



Strategies used by nurses, academics and students to overcome intercultural communication challenges



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ABSTRACT

Nurse clinicians and academics need to understand intercultural communication challenges to improve their communication skills and better support students' learning. Gaps exist in the literature regarding intercultural communication resources for students, academics and clinicians. The aim of this study was to explore the experiences of clinical nurses, nurse academics, and student nurses regarding intercultural communication challenges. Data were collected using focus group interviews with nineteen clinical facilitators (nurses who supervise nursing students in clinical practice), five clinical nurses, and ten nursing students. Seven nurse academics were interviewed via telephone. The purposive sample was drawn from a tertiary hospital and a university in Australia. Participants were invited to discuss challenging intercultural scenarios they had experienced including strategies they used to overcome such challenges. Using qualitative content analysis data were analysed resulting in four categories which were: 1) prejudice based on cultural diversity; 2) unfamiliarity with cultural boundaries; 3) stereotyping cultural behaviours; and 4) difficulty understanding English. Strategies participants used to mitigate challenges included resorting to cultural validation through alliance building, proactively seeking clarification, and acquiring cultural awareness knowledge. This study highlights intercultural challenges students, clinicians and academics face and signpost the way forward with useful strategies to better inform nurse education.

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Introduction

In nursing effective communication is crucial if quality and safe care is to be provided (Kourkouta and Papataniasiou, 2014). Communication behaviours must be of high quality and transferable so that nurses can collaborate with a range of colleagues in diverse situations and cultures to ensure their practice is contemporary. Understanding the differences in foundational values provides a basis for intercultural communication across cultural boundaries in clinical practice (Sealey et al., 2006). Arasaratnam (2012) defines intercultural communication "as communication

that occurs where cultural differences between the relevant individuals affect the communication exchange in ways which would have been insignificant had those differences not existed" (p. 136). Further, Arasaratnam (2012) argues that when people with shared cultural values and beliefs communicate with each other they do so within the context of shared assumptions whereas if people from different cultures communicate they do not have the benefit of the shared assumptions which can lead to misunderstandings. Therefore, understanding diverse cultures reduces clinicians' tendencies towards generalisations and assumptions, especially when under pressure of work demands (Jeong et al., 2011).

Nurse academics, clinical nurses, and clinical facilitators (clinical nurses who supervise nursing students in the practice setting) are aware of the need to prepare graduates who are culturally competent to communicate with the increasing number of culturally diverse patients and health care team members (Campinha-Bacote, 2007; Escallier et al., 2011; Olson, 2012; Arieli, 2013). Although there is literature on how to teach skills such as empathy,

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self-awareness, assertiveness, and critical thinking, there is a dearth of studies that demonstrate how best to teach nursing students such skills using culturally appropriate strategies (Jeong et al., 2011; Miguel and Rogan, 2012; Kourkouta and Papathanasiou, 2014). Clinicians and nurse academics need to understand intercultural communication challenges in order to improve their communication skills and better support students' learning (Hearnden, 2008). Student challenges, for example, not understanding the English language, dealing with cultural differences in learning, and appropriately managing professional relationships have been identified in the literature (Burnard, 2005; Woodward-Kron et al., 2007). Moreover, Rogan et al. (2009) report that the notion of 'face-saving' and the need to preserve dignity through resuming polite body language like not questioning a teacher are sometimes overlooked by teachers. Woodward-Kron et al. (2007) state that although it has been reported in the literature about cultural and language difficulties experienced by students, information on barriers to appropriate intercultural communication and strategies used from the students' perspective is limited. Therefore, the researchers in this paper envisaged the stakeholder-generated scenarios and identified strategies could be used in professional development workshops for nurse academics and clinicians to enhance student learning in the classroom and in clinical practice.

