Roslyn Padgett

REGISTERED NURSES' PERCEPTIONS OF THEIR COMMUNICATION WITH SPANISH-SPEAKING MIGRANT FARMWORKERS IN NORTH CAROLINA: AN EXPLORATORY STUDY

Running Head: Nurses' Communication

Roslyn Padgett, RN, MSN, FNP
Anne Griffith Barrus, RN, MSN, FNP
School of Nursing
University of North Carolina
Chapel Hill, North Carolina

Roslyn Padgett
27 Dorcurt Hills
Pittsboro, North Carolina 27312
(919) 929-2899

A sample of 55 registered nurses at 12 N.C. health care agencies which serve migrant farmworkers was surveyed. Data were collected to determine what nurses believed about various communication issues involving Spanish-speaking migrant farmworkers, including how they were presently communicating with these migrant farmworkers; in what areas of nursing functions they believed the communication barrier was problematic; what they were doing to improve their communication; and what they envisioned the potential solutions were concerning those communication barriers. The registered nurses reported poor communication skills with Spanish-speaking migrant farmworkers, and the use of lay interpreters was common. The nurses cited many problems in providing nursing care to this population, and said that they are receiving little assistance from their agencies of employment to improve their direct communication with Spanish-speaking migrant farmworkers. Most nurses thought that learning Spanish was a solution to communication barriers and were willing to learn it. However, only slightly more than one-third of the nurses were currently doing something to improve their communication. The vast majority of the subjects said that Spanish classes held at their agency of employment would be the best method for learning Spanish. The overall findings of the study indicate that language differences remain a substantial barrier to adequate nursing care for Spanish-speaking migrant farmworkers, but registered nurses would be willing to learn the language of these clients if Spanish classes were made accessible and appropriate.

REVIEW OF THE LITERATURE

North Carolina ranks fifth nationwide in numbers of migrant and seasonal farmworkers (Office of Migrant Health, 1989). According to the Employment Security Commission (1988), North Carolina's migrant farmworker population increased by 6,000 from 1987 to 1988. As of 1988, there were approximately 29,062 migrant farmworkers in the state, with 51,515 dependents (Garrett & Schulman, 1988).

Not only are the numbers of migrant farmworkers increasing, but their ethnicity is changing as well. In 1974, Shenkin reported that the East Coast migrant stream was 35% Hispanic. Today, 86% of migrant and seasonal farmworkers in North Carolina are Hispanic (Employment Security Commission, 1988).

What has not changed for migrant farmworkers over the years is their risk factors for disease and injury. They continue to endure substandard living conditions, poverty, occupational hazards, and other conditions that can lead to poor health (Coye, 1988; Goldsmith, 1989; Johnston, 1985; Wilk, 1986). In addition, their culture and language have been shown to be barriers to health care (Chesher, 1985; Chi, 1985; Guendelman & Periz-Itriago, 1987; Maratus, 1986; Watkins, et al., 1988). Improving access to health care through appropriate and available services is therefore

especially important for these individuals.

Of particular concern is the migrant farmworker's access to primary health care services, which are often provided by registered nurses. To be effective, nursing care requires a great deal of direct communication with the client; the nurse must listen to the client, assess the client's needs, diagnose problems, teach and counsel, develop a plan of care, negotiate relationships, speak with family members, and make appropriate referrals to other health care providers. Language differences can create a barrier between the client and these services.

Some health care agencies have tried to overcome the language barrier between nurses and clients by hiring interpreters. They may also rely on the client's family and friends to interpret, or use nonprofessional staff to translate. Indirect communication through an interpreter can affect confidentiality, trust, and rapport-building between the nurse and client (Brownlee, 1978). More difficulties arise if the interpreter is medically uneducated or lacks fluency in one of the languages; consciously or unconsciously, information the nurse is trying to communicate may be altered (Brownlee, 1978), and the monolingual (English-only) nurse may never know if the correct message was conveyed.

According to the National Coalition of Hispanic Health and Human Services Organizations [COSSMHO] (1989, p.77), "the supply of bilingual and bicultural professionals is insufficient to meet the growing demand." In North Carolina, less than 1% of registered nurses are Hispanic (North Carolina Board of Nursing, personal communication, November, 1988). No information exists on how many nurses working with Spanish-speaking migrant farmworkers are bilingual, and no studies have documented registered nurses' perceptions of how language differences influence their care of clients, or how they overcome language barriers when they exist. Therefore, the purpose of this study was to explore registered nurses' perceptions of their communication with Spanish-speaking migrant farmworkers in North Carolina.

