No Hablo Inglés: Emergency Department Experiences of Spanish-Speaking Patients

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Purpose

- To give Spanish-speaking only patients the opportunity to talk about their experience during their ED visit and gain a greater understanding of their experiences while receiving care in the ED.
NEED FOR STUDY

• Joint Commission reports 65% of reported sentinel events involve issues related to communication.

• Patients with limited English proficiency are at greater risk for serious adverse outcomes

• Little is known about the experiences of Spanish-speaking patients seeking care in the ED.
Literature Review

Language barriers are a major obstacle for staff trying to effectively communicate in the fast paced and often chaotic Emergency Department (ED) environment. Studies have shown that patient populations are growing more diverse. Difficulties with communication carry a significant health risk. Many studies have examined the effects of language barriers on patient experience and outcomes, but few have specifically targeted the experiences of Spanish-speaking patients in the emergency department.
Legal Framework

Title IV of Civil Rights Act of 1964
• “No person in the US shall, on the grounds of race, color or national origin…be subjected to discrimination under any program or activity receiving federal financial assistance”
• Single most important piece of legislation to providing a legal right to language assistance

• Found that minorities receive less routine medical care and lower quality of care
• Recommended to increase use of language interpreters in healthcare settings

Joint Commission (2006)
• Standard RI.@.100 “the patient/resident/client has the right to receive information in a manner that he or she understands
• Hospitals then added language and communication needs to the medical record
Design

A qualitative design using a phenomenological approach was used to explore the lived experience of Spanish-speaking only adult patients treated in the Emergency Department.
Setting

Stony Brook Emergency Department

- A 571-bed teaching medical center
- Level One Trauma Center in suburban northeastern United States
- Over 90,000 patient visits annually
Sample

A purposive sample of 22 patients was obtained with 12 interviews completed.

• Inclusions:
  • Spanish-speaking only patients greater or equal to 18 years of age treated in the Emergency Department were consented.

• Exclusions:
  • less than 18 years of age
  • medically unstable
  • chemically impaired
  • recent history of domestic/sexual abuse
  • major psychiatric illness or severely hearing impaired
<table>
<thead>
<tr>
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<tr>
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<td>100</td>
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<td>High school or equivalent</td>
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<td>Demographic Data</td>
<td>Number</td>
<td>Percent</td>
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<tr>
<td>Ecuador</td>
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Method

• Approval for the research proposal was obtained from the Institutional Review Board and Committee on Research Involving Human Subjects (CORIHS).
• A demographic form was completed by the patient after consent was obtained.
• Face-to-face interviews were conducted within 24 hours for patients admitted to the hospital from the Emergency Department.
• Patients discharged directly from the ED were interviewed via telephone within 24 hours after discharge.
• Interviews were conducted by an ED research nurse who spoke Spanish or used a hospital-approved real-time language-assistance-device.
• Interviews were audiotaped and transcribed verbatim by a professional bilingual transcriptionist.
THEMATIC ANALYSIS

Thematic Coding

• Based on Colaizzi’s method

Three overarching themes emerged:

• Wait times
• Communication
• Patient satisfaction.
Theme #1
Wait Times

“They assisted me right away, I didn’t wait too long it was fast.” Informant #23

“…If you don’t speak English they leave you until they find somebody that speaks Spanish.” Informant #9

“They told me to sit down they would take care of me soon…she told me she was taking care of people that were sicker than I.” Informant #9
Theme #2

Communication

“Well, for me the most important is that I communicate with the person what I need. By phone is fine, as long as I can communicate because, for example there was a nurse that was asking me something and I told her I could not understand and they tell me they don’t speak Spanish. They take the blood pressure and then leave because they don’t speak Spanish.”  Informant #21

“(My daughter) She’s always the one that ends up having to translate for me, she is the only one. Sometimes I feel bad because sometimes I feel maybe she doesn’t have the full understanding and sometimes I ask her are you sure that’s what they said? Or are you sure you told me everything they said? And you know, I feel bad.”  Informant # 9

“They didn’t say anything to me. They spoke with my daughter-in-law. I don’t know what they told her.”  Informant #22
Theme #3

Patient Satisfaction

“I like this hospital much better, I like it better than the ones near I where I live.” Informant #23

“What I like the most is the attention I received. I’m grateful for the medical care I receive at Stony Brook Hospital.” Informant #1

“There was no one that could speak Spanish it was difficult to wait and wait to find someone that could understand me.” Informant #9
TRUSTWORTHINESS OF STUDY

**Credibility:** Researchers clarified findings with informants

**Dependability:** Researchers carried out interviews until saturation was reached

**Confirmability:** Researchers had two expert researchers independently review transcripts and verify thematic analysis

**Transferability:** Findings had meaning to others in similar situations

The goal of rigor is to accurately describe the informants’ experiences.
Implications for Emergency Nursing

- Identified having a professionally trained medical Spanish-speaking interpreter readily available 24 hours a day:
  - Improves patient safety and clinical outcomes
  - Increases patient satisfaction
  - Improves patient willingness to return for emergency care
  - Complies with ethical and legal obligations
Future Studies

• Replicate study with other non-English-speaking patients

• Repeat study with English speaking patients only

• Utilize in-person medically trained interpreters only
References

Reference list available per request
References