Effective physician-patient communication and successful self-management are essential components of high quality, patient-centered healthcare. Effective communication—interaction characterized by common understanding, shared decision making, and clear messages—is associated with higher patient and physician satisfaction, greater patient compliance, improved health outcomes, better informed medical decisions, and reduced healthcare costs.\(^1\)

Successful self-management requires the patient to play a central role in monitoring their chronic disease by developing problem solving skills, and establishing clear goals and specific action plans, supported by physicians and reinforced by access to community resources.\(^2\)
Physician focus on enhancing communication with, and self-management within this population is critical to improving healthcare quality and reducing disparities in the Hispanic population.\textsuperscript{[10-13]}

Although strong physician-patient communication is highly associated with their patient’s ability to manage his or her chronic illness and understand the treatment prescribed, communicating effectively with Hispanics remains a major challenge for healthcare providers.\textsuperscript{3} Spanish-speaking Hispanics have greater problems with physician communication than English-speaking Hispanics.\textsuperscript{1} One out of three Hispanic adults report that their physicians do not listen to them, or that they do not understand their physician.\textsuperscript{1} Additionally, 34% of Hispanic adults do not ask questions that they had during the office visit and one out of four do not follow a physician’s advice because it is against personal beliefs.\textsuperscript{1}

Physician-patient communication is a fundamental pillar of patient-centered care, and is especially important in patient management of chronic disease. Supporting the patient’s central role in monitoring and controlling symptoms is an essential component of chronic disease self-management\textsuperscript{2}. Empowerment is particularly challenging in the case of older Hispanic patients whose cultural value of respect (respeto) toward the physician often leads to the assumption that the physician plays the main role in managing disease. Respeto and fatalistic attitudes toward health may prevent some elderly Hispanics from taking a more proactive role in managing their chronic disease.\textsuperscript{4} Additionally, Hispanic patients traditionally have difficulty in goal setting and action planning, activities that are both central to self-management.\textsuperscript{3} This is critical in light of the fact that this population is expected to increase dramatically over the next three decades and has higher prevalence of chronic conditions and lower access to preventive screening services.\textsuperscript{6} Physicians can play a critical role in encouraging goal-setting activities and patient activation.

This article addresses the unique challenges to effective communication and self-management with the Hispanic elderly, and presents strategies to help busy physicians address these areas of concern for this population.

**Challenges to effective physician-patient communication and self-management among Hispanics**

Hispanics face communication challenges caused by a range of factors at the physician, patient, and office delivery system levels, but the physician’s role can be central to overcoming many of these barriers. Outlined below is a discussion of several key challenges that arise in treating elderly Hispanic patients.

**Patient Barriers**

\textbf{a) Feelings of Distrust and Disrespect Interfere with Patients’ Adherence to Treatment.}
Patient distrust and perceptions of physician disrespect are common particularly among Hispanics. These feelings interfere with patients’ adherence to preventive and chronic disease care recommendations, contributing to health care disparities.\textsuperscript{1,7} Patients who feel they are being disrespected or looked down upon are less likely to return for treatment and follow recommendations for chronic disease screening tests.\textsuperscript{7} In one study, 19% of Hispanic patients reported they had been treated with disrespect by the physician.\textsuperscript{7} Another study found that one out of five Hispanics have experienced disrespect due to race or language spoken.\textsuperscript{7}

\textbf{b) Language Barriers May Result in Poorer Health Outcomes.}
Language barriers play a significant role in patient satisfaction with provider communication. Spanish-speaking Hispanics are significantly less satisfied with provider communication than English-speaking Hispanic or White counterparts.\textsuperscript{8} Physician language ability and cultural awareness have been shown to improve a Hispanic patient’s primary care experience, and are associated with optimal patient centered-care.\textsuperscript{6} Although federal standards to provide culturally and linguistically appropriate services for persons with limited English proficiency have been developed, effective ways to translate these guidelines into delivery practice remains a real challenge for physicians.

\textbf{c) Low Health Literacy Affects Physician-Patient Communication.}
Limited health literacy is increasingly recognized as a major challenge among elderly Hispanics.
The prevalence of inadequate functional health literacy—the inability to read, comprehend, and act in the health care environment—is high among Hispanic elderly patients. Research shows that elderly Hispanics are twice as likely to have inadequate or marginal health literacy than their White counterparts, with one study reporting 83% of Spanish-speaking elderly patients operating at a level of low functional literacy. Despite these stark disparities, many healthcare professionals do not recognize patients with poor health literacy, and communicate with their patients ineffectively, using relatively sophisticated and complex language. 

