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Impact of Provider Cultural Competency on Latino/Hispanic Patients During End-of-Life and Hospice Care

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Impact of Provider Cultural Competency on Latino/Hispanic Patients During End-of-Life and
Hospice Care

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Abstract

Background: Cultural competency in healthcare means delivering high quality care to patients with diverse beliefs, attitudes, values, and behaviors. Latinos/Hispanics are one of the fastest growing ethnic group and with an aging population, there is an increased need for providers to deliver culturally sensitive end-of-life and hospice care. Latino/Hispanic patients face many disparities that affect their quality of care which cultural competency aims to address.

Purpose: The purpose of this literature review is to identify factors that affect Latino/Hispanic patient's end-of-life and hospice care and how cultural competency of providers can influence management of their pain and quality of life.

Methods: A comprehensive literature review was conducted using PubMed, MEDLINE, Lindell Library, and Google Scholar databases. Search terms included "Latino patients", "Hispanic patients", "end-of-life care", "hospice care", "palliative care", "pain management", "opioid use", "quality of life", and "cultural competency training". Inclusion criteria included studies published from 2015-2022 that conducted original research with proof of internal validity and participants 18 years old and older. Studies conducted outside of the United States and those specific to cancer patients were excluded.

Conclusions: Providing culturally competent care improves patient-provider communication, increases trust, and enhances patient satisfaction leading to the delivery of equitable patient-centered care to Latino/Hispanic patients. Continued efforts to improve hospice and end-of-life care must integrate the perceptions and experiences Latino/Hispanic patients face as cultural background influences the quality of care they receive and respective outcomes.

Key Words: Cultural competency, end-of-life, hospice, palliative care, pain control, quality of life, Latinos, Hispanics

Impact of Provider Cultural Competency on Latino/Hispanic Patients During End-of-Life and Hospice Care

Introduction

Latinos/Hispanics are one of the fastest growing ethnic groups in the United States with a current population around 60.5 million that is projected to be over 111 million by 2060.¹ Between 2010 and 2020, Latinos/Hispanics contributed to more than half of the United States overall population expansion and is the largest ethnic minority group at 18.9%.¹ Given this anticipated growth along with an aging population and higher prevalence of chronic illnesses, there is an increased need for providers to deliver culturally-sensitive end-of-life and hospice care services.² Hospice care typically includes a broad range of services including palliative care, emotional support, and spiritual resources for terminally ill patients and their families.³ It has been shown to improve outcomes for patients by decreasing symptom burden, improving quality of life, and ensures the patient and their family receive medical care that follow their goals and preferences.⁴ Despite these improved outcomes, research shows marked disparities in hospice care utilization and inadequacy in pain management in Latino/Hispanic patients.^{2,3,4,5,6,7} Cultural values have a major impact on care preferences at the end of life but this does not explain differences in care and negative health outcomes.

With this significant uptick in the Latino/Hispanic population in the United States also comes an inevitable diversification of the social, linguistic, and cultural landscape of the country. Latino or Hispanic ethnicity is defined as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin regardless of race.”¹ The Latino/Hispanic population itself is a diverse group of people with shared core values while maintaining unique

perspectives tied to their national heritage and background.⁸ This is important as they relate to healthcare delivery and outcomes. A person's cultural background highly influences beliefs about causes of illness, expectations for care, preferred treatment methods, and much more.⁸ Healthcare in the United States has historically been suited for the standard, North American, English-speaking patient but this narrative is changing as the country's demographics evolve. There is a growing cultural heterogeneity and number of people who do not speak the dominant language, English, which is a large portion of the Latino/Hispanic population living in the United States.⁹ With few adaptations to healthcare delivery that will better meet the needs of these patients, health inequalities and dissatisfaction continue to grow.

There is strong evidence in the literature that reveal that a predominant contributor to Latino/Hispanic health disparities is a breakdown in communication between the patient and provider.^{5,10} The primary way health institutions across the country have tried to bridge this gap and reduce health disparities among minorities is through cultural competency training programs. Cultural competency in healthcare means delivering effective, quality care to patients with diverse beliefs, attitudes, values, and behaviors.¹¹ When healthcare providers fail to recognize the differences between them and their patients, they may inadvertently deliver lower-quality care.⁷ Implementing cross-cultural communication skills means delivering more equitable care. Cultural competency education has contributed to a more inclusive healthcare model but with no standardization of training and expectations across the country, providers are left with a varied skill set and patients with a varied quality of healthcare interactions.

