Patients With Limited English Proficiency: A Challenge for Oncology Nursing Providers

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BACKGROUND: Limited English proficiency (LEP) is a limited ability to read, write, speak, and understand English. About 145,000 individuals with LEP will be diagnosed with a new cancer annually, and English remains the dominant language spoken in the U.S. medical system.

OBJECTIVES: The goal of this article is to discuss the issues faced by patients with LEP and cancer who are unable to communicate effectively with oncology providers.

METHODS: This overview used published U.S. government statistics, information from consensus and policy organizations, and clinical studies published between 2017 and 2022.

FINDINGS: Federal laws prohibit discrimination based on immigration status. People with LEP experience delayed cancer diagnoses and often receive inadequate treatment. Patients with LEP often have limited understanding of the medical system and do not receive language-concordant information about their cancer and treatment options.

limited English proficiency; language barriers; cancer care disparities

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LIMITED ENGLISH PROFICIENCY (LEP) IS DEFINED AS ENGLISH as a second language and a limited ability to read, write, speak, and understand the language (Foiles Sifuentes et al., 2020). Between 2016 and 2018, about 64 million Americans aged 5 years or older spoke a language other than English at home, of whom 40% reported that they speak English less than very well (Farina et al., 2022; U.S. Census Bureau, 2022). A 2022 report by the Migration Policy Institute reported that 25 million people, 8.2% of the U.S. population, have LEP (Esterline & Batalova, 2022). The United States' immigrant population is expected to increase from 44.9 million in 2019 to 69 million by 2060 (Esterline & Batalova, 2022; Vespa et al., 2018), representing an increase from 13.5% to 17% of the total population (see Table 1). This is the second highest rate of immigration since 1890 when immigrants comprised 14.8% of the U.S. population (Esterline & Batalova, 2022). Asia has replaced Latin America as the main region from which U.S. immigrants originated (Vespa et al., 2018). The literature often uses the terms "foreign-born" and "immigrant" interchangeably when referring to people who were not U.S. citizens at birth, lawful permanent residents, refugee and asylum seekers, people on certain temporary visas, and unauthorized immigrants (Esterline & Batalova, 2022); this article will use "immigrant" as an all-inclusive term. Individuals born in the United States may also have LEP.

Cancer remains the second most common disease in the United States, with nearly 1.9 million new cancer cases expected in 2023 (American Cancer Society, 2023). Cancer care disparities among underrepresented and minority immigrant populations are increasing as population demographics continue to change (Alcaraz et al., 2019; Smith et al., 2009). Smith et al. (2009) predicted a 100% increase in cancer cases among underrepresented populations by 2030. Overall, cancer death rates have decreased in the United States, but immigrant populations still have a disproportionately higher incidence of cancer and mortality rates (Alcaraz et al., 2019). Fang and Ragin (2020) reviewed 42 studies pertaining to the topic and noted that immigrant, migrant, and refugee populations continue to experience a greater risk of cancer and have less access to cancer screening and health services. Although several studies have reported progress in reducing disparities in screening rates, it remains a challenge to close the gap in cancer screening among U.S. immigrants (Fang & Ragin, 2020).

It is estimated that about 145,000 people with LEP will be diagnosed with a new cancer annually (Farina et al., 2022). Although many people are emigrating from countries where English is not the predominant language (Vespa et al., 2018), English remains the dominant language spoken in the U.S. healthcare system.