



Original Research

# Pharmacy language assistance resources and their association with pharmacists' self-efficacy in communicating with Spanish-speaking patients

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## Abstract

**Background:** Spanish-speaking patients experience significant disparities in care and poorer health outcomes in comparison to English-speaking patients, often due to language barriers. Providers should be equipped with resources to effectively communicate with Spanish-speaking patients to provide the best possible care.

**Purpose:** The purpose of this study is to examine the resources available to support pharmacists' communication with Spanish-speaking patients.

**Methods:** A cross-sectional study design was used to examine language-assistance resources in community pharmacies throughout the state of Illinois. A telephone survey contained items to examine the accessibility, frequency of use, ease of use, and helpfulness of language-assistance resources; items were rated on a 5-point Likert-type scale (1 = Never to 5 = Always). The survey also included nine items to assess pharmacists' self-efficacy in communicating with Spanish-speaking patients. Purposeful sampling was utilized to increase the likelihood of obtaining information from pharmacies serving Hispanic populations. The sample was categorized into high and low Spanish-speaking populations based on pharmacists' self-reported data. Bivariate and multivariate analyses were used to examine relationships between language-assistance resources and pharmacist self-efficacy.

**Results:** A total of 231 community pharmacists participated in the survey. The most accessible language-assistance resources were computer-based (92%) and telephone help lines (80%). Among various computer-based resources, Spanish labels ( $M = 2.12$ ,  $SD = 1.58$ ) and leaflets ( $M = 2.04$ ,  $SD = 1.49$ ) were the most frequently used. Computer generated Spanish leaflets and labels, and language-assistance telephone lines were also perceived to be easier to use and more helpful in comparison to paper-based resources and personnel. Respondents also reported that it was easy to use friends and family ( $M = 3.5$ ,  $SD = 1.8$ ) and that they were helpful ( $M = 3.58$ ,  $SD = 1.26$ ). Access to computer-based resources ( $\beta = 0.16$ ,  $P = 0.02$ ), and to family or friends who speak Spanish ( $\beta = 0.24$ ,  $P < 0.01$ ) were significantly associated with self-efficacy ( $P < 0.01$ ), after controlling for race and education.

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**Conclusions:** Despite having access to computer-based resources and language-assistance telephone lines, pharmacists rarely used these resources to communicate with Spanish-speaking patients. Efforts such as workplace resource training and pharmacy school cultural competency curricula should be implemented to promote as well as support pharmacists' use of language-assistance resources to provide optimal care to Spanish-speaking patients.

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**Keywords:** Pharmacists' resources; Spanish-speaking patients; Communication; Spanish resources; Language-assistance resources/services

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## Introduction

The racial and ethnic composition of the United States has changed considerably, with each decade becoming more culturally and linguistically diverse than the previous one. The Centers for Disease Control (CDC) reports that Hispanics are now the largest ethnic minority group in the U.S. (17%).<sup>1</sup> The Hispanic population is projected to almost double to 31% (128.8 million) of the U.S. population by 2060.<sup>1</sup> In 2011, 63% of all limited English proficiency individuals in the U.S. were Latinos.<sup>2</sup> Given the complexity of current health care systems which place increasing responsibility on patients for managing their health, individuals with limited English proficiency (LEP) face major challenges when navigating the health care environment.<sup>3</sup>

Language barriers may contribute to health care disparities by negatively impacting access to health care services, medication safety, health outcomes, and patient satisfaction.<sup>4</sup> Significant disparities in prescription drug use have been reported between Latino and white patients.<sup>5,6</sup> Studies indicate that Latinos have difficulty understanding written prescription drug instructions,<sup>7</sup> receive less medication side effect information,<sup>8</sup> and have lower adherence rates.<sup>9</sup> Young et al suggest that pharmacists provide significantly less information and education messages to Spanish-speaking patients compared to English-speaking patients.<sup>10</sup> A review of studies on pharmacists' communication with Spanish-speaking patients indicates that pharmacists may lack adequate skills to counsel Spanish-speaking patients.<sup>11</sup> Additionally, there are shortages of Spanish-speaking pharmacists to meet the needs of the growing Spanish-speaking patient population.<sup>12</sup> To improve outcomes for Spanish-speaking patients, pharmacists must overcome language barriers that hinder communication with the patients they serve.

Several resources are available to enhance pharmacists' communication with Spanish-speaking patients. These resources include bilingual pharmacists and/or staff, interpretation services (telephone, internet), software to translate prescription labels and drug information sheets, and books of common Spanish phrases.<sup>11,13,14</sup> The use of prescription labels translated into Spanish has been studied the most.<sup>7,15–17</sup> Findings from this research shows that while the number of pharmacies providing translated labels vary based on geographic location, labels still are not routinely available to all patients.<sup>3,4,7,15,16</sup> In addition, research suggests that labels translated into Spanish may be of poor quality (e.g., incomplete translations, misspellings, grammatical errors).<sup>17</sup> There have been few studies on pharmacists' use of language-access services,<sup>13,14</sup> wherein researchers found that community pharmacists were not taking advantage of language-access services and failed to notify patients of their availability.<sup>14</sup>

While previous studies have explored the availability of language-assistance resources in community pharmacies, there has been little examination of pharmacists' perceptions about these resources or whether these resources support pharmacists' provision of care to Spanish-speaking patients. Social Cognitive theory suggests that there is a dynamic, ongoing interaction between environmental factors (e.g., resources for Spanish-speaking patients), personal factors (e.g., self-efficacy), and human behavior (e.g., communicating with Spanish-speaking patients).<sup>18</sup> Language-assistance resources may support a pharmacist's provision of care by bolstering her/his self-efficacy, or an individual's confidence or beliefs in her/his ability to perform a behavior (i.e., providing care to Spanish-speaking patients).<sup>19,20</sup> Self-efficacy is one of the most important precursors to the enactment of behavior.<sup>20,21</sup> According to Bandura, an

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