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Finding Solutions to Language Barriers between Nurses and Their Clients

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RUNNING HEAD: Finding Solutions

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Abstract

A literature review related to language barriers between nurses and their clients will be discussed including negative health outcomes related to language barriers. Changing demographics of the United States population in regards to limited English proficiency (LEP) populations and its impact on nursing and health disparities will be presented. An exploratory study including qualitative and quantitative survey questions of nurses working in urban health clinics serving limited English proficiency Spanish speaking clients will be described. The purpose of this research was to explore: 1) the perceptions of current registered nurses' (RN's) encounters with limited English proficiency Spanish speaking clients; 2) the perception of any negative outcomes related to LEP perceived by the RNs; and 3) the RN's perceptions regarding innovative interventions that would lessen language barriers. Microscopic and macroscopic nursing implications related to this topic will be discussed. Implications for further research are presented.

Finding Solutions to Language Barriers between Nurses and Their Clients

Literature Review

Currently a significant and growing number of the United States population is Spanish speaking. This population presents the health care system generally, and the nursing profession specifically, with challenges to find solutions to language barriers which impact health outcomes. In the United States 2000 Census, the total population was 262,375,152. Eleven percent of this population was Spanish speaking. Four percent of the population either spoke English not well or not at all. A disparity between the numbers comprising the Hispanic population and the number of Hispanic nurses is also apparent. Nationally, the Hispanic population makes up about fifteen percent of the population while only two percent of the nursing population is comprised of Hispanic nurses (US Census Bureau, 2000). Due to this fact, one may speculate that the registered nurse workforce is less able to provide comprehensive nursing care to the population of which they are not representative. Part of providing care to their clients is being able to effectively communicate with their patients, which may be difficult when the majority of nurses are English speaking and not culturally represented in the nursing profession. This research focuses on the language barriers present which prevent those who do not speak English from receiving equal access to quality healthcare.

National legislation has been passed that aims to lessen these barriers that exist due to this disconnect between the make up of the United States population and the registered nurse population. Title VI of the Civil Rights Act of 1964 states that there can be no discrimination based on ethnicity or country of origin. Therefore any hospital, clinic, or doctor's office accepting Medicare or Medicaid, which are government funded programs, must not discriminate against limited English proficiency (LEP) patients and must therefore provide them with

interpreter services. This legislation is an unfunded mandate due to the fact that insurance companies are not required to pay for the use of interpreter services and many of those who receive interpreter services are unable to pay for their provision. The federal government does specify that states may use government money from Medicaid and state Child Healthcare Insurance Programs to provide language services to LEP clients; however not all who need interpreter services have access to this type of insurance if any at all.

Individual states also have state legislation pertaining to the provision of services to LEP clients in the health care setting. In Massachusetts, the Emergency Services Law of 2001 states that any acute care facility that provides emergency services must provide interpreters for all clients requiring one. This law also states that these interpreters must be properly trained. This law does not mandate that the provision of these services be covered under insurance policies. In California Senate Bill 853, An Act Relating to Health and Safety Code, insurance companies must now, as of January 2009, pay for interpreter services provided in health care settings. This is the only state in the United States where the provision of interpreter services is no longer an unfunded mandate.

In Rhode Island, where this research was conducted, the population statistics from the 2000 US Census follow those of the nation as a whole. Twelve percent of the population is Spanish speaking and four percent of the population speaks English not well or not at all. Rhode Island is slightly better than the nation as a whole in providing language services to LEP patients. Rhode Island has a unique law that states that no one under the age of 18 may be used as a language interpreter. This law discourages the use of children as language interpreters. The law also mandates that language services must not only be provided to clients directly, but also be advertised through written postings in the three most prevalent languages, other than English,

served by the facility. Under this law, interpreters must have the minimum qualifications of knowledge of confidentiality laws and medical terms in both English and the language for which they interpret. In addition, Rhode Island also has twenty six general laws which pertain to the provision of language services to clients in the health care settings. Due to these laws, Rhode Island may be better prepared than other states in providing interpreter services to LEP clients.

Rhode Island may also be more prepared to serve the LEP client population due to their participation in grants to improve the services provided throughout the state. Several health care facilities in Rhode Island participated in a pilot program, Su Salud, through the Robert Wood Johnson Foundation's Hablamos Juntos program and Neighborhood Healthcare of Rhode Island (Neighborhood Health Plan, 2009). The program worked with the emergency departments of Rhode Island Hospital and Hasbro Children's Hospital, with the specialty care walk-ins and urgent care departments of St. Joseph's Hospital, with triage and neonatal intensive care unit of Women and Infants Hospital, and with the prenatal care departments of Providence Community Health Centers. It aimed to create a fee for service billing code for the use of translation services so that they would be reimbursed through insurance companies. In addition, it trained billers in each institution on the use of a new code system for billing insurance companies. The program also standardized the training of the interpreters including the training of new interpreters and currently practicing interpreters. Building on the Su Salud Program, the Community College of Rhode Island implemented a medical interpreter certification program. In addition, as a result of the Su Salud Program Rhode Island Hospital and Hasbro Children's Hospitals provide twenty-four hour interpreter services and Women and Infants Hospital has established positions for bilingual assistive personnel.

