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Non-Language Barriers to Effective Care of the Hispanic Population

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Non-Language Barriers to Effective Care of the Hispanic Population

Thesis submitted in partial fulfillment of Honors

By

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Abstract

This research study was designed to improve the quality of health care received by the Hispanic population in northeast Tennessee. After reviewing past research, it is evident that the Hispanic population reports a lower level of health care satisfaction and a greater number of health disparities. Although attempts to reconcile this problem have included implementing regulations and guidelines on the cultural competency of and the provision of language services by health care providers, no measurable improvement has been noted. To positively impact this pervasive problem, the focus must shift away from how health care agencies can affect health care for Hispanics, and toward how health care providers can improve patient care. It is the responsibility of health care providers to provide quality care to all patients, regardless of their culture, race, or language. By interviewing three primary care nurse practitioners who serve a large Hispanic population in northeast Tennessee, it became evident that even with a language aide present, barriers to caring for this population still exist, although these barriers are not unsurmountable. Through years of experience, these providers have developed skills that have improved communication with, and health-related outcomes of, Hispanic patients, but this type of care should not be impacted by nurse practitioner turnover. Each provider agreed that nursing students' education and opportunities to work with diverse populations while in basic nursing education programs must be improved, so that when students graduate, they can become part of the solution to this ongoing problem.

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Chapter 1

Introduction

From 2000 to 2010, the Hispanic population has been on the rise in southeastern states. The four states with the highest increase in Hispanic residents were South Carolina with a 148% increase, Alabama with a 145% increase, Tennessee with a 134% increase, and Kentucky with a 122% increase (Passel, Cohn, & Lopez, 2011.). Communities in these areas must adjust to and accommodate this influx of individuals with a different heritage, culture, and often language. These changes have sometimes proved difficult, especially in health care settings where many of these individuals face linguistic and cultural barriers (Aguirre-Molina, Molina, & Zambrana, 2010). These issues arise particularly for individuals with limited English proficiency (LEP) (National Council of la Raza, 2004).

A communication deficit often exists between LEP Hispanics and health care professionals that impairs providers' ability to meet the needs of Hispanic clients. Although many facilities in areas with large Hispanic populations have conducted studies and implemented changes to meet the needs of this population, it is evident that many organizations are not able to do so (Fratta, 2011). Morales, Cunningham, Brown, Lui, and Hays (1999) and David and Rhee (1998) determined that LEP Hispanics are greatly dissatisfied with their health care and feel under-informed about options, procedures, and medications. These barriers to quality health care not only affect the outcomes of these patients' appointments, but Sunstrom (2006) stated that individuals who have experienced this type of situation are also less likely to schedule regular well-visit

appointments and engage in other preventive and detection measures that could affect health outcomes.

To correct this problem, official recognition of the importance of language access to healthcare quality and positive outcomes was established in 2000 when the Department of Health and Human Services, Office of Minority Health, published National Standards for Culturally and Linguistically Appropriate Services, also known as the CLAS Standards (Estrada, 2014). These standards support a more consistent and comprehensive approach to cultural and linguistic competence in health care. The standards are organized into three themes: culturally competent care, language access services, and organizational support for cultural competency (U.S. Department of Health and Human Services, Office of Minority Health, 2011). In the three standards that cover culturally competent care, health organizations are expected to provide culturally congruent care by promoting staff diversity, ongoing education, and training in culturally and linguistically appropriate service delivery. Standards four through seven stress providing professional language assistance services to patients at all times and through all means of communication. The final six standards monitor and regulate all of the before-mentioned standards and organizations' ability to provide acceptable care to patients of all cultures.

In addition to the CLAS Standards that were implemented in 2000, further emphasis on providing language services in health care was addressed in the National Health Law Program's 2006 publication, *Language Access in Health Care Statement of Principles* (Coleman, 2013). The coalition that created these principles was aware that health care organizations are challenged by the growing diversity of the communities they serve and practical, cost-effective strategies to meet linguistic needs associated with

health care are required. In addition to these goals, the coalition's primary focus and concern was to ensure the quality and availability of linguistic services for those with limited English proficiency to improve the quality of care they receive (Martinez, Hitov, & Youdelman, 2006).

