



## Registered nurses' experiences with caring for non-English speaking patients



Cody Ian, MS, RN, Elizabeth Nakamura-Florez, PhD, RN<sup>1</sup>, Young-Me Lee, PhD, RN\*

School of Nursing, DePaul University, 990 W. Fullerton Ave, Chicago, IL, 60640

### ARTICLE INFO

#### Article history:

Received 17 August 2015

Revised 2 November 2015

Accepted 8 November 2015

#### Keyword:

Nurses' experiences

Nurses' perceptions

Non-English speaking patients

Culturally competent care

### ABSTRACT

**Aim:** To explore registered nurses' experiences with caring for non-English speaking patients and understand how those experiences influence their clinical practice.

**Background:** There is limited literature that examines nurses' perceptions on caring for non-English speaking populations and the impact this increasing population has on the nurse.

**Methods:** An exploratory, qualitative study was conducted. Content analysis was used to identify major themes.

**Results:** Two major themes emerged from 17 registered nurses responses: availability of resources and changes in nursing practice. Themes revealed the availability of resources provided supportive structure or could be a challenge to providing care. Changes in clinical practice included: increased awareness of patients' needs, personal development, increased knowledge of culture, and more time and resource management.

**Conclusions:** Continued efforts are needed to increase cultural competence and ensuring healthcare institutions have easily accessible resources to improve the patient-provider experience for this population.

© 2015 Elsevier Inc. All rights reserved.

### 1. Introduction

In terms of its ethnic composition, the United States (U.S.) has been transitioning into an increasingly racially and ethnically diverse nation. This transition is primarily influenced by immigration and the growing number of ethnic minority populations. According to a 2010 analysis of the 2011 American Community Survey, out of 291.5 million Americans who are 5 years and older approximately 60.5 million speak a language other than English at home (Ryan, 2013). Between 1980 and 2010, there has been a 158% increase of people in this category (Ryan, 2013). A report from the 2011 Census indicates that 22.4% of people who spoke a language other than English at home indicated they did not speak English well or not at all (Ryan, 2013). Some hospitals have experienced more than a 100% growth in their limited English proficiency populations; and approximately 80% of hospitals frequently encountered limited English proficiency patients (Hasnain-Wynia, Yonek, Pierce, Kang, & Greising, 2006). The non-English speaking population is utilizing a growing volume of healthcare services and thus comes into contact with nurses on a daily basis. Due to various language-related issues,

caring for non-English speaking individuals is often complex and time consuming for nurses practicing in the hospital settings (Hasnain-Wynia et al., 2006).

Healthcare providers and patient conversations have long been recognized to be of a diagnostic importance and therapeutic benefit (Timmins, 2002). With an increasing non-English speaking population in the U.S., many patients have not been able to fully access this benefit due to language barriers. This has been greatly attributed to the fact that the U.S. healthcare system is largely geared toward serving English speakers and that the vast majority of healthcare providers in this country are monolingual English speakers (Timmins, 2002). Language barriers have a negative impact on patient care, health outcomes, and health status (Graham, Gilchrist, & Rector, 2011, Timmins, 2002). A study comparing English language proficiency among three groups including Latino, Asian, and Pacific Islander in California found that the inability to speak English was associated with lower odds of receiving needed services (Sentell, Shumway, & Snowden, 2007). Numerous researchers have demonstrated that language barriers heavily influence the quality of care and services offered to patients by healthcare professionals (Sentell et al., 2007; Shi, Lebrun, & Tsai, 2009).

In order to improve quality of care and to reduce health disparities caused by language barriers, many healthcare facilities provide access to professional medical interpreters. Jacobs et al. (2001) found that the use of professional interpreter services has led to increased health delivery and access to care among the limited-English speaking patients. However, there is also a widespread underutilization of these services among providers. A study conducted in the United Kingdom assessed the use of interpreters in primary care nursing and found

Conflicts: None to declare.

\* Corresponding Author: Young-Me Lee, PhD, RN, Assistant Professor, School of Nursing, DePaul University, 990 W. Fullerton Ave, Chicago, IL, 60640. Tel.: +1 773 325 4105; fax: +1 773 325 7282.

E-mail addresses: [ian.codyb@gmail.com](mailto:ian.codyb@gmail.com) (C. Ian), [eflorez1@depaul.edu](mailto:eflorez1@depaul.edu) (E. Nakamura-Florez), [yilee23@depaul.edu](mailto:yilee23@depaul.edu) (Y.-M. Lee).

<sup>1</sup> Tel.: +1 773 325 4182; fax: +1 773 325 7282.

that while nurses recognized the need for appropriate interpreter services, their actions did not reflect their concerns (Gerrish, Chau, Sobowale, & Birks, 2004). Similarly, other researchers found that only 37% of patients reported ever using an interpreter when speaking with a nurse (Schenker, Pérez-Stable, Nickleach, & Karliner, 2011). Several possible explanations account for this low rate of professional interpreter use by nurses (Gerrish et al., 2004; Schenker et al., 2011; Timmins, 2002). Timmins (2002) attributes this problem to the lack of systems in place to counteract and break language barriers among providers and institutions.