Although Rhode Island has participated in improvement programs and other states such as California and Massachusetts have laws in place to lessen the barriers due to language, a literature review demonstrated that providing language services to LEP clients continues to be a problem of great significance for health care providers nationwide. Eighty percent of hospitals in the United States encounter clients who speak English either not well or not at all on a regular basis (Hasnain-Wynia, 2006). Being able to provide language services to LEP clients would have a significant impact on hospitals nationwide. Not all health care takes place in hospitals and for this reason, providing services in all health care settings including doctors' offices and clinics would help to provide comprehensive care to this large number of LEP clients.

Providing interpreters to LEP clients would not only assist in providing a more comprehensive care to the LEP clients, but it would also help to decrease disparities that exist between LEP and English speaking clients. Branch, Fraser, and Paez (2005) found that LEP clients receive less preventative care visits than do English speaking clients. They also report that when an LEP client visits the emergency room, they receive more diagnostic tests and are more likely to be admitted to the hospital than English speaking clients. Receiving more costly diagnostic tests than English speaking clients could be attributed to physicians and nurses compensating for the lack of communication and understanding between the two parties. Instead of providing costly diagnostic test to these clients, money may be better spent paying for interpreter services or English as a second language classes that may decrease the need for these costly tests by decreasing the communication barrier.

Flores, Abreu, and Tomany-Korman's (2005) research shows similar results in the pediatric population of LEP clients. Flores et al found that children who have LEP parents experience longer emergency room stays, have an increased risk of intubation in those with

asthma, and experience decreased access to primary care. The research done before the implementation of the Su Salud program in Rhode Island found similar disparities to the two other studies, such as more emergency room visits for pediatric clients of LEP parents and less primary care follow ups by the LEP clients. These disparities were also found to exist in neonates. Researchers for the Su Salud Program found that infants born to LEP parents who were admitted into the neonatal intensive care unit (NICU) had longer stays by an average of 1.5 days. The researchers state that the longer NICU stays were due to doctors not feeling comfortable sending a child home when they were not sure that the parents understood what the doctor had told them (Neighborhood Health Plan, 2009). These disparities that exist through out the age groups of LEP clients not only affect the outcomes for the clients, but also affect the money spent on health care. Instead of paying for costly emergency room visits or days in the NICU, paying less for interpreter services or the provision of English as a second language classes could be predicted to decrease health care costs tremendously.

One of the ten leading health indicators of Healthy People 2010 (HP 2010) is to increase access to quality health services (U.S. Department of Health and Human Services, 2000). In providing access to services, one must be able to communicate. When clear communication is not possible (when the client is speaking Spanish and the health care provider is speaking English), a disparity to access to quality health care is created. By not providing interpreter services to LEP clients, the barrier that is present between the LEP client and the English speaking providers is allowed to exist and it prevents the goals of HP 2010 from being realized.

Irvine, Roberts, Jones, Spencer, Baker, and Williams's (2006) research suggests that the challenge of equal access to quality health care for those who speak a minority language is a world wide problem. Their research was performed in Wales between English speaking health

care providers and Welsh speaking clients while many of their references were studies performed around the world including English speaking health care providers and Spanish speaking clients in the United States.

The research performed by Irvine et al (2006) states that language is a part of holistic care and to properly assess a client, one must assess all of them including language. The researchers also suggest that communication in the client's language increases overall quality of health care. They state that assessments communicated in the client's language are more accurate and time efficient. The client is also better able to follow directions that are communicated in their language which was demonstrated to improve their health outcomes. The researchers also suggest that a limited use of the client's language can help to foster bonds between the client and health care provider. They go on to suggest that limited knowledge and proficiency of the client's language can be dangerous in that the health care provider may assume they know the meaning of a word when they really do not understand what it is that the client is trying to tell them. To combat this problem, the researchers suggest that health care providers should be "language aware." To be language aware, one must be proficient in the language, have confidence in using the language, use the language on a regular basis, and be skilled in acknowledging the role of language in the client's cultural identity. Though it may be helpful to have health care professionals trained to be language aware, barriers that would prevent this type of education are that it would be costly, time consuming, and the health care professionals would need to achieve a high level of proficiency.

Because not every health care provider can be "language aware," certified medical interpreters (CMI) are frequently used to help lessen the language barriers. The research done by Brach, Fraser, and Paez (2006) suggests that the use of CMIs increases client satisfaction. The

increase in client satisfaction helps to decrease the disparity of access to care that exists because people are more likely to return to and trust the medical system if they receive a high level of satisfaction while utilizing the service. Not only does the use of CMIs increase client satisfaction, but it also helps to increase the positive health outcomes for LEP clients. In the research performed by Brach et al (2006), researchers worked with diabetic LEP clients. The researchers found that the LEP clients who used a CMI received similar health outcomes to the English speaking clients with diabetes. These results suggest that there is a decrease in health care disparities when language barriers are lessened.