METHODS

In October 1989 the authors surveyed registered nurses at 12 N.C. health care agencies serving migrant farmworkers to ascertain what nurses thought about various communication issues involving Spanish-speaking migrant farmworkers, including how they were presently communicating with these farmworkers; in what areas they believed communication was problematic; what they were doing to improve their communication; and what they envisioned as potential solutions to those communication barriers.

Sample

Registered nurses, including nurse practitioners, employed by three types of North Carolina health care agencies--migrant health centers, county health departments, and rural health centers--were surveyed by mailed questionnaires. Consent to participate in the study was implied by return of the questionnaire. The confidentiality of the information obtained from the respondents was assured in the questionnaire cover letter.

Instrumentation

The questionnaire was designed to elicit information about perceptions and characteristics of registered nurses and the health care agencies' methods of facilitating communication between nurses and their clients.

The 30-item questionnaire contained inquiries about registered nurses' willingness to learn a second language, previous experiences that helped prepare them work with Spanish-speaking migrant farmworkers, and whether or not they provided direct nursing care. One question presented a list of nursing functions and asked the nurse to check all that were made difficult due to language differences. Questions on age, education, sex, date of birth and languages spoken were also included. Agency characteristics asked about included the type of agency (migrant health center, health department, or rural health center), percent of clients served by the agency who were migrant farmworkers, percent of migrant farmworkers served by the agency who were Spanish-speaking, percent of non-migrant farmworker clients who were Spanish-speaking, and the means each agency used to facilitate communication. Questions were also asked

pertaining to the nurse's current experience with Spanish-speaking migrant farmworkers.

To assess the clarity of the questions, sample questionnaires were given to nine nurses with experience in the field of migrant health (who were not included in the study sample). A few revisions of the questionnaire were made on the basis of their feedback. Three experts in research methodology and two experts in migrant health assisted the researchers in assessing and establishing face and content validity.

FINDINGS

A total of 72 questionnaires were mailed and 55 were returned, for a response rate of 76%. Almost all respondents were female (98%); their mean age was 41.1 years, and most were Caucasian (88.5%). Twelve subjects were from migrant health centers, 41 were from health departments, and 2 were from rural health centers. Most (70.6%) did not have a bachelor's degree in nursing. A majority (60.0%) had had between 1 and 5 years of experience with migrant farmworkers, while 36.0% had at least 6 years of experience.

The nurses were asked if they had had any experiences that helped prepare them to work with

Spanish-speaking migrant farmworkers. Table 1 summarizes their responses.

The majority of the nurses in the migrant health centers (58.3%) said that over 50% of their clients were migrant farmworkers. In contrast, the two respondents from rural health centers and the majority of the health department nurses (67.6%) reported that fewer than 10% of their clients were migrant farmworkers. Six (50.0%) of the nurses working in migrant health centers reported that they spoke Spanish well enough to communicate with another person. However, one migrant health center had no Spanish-speaking respondents and another had only one who said that she spoke "limited" Spanish. Neither of the two rural health center nurses spoke Spanish, and only two nurses from health departments reported that they spoke Spanish well enough to communicate.

Overall, most respondents (84.6%) reported that they did not speak Spanish well enough to communicate with another person. Most believed they communicated poorly with their Spanish-speaking clients in speaking (80.8%), writing (80.8%), reading (70.6%), and listening to Spanish (74.5%). Almost all of the nurses (94.3%) said that they relied on interpreters to

communicate; relatively few (24.5%) ever spoke directly in Spanish. The majority (64.5%) said they also used hand gestures to communicate. A large number of the respondents (66.0%) provided written information in Spanish to facilitate communication.

Nurses commented that not being able to communicate was "very stressful", "contributes to burnout", and was "not a very pleasant experience". A large majority (75.0%) felt that they had moderate to serious problems in providing nursing care to this group just based on language differences. Only five reported no problems due to language differences.

Most (89.6%) of the nurses reported difficulties in teaching, explaining, and answering questions posed to them by Spanish-speaking farmworkers. A sizeable majority (68.8%) said that they had difficulty assessing these clients. Most (79.2%) also said that they had difficulty counseling and listening to these clients. Large numbers had difficulties in other areas of nursing care as well (see Table 2). Only four subjects reported having no difficulties with the nursing functions listed on the questionnaire.

