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Improving Patient Communication with Bedside Medical Interpreters: Nursing Education Focus on Providing Culturally Competent Care

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Improving Patient Communication With Bedside Medical Interpreters:

Nursing Education Focused On Providing Culturally Competent Care

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NURS 997 Independent Study

College of Nursing and Professional Disciplines

University of North Dakota

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Abstract

Patient-centered care is achieved through effective communication between the patient and the healthcare team members. The purpose of this independent study project is to show that the increasing cultural, ethnic, and linguistic diversity in the United States healthcare system has resulted in an increased need for professionally trained medical interpreters, as well as the continued need to educate pre-licensure nursing students on the importance of providing culturally competent care. This paper will first focus on Limited English Proficiency (LEP) patients in healthcare. Information discussed will include data on the number of LEP patients who require healthcare, laws protecting LEP patients, the need for professional medical interpreters in healthcare, and the requirements of utilizing professional medical interpreters. The second part of this paper will focus on the need for nursing programs to continue to educate students on how to provide culturally competent care. Information discussed will include defining culturally competent care, skills and techniques for developing cultural competence, and how to implement cultural competence into nursing practice. Theoretical framework for this project is supported by the Adult Learning, Humanistic, Cultural Care Diversity and Universality, and Transformational Learning theories. Through a comprehensive literature search and review of literature, the results indicate 1) The need for professional medical interpreters to improve the care and communication between professionals and LEP patients and 2) The need for nursing programs to promote culturally competent care into their curriculum.

Improving Patient Communication with Bedside Medical Interpreters:

Nursing Education Focused On Providing Culturally Competent Care

Healthcare is increasingly complex, diverse, and growing in the United States. The need for culturally competent healthcare is essential to reduce health disparities and ensure positive health outcomes (Byrne, 2016). The scope of the topics presented in this paper affects numerous individuals and groups including all healthcare professionals caring for LEP patients and their families, LEP patients, the families of LEP patients, professional medical interpreters, healthcare administrators, nursing program administrators and faculty, and pre-licensure nursing students.

Patient-centered communication has steadily gained attention in health care as a way to engage patients with their care. Nurses are in constant communication with patients and seek to influence the patient's health and well-being thereby affecting the provision of patient-centered care (Galinato, Montie, Shuman, Patak, & Titler, 2016). According to the most recent United States Census, from 2010 to 2014, about 62 million people (born in the United States or another country) spoke a language other than English at home. About 41% of these individuals (25 million people) have LEP defined in the census as individuals older than 5 years who speaks English "less than very well" (Jacobs, Ryan, Henrichs, & Weiss, 2018). A growing body of research shows that language barriers result in decreased patient access, satisfaction, comprehension, and adherence, as well as an increased risk of errors, inappropriate utilization, and higher costs. Access to bilingual providers or competent interpreter services can help address these risks. Unfortunately, many health-care organizations have not yet developed the internal capacity or infrastructure to provide coordinated, consistent language access for their patients (Chen, Jacobs & Fernandez, 2016).

Nurses are providing care, education, and support to LEP patients on both an inpatient

and outpatient basis. In providing culturally competent care, nurses are required to be

knowledgeable about LEP patients, medical interpreters, laws protecting LEP patients, and the

requirements of utilizing medical interpreters. According to Shattell, et al. (2013), nursing

education in pre-licensure nursing programs is the first step in providing a nursing workforce that

delivers compassionate care to diverse populations. Nursing programs and nurse educators need

to help students become "effective professionals and socially responsible citizens" (Shattell, et

al., 2013, p. 383). The Institute of Medicine has provided ample evidence of health disparities in

the United States and suggests that one way to address this problem is to incorporate elements of

cross-cultural education and culturally competent practice into nursing education (Shattell, et al.,

2013).

Purpose

The purpose of this independent study paper is two-fold. First, this paper will

demonstrate the need for professional medical interpreters in providing comprehensive,

knowledgeable, and safe healthcare for patients with LEP. Second, this paper will confirm the

continued need for nursing programs to educate pre-licensure nursing students on the importance

of providing culturally competent care. Through review of literature and discussion, evidence

will be presented that illustrates a need for change to improve professional nursing practice and

nursing education related to culturally competent care.

Title VI of the 1964 Civil Rights Act requires interpreter services for all patients with

LEP. Failure to provide these services when necessary is considered discriminatory and illegal

(Juckett & Unger, 2014). In 2003, the Department of Health and Human Services (HHS)

published guidance about how to meet the provision of this executive order by providing LEP

individuals with meaningful access to federal health care programs. HHS LEP Guidelines require that language assistance services must be free to patients, accurate and timely, protect patient confidentiality, and be provided by qualified interpreters (Jacobs, Ryan, Henrichs, & Weiss, 2018). By understanding and implementing these guidelines in practice, nurses can provide safe and culturally competent care to LEP patients and their families.

Although some nursing education programs incorporate cultural competency preparation into their curriculum, none currently mandate it in their core curriculums, nor is it mandated for RN licensure or re-licensure. However, in 2008, American Association of Colleges of Nursing (AACN) published *'Cultural Competency in Baccalaureate Nursing Education,'* which argues that the current and future healthcare environment requires that BSN graduates be culturally competent. The AACN noted five competencies that BSN graduates must acquire to attain cultural competency: 1) Applying knowledge of social and cultural factors affecting nursing and healthcare across multiple contexts; 2) Using best evidence in providing culturally competent care; 3) Promoting achievement of safe and quality outcomes of care for diverse populations; 4) Advocating for social justice, including the elimination of health disparities; and 5) Participating in continuous cultural competence development (Aponte, 2012).

Significance

The Institute of Medicine (IOM) report *'To Err is Human: Building a Safer Health System'* states that patients should not be harmed by the care that is intended to help them, and they should remain free from accidental injury. The 2001 IOM report *'Crossing the Quality Chasm'* defined patient safety as one of the essential components of high-quality health care. Patient safety efforts are now a central component of strategies to improve the quality of care for all patients. The role of language barriers and their impact on adverse events is now receiving

greater attention. Recent research suggests that adverse events that affect LEP patients are more

frequently caused by communication problems and are more likely to result in serious harm

compared to English-speaking patients. The Joint Commission has developed a new set of

standards on 'Patient Centered Communication' that emphasize the importance of language,

cultural competence, and patient centered care (AHRQ, 2012).

Patient-centered care is achieved through effective communication between the patient

and the healthcare team members. According to Case Management Monthly (2014),

communication problems are the most frequent root cause of all serious patient safety events that

are reported to the Joint Commission. Patients who have difficulty understanding English have

trouble following directions or understanding their condition. Not only are poor outcomes more

common in LEP patients, but they are often more serious when they do occur (CMM, 2014). The

increasing ethnic, cultural, and linguistic diversity in the United States, has resulted in an

increased need for professionally trained medical interpreters in healthcare settings.

Unfortunately, many healthcare organizations have not yet developed strategies to provide

coordinated, consistent language access for their patients. As the number of LEP patients seeking

healthcare in the United States continues to grow, the need for professional medical interpreters

increases. Professional medical interpreters help bridge the communication gap between

healthcare providers and LEP patients, which results in increased patient safety and satisfaction

(Karliner, Perez-Stable, & Gregorich, 2017).

In nursing education, interaction with culturally diverse patients, families, and

communities is essential for student development of cultural competence. Integration of cultural

nursing skills, knowledge, and attitudes produce the best outcomes. Cultural knowledge is the

basis of cultural competence, but it is the application of knowledge in clinical, simulation, and

immersion experiences that will develop culturally competent nurses (Byrne, 2016). Nursing

faculty are urged to adopt curriculums that supports culturally competent care and to mentor

students to provide care that promotes social justice. Culturally competent care education

orientated toward critical reflective practice promotes an understanding in the critical role that

nurses play in reducing healthcare inequalities (Garneau, 2016).