Some issues associated with using CMIs have been suggested by critics. One problem suggested is the cost of CMI services. However, using CMIs has been demonstrated to reduce the cost of care by reducing the amount of unnecessary diagnostic tests run by providers who attempt to compensate for communication barriers. Another criticism is that national standards for education or certification of CMIs are not established. Several states have their own requirements for certification and education programs, including Rhode Island. A major goal for promoting positive health outcomes for the LEP population should include the national standards of practice for CMIs.

Purpose

The purpose of this research was to explore: 1) the perceptions of current registered nurses' (RN's) encounters with limited English proficiency Spanish speaking clients; 2) the perception of any negative outcomes related to LEP perceived by the RNs; and 3) the RN's perceptions regarding innovative interventions that would lessen language barriers.

Methodology

This exploratory study contains qualitative and quantitative aspects. Data was collected through a self created questionnaire. The questionnaire consisted of a twelve item multiple choice questions and three item open ended questions.

Ethical Considerations

Before administering the questionnaire, the proposal for research went through the Rhode Island College's Committee on the Use of Human Participants in Human Research. All participants received and completed an informed consent form before participating in the research.

Participants

Seventeen RNs participated in this study. All worked in community health centers in Rhode Island. The questionnaire was explained by the researcher to the nurse participants during a monthly staff meeting prior to the researcher leaving the area to protect participant identity. The questionnaires were collected by a third party and given to the researcher at a later time for data analysis.

Data Analysis

As seen in Graph 1, *Nurses Encounters with LEP Spanish Speaking Clients*, 100% of the participants stated that they encountered LEP Spanish speaking clients on a daily basis. Graph 2, *Nurses Who Believe it is Challenging to Provide Health Care Services to LEP Spanish Speaking Clients*, indicates that 77% of participants either strongly agreed or agreed that it is challenging to provide care to LEP Spanish speaking clients. Eighty two percent of participants either strongly agreed or agreed that they receive satisfaction from providing health care services to

LEP Spanish Speaking Clients (Graph 3, *Nurses who feel a Personal Satisfaction from Providing Health Care Services to LEP Spanish Speaking Clients)*. The satisfaction in working with this client population may not be generalized to all nurses due to the fact that this group of nurses chose to work in clinics serving a large population of LEP clients.

The use of various types of interpreting tools by the participating nurses is shown in Graph 4, *Nurses Use of Interpreting Tools when Providing Health Care to LEP Spanish Speaking Clients*. On this graph, 76% of participating nurses used professional interpreters, 58% of participating nurses used ad hoc (unlicensed personnel, family members) interpreters, 12% used telephone interpreters, 6% used translation cards, and 24% stated that they used other means of communication with these clients. The other means of communication used were reported as hand outs in Spanish on medication information, hand signals, written literature, and Spanish classes for the health care professional. From this data, it can be seen that these nurses adopted a wide variety of methods to help them in communicating with their clients. It could be inferred that this wide range of tools represents one dimension of the nurses' ability to tailor services to the needs of the client.

Interestingly a large majority of nurse participants either strongly agreed or agreed that everything that could be done to help lessen the language barriers was being done. Only 12% believed that more could have been done to help lessen these language barriers. Graph 5, *Nurses who Believe that all Measures that Could be Undertaken to Lessen the Language Barriers are Being Implemented*, shows that the majority of the nurses in this setting are satisfied with the means available to lessen the language barriers. From the literature review, it is known that Rhode Island is better at providing language services to LEP clients than other states and that this facility is better at providing services than other facilities due to their willingness to participate in

the Su Salud program. Even with their satisfaction in using the means available to them to communicate with the LEP Spanish speaking clients, 77% still stated that they thought it was challenging to provide care to these clients.

The qualitative data was systematically analyzed by the researcher and reviewed by the faculty advisor. The question related to negative health outcomes for LEP Spanish speaking clients was categorized into five areas: mistakes with follow up appointments, mistakes with procedures, mistakes with medication, mistakes on paperwork, and no witnessed negative outcomes (Graph 6). Chart 1 displays individual nurse participant responses to this question. Seven of the fourteen nurses who answered the question cited mistakes on follow up appointments stating that the LEP clients may show up to the wrong doctor, on the wrong date, at the wrong time, for the wrong ailment. Two of the fourteen nurse participants who answered reported mistakes with procedures citing such incidences as receiving the wipes for a clean catch urine sample in the specimen cup instead of urine. Four of the fourteen nurse participants stated that there were mistakes made with medications and one nurse stated that there were mistakes made on paperwork. Two of the nurses stated that there were no negative outcomes witnessed. This may be explained by the literature review which indicates that not all negative outcomes that occur with LEP clients are detected. In addition, one nurse who participated in the study stated that she spoke Spanish so it may be speculated that she would not presumably have a language barrier to potentiate negative health outcomes as non-Spanish speaking nurses would.