Despite these new regulations, recent studies have shown that LEP Hispanic patients still receive a lower level of care and have an increased number of health disparities than non-Hispanic individuals (O'Brien, M., & Shea, J., 2009; Estrada, 2014; Coleman, 2013). These concerns persist even though facilities have provided interpreters and other linguistic aids (Welty, Yeager, Ouimet, & Menachemi, 2012). Estrada (2014) found that even though organizations are providing these services, the interactions between providers and patients have an equal, if not greater, influence on health outcomes. As nurse practitioners are often the primary care givers for underserved and culturally diverse populations, which includes LEP Hispanics, they must be prepared to effectively care for these individuals.

Although nurse practitioners may be the primary care givers to ethnically-diverse populations, studies have shown that current educational programs lack both classroom and clinical experiences to prepare students to provide culturally competent care (Phillips, Lie, Encinas, Ahearn, & Tiso., 2011; Coleman, 2013). Welty et al. (2012) stated that additional cultural competency training for providers may resolve additional barriers to access and quality for this population. Phillips et al. (2011) stated that in addition to receiving continual cultural training, providers must be instructed on how to effectively use an interpreter. It is hoped that by preparing providers, in addition to organizations providing needed resources, improved care for the Hispanic population can be realized.

Statement of the Problem

The goal of every health care professional should be to provide the most effective, affordable and accessible care possible to every patient they encounter regardless of patients' age, gender, race, beliefs, or culture. With the rapidly increasing number of Hispanics in east Tennessee, it is particularly important for professionals in this area to be prepared to serve this particular population and its unique challenges. Extensive research has been conducted on the importance of having language aids present to assist with Hispanic healthcare interactions, but with all emphasis placed on obvious language discordance, complacency may occur when language issues are overcome. This study will determine if additional barriers to quality health care adversely affect the Hispanic population of northeast Tennessee. Although this problem has been investigated in prior studies, a first-hand account from practicing providers is lacking.

One of the greatest concerns in this study is providers' mindset when caring for Hispanic individuals. If providers are unprepared and therefore uncomfortable caring for this population, it will be evident in the way they conduct themselves, whether they are aware of it or not. If patients recognize providers' discomfort, this recognition can exacerbate the problem, leading to extreme deficits in patient-provider communication, a significant barrier to care which can affect if and how providers explain health challenges and treatment options or investigate if patients have questions or concerns. If cultural incompetency affects patient-provider interactions, pertinent information may not be communicated thus affecting the long term quality of care for these patients. The goal of this study is to identify steps that could be taken to provide more culturally competent

care to Hispanic patients by collecting first-hand accounts of primary health care interactions and bringing recognition to this issue.

Research Questions

The following research questions were used to guide this study:

Research Question #1: When an interpreter is present to address language barriers, do Hispanic patients report a lower level of care than non-Hispanic patients who do not use an interpreter when both are seen by the same provider?

Research Question #2: Do nurse practitioners feel adequately prepared to effectively and comfortably provide care for the Hispanic population?

Definitions

Culture: The thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. Culture defines how health care information is received, how rights and protections are exercised, what is considered to be a health problem, how symptoms and concerns about the problem are expressed, who should provide treatment for the problem, and what type of treatment should be given (U.S. Department of Health and Human Services, Office of Minority Health, 2011, p 4).

Cultural Competence: Having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities (American Institutes for Research, 2002, p 7)

Interpretation: The process of oral rendering of one language into a second language and vice versa to facilitate the exchange of communication between two or more persons speaking different languages (Coleman, 2013, p 7).

Limited English Proficiency (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter (Federal Coordination and Compliance Section, 2011, p 1).

Overview of the Study

With a growing number of Hispanic residents in northeast Tennessee, health care professionals in this area are more likely to care for this population. Research studies have evaluated the language aspect of these interactions, but this study further investigates if other barriers affect health care for the Hispanic population. This information was gathered through patient questionnaires and provider interviews. The goal of the questionnaires was to identify perceived differences in care by Hispanic and non-Hispanic patients. The aim of the subsequent interviews was to identify providers' backgrounds and cultures, their perceptions of caring for Hispanic patients, and any thoughts they had on the preparation they received for working with this unique population. This information was analyzed using SPSS for the quantitative data and content analysis for the qualitative data resulting in descriptive statistics and themes. These results will contribute to a better understanding of the quality of health care for Hispanic patients in northeast Tennessee and provide a foundation for improving that care.

Chapter 2

Research Methodology

This mixed methods descriptive study was designed to identify barriers to health care for an east Tennessee Hispanic population and concerns that providers have about their ability to provide quality care.

Population and Sample

Study participants were nurse practitioners and their patients at a primary care facility in east Tennessee that has a large Hispanic population. Nurse practitioners were included in the study if they were full-time employees at the before-mentioned facility and willing to be interviewed. Their patients over the age of eighteen then became eligible for the study.

