Communication with Diverse Populations

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DIVERSITY in NURSING

As the United States increasingly becomes a more multiethnic, pluralistic and linguistically diverse society, the possibilities for misunderstandings, mixed messages, and errors in communication are inevitable.

”to address and/or prevent the disruptiveness of these factors while delivering care, cultural competence and cultural sensitivity must be added to the knowledge and skills needed for nursing practice in the future.

Future of Nursing Report, Institute of Medicine, 2011

The Nurse's Role in Ethics and Human Rights: Protecting and Promoting Individual Worth, Dignity, and Human Rights in Practice Settings

Nurses advocate for the ethical and just practice of nursing by creating and sustaining environments that support accepted standards of professional practice, since the practice environment and rights of nurses influence the practice and moral context of nursing.

- **Nurses strengthen practice environments by refusing to practice in ways that would create a negative impact on the quality of care.**

ANA Position Statement 2016

Working with Diverse Populations

REQUIRES CULTURAL HUMILITY

Cultural humility involves a change in overall perspective and way of life.

Cultural humility is a way of being.

Cultural humility means being aware of power imbalances and being humble in every interaction with every individual.

Foronda, Baptiste ,Reinholdt, Ousman, 2016

Communication with Diverse Populations

SPOKEN WORD – VERBAL

BODY LANGUAGE – NON-VERBAL

WRITTEN WORD

Non-Verbal Communication

Body language: our mannerisms and demeanor

- Facial expressions—smiling, glaring
- Gaze—looking at the other person or away from them; paying attention or not
- Gestures—arm and hand movements
- Posture—leaning forward or back; relaxed or stiff
- Distance from the other person—too close or too far

Verbal and Written Word

- Speech: language

- fast or slow

- gentle or aggressive pauses

- Tone: the way we speak

- Pitch – shrill, annoyed

- Calm or agitated

- Loud or low

- Written Word:

- using written symbols, such as letters and numbers

- pictures and graphics

General Rules

Consider your choice of language. Some idioms or slang language may not be understood by people from another linguistic background (or people within the same linguistic group but from a different generation).

The ‘rules’ relating to non-verbal communication are generally understood within a certain culture but vary from culture to culture and from generation to generation. -touching and the use of personal space.

If colleagues do not share English as their first language, make sure you give adequate time in communication and obtain feedback to clarify understanding.

Compassionate Encounters

1. Build rapport with the patient and approach them slowly

2, Address patients by their last name.

If the patient's preference is not clear, ask, "How would you like to be addressed?"

2. Introduce yourself and make sure patients know what you do.

3. Determine if the patient needs an interpreter for the visit.

4. Sit down to talk to them

5. Use open ended questions and not "yes or no" questions

6. Allow time for them to talk

7. LISTEN

8. Give patients the information they need.

9. Make sure patients know what to do when they leave

LEARN MODEL

L –

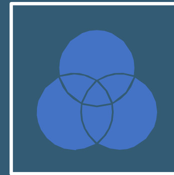
Listen

to the Patient's Perspective

E –

Explain

and Share One's Perspective



A –

Acknowledge Differences and Similarities Between the Two Perspectives

R –

Recommend a Treatment Plan

N –

Negotiate a Mutually Agreed Upon Treatment Plan

BELIEF MODEL

B – Beliefs about Health (What caused your illness/problem?)

E - Explanation (Why did it happen at this time?)

L - Learn (Help me to understand your belief/opinion.)

I - Impact (How is this illness/problem impacting your life?)

E - Empathy (This must be very difficult for you.)

F - Feelings (How are you feeling about it?)

Tips to Overcome Language Barriers

USE SIMPLE WORDS

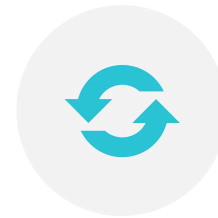
- AVOID JARGON AND ACRONYMS
- PROVIDE EDUCATIONAL MATERIAL IN THE LANGUAGES YOUR PATIENTS READ

- LIMIT/AVOID TECHNICAL LANGUAGE

SPEAK SLOWLY

- DO NOT SHOUT, ARTICULATE WORDS COMPLETELY
- USE PICTURES, DEMONSTRATIONS, VIDEO OR AUDIOTAPES TO INCREASE UNDERSTANDING

- GIVE INFORMATION IN SMALL CHUNKS AND VERIFY COMPREHENSION BEFORE GOING ON



REPEAT INFORMATION

- ALWAYS CONFIRM PATIENT’S UNDERSTANDING OF THE INFORMATION - PATIENT’S LOGIC MAY BE DIFFERENT FROM YOURS

When Language is Different

Interpretation: Involves spoken communication between two parties, such as between a patient and a pharmacist, or between a family member and doctor. A cultural broker

Translation: Involves very different skills from interpretation. A translator takes a written document in one language and changes it into a document in another language, preserving the tone and meaning of the original.

Working with Interpreters

- Speak with the interpreter before the appointment to:
  - Inform them if there will be a difficult conversation.
  - Ask about cultural norms and if certain subjects are culturally appropriate
  - Clarify expectations, such as whether to directly translate all communication among family members during the visit.
- Arrange for triangular seating, so everyone present can see nonverbal cues.
- Introduce everyone who is present.
- Ask who is the most appropriate person to address your questions to.
- Look at family members as you speak, and try to speak directly with them.
- Debrief with interpreter afterward to ensure communications were fully translated.

Considerations of Health Literacy

The ability to read and comprehend health information is impacted by a range of factors including age, socioeconomic background, education and culture.

A patient's culture and life experience may have an effect on their health literacy.

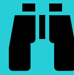
An accent, or a lack of accent, can be misread as an indicator of a person's ability to read English.

Different family dynamics can play a role in how a patient receives and processes information.

In some cultures, it is inappropriate for people to discuss certain body parts or functions leaving some with a very poor vocabulary for discussing health issues.

Possible Signs of Low Health Literacy

Your patients may frequently say:



- I forgot my glasses.
- My eyes are tired.
- I'll take this home for my family to read.
- What does this say? I don't understand this.

Your patients' behaviors may include:

- Not getting their prescriptions filled, or not taking their medications as prescribed.

- Consistently arriving late to appointments.
- Returning forms without completing them.
- Requiring several calls between appointments to clarify instructions.

The 5 Rs of Cultural Humility

- Reflection
- Respect at All Times
- Regard
- Relevance
- Resiliency

The 5 Rs to Cultural Humility

Reflection

AIM - The APRN will approach every encounter with humility and understanding that there is always something to learn from everyone.

ASK - What did I learn from each person in that encounter?

Respect

AIM - The APRN will treat every person with the utmost respect and strive to preserve dignity at all times

ASK - Did I treat everyone involved in that encounter respectfully?

The 5 Rs to Cultural Humility

Regard

AIM - The APRN will hold every person in their highest regard while being aware of and not allowing unconscious biases to interfere in any interactions

ASK - Did unconscious biases drive this interaction?

Relevance

AIM - The APRN will expect cultural humility to be relevant and apply this practice to every encounter

ASK - How was cultural humility relevant in this interaction?

Resiliency

AIM - The APRN will embody the practice of cultural humility to enhance personal resilience and global compassion

ASK - How was my personal resiliency affected by this interaction?

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