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Addressing Health Equity and Patient Safety through Innovative Holistic Spanish Education for Nurses and Health Professionals

Una propuesta a favor de la equidad y seguridad en la atención sanitaria; la innovación educacional holística de enfermeros y profesionales sanitarios

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Fecha de enviado: 11/05/2020
Fecha de aprobado: 17/06/2020

ABSTRACT: Language barriers are a documented cause of healthcare inequity. While *ad hoc* interpreters are one solution, reliance on these services has proven to be an insufficient long-term strategy. An emerging curricular field, *Spanish for Health Professionals*, is an integral part of the multifaceted solution to solving the United States' health equity dilemma. Through collaboration between nursing and Spanish language professors, the *Spanish for Health Professions Certificate Program* incorporates best pedagogical practices such as asynchronous and integrated-proficiency instruction that are equally effective in conventional and virtual classrooms. Partnerships established with university faculty and organizations within Cuba and Guatemala resulted in rich learning abroad experiences. Specifically, significant for this Program was the Cuban learning abroad, and engaged civic learning experiences that helped develop students' cultural awareness on their path toward becoming global citizens.

KEYWORDS: health equity, medical interpretation, Interdisciplinary Spanish Program

RESUMEN: Las barreras lingüísticas constituyen una documentada causa de desigualdad sanitaria. A pesar de que la asistencia de intérpretes ocasionales supone una beneficiosa ayuda para la comunicación entre pacientes y el personal médico, la comunicación constante entre ambos no puede depender de un servicio externo. Una solución sostenible y satisfactoria a corto, medio, y largo plazo, proviene del emergente campo de enseñanza de español médico, que se propone desarrollar la aptitud lingüística y cultural del personal sanitario. En nuestro caso, la colaboración entre especialistas de enfermería y de lengua ha culminado en la creación de un *Certificado de aptitud en español sanitario* que incorpora innovaciones pedagógicas de fácil aplicación a programas presenciales y virtuales. El programa dispone de experiencias en el extranjero gracias a las colaboraciones entre el profesorado de Rutgers-Camden, Cuba, y Guatemala. Esta innovadora apuesta educativa, de marcado carácter cívico e intercultural, imprime entre sus participantes una profunda conciencia de ciudadanía global.

PALABRAS CLAVE: equidad sanitaria, interpretación médica, programa de español interdisciplinario.

The disparity of healthcare outcomes among different ethnic groups is well documented. In the United States (US), minority patients suffer disproportionately from preventable diseases, endure longer wait times for treatment, have extended hospital stays, and experience poorer health outcomes (Artiga et al., 2016). While health disparities are influenced by limited access to services and lower socioeconomic status, these conditions alone do not account consistently poorer outcomes of these populations (Artiga et al., 2016). Previous research has identified the detrimental role that language barriers play in these scenarios (Divi, Koss & Schmaltz, 2007; Artiga et al., 2016). Limited English proficient (LEP) patients are at greater risk of infections, falls, and pressure ulcers due to longer hospital stays compared to non-LEP patients with the same clinical condition (Divi, Koss & Schmaltz, 2007).

Lack of linguistic and cultural understanding between patients and healthcare providers, underscores other systemic health inequities. While researchers and clinicians agree that miscommunication is problematic, Johnstone and Kanitsaki (2006) emphasize that the «failure to recognize the critical link between culture and language (of both the providers and recipients of health care) and patient safety stands as a 'resident pathogen' within the health care system» (p. 383). Consistent and comprehensive solutions to the widening language gap between LEP patients and healthcare providers continue to be elusive (Meuter et al., 2015).

The general response to this language impasse is a complete reliance on the use of external (ad hoc) interpreters and translators, which is an insufficient strategy and unrealistic expectation. Too often, the casual interpretation by a patient's family member is accepted: a practice inherently associated with serious communicative errors (Betancourt et al., 2012). Nurses and other health professionals who are confronted daily with the challenge of providing high quality care to LEP patients rarely have linguistic skills necessary to communicate effectively. While the percentage of bilingual healthcare professionals currently working in the US healthcare system is unknown, the first national study assessing the «languages spoken by physicians and patients» demonstrated a concerning linguistic mismatch in at least «50 of the largest US Metro areas» (Doximity 2017). Similarly, only 2 % of registered nurses are Hispanic/Latino, which lags far behind the demand for Spanish proficiency among the more than 51 million Spanish speakers (39.76 million of native speakers) (US Census Bureau, 2015).

Therefore, if professional interpretation is not ubiquitous, linguistic expectations for healthcare providers unrealistic, and bilingual personnel still rare, how could health equity and patient safety be improved among LEP patients? Early on, a widely influential report identified educational initiatives as part of this remediation; health equity could not be dramatically improved only by the hiring of Hispanic/Latino nurses, but also by increasing the cultural competence and language proficiency of current healthcare professionals (Cohen, Gabriel & Terrell, 2002). Additionally, curricula that address the social and cultural dimensions of patients have been shown to directly impact beliefs and behaviors of future health professionals in terms of minimizing biases, improving cultural competence and increasing comfort when working with Hispanic/Latino populations (Johnstone & Kanitsaki, 2006; Mayo et al., 2014). Among the LEP population, cultural competencies are strongly associated with «the

knowledge, skills, attitudes and behavior required of a healthcare professional to provide optimal care and services to patients from a wide range of cultural and ethnic backgrounds» (Cohen, Gabriel & Terrell, 2002, p. 2).

