

Limited English Proficiency in Healthcare; Taking Down Language Barriers Toolkit

Jennifer Hernandez

Sacred Heart University Davis and Henley College of Nursing

NU-395: Transition into Professional Practice

Professor Goncalves

March 19th, 2022

Significance of Project

History

Clear, complete, and understandable communication is a right that every patient must have. Communication is an essential and vital role in order to provide optimum patient care. The United States is a divergent country and through globalization and migration, there are a plethora of languages that are spoken. With the diversity of languages, it is extremely likely that a nurse will come in contact with a patient whose first language is not English and experience a language barrier (Ali & Watson, 2018). As nurses, it is our obligation to ensure that those whose English is not their first language are receiving the same high level of care. Language should not be a barrier in practice, yet unfortunately, it absolutely is. Language barriers can negatively impact a nurse from providing culturally competent and patient-centered care.

Importance of Language Barrier Problems

There are multiple consequences that are intertwined with language barriers as several studies have depicted poor health outcomes to those who do not speak the local language. Providing care that is effective, timely, and safe for the patient is negatively associated with language barriers within the nursing practice (Ali & Watson, 2018). This can be in medical errors. Medical errors can occur due to improper use or the negligence of not using interpretive services. For instance, a case in California involved a patient, whose preferred language was not English, signing a surgical consent form in English and was not provided an interpreter, which irrevocably resulted into a nephrectomy and the removal of a healthy kidney instead of the diseased kidney (Goodwin, 2018). Inaccurate assessments can easily occur particularly if pain is concerned. Pain is predominantly indicated through verbal communication, especially in regard to certain cultures. Due to pain being subjective, it can easily be misunderstood, and the problem can either be under

or over-treated if clear communication is not used (Rosse et al., 2016). Additionally, it has been indicated that language barriers have been shown to be associated with high rates of hospital readmissions from patients receiving home health care (Squires et al., 2022).

Clinical Need

There is a clinical need for education on the significance of language barriers as well as how to overcome them. This clinical need is an essential part of patient care to provide patients with proper and clear communication. As stated on the Yale-New Haven Website, they have “thousands of patients who do not speak English” and “Yale-New Haven Hospital’s Language Services Department is one of the largest in Connecticut”. Nevertheless, the hospitals may have one of the largest language services in the state but that does mean that nurses know how to properly utilize these services and resources. On Verdi 3 East at St. Raphael’s campus, there have been many patients on the floor in which language barriers have been evident. In addition to the disruption of clear communication due to language barriers, on Verdi 3 East more than half of the nurses have less than 2.5 years of experience or are travelers, meaning they may lack the knowledge of the resources available to them and or how to access them readily. Ergo, lack of knowledge of resources and access can cause obstruction to combat language barriers.

Though language barriers can be challenging to navigate, the creation of the project, “Taking Down Language Barrier Tool Kit” strived to dismantle the challenges of clear communication. The intent of the tool kit is to promote and organize a “one-stop-shop” to access resources to help nurses establish understandable and safe interpersonal communication with patients whose preferred language is not English. Studies have shown that for effective communication—including language—nurses need training that contributes to eliminating prejudgments and prejudice (Sethi & Rani, 2017). Though this toolkit does not provide training of

any kind, it does include the importance of why nurses should care about language services and how it affects patient satisfaction, which can lead to nurses self-reflecting on their own bias and ultimately aid in prejudgments. The tool kit includes YNHHS health policies, WOW cue sheets, laminated badge reels, printed-out instructions on how to request interpretive services, and brochures. The Yale-New Haven Health Policy and Procedures is an important factor within the toolkit because it educates the newer nurses, re-educates the older ones as well as reinforces that language services and clear communication are not a suggestion, but it is the patient's right. The WOW cue sheets are wrapped around the WOW machines as well as are in the kit as they include floor-specific English to Spanish translations of common cardiovascular terminology, assessments, pain, basic signs and symptoms of heart diseases, medications, and common causes of chest pain. The notion behind these cue sheets is to empower nurses as they were intended to relieve some of the anxiety that can occur when communicating with someone with another language. It does not eliminate the need for a translator, but it does help the nurses to get a small familiarity with what is being said and provide a small measure of comfort. The toolkit also includes badge reels, which is a more friendly pocket-size version of the WOW cues. Additionally, multiple copies of the "Taking Down Language Barriers" brochure are printed out. The brochures include evidence of the negative impact language barriers have on patients, the purpose of the project, interventions, and resources. Interventions included in the pamphlet are the badge reels and WOW cues but also the encouragement of taking a medical Spanish course with prices and links provided. The resources depicted on the brochure include that of the floor and hospital. How to access and request resources and interpreters either by face to face, over the phone, or video remote interpreting, are printed out in a step-by-step instructions packet. These instruction packets are for the purpose of educating newer nurses or traveling nurses on how to independently contact

interpreters. Evidently, the content and materials of the project are specifically related to unit and organization, and it is a relevant and important topic that needs to be emphasized.