Three nurse practitioners were approached and agreed to participate in the study. Participation was then requested from patients of these providers, both Hispanic and non-Hispanic, with a total of 87 participants. Of these participants, 29 were Hispanic and 58 were non-Hispanic.

Instruments

Two instruments were used in this study: a patient questionnaire and a list of questions used to guide provider interviews (see Appendices A-F for these documents and accompanying consent forms). The patient questionnaire required that each individual indicated which provider they saw that day, and if they identified as Hispanic or non-Hispanic. Ten questions evaluated patients' perceptions of their providers' communication skills, the effectiveness of their care, and their overall satisfaction with their interactions. These items were graded on a 4-point Likert scale without a 'neutral'

option. A space was included at the end of this questionnaire to allow participants to provide additional comments. The provider interview consisted of six open-ended questions. In addition to these six questions, liberty was given to add questions meant to clarify or investigate a topic further.

Data Collection

A primary care facility in east Tennessee with a large Hispanic population was first identified and approached with this study. Once permission from both the facility and the university's Institutional Review Board was obtained, the researcher identified nurse practitioners eligible to participate in the study. After these individuals were identified, they were approached with information about this study and the opportunity to participate. When interest was established, the participant was then required to read and sign an informed consent form before their part in the study was initiated.

After a provider became involved in the study, each of their patients over the age of eighteen then became eligible to complete a questionnaire evaluating various aspects of their interaction with their providers. Ideally, these questionnaires and accompanying consent forms were to be distributed to all patients of the specified provider by staff at the time of checkout for one full week of practice. Due to varying levels of staff cooperation, an alternative method to collect questionnaires had to be used. Interpreters at the clinic were recruited to offer patients the questionnaire after their scheduled appointment, before they reached the checkout desk. This method was less reliable and many patients were missed. Due to the inconsistency of administering questionnaires, this task took over three weeks with twenty-seven questionnaires acquired for the first provider and thirty for the two subsequent providers. Upon completion, questionnaires were placed

within a locked box to ensure that staff was not privy to the notations made about each provider.

Providers participated in interviews to determine their perceptions of provider-patient interactions when an LEP Hispanic was involved. The interviews began with the question “What has been your experience with cultural exposure, and what education have you received about caring for these patient populations?” After this background was established, a variety of additional questions were then asked, varying slightly based on the response to the prior question. These questions included inquiries about the nurse practitioners’ perceptions of their interactions with Hispanic patients and their thoughts about the preparation they received to care for this population. Many of these open-ended questions elicited in-depth, personal responses from each individual. Additional questions were asked in response to information provided by participants to obtain a deeper understanding of their overall situations. Each individual was also given the opportunity to share anything about the topic that was not specifically investigated in other aspects of the interviews. This approach encouraged the participants to discuss unforeseen issues and resulted in unexpected discoveries. After the interviews were completed, the recordings were transcribed verbatim. These transcriptions were then used to analyze the qualitative data.

Data Analysis

Data from the patient questionnaires were analyzed using SPSS. Descriptive analysis, including frequencies, measures of central tendency and standard deviation, and analysis of variance were used to answer the first research question.

The qualitative data were analyzed by pulling specific quotes from the transcribed provider interviews and compiling them to identify commonalities. These quotes were then reviewed within the context of the entire interview to obtain a comprehensive understanding of their meaning and establish their significance within the study.

Chapter 3

Data Analysis

Results from Patient Questionnaires

Analysis of variance indicated no statistical significance between the overall responses given by Hispanic and non-Hispanics patients ($F=3.124$, $df=1$, $sig=.081$).

Individual results for each question included in the patient questionnaire were as follows:

| | Hispanic (N=58) Mean Std. Deviation | Non-Hispanic (N=29) Mean Std. Deviation | Total (N=87) Mean Std. Deviation |
|--|---|---|--|
| The provider introduced herself to me. | 3.655 .5526 | 3.776 .5207 | 3.736 .4690 |
| The provider established personal rapport. | 3.586 .6823 | 3.793 .4086 | 3.724 .5214 |
| The provider's nonverbal communication was reassuring. | 3.621 .6769 | 3.776 .4971 | 3.724 .5642 |
| The provider maintained direct eye contact with me throughout most of the appointment. | 3.552 .8275 | 3.707 .4959 | 3.655 .6256 |
| The provider explained my diagnosis, medication, or the reason for my appointment. | 3.690 .4708 | 3.828 .3810 | 3.782 .4155 |
| I feel the provider showed genuine interest in my feelings and concerns. | 3.621 .6769 | 3.862 .3478 | 3.782 .4924 |
| The provider asked me if I had any questions. | 3.621 .7277 | 3.793 .4495 | 3.736 .5595 |
| The provider answered my questions appropriately | 3.690 .6603 | 3.810 .3955 | 3.770 .4989 |
| The provider met my needs. | 3.552 .7361 | 3.810 .3955 | 3.724 .5432 |
| I was satisfied with this appointment | 3.690 .6603 | 3.828 .3810 | 3.782 .4924 |
| Total | 36.2759 5.28405 | 37.9829 3.62976 | 37.4138 4.29860 |

