Improving Communication for Surgical Patients With Cancer With Limited English Proficiency

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Understanding disease processes, treatments, and special needs for surgical patients with cancer with limited English proficiency (LEP) can promote safe and accurate care. To ensure healthcare equity for patients at a large cancer center, perianesthesia nurses and language assistance staff formed a joint task force to improve the care of perioperative patients with LEP, including those with hearing, speech, or visual impairments. By providing staff with up-to-date communication and language assistive technology and educating them about its proper use, oncology nurses can better advocate for patients with LEP, ensure accurate assessments, and foster health equity.

AT A GLANCE

- To accurately assess and treat patients with cancer with LEP, healthcare staff need education about how to use medical interpreters and language assistive technology.
- Perianesthesia nurses can develop processes that address the linguistic, communication, and cultural diversity of surgical patients with cancer.
- Staff and patient education programs emphasizing the role of medical interpreters and language assistive technology in nursing practice can improve outcomes for patients with LEP.

apturing a detailed health history for patients with communication barriers can have a significant impact on the successful outcome of a surgical procedure (Ortega et al., 2022). Because patients with cancer often have had complex medical and surgical interventions, including treatments that may affect the administration of anesthesia and postoperative healing (Ahn et al., 2019; Gudaitytė et al., 2017), a comprehensive nursing intake is the standard perianesthesia nursing assessment for surgical patients with cancer (American Society of PeriAnesthesia Nurses, 2020).

Individuals with limited English proficiency (LEP) communicate using a primary language other than English or have a limited ability to read, write, speak, or understand English (Joint Commission, 2021). LEP can affect the ability of patients to express their state of well-being and their comprehension of what is being conveyed to them in a healthcare setting (Paul, 2022; Trube & Yeo, 2023). Patients whose primary language is not English may have hearing or visual impairments, be nonverbal, or process language differently than those without communication barriers (National Association of the Deaf, n.d.; Schultz & Savaiano, 2022). Evaluating patients with cancer with LEP and a complicated medical and surgical background necessitates the use of available language assistive technology and interpreters in a healthcare setting (Diamond et al., 2019; Paul, 2022). Empirical evidence describes the nursing role while working with patients with LEP; however, a gap exists in describing systematic programs aimed at introducing language assistive technology to nurses and educating them about proper usage (Ali & Watson, 2018; Lopez-Bushnell et al., 2020). Therefore, to address healthcare disparities for patients with LEP at Memorial Sloan Kettering Cancer Center (MSKCC) in New York, New York, perianesthesia nurses and language assistance staff formed a joint task force to foster health equity for patients with LEP through staff education and communication initiatives.

Purpose

This quality improvement project describes the development, implementation, and evaluation of an interdepartmental initiative between linguistic experts from the Language Assistance Program (LAP) and perianesthesia nurses at MSKCC. The project's objective was to improve communication