Literature review

Clinical facilitators and nurse academics are the conduit bringing together different cultures and are witness to the impact of culturally different practices in clinical settings. Their ability to ease the way of their learners, preventing culture shock and associated problems, is central to their role. The realisation that one's own culture may not be the only way to interact may be a shock to some learners (Kilstoff and Baker, 2006). Learners from culturally and linguistically diverse backgrounds (CALD) may need extra assistance to understand their role in the clinical environment (Lee and Carrasquillo, 2006; O' Neill, 2011; Olson, 2012). Understanding issues with teaching and learning for CALD learners will increase the capacity of clinical facilitators and nurse academics to support CALD learners to become socialised into the culture of the clinical learning environment (O'Neill, 2011). St John et al. (2008) suggest that clinical facilitators and nurse academics need to adapt teaching strategies to meet the needs of CALD learners. More importantly, nurse academics need to be mindful they do not stereotype learners based on their cultural background (Olson, 2012; Plaza del Pino et al., 2013).

Taylor et al. (2011) in their two year qualitative study explored the perceived intercultural learning needs of student nurses and health professionals in regards to how well they were prepared for working with multicultural clients in Europe. Open-ended questions pertaining to cultural awareness, cultural sensitivity, and cultural competence were used. The results showed that students and professionals, whilst they attained theoretical knowledge, perceived they did not have sufficient practical experience in addressing cultural issues within a safe learning environment. Taylor et al. (2011) recommend that nurse educators need to better equip students with intercultural knowledge and skills so that they can communicate effectively with multicultural clients in the practice setting. An ethnography study by Plaza del Pino et al. (2013) also explored how 32 Spanish nurses perceived cultural communication with their Moroccan patients and any challenges they experienced. Their findings showed the main challenges were language barrier, social stereotyping, and prejudices that inhibited the provision of culturally appropriate care. Similar to Taylor et al., Plaza et al. recommend that nurses be educated in intercultural communication skills.

Communication is complex and socially constructed because it encompasses language skills, culture, context, and interaction. In communicating with students, clinical facilitators must be able to encode their message within the sociocultural context of the student in order for the student to decode the message and learn. Furthermore, communication competency and language skills are essential in nursing. Xu and Davidhizar (2005a,b) suggest nurse academics must remain open minded and educate themselves about their students, especially CALD students. For example, when speaking to students they must try to avoid using colloquialisms which are unlikely to be understood without further explanation. Moreover, seeking examples from students based on their cultural values and understandings can provide an enriched learning environment.

Culturally and linguistically diverse (CALD) students can experience difficulties in negotiating expectations of the clinical environment. There can be misinterpretation of students' and clinical agency staff activities due to different cultural values. For example, a student from a culture in which leaders are not questioned may be considered unassertive and lacking in initiative by a Western clinical facilitator because they do not ask questions (Barker and Mak, 2013). On the other hand, a Western learner who questions and critiques may be considered to be rude and to display a 'poor attitude' by a teacher from a culture that values respect for seniors. These value differences can become magnified amid the stress of a clinical learning environment and in the classroom (Hunter Scheele et al., 2011; Xu and Davidhizar, 2005b).

Literature indicates that the relationship between the clinical facilitator (clinical nurses who supervise student nurses in the practice setting) and student impacts on learning (Arieli, 2013). For example, a negative relationship, especially with a CALD student can lead to poor learning outcomes with the student subsequently experiencing a lack of professional identity (Wang et al., 2008). Clinical facilitators need to promote positive learning experiences through building a trusting relationship and rapport with students (Eyre, 2010). Clinical facilitators and nurse academics need strategies that enable them to understand cultural boundaries between the learner, the teacher, and the clinical environment. Specifically, clinical facilitators need to provide support that is culturally relevant, sustainable, and based on sound theoretical principles to promote learning. The aim of this study thus was to explore the experiences of clinical nurses/facilitators, nurse academics, and student nurses regarding intercultural communication challenges.

Research design

A descriptive qualitative design (Polit and Beck, 2012) was used to gain insight into how clinical nurses, clinical facilitators, nurse academics, and student nurses experienced intercultural communication challenges in the classroom and in clinical settings. Ethics approval to conduct the research was granted by the University Human Research Ethics Committee. Written informed consent was attained from participants prior to data collection. Focus group interviews were conducted with clinical nurses, clinical facilitators, and students. Due to teaching commitments telephone interviews were conducted with nurse academics.

Sample

The sample was purposive in that only participants who possessed the knowledge and experience with intercultural communication and who were involved in nursing were sought (Polit and Beck, 2012). The inclusion criteria was that participants needed to be nurses or student nurses and possess the knowledge, experience and characteristics the researchers needed to explore

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