

*Editorial***CARING FOR MEXICAN-AMERICAN CLIENTS**

Bette Ide
Editorial Board Member

There are growing Mexican-American populations in rural areas. This editorial is a continuation of the previous column on communicating with those clients.

Dr. Loretta Heuer, associate professor at the University of North Dakota, again offers suggestions to help rural nurses in caring for them. One major issue is the use of an interpreter. There are two styles of interpreting, line-by-line and summarizing. Line-by-line interpretation ensures accuracy but takes more time; one can only speak few sentences at a time and must use simple language, no medical jargon. Summarizing is faster and useful in teaching relatively simple health techniques with which the interpreter is already familiar.

Who should the nurse use as interpreter? Family and friends may be readily available and anxious to help. Unfortunately, their use violates confidentiality for the client, who may not want personal information shared. Also, they may be fluent in ordinary language usage but unfamiliar with medical terminology, hospital or clinic procedures, and medical ethics. Medically trained interpreters are ideal; they know interpreting techniques and are knowledgeable about the cultural beliefs and health practices. The nurse needs to be aware of certain differences between client and interpreter – sex/gender, age, and socioeconomic differences. The interpreter needs to be asked to translate as closely to verbatim as possible. The nurse should also be aware that a non-relative interpreter may seek compensation for services rendered. It helps to maintain a computerized list of interpreters who may be contacted as needed, to network with area hospitals, colleges, universities, and other organizations that may serve as resources, and to even use translation services provided by telephone companies.

What does the nurse do when there is no interpreter? Be polite and formal, greeting the person using the last or complete name. Say your name, gesturing to yourself. Offer a handshake or nod. Proceed in an unhurried manner and speak in a low, moderate voice, using any words known in the patient's language. Use simple words, such as pain instead of discomfort. Pantomime words and simple actions while saying them. Be careful to give instructions in proper sequence, to discuss only one topic at a time, and to validate whether the client understands by having him/her repeat the instructions, demonstrate the procedure, or act out the meaning. You can also obtain phrase books from a library or bookstore or even make flash cards.

Overall, it is important for the nurse to remember that, under stress, clients may revert back to their first language and you should avoid responding to a client in a joking manner. Assessment of their ability to communicate and understand is especially important when teaching is involved.

For more information concerning the above points, see the following:

- Andrews, M.M., & Boyle, J.S. (1999). *Transcultural concepts in nursing care* (3rd ed.). New York: Lippincott.
- Purnel, L.D., & Paulanka, B.J. (1998). *Transcultural health care, a culturally competent approach*. Philadelphia: F.A. Davis.