

### **Quality Improvement Activity: Med Surg: Communication – Cultural Barrier**

A 40-year-old woman was admitted to the medical surgical unit from the emergency department unit an early morning. This patient is having heart complications and will need a heart bypass surgery as quickly as possible. A chest x-ray was done immediately and a cardiac catheterization as well which demonstrated blockage's that her coronary arteries have which require the bypass surgery. This needed to be done as soon as possible to avoid any other complications to occur. The nurse noticed that the patient would not speak at all as her ethnicity is Hispanic and looked as if she was scared to ask questions. The nurse was letting her know that she needed a heart bypass surgery which would be the next morning. She let her know that she needed papers to be signed off by her as well. The patient looked very confused and not sure what was going on, but the nurse kept going. Later that day the doctor came in to educate her on what was going to happen pre-op and post-op. The patient was just nodding but not answering to any of the questions. In addition, the doctor or nurse never bothered to ask if she was understanding completely the expectations of the surgery. The doctor left and told the nurse to have the patient sign the consent form. The nurse gave the paper to the patient and showed her where to sign without even asking once again if she understood everything. Unfortunately, the patient signed the consent form with a terrified expression not knowing what to even say to that aspect. The nurse took the paper and left the room without being worried about her patient not comprehending the situation she was in. The nurse never asked the patient, "Can you explain in your own words what the doctor just told you that he is going to do in the surgery and why?"

### **Describe the scenario. In what did the patient care or environment lack? Is this a common occurrence?**

In the scenario above the patient was admitted to the emergency unit because she was having heart problems. She was then transferred to the medical surgical unit to get the patient settled. She had no clue what was going on with her whole procedure as she came in not understanding her own diagnosis since there was a language barrier. After getting transferred to the medical surgical unit, no one even offered to ask the patient if she was comprehending her situation. There were visual cues since she had that clueless facial expression. After not answering questions and just nodding her head there were still no worries from the medical staff. There was a lack of communication going on between the patient and the whole medical team. The facility lacked on being able to keep the patient formally informed about her situation. There was a lack of communication between everyone involved in this patient's care. Her culture background was a barrier to having the right communication and this caused many misunderstandings. The patient has no idea what is going on and is going to a surgery that she has no idea what is going to occur. This is very common to occur anywhere in our country since there are many ethnicities who are scared to speak up and ask for an interpreter.

### **What circumstances led to the occurrence?**

The circumstances that led to this occurrence to occur would be the medical staff not asking the patient if she is understanding the medical process she is going through. The doctor and nurse are the most responsible to keeping up with their patient's safety and concerns handled. This is a major key to keep our patients safe and knowledgeable about their current medical situation. They need to thoroughly understand what procedures they will be going through.

**In what way could you measure the frequency of the occurrence? (Interviewing nurses, examining charts, patient surveys, observation, etc.)**

The frequency of language barriers is most common in any health care facility. Our country has many ethnicities in which they need help communicating their basic needs and getting the correct help. Due to the lack of communication that can occur like this situation, nurses need to pay close attention to their patients such as observing their facial expressions, voice, and hand gestures. Many patients can be afraid to speak up since they don't know English as well as how we speak it. We can tell by gestures they make, fidgeting their hands, or just nodding and not speaking. There is always the fear of deportation as well because they don't want to answer questions regarding their background. Other ways that can help us determine how frequency cultural barriers occur would be by doing patient survey's and asking them if it's frequent for them to be asked what their preferred language is. Many patients don't get asked this question which would help us guide our patients the correct way to where they need their help.

**What evidence-based ideas do you have for implanting interventions to address the problem?**

A great way to implement interventions to address this problem would be to have training/programs for the medical workers such as the doctors, nurses, or other health care workers. They need to have more education on how important it is to know your patient's primary language. This will eliminate many problems that can lead to a great disaster if your patient doesn't comprehend what's going on. Another intervention would be to get an interpreter in the room with the patient when education, teaching, or any kind of current communication will be going on between the nurse/doctor. This will help prevent any miscommunication between the patients and the medical staff. Having an interpreter will help the patients better understand what is going on with their medical situation. All these interventions will prevent cost effectiveness since many patients can sue the health care facilities for not providing any kind of help, they could've provided.

**How will you measure the efficacy of the interventions?**

I will measure the efficacy of these interventions by having patient charts always being reviewed to ensure we know their primary spoken language. The primary intervention would be to check on the health care facility has completed their extra training on how to communicate with patients who have culture barriers. We would need their certificate in cultural competence completed. Another way will be to also make sure every floor always has their own interpreter to be available and help patients in need to communicate. We want to improve the communication and language barriers that occur in a daily basis. Every day we will observe and identify cultural sensitivity and put our knowledge into place. We want to minimize the risk of harm to all our patients.