Themes from Provider Interviews

After analyzing the three provider interviews conducted in this study, the following four themes were identified.

Theme One: Barriers to care of Hispanics still persist in the presence of an interpreter. According to previous research, Hispanic patients are at greater risk of health disparities than their non-Hispanic counterparts even when language aids are provided (O'Brien et al, 2009; Welty et al, 2012; Coleman, 2013; Estrada, 2014). From the nurse practitioner interviews conducted in this study, this problem continues because even with the help of an interpreter, the language barrier is not completely overcome, and cultural barriers may not be addressed. NP 2 stated that there is a “perception that because you have an interpreter everything is going to be fine; it’s not. They [Hispanic patients] are culturally different.” NP 1 agreed when she said that “there is definitely more to it than just the language barrier. There is a whole cultural aspect.” In addition to this, she said that “a lot of times [Hispanics] don’t seem to understand the American medical way that we do things, and then I don’t understand the way that they do things.”

In addition to recognizing that the cultural aspect of care may be missing, the nurse practitioners also explained how it was not only the language discordance, but actual differences between the languages that created a barrier to communication. NP 1 said that Hispanic patients use expressions and descriptions that, even when interpreted perfectly, are different from English and the meaning cannot be identified. In addition, NP 2 pointed out that there are “different meanings of words, or we will have a word in English and there is no word for it in Spanish.”

In addition to these two overarching barriers, two of the nurse practitioners also mentioned other barriers that they believed impacted the care they were able to provide. NP 1 expressed that it is very difficult and a “little intimidating to have to break up your train of thought” when working with an interpreter. She believed that working with an interpreter was a hindrance when she was asking questions or trying to explain an illness or treatment to a Hispanic patient. NP 3 believed that “interpreters do a great job, but at the same time, it would really be beneficial if [she] didn’t have to call someone else into the room depending on what [they] are dealing with.” This quote highlights the fact that having a third party in the room when talking about sensitive subjects may affect the behavior or participation of the patient. After identifying all of these difficulties, NP 3 states that yes, they are “barriers to good communication, but they are not unsurmountable.” This leads to the second theme that addresses what these nurse practitioners have learned to do to overcome these barriers.

Theme Two: Different practices and techniques facilitate communication with the Hispanic population. As each nurse practitioner responded to the interviewer, various techniques to communicating with the Hispanic population were revealed. Although NP 2 stated that an “interpreter is a total necessity”, more emphasis was placed on the mentality of the provider as well as specific communication skills and practices.

The nurse practitioners all commented on the fact that they must be “patient”, “open-minded”, “empathetic”, “compassionate” and willing to “go the extra mile to try to meet [the Hispanic patients] where they are.” They also noted that they had to take time during appointments to explain things, especially when it is evident that patients do not understand their diagnosis and treatment. NP 1 stressed that she had learned to “[not]

just panic and buck up whenever they come up with something you have never heard of,” the time must be taken to “get them to explain and kind of unfold what they mean.” In addition to this, NP 2 takes the extra time to try to “find a new way of how to say [things] to them so that they understand.” By implementing each of these practices in their care of patients, each of the nurse practitioners has experienced greater success in their communication and patient adherence.

Theme Three: Nurse practitioners are underprepared at graduation to effectively serve the Hispanic population. Although each of the nurse practitioners interviewed had developed different skills to improve the care they provide to the Hispanic population, they all agreed that before spending extensive time in their current positions working with Hispanic patients day in and day out, they were extremely underprepared to do so. Each individual had varying levels of diverse cultural exposures in their personal lives, but those that did have some experience, did not feel that it helped them when caring for individuals of cultures different than their own. NP 1 even stated that when she began her current position she experienced a level of “culture shock.” They also all agreed that their educational and professional training was not sufficient to prepare them to work with patients from a culture different than their own.

