

ABSTRACT

Registered nurses are caring for an increasing number of non-English speaking patients. Hospitals attempt to implement methods of communication, such as in-person interpreters, which healthcare professionals hesitate to utilize for a variety of reasons. Some of these reasons include a communication barrier between the patient and healthcare professional, leading to decreased quality of care and increased adverse outcomes. The purpose of this project is to educate registered nurses on the significance of using the proper communication and cultural tools when interacting with non-English speaking patients. Moreover, a Spanish bedside reference tool was created, reducing the communication barrier. The evidence-based information aims to improve patient outcomes among the growing minority population.

PICO QUESTION

In the Hispanic/Latino population, how does cultural education for nurses on the burn trauma unit, compared to lack of cultural education, affect patient length of stay?

LITERATURE REVIEW

The following literature review addresses the evidence of cultural education and its impact on patients. Education must be provided for nurses to care for these populations, thus decreasing readmissions, reducing expenditures, and increasing the quality of care to improve patient outcomes ⁽¹⁾.

- Only 37% of non-English speaking patients reported using an interpreter when communicating with a nurse ⁽²⁾.
- Interpreted information decreases communication errors and increases patient outcomes ⁽³⁾.
- Culturally appropriate resources decrease hospital admission length by one day ⁽³⁾.
- Hospitals can save up to \$150,000 in readmission expenditures when providing interpreter services ⁽¹⁾.
- Nurses that received cultural education reported greater cultural competence ⁽⁴⁾.

CULTURAL COMPETENCE IN BEDSIDE NURSING: A LITERATURE REVIEW

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PROJECT METHODOLOGY

Implementing a unit-wide change calls for multiple sources of evidence in guiding development, implementation, evaluation, and dissemination of the project. The deliverables for this project aim to increase a bedside nurse's confidence in delivering unit-specific interpreted information to Spanish-speaking patients.

The timeline begins with a pre-survey assessing staff's current knowledge and attitudes of communication while communicating with non-English speaking. Next, a bedside Spanish reference card was constructed for nurses that comprise of commonly used words and phrases of the Burn Unit. The card was presented at a staff meeting and remained on the unit for three months. At the end of the time period, nurses were presented with a post-survey assessment.

Plan and Development

Implementation of the bedside Spanish reference card included the following process:

- Presented at a staff meeting for bedside nursing and interdisciplinary staff
- Administered pre-survey assessments over a 2-week period
- Emailed reminders to staff prior to implementation date
- Placed the reference card at nursing stations and into 15 inpatient rooms
- Made card available on the unit for 3 months

Evaluation

Following the implementation period, effectiveness can be assessed by:

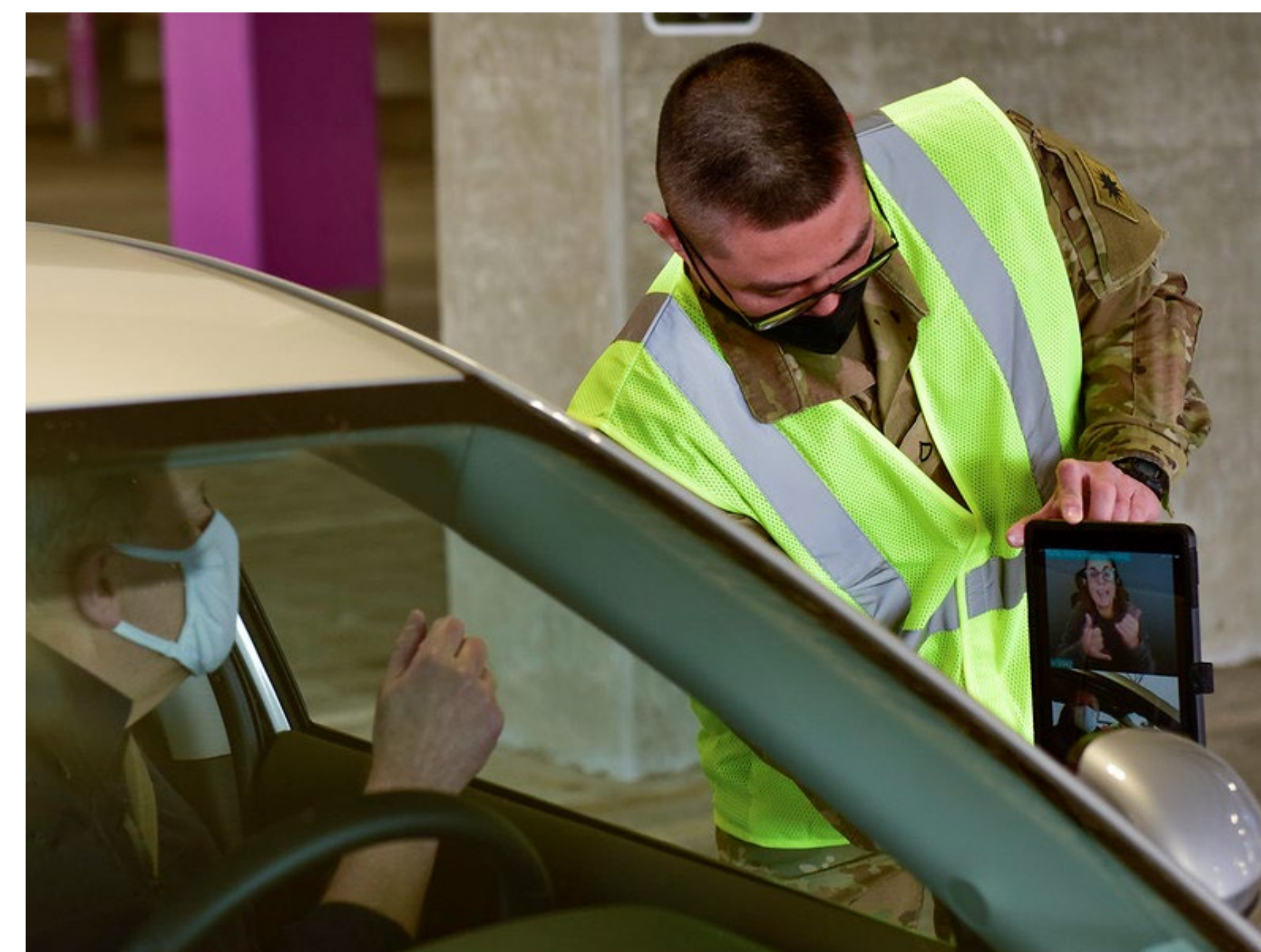
- Determining if nurses gained confidence in providing interpreted information
- Assessing knowledge gained on the importance of cultural education and communication

