

Advancing Language Access in the Emergency Department through Implementation Science: A Nursing Perspective

Objective

To understand the perspectives of nursing staff regarding language access for Limited English Proficiency (LEP) patients in the Emergency Department (ED) utilizing qualitative interviews. The content of these interviews will be used to inform the construction of a novel intervention to improve language access in the ED.

Background

- Language barriers in clinical settings can negatively impact the health of patients.¹
- More than 25 million people in the US speak English less than very well and in Los Angeles Limited English Proficiency (LEP) is common.²
- A lack of access to interpreter services in healthcare settings can contribute to health disparities that uniquely impact immigrant communities.³⁻⁵
- Nursing staff play a critical role in patient care and communication.
- There is a significant knowledge gap regarding nursing staff perspectives on language access.

Methods

Study Design: Qualitative, semi-structured interviews were conducted with staff at Olive View Emergency Department (ED).

Subjects: Purposive sampling was used to select participants from each of the nursing roles in the department including, registered nurses, nurse assistants, and nurse practitioners.

Setting: A public academic ED with an annual census of approximately 60,000 patients.

Coding and analysis: The target behavior was defined as a healthcare provider calling an interpreter when they interact with a patient with LEP. The initial codebook was developed from the Behavior Change Wheel (BCW) framework. Both a deductive and inductive approach was used to yield a final codebook whose composition and definitions were determined by consensus.

Theoretical framework: The BCW is a theoretical framework used to characterize interventions and policies with the goals of changing behavior.

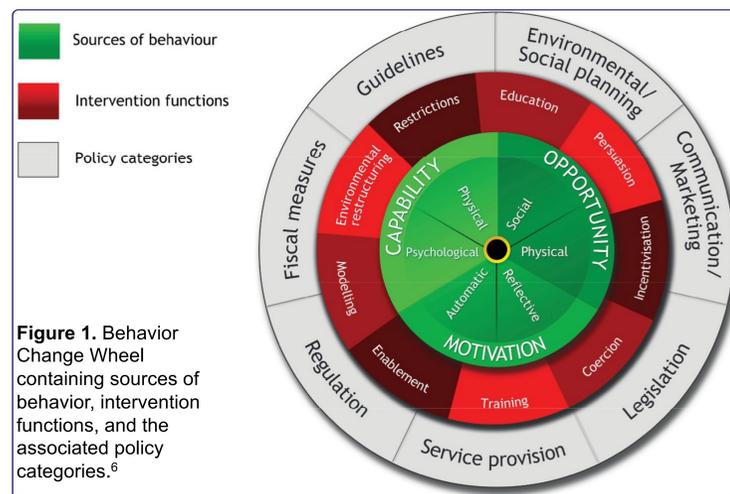


Figure 1. Behavior Change Wheel containing sources of behavior, intervention functions, and the associated policy categories.⁶

Results

- Preliminary results included interviews from 11 nursing roles in the emergency department including registered nurses (n=7), 2 nurse assistants (n=2), and nurse practitioners (n=2).
- The most prominent codes and barriers described were in relation to physical opportunity.
- Physical opportunity defined as "any physical environmental factors that lie outside the individual that make the behavior possible or prompt it" was mentioned most frequently

BCW Source	Barrier/Facilitator	Direct Quotation from Interview
Psychological Capability (Barrier)	Lack of training on Olive View policy on use of interpreter services	"I don't think it was trained I just learned, you know, by working here. Yeah, that's it."
Physical Capability (Barrier)	Inability to hear interpreter over the phone	"Sometime over the phone it's difficult to hear. They have a hard time, the translator has a hard time hearing the patient, especially if it's like in our open areas have a lot of background noise."
Physical Capability (Barrier)	Inability of remote interpreter to see nonverbal communication	"You know, instead of having someone on the phone that does it's not there, it's not seeing what's going on, because if the patient says it hurts here. That's that person on the phone cannot hear that."
Social Opportunity (Barrier)	Accepted in ED that asking colleagues to interpret is normal	"I've been in some situations where the doc then pokes his head out of the Curtain or room and says, 'Is there anybody that can help me in person?' That's that seems to be the the fallback."
Physical Opportunity (Barrier)	Inability to find a phone that works or mobile interpreting phone	"So a lot of times, you'll go back to a room and the phone is gone, because their previous patient was a mental health patient. And, you know, now you're like, 'Where's the phone in here?'"
Physical Opportunity (Barrier)	Time constraints favor asking a colleague to interpret	"You have to give your employee ID number you have to identify yourself. So some people find it quicker to just kind of tell them in between You know, or they tend to pull like NAs, like other ancillary staff to kind of translate instead of just using the services."
Automatic Motivation (Barrier)	Use of phone interpreters not part of usual workflow	"It just takes too long. Yeah you know, we're supposed to use it. I don't use it that often. That's my last resort. Like last resort."
Automatic Motivation (Barrier)	Not using interpreter because of knowledge of limited phrases in another language by repetition	"In emergency medicine, we kind of follow along a certain pathway. And, you know, the more times you do that pathway, you keep hearing the same question over and over and over."
Reflective Motivation (Facilitator)	Reflection on importance of quality interpretation	"Because that's going to reflect on the patient care. I always use the telephone. For the most part whenever I know it's not Spanish or English."
Physical Opportunity (Facilitator)	Availability of in-person professional interpreters in the ED	"No there is not enough time to use translator services like the in-person translator is actually really good at as far as like, dealing with patients who are sicker and then we need like information quickly."
Physical Opportunity (Facilitator)	Availability of Interpreter Phones in every room	"They put phones in every room. So we didn't have that before. I know, they care. I mean, I see that the administration or DHS cares about that. They find that as a very important, very important."
Social Opportunity (Facilitator)	Administration expects staff to use interpretation	"They always tell us you're not, you know, if you have a patient that does not speak your language, yes, use the translator."

Table 1. BCW sources of behavior, associated barrier/facilitator, and direct coded quote from interviews.

	Education	Persuasion	Incentivization	Coercion	Training	Restriction	Environmental Restructuring	Modelling	Enablement
Physical Capability					✓				✓
Psych. Capability	✓				✓				✓
Reflective Motivation	✓	✓	✓	✓					
Automatic Motivation		✓	✓	✓			✓	✓	✓
Physical Opportunity						✓	✓		✓
Social Opportunity						✓	✓		✓

Table 2. BCW sources of behavior, and associated intervention strategies

Limitations

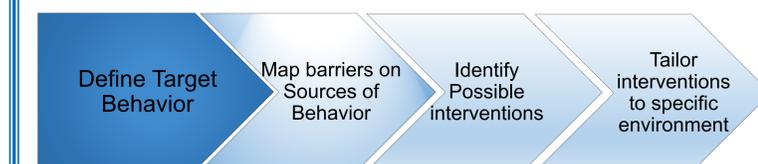
This is a single ED study therefore generalizability is limited. Current sample size has not reached thematic saturation.

Conclusion

- Underuse of interpretation services can lead to poorer health outcomes, and especially targets immigrant communities. The perspective of nursing staff in using these services is particularly important because of their closer interactions during patient care.
- While nearly all participants acknowledged the importance of using interpreter services, they also described significant barriers to the use of interpreter services especially regarding physical opportunity, reflective motivation, automatic motivation, and social opportunity.

Next Steps

Sources of behavior identified in this study will guide implementation strategy for any planned intervention in accordance with the BWC framework with the goal of improving use of interpreter services in the ED.



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