Given the concerns expressed by these nurses, it is not surprising that they observed a number of

general communication problems (Table 3). Only one subject reported no difficulties. The majority (79.6%) reported having to spend more time with migrant farmworkers than with other clients.

Over half of the nurses (57.1%) said their agencies employed professional interpreters to facilitate communication (Table 4). This is an impressive percentage; however, many of the interpreters considered "professional" were not trained medical interpreters. They included migrant farmworkers, high school students, medical students, and Spanish teachers. Unpaid interpreters, family and friends used to interpret for the client, were considered nonprofessional. Most nurses (73.5%) reported using this type of interpreter. Nearly one-fifth (18.9%) of the nurses reported using costly telephone interpretation (calling other health care agencies to use their staff to interpret for them).

A sizeable majority of the nurses (78.8%) said that learning the migrant's language was a solution to the communication problems, and 78.0% said they would be willing to learn a second language. As age, years employed as a registered nurse, and years worked at the present agency of employment all increased, however,

subjects reported significantly less willingness to learn a second language ($p<.05$).

Only 38.5% of the nurses were presently working to improve their communication with Spanish-speaking clients. Methods they used included self-instruction, taking Spanish courses, having literature translated, practicing with clients, and using a dictionary.

When subjects were asked what could be done in their agency to facilitate communication with Spanish-speaking clients, a large number (40.8%) suggested hiring interpreters. Half (49.0%) wanted assistance in learning Spanish. Most (75.6%) said that Spanish classes held at their agency of employment would be the best method. Several wanted time off for classes, and to have their tuition paid.

When subjects were asked if the orientation they had had when they began working at their agency included education about Spanish-speaking migrant farmworkers, half reported that nothing was done during the orientation period. The nurses were also asked about methods used to increase their knowledge of Spanish-speaking migrant farmworkers once the orientation period was complete (Table 5). Almost half (46.8%) said their agency did nothing to increase their

knowledge. While 34.0% reported that their agency provided them information on migrant and Hispanic health, only one-fourth reported being allowed time to visit camps and worksites. Just one-third reported being compensated for continuing education, and only one nurse reported that her agency used migrants as teachers. Almost half (41.7%) of the nurses were dissatisfied or very dissatisfied with their agency's present methods of improving communication; 10.4% said that they were not sure about them.

DISCUSSION

Summary of Major Findings

The registered nurses in this study reported poor communication with Spanish-speaking clients, experienced a number of problems in providing nursing care to them, and received little assistance from their agencies of employment to improve communication. Most reported no orientation to migrant health and no attempts by their employers to increase their knowledge once the orientation was complete. Over half of the nurses had had no prior experience with migrant farmworkers, and well over three-fourths reported being unable to communicate in Spanish. Less than one-fifth reported being assisted to learn Spanish and few had access to a Spanish dictionary or terminology book at work. Many of the nurses reported dissatisfaction with current methods available to them at work to facilitate communication, and most reported having to spend more time with migrant farmworkers than other clients because of language differences.

Implications for Practice

Most of the agencies in this study have no bilingual nursing staff and are deficient to some degree in culture and language-specific nursing services. This contributes to the poor health of migrant farmworkers by increasing the barriers between

them and needed primary health care services. On the basis of the information obtained from this study, the authors suggest four ways to help remedy current communication problems between nurses and Spanish-speaking clients.

Teaching Nurses Spanish

Effective communication is a professional nursing responsibility (Clark, 1981). As this study points out, poor communication based on language differences precludes many essential nursing services and hinders every aspect of the nursing process. Brownlee (1978) has suggested that situations such as those described in this study may diminish the effectiveness of the nurse's expertise. They can also "perpetuate the view that communication is an optional extra in nursing rather than an integral part of the whole process" (Clark, 1985, p. 1119). In light of this information, it seems reasonable to suggest that nurses who serve Spanish-speaking clients learn Spanish.

Most nurses in this study thought learning Spanish would be a solution to communication barriers, were willing to learn it, and wanted their employers to help them learn. However, only slightly more than one-third of the nurses were currently doing anything to improve their communication. The reason for the discrepancy is not clear. Questionnaire comments suggested that

heavy workload, lack of available time and money, and minimal resources affected whether the nurse was pursuing communication improvement.