This literature review aims to identify different factors that affect Latino/Hispanic patients' end-of-life and hospice care and how cultural competency can influence the management of their pain and quality of life. The research question is "In Latino/Hispanic

patients, how does provider cultural competency influence pain control and quality of life during end-of-life and hospice care?” The paper will first explore current literature related to cultural competency training, end-of-life preferences, cultural and language barriers, and pain management. All the literature will be discussed comprehensively leading to a conclusion on the impact of cultural competency on end-of-life and hospice care in the Latino/Hispanic population and recommendations for how healthcare providers can better serve this community.

Methods

A comprehensive literature review was conducted using PubMed, MEDLINE, Lindell Library, and Google Scholar databases. Search terms included “Latino patients”, “Hispanic patients”, “end-of-life care”, “hospice care”, “palliative care”, “pain management”, “opioid use”, “quality of life”, and “cultural competency training”. Inclusion criteria included studies published from 2015-2022 that conducted original research with proof of internal validity and participants 18 years old and older. Each study was independently evaluated and older articles were used to provide background information. Exclusion criteria were studies conducted outside of the United States and those specific to cancer patients. Systematic reviews and meta-analyses were not included in this literature search.

Review of the Literature

Cultural-Competency Training

Individual values, beliefs, and behaviors about health and well-being are shaped by many factors including ethnicity, nationality, language, gender, socioeconomic status, physical and mental ability, sexual orientation, and occupation.¹¹ Integrating all these factors into the delivery

and structure of the healthcare system is how cultural competency is built. Healthcare providers should be taught and given resources to cultivate cultural competency in their practice. The goal of this is to reduce racial, economic, ethnic, and social disparities when meeting a community's healthcare needs. This requires respect for and the embracing of other cultures while also building awareness of the role that cultural diversity can play in the provision of care.

Cruz-Oliver et al. conducted a multi-center cross-sectional study looking at the impact of video-based educational interventions for healthcare workers on cultural sensitivity when providing end-of-life care to Latino patients and their caregivers. The research team developed a bilingual video soap opera (“telenovela”) about a caregiver struggling to care for a family member at home and how the patient was able to stay at home after receiving professional help from hospice care services. A total of 142 healthcare professionals from three different study sites attended a seminar about end-of-life care challenges and caring for patients from diverse backgrounds. After receiving the same powerpoint presentation, participants were randomly assigned to two groups. One group watched the intervention telenovela while the other group watched a control video of content equivalence. Results of the pre-and post-test questionnaire found both groups had a high level of satisfaction with the seminar (87%) and an increased openness to discuss end-of-life issues with culturally diverse patients.¹² Both groups also had improvements in awareness of health literacy, cultural competency skills, cultural differences in end-of-life attitudes, family caregiver stress, and possible interventions. Improvements in the intervention group were significantly higher compared to the control group.¹² A limitation of this study is not conducting a follow-up assessment to look at the long-term effects of the intervention and the majority of participants were female nurses. Despite this, improvement in end-of-life care requires collaboration across all disciplines whether that be providers, nurses,

social workers, or chaplains. The evidence illustrates that end-of-life healthcare services may be enhanced through this educational tool which can be added to cultural competency training programs already in place.

One study conducted by McElfish et al. collected data from 1250 cultural competency trainings (CCT) for healthcare professionals using a mixed-methods approach based on the Kirkpatrick model of training evaluation which evaluates participants on 4 levels: reaction, learning, behavior, and results. Both quantitative and qualitative data from immediate post-training surveys and a 6 month follow-up questionnaire was analyzed. One CCT module was developed with emphasis on the Hispanic community and results showed that participants overall gained awareness and appreciation for cultural differences.¹³ Beyond data on the questionnaires, the largest impact of the CCT was behavioral changes at an organizational level. Many participants reported a increased effort to recruit a diverse applicant pool and hire employees that will better serve the diverse patient population.¹³ To ensure CCT continued to be incorporated, new roles and processes were also created. More interpreters were available and information translated into the primary language of patients were readily accessible. A weakness of this study is no specific data on how many providers participated since all healthcare professionals were recruited. As discussed by Cruz-Oliver et al., providing the best end-of-life care includes collaboration from everyone in the healthcare team and a main contributor to access to CCT is at the organizational level.

