DOES THE USE OF PROFESSIONAL INTERPRETERS ENHANCE COMMUNICATION FOR NON-ENGLISH SPEAKING FAMILIES IN THE NEONATAL INTENSIVE CARE UNIT?

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BACKGROUND

- According to the US Census in 2000, there are 47 million people who speak a language other than English at home.
- Fifty percent indicate that they speak English less than “very well.”
- These people are considered to have limited English proficiency which means they are not able to read, write, or comprehend English at a level that will allow them to interact adequately with health care providers.

PURPOSE

- The purpose of this project was to determine adequate use of hospital interpreters for families with little or no English who had babies in Neonatal Intensive Care Unit (NICU).

PROBLEM ANALYSIS

- A survey of nursing staff in Mission Children’s Hospital NICU indicated that some nurses believe that it is acceptable to use family members or an infant’s sibling to communicate with non-English speaking parents.
- The survey revealed that most of the time an interpreter was called to communicate with non-English speaking parents.
- There were nurses who indicated occasional or limited use of interpreters with non-English-speaking families.

SURVEY QUESTIONS

- When asked if it is okay to use a family member or infant’s sibling for interpretation with non-English speaking parents, 33 percent of NICU nurses responded “Yes” in the survey.
- According to the survey, 59 percent of the NICU nurses called for an interpreter to communicate with non-English-speaking families either most of the time or always.

STUDY

- This was a mixed methods survey study with retrospective comparisons of non-English-speaking parent perceptions before and after staff received data on the use of interpreters in the NICU.
- Participants were non-English speaking parents reflecting on their infants entire hospital stay in the NICU when responding to survey questions.
- A hospital interpreter was used to read the Consent to Participate in a Research Study to potential participants and obtain their verbal consent.
- The study was conducted with consent of non-English speaking parents after their baby has been hospitalized for a minimum of 3 days.
- The hospital interpreter was utilized throughout the survey process.

OUTCOME MEASURES

- Before Nursing Education
- After Nursing Education

FUTURE PLANS

- Ongoing education of staff regarding cultural differences, health care needs, and nursing care of families with communication barriers.
- Survey staff for assessment of change in staff views on interpreter use in the NICU.
- Development of Nurse Standard for use with families with limited or non-English speaking proficiency.

SPECIAL ACKNOWLEDGEMENTS

Linda V. Smith, RN-NC, MSN, IBCLC, Manager, NICU, Mission Children’s Hospital
Leitheth Hamilton, Translator and Superintistic Interpreter Services, Mission Health
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REFERENCES


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