Theoretical Framework

The conceptual framework of this paper is broken down into the topics of 1) LEP patients

and the need for professional medical interpreters and 2) Baccalaureate nursing programs

incorporating culturally competent care into their curriculums. In addition, discussion of

Malcolm Knowles 'Adult Learning Theory,' Carl Rogers 'Humanistic Learning Theory,'

Madeleine Leninger's 'Cultural Care Diversity and Universality Theory,' and Jack Mezirow's

'Transformational Learning Theory' will provide a theoretical framework for this paper. In

examining the concept of LEP patients and the need for professional medical interpreters, this

paper will discuss the role of a professional medical interpreter in healthcare, the criteria of a

professional medical interpreter, the benefits of professional medical interpreters, and the

barriers healthcare professionals have experienced with professional medial interpreters. In

examining the concept of baccalaureate nursing programs incorporating culturally competent

care into their curriculum, this paper will discuss the significance of cultural competency in

nursing, Campinha-Bacote's Model of Cultural Competence, and strategies that baccalaureate

nursing program administration and faculty can implement culturally competence into

curriculum.

Professional medical interpreters are trained to interpret the spoken word in live

situations between patients and healthcare staff (Juckett & Unger, 2014). Certified medical

interpreters have a high level of fluency in two or more languages, have been trained in the ethics

and role of a medical interpreter, study medical terminology, and can facilitate the flow of a

patient medical visit. Certified interpreters have participated in a formal medical interpreter

education program and have passed written and oral examinations in medical interpreting. Like

medical professionals, certified medical interpreters have a code of professional standards and

ethics which includes accuracy, confidentiality, and impartiality. Federal regulations and

guidance do not require interpreters to be licensed or certified. However, use of certified

interpreters is required in some states and the United States Health and Human Services

considers certification helpful to establish competency (Jacobs, Ryan, Henrichs, & Weiss, 2018).

National certification for medical interpreters is provided by the 'Certification Commission for

Healthcare Interpreters' or the 'National Board of Certification for Medical Interpreters' (Juckett

& Unger, 2014).

  Access to professional medical interpreters for patients with LEP represents an important

service that all medical facilities should provide in order to achieve equitable, high quality

healthcare for vulnerable populations (Karliner, Perez-Stable, & Gregorich, 2017). The benefits

of using professional interpreters includes clear interpretation with fewer errors, improved

comprehension and patient satisfaction, better care and compliance, lower risk of adverse events,

and a reduction in hospital stays and readmission rates (Juckett & Unger, 2014). According to

the article by Jacobs, Ryan, Henrichs, and Weiss (2018), a 2010 report evaluating 1,373

malpractice claims from four states found that 1 of every 40 claims were related, all or in part, to

failure to provide appropriate language interpreter services. Some of these cases resulted in

multi-million-dollar malpractice settlements.

While federal guidelines mandate the use of qualified interpreters for patients with LEP,

this is an unfunded mandate, and multiple studies have demonstrated low rates of professional

interpreter utilization during hospital encounters. Time constraints and lack of immediate

availability have been reported by medical professionals as the major barriers to use of

professional medical interpreters in the hospital (Lee, et al., 2017). Physicians in small practices

often cite cost as a barrier to using trained medical interpreters. If using face-to-face interpreters

provided through a language translation service, costs are generally in the range of $45-50 per

hour. Telephone medical interpreters are paid by the minute, with a typical cost ranging from

$1.25-$3.00 per minute. Video remote interpreting systems include cost of equipment, and

interpreter services which range in cost from $1.95-$3.49 per minute (Jacob, Ryan, Henrichs, &

Weiss, 2018). When faced with change, including using professional medical interpreters for

LEP patients, many healthcare organizations and professionals list lack of information and

knowledge as a barrier to implementation.

Cultural competence is defined as "developing an awareness of one's own existence,

thoughts, and environments without letting it influence others from different backgrounds;

demonstrating awareness and understanding of the patient's cultural background; respecting and

accepting cultural differences and similarities; and providing congruent care by adapting it to the

patient's cultural health beliefs, values, and norms" (Billings & Halstead, 2016, p. 266). The

American Nurses Association (ANA) believes that nurses and health care providers have a

responsibility to provide an environment that recognizes differences and is free from

discrimination, including discrimination based on racial and ethnic differences. Communication

barriers between nurses and their patients and families may arise because of cultural differences.

The major focus of transcultural nursing is to focus on the humanistic and scientific study of

individuals from different cultures with consideration of ways in which nurses can assist those

individuals meeting their health needs (Reyes, Hadley, & Davenport, 2013). As discussed by

Byrne (2016), when cultural competence has been demonstrated, the consequences of those

behaviors and events result in improved health outcomes. Consequences of cultural competency

include: 1) Registered nurses delivering culturally congruent care to all patients; 2) Patients

becoming active participants in their health care; 3) Patients having a decreased fear of the health

care system; 4) Patients having increased satisfaction with health care services; 5) Decreased

health disparities are reported; and 6) The health status of ethnic, racial, and low-income groups

improves (Byrne, 2016).

Campinha-Bacote's model defines cultural competence as the ongoing process in which

the healthcare professional continuously strives to achieve the ability and availability to work

effectively within the cultural context of the patient (individual, family, and community). This

model requires nurses to see themselves as *becoming* culturally competent rather than *being*

culturally competent. It involves the integration of cultural desire, cultural awareness, cultural

knowledge, cultural skill, and cultural encounters. *Cultural awareness* is a deliberate self-

examination of one's own biases toward other cultures and the in-depth exploration of one's

cultural background. *Cultural knowledge* is gained through education about culturally diverse

groups, including direct input from a patient about their health-related belief practices and

cultural values. *Cultural skill* is the ability to conduct an assessment to collect relevant cultural

data regarding the patient's problem. *Cultural encounters* occur between the nurse and patients

with various cultural backgrounds. Encounters validate, clarify, modify, and even negate notions

about other cultures and religious beliefs or practices that may have been obtained by previous

encounters or by other sources. *Cultural desire* is the motivation of the healthcare professional to

want to engage in the process of becoming culturally aware, culturally knowledgeable, culturally

skillful, and seeking cultural encounters (Aponte, 2012).

Teaching and learning about culturally competent practice in pre-licensure nursing

programs is essential to ensure a culturally competent health care workforce (Shattell, et al.,

2013). Nursing curricula must provide a foundation for the development of cultural competence

that allows for the acquisition of knowledge, skills, and attitudes. In addition, an examination of

culturally diverse concepts stimulates commitment to moral and ethical values, while developing

appreciation for diverse cultural heritages. In studies of cultural competence in nursing

education, findings support that students gain experience and knowledge when curriculum

consistently contains culturally competent content (Reyes, Hadley, & Davenport, 2013).

As discussed in the article by Rozelle (2018), diversity and inclusion are part of an over-

arching approach to cultural transformation and awareness. Cultural competence training for

student nurses includes curriculum context as well as pedagogic processes and clinical

experiences. Transformative learning is another way to approach cultural competence in nursing

education. With this approach, the student is to engage in self-examination and reflection, and

identify personal prejudices, and assumptions (Rozelle, 2018). A *'Cultural Diversity Nursing*

Hybrid Course' was discussed in the article by Aponte (2012). This 15-week undergraduate

cultural diversity nursing hybrid course utilized Campinha-Bacote's Model of Cultural

Competence. The objectives of this course were to provide knowledge of different cultures and

religions, discuss and practice different methods of delivering culturally specific nursing care,

and enhance learning opportunities for students to discuss different social and cultural factors

that impact nursing care. Students submitted anonymous course evaluations that indicated they

had become more aware of the importance of nurses becoming culturally competent and how not

being culturally sensitive can negatively impact patient care. Evaluations of the course also

revealed students had a change in attitude and thinking that supported an increase in cultural

awareness, a growth in gaining knowledge and skills on cultures and religions, and an ongoing

desire to become more culturally competent to provide quality cultural care in a sensitive manner

(Aponte, 2012).