When asked about methods for learning Spanish, most nurses said that Spanish classes held at their agency of employment would be best. In addition to on-site Spanish courses, nurses thought reimbursement for Spanish classes held outside their agencies of employment would be helpful. Community health agencies might offer pay raises, promotions, and other incentives to nurses who pursue and demonstrate Spanish fluency. Further, agencies need to take advantage of the resources available to them to teach nurses Spanish. For example, bilingual nurses and interpreters can be used to teach nursing staff, as can migrant consultants and farmworkers. Incorporating home/camp visits and worksite tours into the job description would also provide helpful exposure to the Hispanic culture and language.

As the study points out, nurses need to be exposed to a second language early in their careers, when they are most likely to be motivated. In response to the growing Hispanic population, schools of nursing need to incorporate Spanish classes and cultural health care topics into their curriculums. Continuing education departments can facilitate language education by

setting up outreach programs to teach nurses Spanish. On a broader level, government agencies, such as the Office of Migrant Health and the State Health Department, can reprioritize funds to support language-learning efforts in community health agencies.

Individual nurses can help reach this goal by bringing the issue to the attention of administrators, nurse managers, policy makers, and government agencies. In order to enlist their support to learn Spanish and maintain fluency, nurses may need to provide documentation to substantiate their needs.

While Spanish fluency is desired, it is not accomplished in a short period of time. Thirty-eight percent of the respondents in this study reported having taken a Spanish course at some point in their careers, but large numbers reported poor communication with their Spanish-speaking clients. This points out that although Spanish courses are beneficial, they cannot be relied upon totally to ensure ongoing language proficiency. However, speaking even a limited amount of Spanish conveys interest and sincerity to the client and should not be abandoned (COSSMHO, 1989). Until an acceptable level of fluency is achieved, other methods of facilitating communication are required. One method is the use of trained medical interpreters.

Appropriately Training and Using Medical Interpreters

Although well-trained medical interpreters can increase Spanish-speaking clients' use of a clinic (COSSMHO, 1989), the heavy reliance on medically untrained interpreters can present problems, and good judgment is required when using them. For example, recently a health care provider used the abusive husband of a female client to translate as the woman tried to describe what had happened to her. Further, a bilingual health care provider overheard an interpreter carefully explaining to the mother of a baby with a monilial diaper rash that she should put the miconazole nitrate in the baby's bottle. Another nurse commented, "Many of our families'children are bilingual, but it is difficult to use a 10-year-old when discussing family planning, STD's, and prenatal care."

To prevent such problems, nurses should avoid using interpreters and communicate directly whenever possible. Romero (1989) suggests that if interpreters are required, they should be trained to ensure competence. Standards of practice for training and using interpreters should be developed at the community health agencies and language fluency exams should be used to monitor quality of interpretation. Brownlee (1978), COSSMHO (1989), and Putsch (1985) offer excellent advice on the appropriate training and use of

interpreters.

Attempting to avoid the use of interpreters and their complications requires that the supply of nurses who are bilingual and available for community health agencies be increased, a third method of alleviating communication problems.

Increasing the Supply of Hispanic and Bilingual Registered Nurses

By making a concerted effort to increase the numbers of Hispanics entering the nursing profession, schools of nursing and nursing organizations can help influence the supply of nurses able to communicate with Spanish-speaking clients.

Community health agencies can also contribute to this effort by hiring appropriately prepared nurses or by educating the nurses currently on staff. Job descriptions should include Spanish fluency as a qualification, and yearly evaluations should reflect the necessity of direct communication for acceptable nursing care. On initial employment and on an established basis thereafter, language fluency exams could be administered to assess quality of communication, baseline knowledge of Spanish, and a means through which the nurse can be evaluated.

Employers and government institutions such as the U. S. Public Health Service should increase their efforts to recruit bilingual and minority nurses and

increase the number of scholarships and internships available to nurses and potential nursing candidates. Focusing on language learning through these programs could also increase the numbers of bilingual nurses.

Hispanic leaders and organizations can also be useful in addressing professional development and in recruiting more Hispanics into nursing, especially targeting Hispanic parents who can influence the futures of their children. Through reaching Hispanic children at an early age, we may be able to improve their educational opportunities and their chance of pursuing a professional career in nursing.

School systems also need to begin Spanish courses at the elementary level and continue throughout high school. This would greatly increase the pool of Spanish-speaking people available for schools of nursing.

Improving the Overall Cultural and Language Sensitivity of Community Health Agencies

Given the growth in numbers of Spanish-speaking migrant farmworkers, it is also important to improve the overall design of services so that they are more compatible with the Hispanic culture and language.

