

In home healthcare, not speaking patients' native language negatively affect care outcomes

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Credit: New York University

In the United States (U.S.), one in every five households speaks a language other than English at home. Research has shown, as English language proficiency decreases, positive healthcare outcomes also decrease. Limited English proficiency (LEP) patients are at higher risk of 30-day readmissions, longer length of stay in both the inpatient and emergency room settings, and adverse events.

The adverse effects of [language](#) gaps may be most pervasive in [home health care](#) settings where the implementation of interpreter services is difficult and highly inconsistent, making effective communication between healthcare professionals and patients challenging. There is a paucity of research in this area, according to New York University Rory Meyers College of Nursing (NYU Meyers) researcher Allison Squires, FAAN, PhD, RN.

"The lack of research about the impact of language barriers on patient outcomes in home health care represents a point of vulnerability for LEP patients as they transition through the healthcare system," said Dr. Squires.

"This is an ongoing challenge for [health care providers](#)," commented Dr. Penny Feldman of the Center for Home Care Policy and Research at the Visiting Nurse Service of New York (VNSNY), who noted that VNSNY deploys bilingual clinicians and interpreters where possible.

In a recently published paper in *Home Health Care Management and Practice*, Dr. Squires and her team from NYU and the VNSNY aimed to fill this knowledge gap.

"In the study, we explored the potential vulnerability in home health care service delivery by examining the frequency of language-concordant visit patterns among home health patients using electronic health records and organizational administrative datasets," notes Dr. Squires.

The study, "An Exploratory Analysis of Patient Provider Language-Concordant Home Health Care Visit Patterns," examined language concordance visits for registered nurses (RN) and physical therapists (PT). They defined a language-concordant visit as a duty call where the provider spoke the same language as the patient, or an interpreter accompanied the provider. The study used data from home [health care services](#) in the New York City area, representing the dominant immigrant demographics: English, Chinese, Italian, Greek, Korean, Patois, Russian, Spanish, Yiddish, and others.

According to the results, only 18.1% of RN visits and 26.7% of PT visits with LEP patients were language concordant. Korean speakers had the highest percentage of language-concordant visits by RNs, with 31.3% of visits in that category, followed by Russian (22.4%) and Chinese speakers (18.7%). Despite the fact that Spanish is the second most spoken language in the U.S., only 13.1% of RN visits with Spanish speaking patients were language-concordant.

Among LEP patients receiving PT services, Koreans also had the highest percentage of language-concordant visits at 45.1%, with Chinese (30.1%) and Russian (25.1%) speakers also rounding out the top three. Only 12% of PT visits with Spanish speakers were language concordant. Dr. Squires notes that these findings also point to a lack of understanding of the language-capacity of the U.S. healthcare workforce, and calls for more research on this subject, as it is an integral piece to determining the impact—and how to increase the percentage of—language-concordant healthcare visits.

"The broader significance of these findings is that as societies diversify through immigration, the demand for language-concordant health services will rise," said Dr. Squires. "Locations that are 'new' to managing the linguistic diversity brought about by changing immigration patterns, can learn from organizations in locations with more experience

handling the issue and potentially find mutually beneficial solutions to addressing the problem," agreed Dr. Feldman.

Frequency (or lack thereof) of language-concordant health care encounters also has the potential to highlight cultural competence, unconscious bias, and discrimination in health services. How the language barriers in health care delivery are addressed—from the nursing assistant up through the Chief Executive Officer—may reflect broader attitudes within the organization toward racial, ethnic, and linguistic minorities.

"A failure to adequately respond to demand for language-concordant services could, for example, be a reflection of how staff deliver and organize care or an organization's operational philosophy around addressing health disparities in the populations they serve," said Dr. Squires. "More research is needed to determine the right 'dose' of bilingual home care visits to optimize home care outcomes and establish a standard for care."

Ensuring that language-concordant encounters happen across the care continuum is an important strategy for increasing access to care at the earliest stages, thereby reducing readmission risks, and improving care transitions throughout the healthcare system.

The researchers note that by exploring this phenomenon in the home health care setting, this study provides a solid starting point for addressing the problem of lack of concordant-language encounters and may inform how data related to language are managed in other [health](#) care settings. It is the hope of Dr. Squires and her team that this data will serve as a foundation to build a better understanding of the complexity of this issue.

More information: Allison Squires et al. An Exploratory Analysis of

Patient-Provider Language-Concordant Home Health Care Visit Patterns, *Home Health Care Management & Practice* (2017). DOI: [10.1177/1084822317696706](https://doi.org/10.1177/1084822317696706)

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