In examining the concepts of LEP patients and the need for professional medical

interpreters in professional nursing practice and baccalaureate nursing programs incorporating

culturally competent care into their curriculum, Malcolm Knowles 'Adult Learning Theory,'

Carl Rogers 'Humanistic Learning Theory,' Madeleine Leninger's 'Cultural Care Diversity and

Universality Theory,' and Jack Mezirow's 'Transformational Learning Theory' provide a strong

theoretical framework. For Malcom Knowles, the single most important thing in helping adults

to learn is to create a climate of physical comfort, mutual trust and respect, openness, and

acceptance of differences. Knowles believed that adults need to know why they need to learn

something. As a result, the teacher (the nurse caring for the patient) can help learners understand

how the knowledge is important to their future or the quality of their lives. Additionally, this

theory discusses how adults learn better when their own experiences are incorporated into the

learning process. New experiences contribute to the learner's self-identity (McEwen & Wills,

2014, p. 402). Carl Rogers 'Humanistic Learning Theory,' focuses on the principles of client-

centered therapy. For Rogers, the learner is in the process of becoming, with a goal to become a

"fully functioning person." Rogers believed learning is a natural process, entirely controlled

internally by the learner, in which the individual's whole being interacts with the environment as

the learner perceives it (McEwen & Wills, 2014, p. 401).

Madeleine Leininger was instrumental in demonstrating to nurses the importance of

considering the impact of culture on health and healing. The purpose of Leininger's theory is to

generate knowledge related to the nursing care of people who value their cultural heritage and

lifeways. The goal for application of Leininger's theory is to provide culturally congruent

nursing care to persons of diverse cultures. Leininger's theory can be applied in any setting

where nurses work with individuals, families, and groups from a cultural background different

from the nurse's (McEwen & Wills, 2014, p. 233). Jack Mezirow's 'Transformational Learning

Theory' describes learning as a multidimensional, continuous social process that engages the

learning in a better understanding of self, perspective, and meaning through communication with

others. This learning process involves a complex series of interactions that takes place when

learners experience an event or pose a question that challenges a previously held belief

(Marrocco, Kazer, & Neal-Boylan, 2014). Mezirow's theory examined the concept of

perspective transformation, which is the process of becoming critically aware of how and why

personal assumptions have come to constrain the way humans perceive, understand, and feel

about the world. When an individual's expectations or beliefs are changed, this results in

perspective transformation (Cabaniss, 2014). Mezirow's theory can be used in any setting in

which an 'adult learner' encounters a point of view that is different from a previous learned

experience. This situation leads the learner to reflect on his or her own assumptions, beliefs,

knowledge, and values (Phillipi, 2010).

Definitions

There are no ambiguous or multiple meanings presented in this paper. For the first

concept discussed in this paper, the primary populations involved are LEP patients and their

families. The secondary population involved are members of the healthcare team, including the

professional medical interpreter that provide care to LEP patients and their families. The third

population involved are healthcare administrators. For the second concept discussed in this

paper, the population involved are pre-licensure baccalaureate nursing school administrators,

faculty, and students.

The scope of the topics presented in this paper affects numerous individuals and groups

including all healthcare professionals caring for LEP patients and their families, LEP patients,

the families of LEP patients, professional medical interpreters, healthcare administrators, nursing

program administrators and faculty, and pre-licensure nursing students.

Process

A thorough literature search was performed to find pertinent articles related to the two

topics presented in this paper: 1) LEP patients and the need for professional medical interpreters

and 2) Baccalaureate nursing programs incorporating culturally competent care into their

curriculums. Cumulative Index to Nursing and Allied Health Literature (CINAHL) and PubMed

were the two databases used for the literature search. These databases provided multiple articles

that were highly relevant to the above stated topics. The PubMed database contains medical and

life sciences literatures, while the CINAHL database contains nursing and allied health literature

(Stillwell, Fineout-Overholdt, Melnyk, & Williamson, 2010).

After deciding which databases to use, I used my first presented topic to identify three

keywords. The three MeSH keywords I chose were *Language Barrier, Limited English*

Proficiency, and *Medical Interpreter*. The database search was limited to articles published

between 2011 and 2019, full text articles written in English, and the United States for the

geographical region. I limited my search to eight years (2011-2019) and full text articles written

in English, as I felt this would provide a solid amount of data illustrating the benefits of utilizing

professional medical interprets in healthcare. In addition, I limited my search to the United States

for the geographical region, because the United States is becoming more ethnically, culturally,

and linguistically diverse. Along with the search limitations described above, I used the Boolean

connector "AND" to combine the three MeSH keywords and 21 results were found on the

CINAHL database, and 55 results were found on the PubMed database. I then used the second

topic of the paper and identified the three MeSH keywords of *Cultural Competence,*

Baccalaureate Nursing Education, and Nursing Students. Using the same search limitations of

articles published between 2011 and 2019, full text articles written in English, and the United

States for the geographical region with the three MeSH keywords, 18 results were found on the

CINAHL database, and 164 articles were found on the PubMed database. After performing my

literature search, I identified 7 articles that provided supporting data and information to address

the first topic presented in this paper, and 8 articles to address the second topic presented in this

paper.

After a review of the selected articles, the target audience for topic one of this paper

includes clinic and hospital nursing administration, leadership, and staff. Healthcare

organizations need to provide all staff with education and support in providing holistic care to

LEP patients including the laws and regulations protecting LEP patients and how to utilize

professional medical interpreters. Before practice change can occur, a focus group needs to be

formed to discuss the education, support, and implementation needs of all staff. The focus group

should include administration, nursing and physician leadership, nursing and physician staff,

interpreter services staff including a trained medical professional, and legal department, quality

improvement, and safety committee staff. Once the needs are identified, policies and protocols

need to be developed and implemented. Finally, any member of the healthcare organization that

provides care and support to LEP patients and their families needs to receive and maintain

mandatory education regarding caring for LEP patients and the use of professional medical

interpreters.

In determining local healthcare organizations process for caring for patients with LEP, I

contacted Essentia Health's Interpreter Services, and was provided with a copy of the policy.

According to *Essentia Health's 'Foreign Language Interpretation' Policy #A0166*, Essentia

Health will, "provide accurate, competent and quality foreign language assistance services, to the

extent that an interpreter is available, at no direct charge to the patient. Services are provided

primarily through oral interpretation in person but may also be arranged through telephone

interpretation. Every possible attempt is made to have language assistance services available on

an expedited/emergency basis. A local language interpretation service is primarily used by

Essentia Health facilities. This service provides quality interpretation that includes proficiency in

both English and another language, sensitivity to the patient's culture, understanding of role and

confidentiality. On occasion, and in emergency situations, available bilingual SMDC staff may

be utilized to provide language interpretation. The patient also has the option of requesting

his/her own interpreter, i.e., family member or friend" (Essentia Health, 2019, p. 1-2).

The target audience for topic two of the paper includes baccalaureate nursing program

administration, faculty, and students. Baccalaureate nursing programs need to include culturally

competent education at different levels of the nursing curriculum. Culturally competent

education needs to include lecture and clinical experiences. Nursing education administration

and faculty need to evaluate their baccalaureate program curriculums to determine if changes

need to be made. If curriculums are insufficient in culturally competent education, administration

and faculty need meet with the curriculum committee to discuss needed changes. From a nursing

student perspective, students must understand the need for providing culturally competent care and that they will be required to actively participate in lectures and clinicals focused on culturally competent care. In addition to graded assignments and exams focused on culturally competent care in nursing, students will be required to take a cultural competence questionnaire each semester in the nursing program. This questionnaire will ask students questions about their cultural awareness, knowledge, skill, and comfort level.

In determining local baccalaureate nursing program's implementation of culturally competence education in curriculum, I reviewed the University of North Dakota's BSN program mission and goals. The University of North Dakota BSN program incorporates culturally competent care into four courses of the four-year semester curriculum, including two courses during the student's junior year and two courses during the student's senior year. During the first semester of the junior year, students take 'Nursing 301-Professional Nurse 1'. This introductory nursing course provides the foundation for learning about the behaviors and attributes of the professional nurse. Knowledge, skills and attitudes important for safe and effective nursing care are explored, including leadership, legal and ethical concepts, and interpersonal communication (UND CNP, 2019). During the second semester of the junior year students take 'Nursing 331-Patient and Family Centered Nursing'. This course focuses on compassionate, patient-centered, evidence-based care that respects patient and family preferences across the lifespan to achieve optimal healthcare outcomes (UND CNP, 2019).

