

Literature Review

by Ana Rueda

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Patient and Doctor Communication within the Hispanic community

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Text

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Abstract

The Hispanic community has been impacted most by the language barrier that exists in the health care field. The language barrier often deters Hispanic patients from seeking medical care. The communication between patient and doctor aids both alike by understanding the needs of the patients, comprehending discussions and establishing a relationship. The literature review will indicate studies that have evaluated patient-doctor communication within the Hispanic community. The cross-sectional studies demonstrate that the use of interpreters, integration of cultural values, and clear explanation of information can increase good communication and patient satisfaction among patients of Hispanic/Latino origin. The language barrier has a great impact on overall quality of care with Hispanic patients. The recognized key measures and variables were race/ethnicity, gender, preferred language and the five-level response set, which indicated the level of satisfaction. Two gaps in research identified were lack of discussion of expenditure that language barrier has on health-care and defining the level of skill of interpreter.

Keywords: Patient-doctor communication, Hispanic community, Language barrier, patient satisfaction

Introduction

The topic under review is patient and doctor communication within the Hispanic community. According to the United States Office of Management and Budget (OMB), Hispanic is classified “as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race” (U.S Census Bureau, 2013). Patient and doctor communication is of importance since adequate communication is vital for a physician to recognize the patient’s medical needs and questions in order to encourage the patient to become more involved in their well-being. According to the U.S Census Bureau, 2011 American Community Survey, there are 38.3 million U.S residents who spoke Spanish at home and 58 percent of the Spanish speakers spoke English “very well,” however, the remaining 42 percent did not (U.S. Census Bureau, 2011). The literature review will address the language barrier and how it has contributed to the continuous growing gap between patient and physician within the Hispanic community.



Literature Review

There are approximately 35 million people whose first language is Spanish and from those 35 million people, fifty percent are limited English proficient (LEP). Individuals who have limited English proficiency are not able to communicate with their doctors efficiently because they are not able to understand or speak the English language (Talamantes, Moreno, Guerrero, Mangione & Morales, 2014). The Office of Minority Health and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) developed the National Standards on Culturally and Linguistically Appropriate Services (CLAS), which requires physicians to assess and assist individuals with LEP (Talamantes et al., 2014). A cross-sectional study, done by Talamantes et al., that evaluated the measurement of quality of interpreters by means of surveying 1,590 men



and women in the national demonstration project-Hablaamos Juntos (HJ). According to the data obtained between 2003 and 2006, LEP patients reported having better communication with their physician and greater satisfaction of care when they used interpreters. This shows that in order to better serve the Hispanic community, interpreters need to be available. Another study pertaining to language barrier demonstrates that language barrier correlates with patient-doctor miscommunication. A study was conducted in an ambulatory primary care practice in a major teaching hospital over a three-week phase. A survey was conducted to evaluate the compliance with therapy, patient satisfaction, understanding of side effects of medication and origin of medication information. Hispanic cases were defined as individuals who reported being LEP or using translator and Hispanic controls were defined as individuals who reported equitable English speaking skills. Results showed that the percentage of Hispanic cases reported insignificant explanation and understanding of side effects of medication (Rand, & Rhee, 1998). Clear description and understanding of information during consultations is important for patient satisfaction and well-being. A cross-sectional study of seven interpersonal processes of care (IPC) was conducted to investigate patient satisfaction. Whether it differed within race, ethnicity, and language. The sample populations, gathered from nine university-based practices in San Francisco, were African American, Spanish-speaking Latino, non-Latino white and English-speaking Latino (Napoles, Gregorich, Santoyo-Olsson, O'Brien, & Stewart, 2009). According to the study, both English-speaking Latinos and Spanish-speaking Latinos reported poor satisfaction with physicians and care due to lack of information clarification as well as discontent due to vague communication. A similar study carried out by Wilkins, Elliott, Richardson, Lozano & Mangione-Smith (2001) assessing the relationship between care experiences & parent evaluations of care within subgroups of racial, ethnic and language. A cross-sectional

observational study was conducted by using the National Consumer Assessment of Healthcare Providers and Systems Benchmarking Database 3.0 Child Medicaid. According to the study, Latino children had a low health status rating was associated with poor doctor communication. Doctor communication was found to being the “most important domain for all global ratings of care” (Wilkins et al., 2011).

Language preference in the Hispanic community is of top priority. English-speaking individuals are more probable to report having good communication with healthcare than Spanish-speaking individuals. A study conducted by Wallace, DeVoe, Rogers, Protheroe, Rowlands, & Fryer (2009) examined the views that Hispanics subgroups have on the communication with health care providers during clinical meetings. According to the study, about 70% reported that the health care providers did not constantly carefully listen to them, gave thorough explanations, showed respect for treatments, spend adequate time with them, solicited them contribute in health care decisions (Wallace et al., 2009). Another study that relates is a study conducted by Tofthagen, Halpenny, Melendez, Gonzalez, Varela, Negron & Berry (2014), which focuses on the communication barriers for Hispanics with cancer. The study aimed at developing a Spanish version of the electronic self-report assessment for cancer (ESRA-C) since Spanish-speaking cancer patients were taken cared for in English-speaking institutes. The Spanish version web-based program was developed that helps cancer patients communicate with doctors and manage symptoms to better their quality of life. According to the findings, patients reported better understanding of treatment with the help of the Spanish version of the ESRA-C. Also, cultural values are of importance and should be taken in consideration when education materials are presented (Tofthagen et al., 2014).

