A Needs Assessment for Development of an Interpreter Services Educational Tool for CRNAs

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Competence

• U.S. population is more diversified
  • Decline in Caucasian population
  • Rise in Hispanic, Asian, and African American populations

• 291 million people in the U.S.
  • 60.5 million speak a language other than English within their home
  • 15.4% do not speak English well and 7% do not speak English at all

• 322 languages spoken in the U.S.
  • Spanish is the second most common language spoken in the U.S.

Purpose

• Despite evidence of provider misuse of interpreter services and the resultant adverse outcomes that can have occurred, few studies have assessed or addressed the gaps in knowledge and attitudes of certified registered nurse anesthetists (CRNAs) towards interpreter service usage when providing care and consenting limited English proficient (LEP) patients

Methodology

Research Design

• A descriptive, online survey research design

Sample

• A purposive sample of 100 English-speaking CRNAs from the Illinois Association of Nurse Anesthesiologists (IANA)

Inclusion Criteria:

• English-speaking CRNAs licensed in the state of Illinois with current active practice.

Exclusion criteria:

• Student registered nurse anesthetists (SRNAs), non-English speaking and non-practicing CRNAs

Instruments

A survey contained the following four parts:

• Demographics
• CRNA knowledge of appropriate interpreter use
• Attitudes toward utilization of interpreter services
• Continuing education needs for interpreter service usage

Data Analysis

• The sociodemographic characteristics of the study sample were described using descriptive statistics.
• Survey data were summarized using frequencies, means, percentages, and standard deviations.
• Descriptive, t-test and correlational statistics were used to analyze data using the International Business Machines (IBM) SPSS version 23

Results

Knowledge Assessment

• Participants had a significant lack of knowledge in ALL areas
  • Laws
  • Type of interpreter: Professional vs. non-professional
  • A significant linear relationship
  • Females have greater knowledge regarding interpreter service usage vs. males (p = 0.001)

<table>
<thead>
<tr>
<th>Knowledge Questions</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the following guarantees limited English proficient (LEP) patients' legal rights to interpreter services?</td>
<td>32.6% (n=30)</td>
<td>67.4% (n=62)</td>
</tr>
<tr>
<td>Who is it appropriate to use a friend or family member as an interpreter for an LEP patient?</td>
<td>38% (n=35)</td>
<td>62% (n=57)</td>
</tr>
<tr>
<td>Who can be used as an interpreter for an LEP patient if the interpreter requests an alternative individual?</td>
<td>7.6% (n=7)</td>
<td>92.4% (n=85)</td>
</tr>
<tr>
<td>Of the following situations require an interpreter for an LEP patient EXCEPT…</td>
<td>61% (n=55)</td>
<td>39% (n=37)</td>
</tr>
<tr>
<td>Of the following statements are true regarding LEP patients compared to English proficient patients EXCEPT…</td>
<td>42% (n=39)</td>
<td>58% (n=53)</td>
</tr>
</tbody>
</table>

Attitudes Assessment

• 5 out of 7 questions answered positively
  • Open to learning more about appropriate interpreter service usage
  • 2 questions suggesting more education needed
  • Insufficient cultural competency training
  • Reliance on personal foreign language skills

Overall: Increased knowledge may improve compliance with interpreter use

<table>
<thead>
<tr>
<th>Attitudes Questions</th>
<th>Disagree/Strongly Disagree</th>
<th>Agree/Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do NOT receive sufficient cultural competency training that includes information about interpreter service usage at my primary place of practice</td>
<td>33% (n=30)</td>
<td>67% (n=62)</td>
</tr>
<tr>
<td>I prefer to use family members or medical personnel to interpret for LEP patients because it is more convenient</td>
<td>65% (n=60)</td>
<td>35% (n=32)</td>
</tr>
<tr>
<td>It is appropriate to rely on my own foreign language skills to interpret for an LEP patient if I feel I am competent</td>
<td>43% (n=39)</td>
<td>57% (n=53)</td>
</tr>
<tr>
<td>There is no difference between using a professionally trained interpreter and a fluent speaking family member or fluent hospital staff member to interpret for an LEP patient</td>
<td>61% (n=56)</td>
<td>39% (n=36)</td>
</tr>
<tr>
<td>I do NOT know how to access a professional interpreter when necessary</td>
<td>57% (n=52)</td>
<td>43% (n=40)</td>
</tr>
<tr>
<td>If time constraints exist, it is appropriate for me to rely on my own limited foreign language skills to interpret for an LEP patient</td>
<td>60% (n=55)</td>
<td>40% (n=45)</td>
</tr>
<tr>
<td>I prefer to use family members or medical personnel to interpret for LEP patients because I am dissatisfied with interpreter service availability at my primary place of practice</td>
<td>67% (n=62)</td>
<td>33% (n=30)</td>
</tr>
</tbody>
</table>

Limitations

• Kuder Richardson 20 score of 0.051 for the knowledge section

Conclusion

• The results of this study found that CRNAs are significantly lacking in knowledge in all the areas that were assessed.
• Assessment of the attitudes of CRNAs toward interpreter services demonstrated positive responses suggesting that CRNAs are opened to increased learning.
• The results of the survey indicate that many respondents do not receive continuing education and support a need for continuing education on interpreter service use for CRNAs.
• 5 components should be included in a cultural competency: Laws, who can be used as interpreters, patient situations for use, adverse events for LEP patients & how to access interpreter services.