During the first semester of the senior year, students take 'Nursing 404-Professional Nurse II'. This course provides a focus on the refinement of the professional nursing role within a complex and dynamic health care environment. This is accomplished with exploration of health promotion, caregiving, safety systems, technology and informatics, and health care quality

within the baccalaureate generalist practice roles (UND CNP 2019). During the second semester

of the senior year, students take 'Nursing 441-Population Based Health'. The course emphasizes

population-based health and the role of the public health nurse. Concepts and theories related to

providing health care to complex systems and aggregates in community, state, nation and the

world are explored. Concepts of evidence-informed practice and nursing research are explored

with the use of population health data. Emphasis is placed on prevention, promotion and

protection of health, and utilizing epidemiological data to identify health risks of populations.

Social determinants of health, as a basis for population health, are emphasized (UND CNP,

2019).

Review of Literature

Citation	Galinato, J. Montie, M., Shuman, C., Patak, L., & Titler, M. (2016.) Perspectives of nurses on patients with limited english proficiency and their call light use. *Global Qualitative Nursing Research,* 3(2016), 1-9. doi: 10.1177/2333393616637764
Study Information	The purpose of the study was to describe: 1) The perceptions of nurses regarding their communication with patients with LEP; 2) How call lights affect their communication with patients with LEP; and 3) The perceptions of nurses on the impact of advancement in call light technology on patients with LEP. Two RN focus groups were developed, and a semi-structured interview guide was used to explore the RN's perceptions about the care delivery to patients with LEP and the scenarios they face related to the current call light system. The study took place at a large academic medical center in

	the Midwest region of the United States, on two adult medical surgical units that admitted the highest number of patients with LEP over the previous 6 months.
	RNs on the two adult medical surgical units meeting the following criteria were eligible to participate in the study: 1) At least 21 years old; 2) Able to communicate in English; 3) Licensed as an RN in the state in which the study was done; 4) Employed as a staff RN for the last 12 months; 5) Work at least 50% regular staff providing direct patient care; and 6) Care for patients with LEP at the study site. The first focus group consisted of 5 RNs and the second focus group consisted of 2 RNs.
Results	Six major themes were identified including: 1) Barriers to communication; 2) Formal tools for communication; 3) Gestures and charades; 4) Reliance on family; 5) Creating a better call light system; and 6) Acceptability of eloquence. Within each of these six major themes, multiple minor themes were also identified including: frustration with call light, barriers to care, sisual aids, interpreter services, interpreter phone, Google translate, non-verbal communication, complex conversations, family as interpreters, preferences for family as interpreters, improving communication, efficiency, positive response, timeliness, and impact on patients with LEP.
Critique	This is a highly informative study that supports the need for better communication tools when caring for patients with LEP.

	The study also provides new knowledge regarding the perspectives of nurses caring for patients with LEP. Limitations of this study include: 1) Due to the use of focus groups, the results of this study may not be generalizable; and 2) The individuals in the focus groups may not have been as forward in expressing their thoughts and opinions, resulting in less common themes.

Citation	Karlinger, L. S., Perez-Stable, E, J., & Gregorich, S. E. (2017). Convenient access to professional interpreters in the hospital decreases readmission rates and estimated hospital expenditures for patients with limited english proficiency. *Med Care, 55*(3), 199-206.
Study Information	The study in this article evaluated the impact of increased access to professional interpreters by providing a dual-handset telephone with a direct connection to interpreter services at each hospital bedside that would facilitate use by all clinical providers. The effect of the intervention on a 30-day readmission rates, length of stay, and estimated hospital expenditures was evaluated. The study was a quasi-experimental design on a medicine floor at an academic hospital. The participants in this study were patients ages > 50 years old discharged between January 15th, 2007 and January 15th, 2010. A dual-handset interpreter telephone was available at the bedside of every patient with LEP from July 15th, 2008-March 14th, 2009. The timeframe of the study began 18 months prior to the intervention, and included an 8-

	month intervention period, and continued for 10-months after the intervention. In this study, readmission was defined as any inpatient admission to any service occurred < 30-days from the time of the patient discharge from the medical floor. Length of stay (LOS) was defined using the admission and discharge state and time from the administrative billing database. Average hospital expenditure savings were estimated. During the study period there were 8,077 discharges (for the patients age range of >50) from the medical floor. Of the 8,077 patient discharges, 1,963 of them were LEP patients.
Results	The results of this study revealed that 30-day readmission rates decreased during the intervention period and increased again post-intervention (from 13.4% to 17.8%.) The study revealed that the intervention did not impact LOS. Finally, the study revealed that after accounting for interpreter services costs, the number of readmissions averted during the intervention period was associated with a monthly hospital expenditure savings of $161,404.
Critique	This study supports the benefits of having a bedside telephone interpreter system available for LEP patient's, as readmission rates decreased and hospital expenditure decreased during the intervention period. Additionally, the study revealed that readmission rates for LEP patient's increased after the intervention period.

	Limitations for this study included: 1) The phone interpreter service did not record the types of clinical interactions, so evaluation of whether specific types of interpreted interactions were more important than others was not evaluated; and 2) Interpreter data for individual patients was not available.

Citation	Lee, S. L., Napoles, A., Mutha, S., Perez-Stable, E. J., Gregorich, S. E., Livaudais-Toman, J., & Karliner, L. S. (2018). Hospital discharge preparedness for patients with limited english proficiency: A mixed methods study of bedside interpreter-phones. *Patient Education and Counseling, 101*(2018), 25-32.
Study Information	The study in this article investigated the implementation and impact of bedside interpreter-phones on hospital discharge preparedness among patients with LEP. The study was a mixed-methods study that compared the patient-reported discharge preparedness and knowledge of medications and follow-up appointments among 189 Chinese-and Spanish-speaking patients before and after the bedside interpreter-phone implementation. Participants for the study were prospectively recruited hospitalized patients from the cardiovascular, general surgery, and orthopedic surgery floors. Participants were primarily Chinese or Spanish speaking and 40 years old or older.

	Recruitment and baseline interviews were conducted at a 6-month period before and a 6-month period after the system-wide implementation of the bedside interpreter-phone intervention.
Results	The results of this study revealed that use of bedside interpreter-phones did not significantly impact LEP patient-reported knowledge of medications and follow-up appointments (77.2 v.s. 78.5). Additionally, the study revealed that nurses and physicians reported using the interpreter-phones infrequently for discharge communication, preferring an in-person interpreter for complex discharges and direction communication.
Critique	This study did not support the use of bedside telephone interpreter services. However, the study revealed that nurses and physicians who discharge LEP patients, prefer an on-site/in-person interpreter available to communicate discharge instructions with patients and their families. This study had many limitations including: 1) This was a small observational study that lacked sufficient power to detect significant post-implementation improvements; 2) Did not objectively assess professional interpreter use during discharge discussions and relied on patient report; and 3) Non-recruitment of an English-speaking comparison group, instead relied on prior studies.