The following studies are of significance and all support one another because they all demonstrate that the Hispanic community is not able to receive adequate care due to the lack of communication with physicians and healthcare providers (medical staff). Some strong points of the studies were the statistical analyses performed, site and origin of subjects were clearly stated and scales were used in order to combat biased comparisons across racial/ethnic groups. Some design limitations that weakened the validity of the studies were lack of generalizability to other populations, samples did not include Asian/Pacific Islander population and socially desirable responses may have lead to bias results.

All six peer-reviewed research articles come together to create a coherent collection of results supporting that there is insignificant patient and doctor communication in the Hispanic community. The studies helped identify key measures and variables. Some nominal variables were gender, race/ethnicity and preferred language. As for measures of dependent variables, satisfaction measures were used such as the five-level response set (1=poor, 2=fair, 3=good, 4=very good, 5=excellent) and certain survey questions were recorded dichotomously (yes/no questions) (Napoles et al., 2009).

Gaps in Research

Although the six research articles gave effectual methods of evaluating patient-doctor miscommunication within Hispanic population, there were two breaches in the research. Although interpreters were indicated to better communication between Hispanic patients and doctors, Talamantes et al.'s cross-sectional study did not specify who the interpreter was (nurse, physician, medical assistants) or if the person interpreting was proficient in the skill of interpreting. While the studies touched on evaluating and examining doctor and patient communication within Hispanic community/subgroups, it lacked to address the expenditure that

language barrier has on healthcare. The area of interest to further investigate would be evaluating the quality of interpretation. Knowing the quality of interpretation can advance quality of care, communication and lower costs for patient and doctor alike. The proposed hypothesis is the following: The use of professional interpreters to aid medical professionals will see an increase of quality of care, patient-doctor communication and patient compliance within LEP patients as compared with medical professionals that do not. The overall aim and objectives is to investigate/evaluate whether the proficiency of interpreters, the quality of care and fulfillment of treatment can close the gap between Hispanic patients and medical providers.

Conclusion

In conclusion, the literature review has given insight on the language barrier has impacted the Hispanic community. Cross-sectional studies have indicated that interpreters can better interaction between patient and doctor. Evaluation of Hispanic patient's perception of medical care indicated that insignificant description and understanding of side effects of medication, along with poor doctor communication, lack of cultural values and well-defined and explained information has lead to low quality of care. Lastly, the gap that will be looked on diligently will be the impact that professional interpreters have on the cost and quality of care among the Hispanic community.

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Literature Review

GRADEMARK REPORT

FINAL GRADE

GENERAL COMMENTS

Instructor



/100

PAGE 1

PAGE 2



Frag. This sentence may be a fragment or may have incorrect punctuation. Proofread the sent to be sure that it has correct punctuation and that it has an independent clause with a complete subject and predicate.

PAGE 3



P/V You have used the passive voice in this sentence. You may want to revise it using the activ voice.



Article Error You may need to remove this article.



Article Error You may need to use an article before this word.



Comment 1

Good abstract.



Article Error You may need to use an article before this word. Consider using the article **the**



Article Error You may need to remove this article.



Article Error You may need to use an article before this word. Consider using the article **the**



Article Error You may need to use an article before this word.

**Comment 2**

You can eliminate the first two sentences.

Nice introduction.

**Comment 3**

You can use some of this information in the introduction.

Background statistics that indicate the magnitude of the issue are best presented in the introduction.

**Comment 4**

This is important. However, you do not put it into context so that reader understands why you are bringing this up. You immediately go into a study.

Work on elaborating on CLAS and on the transition into the studies.



Article Error You may need to use an article before this word.



Article Error You may need to remove this article.

**Comment 5**

Work on transitioning from one thought to the next here.



Frag. This sentence may be a fragment or may have incorrect punctuation. Proofread the sent to be sure that it has correct punctuation and that it has an independent clause with a complete subject and predicate.



Missing "," Review the rules for using punctuation marks.

**Comment 6**

Change "assessing" to "assessed" to make this a complete sentence. As you wrote it, there is no verb.



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.

**Comment 7**

Need to transition into the next paragraph.



Article Error You may need to remove this article.



S/V This subject and verb may not agree. Proofread the sentence to make sure the subject agrees with the verb.



Comment 8

This cultural component comes out of nowhere. If you bring it up, you need to expand on it. Do not just say it is important. Explain why using the literature to support the thought. How does ESRA-C in Spanish improve cultural values?



Prep. You may be using the wrong preposition.

PAGE 7



Confused You have used either an imprecise word or an incorrect word.



Comment 9

This is important. Why do you bring it up?
Why and how is it relevant to this literature review?



Article Error You may need to remove this article.



Article Error You may need to use an article before this word. Consider using the article **the**



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PAGE 8



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Comment 10

Good!

There is an ethical consideration here. See if you can figure it out. We can discuss if you are not sure.



Missing "," Review the rules for using punctuation marks.



S/V This subject and verb may not agree. Proofread the sentence to make sure the subject agrees with the verb.



Prep. You may be using the wrong preposition.



Article Error You may need to use an article before this word.



Confused You have used either an imprecise word or an incorrect word.



Article Error You may need to use an article before this word.



Comment 11

This is a little different than what you have in your previous paragraph. Try to connect the two ideas.

Also, looking both at costs and quality can be big endeavor, making the study complicated. Keep it simple.



Comment 12

Overall, nicely done!



Comment 13

The formatting looks good.

Rather than using the url, use the doi number for the article.

Check with me if you are not sure what this means.