Multiple studies, like Cruz-Oliver et al. and McElfish et al., have shown improved healthcare professional knowledge and beliefs regarding cultural competency following training but there is limited data in the hospice settings. Given the growing population of seriously ill minorities and the importance of cultural preferences at the end of life, efforts to ensure the

delivery of culturally competent care are especially relevant to hospice providers. Boucher and Johnson conducted a cross-sectional survey of hospices across the United States to collect data on hospice characteristics and implementation of CCT. 197 hospices participated and 74% offered CCT.¹⁴ On average, hospices reported that racial and ethnic minorities made up 16.4% of their patients.¹⁴ Most CCTs were annual 1 hour long (60%) sessions via web and/or in-person lectures.¹⁴ One of the most common minority groups discussed was Hispanics. The majority of these discussions were on communication, beliefs about death, and spirituality while disparities in end-of-life care was least talked about. Additionally, 30% of hospices reported no assessment of the training effectiveness.¹⁴ To the researchers' knowledge, this is the first study to look at the structure and content of CCT in the hospice setting. This research showed that there are a wide variety of training methods with limited guidance on how they should be implemented and evaluation of participant knowledge.

End of Life Preferences

As the older United States population becomes more ethnically diverse, there will be an increased need for culturally sensitive hospice care services. Latinos/Hispanics experience multiple barriers during end-of-life care services which cultural competency training aims to address. To provide the best cultural competency training for healthcare providers, attitudes about end-of-life issues and preferences need to be specific to the cultural background of the individual.

A qualitative study conducted by Nunez et al. assessed the emotional and spiritual needs of Hispanic families in hospice. 29 Hispanic patients' families participated in a semi-structured, in-person interview about their hospice experience. Qualitative analysis of the interviews was done by an iterative coding process where emergent themes were organized into hierarchical

clusters. A strength of this study is that each interview was analyzed independently by two coders which aid with the reliability of the results. Interviews were also done at least two months after the participant's family members death to avoid recruitment during the early stages of grief. Results found five overarching themes including the influence of Hispanic cultures in the relationship with hospice care providers, types of social support received from hospice, barriers to receiving support, lack of health literacy regarding hospice care, and cultural preferences for religious/spiritual support in hospice.¹⁵ Participants highlighted the importance of personal and positive relationships with healthcare workers especially when they acknowledged the importance of family involvement and what to expect in hospice care.¹⁵ Some did not seek emotional support even when offered either due to perceived psychological or structural barriers. This included not being comfortable talking about their feelings, not having transportation, or schedule incompatibility. Many families did not feel confident navigating hospice service options offered to them and wanted more guidance about both the dying process and medical options.¹⁵ Catholicism is the dominant religion in the Hispanic community and participants emphasized the important role of priests and the comfort they received from integrating expressions of the Catholic spiritual practices into the hospice experience.¹⁵ They viewed the church as their spiritual family, saw the healing power of collective prayer time, and believed that God is the only one who truly knows their fate at the end of life. The strong belief that only God has control over life and death can affect how Latino/Hispanic patients perceive life-saving treatments and resuscitation.

Ortiz et al. performed a cross-sectional study involving 100 Latino and 108 White adults over 60 years old to compare framing effects on end-of-life scenarios. A resuscitation question was provided either using the statement "if there was a chance of survival" or "even if there was

a slight chance of survival”.¹⁶ These clauses were used to contrast the relative chance of survival and results showed that Latino participants were significantly influenced by framing order. Using a logistic regression model, Latino participants were a third more likely to strongly disagree when “a slight chance of survival” was used compared to White participants.¹⁶ Conversely, agreement with resuscitation occurred more often when the question was framed with “a chance of survival”.¹⁶ Researchers concluded that how questions are framed, both in word-choice and order of alternatives, can influence the attitudes Latinos and their families have toward end-of-life cares.¹⁶ These results can potentially apply to advance care directives as end-of-life choices need to be presented in a culturally appropriate way to be effective.