NP 3 noted that it would be “hard to find an area nationwide that doesn’t have some people who speak Spanish,” and because of this, she believes care of Spanish-speaking patients should be included in professional education and training. She went on to say that she “did not receive a whole lot of training while in school.” The other two made similar statements saying they received a “five-minute blip on culture” and a “taste of education as far as what you should and what you shouldn’t do.” NP 3 described it as

being told “Ok so here you go, here is the book. Hispanic people are mostly Catholic.” Surprisingly, outside of NP 1 receiving a small amount of cultural sensitivity training while working in the hospital setting, none of the participants reported receiving any type of training to prepare them to work in their current positions at a primary care clinic with a large group of Hispanic patients.

In addition to little cultural education, another area of concern for these providers was lack of instruction on how to use interpreters. Because the role of interpreters was initially a foreign concept to them, they agreed that it was “hard” and “unnerving” working with interpreters. They felt that it was difficult to get used to talking directly to a patient while an interpreter was in the room. They also expressed difficulty in managing sentence length and train of thought. Although they all agree that this skill improved with time and practice, they still believed that initial instruction would have eased the transition; this finding was echoed for cultural and other language aspects as well.

Theme Four: New graduates should have the ability and a level of comfort in providing care to the Hispanic population. As each provider felt underprepared to enter into a role that required caring for people from other cultures, they were asked directly, “Do you have any suggestions on how new graduates could be more prepared to serve a diverse population?” Each nurse practitioner mentioned classroom work or scenarios that could be provided by a school or health care facility, but all believed that ultimately, personal exposure to diverse cultural groups was the only way to truly develop a level of comfort in working with these populations.

NP 1 and 2 both mentioned in their interviews that scenarios or role-playing would be helpful to demonstrate “some of the kind of funny ways that Hispanics say

things.” NP 3 suggested going as far as having a 4-week to 6-week long course that covers how to work with a Spanish-speaking patient, covering not only the language aspect, but the cultural aspect as well. This being said, NP 1 said that “[she didn’t] know if any amount of studying can prepare you.” NP 2 said, “You can sit in a class all day long and hand out power points and pages on what you should do and read a whole cultural book, but until you actually sit in a room with a patient, I don’t think it is really helpful. You have to do it; you have to go through the steps. You have to get experience somehow. Just classroom work is not going to fix the problem.”

All of the nurse practitioners mentioned that life and personal exposure on a day-to-day basis is what will eventually lead to comfort working with this population. A few suggestions on how to obtain this experience were clinical rotations with a location “that [has] a high set population of Hispanic, or any other nationality that they will be working with.” In addition to this, NP 1 and 2 explicitly stated that additional training on how to use an interpreter was a necessity. Without this type of basic training, nurse practitioners are hindered from providing adequate care to the Hispanic population. However, regardless of the type of training nurses receive throughout their careers, NP 3 stated that the most important thing to remember is to “treat every patient with empathy, [regardless of] their culture, their race, or their language.”

Chapter 4

Discussion and Recommendations

Discussion

Data from this study showed no statistical significance between the responses given by Hispanic and non-Hispanic patients regarding their perceived level of care. This finding is contradictory to previous studies, which may be explained by the fact that every provider had a minimum of four years of experience working with this population and had developed ways to provide effective care to all clients. This finding indicates that these providers are successful in caring for the Hispanic population in northeast Tennessee and gives merit to their words and suggestions.

Although the patient questionnaires did not indicate a difference in clients' perceived level of care, the nurse practitioners identified barriers to providing care to the Hispanic population even when an interpreter was present. A lack of formal training in providing multi-cultural care was a main contributing factor to this problem and led to a delay in becoming proficient practitioners. The providers mentioned cultural barriers to care that are not addressed by the presence of an interpreter, but more often, continued to focus on difficulties with language and communication. These difficulties did not specifically stem from language discordance, which is when the provider and patient are speaking different languages, but more on an actual language difference and the difficulties with using an interpreter. These problems included the fact that some words in one language may mean something different, or may not even exist, in another language. Problems also arise because when something is said, the meaning often cannot be discerned. Finally, the nurse practitioners interviewed for this study mentioned that while

interpreters are a necessity, their presence still complicates patient-provider interactions. The provider's train of thought must be interrupted to allow time for the interpreter to speak, which may affect the quality of the information given. One provider also expressed the difficulty she had experienced with having a third party present when handling a sensitive situation.

