

# Cultural Awareness

## Ensuring high-quality care for limited English proficient patients

Stephanie Betancur, BSN, RN, AnnMarie Lee Walton, PhD, RN, MPH, OCN®, CHE, Cheryl Smith-Miller, PhD, MEd, RN-BC, Chris Wiesen, PhD, MEd, MA, and Ashley Leak Bryant, PhD, RN-BC, OCN®



**BACKGROUND:** Cancer hospitals throughout the United States have seen an increase in the number of adults who are considered limited English proficient (LEP); such individuals do not speak English as their primary language and have a limited ability to read, speak, write, or understand the language. This population requires nurses who are responsive to their language and cultural needs.

**OBJECTIVES:** The purpose of this study was to assess cultural awareness among inpatient oncology nurses and to identify areas for cross-cultural training and educational development.

**METHODS:** 44 inpatient oncology nurses from an oncology unit that admits a large number of Spanish-speaking patients responded to an online survey containing 23 Likert-type questions and 4 open-ended questions.

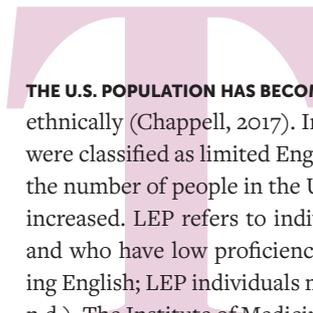
**FINDINGS:** Despite survey results indicating a moderate to high level of cultural awareness, nurses expressed a need for tools and resources to provide equitable and safe care to LEP adults diagnosed with cancer. To improve the care of LEP patients, nurses suggested the use of resources such as an assigned unit interpreter, an increase in bilingual nursing staff, dual language materials, and free language lessons.

### KEYWORDS

cultural awareness; interpreter; limited English proficiency; Latinx; bilingual

### DIGITAL OBJECT IDENTIFIER

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**THE U.S. POPULATION HAS BECOME INCREASINGLY DIVERSE**, culturally, racially, and ethnically (Chappell, 2017). In 2018, 47% of immigrants aged 5 years or older were classified as limited English proficient (LEP) (Budiman, 2020). Overall, the number of people in the United States who are considered to be LEP has increased. LEP refers to individuals whose primary language is not English and who have low proficiency in reading, speaking, writing, or understanding English; LEP individuals may be entitled to language assistance (LEP.gov, n.d.). The Institute of Medicine (2011) has called for a nursing workforce that is diverse in gender, race, and ethnicity for the delivery of culturally appropriate care to meet the needs of this growing patient population. Concerted efforts are needed to develop nurses' skills in caring for increasingly diverse patient populations.

Language and culture are interconnected. Working with people who speak a different language also involves interacting with their culture. Consequently, cultural awareness is essential for effective communication with individuals who think, feel, and behave in different ways, particularly in the healthcare setting (Tate, 2003). The literature on cultural awareness among healthcare providers is limited, particularly for oncology nursing and LEP patients. Being culturally and linguistically responsive provides a foundation for high-quality care, improving health outcomes and decreasing health disparities for all patients (Montie et al., 2016; U.S. Department of Health and Human Services, n.d.).

Cultural awareness involves recognizing, comprehending, and valuing cultural differences. It also requires self-reflection and recognition of internal prejudices (Campinha-Bacote, 1999). Heightening cultural awareness among nurses fosters recognition of patients' needs and access to the resources (e.g., interpreter services) necessary to provide high-quality and equitable care.

A first step in building rapport with patients from diverse backgrounds is increasing one's cultural awareness, which includes reflecting on and acknowledging how one's own cultural background informs perspective, behavior, and decision making (Campinha-Bacote, 1999). For oncology nurses, increased cultural awareness could facilitate an understanding of the cultural context and beliefs related to a cancer diagnosis. Although previous exposure to cultures, languages, and people outside of one's own culture or environment can increase nurses' cultural responsiveness and comfort in caring for LEP adults, it is important for nurses to be receptive and take advantage of opportunities to interact with adults from diverse backgrounds (Mayo et al., 2014).

Language barriers in oncology settings present specific challenges because of the complexity of the information shared and the required decision making