Citation	Lee, J. S., Perez-Stable, E. J., Gregorich, S. E., Crawford, M. H., Green, A., Livaudais-Toman, J., & Karliner, L. S. (2017). Increased access to

	professional interpreters in the hospital improves informed consent for patients with limited english proficiency. *Journal of General Internal Medicine, 32*(8), 863-870. doi: 10.1007/s11606-017-3983-4.
Study Information	The purpose of the study was to determine if patients with LEP had an increased understanding of the informed consent process when a professional medical interpreter was available, compared to patients who did not have a professional medical interpreter available. This was a prospective, pre-post (non-randomized) study completed in a six-month period before and after implementation of professional telephone interpreter service.
	Recruitment and baseline interviews were conducted at a 6-month period before and a 6-month period after the system-wide implementation of the bedside interpreter-phone intervention. The surgical patients selected for this study spoke primarily Chinese (Cantonese and Mandarin) or Spanish. For this study, two LEP cohorts were identified. The first cohort was identified as the pre-implementation period, in which 107 of 135 eligible patients agreed to participate. The second cohort was identified as the post-implementation period, in which 107 of 119 eligible patients agreed to participate. Of these eligible participants enrolled in the larger study, 84 were part of the pre-implementation cohort and 68 were part of the post-implementation cohort.
	The participants of this study had a mean age of 66.6 years old, 55.9% were women, 57.9 % spoke Chinese, and 43.1% spoke Spanish.

Results	The results of this study showed an improvement in LEP patient's understanding of the informed consent process when a professional bedside interpreter phone system was used. The study also indicated an increased utilization of professional telephone interpreters throughout the medical center. The results of this study provided ongoing support to the necessity of interventions needed in improve the care and education of LEP patients.
Critique	This study highly supports the benefits of having a bedside telephone interpreter system available for LEP patients who require surgery and need to complete an informed consent.
	Limitations of this study included: 1) Small number of participants in both the pre and post implementation cohorts; 2) Characteristic trends in obtaining informed consent could have affected discussion with the patient; and 3) Professional interpreter use was non-objective, and reliance was achieved through patient-reported comprehension.

Citation	Litzau, M., Turner, J., Pettit, K., Morgan, Z., & Cooper, D. (2018). Obtaining history with a language barrier in the emergency department: Perhaps not a barrier after all. *Western Journal of Emergency Medicine, 19*(6), 934-937.
Study Information	The purpose of the study compared the medical histories obtained by physicians in the emergency department based on whether the patients primarily spoke English or Spanish.

	This study was a prospective, observational study conducted at an urban academic emergency department during a six-month period. The participants were adult patients who presented to the emergency department with a chief complaint of chest pain or abdominal pain. Patient encounters were directly observed by medical students who had been trained using simulated encounters. Observers documented key historical data points obtained by provides, including description of the pain, past medical/family/surgical history, and social history. The providers, interpreters, and observers in the study were blinded to the nature of the study. Encounters with 753 patients were observed: 105 Spanish speaking and 648 English speaking.
Results	Analyses found no statistically significant differences in any history questions between English-speaking and Spanish-speaking patients. The study revealed that physicians sought to obtain medical histories at the same level of detail despite the language barrier.
Critique	This study supports that medical professionals can provide the same level of care and support to LEP patients, as they do to English-speaking patients. A limitation to this study is that the physicians and observers were blinded to the nature of the study.

Citation	Narang, B., Park, S. Y., Norrmen-Smith, I. O., Lange, M., Ocampo, A. J., Gany, F. M., & Diamond, L. C. (2019). The use of a mobile application to increase access to interpreters for cancer patients with limited english proficiency: A pilot study. *Medical Care, 57*(2), 84-89.
Study Information	The primary aim of this study was to evaluate whether a mobile application increased the frequency of interpreter services use among providers at a comprehensive cancer center's Urgent Care Clinic. The mobile application had two main features: 1) The ability to directly call the institution's over the phone interpreter service; and 2) A library of pretranslated medical phrases and questions that could be played as audio files. This was a prospective pre-post study, conducted from December 2014 to July 2015. Urgent Care Clinic physicians were recruited through an informal invitation. Participants were excluded if they: 1) Did not work primarily in the Urgent Care Clinic; and 2) Already had a language translation mobile application. The total number of physician participants was 65.
Results	The mobile translation application contributed to increased frequency of phone calls to interpreter services during the intervention period as compared with the preintervention period (12.8 vs 4.3.) The results also indicated that clinics continued to use the translation application during the postintervention period (5.7.)

Critique	This study supports the premise that mobile application tools contribute to an increased use and ease of access to language services when caring for LEP patients. A limitation to this study was that it was a small nonrandomized single-site study.

Citation	Wasserman, M., Renfrew, M. R., Green, A. R., Lopez, L., TanMcGrory, A., Brach, C., & Betancourt, J. R. (2016). Identifying and preventing medical errors in patients with limited english proficiency: Key finding and tools for the field. *Journal of Healthcare Quality, 36*(3), 5-16. doi: 10.111/jhq.12065.
Study Information	The purpose of the study was to test two new evidence-based tools created by the Agency for Healthcare Research and Quality (AHRQ) focused on LEP patient safety. The two evidence-based tools examined in this study are: 1) Improving Patient Safety Systems for Limited English Proficiency Patients: A Guide for Hospitals; and 2) TeamSTEPPS Enhancing Safety for Patients with Limited English Proficiency Module. In this study, a comprehensive mixed-method research approach was used to develop content and test the new tools. An executive advisory board of hospital patient safety and quality leaders gave input into the study design and execution. This input included: **1) Improving Patient Safety Systems for Limited English Proficiency Patients: A Guide for Hospitals**

| | -Nine 'Quality and Safety' leaders from nine hospitals discussed the guide with their teams. **2) TeamSTEPPS Enhancing Safety for Patients with Limited English Proficiency Module** -This module was tested in three hospitals that varied in size, geographic location, and mission. These hospitals implemented the module in inpatient and primary care settings. Data to develop content for the new tools were drawn from five sources including: 1) **Environmental Scan-**Identifying recommended evidence-based trainable team behaviors and hospital system changes for LEP patient safety. 2) **Adverse Events Analysis-**Data from adverse events between 2006-2008 was collected and compared to determine statistical differences between English Speaking vs LEP patients. 3) **Interpreter Pilot-**Interpreters were asked to document situations that they thought negatively affected the safety of LEP patients. 4) **Key Informant Interviews-**Nurse leaders were asked to describe their perspectives on LEP patient safety and respond to a case example. 5) **Town Hall Meetings-**Quality and Safety leaders discussed three themes focused on LEP patient safety: a) Methods for collecting and reporting medical errors for LEP patients; b) Mechanisms for monitoring |

	medical errors for LEP patients; and c) Strategies for preventing and addressing medical errors for LEP patients.
Results	**1.) Improving Patient Safety Systems for Limited English Proficiency Patients: A Guide for Hospitals** -Five key recommendations were outlined with an aim to improve detection of medical errors across diverse populations and prevent high-risk scenarios from becoming safety events. These five recommendations are: a) Foster a supportive culture for safety for diverse patient populations; b) Adapt current systems to better identify medical errors in LEP patients; c) Develop institutional strategies to empower staff and interpreters to report medical errors; d) Develop systems to monitor patient safety among LEP patients routinely; and e) Develop strategies and systems to prevent medical errors among LEP patients. **2.) TeamSTEPPS Enhancing Safety for Patients with Limited English Proficiency Module** -This module trains interprofessional care teams to reduce the number and severity of patient safety events affecting patients. This module focuses on: a) Heightened safety risks for LEP patients; b) Benefits of including a qualified interpreter on the care team; and c) Structured communication to help interpreters and other team members identify and raise communication safety issues.
Critique	This study highly supports the need for hospitals to educate nurses on providing safe patient care to LEP patients. This study also supports the

	need for hospitals to implement evidence-based tools like 'Improving Patient Safety Systems for Limited English Proficiency Patients: A Guide for Hospitals' and 'TeamSTEPPS Enhancing Safety for Patients with Limited English Proficiency Module' in providing safe patient care to LEP patients. The main limitation of this study is that it was in its field-testing phase. The field testing did not provide an indication of the impact of the tools on LEP patient safety.