Answers to the question pertaining to nurse's recommendations to help lessen language barriers between LEP Spanish speaking clients and their nurses were broken into the themes of System Onus, Clients Onus, and Nurse Onus. These answers are displayed in Chart 2. The nurse participants' responses related to the theme of System Onus include suggestions such as

providing no cost ESL classes and having Spanish translators present at all times. Examples of suggestions from the nurse participants which fall under Client Onus include the statements "They need to learn English if they want to live in the USA" and "Every culture needs to make every effort to adopt their country's language." Suggestions from the nurse participants which were categorized as Nurse Onus were that "Nurses need to be culturally competent" and "Nurses should learn to speak Spanish."

The additional comments and ideas regarding LEP Spanish speaking clients and nurses that the participants provided were also categorized into the themes of System Onus, Client Onus, and Nurse Onus. This data is displayed in Chart 3. One nurse participant stated that "Cultural differences are almost as important as language barriers." This comment is in agreement with the research done by Irvine et al (2006) which states that for someone to be language aware they need to have knowledge of how the language fits into the person's culture as a whole. Another nurse participant stated that it would be helpful if there was "training for medical staff to assist with interactions for patients." Some suggestions given by the participating nurses that were in the theme of Client Onus had strong language that could be interpreted as frustration in providing services to this population. Examples of suggestions include the "LEARN TO SPEAK ENGLISH!!!" and "Make them comply with citizenship regulations." Examples of suggestions on the theme of Nurse Onus included such statements as "Keep communication with patients open." and "Always ask them if they understand instructions."

Discussion

In agreement with the literature review, nurses in this study noted negative outcomes and errors occurred when working with the LEP Spanish speaking population. Although they noted that it was difficult to provide services to this population, most thought that all that could be done

to help lessen the language barriers present was being done. The responses given by the nurse participants on the subject could also be interpreted to mean that they believed that all that could be done to help lessen the language barriers was being done with the resources that they had available. Even though there appears to be some ambivalence towards the need to change by the response to the question "I think that all that could be done to lessen the language barriers is being done," the nurse participants in the study did have suggestions on how to improve interactions with these patients.

Many of the nurse participants suggested that there be more English as a second language (ESL) classes implemented for the LEP population. One nurse participant suggested that the ESL classes be linked to receiving health insurance. Before implementing more ESL classes, there are implications for further research such as: whether ESL classes work to help lessen language barriers between medical professionals and their LEP patients; where ESL classes are needed; if ESL classes should be linked to receiving benefits including health insurance; and if the classes would be accessible to the clients who need them.

Another suggestion that the nurse participants gave was to provide Spanish classes for the health care providers. As noted in this paper, the research by Irvine et al (2006) does not support limited language classes for the health care provider noting that more mistakes can be made if the language skill is not proficient. Implication for further research before implementing this suggestion would include: the number and kind of classes that health care agencies can provide for their employee; the level of classes that need to be provided for the health care professionals; the duration and length of classes that need to be taken by the health care professionals before proficiency is achieved; and the cost effectiveness of these classes.

The suggestion “cultural differences are almost as important as language barriers” is in agreement with the current literature which states that to be language aware one must have knowledge of the culture of the patient as well as have proficiency in the language (Irvine et al). The American Association of Collegiate Nursing (AACN) states that 10.7% of full-time nursing school faculty members come from minority backgrounds, and that there is a need to increase the diversity in schools to increase the diversity in the workforce. They state that a diverse nursing workforce will be better able to serve the diverse patient population and help to decrease disparities in healthcare. Currently, AACN is striving to develop diversity in the nursing workforce through the implementation of several programs that increase diversity in the student and nurse educator populations. Implication for further research in increasing the cultural proficiency and diversity of the nursing workforce include: types of programs that are most effective to increase diversity in the workforce, examples of programs that are most effective in increasing cultural proficiency in nurses, and the effectiveness of classes taught to practicing nurses.

In addition, the literature review indicates that currently there are no national certification programs for medical interpreters and only certain states even have education programs and certification for medical interpreters. This disparity from state to state means that the quality of interpreting may be compromised leading to negative health outcomes. Educational implications for nursing have also been noted. Many nursing education programs do not include education in the use of medical interpreters. Nurses may experience difficulty when using a medical interpreter especially if, as suggested by one of the nurse participants, they suspect that the interpreter is not translating exactly what they are saying. Implications for further research regarding medical interpreters include: whether there should be national rules and regulations for

certification and work of interpreters, the best way of implementing nationally standardized regulations, and integrating methods of effectively utilizing an interpreter into nursing education.