Kirkham (1998) carried out in Canada a study that examined nurses' descriptions of caring for culturally diverse patients. This study identified resistant nurses as those with negative attitudes when caring for culturally diverse patients (Kirkham, 1998). These nurses would often complain, ignore specific needs, and resent cultural diversity while seeing it as an inconvenience or a problem (Kirkham, 1998). In the same study, impassioned nurses were extremely thoughtful in caring for culturally diverse patients; they were careful not to generalize or make assumptions about their patients (Kirkham, 1998). They were also flexible in their approach and would employ various techniques to overcome barriers and challenges such as advocating and negotiating for the patient's needs (Kirkham, 1998). Similarly, Boi (2000) found that some nurses expressed feelings of unease and inadequacy when caring for culturally diverse patients due to the lack of knowledge about the patient's culture (Boi, 2000). The study also reported that the majority of nurses felt that they were not well prepared to care for culturally different patients (Boi, 2000).

As the population of non-English speakers in the U.S. continues to grow, many members of this population are becoming major healthcare consumers. However, the nurses' experiences with caring for non-English speaking populations have not been well examined and articulated in nursing literature. Thus, the purpose of this exploratory qualitative study was to explore registered nurses' experiences with caring for non-English speaking patients and further how the experiences influence their clinical practice.

## 2. Methods

### 2.1. Design

An exploratory, qualitative design was selected to address the research aims. Due to the limited amount of research regarding nurses' experiences on caring for non-English speaking populations, this design was the most suitable method to describe common themes that emerge from the nurses' own perspectives.

### 2.2. Sample and setting

This study included a convenience sample utilizing a snowball [network] sampling method to recruit registered nurses who had a minimum of twelve months experience working as a registered nurse. Participants were required to be involved in direct patient care at the time of the study, and had experienced caring for a non-English speaking patient within the past month. Participants were primarily employed at an emergency department in a large pediatric hospital located in an urban neighborhood of the Pacific Northwest. Through a recruitment email, participants were provided a direct link to an open-ended questionnaire hosted by the Internet survey platform called Qualtrics. Participants were allowed to complete the questionnaire anonymously at a time of their choosing. The IP address collection setting was disabled on Qualtrics, therefore IP information was not stored with the questionnaire responses. In order to provide anonymity of participants and their responses, participants were not able to save responses or resume the questionnaire at a later time if the survey was exited. Data were collected over three months.

### 2.3. Instrument

The questionnaire consisted of demographic questions, which were followed by open-ended questions. The questionnaire included demographic questions about age, ethnicity, level of education, and years of experience in nursing. Participants were asked to describe their experiences, issues that arose when caring for non-English speakers, resources and knowledge needed to provide care specifically for non-English speakers, and how the experiences may have influenced their clinical nursing practice.

### 2.4. Data collection

To recruit participants the researchers first sent an email to personal contacts, i.e., colleagues in the academia and the healthcare field, asking the personal contacts to forward the email to potential study participants. The email contained an electronic flier providing study details and a secure web link to the study questionnaire. Once the participant clicked on the survey link, he or she would first read the information sheet that contained the purpose of the study, emphasized that participation is voluntary, identified risks and benefits, and provided the researchers' contact information. Total completion time for the survey was approximately 30–45 min.

### 2.5. Data analysis

The researchers downloaded the questionnaire responses from Qualtrics. Upon analyzing for completeness, the researchers read through the completed questionnaires several times to ensure familiarity with the data. Content analysis was used to analyze the questionnaire responses for major themes regarding the registered nurses' experience with caring for non-English speaking patients. Using computer software, Microsoft Word, a codebook was created and used to assist with coding the data. Double-coding with a qualitative researcher was used as a method of checking reliability. The data were then further analyzed according to recurrent themes and concepts throughout the data.

### 2.6. Ethical consideration

The University Institutional Review Board (IRB) reviewed and approved this study before data collection began. An information sheet was provided for participants prior to beginning the questionnaire. The information sheet covered topics such as the purpose of the study, confidentiality, and contact information for the study. Participants were reminded that participation was voluntary and that they could use their right to withdraw any time prior to completion of the questionnaire without penalty.

## 3. Results

Two major themes and six sub-themes emerged from the descriptions of registered nurses' experiences with caring for non-English speaking patients. One of the major themes was the discussion about the availability of resources; sub-themes included having a supportive structure and the challenges to providing care. The second major theme was changes in their nursing practice; sub-themes included increased awareness of patient needs, professional development, increased knowledge of culture, and more time & resource management.

### 3.1. Description of the sample

A total of 17 registered nurses participated in this study. The participants were all female; ages ranged from 26 to 54 years with a mean age of 36 years ( $SD = 8.4$ ); the vast majority were Caucasian; most common educational attainment was a Bachelor's of Science in Nursing; length of time worked as a registered nurse varied between one and 30 years, with a mean of 9.8 years ( $SD = 7.1$ ); and the majority were English speaking only. All participants had interacted with and cared for non-English speaking patients during the past month to varying degrees.

Download English Version:

<https://daneshyari.com/en/article/2645027>

Download Persian Version:

<https://daneshyari.com/article/2645027>

[Daneshyari.com](https://daneshyari.com)