Role and Responsibility of the Professional Nurse

Correlation to Patient Care

The professional nursing role relates to the correlation of patient care to language barriers because clear communication is a critical asset of the nursing role in order to establish rapport and high-quality patient care. Strong interpersonal communication is what differentiates nurses from other members of the interdisciplinary team. It is a nurse's role and responsibility to do right by that patient and to uphold ethical values, legal considerations, and patient advocacy; to uphold ethical principles of nursing.

Ethical, Legal Considerations, Patient Advocacy

Should a nurse ever ignore proper and thorough communication with a patient not only does it create an unsafe situation, but it also completely disregards the ethical principles of clinical nursing. Three key factors of *The Code of Ethics for Nurses* that are intertwined with proper communication include autonomy, justice, and nonmaleficence. In order to advocate for patients, nurses must give the opportunity for the patient to be autonomous, to have the right to make informed decisions on their own care. If a patient does not 100% understand a diagnosis or treatment due to a lack of clear communication, such as a language barrier, the nurse is not advocating for that patient because the patient has the right to be autonomous and to make decisions of their own care given proper education.

The "Taking Down Language Barriers Toolkit" was inspired by seeing the lack of patient advocacy. Patients need to be as independent as they can be and in order to do so, they must be properly aware of the situation. Nurses must advocate for their patients to be educated and to be

well informed. The toolkit enables nurses to efficiently and effortlessly contact resources that will allow the patient to be knowledgeable of the situation. Justice is a vital ethical principal nurse should obey and not allow language barriers to interfere with.

Justice is the fairness between all patients, “equitable access to care” (Varkey, 2021). Language barriers impede equitable care for patients whose English is not their first language, if clear means of communication are not taken, as discussed previously, the patients are at a marginally large disadvantage of receiving proper treatment when compared to their English-speaking counterparts. This is not justice; this is not equity. Ethically, justice must be obliged, and in order to ensure equity in care is ensure that all patients, despite their primary language, are knowledgeable and understand to the highest capacity of their situation.

Nonmaleficence is correlated to legal considerations because it is the obligation to not cause or do harm to the patient (Varkey, 2021). Also, the use of interpreters is both a professional and legal obligation (Salvati et al., 2019). Informed consent is legal documentation that states that the patient, if mentally sound, has been given all the proper information to determine by their own will to go through with a procedure or test of some sort. Injudiciously, as stated previously with the example of the wrong nephrectomy, due to health care professionals not taking language barriers seriously, they adversely and heedlessly put that patient in harm’s way by not giving them a consent form in their proper language. The health care professionals are at fault here for not giving true informed consent. Proper steps should have been made to close the gap of miscommunication and allowed for clear and distinct passing of information

Impact on Health Care Policy and Finance

Language barriers have had a remarkable impact on health care policies and finances. Going back to the year 2000, to uphold compliance with Title VI of the 1964 Civil

Rights Act, federal agencies-initiated systems to improve access and programs for those with limited English proficiency (Jacobs et al., 2018). These systems were again revisited, amended, and further improved upon through Health and Human Services in 2016 under the Affordable Care Act (CME learning, 2016). As opposed to 2000 when programs were in place to aide those with limited English proficiency, in 2016 it took language services much more seriously and elevated the importance. The new law mandated that “any healthcare provider or health insurance company receiving federal assistance must provide limited English proficiency (LEP) patients with a *qualified* interpreter” (CME learning, 2016). This new law inhibited any ad hoc person in the room like a family member to translating for the patient or even a “bilingual” nurse. A qualified interpreter is a crucial and significant factor of clear communication as it obliterates any biases or removal of sensitive information that otherwise family members might have hesitated to share with the patient. Additionally, nurses may call themselves bilingual, but they are not qualified interpreters because the medical dialogue is vastly different from household conversations, and important information may get lost in conversation. In order to accurately inform a patient, the nurse must go through an exam to dictate that they are qualified to interpret for their language.