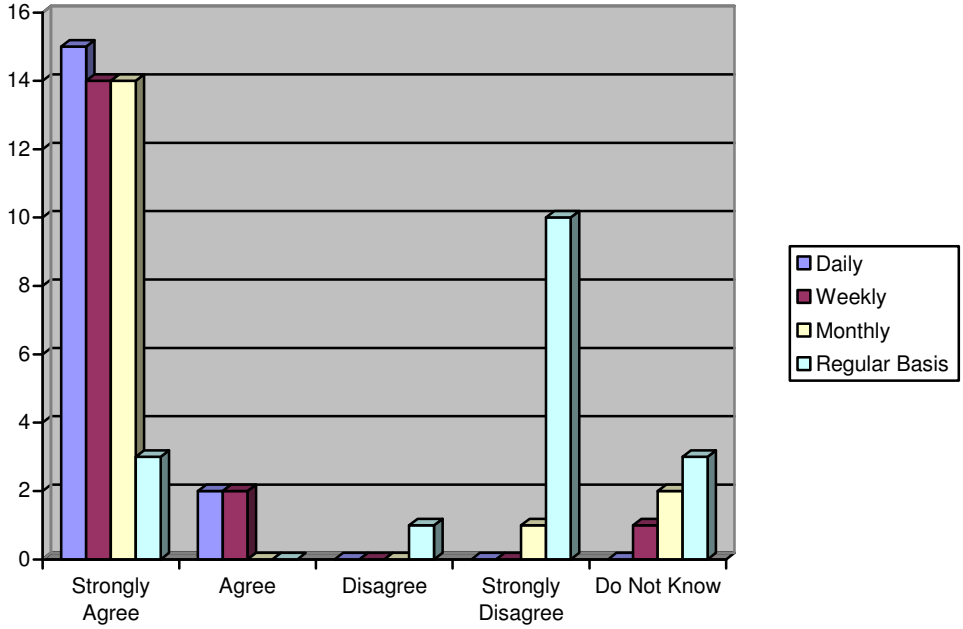
Conclusion

The literature review and research project demonstrate that though there are some programs in place to help lessen the barriers created through the lack of a common language, nurses continue to witness errors and negative outcomes in association with language barriers. Language barriers significantly contribute to disparities in access and quality of health care received by LEP clients.

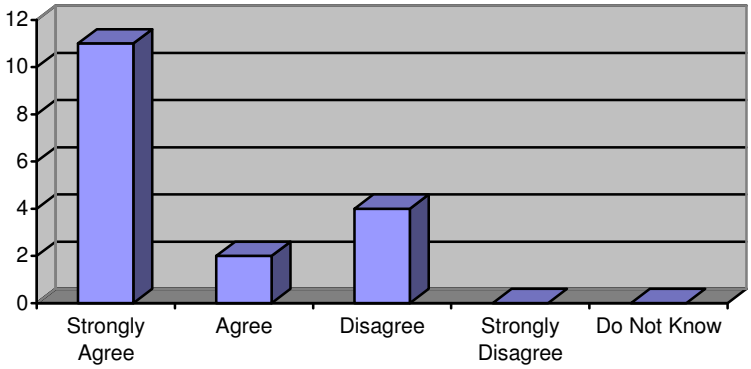
To help lessen the language barrier, and therefore the disparities, nurses can participate in macroscopic and microscopic activities. Macroscopically, nurses can be more aware of current legislation regarding language services in health care. They can also follow legislation and become active in advocating for language services. Microscopically, nurses can be aware of the client's language and culture, in the care of clients in all settings, because it is too integral a part of their identity to be ignored. Nurses play a critical role in promoting the health of LEP clients and can help to decrease disparities by working to reduce barriers for this population.

Graphs and Charts

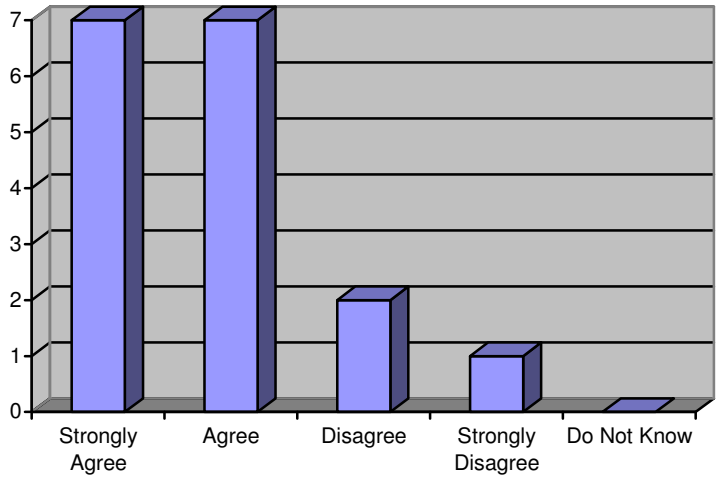
Graph 1. Nurses Encounters With LEP Spanish Speaking Clients



