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Researchers Present Cultural Communication Findings

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Researchers Present Cultural Communication Findings

Findings will be presented at the European Association of Communication in Healthcare International Conference on Communication in Healthcare, September 4-7, at the University of St. Andrews in Scotland by co-authors Dr. Luanne Linnard-Palmer, professor of Nursing, Dr. Jayati Ghosh, associate dean of Dominican's School of Business and Leadership, and Dr. Olivia Catolico, professor of Nursing.

Miscommunication is a major contributor to medical errors at a time when nearly 100,000 deaths are caused by medical error each year. Healthcare errors will increase as long as there are barriers in cultural communication, Linnard-Palmer said.

Linnard-Palmer has studied the issue of diversity in healthcare from a care provider's perspective for the past decade. Her earlier studies show that culture and religion influence both communication and decision making, often creating "an ethical dilemma and a storm between families and healthcare providers." In her 2006 book, *When Parents Say No: Religious and Cultural Influences on Pediatric Healthcare Treatment*, Linnard-Palmer identified 31 religions in the U.S. that limit, delay, or refuse medical care.

"Unless cultural differences are appreciated, understood, and addressed in healthcare settings and in professional education curricula, treatment errors, mismanaged care, and health disparities will continue to persist or increase," she said.

An interdisciplinary research team from Dominican's School of Business and Leadership and the School of Nursing surveyed Bay Area healthcare professionals and Dominican nursing students to discover experiences, challenges, best practices and ideas for curricula.

The study -- based on the results of surveys distributed to professional nurses and nursing students throughout the Bay Area -- shows that when confronted with the challenge of providing care to patients with different belief structures or worldviews, health care providers often feel ill-equipped to bridge communication difficulties resulting from cultural and ethnic diversity.

The ethnographic study is ongoing, with researchers to date conducting 60- to 90-minute audio taped interviews with participants. To date 33 nurses from five hospitals in the Bay Area have answered seven open-ended questions. In addition, students from Dominican's School of Nursing also are participating in the study.

"The practicing nurses we surveyed desperately want tools, but do not know where to turn," Linnard-Palmer said. "Nurses noted that healthcare settings don't frequently offer a strong level of continuing education that will help nurses function in the context of diversity."

Understanding cultural differences is critical in order to prepare for an increasingly diverse population in the United States, Ghosh said. By 2042, about half of the U.S. population will comprise of racial and ethnic minorities.

"When you look at healthcare industry as a whole, we will continue to see patients, nurses, doctors, pharmacists and everyone else on the healthcare team coming from different parts of the world," Ghosh said. "The communication gap caused by a lack of understanding of cultural differences will continue to be a major issue."

One goal of the study is to integrate conceptual models from business and nursing and investigate best practices on how professional nurses can implement culturally responsive communication with a family and patients in order to prevent medical errors.

Effective healthcare cannot be accomplished in isolation, Catolico said. “There is a need for inter-professional collaboration in addressing complex issues of diversity among healthcare providers and patients and families.”

The business professional, for example, would add expertise in communication and negotiation, while the healthcare professional would incorporate expertise in dealing with families and patients.

“It is very important to look at the issue of communication in healthcare from an interdisciplinary point of view and address the cultural differences in communication as they pertain to one of the major sectors of the U.S. economy,” Ghosh said.

While some hospitals do require annual training for training for nurses and others in the healthcare team, these might only include about an hour or two of information pertaining to cultural sensitivity, Linnard-Palmer said.

“The nurses responding to our survey report feeling unprepared,” Linnard-Palmer said. “Many said what they really need are opportunities to learn how to work together during a situation of cultural conflict. Some nurses also reported being in need of debriefing after experiencing cultural conflict.”

Different cultures present different challenges to the health care team and health care negotiations can be influenced by several dimensions. For example, understanding the differences between high-context cultures, in which communication is indirect and implicit, and low-context cultures, in which communication is direct and unambiguous is critical. Gaining proper understanding of nonverbal communication also is critical in cross-cultural settings.

The study highlights a need for improved continuing education opportunities.

“Nurses need a safe environment in which they can practice cultural assessments, culturally sensitive communication exchanges with peers and mentors, learn how to identify risks for medication and medical errors,” Catolico said.

Increasing exposure to engaged and experiential learning with culturally rich scenarios also could help improve cross-cultural understanding.

Indeed, Dominican undergraduate nursing students responding to the surveys demonstrated greater comfort levels with cross-cultural communication than professional nurses.

“It was interesting to compare and contrast the responses. Our students reflected a higher level of emotional maturity in their answers,” Catolico said.

The researchers attribute this to several factors, including access to a liberal arts background that includes courses focused on ethics, humanities, communications, religion, and service-learning and overseas service with members of different cultures and religions.

Simulation laboratories also can prove to be powerful tools in nursing education and should be used to provide training in the diversity of cultural exchanges, and positive and supportive debriefing, the authors suggest.

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