interpreter. Clarify how come? I also think you need to problematize the use of children as language brokers. What about the laws and regulations in healthcare? What about patient centered care? Has Switzerland not ratified the Convention on the Rights of the Child? Please look into/use references as: https://www.swissinfo.ch/eng/society/kids--treaty_un-criAcises-switzerland-overchildren-s-rights/41231654.</p> <p>13) Other references that should be looked into or used close to your research are and your healthcare context are: Granhagen Jungner, J., Tiselius, E., Blomgren, K., Lützn, K., & Pergert, P. (2019). Language barriers and the use of professional interpreters: a national multi-site cross-sectional survey in pediatric oncology care. <i>Acta Oncologica</i>, 58(7), 1015-1020; Jungner, J. G., Tiselius, E., & Pergert, P. (2021). Reasons for not</p>
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	<p>using interpreters to secure patient-safe communication – A national cross-sectional study in paediatric oncology. <i>Parent Education and Counseling</i>, 104(8), 1985-1992;</p> <p>Granhagen Jungner, J., Tiselius, E., Lützén, K., Blomgren, K., & Pergert, P. (2016). Creating a meeting point of understanding: interpreters' experiences in Swedish childhood cancer care. <i>Journal of pediatric oncology nursing</i>, 33(2), 137-145.</p>
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REVIEWER	Cox, Antoon KU Leuven
REVIEW RETURNED	22-Sep-2023

GENERAL COMMENTS	<p>This paper offers a noteworthy contribution to the field. However, several aspects would benefit from further elaboration to enhance clarity. These include scene setting, the discussion of the methodology, discussion of results, potential limitations, and suggestions for future research.</p> <p>The paper refers to the ABC tool to assess patients' language proficiency after adapting it to the local context--presumably the German language, as indicated by the reference to the Goethe Institute. Nevertheless, there's a marked difference between everyday language and the specialized vocabulary and communication styles necessary for medical consultations. It remains uncertain whether an individual who excels on this test would genuinely understand a doctor's instructions. Conversely, someone with limited grammatical knowledge but effective communication skills in German might show a better understanding. Hence, more discussion and critical reflection on this aspect would be advantageous, though it does not necessitate a redesign of the study. Thus, the authors should address this point in the, the methodology section, the discussion and potential limitations sections.</p> <p>When describing the study setting--a university hospital emergency department in Bern--more context would be beneficial. Discussing (in setting section) how both clinical and communicative contexts affect interpreting provision within emergency departments is essential. Furthermore, highlighting public service interpreting or medical interpreting practices policy in Bern or Switzerland more broadly--especially within the hospital's setting--would provide valuable insights, enhancing data interpretation accuracy.</p> <p>In conclusion, this paper delivers a compelling exploration of language provision in emergency departments. However, some areas need further refinement to give readers a more comprehensive understanding of the topic.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

	Original comment/reference	Authors response	Page number, line number
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1.	Thank you for the opportunity of reviewing this Manuscript BMJOpen-2023-077716 “The satisfaction of caregivers with limited language proficiency with the quality of pediatric emergency care related to the use of professional interpreter services – a mixed methods study”. I think the research that is discussed in this manuscript is adding something important to the research field.	We thank the reviewer for the acknowledgment of the importance of the research question.	
2.	The title: It is always difficult to formulate a title which both captures the reader's attention but is also easy to understand and “selling in”. As it is formulated now it's too complicated. Maybe something like: Caregivers with Low Language Proficiency and their satisfaction with pediatric emergency care related to the use of professional interpreters – a mixed methods study	We changed the title accordingly	Page 1 line 1-3
3.	BMJ Open default keywords: is there a possibility to add “communication” as a BMJ Open default keyword?	We wrote to the editorial office to include “communication” as a keyword	
4.	Introduction: I think you need to contextualize caregivers/patients rights in healthcare concerning understandable healthcare/medical information. What about laws and regulations in Switzerland? What about the United Conventions of the Rights of the Child?	We added specific information about patients rights in general and the laws and regulations in Switzerland	Page 5, line 7-8 and 10-12
5.	Methods page 7/35 line 29-38: This paragraph belongs to Data collection.	We moved this paragraph to data collection.	Page 7 line 20-25
6.	Methods page 7/35 line 43-50: Is the concept “outcome” correct? Shouldn't it be aim or objective? The paragraph should also be moved to Data management and analysis.	We agree and changed it to “objective”. We would like to keep it in the section study design as we prefer to mention the objectives early on and hope this is tolerable for the reviewer.	Page 6 line 21 and 22
7.	Study population page 8/35 line 5 and 15: I'm a little confused regarding the different concepts of presenting vs. visited “...patients presenting to the emergency...” and “...caregivers of patients who visited the emergency...”. Are they not all visiting the emergency department?	We changed “presenting” to “visiting”, so it is consistent throughout the manuscript	Page 6 line 30
8.	Data collection page 8/35 line 38: maybe this is different academic tradition, but I prefer not writing the names of the researcher in the body of text in the manuscript. Suggestion: “... was conducted by author 1 & 3...”	We replaced the names of the researcher with “author”	Page 7 line 26, 29, 30 Page 9 line 23