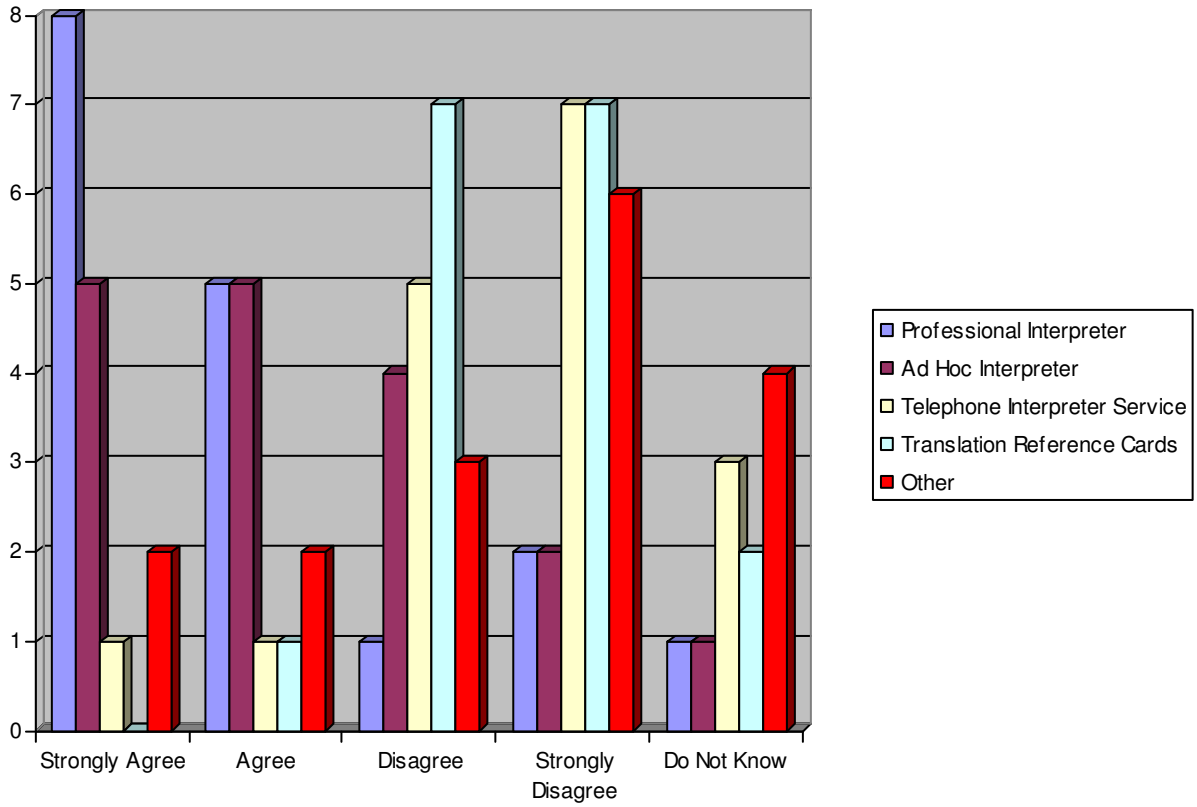
Graph 2. Nurses Who Believe It Is Challenging To Provide Health Care Services To LEP Spanish Speaking Clients



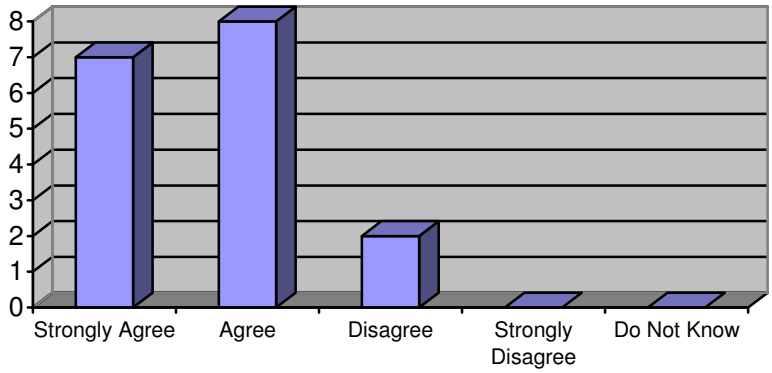
Graph 3. Nurses Who Feel Personal Satisfaction From Providing Health Care Services To LEP Spanish Speaking Clients



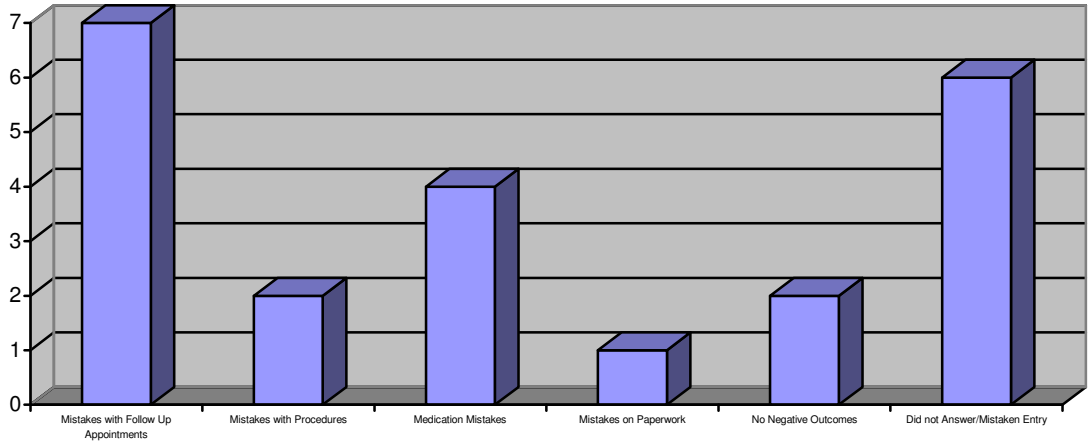
Graph 4. Nurses Use Of Interpreting Tools When Providing Health Care To LEP Spanish Speaking Clients



Graph 5. Nurses Who Believe That All Measures That Could Be Undertaken To Lessen Language Barriers Present Between LEP Spanish Speaking Clients Being Done



Graph 6. Negative Health Outcome Of LEP Spanish Speaking Clients Identified By Nurses



7 Respondents state mistakes with follow up appointments
2 Respondents state mistakes with procedures
4 Respondents state medication mistakes
1 Respondent states mistakes on paperwork
2 Respondents state no negative outcomes
6 Respondents did not answer or had a mistaken entry.