According to COSSMHO (1989), community health agencies should hire bilingual and bicultural staff in proportion to the population served, develop bilingual materials for clients, and post bilingual signs about

the buildings. Nurses in this study reported using written Spanish materials frequently to aid in communication with migrant farmworker clients. The effectiveness of written materials is questionable in light of the fact that migrant farmworkers in general are poorly educated and have low literacy skills. Moreover, most nurses in this study read and speak Spanish poorly or not at all, raising questions about how they could use Spanish educational materials as effective supplements to nursing care. Written materials cannot substitute for direct verbal communication.

In order to ensure that culturally sensitive and language-appropriate services are consistently offered in every community health agency, all nurses who serve Spanish-speaking clients should receive some type of orientation to migrant and Hispanic health in addition to language education. In fact, COSSMHO (1989) has developed an excellent manual, Delivering Preventive Health Care to Hispanics, a Manual For Providers, which is highly recommended as one resource for orientation.

Nursing standards should be developed as a guide for quality nursing care for Spanish-speaking clients. The Migrant Clinicans Network (MCN) would be an excellent resource in developing these standards. They offer a very succinct but thorough set of guidelines

for serving migrant farmworkers. The approach is called CLEF, which stands for: (1) Culture of migrant patients; (2) Language factors for consideration; (3) Environmental/educational factors; (4) Follow-up care for a mobile population (MCN, 1988).

To facilitate the accommodation of a different culture and language, links can be established between the nursing staffs of various types of community health agencies in order to draw upon available resources. In addition to consulting health agencies in states with large Hispanic populations, other excellent resources are the National Migrant Resource Program, the Farmworker Justice Fund, the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO), and university Spanish departments.

Conclusion

Communication problems pose very real barriers between nurses and Spanish-speaking clients. The U. S. Hispanic population is steadily increasing, and it is expected that the numbers of Spanish-speaking migrant workers will continue to increase; moreover, there is a trend towards workers "settling out" of the migrant stream into the community. As these trends are realized, the need for solutions to communication problems between nurses and clients will be further intensified.

REFERENCES

Brownlee, A. (1978). Community, culture, and care. Saint Louis: The C. V. Mosby Company.

Chesher, T. (1985). Communicating with patients. Do your patients understand you? Are you speaking the same language? The Medical Journal of Austrailia, 142, 584-5.

Chi, P. (1985). Health care and health status of migrant farmworkers in New York state. Migration Today, 13, 39-44.

Clark, J. (1981, January 1). Communication in nursing. Nursing Times, 12-8.

Clark, J. (1985). Communication--why it can go wrong. Nursing 2nd Series, 2 (38), 1119-20.

Coye, M., & Fenske, R. (1988). Agricultural workers. In B. S. Levy & D. H. Wegman [eds.], Occupational health (pp. 511-21). Boston: Little, Brown and Company.

Employment Security Commission. (1988). Estimate of migrant and seasonal farmworkers during peak harvest by county--1988. Raleigh, North Carolina.

Garrett, P., & Schulman, N. (1988). Migrant and seasonal farmworkers in North Carolina: a report based on the analysis of existing data. Cary, North Carolina: North Carolina Primary Health Care Association.

Goldsmith, M. (1989). As farmworkers help keep America healthy, illness may be their harvest. Journal of the American Medical Association, 261 (22), 3207-9, 3213.

Guendelman, S., & Perez-Itriago, A. (1987). Migration tradeoffs: Men's experiences with seasonal lifestyles. International Migration Review, 21 (3), 709-27.

Johnston, H. (1985). Health for the nation's harvesters. Farmington Mills, Michigan: National Migrant Worker Council, Inc.

Maratus, T. (1986). The health-seeking process of

Mexican-American migrant farmworkers. Home Healthcare Nurse, 4 (5), 32-8.

Migrant Clinicians Network [MCN]. (1988). Chronic care guidelines, CLEF: An introduction. Austin, Texas: National Migrant Resource Program, Inc.

The National Coalition of Hispanic Health and Human Services Organizations [COSSMHO]. (1988). Delivering preventive health care to Hispanics, a manual for providers. Washington, D. C.

Office of Migrant Health. (1989, February). Adjusted state migrant population profile. Rockville, Maryland: U. S. Public Health Service, Department of Health and Human Services.