9.	Data management and analysis page 10/35 line 19: Please explain the concept of “saturation” and a reference.	We explained the concept of saturation and added a reference	Page 9 line 18-20
10.	Data management and analysis page 10/35 line 26-30: The categories Satisfaction, communication, expectation, health concept, relationship, and patient management are part of the result and should be moved to the Result section.	We moved the categories to our results	Page 9 line 25
11.	Results page 10/35 line 48: In academic writing you do not start a sentence with a number. If so, the number is written in letters. Please, clarify the numbers with percentages – 14 participants (8%) and 167 (92%). That illustrates the uneven distribution of the participants who have had access to a professional interpreter despite the LLP which you should address a little bit more in you Discussion and in Limitations.	We changed the word order and added the percentages. We also added a paragraph elaborating on the uneven distribution of the participants to the discussion.	Page 10 line 3-4 Page 15 line 11-15
12.	Satisfaction related to the use of interpreters page 12/35 line 7-11: Please problematize the use of minors as language brokers in you discussion.	We added more specific information about the use of minors as language brokers.	Page 16 line 5-8
13.	Discussion page 16-18/35: My main concern with the discussion section is that you need to problematize that her were only 8% of the population group with LLP that were offered a professional interpreter. Clarify how come? I also think you need to problematize the use of children as language brokers. What about the laws and regulations in healthcare? What about patient centered care? Has Switzerland not ratified the Convention on the Rights of the Child? Please look into/use references as: https://www.swissinfo.ch/eng/society/kids-treaty_un-criticises-switzerland-over-children-s-rights/41231654 .	We problematized the large difference in our population groups, as well as children as language brokers in our discussion	Page 15 line 11-15 Page 16 line 5-8
14.	Other references that should be looked into or used close to you research are and your healthcare context are: Granhagen Jungner, J., Tiselius, E., Blomgren, K., Lützn, K., & Pergert, P. (2019). Language barriers and the use of professional interpreters: a national multisite cross-sectional survey in pediatric oncology care. <i>Acta Oncologica</i> , 58(7), 1015-1020; Jungner, J. G., Tiselius, E., & Pergert, P. (2021). Reasons for not using interpreters to secure patient-safe communication—A national cross-sectional study in paediatric oncology. <i>Pa/ent Educa/on and Counseling</i> , 104(8), 1985-1992; Granhagen Jungner, J., Tiselius, E., Lützn, K., Blomgren, K., & Pergert, P. (2016). Creating a meeting point of understanding: interpreters' experiences in Swedish	Thank you for your recommendation of other references. We added more references to our work.	Throughout the manuscript

	childhood cancer care. <i>Journal of pediatric oncology nursing</i> , 33(2), 137-145.		
15.	Hence, this is a well written manuscript, and it has been a joy taking part of it. Thank you!	Thank you for your valuable feedback	

Reviewer 2

	Original comment/reference	Authors response	Page number, line number
1.	This paper offers a noteworthy contribution to the field. However, several aspects would benefit from further elaboration to enhance clarity. These include scene setting, the discussion of the methodology, discussion of results, potential limitations, and suggestions for future research.	We thank the reviewer of the acknowledgement of the importance of our research question and for the valuable feedback.	
2.	The paper refers to the ABC tool to assess patients' language proficiency after adapting it to the local context--presumably the German language, as indicated by the reference to the Goethe Institute. Nevertheless, there's a marked difference between everyday language and the specialized vocabulary and communication styles necessary for medical consultations. It remains uncertain whether an individual who excels on this test would genuinely understand a doctor's instructions. Conversely, someone with limited grammatical knowledge but effective communication skills in German might show a better understanding. Hence, more discussion and critical reflection on this aspect would be advantageous, though it does not necessitate a redesign of the study. Thus, the authors should address this point in the, the methodology section, the discussion and potential limitations sections.	We agree with the reviewer and added more detail to the ABC-tool description in the method section. We also added it as potential limitation to the discussion section.	Page 7, line 8-10 Page 17 , line 29 – Page 18, line 2
3.	When describing the study setting--a university hospital emergency department in Bern--more context would be beneficial. Discussing (in setting section) how both clinical and communicative contexts affect interpreting provision within emergency departments is essential.	We added more details describing the clinical and communicative context in the study setting section	Page 6 line 6-10
4.	Furthermore, highlighting public service interpreting or medical interpreting practices policy in Bern or Switzerland more broadly--especially within the hospital's setting--would provide valuable insights, enhancing data interpretation accuracy	We added more detail to the methods section (study setting)	Page 6 line 6-10
5.	In conclusion, this paper delivers a compelling exploration of language	We thank the reviewer for the	

	provision in emergency departments. However, some areas need further refinement to give readers a more comprehensive understanding of the topic.	helpful feedback and hope all points have been addressed.	
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