Chart 1. Negative Health Outcomes Of LEP Spanish Speaking Clients Identified By Nurses

Mistakes with Follow up Appointments	**Mistakes with Procedures**	**Mistakes with Medications**	**Mistakes with Paperwork**
Patents go to wrong facility for testing or arrive on the wrong date and time.	Clean catch urine wipe wrappers in jar rather than urine.	Med issues are big- sometimes even after explaining with the interpreter they take them wrong.	We do not have the correct contact information on paperwork.
Patients would or would not show up for appointments because of misunderstanding.	Person has a history of a positive ppd test but denies and another one is placed.	Patients could not fully understand verbal instructions and did not take correct dose of medication. Ex take once a day instead of twice a day.	
Some patients don't realize they need to come back for follow up appointments.		Medication mistakes are made.	
Difficulty when coordinating appointments with specialists and testing outside the primary healthcare facility.		Take meds wrong because they are nto following correct instructions even though they said they understand even though they don't really understand.	
They do not make outside referral appointments.			
You explain to them a date, place, and time of an appointment, also give them directions in Spanish, and ask them if they understand, they say they do but go to the wrong place and time for appointment.			
The urgency of something often gets lost in translation.			

Two respondents stated they have not witnessed any negative health outcomes; three respondents had mistaken entriesp; three did not respond.

Chart 2. Nurses' Recommendations To Help Lessen Language Barriers Between LEP Spanish Speaking Clients And Their Nurses

System Onus	**Client Onus**	**Nurse Onus**
Provide no cost English classes (ESL classes)	Every culture needs to make every effort to adopt their country's language.	Nurses need to be culturally competent
Provide Spanish classes for employees	If we went to France/Germany we would not get free interpreter services	Nurses should learn to speak Spanish
Increase teaching English as a second language	They need to learn English if they want to live in the USA	Make sure patient repeats back instructions given
We need our Spanish speaking staff to tell patients in Spanish only what we tell them to say! Spanish aids need to speak English to our providers.	Learn English	
Spanish translator available at all times	Have family members attend visits	
Use professional interpreters		
Offer more free classes for ESL in all immigrant communities		
English classes should be available and strongly encouraged		
Teach them English		
Do not have Spanish teachers in a classroom for Spanish children they need to learn English!!		
More ESL classes		
More medication labels in Spanish		
More written materials in Spanish		
Adult Spanish patients should be encouraged to learn to speak English via Latino sponsored programs and state/federally funded programs		

Three respondents did not give an answer.

Chart 3. Nurses' Additional Comments And Ideas Regarding ESL Spanish Speaking Clients And Nurses

System Onus	**Client Onus**	**Nurse Onus**
Training for medical interpretation for staff to assist with interactions for patients.	I wish the Spanish speaking populations would learn English rather than us learn Spanish	Keep communication with patients open. Always ask them if they understand instructions.
Encourage English as primary language.	LEARN TO SPEAK ENGLISH!!	Professionals in healthcare should take some Spanish classes.
It would be helpful if when interacting with Spanish speaking clients we encouraged them to use the limited English they know. Many are afraid to try.	If they get free insurance they need to take ESL	
Cultural differences are almost as important as language barriers.	Make them comply with citizenship regulations	
	Interpreters are too costly in today's economy, Patients need to be encouraged to bring English speaking friends/family.	

Two respondents did not give an answer.

Providence Health Centers Survey: Nurses' Perceptions of Barriers to Care for Limited English Proficiency Spanish Speaking Clients

Part A: Please indicate your response to the statements below by using the following rating scale and circling the appropriate number:

1 Strongly Agree 2 Agree 3 Disagree 4 Strongly Disagree 5 Don't know

1. I encounter limited English proficiency clients whose primary language is Spanish on a daily basis.	1	2	3	4	5
2. I encounter limited English proficiency clients whose primary language is Spanish on a weekly basis.	1	2	3	4	5
3. I encounter limited English proficiency clients whose primary language is Spanish on a monthly basis.	1	2	3	4	5
4. I do not encounter limited English proficiency clients whose primary language is Spanish on a regular basis.	1	2	3	4	5
5. I believe that it is challenging to provide health care services to limited English proficiency Spanish speaking clients.	1	2	3	4	5
6. I get personal satisfaction from providing health care services to limited English proficiency Spanish speaking clients.	1	2	3	4	5
7. I have used a professional interpreter to help me communicate with limited English proficiency Spanish speaking clients.	1	2	3	4	5