Language barriers impact hospital and personal finances in terms of expenses for interpreters. The Affordable Care Act mandated language services for hospitals or insurances receiving government funding; however, the act does not cover the cost of what it takes to hire interpreters for their services. Fortunately, the cost of interpreters is less consequential than the amount of cost saved overall. To illustrate, patient language barriers increased the cost of ED visits by an estimated value of \$38 per visit due to longer stays and further testing (Jacobs et al., 2018). In juxtaposition to patients receiving interpretive services in which their stays were shorter than patients whose English as their preferred language (Jacobs et al., 2018). The Office of Management

and Budget's estimates that per patient medical encounter, the increased cost is around \$4 (Jacobs et al., 2018). Henceforth, when comparing the pros and cons of cost and revenues of interpreters it is evident that language services are cost-effective.

Developmental, Age Appropriate, and Culturally Sensitive and Diversity Considerations

Characteristics of Recipients

The characteristics of those that will be the recipients of the intervention include those of both patients and nurses. When a language barrier is indicated, both the patient and the nurse may feel overwhelmed, frustrated, and worried. It can be overwhelming for a patient who has limited proficiency in English to be surrounded by English speakers especially when they are in pain and are scared because they are not sure what is going on with them. A nurse can be overwhelmed because it does take extra time to care for a patient whose preferred language is not English. A patient may be frustrated because their concerns and questions may not be understood and likewise with the nurse. And both sides may feel worried. The nurse may worry about the patient because they want them to be comfortable and they want to start building rapport but that can be difficult if effective communication can not be met. Necessarily, the intervention of the use of "Taking Down Language Barriers Toolkit" is aimed to alter those characteristics to lessen the frustrations, overwhelming feelings, and worries by nurses accessing resources that will provide clear communication to the patients. Interpreters will aid in transparent dialogue and clean up any information that may have been misunderstood during interactions.

Considerations during Development

When creating the "Taking Down Language Barriers Toolkit" there were many factors that were considered during the development: developmental, age appropriate, and cultural

competency principles for the target audience. The target audience was young adults to adult nurses who are very busy and need quick access to information. The brochure was made in a vibrant and enjoyable pattern to be easily spotted and more eye-catching to the reader. The brochure did not contain any lengthy paragraphs but short statements or bullet points with pertinent information that is needed. In addition, pocket-friendly size badge reels were created to have access to English to Spanish translation in a quick and convenient way. Also, step-by-step instructions on how to access interpreters either by the intranet or on the app were depicted as technology may be difficult to some of the more seasoned nurses. Similarly, navigation through the intranet may be foreign to the newer staff members on the floor. Different learning styles were considered during the project hence why there are various options for nurses to choose from when needing instruction on how to request an interpreter. The instructions to request an interpreter can be found in the brochure in a quick 2 bullet point statement but for those who need a more extensive description, a step-by-step instruction sheet with pictures was also printed out and laminated, and placed in the kit. Nurses can either look at the screenshots taken if they prefer a more visual depiction or they can follow along with the typed-out instructions if that is more comfortable for them.

Diversity, Equity, and Inclusion.

Cultural competency was the spotlight of the toolkit as it emphasized the importance of respecting the patient's preferred language and advocating for the patient to receive appropriate interpreters so that they may be competent in the situation throughout their stay. The project understands and appreciates diversity, and the toolkit demonstrates diversity, equity, and inclusion. As previously discussed, equity is justice, it is the notion that all patients receive the same level of care and not one patient is treated better or worse than another. The toolkit amplifies equity by allowing patients with limited proficiency in English to be as knowledgeable and informed of their

case as any of their English-speaking counterparts. The toolkit also understands and appreciates diversity because language services included not only popular languages specific to New Haven such as Creole and Spanish but an array of video interpreters such as Arabic, Mandarin, Vietnamese and Cantonese are available twenty-four-seven, seven days a week (Yale-New Haven Health, 2018). Ultimately, this project stands for inclusion as it personifies the importance of open dialogue and clear communication for all patients. Whether a patient's primary language is English or not, they are included in their own care.