Citation	Dyches, C., Haynes-Ferere, A., & Haynes, T. (2019). Fostering cultural competence in nursing students through international service immersion experiences. *Journal of Christian Nursing, 36*(2), 29-35.
Study Information	In this ethnographical case study, students were part of a 15-day cultural immersion clinical experience in Haiti. Students completed required daily write-ups for patient clinical experiences, including issues of culture impacting care delivery, examples of collaboration with local and university faculty and staff, and summaries of patient care plans. In addition, students participated in six post conference clinical sessions. As part of a curricular requirement, all senior students went on the 15-day trip to Haiti. Of the 36 students, 25 signed the informed consent to participate in the research portion. 68% of the students were Caucasian females, 8% were Caucasian males, and 14% were ethnically diverse males and females.

	Students prepared for the Haiti experience with a 3-week course that included instruction on prevalent diseases in Haiti and common medication treatment protocols, including pharmacology and focused assessment reviews.
Results	90% of the participants noted that the global immersion experience in Haiti changed them personally and professionally. 92% of the participating students felt that the global immersion experience positively impacted their ability to care for culturally diverse patients in the United States. Students strongly felt that the experience assisted in developing higher level of nursing, cultural competence, and self-awareness.
Critique	The study in this article demonstrates that global experiences can meet clinical objectives of nursing programs, help students meet personal and professional goals, and attain cultural competency goals.

Citation	Flood, J. L. & Commendador, K. A. (2016). Undergraduate nursing students and cross-cultural care: A program evaluation. *Nurse Today Education, 36*(2016), 190-194.
Study Information	The purpose of this cross-sectional study was to evaluate baccalaureate nursing students' perspectives on their acquired cultural competency following the integration of the transcultural nursing thread throughout the nursing curriculum.

	The participants of the study were recruited from a rural university nursing program in Hawaii. The convenience sampled included graduating nursing students from 2013 and 2014. Total number of participants were 56 graduating senior nursing students. The survey tool utilized for this study was adapted from the 'Residence Training in Cross-Cultural Care' survey for physicians. The survey consisted of questions related to attitudes toward cross-cultural care, preparedness to care for diverse patient populations, self-assessment of skills, and reports of education experiences.
Results	Graduating senior nursing students perceived themselves as somewhat prepared to provide culturally competent care. The lowest scoring section of the survey included limited exposure and utilization of interpreters, lack of role models and mentors, and unpreparedness to counsel different cultures in the area of terminal health Additionally, the survey concluded that students learned about cultural competence best in the clinical setting compared to the classroom setting.
Critique	This study supports the need for culturally competent/transcultural nursing courses and clinicals throughout nursing program curriculum. Additionally, this study supports that nursing program evaluation needs to be systematic and ongoing.

Citation	Harder, N. (2018). Determining the effects of simulation and intercultural competency in undergraduate nursing students. *Nurse Educator, 43*(1), 4-6.
Study Information	The project discussed in this article examined the use of videos and high-fidelity manikin-based simulation to improve intercultural competence in undergraduate nursing students.

The intervention of this project was the addition of videos to complement a manikin-based simulation experience. The objectives of the simulation-based experience were to: 1) Identify intercultural differences between the patient and the nurse; 2) Discuss strategies to promote intercultural safety; and 3) Use intercultural safe communication strategies when administering medication.

The simulation included three short video vignettes-2 that were viewed before starting the simulation and 1 midway through the simulation. After obtaining ethics approval, all nursing students in the acute medicine course were invited to participate. 20 students agreed to participate and provided written consent.

The 'Intercultural Developmental Inventory (IDI)' instrument was administered to the participants of this study. IDI is a 60-item tool that assesses intercultural competence and identifies an overall approach to dealing with cultural differences and commonalities. The participants completed the IDI pretest, which included a perceived orientation (PO) and the developmental orientation (DO.) Students then participated in the |

	simulation, followed by the posttest. The IDI post-test included the DO only.
Results	The gap scores between the PO and DO were measured. A gap score of 7 points or more is a meaningful difference in the interpretation of the IDI. -The total gap score for the group of participants was 30.68 points preintervention and 28.96 points postintervention. The participants in this study overestimated their level of intercultural competence. In the debriefing session, students indicated that they felt their cultural competence improved and they found the simulation-based experience valuable.
Critique	The project discussed in this article was helpful in examining student perceptions of providing culturally competent care. Although simulation experiences are accepted in nursing education, relying on a manikin to provide cultural content and context is not sufficient to promote cultural awareness of the simulated patient. Limitations for this projected included a small sample size and the results cannot be generalized to other nursing education programs or nursing students.

Citation	Mkandawire-Valhmu, L., Weitzel, J., Dressel, A., Neiman, T., Hafez, S., Olukotun, O., Krueziger, S., Scheer, V., Washington, R., Hess, A., Morgan, S., & Stevens, P. (2017). Enhancing cultural safety among

	undergraduate nursing students through watching documentaries. *Nursing Inquiry, 2019*(26), 1-11.
Study Information	The purpose of this descriptive, qualitative study was to gain insight into undergraduate student's worldviews in the context of a college courses about cultural diversity and cultural safety. The study had two components: 1) Student reflection, which were collected at mid-term and at the end of the semester. At the end of the semester, students reflected on which groups to which they might feel uncomfortable providing nursing care to and how they would overcome their discomfort based on what they learned. 2) Student reactions to documentaries that they watched in class. The documentaries presented the experiences and realities of groups who have been historically marginalized and have experienced poor health outcomes. The students watched the documentaries in their entirety. The sample for this study consisted of pre-clinical, freshmen and sophomore students enrolled in a cultural diversity course at two closely affiliated campuses of a large urban state university system in the Fall of 2015. From a population of 270 students enrolled in the two sections of the course, 90 students chose to participate in the study.
Results	The study indicates that the use of documentaries serves as a tool for deepening student's understanding of the realities of various populations. The study also revealed that although nursing students reflected on the importance of cultural safety in nursing, their actions may not reflect this,

	especially since the students are in the early stages of the nursing programs.
Critique	The study supports that nursing students need experiences that expose them to new important information about culturally diverse populations in order to provide culturally competent and culturally safe care.

Citation	Repo, H., Vahlberg, T., Salminen, L., Papadopoulos, I., & Leino-Kilpi, H. (2017). The cultural competence of graduating nursing students. *Journal of Transcultural Nursing, 28*(1), 98-107.
Study Information	The purpose of this correlational, descriptive study was to evaluate the level of cultural competence of graduating nursing students and to establish whether teaching multicultural nursing was implemented in nursing education. All third- and fourth-year nursing students at a four-year nursing program enrolled between August and September 2014 were included in the sample. Of the 329 students, 295 completed the questionnaires. The average student was 26 years old. The data was collected using the 'Cultural Competence Assessment Tool (CCATool)'-Student-version based on the PTT model of development of cultural competence.
Results	86% of the students had studies multicultural nursing, most commonly in theory. 74% of the participants were on a culturally aware level and 26% were on a culturally safe level. The study also revealed that cultural

	competence was higher when the students interacted with different cultures more frequently. Additionally, the participants with good linguistic skills communicate better with patients, or they may actively seek or be selected in nursing situations caring for patients with different cultural backgrounds
Critique	This study supported the premise that in order to enhance the development of student's cultural competence, nursing education programs should provide opportunities for all students to interact with patients from different cultures. Additionally, this study supported that simulation, gaming, and other methods could be used in addition to teaching theory to increase student's knowledge of culturally competent care.

Citation	Reyes, H. Hadley, L., & Davenport, D. (2013). A comparative analysis of cultural competence in beginning and graduating nursing students. *International Scholarly Research Notices, 2013*(5), 1-5.
Study Information	The purpose of this study was to determine if self-perception of cultural competence in baccalaureate nursing students is a result of their education and experiences during the nursing program. At the time of this study nursing curriculum committee members were examining the existing nursing curriculum and planning for a major revision. This comparative, descriptive study examined the difference between beginning nursing students in the first clinical course and graduating

	nursing students in the last clinical course in a baccalaureate nursing program.
	46 students were in the beginning clinical course and 53 students were in the last clinical course, for a total of 99 nursing student participants. Data was collected during the first week of classes using the CCA. The CCA is a 43-item Likert scale and was administered to gather data about individual self-perceptions regarding cultural competence.
Results	The study revealed that perceptions of cultural competence among graduating nursing students was significantly higher than the perceptions of cultural competence among beginning nursing students. The results support that nursing students perceive that they have become culturally competent during their nursing education. The data generated from this study allowed nurse educators a better understanding of student perceptions of cultural competence and informed the curriculum committee of the cultural competence gained throughout the nursing program.
Critique	This study highly supports the need for continued nursing education related to the concept of cultural competency throughout the nursing education program. The study also supports that nursing program curriculums need to be evaluated to assure that cultural competency courses are implemented throughout the curriculum.