8. I have used an ad hoc interpreter (client family member or friend, individual not professionally trained in being a Medical Interpreter such as housekeeping staff, etc.) to help me communicate with limited English proficiency Spanish speaking clients.	1	2	3	4	5
9. I have used a telephone interpreter service to help me communicate with limited English proficiency Spanish speaking clients.	1	2	3	4	5
10. I have used translation reference cards to help me communicate with limited English proficiency Spanish speaking clients.	1	2	3	4	5
11. I have used another tool to help me communicate with limited English proficiency Spanish speaking clients. **If agree, please specify tool:**	1	2	3	4	5
12. I believe that all measures that that could be undertaken to lessen the language barriers present with limited English proficiency Spanish speaking clients are being done.	1	2	3	4	5

Providence Health Centers Survey: Nurses' Perceptions of Barriers to Care for Limited English Proficiency Spanish Speaking Clients

Part B

1. Please describe examples of negative health outcomes for limited English proficiency Spanish speaking clients which you believe occurred primarily because of the language barrier. P**lease describe generally while maintaining confidentiality using no names or other identifying information.**

2. Please describe any recommendations that you have to help lessen language barriers limited English proficiency Spanish speaking clients.

3. Please provide any comments or ideas regarding this issue that may help to understand and improve this important health issue.

Thank you for your participation in this survey. Your time and effort to improve the care of vulnerable clients is appreciated.

SCRIPT:

Introduction to the Survey

Hello my name is Tammy Poisson. I am a senior nursing student at Rhode Island College. I am conducting this study about *Finding Solutions to Language Barriers between Nurses and Their Client* for a senior honors thesis project. The purpose of this study is to explore: 1) how current registered nurses perceive language barriers in their encounters with clients; 2) what registered nurses perceive is the affect of language barriers on healthcare outcomes and 3) perceptions of nurses regarding innovative interventions that would help to lessen language barriers.

To help me with this study, I am asking you to participate in this survey. The survey is comprised of multiple choice questions and should only take a few minutes to complete. The survey is totally voluntary and will not affect your relationship with Rhode Island College or Providence Community Health Centers.

I will be leaving the room and an employee of Providence Health Centers will administer and collect the survey. If you choose to participate in this study, I ask that you please read and fill out an informed consent document and then hand it in with the completed survey. Once you have completed the survey, you can place it in this envelope which will be returned to me at a later time. Thank you for your time and cooperation.

INFORMED CONSENT DOCUMENT

Rhode Island College

Finding Solutions to Language Barriers between Nurses and Their Clients

You are being asked to participate in a research study about currently practicing registered nurses' perceptions about their encounters with limited English proficiency clients, their perceptions of negative health outcomes that may arise with these clients due to language barriers, and interventions that nurses believe could help to alleviate these barriers. You were selected as a possible participant because you are a currently practicing registered nurse who works with Spanish speaking limited English proficiency clients. Please read this form and ask any questions that you may have before agreeing to be in the research.

An honors nursing student at Rhode Island College is conducting this study.

Background Information

The purpose of this research is to explore the perceptions of practicing registered nurses who work with Spanish speaking limited English Proficiency clients in three areas: 1) general perceptions of their encounters with limited English proficiency clients; 2) negative health outcomes which they believe may occur in these clients as a consequence of language barriers; and 3) innovative interventions which they believe would lessen language barriers for these clients.

Procedures

If you agree to be a participant in this research, we would ask you to do the following things: Fill out the questionnaire providing information on personal experiences, opinions, and beliefs.

Risks and Benefits to Being in the Study

This research has no foreseeable risks.

Compensation

Upon completion of the study you will receive a copy of the finished project.

Confidentiality

The records of this research will be kept private. In any sort of report we publish or presentation we might make, we will not include any information that will make it possible to identify a participant. Research records will be kept in a locked file at the School of Nursing at Rhode Island College, and access will be limited to the researchers. If there is an audit of the study, the college review board responsible for protecting human participants and regulatory agencies may request access to the data. The original data will be destroyed by June 1, 2012.

Voluntary Nature of the Study

Your participation is voluntary. If you choose not to participate, it will not affect your current or future relations with the College or with Providence Community Health Centers. There is no penalty or loss of benefits for not participating or for discontinuing your participation.

Contacts and Questions

The researcher conducting this study is Tammy Poisson, student nurse at Rhode Island College. You may ask any questions you have now. If you have any questions later, you may contact her at tpoisson_5207@ric.edu.

If the researchers cannot be reached, or if you would like to talk to someone other than the researcher(s) about (1) concerns regarding this study, (2) research participant rights, (3) research-related injuries, or (4) other human subjects issues, please contact Kevin Middleton, Rhode Island College Committee on Human Participants in Research at (401) 456-8228 or write: Kevin Middleton, c/o Rhode Island College Committee on Human Participants in Research at Office of Research and Grants Administration, Roberts Hall, 600 Mount Pleasant Avenue, Providence, RI 02908.

You will be given a copy of this form for your records.

Statement of Consent

I have read the above information. I have received answers to the questions I have asked. I consent to participate in this research. I am at least 18 years of age.

This consent is null and void after February 15, 2010.

Print Name of Participant: _____

Signature of Participant: _____ Date: _____

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