Advance care directives are legal documents that allow patients to express their end-of-life care preferences ahead of time. This preserves patient autonomy in medical decision making and decreases the family burden of making choices for their loved one. There are many benefits to having an advance care directive but is not commonly used by Latino/Hispanic patients. A study by Maldonado et al. performed advance care planning counseling with elderly Latino patients to assess participants’ preferences, experiences, and comfort discussing end-of-life care. Counseling sessions included talking about what advance care planning is, the option to complete an advance care directive, and a survey to assess end-of-life care attitudes prior to and after the session.¹⁷ Results from the 41 participants found that 95% had never documented and 76% had never even discussed their wishes for end-of-life care.¹⁷ Most participants (61%) were unaware they had control over their end-of-life treatment options and there was a 20% increase in reported comfort having an end-of-life discussion after attending a counseling session.¹⁷ 44% of the participants also wished they would have had the discussion sooner.¹⁷ Maldonado et al. concluded that elderly Latino patients have limited exposure to advance care planning and most

do not have end-of-life preferences documented. Similar results were found in Nunez et al. as many participants did not feel confident navigating hospice care service options and wanted more guidance about the process.

The majority of interviews Maldonado et al. and Nunez et al. were conducted in Spanish to accommodate for the primary language the patient spoke. Both studies used multiple bilingual research team members to check for the accuracy of translations. In comparison, research conducted by Ortiz et al. only analyzed data from Latinos interviewed in English due to discrepancies in the Spanish translation on the outcome variable. Excluding this data adds to the language barriers Latino's face when expressing their end-of-life care preferences.

Cultural and Language Barriers

The Latino/Hispanic population experiences many inequalities when it comes to end-of-life and hospice care as described in the studies thus far. A lack of effective communication by differences in language or culture has been identified as the top barrier minorities face in the healthcare system.⁵ McCleskey and Cain conducted a qualitative study analyzing data from in-depth focus group discussions about end-of-life care with Latino, African American, and White community members. 39 participants were organized into groups that were racially and ethnically homogenous. During the focus group, participants were told to imagine themselves or a loved one dealing with a terminal illness and answered questions about what they would want their medical provider to know about their end-of-life care preferences. Discussions were coded and three major themes were produced: the importance of provider/patient interaction, the impact of provider characteristics and competency, and health system support and barriers to care.¹⁸ Direct communication from providers was a strong theme across all groups. Latino participants felt that the burden of healthcare education often fell on the patient and their family members as

providers either did not have time to answer questions or were not clear in their communication. Multiple Latino and African-American participants stressed the importance of selecting a provider that has similar characteristics including race/ethnicity, gender, or religious background.¹ These participants trusted and felt safer with providers that understood their cultural values which is important to building trust. This suggests that end-of-life care would benefit from recruiting a more diverse workforce. A limitation of this study is a wide range of participants with various levels of experience with end-of-life care. Although participants with less experience may be less knowledgeable about this topic, it is important to broaden the conversation about end-of-life care as it should integrate all perceptions.

A similar study was conducted by Cuevas et al. that analyzed data from focus group discussions with 142 Latino, African and White community members about patient/provider relationships. All Latino focus groups were conducted in Spanish and later translated to English before being coded. A realist framework for data analysis was used using six phases to ensure codes and later developed themes captured the essence of the given data. All three groups wanted a personable provider who was an attentive listener and expressed their desire to be more involved in their care.¹⁹ Focusing on the results of Latino participants, most preferred an ethnic- or language-concordant provider because it was believed they would be better at understanding their cultural experiences.¹⁹ Participants in the McCleskey and Cain study also expressed this preference. Latino participants in both studies felt that having culturally-matched providers would assure a higher quality of care. Language barriers have a strong impact on levels of trust and comfort participants had with their providers. Latino participants in the Cuevas et al. study also reported the unavailability of Spanish-speaking staffing, incompetent interpreters, and provider intolerance to patients with limited English proficiency. One limitation of this study is

not directly observing the experience participants reported but as the researchers concluded, disparities in the quality of patient/provider relationships arise from not being culturally aware of patient preferences, which are internalized. This study suggests that having a patient-centered approach to cultural competency training is important to providing the best quality of care.

