Language Concordant Care: Utilization of Translation Services in a Rural Kansas Critical Access Hospital

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Abstract

Language diversity in rural Kansas is increasing, necessitating improved communication strategies in healthcare. This quality improvement project assessed the use of an electronic translation tool following the implementation of staff education and a door graphic reminder in a 25-bed critical access hospital. Pre- and post-surveys were conducted among 568 staff members, with 56 responding initially and 49 completing the post-survey. A 17% increase in knowledge of translation device locations was observed, and a 432% increase in translation tool usage was recorded after the interventions (p=0.0009). These findings suggest that targeted educational efforts and visual cues can enhance language concordant care in rural healthcare settings.

Background and Significance

Effective communication between healthcare providers and patients is crucial for accurate diagnoses and positive health outcomes (Institute for Healthcare Communication, 2023). Language barriers can lead to mistrust and reduced healthcare utilization (Barghadouch & Norredam, 2022). Health equity, as defined by the CDC, ensures fair opportunities for optimal health, yet individuals with limited English proficiency (LEP) face significant disparities (Centers for Disease Control and Prevention, 2023). Title VI of the Civil Rights Act mandates language services in federally funded programs, but barriers such as cost, accessibility, and staff training hinder compliance (U.S. Department of Justice, 2024).

In Kansas, Spanish is the second most prevalent language, but only 9% of healthcare workers speak Spanish fluently (Funk & Lopez, 2022). Advanced Practice Registered Nurses (APRNs) play a key role in reducing disparities through translation services. Addressing language barriers aligns with national health initiatives like Healthy People 2030, which prioritizes improving medical understanding among LEP populations (Office of Disease Prevention and Health Promotion, 2023).

Literature Review

A review of 20 primary research articles identified five key themes:

1. **Unmet Need for Spoken Language Assistance:** Many LEP patients lack access to adequate translation services, leading to communication gaps (Taira & Orue, 2019).
2. **Impact of Language Concordant Care: Studies** link language-concordant care with reduced hospital stays, lower readmission rates, and better health outcomes (Seale et al., 2022).
3. **LEP Populations as Vulnerable Groups:** LEP individuals, often from immigrant communities, face challenges in navigating healthcare systems (Pandey et al., 2021).
4. **Resource Availability and Staff Knowledge:** Facilities with trained staff and readily available translation tools report better patient outcomes (Lopez-Bushnell et al., 2020).
5. **Cultural Competency and Language Equity:** Promoting language services improves provider-patient relationships and overall healthcare experiences (Villanueva, 2023).

Project Purpose and Methods

The project aimed to improve translation service use in a rural hospital by implementing staff education and a visual reminder system. Key research questions included:

- What barriers hinder translation service use?
- Can staff education increase translation tool utilization?
- Will a door graphic reminder improve translation service engagement?

A pre- and post-survey was conducted, and a door graphic was placed on patient rooms requiring translation services. Data from the Propio translation service line was collected over one year, including six months pre- and post-implementation.

Results

Of the 568 staff surveyed, 56 completed the pre-survey and 49 completed the post-survey. Findings included, 73% of staff were initially aware of translation devices, increasing to 89.7% post-education. 52% of respondents knew how to use the devices before education; 59% reported improved knowledge afterward. The likelihood of using translation tools increased, with 45% indicating they were "very likely" to use them post-education. The most common barriers identified were device unavailability (26.5%), reliance on coworkers for translation (20.4%), and perceived language concordance (20.4%) (Rawal et al., 2019). With the implementation of both interventions, usage of the translation service increased from an average of 22 calls per month to 95 post-intervention, a 432% increase (p=0.0009).

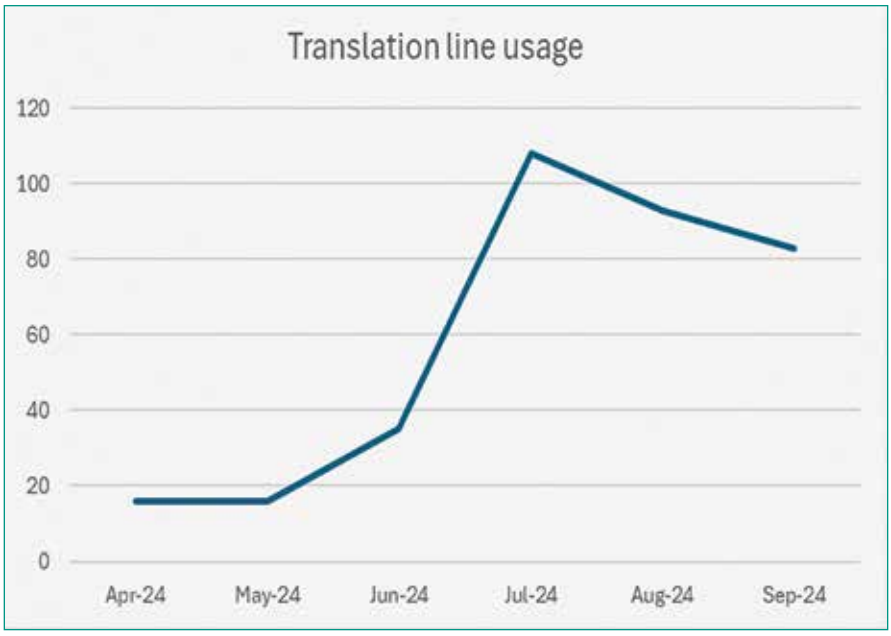
Nursing Implications

Nurses play a critical role in eliminating language-related healthcare disparities. Increasing awareness of federal requirements, improving accessibility to translation tools, and implementing reminders like door graphics can significantly improve patient communication and care (Hsueh et al., 2019).