Each individual interviewed in this study agreed that when entering the field, they were not prepared to serve a multicultural population. This finding was attributed to a lack of education and experience. Each described a small amount of cultural sensitivity training while in school, but could not recall any training on how to actually care for this population, or on how to effectively use an interpreter. They all believed that while the quality of education provided to students must improve, what was more important was to provide opportunities to experience caring for this population first-hand, before being on their own as a provider.

Limitations

This study was conducted within a single, unique environment. This primary care facility, located in northeast Tennessee, has a large number of Hispanic patients seen by nurse practitioners with a minimum of four years of experience in this environment. Because of this situation, further research is needed within different health care settings, with different disciplines, and with individuals of varying levels of experience to determine if the findings from this study are consistent across multiple organizations.

Because staff members differed in their willingness to administer the questionnaires, the method of administering the survey was altered and many patients did not have the opportunity to complete the questionnaire. A much smaller number of

surveys were completed by Hispanic patients than non-Hispanic patients, which may have influenced study outcomes. In addition, the exact format of the patient questionnaire has not been formally tested for reliability.

Recommendations for Nursing Research, Education, and Practice

To investigate how health care providers can overcome the barriers presented in this study, further research is indicated. To begin, a larger sample size is a necessity as only three nurse practitioners were asked to participate in the current research. Not only are greater numbers needed, but a greater variety as well. Nurse practitioners with varying levels of experience should be involved to establish at what level most individuals develop the skills necessary to care for this specific population. In addition, it would be beneficial to replicate this study in other healthcare disciplines, healthcare settings, and geographical areas of service. By conducting qualitative studies in this way, consistent data can be collected and changes can be implemented that will improve the quality of care received by the Hispanic population.

Conclusion

The difficulties with providing quality health care to the Hispanic population are not a new problem. Multiple studies have identified specific negative outcomes when problems are not addressed and although regulations and guidelines have been in place to correct this problem, an improvement has not been seen. This study not only supports prior research, but provides a new look on how this problem of health care disparities can be addressed. Instead of looking at the situation as a whole and trying to add something more to it, this approach dissects the roles and preparedness of individual providers already involved. Although other studies have established that interpreters and other

language aids are a necessity, it is evident that more effort is needed to overcome current barriers to quality care of the Hispanic population, and the skills, mentality, and preparation possessed by the provider may be the key to accomplishing this challenge.

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Appendix A

Patient Consent Form in English

My name is Elizabeth Dobbins and I am an undergraduate honors student at East Tennessee State University. I am working toward my degree in nursing. In order to finish my studies, I need to complete a research project. The name of my research study is. "Non-Language Barriers to Effective Care of the Hispanic Population"

I am doing this study to try to find out if Nurse Practitioners think that it is more difficult to provide care to Hispanic patients than non-Hispanic patients and why. To do this I will be conducting an interview with Nurse Practitioners to see how they feel about this topic. In addition, I will use questionnaires completed by patients of each Nurse Practitioner after their scheduled appointment to evaluate the quality of communication that each patient experienced. This information will be used to see if there is a difference between the responses of Hispanic and non-Hispanic individuals. This study may benefit both providers and patients by providing more information about how health care professionals can be better prepared to care for Hispanic patients.

If you have any research-related questions or problems, you may contact me at 785-213-8014. I am working on this project under the supervision of Dr. Ardis Nelson. You may reach her at 423-439-8364. Also the chairperson of the Institutional Review Board at East Tennessee State University is available at (423) 439-6054 if you have questions about your rights as a research subject. If you have any questions or concerns about the research and want to talk to someone independent of the research team or you can't reach the study staff, you may call an IRB Coordinator at (423) 439-6055 or (423) 439-6002.

Participation in this study is completely voluntary. Not participating or stopping participation at any time will not affect you or your medical care in any way. There are no alternative procedures except to choose not to participate in the study.

If you choose to consent in participation of this study, please complete the ten questions listed below. It should take less than ten minutes to complete, but you will be given as much time as you would like as long as it is submitted before you leave the clinic. These questionnaires will be kept in a locked box and I will be the only person able to see your individual responses. I will make every effort to ensure that these questionnaires remain confidential and your answers will be completely anonymous. Although your rights and privacy will be maintained, the ETSU/VA IRB, I, and my faculty advisor will have access to the study records.

Please answer as truthfully as you can. There is no foreseeable risk to participating in this study and your responses will not affect you or your medical care in any way. By giving accurate responses you can help me evaluate what is needed for health care professionals to be able to better serve you. Thank you for your time.