Language and cultural barriers have been associated with significant disparities in access to and quality of healthcare in the Latino community. This presents a unique challenge for healthcare providers to address and reduce these disparities. A qualitative study conducted by Dressler et al. evaluated the language barriers and disparities in hospice enrollment. 22 healthcare professionals were interviewed about barriers to end-of-life care in diverse populations and a secondary analysis was done to identify themes specific to language barriers. Results showed that inadequate interpretation resources, specifically in-person interpretations, as a major issue. Participants highlighted that accuracy of hospice care and enrollment decreased as professional interpreters were often unavailable so family members had to interpret instead.²⁰ It is important to have exact translations of end-of-life conversations as word choice is deliberate and thought out. Providers also voiced concern that the interpreter's intonation and body language would not match the compassion they hoped to communicate.²⁰ There are many misconceptions about hospice care and a lack of effective interpretation can hinder both patient/family preferences and clinical guidance.

A qualitative study conducted by Ramirez found similar results to Dressler et al. after interviewing 20 palliative and hospice care team members about their experiences with Latino patients and families making end-of-life care decisions. Results identified interpretation, use of written materials, misconceptions of the word hospice, religious factors, and lack of cultural sensitivity training as major barriers.²¹ The researcher emphasized the need to increase the

number of competent bilingual providers and high-quality interpreters, especially in delicate and complex end-of-life conversations. Latino participants in the McCleskey and Cain and Cuevas et al. study expressed their preference for providers with a similar ethnic/racial background who spoke their native language. This is what healthcare professionals in this study recognize can help address the barriers affecting access and utilization of hospice services in Latino patients.

A weakness of both the Dressler et al. and Ramirez study is the small sample size. Although this limits external validity, a larger study with 475 healthcare professionals at a large academic health system also found the top concern for 97% of participants was communication.¹⁰ This qualitative study analyzed open-ended responses and found seven themes surrounding concerns participants had in providing end-of-life care. The seven themes included communication (97%), decision-making/care planning (75%), education needs (60%), EOL care (48%), ethics (24%), satisfaction with care (9%), and spiritual/cultural sensitivity (6%).¹⁰ Within the predominant theme of communication, many wished for earlier palliative care specialist consultation (35%), clear communication between patient/family and provider (31%), and more interdisciplinary collaboration (18%).¹⁰ In the patient's best interest and to resolve confusion with end-of-life care goals, this study concluded that communication needs to be clear between the patient, provider, and multidisciplinary team members such as interpreters and palliative care.

Pain management

Pain management is a primary goal in hospice care. This means keeping the patient comfortable and managing their symptoms to ensure they have the highest quality of life for as long as they live. Not all patients may experience pain but it is important to recognize and treat it effectively. Fischer et al. conducted a randomized controlled trial of a patient navigator

intervention to look at improvements in palliative care outcomes for Latinos with a life-limiting illness. Hospice care includes many services one of them being palliative care. 64 Latino patients were identified at a higher risk for death in the following year and may benefit from a palliative care approach. Participants were randomly assigned to two groups. One group received up to five home visits from a bilingual, bicultural patient navigator and the control group received a packet of written information about hospice care, pain management, and advance care directives. Results showed hospice enrollment between the two groups was similar but 79% of intervention participants had a discussion about pain management documented in their medical record compared to 54% of control patients.⁴ The intervention group was also more likely to have advance care planning (47%) compared to the control group (25%).⁴ Implementing a patient navigator trained in culturally tailored interventions can potentially improve palliative care outcomes for Latino patients at the end of life. This is important as previous research has found that Latino patients experience pain and other negative symptoms more often than White patients even when hospice care is provided.^{7,22}

One study analyzed data from the 2007 National Home and Hospice Care survey to examine factors associated with experiencing end-stage restlessness.²² This can be experienced during a patient's final days and is characterized by physical, emotional, or spiritual distress and agitation or anxiety.²² A variety of potential predictors were independently associated with the outcome variable of end-stage restlessness and a main effects model with odds ratios was computed. The odds ratio was used to compare results of 142 Hispanic and 285 White hospice patients that were matched using propensity score matching. The only statistically significant interaction was Hispanic ethnicity and pain during hospice care.²² Hispanic patients experiencing pain were 3.77 times more likely to experience end-stage restlessness than non-Hispanic

Whites.²² This study used data from a 2007 survey since it was replaced with different survey that emphasizes data on provider characteristics rather than recipients.

