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Culturally Appropriate Health Education:

Translation of a Parturient Pain Relief Options Pamphlet into French and Spanish

Executive Summary

Introduction of the Problem

The United Nations reported immigration has peaked over the last fifteen years. In 2019, the number of immigrants reached 272 million worldwide, with the United States as the largest host to 57 million (McCauliffe & Khadria, 2019). Over half of U.S. immigrants are women who also comprise 48% of the 505,000 immigrants who reside in Illinois (Paral, 2014). According to Paral (2014), 32% of Illinois immigrants do not speak English well, and 19% do not speak English at all. During pregnancy, U.S. immigrants experience unique healthcare needs as compared to the native population due to social and cultural circumstances (Soto Mas, Mein, Fuentes, Thatcher, & Balcázar, 2013). Barriers to communication, both spoken language and culturally associated communication norms, limit immigrant women's ability to seek, gain access, and follow through with perinatal care.

As a level III perinatal center in Sangamon county, the host facility provides care for women experiencing high-risk pregnancies across 37 counties in central Illinois and delivers over 1,800 babies every year ("Community Health Needs Assessment," 2018). From 2000 to 2017, the percentage of people speaking a language other than English at home increased from 3.6% to 4.8% in Sangamon county. Nearly one-third of these individuals were Spanish speaking and 2.1% were French speaking (United States Census Bureau, 2017). The perinatal healthcare team has recognized language barriers for women seeking care, especially French speaking immigrant women of Haitian and African origins, and Latina women who speak Spanish. This project aimed to customize and translate an existing parturient pain relief options pamphlet at a

level III perinatal center in central Illinois in an effort to promote culturally sensitive care and potentially improve the health literacy of French and Spanish-speaking women.

Literature Review

The world population is becoming more diverse, with one out of 33 persons classified as an immigrant (International Organization for Migration, 2016). Healthcare providers are witness to the dynamic cultural backgrounds, and the barriers immigrants seeking care may face (Tanriverdi, 2017). Sensitivity to the needs and customs of diverse populations is critical for the appropriate delivery of healthcare. Cultural sensitivity reduces discrimination, racism, communication barriers, inequality and improves quality of care, patient satisfaction, and outcomes. Education enables providers to identify personal cultural identities and biases, increasing their knowledge, awareness of, and sensitivity to the unique qualities of other cultures (Bicer & Sekerci, 2019).

After a review of the literature, several unique cultural considerations were identified for Hispanic, Haitian, and African immigrant communities. Considerable evidence exists supporting the importance of health literacy and its positive effect on health outcomes (Soto Mas & Jacobson, 2019). More specific research exists in the realm of health literacy regarding pregnancy and non-native or non-English speaking individuals (Kohan et al., 2007; Vamos et al., 2019). Both of these categories are of particular importance. Health literacy in parturients plays a very important role given the implications on mother and fetus health and well-being. Culture and language place immigrants and non-English speakers at further risk for health disparities as their customs and beliefs often differ considerably from Western medicine (Sanchez-Birkhead et al., 2011). In order to provide safe, effective, and culturally sensitive care, language and cultural values of all individuals must be taken into account when providing patients with educational

materials (Perera et al., 2012; Plumbaum et al., 2014). Presentation of culturally relevant pain relief education materials will potentially help increase parturient health literacy and satisfaction.

Project Methods

An evidence-based, health education pamphlet was translated to increase autonomy for French and Spanish speaking parturients by providing pain relief options available during labor. Additionally, this project applied culturally relevant considerations for Black and Hispanic immigrant communities that speak French and Spanish to serve as an educational opportunity for healthcare stakeholders. Objectives of the project were the following:

1. Translate an existing evidence-based pamphlet into French and Spanish languages explaining the pain relief options for parturient women.
2. Present the findings from the literature review and translated pamphlet to stakeholders.
3. Evaluate the effectiveness of the educational presentation as well as the pamphlet's content, usability, and relevance.

To accomplish the objectives, the existing pamphlet was translated to French and Spanish languages and an educational inservice was provided to stakeholders. In response to the COVID-19 pandemic and CDC social distancing guidelines, a virtual format was developed for implementation and evaluation. The project fell within the standards for quality improvement and was deemed exempt by the Institutional Review Board associated with Southern Illinois University Edwardsville.

Evaluation

Following the virtual presentation, a voluntary 10-question survey utilizing a third party online service collected data from participants. Completed survey responses were anonymously recorded for analysis. The survey consisted of five demographic questions analyzed by descriptive statistics, five questions using Likert scales to evaluate the pamphlet analyzed recording mean and range, and an optional section to leave comments regarding the project and presentation and/or suggestions for improvement. Fifteen of the 16 providers agreed or strongly agreed the pamphlet provided culturally relevant and appropriate information and would be a valuable education tool. All providers indicated they agreed or strongly agreed the pamphlet included relevant information that may increase autonomy for non-English speaking mothers. Two participants responded with comments about the pamphlet translation and suggestions for improvement. Overall, information collected from the survey indicated that healthcare providers were aware of the need and value of cultural and language specific health education materials.

Limitations to this project primarily included the impact of the COVID-19 pandemic and CDC social distancing guidelines requiring the need for an alternative format for implementation. The authors surmise the virtual format could have either reduced staff participation or could have increased staff participation by allowing them to view the presentation at their leisure over a three week period. Sample size and sampling bias were also limitations to the implementation of this project and results may not be generalizable to a larger population.

Impact on Practice

The short-term impact on practice for this project is pending final approval from the host facility. The translated patient education pamphlets will be branded, printed, and then

disseminated to immigrant parturients in an effort to help improve health literacy for non-English speakers. Language specific patient education materials and increased health literacy will allow for patients to be more informed about their pain control options during delivery. As patient populations continue to grow and diversify, the pamphlets can be updated or altered as needed to meet the needs of the host facility. Translation of the pamphlet into additional languages will promote patient-centered culturally appropriate care.

Conclusions

In the U.S. patient populations seeking healthcare are increasing in diversity with unique, dynamic needs. Inclusion of cultural considerations can greatly impact healthcare accessibility for immigrant women. Culturally appropriate educational materials must be available in a variety of languages to provide essential health information. An inclusive approach to health education may increase health literacy, facilitate autonomy, and promote informed decisions regarding healthcare (Paternotte et al., 2015; Plumbaum et al., 2014). Participants of the post-implementation survey were strongly in favor of translated patient education materials. Translation of the existing pamphlet may have a significant impact on French and Spanish-speaking parturients and result in a more positive labor experience. Potential suggestions for future projects include expansion of the pamphlet into more languages as proposed by one of the participants in the post-implementation evaluation survey.

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