Putsch, R. (1985). Cross-cultural communication, the special case of interpreters in health care. Journal of the American Medical Association, 254 (23), 3344-8.

Romero, J., Division Manager, Family & Children Division, Santa Clara County Mental Health, San Jose, California. (1989, November). Developing a mental health program for Hispanic populations. Presentation at the Second Annual East Coast Migrant Stream Forum, Hilton Head, South Carolina.

Shenkin, B. (1974). Health care for migrant workers: Policies and politics. Cambridge: Ballinger Publishing Company.

Watkins, E., Larson, K., Harlan, C., Young, S., Wenrich, S., Ramos-Nunez, M., Gilbertson, S., & Ramirez-Garza, C. (1988). Migrant lay health advisors: A strategy for health promotion. Vol. 1, 2nd printing. Chapel Hill, North Carolina: Department of Maternal and Child Health, School of Public Health, University of North Carolina.

Wilk, V. (1986). The occupational health of migrant and seasonal farmworkers in the United States. Washington, D. C.: Farmworker Justice Fund, Inc.

TABLE 1. Prior Experiences That Helped Registered Nurses Work with Spanish-speaking Migrant Farmworkers*

PRIOR EXPERIENCE	N	%
Lived in Spanish-speaking Country	1	1.9%
Worked Closely with Spanish-speaking People	6	11.5%
Took Spanish Courses	20	38.5%
Of Hispanic Ancestry	1	1.9%
Traveled to Spanish-speaking Country	6	11.5%
Took Cultural Courses	1	1.9%
Attended Workshops on Hispanic and Migrant Health	9	17.3%
None	27	51.9%

*Due to nonresponses to some questions and allowing greater than one response to other questions, the totals in the tables presented do not equal 100%.

TABLE 2. Registered Nurses' Reported Difficulties in Giving Nursing Care to Spanish-Speaking Migrant Farmworkers, According to Nurses' Reported Ability to Speak Spanish

NURSING CARE DIFFICULTIES	Non-Spanish Speaking		Spanish Speaking	
	N	%	N	%
Planning Care/Treatments	19	47.5%	2	25.0%
Assessing Client	30	75.0%	3	37.5%
Building Rapport	26	65.0%	2	25.0%
Teaching/Explaining/Answering Questions	37	92.5%	6	75.0%
Counseling/Listening	33	82.5%	5	62.5%
Referring Client	22	55.0%	3	37.5%
Understanding Culture	19	47.5%	1	12.5%
Diagnosing	14	35.0%	2	25.0%
Evaluating	20	50.0%	4	50.0%
None	3	7.5%	1	12.5%

TABLE 3. Distribution of Reported Problems Observed by Registered Nurses as a Result of Language Differences

GENERAL PROBLEMS	N	%
Client and Nurse Unable to Communicate	39	79.6%
Client Misunderstanding Directions	29	59.2%
Time Spent with Client Greater than Necessary	39	79.6%
Client Making Medication Error	7	14.3%
No Difficulties	1	2.0%

TABLE 4. Distribution of Reported Mechanisms in Place at Agencies of Employment for Facilitating Communication Between Registered Nurses and Spanish-Speaking Migrant Farmworkers

MECHANISMS FOR FACILITATING COMMUNICATION	N	%
Professional Interpreter	28	57.1%
Community Interpreter	16	32.7%
Family/Friend Interpreter	36	73.5%
Staff Interpreter (not nurse)	15	30.6%
Telephone Interpreter	10	20.4%
Bilingual RN	7	14.3%
Bilingual LPN	1	2.0%
Spanish Materials	36	73.5%
Spanish Dictionary/Terminology Book	13	26.5%
Posts Bilingual Signs	18	36.7%
Assists Nurses in Learning Spanish	10	20.4%
Nothing	1	2.0%

TABLE 5. Methods Used by Community Health Agencies, in Addition to the Orientation Period, to Increase a Registered Nurses's Knowledge of Spanish-speaking Migrant Farmworkers (as Reported by Registered Nurses)

METHODS	N	%
Provides Information on Migrant and Hispanic Health	16	34.0%
Provides Compensation for Continuing Education	14	29.8%
Allows Time for RN to Visit Camps and/or Worksites	12	25.5%
Uses Experts in Migrant Health as Consultants	10	21.3%
Provides Compensation for Travel to Foreign Countries	1	2.1%
Uses Farmworkers from Migrant Community as Teachers	1	2.1%
Nothing	22	46.8%