Improving Nurse-Patient Communication and Quality of Care

The Transcultural, Linguistic Care Team

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Up to 20% of hospital-related adverse events are the result of communication-related misunderstandings. Especially serious communication-related problems occur during hospital admissions, on transfer from one unit to another, and at discharge. By communicating with patients in their primary language, it is possible to navigate these critical junctures, build trust, involve patients in their plan of care, improve patient safety, and enhance the quality of care that is provided in an inpatient setting.

When nurses’ cultural background differs from patients’, subtle linguistic, conversational, and cultural differences that influence patient involvement in and adherence to their plan of care can be missed. When nurses are from the same linguistic and cultural background as their patients, patients are typically more comfortable discussing their health practices, health beliefs, folk medicine usage, and feelings about their plan of care.

The Transcultural, Linguistic Care Team

To manage an increasing number of Russian-, Hmong-, and Spanish-speaking patients who were being admitted to our hospital, a Transcultural, Linguistic Care (TLC) program was developed. Transcultural, Linguistic Care program goals were to minimize communication-related problems between patients and healthcare providers, increase patients’ involvement in their plan of care, and provide culturally sensitive care.

After creating the TLC nurse position, we interviewed and hired Russian-, Hmong-, and Spanish-speaking nurses for our TLC team. The bicultural and bilingual TLC RNs help the primary care nurse by admitting and discharging patients as well as being available for consultation at any time during the non-English-speaking patient’s hospital stay. Each nurse maintains cultural ties in his/her respective community. Nurses from any unit can request that a TLC nurse come to their unit to assist with the care of a Russian-, Hmong-, or Spanish-speaking patient. Bedside nurses obtain the permission from their charge nurse before calling a TLC nurse. The unit requesting the TLC nurse pays for his/her time while working with the patient. When not working with a non-English-speaking patient, the TLC nurses work with the hospital wound care team to evaluate and prevent pressure sores. During this phase of their assignment, their time is charged to their home department. The TLC program provides patients with nurses who understand their cultural, psychosocial, and linguistic needs. The case study illustrated in Figure 1 shows how effective a TLC nurse can be.

Implications For Practice

Our TLC program has helped us deal with problems associated with culture and language barriers...
between patients and healthcare providers and identify discrepancies in non-English-speaking patient's medication schedules (obtained on hospital admission from their medication bottle labels) and how patients are actually taking their medications. Medication reconciliation duties completed by the TLC nurses on hospital admission have been significantly more accurate than those completed by other English-speaking healthcare professionals.

There are decided advantages to employing nurses whose linguistic and cultural background matches the hospital’s patient population. However, this is often a challenge, given that there are fewer diverse nurses than there are patients. It is not usually realistic to assign a nurse from the same linguistic and cultural background to work directly with every patient. Establishing a TLC team allows a hospital to use transcultural and translingual nurses as consultants during critical phases of care to provide culturally sensitive treatment.

Prior to implementing a TLC team, managers must be educated about the advantages of such a program. Otherwise, where cost savings are a priority, managers will typically instruct nurses to rely on translators. Although a good first choice, the healthcare background of a TLC nurse, his/her familiarity with patient-/family-centered care, and his/her knowledge of communication techniques bring an added dimension of expertise in challenging clinical situations. Sharing case studies, such as that illustrated in Figure 1, shows how patients have benefited from working with a TLC nurse and helped motivate our managers to use the TLC team. Assigning TLC

**Example of a Hmong Transcultural, Linguistic Care (TLC) Nurse Activities**

A TLC nurse was contacted because a Hmong patient needing dialysis was attempting to leave the hospital against medical advice (AMA). The primary care nurse had already used a translator to talk with the patient and family without success. When the Hmong TLC nurse arrived and talked with the patient, she learned that the patient had been admitted to another hospital a few days before his admission to our hospital. At the first hospital, the patient passed a kidney stone and had a renal stent placed. However, his symptoms resurfaced and he came to our emergency room. When he came to our hospital, he expected to pass another kidney stone. His first question for the TLC nurse was why he wasn’t being given a medication to make his kidney stone pass.

In fact, the patient had more than a kidney stone. He had an infected kidney, a renal calculus, and bilateral kidney failure. His physician wanted him to begin dialysis. The TLC nurse discovered that the patient felt the stent that had been placed was causing his renal failure and making his sicker. He demanded that the stent be removed immediately. With his primary physician present, the Hmong TLC nurse explained his treatment plan and the need for dialysis. With his wife packing his things, the patient declined dialysis and said he was ready to leave.

Following up on a hunch, the TLC nurse asked more about other reasons motivating the patient’s desire to return home. Confirming what the TLC nurse had suspected, the patient, consistent with his Hmong culture, felt he needed to exhaust spiritual and religious avenues of healing before agreeing to something as significant as dialysis. With this information, the primary physician contacted the hospital ethics committee.

With members of the ethics committee present, the TLC nurse explained the patient’s desire to practice his cultural beliefs. The patient agreed to return if he did not feel better. After the TLC nurse explained signs and symptoms, the patient and his family were able to repeat indications for returning to the hospital. However, the patient was reluctant to sign the AMA paperwork saying he felt if he signed the paper he would not have access to further health care should he need it. The TLC nurse explained the rationale behind the AMA paperwork and the patient did sign it and was released from the hospital.

The patient returned to our hospital within 2 days after pursuing religious and spiritual forms of healing. His creatinine had gone from 9 to 11 and he was experiencing severe nausea and vomiting. After the hospital staff understood his need to practice his religious and cultural beliefs and worked to bridge several communication gaps, the patient trusted the hospital staff enough to return for further medical help.

Figure 1. A Transcultural, Linguistic Care team case study.
nurses to a home department allowed flexible scheduling so that, throughout their shift, the TLC nurses had workload duties even if the number of consultations with non–English-speaking patients did not fill their entire shift.

Because each hospital’s patient base differs, a TLC team’s composition needs to be tailored to the specific cultural and linguistic groups in a hospital’s service area. The bed size of the hospital needs to be considered when designing a program to ensure that each shift has access to a TLC nurse from the relevant cultural and linguistic groups. Consideration must also be given to whether there is sufficient need for the TLC nurses to complete admissions and discharges and serve as consultants for patients from their cultural and linguistic background alone or whether the TLC nurses can also be assigned other duties. Possible other duties include serving on a wound care team or working as a member of an intravenous access team, a medication reconciliation team, or a rapid response team that provides consultation should a patient take an unexpected turn for the worse.

Each hospital has to design and implement a TLC team in a way that matches its specific needs. Using case studies from TLC nurse’s practices is a good way to introduce the value of such a program to administrative and managerial personnel. Tracking the number of adverse events that were avoided and trends in patient satisfaction scores associated with use of a TLC team is a useful way to document the ongoing value of such a program.

REFERENCES