

# A Wake Up Call: A Healthcare Story

By Veronica Cool

A living legend- Fire chief, secretary of the chamber of commerce, umpire, baseball coach and entrepreneur. He once stood toe to toe against a vicious dictator, demanding a fire engine for the southern region of his country, not his own hometown, but for the most central location to benefit the most people.

Don Juan, Papi. My Dad.

But none of this mattered to the nurses.  
He was left soiled. He was restrained.  
All because he didn't understand.

This legendary civic leader was at the mercy of uncaring and indifferent healthcare workers. Because they couldn't easily communicate with him, they had begun to provide their instructions loudly. By the way, his hearing is perfectly fine.

Apparently seeking a translator was too time consuming; they simply manhandled him to accommodate their purposes. He was confused, not understanding where he was and what was being done to him. He wanted to go home. So, he attempted to remove his IVs, and proceeded to get out of bed.

Not allowed.

He was restrained by the wrists to his bed. He became even more agitated. Then he was sedated.

I arrived at the hospital to discover my little old man, shriveled, meek and sad... Also, bruised and neglected.

After 8 hours by his bedside, I realized that his language barrier translated into "worthless and inconsequential." None of the pre-established protocols were followed. Not even the courtesy of inquiring into his preference for meals.... His illness left him unable to chew food, so we requested pureed

options— We received roast beef, potatoes & carrots. Please explain how I can mash roast beef.

Over my life, I have learned to become diplomatic, moderate my initial responses to ensure my delivery doesn't detract from my message—I used every one of those skills to protect my Dad. I got loud.

The hospital administrators were mortified and defensive..."We have a translator phone;" We have an "I speak Spanish" sign. Yet, none of those tools were properly leveraged in my father's care causing added trauma, discomfort and difficulty.

Yes, this is a very personal story. But, sadly it is a reality that many elderly folks experience; further exacerbated when there are language and cultural barriers. He was neglected and mistreated, simply because he could not understand their instructions. And yes, he was covered by medical insurance, and was not a financial burden to the institution.

The service gap was obvious- This is my field of expertise and it became even more apparent that this was a teaching moment. This is not a law firm, bank or college where effective communication is a "nice to have," this was a matter of life and death. Communicating, engaging and actually my father was a necessity for his physical and mental well-being.

Blessedly, Papi is doing better, now that the wrath of an infuriated and articulate daughter was unleashed. What would have happened without my intervention?

This was certainly a wake-up call for this institution. I recommended a plan to properly care for patients with language and cultural barriers to ensure the fiasco perpetrated against my dad would not be repeated.

Beginning with **Cultural Awareness Training**- Administrators should provide engaging, informative, accurate training including current demographics to every patient-facing staff-member. What is the demographic make-up of the community surrounding your institution? I.e. Latino or Asian? Each particular group has very unique cultural traditions and beliefs- some more religious than others, for example. Some have complete and utter trust in the medical profession and will not question any course of action. Non-acculturated Hispanics, generally, have extreme respect for the medical profession which

discourages questioning or seeking clarification- Causing misunderstandings and perpetuating problems.

Secondly, **Effective Communication**- providing translators that are culturally aware and demonstrate patience and empathy, respecting the unique impact of the cultural trait/traditions exhibited. In my father's case, the nursing staff simply spoke loudly to him, in English. Raising your voice doesn't miraculously translate the words into Spanish. I did witness various care-providers, who were not fluent in Spanish, appropriately engage him- with gestures, smiles, patience and empathy.

**Outreach programs**- Providing educational sessions, inviting the community into the hospital or clinic are effective ways to engage the community and increase satisfaction levels. Additionally, medical education (i.e.-diabetes & obesity info sessions) are truly necessary to reduce the detrimental impact of these illnesses and diseases. Added bonus: expenses and ER visits decrease when in-language outreach is conducted.

Lastly, **Bilingual and Bi-cultural Staff**- Yes, having staff that is bilingual, in the prevalent languages of your community is a huge step! But ensuring the staff is also bi-cultural improves the engagement and care of the patient. There is a pipeline gap in the healthcare industry that is slowly being rectified with various programs, but working with experienced and connected recruiting firms can make a dent in diversifying your workforce.

Unfortunately, it took a major complaint and a dire situation to rouse the administrators and staff of this institution- my hope is that they did learn from this teaching moment and never again will a patient be mistreated and neglected, at all but particularly for having language or cultural barriers.



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\*This Article has originally published on HuffPost  
[http://www.huffingtonpost.com/entry/a-wake-up-call-a-healthca\\_b\\_9181576.html](http://www.huffingtonpost.com/entry/a-wake-up-call-a-healthca_b_9181576.html)