Citation	Shattell, M. M., Nemitz, E. A., Crosson, P., Zackeru, A. R., Starr, S., Hu, J., & Gonzales, C. (2013). Culturally competent practice in a pre-licensure baccalaureate nursing program in the united states: A mixed-methods study. *Nursing Education Perspectives, 34*(6), 383-389.
Study Information	The purpose of this study was to examine how a pre-licensure baccalaureate nursing program integrated concepts and issues of culture and culturally competent practice into its curriculum.
	The study was performed at an accredited nursing program located in a medium-sized public university in a midsized city in the southeastern United States. The program had 180 pre-licensure students at the time of the study. Participants of the study included faculty and students.
	A semi structured interview was presented to 14 individual faculty members. The interview addressed topics including individual cultural influences on nursing practice; how, when, and where cultural issues are addressed in the program; how experiential learning has encouraged and supported cultural competency; and under what circumstances it is difficult to discuss cultural issues.
	A convenience sample of 111 undergraduate students was completed using two different surveys. The two surveys presented were: 1) The Blueprint for Integration of Cultural Competence in the Curriculum (BICC)-which examines student views on the content of cultural components taught; and 2)The Transcultural Self-Efficacy Tool (TSET)-which measures students self-perceived confidence in performing specific

	transcultural nursing skills in the cognitive, affective, and practical domains.
Results	The results of this study revealed that both faculty and students identified discomfort with cultural concepts and issues as a major barrier to discussion. Both faculty and student participants expressed concern about the faculty's lack of preparation and confidence to teach cultural competency concepts. Analysis of the 'BICC' data revealed that nursing students in this program perceived a curricular deficit of cultural competency theory. Analysis of the 'TSET' data indicated that students felt least confident about the affective skills of transcultural nursing. The highest percentage of students rated themselves as 'low confidence.' The study revealed that students desired more time for discussion, with greater use of case studies, small groups, guest speakers and panels.
Critique	This highly informational study supports the need for nursing programs to integrate cultural competence concepts into nursing curriculum. This article also supports that nursing programs should implement a cultural competence theoretical model (Ex. Campinha-Bapote's Process of Cultural Competence in the Delivery of Health Care Services) to guide curriculum. Finally, this study highly supports that both nursing program faculty and students recognize the need for additional strategies to strengthen knowledge and understanding of culturally competent care.

Citation	Stiles, A. S. Schuessler, Z., & James, L. (2018). Comparison of two methods of teaching culture to bachelor of science in nursing students. *Journal of Nursing Education, 57*(10), 609-613.
Study Information	This study used a quasi-experimental static-group comparison design ('Transcultural Self-Efficacy' in nursing students.) The treatment group consisted of first-semester nursing students (53 student participants) enrolled in a pilot 2-credit culture course. The control group consisted of graduating senior nursing students (19 student participants) who had culture integrated throughout the curriculum. The study took place at a medium-sized state university of approximately 20,000 students, with a nationally accredited nursing school and enrollment of 194 prelicensure students. The intervention consisted of a 15-week, two-credit, 1-hour nursing course, with 15 hours of lecture and 45 hours of clinical. The didactic class included four faculty lectures about culture, theory, terms, and concepts. The remaining lectures were student presentations on various cultural groups.
Results	The post-test of the first-semester students in the intervention/treatment group (students who completed the SACC course) scored higher than either their pretest or the graduating senior students (control group.) The study also revealed a significantly higher increase in transcultural self-efficacy in the intervention group than the control group.

Critique	This study provides strong evidence of increased transcultural self-efficacy with the implementation of a separate culture-based course in nursing program curriculum, compared to culture concepts implemented throughout the curriculum. This study also supports that introducing first-semester nursing students to cultural concepts and different cultural groups provides them with a strong foundation for building transcultural self-efficacy, which can lead to improved culturally competent care.

Summary of Findings in Review of Literature

Topic 1: LEP patients and the need for professional medical interpreters.

In examining the results of the review of literature for topic one of this paper, the use of medical interpreters, whether it is through telephone systems, phone application programs, or beside (in-person) improves patient safety and patient satisfaction in LEP patients. As indicated in the studies, there are multiple evidence-based tools available for medical interpreting; however, these tools need to be reviewed and possibly improved. Finally, the review of literature reveals that although there are multiple ways to access medical interpreters when caring for and providing education to LEP patients, many physicians and nurses do not utilize these services. This signifies that education regarding the value of medical interpreters and the utilization of medical interpreters and medical interpreting systems is needed by healthcare staff.

Additional research studies regarding the cultural and educational needs of LEP patients are needed. Small and large group studies at both urban and rural healthcare facilities focused on the implementation of interpreter services for LEP patients are needed. Finally, studies focused

on the implementation of mandatory healthcare education programs focused on caring for LEP

patients and utilization of professional medical interpreters are needed.

**Topic 2: Baccalaureate nursing programs incorporating culturally competent care
into their curriculums.**

In examining the results of the review of literature for topic two of this paper, the

implementation of culturally based courses throughout nursing program curriculum results in

students having increased confidence and competence in providing culturally based care.

Many of the articles revealed that students felt they learned best in clinicals focused on culturally

competent care. Additionally, introducing students to diverse cultural experiences early in the

nursing program, increases their perceptions and knowledge of the importance of providing

culturally competent care to patients. Multiple studies in the review of literature discussed the

benefits of implementing student surveys focused on culturally competent care. These surveys

can be administered to students both at the beginning and end of the nursing program curriculum.

Studies revealed that the results of these surveys can provide faculty with information regarding

students' level of cultural competence and can help faculty determine if changes need to be made

in their teaching methods. Finally, the review of literature revealed the need for frequent,

systematic nursing curriculum evaluation in relation to culturally competent care education.

Additional research studies focused on the utilization and evaluation of different

transcultural care teaching methods in BSN programs are needed. Moreover, small and large

group studies on the effectiveness of cultural immersion courses/experiences in nursing

education need to be completed and evaluated. If these studies indicate that students have a

higher level of cultural competence and cultural self-awareness after participation, nursing

programs throughout the United States should consider implementing these types of cultural

immersion courses/experiences into their curriculum. Finally, comprehensive and comparative

studies of transcultural care courses in nursing program curriculum needs to be performed at both

community and state college of nursing programs.

Discussion

Topic 1: LEP patients and the need for professional medical interpreters.

Regulations from the United States Department of Health and Human Services for Civil

Rights require hospitals receiving government funding to provide language access, including

professional interpreters, for patients with LEP. However, multiple United States studies have

demonstrated low rates for professional interpreter utilization during hospital encounters (Lee, et

al., 2018). As the review of literature revealed, there are numerous communication programs and

tools available to healthcare team members that can be utilized when providing care, education,

and support to LEP patients and their families. Documented evidence demonstrates that the use

of professional medical interpreters when caring for patients with LEP improves patient safety

and patient satisfaction and decreases the risk of medical errors and adverse events. Further

research is needed to develop or improve interventions and strategies to decrease the language

gap between LEP patients and medical professionals. Furthermore, organizational change is

needed to ensure professional medical interpreters are part of every LEP patient's care team.

My proposed practice recommendation is focused on the availability and accessibility of

professional medical interpreters. It is my recommendation that a professionally trained medical

interpreter is available at the bedside for every LEP patient who is being discharged from a

medical facility after receiving care. Additionally, it is my recommendation that a professional

medical interpreter is available at the bedside of every LEP patient who requires the following

medical treatment: 1) Any invasive procedure; 2) Cancer treatments including chemotherapy,

radiation, or blood transfusions; and 3) Receiving therapy including occupational, physical, or

cardiac rehab after a heart attack or stroke.

