Collegian (2015) xxx, xxx–xxx

Available online at www.sciencedirect.com

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journal homepage: www.elsevier.com/locate/coll

New perspectives on understanding cultural diversity in nurse–patient communication

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Received 14 November 2014; received in revised form 3 September 2015; accepted 5 September 2015

KEYWORDS
Intercultural communication;
Cultural and linguistically diverse (CALD) nurses;
Health communication;
Miscommunication;
Discourse analysis

Summary Effective communication is essential in developing rapport with patients, and many nursing roles such as patient assessment, education, and counselling consist only of dialogue. With increasing cultural diversity among nurses and patients in Australia, there are growing concerns relating to the potential for miscommunication, as differences in language and culture can cause misunderstandings which can have serious impacts on health outcomes and patient safety (Hamilton & Woodward-Kron, 2010). According to Grant and Luxford (2011) there is little research into the way health professionals approach working with cultural difference or how this impacts on their everyday practice. Furthermore, there has been minimal examination of intercultural nurse–patient communication from a linguistic perspective. Applying linguistic frameworks to nursing practice can help nurses understand what is happening in their communication with patients, particularly where people from different cultures are interacting. This paper discusses intercultural nurse–patient communication and refers to theoretical frameworks from applied linguistics to explain how miscommunication may occur. It illustrates how such approaches will help to raise awareness of underlying causes and potentially lead to more effective communication skills, therapeutic relationships and therefore patient satisfaction and safety.

1. Background

Globalisation has resulted in cultural diversity in many countries including Australia, with migration of health care workers such as nurses. In the last ten years the proportion of the Australian population of people born overseas has

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http://dx.doi.org/10.1016/j.colegn.2015.09.001
1322-7696/

increased from 23% to 27% (Australian Bureau of Statistics, 2012), with 1 in 3 health workers in 2006 born outside of Australia (Australian Institute of Health and Welfare, 2012). Migration of nurses from overseas has played an important part in meeting shortages in Australia's health care workforce through Government strategies such as the skilled migration or employer sponsorship programs (Ohr, Parker, Jeong, & Joyce, 2010). However, Chiang and Crickmore (2009) found that English language, clinical communication skills and intercultural competence are areas for concern regarding international Registered Nurses (RNs). Shakya and Horsfall (2000) found that development of advanced English communication skills related to clinical practice was urgently needed in clinical settings, consequently intercultural communication between nurses from culturally and linguistically diverse (CALD) backgrounds and their patients is of particular interest. In Australia patients may include not only native English speakers but many will also come from a range of CALD backgrounds that include Indigenous Australians. Shen et al. (2012) argue that language and communication barriers are consistently ranked as a top concern by employers, regulatory agencies and international nurses themselves. The National Competency Standards for Registered Nurses in Australia requires that RNs 'communicate effectively with individuals/groups to facilitate provision of care' (Competency 9.2, Australian Nursing and Midwifery Council, 2006), however there are no guidelines provided to help ensure this occurs. How then might nurses, hospital administrators or nurse educators promote effective communication to ensure this standard is met? Roberts, Moss, Wass, Sarangi, and Jones (2005) found that in 20% of health related consultations, language and cultural differences cause major and often extended misunderstandings.

The examination of communication can help to identify potential problems and contribute to an understanding of issues that arise in health consultations. Applied linguistics is the study of discourse or language use in a variety of settings including professional settings, particularly in relation to practical problems, and draws on but is not dependent on areas such as sociology, psychology, anthropology and education (Pennycook, 2001). Discourse is seen in many different ways; however in this case we use a broad definition of discourse, that is, a combination of language, actions and interactions, ways of thinking and using a variety of tools or symbols to enact one's identity in social situations (Gee, 2011). This paper will first discuss issues surrounding nurse—patient communication in culturally diverse health care settings, and then illustrate how drawing from linguistics and applying theoretical frameworks explained by Szalay (1981), Tannen (1993) and Gumperz (1982) can assist in understanding intercultural communication.

2. Communication is complicated!

Guttman (2004) suggests that the nurse—patient relationship is built on communication, and as such, effective use of language is essential. Candlin (1995) argues that good nursing practice is underpinned by effective communication, required to build trusting relationships and thus have the ability to accommodate, empathise and affiliate with patients. However, one's expectations and ways of seeing the world are culturally defined, and without clarity and understanding there is potential for not only communication breakdown, but also failure to achieve nursing goals (Candlin, 1999, 2002). Communication barriers in health care created by differences in gender, education and socio-economic status may be accentuated when there are differences in language, cultural patterns of behaviour and different values between the nurse and patient (Candlin, 2002). Ulrey and Amason (2001, p. 452) argue that 'culture adds another dimension to an often already difficult communication situation'. Many barriers to effective intercultural communication include stereotyping, busy health care professionals who are too technology focused, the complex medical system, and patients often being too fearful of novel situations to focus on communication (Robinson & Gilmartin, 2002; Ulrey & Amason, 2001).

The ability of the health care provider to speak clearly and accurately with patients requires linguistic competence; an important component of communication and refers not only to the subconscious and appropriate use words, grammar and syntax, but also to the practical features of the language such as topic control and turn taking, use of metaphor and the 'hidden rules' of interaction. Linguistic competence is particularly important, as many nursing behaviours are mediated through discourse, and some roles such as patient education, counselling, advocating, and advising consist only of discourse (Candlin, 2002).

Roberts and Sarangi (2005) point out that regardless of whether English is a native language or not, different ethnic groups may use culturally specific styles of communicating that differ from the local form of English. Differences can occur, for instance, in how personal or direct it is appropriate to be in a particular context, as well as differences in stress patterns, intonation and speech rhythm. Xu, Shen, Bolstad, Covelli, and Torpey (2010) found that some international nurses were perceived as 'cold' due to a lack of touch or personal connection with patients, for example, when not engaging in 'small talk' with patients while attending to patient care. Despite this, the nurses thought of themselves as caring and compassionate. While professional migrant employees are often proficient in the tasks required for the job, learning to communicate and relate in ways that are appropriate in a particular cultural environment are typically more taxing (Holmes et al., 2011). This is illustrated in interviews of international nursing students as part of an earlier research project.

> There are so many incidents with regard to misunderstanding or difficult to understand each day. I often need to repeat what I was saying to people. Most of them are related to my incorrect pronunciation or mis-stress on the tone... I have been experiencing some kind of pressure during clinical placement to primarily focus communication with patients or the nursing team. My brain is taxed on the nursing physical task and there is little space or time to build rapport with patients and cultivate communication in reality (Crawford, 2011, p. 37).

> ...some patients they ...have a casual communication would tell what's happening in their family and all through his life. I couldn't grasp what they were talking about, that's happens very frequently. So in that I realise that doesn't help me to form a very therapeutic

Please cite this article in press as: Crawford, T., et al. New perspectives on understanding cultural diversity in nurse—patient communication. *Collegian* (2015), http://dx.doi.org/10.1016/j.colegn.2015.09.001