Health literacy has significant effects on physician-patient communication. Elderly Hispanic patients with inadequate health literacy are likely to have important communication difficulties: they often do not understand physicians' instructions and health messages; have trouble interacting with their medical team; and are less likely to understand their diagnosis, treatment, and follow-up instructions. Moreover, Hispanic elderly patients with low health literacy may have difficulty navigating healthcare systems and comprehending their healthcare benefits.

Physician and Office Efficiency Barriers
Communication problems with Hispanic patients may be accentuated in situations where time limitations, resource constraints, and clinical uncertainty may increase stereotypes, biases, and prejudices at the time of clinical decision-making. One of the most significant barriers for effective communication with Hispanic patients is the physician's time limitations, which increase the likelihood that stereotypes will influence decisions. With limited access to clinical information and pressure to make decisions quickly, healthcare providers are more likely to use “shortcuts” or “gestalts” to complete information based on prior beliefs. These biases may ultimately contribute to racial and ethnic disparities in healthcare.

Pressure from healthcare payers to be cost efficient places an additional strain on physician-patient interaction. Under time constraints, physician-patient communication and the physician's support of patient self-management are more likely to be compromised, especially among vulnerable elderly patients from diverse racial and ethnic backgrounds. Limited time and attention received from the physician may lead to patient dissatisfaction, which in turn may jeopardize the patient's active involvement in the management of his or her disease.

The organization of the physician practice also affects physician-patient communication. Office systems that increase patient waiting time and create unnecessary, redundant paperwork tend to alienate Hispanic patients with limited literacy and access to healthcare. Not having a regular physician is an additional factor that contributes to poor communication, lack of rapport, and patient dissatisfaction with care.

Together, these barriers make it more difficult for the Hispanic elderly to manage disease, resulting in increased risk of hospitalization, substandard medical care, and poorer health outcomes.

Strategies to Enhance Communication and Self-Management
To improve communication and self-management, physicians must employ a broad-based group of strategies to address shortcomings in their awareness of patient cultural values and expectations, and inefficiencies in the office environment and procedures. We recommend six groups of techniques: establish trust and positive rapport; increase understanding by addressing language and literacy barriers; use multimedia materials to enhance understanding support self-management; incorporate cultural values into patient care; and improve patient access to care. (See Table 1, page 40)

I. Create Trust and Positive Rapport
Building trust in the physician-patient relationship can increase patient satisfaction and adherence to recommended care. A rapport characterized by courtesy, cordiality, and dignity, in which the patient feels recognized as an individual, is particularly important for Hispanic patients, who are more likely to report feelings of disrespect from their physicians than white patients.

a) Create a comfortable communication environment. Providing a caring, welcoming, and positive environment will be conducive to
positive interactions with patients. By taking a moment to sit down with the patient to greet them and establish eye contact, the physician can foster feelings of rapport. Creation of a “blame-free” office environment in which patients feel comfortable and are confident they will be treated with respect supports effective communication.

b) Provide adequate time for interaction. Patient satisfaction is related to the amount of time physicians spend with their patients. Providers should allow time for questions and answers to increase patient understanding, satisfaction with the encounter, and compliance with instructions.

c) Listen to the patient. Hispanics patients are more likely to be dissatisfied with the way their healthcare providers listen, explain, show respect, and devote time to them than White patients.¹⁹ Physicians should take the time to listen with empathy and interest to the patient’s perceptions, concerns, and experiences. Research has shown that physician support, explanations, and clarification are associated with better health outcomes. In addition, nonverbal gestures such as head nodding, forward leaning, and uncrossed arms suggest physician engagement.¹⁰

d) Encourage patients to ask questions. Patients who feel comfortable asking their physician questions are more likely to be satisfied with their care. Physicians can encourage Hispanic patients to ask questions by taking time throughout the visit to solicit patient queries, and by maintaining a positive and affirmative attitude in responding to these inquiries. Some physicians may consider providing patients with prompt cards with three essential questions, such as “What is my main problem? What do I need to do? Why is it important for me to do this?”²¹

II. Address Language Barriers and Low Literacy
There are several ways to improve communication with elderly Hispanics, in spite of patient language barriers and low health literacy levels.

a) Enlist the help of an interpreter. There are several options to provide language assistance in a physician practice, ranging from bilingual physicians and/or staff members to staff, contracted, or volunteer interpreters.²² If working with an on-site interpreter is not feasible, telephonic interpreter services are now becoming more broadly available as well.³⁶ Avoid using family members as translators since accuracy and confidentiality are compromised. Talk directly to the patient, not the interpreter. Greet and talk directly to your patient rather than to the interpreter.³² Use trained bilingual and bicultural interpreters. Make sure your interpreter uses a culturally appropriate summary translation rather than a literal word-by-word translation. Use simple and familiar language and avoid jargon, acronyms, and clinical terms. Speak in short sentences and allow the interpreter to translate to the patient.

