

Predictors of Resident Satisfaction in Caring for Limited English Proficient Families: A Multisite Study

Raquel G. Hernandez, MD, MPH; John D. Cowden, MD, MPH; Margaret Moon, MD, MPH; Chad K. Brands, MD; Stephen D. Sisson, MD; Darcy A. Thompson, MD, MPH

From All Children's Hospital, Johns Hopkins Medicine, St Petersburg, Fla (Drs Hernandez and Brands); Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, Md (Drs Hernandez, Moon, and Brands); Children's Mercy Hospitals and Clinics, Kansas City, Mo (Dr Cowden); Department of Internal Medicine, Johns Hopkins University School of Medicine, Baltimore, Md (Dr Sisson); and Department of Pediatrics, University of Colorado School of Medicine, Aurora, Colo (Dr Thompson)

The authors declare that they have no conflict of interest.

Address correspondence to Raquel G. Hernandez, MD, MPH, 601 5th St S, OME, Suite 608, St Petersburg, FL 33701 (e-mail: Raquel.hernandez@allkids.org).

Received for publication March 19, 2013; accepted December 17, 2013.

ABSTRACT

OBJECTIVE: To assess residents' self-efficacy, satisfaction and frustration in the care of limited English proficient (LEP) families and to identify individual and programmatic factors associated with the above outcomes.

METHODS: A multisite cross-sectional survey of pediatric residents currently in training and caring for LEP families was conducted. Resident self-efficacy scores in specific skill domains were assessed. Clustered multivariate logistic regression analyses were used to identify individual and programmatic factors associated with increased satisfaction and frustration. Qualitative analyses were also utilized to identify themes related to frustrating aspects of care.

RESULTS: A total of 271 of 449 eligible residents representing 7 US pediatric residency programs participated in our study (60% response rate). A majority of residents (51%) rated their self-efficacy in the overall care of LEP families as low. Satisfaction was associated with a high self-efficacy score (odds ratio [OR] 4.7, 95% confidence interval [CI] 1.8–12.6), increasing year in training (OR 3.2, 95% CI 1.01–10.2), frequent non-

English language use (OR 3.1, 95% CI 1.1–8.8), and instruction on the use of interpreters (OR 1.9, 95% CI 1.02–3.64). Satisfaction was inversely associated with increased LEP patient volumes (OR 0.40, 95% CI 0.18–0.91). Clinical inefficiency related to interpreter use and distrust of interpreter skills were frequently cited as aspects that contribute to overall frustration.

CONCLUSIONS: A majority of residents reported lacking self-efficacy in their ability to deliver care to LEP patients, which may influence overall satisfaction with such encounters. Strategies that promote resident self-efficacy and assess non-English language proficiency should be included in future training curricula. Exposing trainees to best practices in interpreter-based encounters may further promote resident satisfaction.

KEYWORDS: competency; graduate medical education; health disparities; health care reform; limited English proficiency; resident training; satisfaction; self-efficacy

ACADEMIC PEDIATRICS 2014;14:173–180

WHAT'S NEW

A multisite survey of pediatric residents demonstrates low reported overall self-efficacy when providing care to patients with limited English proficiency (LEP). Our findings suggest that satisfaction may be promoted by enhancing self-efficacy in clinical skills specific to LEP families and by standardizing best practices for working with interpreters.

RECENT CHANGES TO our federal health care system and accreditation requirements for graduate medical education call for mechanisms that better prepare future physicians to treat increasingly diverse patient populations.^{1,2} Over the past 10 years, the foreign-born, limited English proficient (LEP) population in the United States has increased by 31%,³ with the largest immigrating populations originating from Latin America (55%) and Asia (29%).⁴ Despite these population trends, few residency programs currently implement standard curricula to train

residents in caring for these growing populations.^{5,6} The striking disparity between the growth in the number of LEP families and current US graduate medical curricula calls for a more focused examination of current resident experiences with LEP families in order to best address this educational gap.

Newly released Accreditation Council for Graduate Medical Education (ACGME) training milestones dictate that pediatric residents must demonstrate the ability to “communicate effectively with patients across a broad range of socio-economic and cultural backgrounds and advocate for quality patient care”⁷ in order to be deemed competent. Unfortunately, a growing body of research indicates that physicians in training often feel unprepared^{8–10} and frustrated¹¹ by encounters with LEP patients. Residents report “getting by” using their own marginal non-English language skills and avoid use of interpreters despite acknowledgment that errors in medical care for LEP families may occur more frequently.^{9,12–15}