Patient-Centered Care Principles

Relation to Patient-Centered Care and the Individual

The "Taking Down Language Barriers Toolkit" was created in relation to patient-centered care concepts. The first aspect of patient-centered care is the individual. The project's focal point is to enable the patient to be autonomous, to be able to determine their own care by making informed decisions and being knowledgeable about their case. The patient should be an active participant in their care. Language barriers can lead to ineffective communication, consequently allowing for uncertainty, stress, and hurdles to develop that can affect the implementation of culturally competent and patient-centered care (Ali & Johnson, 2017). Patient-centered care revolves around the decision of the patient. If the patient does not fully understand or there is miscommunication due to language barriers, then they cannot make informed decisions. The project puts power and choice back into the patient's hand. It emphasizes the significance of why language barriers can be harmful to patient care; increased hospital stay, increased cost, decrease patient satisfaction, and increased likelihood of being readmitted. It's important for the nurse to understand the gravity of language barriers in order to give proper high-quality care. It also brings back power to the patient because it aides in giving support to the nurses of how to access

interpretive services quickly in all formats, thus these interpreters allow patients to be understood and give them the ability to ask their questions and state their concerns without the fear of being misunderstood. Ultimately, the nurse must adapt to the patient's language preference. The nurse should care for a patient as a whole, which is called holistic nursing. Holistic Nursing is not just treating the patient in a textbook format, but adapting and molding the treatment so it can best fit the patient's culture and language preference (Shesser, 2017).

Relation to Patient-Centered Care and the Family

It is common for the nurse when having a patient with limited proficiency in English to ask the visitor to translate if they are fluent in both English and the preferred language. This act may seem like a natural reflex and at first glance, it may not seem maleficent or harmful in any way. Opposingly, there is unintended harm that can be placed on a patient when vital information or a life-changing diagnosis is translated to the patient from a loved one. The reason to not use ad hoc interpreters such as family members is that there may be instances when they withhold critical news from the patient. They may mean well, but that is stripping away the patient's right to be informed about their care and it is taking away their right to make decisions. For instance, a daughter who speaks Portuguese and English may be asked to translate to her elderly mother that they have discovered a malignant and metastasized tumor. The daughter who is worried about her mother's mental state and stress may exclude crucial information, she may say they found a tumor but would not expand on the severity and magnitude of the tumor. This is when a situation can become dangerous if the patient who is mentally sound is not able to make their own informed decisions. Therefore, the toolkit kit reinforces the use of interpreters to dismantle any incidents in which information may be held or miscued.

Relation to Patient-Centered Care and the Community

St. Raphael Hospital is in New Haven, Connecticut in which the three popular languages found are English, Creole, and Spanish. It is not possible to expect a nurse to know every language or values of a person, however, it is possible for a nurse to be culturally competent and respect and uphold a patient's preferences and values. Interpreters at hand are not only available to the three most common languages in the area but tens of languages. The Yale-New Haven Health System is also steadily increasing their languages, according the . The Yale-New Haven Health System website as of 2018 they have added Arabic, Mandarin, Vietnamese and Cantonese to their video interpreters vault and is available twenty-four-seven, seven days a week. The community is diverse and a diverse set of interpreters must be readily available, which The Yale-New Haven Health System does provide and which the toolkit fortifies.

Professional Nursing Competencies

Teamwork & Collaboration, Quality Improvement, Safety Principles

The project instrument, the toolkit, was created in relation to teamwork & collaboration. The toolkit was created with the purpose of improving interpersonal collaboration between the nurse, patient, and interpreters. Teamwork cannot happen if there is not effective and clear communication. Hence why the toolkit reinforces the education on how to access interpreters via phone call, video call, or face to face. Quality improvement is also interwoven within the toolkit. The resources to help diminish language barriers are present in St. Raphael, it is up to the nurses to utilize those resources. The toolkit aids in quality improvement because it educates nurses on how to properly utilize and access various types of interpreters. Additionally, it instructs the reader on where to find and navigate through technology such as the MARTII and the intranet. Safety principles are heavily enforced within the project because patient safety is one of the biggest concerns when dealing with language barriers. Ineffective communication can lead to medical

errors, inaccurate assessments, and lack of rapport. As a result, the toolkit allows the reader or the nurse to be knowledgeable on how to break down the barrier between patients with limited English proficiency. The learning needs, education on language barriers, of the target audience, nurses, connect to quality improvement outcomes because when they have been informed on a different aspect of language barriers such as implications, interventions, and evidence-based research, they can more readily intervene and access the proper tools the patient, the whose preferred language is not English, needs.