Appendix B

Patient Consent Form in Spanish

Me llamo Elizabeth Dobbins y soy una estudiante en East Tennessee State University. Estoy trabajando hacia mi licenciatura en enfermería. Para terminar mis estudios, tengo que completar un proyecto de investigación. El nombre de mi estudio es. "Barreras al cuidado efectivo de la población Hispana que no son del lenguaje".

Estoy haciendo este estudio para tratar de averiguar si las enfermeras practicantes piensan que es más difícil para proporcionar atención a los pacientes hispanos que los pacientes que no son hispanos y porque. Para completar esto, voy a hacer una entrevista con enfermeras practicantes para ver como sienten sobre este tema. Además, voy a utilizar los cuestionarios completados por los pacientes de cada enfermera después de su cita para evaluar la calidad de la comunicación que cada paciente experimentó. Esta información será utilizada para ver si hay una diferencia entre las respuestas de hispanos e individuos que no son hispanos. Este estudio puede beneficiar proveedores y pacientes como puede dar más información sobre como los profesionales de la asistencia médica puede cuidar mejor para los pacientes hispanos.

Si usted tiene alguna pregunta relacionada con esta investigación, puede ponerse en contacto conmigo al 785-213-8014. Estoy trabajando en este proyecto bajo la supervisión del Dr. Ardis Nelson. Puede alcanzarla al 423-439-8364. También el presidente del Consejo de Revisión Institucional (IRB por sus siglas en inglés) del East Tennessee State University está disponible al 423-439-6054 si tiene preguntas sobre sus derechos como un sujeto de esta investigación. Si tiene alguna pregunta o inquietud acerca de la investigación y desea hablar con alguien del equipo de investigación independiente o no puede comunicarse con el personal del estudio, puede llamar a un coordinador de IRB 423-439-6055 o 423-439-6002.

La participación en este estudio es completamente voluntaria. No participar o detener la participación en cualquier momento no le afectarán a usted ni su cuidado médico de ningún modo. No hay procedimientos alternativos excepto decidir no participar en el estudio.

Si usted elige a consentir en la participación de este estudio, por favor complete las diez preguntas abajo. Usted debe necesitar menos de diez minutos para completar este cuestionario, pero puede usar tanto tiempo como le gustaría mientras lo entrega antes de salir de la clínica. Estos cuestionarios se mantendrán en una caja cerrada con seguro y yo seré la única persona capaz de ver tus respuestas individuales. Haré todo lo posible para asegurar que estos cuestionarios permanezcan confidenciales y sus respuestas serán totalmente anónimas. Aunque se mantendrán sus derechos y privacidad, el IRB de ETSU/VA, yo y mi consejera tendremos acceso a los archivos del estudio.

Por favor, conteste tan sinceramente como pueda. No hay riesgo previsible de participar en este estudio y sus respuestas no le afectarán a usted ni su cuidado médico de ningún modo. Dando respuestas exactas me ayudarán a evaluar lo que sea necesario para que los profesionales de la asistencia médica para sean capaces de servirle mejor. Gracias por su tiempo.

Appendix C

Patient Questionnaire in English

Provider _____

I am Hispanic: Yes ___ No ___

| # | Question | Strongly Disagree | Disagree | Agree | Strongly Agree |
|----|--|-------------------|----------|-------|----------------|
| 1 | The provider introduced herself to me. | | | | |
| 2 | The provider established personal rapport. | | | | |
| 3 | The provider's nonverbal communication was reassuring. | | | | |
| 4 | The provider maintained direct eye contact with me throughout most of the appointment. | | | | |
| 5 | The provider explained my diagnosis, medication, or the reason for my appointment. | | | | |
| 6 | I feel the provider showed genuine interest in my feelings and concerns. | | | | |
| 7 | The provider asked me if I had any questions. | | | | |
| 8 | The provider answered my questions appropriately. | | | | |
| 9 | The provider met my needs. | | | | |
| 10 | I was satisfied with this appointment. | | | | |

Any additional comments:

Appendix D

Patient Questionnaire in Spanish

Proveedora: _____ Soy Hispano/a: Sí ___ No ___

| # | Pregunta | Estoy totalmente en desacuerdo | No estoy de acuerdo | Estoy de acuerdo | Estoy totalmente de acuerdo |
|----|--|--------------------------------|---------------------|------------------|-----------------------------|
| 1 | La proveedora se presentó a mí. | | | | |
| 2 | La proveedora estableció una relación personal conmigo. | | | | |
| 3 | La comunicación no verbal de la proveedora fue reconfortante. | | | | |
| 4 | La proveedora mantuvo contacto visual directo conmigo durante la mayor parte de la cita. | | | | |
| 5 | La proveedora explicó mi diagnóstico, mis medicamentos, o el propósito de mi cita. | | | | |
| 6 | Siento que la proveedora demostró interés genuino en mis sentimientos y preocupaciones. | | | | |
| 7 | La proveedora me preguntó si tenía alguna pregunta. | | | | |
| 8 | La proveedora respondió a mis preguntas apropiadamente. | | | | |
| 9 | La proveedora cumplió con mis necesidades. | | | | |
| 10 | Estaba satisfecho/a con esta cita. | | | | |

Cualquier comentario adicional:

Appendix E

Provider Consent Form

Dear Participant:

My name is Elizabeth Dobbins, and I am an undergraduate honors student at East Tennessee State University. I am working toward my degree in nursing. In order to finish my studies, I need to complete a research project. The name of my research study is "Non-Language Barriers to Effective Care of the Hispanic Population"

The purpose of this study is to investigate health care providers' stances on barriers they feel are present to serving patients of different cultures, in particular, Hispanics, when any language discordance has already been addressed. I would like to conduct a brief interview with a Nurse Practitioner that has frequent exposure to caring for Hispanic patients. This interview will be recorded and it should only take about 30 minutes to complete. You will be asked questions about your experiences with different cultures growing up, in school, and in the work place and your feelings about interactions with Hispanic patients. This interview will also allow you to express any thoughts you may have on the adequacy of the preparation you received to care for individuals from cultures that vary from your own. You may also have the opportunity to evaluate the strengths, weaknesses, and discomforts you experience when interacting with these specific populations. In addition to this interview, data will be utilized from patient questionnaires on the quality of communication they experienced during their appointment. The data collected from these questionnaires will be used to evaluate the effectiveness of the Nurse Practitioner's communication as well as identify a difference in the responses of Hispanic and non-Hispanic individuals. This study may benefit the profession by providing more information about effective ways to prepare new health care professionals to care for Hispanic patients.

While no identifiable information will be collected during this recorded interview, it is possible that your voice could be identified and your identity revealed. To ensure your anonymity, this recording will be kept secured at all times and deleted once the interview has been transcribed. In addition to this, all patient questionnaires will be placed in a locked box upon completion to which only I will have access to. Once I collect these questionnaires, I will promptly remove your name and any other identifying information and replace it with Nurse Practitioner A, B, or C to be able to connect it with your interview. At this point, there will be no way to connect your name with your responses or the responses of the patients. Although your rights and privacy will be maintained, the ETSU IRB, myself, and my faculty advisor will have access to the study records.

This research procedure is voluntary. If you do not want to participate in this interview, it will not affect you in any way. There are no alternative procedures except to choose not to participate in the study.

If you have any research-related questions or problems, you may contact me at 785-213-8014. I am working on this project under the supervision of Dr. Ardis Nelson. You may reach her at 423-439-8364. Also the chairperson of the Institutional Review Board at East Tennessee State University is available at (423) 439-6054 if you have questions about your rights as a research subject. If you have any questions or concerns about the research and want to talk to someone independent of the research team or you can't reach the study staff, you may call an IRB Coordinator at (423) 439-6055 or (423) 439-6002.

Sincerely,

(Elizabeth Dobbins)

Participant Signature/Date _____

Appendix F

Provider Interview Questions

Interview Questions:

1. What has been your experience with cultural exposure? What education have you received about caring for patients from cultures different than your own?
 - a. Before college?
 - b. During your undergraduate schooling?
 - c. Prior work experience?
 - d. During your graduate schooling?
 - e. Additional work experience?
2. As you work in a facility that serves a large number of Hispanics, I would now like to focus on this population. It is assumed that by having an interpreter present whenever necessary, any potential language barrier within an interaction/appointment is overcome. Do you perceive any additional difficulties in communicating and providing care to this population? Do you feel that caring for this population is different than other populations? How so?
3. When you go into a patient's room, is there anything different that you think or do based on whether the patient is Hispanic or not.
4. Are you comfortable working with this population?
 - a. If "No" – Can you please explain why not?
 - b. If "Yes" – When and how do you believe you developed this comfort? Was it taught in school, did you learn from personal experience, training from working in this facility, exposure, ect?
5. Do you have any suggestions on how new graduates could be more prepared to serve a diverse population?
6. Do you have any other thoughts or comments on this topic?