Cea et al also analyzed data from the 2007 National Home Health and Hospice Care Survey. This study conducted a series of multivariate logistic regression analyses to look at hospice discharge and agency characteristics associated with pain assessment, management, and control.²³ Compared to non-Hispanic White patients, Hispanic patients were less likely to receive opioid analgesics and have a pain-free status at hospice discharge with an odds ratio of 0.62 and 0.65, respectively.²³ Hispanic patients express more fear of addiction to opioids and equate the use with euthanasia compared to other ethnic/racial populations.⁶ Medications are a first-line treatment for pain in Western culture making the use of opioids problematic even though increasing opioid dosages at the end of life does not shorten survival and in some cases prolongs it.^{6,7} As the Fischer et al. study also concluded, providing more culturally competent care to Latino patients is important especially in palliative care as they have unique end-of-life preferences which can affect their pain control and quality of life.

Summary

Throughout the studies conducted on Latino/Hispanic patients in the end-of-life and hospice care, each one highlighted the need for culturally competent providers to best serve their unique preferences. In the first section, healthcare professionals were more aware of cultural differences and open to implementing interventions at an organizational level after receiving cultural competency training. The long-term effectiveness and structure of these trainings are not well documented in recent research. Cultural competency training provides knowledge and skills to healthcare professionals on how to care for patients with diverse backgrounds and address the disparities they face. Whether that be relationships with providers or the use of advance care

directives, research in the second section highlights preferences Latino patients have at the end-of-life. Language and cultural barriers have been associated with significant disparities in access to and quality of healthcare in the Latino/Hispanic community. Studies included in the third section identify a lack of effective communication as a top barrier Latino/Hispanic patients face. In the fourth section, studies concluded that Hispanic patients experience pain more often than White patients in hospice care. This can be associated with a disconnect in communication and limited knowledge about palliative and hospice care options. Culturally competent providers need to take into consideration preferences Latino/Hispanic patients have at the end of life and understand what barriers influence communication. This is especially important as it can effect pain control and quality of life at a time patients are most vulnerable.

Discussion/Analysis

As the literature review demonstrated, providers need to understand cultural beliefs and preferences especially when delivering culturally competent care to Latino/Hispanic patients in hospice and end-of-life care. Cultural competency training has been shown to improve the knowledge, attitudes, and skills of healthcare professionals.^{12,13} It is widely implemented in hospices across the nation.¹⁴ McElfish et al. found after receiving cultural competency training specific to the Hispanic community participants gained better awareness and appreciation for cultural differences. Beyond individual behavioral changes, changes started to occur at an organizational level. At the 6 months follow-up, there was an increased effort to recruit from a diverse applicant pool and interpreters became more available. This is important as McCleskey and Cain and Cuevas et al. both found that Latino patients preferred an ethnic- or language-

concordant provider. Participants believed these providers would have a better understanding of their cultural preferences and trusted them more.

Beyond recruitment of providers that have similar characteristics to the patient population they serve, all providers should cultivate cultural competency in their practice. There is limited research done on which teaching method and content for cultural competency training are most effective. Cruz-Oliver et al developed a bilingual video soap opera (“telenovela”) about a caregiver receiving help from hospice care services. The telenovela stressed the importance of being aware that there are many different beliefs and values Latino patients have during end-of-life decision making. The telenovela proved to be culturally sensitive when compared with the control video in increasing healthcare professionals’ awareness of health literacy, culture, and caregiver stress in patients and families facing end-of-life. Being open to educating oneself and supporting patients’ preferences can make an impact on the care they receive.

Cultural competency training for providers has proven to be effective and while there is limited data on patient satisfaction, when patients feel comfortable talking about their end-of-life preferences they trust their provider to implement the best care for them. Nunez et al. and Maldonado et al. both found that Latino/Hispanic patients did not feel comfortable navigating hospice service options and wanted more guidance on the dying process. Latino/Hispanic patients complained they were unaware they had control over their end-of-life treatment and wished the discussion would have happened earlier.¹⁷ Whether it is discussing the importance of family involvement or having open discussions about advance care directives, culturally competent providers can better help patients and their family adjust to the dying process.