Cultural and language competence has thus become not only an academic experiment but also a professional skill in high demand. The demand for bilingual workers is projected to double between 2012 and 2022 (Bureau of Labor Statistics, 2016). Programs are needed that offer comprehensive *Spanish for the Health Professions*, while responding to the social needs, demographic trends, and professional demands of nursing and health professional students, regardless of their initial level of linguistic proficiency. While this linguistic and cultural education might be challenging to incorporate or reconcile with traditional, nursing programs, it can be heavily channeled, supported, or achieved by international experiences like the Cuba's learning abroad program.

The Opportunity of Innovative Bilingual Education: Foundational Elements of a Holistic Education

The Nursing Program associated with the *Spanish for Health Professions* program describe here, included diversity goals in its curriculum fifteen year ago, the same year that the *Spanish for the Health Professions* courses at the university were initially developed. Gradually these initiatives evolved until the development of a solid interdisciplinary team, providing impetus and resources to expand into its current level of success. By establishing an interdisciplinary board composed of a Nurse Practitioner Ph.D. and two Language specialists, the Program solved one of the main difficulties associated with multidisciplinary projects of this nature: the exorbitant amount of time needed to develop trust between specialists of different fields.

The curricula that resulted from this ongoing collaboration incorporates best pedagogical practices such as asynchronous and integrated-proficiency instruction that are equally effective in conventional and virtual classrooms. Through online options, nursing students are able to acquire Spanish communicative and cultural skills at their own pace regardless of the intemperate schedule characteristic of health professions.

Elements of Holistic Education through Curricular Comprehensiveness and Flexibility

Through an on-campus and online interchangeable delivery of course content, all students are able to achieve a high level of linguistic competence, regardless of their initial level of proficiency. Depending on the student's interest and investment in this Program, students can become Spanish «proficient» (defined by the American Council for the Teaching of Foreign Languages (ACTFL) Oral Proficiency Interview (OPI) rating of intermediate mid—to advanced low). Those who surpass the «proficient» level earn a certificate as a qualified community/medical interpreter, which legally entitles them to work in a clinical setting without the assistance of a third-party interpreter. The building blocks of the Program are listed below.

- A Wide Range of Linguistic Competence Goals and Levels: The track includes classes that start at the absolute beginner's level (the equivalent of a Spanish 101) to highly advanced, interpretation practices. The main differences between this health professions track and more traditional Spanish curricula (a typical Spanish major or minor) is its strategic minimization of grammar instruction in favor of

context-related lexical practices and proficiency-based instruction.

- Cultural dimension: This curriculum highlights relevant cultural and historical discussions, such as how particular historical events and immigration patterns play or have played an essential role in regional and/or national (US) healthcare policies and practices. Individual's perceptions about health and illness are explored within the context of their country of origin and the community where they live, work, play and worship. These courses promote cultural competencies, such as cultural humility that are important components of global citizenry (Sedgwick & Anthill, 2019).
- Strategic Community Health Interpreter Offerings: The creators of the track immediately recognized the legal frameworks of the field. Even when students are able to achieve a high level of linguistic proficiency, they may not be entitled to work as interpreters in a health care setting unless they have satisfied a nationwide requirement: a 40-hour course on the mechanics and ethics of community/medical interpretation taken at an accredited institution. The directors solved this issue by becoming certified trainers of this nationally recognized course, thus turning their university into an official accrediting center to offer the entire community/medical interpreter certificate. This course is part of the larger 18-credit certificate program in Spanish for Health Professions.
- Built-in Curricular Flexibility: The flexibility of this program is one of its greatest assets. While some nursing students can decide to take only one or two Spanish courses (on campus or online), or to participate in an international experience in order to achieve a basic level of competency, others may decide to take all 18 credits required in the *Spanish for the Health Professions* Certificate Program. Heritage speakers with at advanced low proficiency or higher, can enter at the more advanced level and easily gain proficiency as a community/medical interpreter.
- Developing Global Citizens through Engaged Civic learning: Through carefully planned partnerships with local providers (community or local health care centers), students put their language skills into practice by engaging directly with the Hispanic/Latino Community. The opportunity for students to apply classroom knowledge into real-world situations is likely to enhance student motivation, learning outcomes, and academic achievement.

International Partnerships for Learning Abroad and Experiential Learning Opportunities

The *Spanish for Health Professions* program has benefited from existing Nursing International Programs in Guatemala and Cuba, proving that one of the best ways to design innovative programs is to build from the proven success of established initiatives. These courses are credited toward the *Spanish for Health Professions* certificate program and involve Spanish language immersion in preparation for the trip (Cuba) and while abroad (Guatemala and Cuba).