Results of the pre- and post-surveys alongside comments are to be shared at an additional staff meeting with stakeholders, managers, and directors. Next, a project presentation will be given to intensive care units to share the benefits of the Spanish reference card.

| | |
|--------------------------------|---|
| Pain | Dolor |
| Walk | Caminar |
| Wound care | Cuidado de heridas, limpiar heridas |
| Ointment | Pomada |
| Bandage | Bendaje |
| Shower | Ducha |
| Homograft | Homoinjerto |
| Autograft | Autoinjerto |
| Skin graft | Injerto de piel |
| Gauze | Gasa |
| "Let's go to wound care" | "Vamos a cuidado de heridas" or "Vamos a limpiar tus heridas" |
| "Let's go to physical therapy" | "Vamos a terapia fisica" |
| "Let's go walk" | "Vamos a caminar" |
| "How is your pain doing?" | "Como esta tu dolor?" |
| "Are you comfortable?" | "Estas comodo?" |
| "Do you need anything?" | "Necesitas algo?" |
| "How can I help you today?" | "Como le puedo ayudar hoy?" |



Note: From Spanish Learn Speech (Photograph), by ianogohd, 2014, Pixabay
<https://pixabay.com/photos/spanish-learn-speech-translation-375830/>



Note: From The National Guard(Photograph), by Neil Mabini, 2021, Flickr
<https://www.flickr.com/photos/thenationalguard/50953461302/in/photolist-2KcN8u-gwmAC2-pentBj-gwmN7H-2m2P6y-g1EDd-4N2Wv-gwmT5-BuJkU-gwm1Gw-7xCuF-2m3Z8N-2m3353-2m2Z1P-jzyka-jzywD-jzywP-jzywL-anomFL-qanlyR-05rCb-2AG5G1-SND8P-0ZD86-N8Brt-eP4Jw1-6N2T-0ZD8B-6N2T-0m4F-eP4pE-eP5Cn-6B4X-6P4pH-ama3c-X9Wtq-6dym-2KJ18A-7WtV-6P4pDU-a1Ufm-a1FGB-a1Kc9-6P4p5-6P4p1-yaySHX-ePwuh-y7HvQ-VnAq2-YGBer/>



THEORETICAL FRAMEWORK

- The revised Iowa Model guides healthcare professionals to questions of what is currently being practiced, aiming for better outcomes or opportunities ⁽⁵⁾.
- Teams must assess the organizational institutions requirements and how change has been previously implemented
- The results of a study allow facilities to grow an evidence-based culture, improve patient outcomes, and encourage others to seek out clinical questions that need to be addressed ⁽⁵⁾.
- This model was chosen as an intervention to barriers serving the non-English speaking population.

CONCLUSIONS

The evidence highlighted the health barriers that currently exist in a growing community of non-English speaking people. These barriers included poor medical outcomes, reduction of quality of care, and overall dissatisfaction from communication difficulties ⁽⁶⁾. Through providing courses that address cultural implications, nurses and staff gained a greater sense of cultural competence that improved their practice ⁽⁴⁾. This project suggested that education and implementation of the bedside reference card can improve patient communication, providing overall higher levels of care that decrease their length of stay and improve the quality of care they are given. Finally, it is crucial that the healthcare system as a whole educate staff and patients on hospital cultural resources.

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