b) Use plain, simple, and clear language. Patients prefer to receive advice in a simple manner. If using an interpreter, speak in slow and simple terms, allowing the interpreter to translate in a culturally appropriate way.³⁶ It is valuable for physicians to use plain language when addressing their patients, avoiding technical terms or medical jargon.

c) Limit the amount of information in each encounter. A helpful technique for healthcare providers is to limit the topics in each encounter. Focus only on critical behaviors and avoid complex or unnecessary information to decrease cognitive overload and confusion.²³

d) Use concrete examples. Avoid technical and sophisticated explanations, instead use of specific and simple examples to illustrate a point. Patients tend to remember a few concrete messages and instructions, rather than detailed background information.

III. Use Print and Multimedia Materials to Enhance Understanding
Messages that providers send in the patient encounter can be reinforced through use of support materials.

a) Support teaching demonstrations
with interesting visuals, videos, or models. Use visual aids such as posters and learning models to demonstrate concepts, procedures, or conditions. Visual aids such as brief video segments, photographs, fotonovelas (booklets with photos that tell a story), illustrations, or comic books can help to illustrate a medical explanation.

b) Use simple education brochures. Choose multilingual educational materials that feature plain language, a large typeface, and illustrations to support the message. Material design should be easy-to-read and visually appealing.

References:

IV. Support Self-Management
Many Hispanics have more difficulties with goal setting and action planning, two critical elements of chronic disease self-management. They do, however, enjoy the benefit of strong family support, which has been shown to play a central role in effective self-management activities. The following techniques can enhance the physician’s support for his or her Hispanic patients in these areas.

Table 2 (page 41) summarizes strategies presented in this section.

a) Check patient’s understanding using “teach back” to ensure comprehension. The physician encounter is a valuable opportunity to both educate patients and ensure their comprehension of treatment. Involve patients in an interactive way by asking them to show, say, or do something to demonstrate understanding of your instructions. One helpful technique is to ask the patient to summarize (“teach back”) the actions to be taken or care instructions you give to them.

b) Focus on patient goal setting and action plans. Educate patients to set goals for managing chronic disease, and support them in the creation of a treatment plan to

SCIP
continued from page 13
information to preoperative educational materials.

• Utilize posters highlighting “No Shave Zone” throughout the hospital.

References:


SCIP INF 7: Colorectal surgery patients with immediate postoperative normothermia.
The overall incidence of surgical wound infection is between 1-3% except for post colon surgery, where the incidence has continued to be 10% for many years. Keeping the patient warm during surgery significantly reduces the risk of a surgical site infection. Mild perioperative hypothermia, common during surgery, promotes surgical site infections by triggering vasoconstriction, which decreases subcutaneous oxygen tension. Reduced levels of oxygen in tissue impair oxidative killing by neutrophils and decrease the strength of the healing wound by reducing the deposition of collagen. Hypothermia also directly impairs immune function. Patients who are only 1.9 degrees C hypothermic were 3 times as likely to develop surgical wound infections as those kept normothermic (Kurtz, et al.).
reach their health goals. An action plan—a set of clear and realistic self-care goals agreed upon by the physician and patient—is a vital component of chronic disease care. Research has shown that Hispanic elderly patients may need extra support in these activities.12

c) Provide emotional support. Incorporate Hispanic family members, who often provide strong emotional support and practical assistance to the patient. Their engagement in the patient’s treatment will impact the success of patient disease management.4

d) Engage family and identify community resources. Organize information about community resources (i.e., peer support groups, classes, community centers/groups) and form partnerships with community groups to support physician recommendations. Lay health workers can provide valuable services to the Hispanic elderly in need of assistance, and can complement physician recommendations by supporting adherence to treatment.

V. Incorporate Cultural Values into Patient Care

Communication is an important dimension of patient-centered care, the degree to which care is responsive to, and driven by patient preferences and values.17 Communicating effectively necessitates not only a common language, but a common understanding of culture and values as well. Failing to uphold or respect Hispanic cultural values in the clinical setting can have negative effects on the encounter, leaving the patient dissatisfied and potentially less adherent to treatment. Understanding the core Hispanic cultural values of familism, respect, and simpatía, and their role in the clinical encounter can enhance physician-patient communication.

a) Incorporate family support. Familism is a core Hispanic cultural value that emphasizes loyalty and connectivity to the family, including a strong identification with the family. Even among acculturated Hispanics, familism is still a strong and prevalent attitude, compared to white non-Hispanics.48 Hispanics
derive support from their family, and often consult relatives in making medical decisions. Supporting and facilitating family involvement with medical decisions, and creating time for this involvement can enhance care and outcomes for Hispanic patients.

