

Spanish-speaking patients' satisfaction with clinical pharmacists' communication skills and demonstration of cultural sensitivity

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Abstract

Objective: To assess Spanish-speaking patients' satisfaction with their clinical pharmacists' communication skills and demonstration of cultural sensitivity, while controlling for patients' sociodemographic, clinical, and communication factors, as well as pharmacist factors, and to identify clinical pharmacists' cultural factors that are important to Spanish-speaking patients.

Design: Cross-sectional study.

Setting: Central Texas during August 2011 to May 2012.

Participants: Spanish-speaking patients of federally qualified health centers (FQHCs).

Main outcome measures: A Spanish-translated survey assessed Spanish-speaking patients' satisfaction with their clinical pharmacists' communication skills and demonstration of cultural sensitivity.

Results: Spanish-speaking patients (N = 101) reported overall satisfaction with their clinical pharmacists' communication skills and cultural sensitivity. Patients also indicated that pharmacists' cultural rapport (e.g., ability to speak Spanish, respectfulness) was generally important to Spanish speakers. Multiple linear regression analyses showed that cultural rapport was significantly related to satisfaction with pharmacists' communication skills and demonstration of cultural sensitivity.

Conclusion: Overall, patients were satisfied with pharmacists' communication skills and cultural sensitivity. Patient satisfaction initiatives that include cultural rapport should be developed for pharmacists who provide care to Spanish-speaking patients with limited English proficiency.

Keywords: Pharmacists, Latino patients, patient satisfaction, communication, cultural competence.

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Health disparities among Latinos are a well-documented problem in the United States.¹ Health disparities are characterized as inequalities in health or health care between groups of people.² In the United States, Latinos face poorer health-related outcomes pertaining to heart disease,³ cancer,⁴ diabetes mellitus,⁵ mental health,⁶ and human immunodeficiency virus (HIV)⁷ compared with other ethnic and racial groups.

Specifically, Latinos underuse general health care and preventive services, and they have decreased medical comprehension, increased incidences of adverse events, and increased problems with medication management.⁸⁻¹¹ Reasons for these health disparities are often complex and numerous (e.g., socioeconomic status, education, citizenship status, acculturation, health literacy).^{2,10-12} Health disparities among Latinos have been attributed to poor English proficiency and the lack of provider awareness regarding the importance of cultural normative values such as “*simpatía*” (kindness or sympathy), “*personalismo*” (formal friendliness), “*respeto*” (respect), and “*familismo*” (the importance of family),^{8,13,14} as previously defined by Flores.¹⁴

Language barriers are a major reason why Spanish-speaking patients with limited English proficiency

(LEP) experience health-related disparities in the United States.^{11,12,15} LEP is defined as the inability to effectively understand and communicate in English through reading, writing, or speaking.¹⁵ Patient-provider communication barriers between Spanish-speaking patients with LEP and English-speaking health care providers have led to misinterpretation of patient medical histories, clinical symptoms, drug allergies, diagnostic tests, and medication dosing instructions,⁹ as well as low rates of patient satisfaction.^{16,17} Pharmacy-related barriers may involve the lack of access to Spanish written translation services and Spanish-speaking pharmacy employees.¹⁸⁻²⁰ Two pharmacy-focused studies found that Spanish-speaking patients did not receive needed services (e.g., medication counseling) and were less likely to access available ancillary pharmacy services (e.g., blood glucose monitoring and osteoporosis screening).^{21,22}

To further close the health disparities gap, increased understanding of culturally related health care practices of Latino patients is warranted.¹⁴ Cultural sensitivity can be achieved by abiding by Latino cultural normative values.^{13,14} It is important for health care providers to acknowledge and understand that traditional Latino folk medicines, such as home remedies and complementary and alternative medicines (CAMs), may be used by their patients.^{23,24} In addition, Spanish-speaking Latino patients in the United States have varying degrees of acculturation, and it is important for health care providers to recognize that low levels of acculturation may influence their need to receive culturally sensitive health care services.²⁵

Communication and cultural sensitivity barriers have affected Spanish-speaking patients with LEP in pharmacy settings. Studies indicate that the majority of community pharmacists have limited or no Spanish proficiency, even though more than 45% of their patients required communication in Spanish.^{19,26} One study reported that more than one-half of its LEP patients used their own interpreters.¹⁹ In another study, pharmacists were deemed to have an overall “neutral” attitude toward cultural sensitivity and agreed that patients should either provide their own Spanish-speaking interpreters or learn to communicate in English.²⁶

Pharmacy continues to evolve into a patient-centered profession that focuses on decreasing medication-related morbidity and mortality.²⁷ However, pharmacists' ability to facilitate optimal drug therapy to diverse populations will depend on the quality of their communication and cultural sensitivity.²⁸ The importance of cultural normative values and folk medicine has also been expressed in several case studies and communication articles.^{13,14,23} Prior research on Spanish-speaking Latinos' satisfaction with health care providers' communication has primarily focused on communication with medical health professionals and professional in-

At a Glance

Synopsis: This survey-based study conducted in central Texas found that pharmacists' cultural rapport was significantly associated with Spanish-speaking patients' satisfaction with their clinical pharmacists' communication skills and demonstration of cultural sensitivity. These findings indicate and further support the importance of practicing pharmacists' Spanish-speaking ability, race/ethnicity, provision of written information in Spanish, respect, kindness, friendliness, and understanding of the importance of family in health care decisions for Spanish speakers in their patient population.

Analysis: *Pharmacists should consider whether their cultural rapport or lack thereof is helping or hindering their communication with and cultural sensitivity toward Spanish-speaking patients. This study is the first to assess the importance of cultural rapport in relation to Spanish-speaking patients' satisfaction with their clinical pharmacists' communication skills and demonstration of cultural sensitivity. These results serve as a starting point for future research with Spanish-speaking patients. Educational initiatives and exploratory interventions are needed to improve the care of Spanish-speaking patients with limited English proficiency and to further the role of the clinical pharmacist.*

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