The Impact of Verbal Communication on Limited English Proficiency Hispanic Adults: A Systematic Review

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Introduction

- Limited English proficiency (LEP) is defined as difficulty understanding, reading, writing, and speaking English (Diamond et al., 2019).
- An estimated 69 million people in the Unites States speak a language other than English at home and an estimated 25 million people in the US have LEP (United States Census Bureau, 2022).
- Patients with LEP experience longer and more frequent hospital stays than patients with language proficiency (Ugas et al., 2023).
- This population can benefit from preventative services, health screenings, and promotion of healthy behaviors because improving their health reduces the cost burden on the healthcare system and the patients themselves (Ugas et al., 2023).
- Federal regulations require the use of trained interpreters for LEP patients, but compliance varies across healthcare organizations and individual clinicians (Ugas et al., 2023).
- A growing body of research is exploring how language concordant (LC) providers and interpreter services can affect health outcomes in this population.

Purpose/Framework

- The purpose of this project is to perform a systematic review that analyzes how different language concordant verbal communication methods such as language concordant providers and interpreters can affect the health outcomes of LEP Hispanic adults.
- The Health Belief Model (HBM) is a framework that divides health behavior in three categories: individual perceptions, modifying factors, and likelihood of action. This model emphasizes that preventative health is only possible when an individual understands the risks and benefits of their actions (Mckellar & Sillence, 2020).
- A fundamental concept of this review is the important role that providers have in educating patients.

PICOT

- In LEP Hispanic adults, how does receiving language concordant care compare to language discordant care affect health outcomes?

Methods

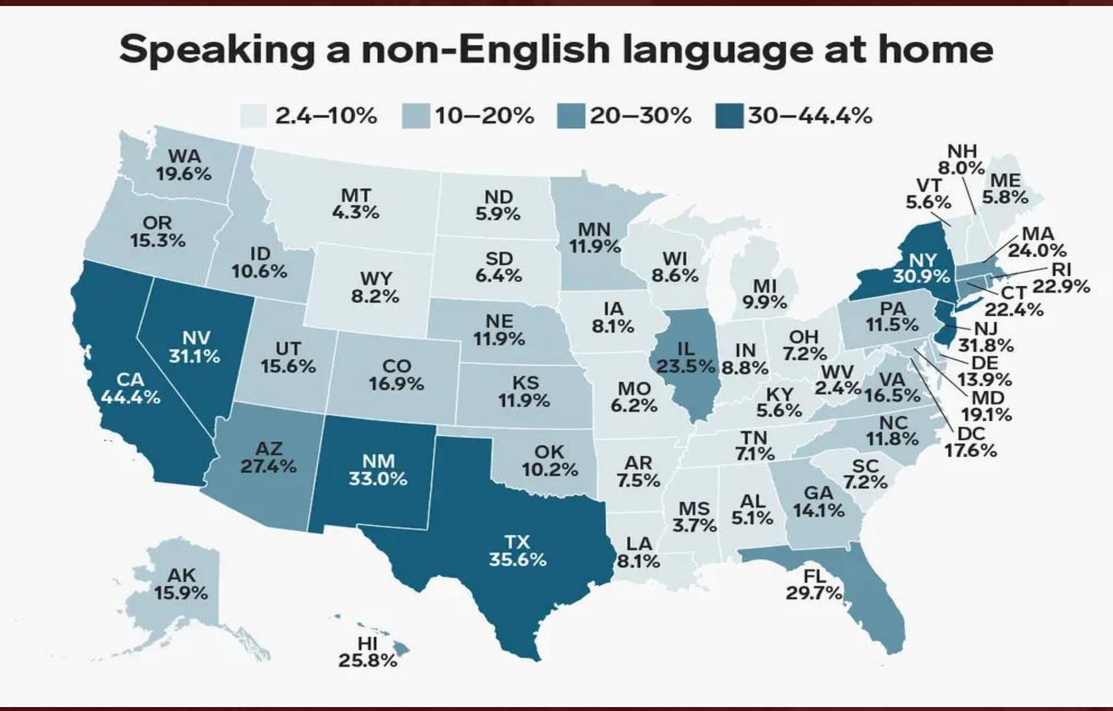
- The research utilized in this reviewed was gathered in the following databases: Medline Complete, CINAHL, PubMed, and Web of Science.
- Key words for the search included: limited English proficiency, language, communication barriers, quality of health care, physician-patient relations, translating, patient outcomes, interpreter services, and language interpretation.
- Inclusion criteria included primary research studies, published within the last five to six years, peer-reviewed, published in English, performed within the US, pertaining to LEP adults, pertaining to verbal communication, and pertaining to health outcomes and patient satisfaction.
- Exclusion criteria included research done solely on a minority group that did not include Hispanic adults.
- The initial search produced 4,996 articles. Once a review of the articles was performed to evaluate inclusion and exclusion criteria, nine articles were selected for this review.

Characteristics of Studies

- The nine articles selected were comprised of two randomized controlled trials, six retrospective cohort studies, and one qualitative study.
- Sample sizes ranged from 61 participants to 30,838 participants with a total sample size across studies of 58,811 participants.
- The studies were grouped based on area studied: language concordant (LC) care, interpreter services, and a mixture of both.

Findings

- The studies that examined clinical outcomes in patients with LC providers found mixed results in medication and treatment adherence with two articles finding improvement in clinical outcomes (Menon et al., 2022; Parker et al., 2017) and one article finding that LC providers were more thorough in history taking (Seible et al., 2021) but two other articles found no significant differences in LC and language discordant (LD) care (Fernandez et al., 2017; Fernandez et al., 2018).
- Patients who received interpreter services received higher quality of care compared to those that did not have an interpreter (Luan Erfe et al., 2017; Njeru et al., 2017), however, not all outcomes improved uniformly (Njeru et al., 2017).
- Latino adults regardless of English-proficiency generally have poorer control of chronic conditions compared to white adults (Fernandez et al., 2017; Fernandez et al., 2018), however, Holman et al. (2023) found no differences in Hemoglobin A1c in LEP Spanish speaking adults and English-speaking adults.
- Personal barriers for LEP adults include literacy, cultural, and language barriers (Fernandez et al., 2017; Kenny et al., 2020).
- Systematic barriers faced by LEP adults included financial barriers, access to interpreters, and lack of bilingual staff (Fernandez et al., 2017; Kenny et al., 2020; Luan Erfe et al., 2017; Njeru et al., 2017; Seible et al., 2021).



Implications For Practice

- Given the generally positive health outcomes that occur with a LC provider, it is recommended that LEP Hispanic adults receive care from a LC provider.
- LD providers who have difficulty with LEP Hispanic adults meeting their clinical outcomes can advocate for bilingual staff such as case managers or health navigators. Referral to a LC provider can also be offered if patient's clinical outcomes are not meeting expectations.
- Utilizing professional medical interpreters is the minimum standard in communicating with LEP Hispanic adults. This can highlight other barriers that may be influencing a patient's health status.
- Advocate for the diversification of the language capabilities of the healthcare workforce. This can be done with more bilingual providers and by encouraging English-speaking providers to learn a second language.

Recommendations

- Research is needed in the primary care setting to further evaluate the relationship between LC providers and LEP Hispanic adults.
- Research that directly compares LC providers and interpreter services and their effect on health outcomes in a primary care setting is also needed.
- Research is needed exploring how technology can influence patient-provider communication and clinical outcomes.

References Available Upon Request

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