b) Maintain respect and elicit patient feedback. Respect or respeto is another very important value for Hispanic patients, who traditionally defer to others on the basis of such qualities as age, authority, or social status. Respeto towards a provider may prevent the patient from asking questions, to avoid disagreement. Hispanic patients have a great amount of respect for their physicians, but also expect mutual respect, especially when their physician is younger. To ensure mutual respeto, providers should consider using formal greetings such as “Buenos Días” (Good Morning) or “Buenos Tardes” (Good Afternoon), and take time to listen and elicit patient questions regarding diagnosis and treatment.

d) Understand simpatía and maintain courtesy. Simpatía means “kindness”, and refers to the expectation that a physician will be polite and positive, even in stressful situations. If the physician does not demonstrate simpatía, a patient may be dissatisfied with care, and may be less likely to adhere to treatment and follow-up. Maintaining a positive attitude and being very polite and considerate can help physicians ensure simpatía in the clinical encounter.9

VI. Improve Patient Access

a) Reduce office waiting time. Same-day appointment scheduling and pre-planned visits can reduce office waiting time and enhance quality of communication.29 Advanced access” scheduling requires a physician practice to leave a majority of daily appointment slots open, granting appointments to patients as they call. To reduce backlog, it is important to start each appointment on time. Although switching to “advanced access” scheduling involves a significant commitment of time and practice reorganization, physicians who have successfully implemented this system attest to the increased patient and physician satisfaction, and improved continuity of care.29

b) Be prepared for the visit. Being prepared for the patient visit with pre-established forms, protocols, and educational materials, as well as sufficient time to deliver quality care can create opportunities to focus more on effective communication with the patient.30

c) Follow up with patients and strive for consistency. Hispanic patients who know the name of their provider and receive care at a consistent location are more likely to obtain preventive screening and be satisfied with the care they received.30 Following up with patients regarding test results via phone or mail may reinforce the importance of preventive screenings to patients, and can strengthen patient-physician trust.4

Establishing this trust and familiar relationship with the patient increases the likelihood they will return for regular care and follow recommended treatment.

Recommendations

Improved physician-patient communication and self-management should be considered health care quality improvement priorities for physicians working with elderly Hispanics. Poor communication and inadequate self-management compromise healthcare access, accentuate healthcare disparities, and exacerbate chronic illness in the older Hispanic population.

Physicians can play an active role in establishing effective physician-patient communication and promoting successful self-management, in turn, improving patient satisfaction, continuity of care, and clinical outcomes. The strategies to enhance communication and self-management presented in this article can reduce the barriers to better healthcare for Hispanic elderly patients and help physicians deliver the highest standards of service in a culturally appropriate manner. These techniques can be useful stepping-stones in a journey towards ensuring high quality care not only for the Hispanic community, but also for all patients, regardless of race or language ability.
References
Table 1: Techniques to Enhance Communication with Hispanic Elderly

<table>
<thead>
<tr>
<th>Goals</th>
<th>Techniques</th>
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<tbody>
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Table 2: Physician Support of Self-Management for Hispanics

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<th>Chronic Disease Self-Management: Key Dimensions</th>
<th>Focus Areas for Communication with Hispanic Elderly</th>
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<tr>
<td><strong>Patient Role Definition</strong></td>
<td><strong>Empowerment</strong>—Patient plays central role in managing their disease. Provide extra support to Hispanic patients for accepting this role.</td>
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<td>Patient-centered care emphasizes the central role of the patient in managing their chronic illness.</td>
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<tr>
<td><strong>Patient Support</strong></td>
<td><strong>Assessment</strong>—Identify Hispanic core cultural values and attitudes, and how these may present barriers to self-management.</td>
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<td>Support patient self-management in an informed and proactive manner.</td>
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<tr>
<td><strong>Patient Education: Programs and Tools</strong></td>
<td><strong>Goal Setting and Action Planning</strong>—Provide extra support to help patient set goals and treatment plan to reach goals.</td>
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<td>Provide patient with culturally appropriate tools and educational material.</td>
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<tr>
<td><strong>Organize Resources</strong></td>
<td><strong>Emotional Support</strong>—Incorporate Hispanic family members.</td>
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<td>Organize resources to support and facilitate successful patient self-management.</td>
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<td><strong>Follow Up</strong>—Ensure positive and respectful patient interactions to increase likelihood of follow up for recommended treatment.</td>
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<td><strong>Provide Condition-Specific Information and Disease Management Strategies</strong> to the patient in plain language, using concrete examples, and limited amounts of information at one time.</td>
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<td><strong>Internal Resources</strong>—Redesign office systems to increase access.</td>
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<td><strong>Community Resources</strong>—Organize information about and form partnerships with community groups. Consider lay health workers.</td>
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