Sustainability measures include incorporating translation service training into annual competencies, recruiting bilingual staff, and incentivizing language certification for employees.

Translation Tool Usage

Date	# of times accessed	Language	Average Duration (min)
Jul-23	72	Spanish (72)	14.72
Jan-24	12	Spanish (10); Vietnamese (2)	16.67
Apr-24	16	Spanish (15); Cantonese (1)	19.63
May-24	16	Spanish (16)	25.31
Jun-24	35	Spanish (35)	15.02
Jul-24	108	Spanish (106); Vietnamese (2)	17.31
Aug-24	93	Spanish (88); ASL (4); Vietnamese (1)	21.49
Sep-24	83	Spanish (78); Arabic (1); Vietnamese (3); ASL (1)	19.59



Discussion

Barriers identified in the study were congruent with research studies and include device accessibility, preference for in-person translation, and infrastructure limitations. Many staff were unaware of translation tool locations or had difficulty accessing the devices (Mulpur & Turner, 2021). Staff often relied on family members or coworkers instead of electronic devices (Jaeger et al., 2019). Rural hospitals struggle with translation service implementation due to funding and staffing constraints (Schiaffino et al., 2016).

Strengths and Limitations

Strengths during the study include high staff engagement and willingness of staff to improve quality of service through language services. In addition to willingness to work on quality, this project aligns with the organizations efforts to enhance language equity. Due to the study's focus on a single rural Kansas hospital, generalizability is a major limitation. In addition to small sample size, the study was limited in duration preventing long-term impact assessment. Final limitation to the study was the potential for response bias in self-reported survey data (Graves et al., 2020).

Conclusion

Providing language-concordant care is essential to reducing healthcare disparities. While translation services are currently federally mandated, many hospitals struggle with implementation. This study demonstrated that staff education and simple visual reminders significantly increase the use of translation tools. Future research should explore additional strategies for rural settings, such as telehealth translation services, multilingual provider recruitment, and technology-driven solutions to bridge language gaps. ■

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The AI Shift: How Kansas Nurses Can Embrace Technology Without Losing the Human Touch

By Brooka Martin, MSN, RN

Artificial intelligence (AI) is no longer the stuff of science fiction, it's already embedded in the fabric of everyday life, including healthcare. From voice-assisted documentation to clinical decision support systems, nurses across the nation are increasingly encountering AI-powered tools at the bedside. These innovations, while offering accuracy and efficiency, also present new ethical considerations and challenges to maintain the human-centered and compassionate care that defines nursing. Nurses are uniquely positioned to lead this shift in technology with innovation and integrity.

The Rise of AI in Nursing Practice

AI in nursing isn't about replacing jobs, it's about enhancing them. Hospitals and clinics are integrating AI through their systems to enhance performance. AI can be utilized in predictive analytics to determine if a patient is a sepsis risk, in virtual nursing assistants to streamline patient questions and even in machine learning tools that support staffing optimization.

In rural areas, as much of Kansas is, staffing shortages and limited access to specialists and/or higher-level care is common. Fortunately, AI-enabled telehealth platforms are helping to close the gap. For instance, an AI-supported diagnostic assistant can help triage patients remotely or guide nurse practitioners in decision-making, making care faster and more consistent. During the COVID-19 pandemic, the value of these tools became even more evident as healthcare providers sought safer, contactless methods to assess and monitor patients.

Benefits Worth Noting

Increased Efficiency: AI can significantly reduce documentation time through natural language processing tools like voice dictation or charting automation.

- Improved Patient Outcomes: Predictive algorithms can help flag clinical deterioration or complications before they escalate.
- Enhanced Access in Rural Kansas: AI in telehealth can offer decision support to isolated nurses and nurse practitioners, improving quality and safety in more remote geographical areas.
- Data-Driven Decision-Making: AI can synthesize large amounts of patient data to help prioritize care and reduce errors.

These benefits are especially critical in Kansas, where rural hospitals often function with minimal staff and resources. Integrating AI doesn't just support better outcomes, it actively helps prevent nurse burnout by streamlining repetitive tasks and allowing nurses to focus more on meaningful patient interaction.

Concerns and Considerations

Despite these advantages, the rise of AI also comes with caution. Ethical issues such as data privacy, bias and over-reliance on technology must be addressed. For example, AI tools are only as accurate as the data they are trained on. If that data lacks diversity or is outdated, the tool may produce flawed or inequitable outcomes.

Additionally, there is concern that too much reliance on AI may depersonalize nursing care. When decisions are driven by algorithms rather than the clinical intuition of an expert nurse and holistic assessment, the risk is losing the nuanced understanding that nurses bring to each and every patient encounter.

Maintaining the Human Touch

Nurses must serve as the moral compass in this tech evolution. Here's how we can do that:

- Lead with Empathy: While AI can suggest interventions, only the nurse can assess a patient's fears, cultural values, and unspoken needs. Empathy must remain at the center of care.
- Question the Algorithm: Nurses should be encouraged to question or override AI-driven alerts when clinical judgment indicates a different course of action.
- Champion Ethical Practice: Advocate for transparent AI tools that respect patient autonomy and privacy. Ensure rural and underserved populations are equitably represented in training data sets.
- Educate Ourselves and Others: As lifelong