Compiling and sharing evidence-based practice research and data that demonstrates the

benefits of having a professional medical interpreter available at the bedside for LEP patients

would be the first step in implementing my practice recommendation. I would suggest a timeline

for implementation of these recommendations to be progressively rolled out over a 6-month to 1-

year period. Active and continuous involvement from administration, management and staff is

needed to make implementation of these practice recommendation successful. Before clinical

practice change can occur, a focus group needs to be formed to discuss the education, support,

and implementation needs of all staff. This group would include leadership, management, the

legal department, physicians, nurses, therapy department staff, interpreter services, and patient

relations. Once the needs are identified, system-wide policies and protocols would need to be

developed, approved, and implemented.

In implementing my proposed practice recommendation, system wide budget plans

would need to be formulated, discussed, and approved. Budget considerations would need to

include the cost of having multiple professionally trained medical interpreters available at the

bedside for all LEP patients. The budget for this project would also need to include the cost of

programs specifically used to educate/train all staff. Mandatory education for all staff involved in

the care of LEP patients would need to be established and implemented. Education would need

to focus on caring for LEP patients and the appropriate use of professional medical interpreters,

especially when LEP patients are being discharged. Additional education for staff who are

involved in caring for LEP patients who require surgery, cancer treatments, or therapy would

also be needed. The cost of using face-to face interpreters ranges from $45-$150 per hour, often

with a minimum time requirement. In some cases, the cost of interpreter services will be

reimbursed or covered by the patients federally funded medical insurance.

Nurses should educate themselves about the primary LEP populations with whom they

must interact and become as familiar as possible with their cultural and behavioral norms. This

will enable nurses to approach these patients in an effective manner. Nurses can research

information about a culture and its influence on healthcare and share this information with fellow

healthcare staff to provided improved patient outcomes. Partnering with other professionals to

understand the care needed by the populations most served in a facility is also helpful (Pashley,

2012). Many healthcare systems and medical practices provide training to staff on working with

a professional medical interpreter. Resources are also available in the medical literature and

through free online continuing medical education programs. Training will give medical staff

information on the ethics and role of a trained medical interpreter, how to make the clinical

encounter go smoothly to provide the best care to patients, and other tips for working with

interpreters.

**Topic 2: Baccalaureate nursing programs incorporating culturally competent care
into their curriculums.**

As the United States population becomes increasingly diverse, it is important for nurses

and nursing students to function effectively within a culturally diverse population. Intercultural

competence requires individuals to reflect on their cultural reality and to recognize the impact

that it has on others. This understanding of intercultural competence can be difficult to teach in a

traditional classroom because the concept of culture is complex and multidimensional. Several

strategies have been introduced into nursing curricula to highlight the concept of intercultural

competence and cultural safety. Some of these strategies include immersion experiences, case

studies, virtual simulations, and general coursework (Harder, 2018). As the review of literature

revealed, the implementation of culturally-based clinical courses throughout nursing program

curriculum results in students having increased confidence and competence in providing

culturally based care. Additionally, studies have confirmed that introducing students to diverse

cultural experiences early in nursing programs increases their perceptions and knowledge of

culturally competent care.

Further research is needed to evaluate the benefits and limitations of different

transcultural care teaching methods in BSN programs. Furthermore, nursing programs need to

evaluate their curriculum and determine when transcultural clinical experiences can be

implemented into the program. My proposed recommendation is focused on curricular change to

nursing programs that results in increased culturally competent care experiences for students. My

second recommendation is that BSN nursing programs incorporate local and regional cultural

immersion experiences into the first two years of the nursing program curriculum, followed by a

national or global cultural immersion experience during the nursing student's senior year. My

final recommendation involves forming a 'BSN College of Nursing Cultural Immersion

Experience Team.' This team will include elected members from the College of Nursing

including administration, faculty, and nursing student representatives. This group's

responsibilities will include: 1) Developing the program including orientation and training

sessions; 2) Establishing and maintaining cultural immersion experience contracts with local,

regional, national, and global agencies; 3) Managing budget and funding for the program; and 4)

Evaluating the effectiveness of the program by reviewing questionnaires and final reflection

journals submitted by the students upon completion of the program. I would suggest a timeline of

12-18-months for the implementation of these three recommendations.

In implementing my proposed recommendations, nursing program curriculum changes

would need to be developed, discussed, and approved. University and College of Nursing budget

considerations would need to include the cost of having nursing student immersion experience

contracts with local, regional, national, and global agencies. Scholarships or grants should be

available for a specified number of nursing school students who apply for a global cultural

immersion experience. In addition, there should be a yearly cultural immersion fund set up at the

College of Nursing, so that 1-2 faculty members can attend the global cultural immersion

experiences with their students. For the cultural immersion experiences to be successful,

thorough education will need to be provided to both faculty and students. Prior to the cultural

immersion experiences, students will be expected to complete necessary orientation and training.

As part of the orientation, students will be instructed on the coursework that is required as part of

the cultural immersion experience. Coursework will include weekly care plans and journals, and

a final evidence-based practice paper on an assigned topic. After each cultural immersion

experience, students will be required to complete a questionnaire and a final reflection journal.

For purposes of cultural competency, many nursing programs use case studies, lectures,

and exams. However, a higher level of exposure comes with global immersion where students

experience a new culture, observe health disparities, and gain competencies in working with

interprofessional and inter-cultural teams. Cultural immersion experiences are an effective way

to deepen students' clinical skills, as well as broaden cultural understanding (Dyches, Haynes-

Ferere, & Haynes, 2019).

Summary/Conclusions

The United States population is diverse, with > 21% of people speaking a language other

than English at home. Language barriers lead to health disparities that hinder the quality of care

for the growing United States population with LEP. Federal regulations regarding the provision

of language services for patients with LEP exist, but there is a wide variation in compliance with

these mandates. Language barriers can lead to miscommunication between patients and their

health care team (Narang, et al., 2019). Communication problems are the most frequent root

cause of serious adverse events report to the Joint Commission's Sentinel Event Database. The

root causes of patient safety events for LEP patients are related to communication and lack of use

of qualified medical interpreters. Research demonstrates that language barriers can have a

significant impact on multiple aspects of health care and contribute to disparities in patient safety

(AHRQ, 2012). In-person interpretation is often considered to be the gold standard for medical

interpretation; however, multiple studies have documented limited use of in-person interpreters

in the hospital (Lee, et al., 2018). As healthcare professionals, it is our responsibility to recognize

communication barriers that prevent us from providing comprehensive care to our patients.

Moreover, it is our responsibility to implement processes and utilize resources to break down

these barriers. Professional medical interpreters are a resource that healthcare organizations need

to recognize and utilize to improve the care and communication between healthcare professionals

and LEP patients.

The nursing profession has begun to explore issues surrounding cultural competence and

the best methods to improve cultural competency skills (Hart & Mareno, 2016). Cultural

competence is an essential skill for nurses, nurse educators, and administrators of nursing

education programs. Cultural immersion experiences facilitate greater transcultural nursing

understanding for all students (Smith, 2017). Current curricular approaches include

activities/programs focused on service-learning projects, cultural immersion abroad, cultural

immersion within other cultures at home, and free-standing cultural courses. Integration into the

curriculum is the most frequently reported methodology for achieving cultural competency as a

program outcome (Kardong-Edgren, et al., 2010). Cultural immersion experiences are effective

ways to deepen students' clinical skills, as well as broaden students' cultural, personal, and

spiritual understanding (Dyches, Haynes-Ferere, & Haynes, 2019). As a future nurse educator, it

will be my responsibility to educate students on the importance of understanding and providing

culturally competent care to all patients. Through lectures and clinical experiences, I will work to

ensure that all students are given the same opportunities to learn and apply cultural competence

in practice.

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