Educational Partnership with Guatemala

The School of Nursing at Rutgers—Camden has had a 10-year collaborative partnership with the Highland Support Group (HSP), and their Guatemala-based organization Asociación de Mujeres del Altiplano (AMA). The indigenous Maya population, with whom they serve, has a long history of marginalization, victimization and vulnerability that predisposes them to health

disparities such as child malnutrition, respiratory illness, diabetes and maternal mortality (Nagaga, Valeggia, Barg & Bream, 2009; Chary et al., 2013; Mickitas et al., 2015). These disparities are often worsened by discrimination and maltreatment where they receive medical services (Ceron, et al., 2016). HSP's vision is «Hope, not dependency, opportunity not charity» (www.highlandsupportproject.com), and for 25 years they have trained community health workers to empower the indigenous Maya in a variety of health promotion activities.

Each year, up to 30 Rutgers university students participate in a learning abroad course sponsored by HSP that culminates in 10 days of engaged civic learning and language immersion among the Maya highlanders. While there they embed themselves within one of AMA's 24 communities to build safer indoor stoves, provide health screening and education, and participate in women's circles and religious fire ceremonies. These learning abroad experiences are a core mission of Rutgers University—Camden are designed to develop students who are culturally competent global citizens (Nokes et al., 2005).

Student Learning Abroad Collaboration with Cuba

Rutgers University—Camden (RUC), through the leadership of Dr. Gloria Bonilla Santiago and the Rutgers Community Leadership Center (CLC), has memoranda of understanding with the Universidad de La Habana and the Colegio San Geronimo. After receiving Federal funding (Department of Education) for *International Studies and Spanish Language Education, the Rutgers—School* of Nursing, Camden, initiated a collaboration with faculty members of the Universidad de La Habana and the Latin America Faculty of Social Sciences, FLACSO (Facultad Latinoamericana de Ciencias Sociales) to help design and implement learning abroad experiences. Since 2017, five learning abroad courses have been offered at Rutgers-Camden, two through the School of Nursing. These nursing courses, supported by Spanish-language instruction, allowed participating students to explore broad concepts of population health in Cuba through the lens of sustainable community development. Thanks to the collaboration with FLACSO, students were able to participate in a variety of engaged civic learning experiences such as lectures, reflective journaling and discussion, guided tours, and mentoring of school-age children and older adults. Such experiences emphasized how intertwined are the social, cultural, and educational dimensions in the care provided by the Cuban health system.

Health was then explored beyond the typical health and illness perspective to see how sustainable community development using art, music, dance, historic preservation and agriculture are central to its (health) maintenance and delivery. In learning about the unique Cuban healthcare model, students met physician/nurse teams who live within the community where they work. Participants were also given the opportunity to tour a «Policlínico», a community-based, health clinic that coordinates population-focused prevention and treatment with a unique model, which identifies all community members based on their health risk. Within this model, the most vulnerable (pregnant and lactating women, infants and children, elderly persons and those with mental illness or chronic diseases) are targeted for the closest monitoring, including house visits. The exposure, understanding and dialogue with a wide range form of health-care practices and beliefs—that included botanical medicine and acupuncture—allowed participating students to

engage in a constant, cultural dialogue with Cuban health care patients and providers. Such exchange was especially relevant for those students that had achieved sufficient linguistic profanely to conduct their conversations in Spanish.

Conclusion

Students who voluntarily enroll in courses that develop their linguistic proficiency and cultural congruence with the community they serve are better positioned to experience increased academic performance in a variety of learning outcomes (critical thinking, motivation, cultural understanding, meta-cognition), which have been shown to translate into more empathetic professional nurses. Building upon local engaged civic learning, students further develop as global citizens through international partnerships that develop and implement effective learning abroad programs such as the ones described here to Guatemala and Cuba (Visosky et al., 2016). Interdisciplinary Programs like *Spanish for the Health Professions* develop an unusual set of skills that positions nurses and other health professionals to overcome future health care challenges identified by the Institute for Healthcare Improvement's *Triple Aim*: improving the health of the population, enhancing the experience of care, and reducing per capita cost of care. What a better way for nurses to «be prepared to lead change and advance health?».

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Acknowledgements:

The authors would like to thank our international collaborators in Cuba and Guatemala. We want to acknowledge Guadalupe Blevins and her Highland Support Project team, who invite our students, year after year, to share in their incredible work. We would also like to thank Dr. Gloria Bonilla Santiago, who leads the Cuba Collaboration, along with our Cuban faculty collaborators at the Universidad de La Habana, Colegio San Geronimo, and FLACSO.

Costs of this project were supported by a grant from the Department of Education, International Foreign Language Education (DOE/IFLE) Award # P016A160081

Conflict of Interest

The authors declare that there is no conflict of interest.

Author's Contribution

Ana M. Laguna: created, wrote, supervised, and participated in the conceptual design, and editing process.

Nancy M.H. Pontes: participated in the conceptual design, manuscript preparation and editing.