

# Breaking the Language Barriers in the Delivery Room

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# Breaking the Language Barriers in the Delivery Room

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## Background/Triggers

- Non-English speaking patients
- Limited access to interpretation services
  - Current resources: ODI (interpreter through iPad video chat), live interpreters, blue phones, bilingual staff
    - Resources not ideal during delivery
- Busy Delivery room
  - Loud environment (equipment, conversations, etc.)
  - Support persons, RNs, doctors, technical partner, NICU staff

## Purpose/PICO

### Project Purpose:

The purpose of this project is to enhance nurse/patient communication in all delivery rooms, thus improving patient safety and satisfaction.

### PICO Question:

In pregnant women during the pushing process of labor, how would having a multilingual education tool in all delivery rooms enhance effective nurse/patient communication, compared to not having one?

**P-** Labor & Delivery nurses

**I-** Multilingual education tool (communication board of graphics paired with common phrases used during the pushing process of labor in English/Arabic, English/Spanish, and English/Vietnamese).

**C-** Not having practical tools readily available.

**O-** Nurses perception of effective communication in the delivery room with non-English speaking patients.

## Evidence

- “Lack of interpreter services or culturally/ linguistically appropriate health education materials is associated with patient dissatisfaction, poor communication and compliance, and ineffective or lower quality care” (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003).
- “...studies demonstrated that cultural competence training of healthcare providers was significantly associated with increased patient satisfaction” (Govere, L. & Govere, E., 2016).
- “Language barriers in any country or setting, can negatively affect nurses’ ability to communicate effectively with their patients and thereby have a negatively impact on provision of appropriate, timely, safe and effective care to meet patient’s needs” (Azam & Watson, 2017).
- The evidence found indicates that training staff to be culturally competent and using educational tools to communicate effectively, will increase patient satisfaction.

## Implementation

- Pre-project survey
  - Surveyed 30 out of 59 labor and delivery nurses; how comfortable they felt caring for non-English speaking patients, what resources they used, their availability and effectiveness.
    - 53% of the nurses felt uncomfortable/somewhat uncomfortable when caring for non-English speaking patients.
- With the help of Interpreter Services, revealed the top 3 non-English speaking population of patients at LVHN-CC
  - Spanish
  - Arabic
  - Vietnamese
- Work with interpreter and education services to create a multilingual and picture communication board
  - Common phrases and pictures in the above languages to utilize during the pushing process

## Implementation Continued

- RNs use communication boards with the patients
- Post-project survey
  - Survey RNs who utilized communication board to determine if new tool is effective- in process

## Outcomes

- To be determined after next steps

## Next Steps

- RN’s to utilize the multilingual education tool in all delivery rooms with non-English speaking patients.
- Post project survey
- Determine effectiveness of multilingual educational tool through analyzing post project surveys from RN’s
- Recommend further action based on results

## References

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- Govere, L., & Govere, E. M. (2016). How effective is cultural competence training of healthcare providers on improving patient satisfaction of minority groups? A systematic review of literature. *Worldviews on Evidence-Based Nursing*, 13(6), 402-410.

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