An updated assessment of the broader resident experience during training with LEP families as well as an evaluation of the current level of competence in care delivery are thus needed to reach newly proposed training expectations. Competence is in part related to the concept of self-efficacy. Self-efficacy refers to an individual's beliefs about his or her own capabilities. A strong sense of self-efficacy may promote achieving competence of a desired behavior.^{16,17} Bandura proposes that perceived self-efficacy influences all aspects of behaviors including performance of new behaviors such that low self-efficacy may inhibit engagement in new tasks.¹⁸ In this regard, residents with low self-efficacy in behaviors necessary to provide care for LEP patients may be less likely to achieve competency as measured by newly proposed training milestones. Prior work related to patient counseling demonstrates the important role of self-efficacy in influencing provider practices.^{19,20} Additionally, Cabana et al demonstrated that individual self-efficacy relates strongly to provider adherence to patient care guidelines.²¹ This collective body of work suggests that implementing strategies to increase resident self-efficacy in the care of LEP families during training may promote behaviors that ultimately results in greater competence in caring for LEP patients. Because self-efficacy is closely related to how individuals perceive situational challenges,¹⁸ self-efficacy could also heavily influence how satisfied residents are in caring for LEP families.

Physicians with high levels of professional satisfaction are more likely to have satisfied patients,²² have a lower risk of medical errors,²³ and are more likely to remain practicing in their subspecialty field.^{24,25} Thus, evaluating modifiable factors associated with resident satisfaction and frustration in the care of LEP families may effectively enhance the resident experience with LEP families while also enhancing care delivery. With projected physician shortages most pronounced in providing care to the underserved,²⁶ promoting increased resident satisfaction in the care of LEP families may also attract well-trained residents to choose careers serving this population.

The objective of this cross-sectional study was to examine current pediatric resident experiences caring for LEP families and to explore individual factors (self-efficacy) in the care of LEP families, as well as programmatic factors (training on this topic), and evaluate their relationship to resident satisfaction with LEP patient encounters. We hypothesized that few residents currently experience high levels of satisfaction in caring for LEP families as a result of low overall self-efficacy specific to this population. Our results could potentially inform how future curricula could address this gap between the needs of patients and physician training.

METHODS

A multisite, cross-sectional study of resident experiences related to caring for LEP patients was completed.

Twelve ACGME-accredited pediatric residency programs that subscribe to the Johns Hopkins Harriet Lane Internet Learning Center were invited to participate in this study. We included data from the 7 programs that agreed to participate in our study during the spring of the 2010–2011 academic year. Participating programs represented medium-size ($n = 3$, 31 to 49 residents) and large-size programs ($n = 4$, more than 50 residents) in the Midwestern, Southern, and Mid-Atlantic regions of the United States.

Eligible residents included those actively training in participating programs ($n = 449$). At some sites, this included residents enrolled in pediatric/emergency medicine, and pediatric/psychiatry or pediatric/medicine programs. Residents at each site received an electronic link to our survey. A statement was included in the introduction that survey completion would serve as a participant's consent to be in this study. This study was approved by the Johns Hopkins University School of Medicine institutional review board.

SURVEY TOOL

A 29-item survey was created through an iterative process within our investigative team of physicians with experience in medical education, in health disparities, and in the care of LEP families. Guided by social cognitive theory,¹⁸ the survey sought to characterize individual trainee and programmatic factors that may influence experiences in the care of LEP families. Trainee characteristics of interest included postgraduate year, self-reported race/ethnicity, first spoken language, non-English language use with patients, and self-efficacy in specific LEP patient skill sets. Programmatic factors of interest included resident LEP patient volumes and attendance at educational sessions on both LEP-related care and the appropriate use of interpreters. We also queried participants on their overall experience using formal interpreters (defined as trained in-person staff or phone interpreters) as a means by which to assess current and past interpreter use. In an effort to understand how residents' perceived the quality of care delivered to LEP families within their programs, participants were asked, "Have you ever noticed that the evaluation or management of a LEP patient was misdirected (for example, incorrect or excessive testing, wrong or no diagnosis, delayed discharge of care) because of a language barrier?" The survey tool was piloted by a total of 5 residents across 2 separate pediatric residency programs before disseminating it to the larger study group. We assessed overall understanding of questions as well as feasibility of administering the tool.

Self-efficacy was reported using a 7-item series of questions within the survey. Residents were asked to rate their level of confidence on a 5-point Likert scale ("not at all confident" through "extremely confident") in the following aspects of care for LEP families: 1) medical care provision, 2) creation of therapeutic relationships, 3) effective communication, 4) assessment of family

Download English Version:

<https://daneshyari.com/en/article/4139580>

Download Persian Version:

<https://daneshyari.com/article/4139580>

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