Importance and Promotion of Linguistic Safety in the Healthcare Setting

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The United States has always been and will continue to be a nation of many cultures and languages. In the healthcare arena, this means safety will depend on clear, linguistically appropriate communication between the patient and family and the healthcare provider. Three obstacles exist to this type of essential communication: limited English proficiency, low health literacy, and cultural barriers.

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The Joint Commission, founded in 1951, accredits more than 18,000 healthcare organizations and programs and is the largest and oldest standards-setting and accrediting body in health care in the United States (Joint Commission, 2012a). They set the standards for and enforce high-quality care. The National Patient Safety Goals come directly from the Joint Commission (2013); however, none of those goals address language, health literacy, or culture (Joint Commission, 2010). Admission, assessment, treatment, and family-centered care fields into their standards on Culturally and Linguistically Appropriate Services in Health Care to encourage appropriate care and communication by healthcare providers for individuals with limited English proficiency.

The standards were created in 2001 and updated in 2010 in an attempt to address proper verbal and written communication in a multilingual and multicultural society. However, no financial incentives exist for compliance or regulation of the standards. The standards serve as a guide and conceptually provide guidance. However, without funding and cost-effective strategies to enhance the application of the standards, they only rank with minimum importance in the healthcare setting.

The Joint Commission’s (2010) roadmap for hospitals defined communication as a “two-way process in which messages are negotiated until the information is correctly understood by both parties” (p. 1). The Joint Commission (2010) addresses communication between the patient and family and the healthcare provider in the roadmap for hospitals. The purpose of the roadmap is to “inspire hospitals to integrate concepts from communication, cultural competence, and patient- and family-centered care fields into their organizations” (Joint Commission, 2010, p. 3). Admission, assessment, treatment, end-of-life care, discharge or transfer, and organizational readiness are addressed in this document. The roadmap also contains information on how to ensure that each healthcare facility excels in communication between the patient and family and the healthcare provider. However, the guidelines provided may not be working. In an account given by a nurse (L. Allchin, personal