These discussions may not seem difficult for providers to implement but Latinos/Hispanics complain that a lack of effective communication is the top barrier to receiving

high-quality care.^{10,18,19,21} Participants in the McCleskey and Cain study felt that providers either did not have time to answer questions or were not clearly explaining information about end-of-life care. Another study with similar results found that participants reported provider intolerance to patients with limited English proficiency and incompetent interpreters.¹⁹ Bilingual providers and high-quality interpreters are especially important in the delicate and complex conversations that occur during the end-of-life. Word choices are deliberate and thought out in order to convey compassion and understanding of the situation. If providers are unable to have these conversations with a professional interpreter, a breakdown of communication occurs which adds to the language and cultural discordance.^{20,21}

Cultural and language barriers coupled with underutilization of hospice and palliative care in Latino/Hispanic patients are detrimental to pain management and quality of life. Pain is perceived by the patient and can only be reported by the patient.⁷ Latino patients are more likely to experience pain and end stage restlessness during hospice care.²² Cea et al found that participants expressed fear of opioid addiction which is problematic as opioids are a first-line treatment for pain in Western culture. When providers are not aware of these misconceptions, Latino/Hispanic patients are vulnerable to inadequate pain assessment and management. Culturally competent providers will understand where the concerns of Latino/Hispanic patients come from and have clear communication in different methods of pain control. There are detrimental effects on all aspects of quality of life when pain is not efficiently treated and relieved.

Research has shown marked disparities in hospice care utilization and inadequacy in pain management in Latino/Hispanic patients.^{2,3,4,5,6,7} It is unrealistic for all providers to become experts in working with members from all cultural and ethnic groups but it is reasonable to

understand the cultural context of patient preferences. While conducting the literature search, no studies were found that directly looked at pain control and quality of life as an outcome of provider cultural competency in the Latino/Hispanic population that met inclusion criteria. This makes it difficult to conclude how specifically provider competency influences pain control and quality of life in this patient population. Continued efforts to improve hospice and end-of-life care must integrate the perceptions and experiences Latino/Hispanic patients face as cultural background influences not only their decision making but also the quality of care they receive. Cultural competency training, which significantly improves cultural competence levels of healthcare providers, plays a key role in increasing patient satisfaction. Culturally competent providers will make their patients feel valued and dignified during their final stage of life. Future research on this topic needs to specifically collect data on patient satisfaction and the long-term effects of cultural competency training on a larger scale.

Conclusion

The goal of this literature review was to answer the research question “In Latino/Hispanic patients, how does provider cultural competency influence pain control and quality of life during end-of-life and hospice care?”. Studies included in this paper explored current literature about cultural competency training, end-of-life preferences, cultural and language barriers, and pain management. After completing cultural competency training, healthcare professionals reported improvements in knowledge, communication, skills, and awareness of biases and health disparities that Latino/Hispanic patients face. Providing culturally competent care has been shown to improve patient-provider communication, increase trust, and enhance patient satisfaction leading to the delivery of equitable patient-centered care. Latino/Hispanic patients

preferred and were more trusting of a provider with similar racial/ethnic and cultural backgrounds. They also reported wanting more guidance and an earlier discussion on hospice and end-of-life services. This aligns with a lack of effective communication being the top barrier Latino/Hispanic patients reported in receiving high-quality care. Providers need to be aware when breakdowns of communication occur and how to best utilize interpreting services. This is especially important when addressing misconceptions about pain management.

Overall, this literature review highlights how important cultural competency is when providing care for the Latino/Hispanic population. Continued efforts to improve hospice and end-of-life care must integrate the perceptions and experiences Latino/Hispanic patients face as cultural background influences the quality of care they receive and respective outcomes. There is minimal research on provider cultural competency and the impact it has on hospice and end-of-life patients in the Latino/Hispanic community. More research needs to be conducted on this topic because no matter what race, ethnicity, cultural background, or English proficiency, all patients deserve to receive care specialized to them.

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