Interdisciplinary Perspectives

The “Taking Down Language Barriers Toolkit” is not a nurse-specific toolkit. The toolkit is located in the break room of Verdi 3 East. The location of placing the toolkit was intentional as to allow different interdisciplinary team members to access it. Language barriers are not a “nursing problem” it is a health care problem. All interdisciplinary team members need to be able to provide effective communication to patients with limited English proficiency; that be of the physical therapist, social worker, secretary, aides, providers, etc. In order to provide the best patient care and patient outcome, productive communication must be a collaboration with the entire health care team and the patient. Therefore, the toolkit is an intervention for all team members and should be utilized as needed.

Clinical Impact

Good communication is a formidable instrument in enabling the best patient outcome. Language barriers deprive the team and the patient of clear communication, consequently, take away the patient’s right to optimum patient care and overall decreases patient satisfaction the “Taking Down Language Barriers Toolkit” deconstructs the barrier and gives power to the reader

(whether that be a nurse, aide, provider, etc.) and patient and it eliminated misunderstandings and allows for one another to truly understand each other.

References

- Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of Language Barriers for Healthcare: A Systematic Review. *Oman medical journal*, 35(2), e122. <https://doi.org/10.5001/omj.2020.40>
- Ali, P. A. & Johnson, S. (2017). Speaking my patient's language: Bilingual nurses' perspective about provision of language concordant care to patients with limited English proficiency. *Journal of Advanced Nursing*, 73(2), 421–432. doi: 10.1111/jan.13143
- Ali, P. A., & Watson, R. (2018). Language barriers and their impact on provision of care to patients with limited English proficiency: Nurses' perspectives. *Journal of Clinical Nursing*, 27(5-6). <https://doi.org/10.1111/jocn.14204>
- Goodwin, B. (2018). Adequate translation services crucial; here's why. *Urology Times*, 46(9), 38. <https://ezproxymcp.flo.org/login?url=https://search.ebscohost.com/login.aspxdirect=true&db=131851734=ehost-live>
- Jacobs, B., Ryan, A. M., Henrichs, K. S., & Weiss, B. D. (2018). Medical Interpreters in Outpatient Practice. *Annals of family medicine*, 16(1), 70–76. <https://doi.org/10.1370/afm.2154>
- Meuter, R., Gallois, C., Segalowitz, N., Ryder, A., & Hocking, J. (2015). Overcoming language barriers in healthcare: A protocol for investigating safe and effective communication when patients or clinicians use a second language. *BMC Health Services Research*, 15(371), 1-5. doi: 10.1186/s12913-015-1024-8
- New 2016 ACA Rules Significantly Affect the Law of Language Access. (2016, May 14).

[http://www.cmelearning.com/new-2016-aca-rules-significantly-affect-the-law-of-language-access /](http://www.cmelearning.com/new-2016-aca-rules-significantly-affect-the-law-of-language-access/)

Rosse, F., De Bruijne, M., Suurmond, J., Essink-Bot, M., & Wagner, C. (2016). Language barriers and patient safety risk in hospital care: A mixed methods study. *International Journal of Medicine*, 54, 45-53. doi: 10.1016/j.ijnurstu.2015.03.012.

Salavati, D., Lindholm, F., & Drevenhorn, E. (2019). Interpreters in Healthcare. *Nursing*, 49(12), 60–63. <https://doi.org/10.1097/01.nurse.0000604752.70125.66>

Sethi, D., & Rani, M. K. (2017). Communication barrier in health care setting as perceived by nurses and patient. *International Journal of Nursing Education*, 9(4), 30. <https://doi.org/10.5958/0974-9357.2017.00092.7>

Shesser, L. (2017). Children’s hospital home care goes the extra mile for international patients. *Home Health Care Management & Practice*, 29(4), 216-223. doi: 10.1177/1084822317712892

Squires, A., Ma, C., Miner, S., Feldman, P., Jacobs, E. A., & Jones, S. A. (2022). Assessing the influence of patient language preference on 30 Day hospital readmission risk from home health care: A retrospective analysis. *International Journal of Nursing Studies*, 125, 104093. <https://doi.org/10.1016/j.ijnurstu.2021.104093>

Varkey B: Principles of Clinical Ethics and Their Application to Practice. *Med Princ Pract* 2021;30:17-28. doi: 10.1159/000509119