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Culture-specific Assumptions and Expectations in Health Communication

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Project framework: Cultural Intelligence, sub-projectTalking Culture

- Participants: Copenhagen Business School, Aalborg University, national and international corporate and institutional partners
- Sub-project Talking Culture: Research project, aiming at investigating the discursive constructions of culture, cultural difference and intercultural encounters pertaining to organizational and professional practice (multicultural for-profit organizations and public institutions (healthcare sector, nursing education))

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Background

- Danish and international research in health disparities
- Statistics confirming that lifestyle diseases are more widely spread in Danish ethnic minority populations
- Research pointing to the correlation between
  - health,
  - perception of heath risks,
  - and accessibility and uptake of health information
- Uptake of health information dependent on social and cultural conditions, including:
  - the perceived credibility of the information source
  - the conviction that the information source is well-intentioned
  - The information is adaptable to the receiver's situation

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Nurses as health communicators

- **Nurses have a more intimate relation to the patient**
- **They have a legitimate interest in the patients' life practices and may also seek intervention in these practices if they deem these practices unhealthy**
- **Nurses function are mediators between medical expertise and private life practices of patients, they translate abstract medical information into a message which fits into the social, cultural, and personal context of the individual patient**
- **Nurses have a far more extensive communication about health issues with their patients than medical doctors have**
- **Nurses gather information at patient level and disseminate this information to other health care professionals**
- **Nurses communicate about health in socially and culturally diverse settings and must be able to translate health information across professional, disciplinary, social, and cultural boundaries**.

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The nurse-patient relationship in a “sociology of the professions” perspective

- A *well-functioning nurse-patient relationship* is central to the professional identity of the nurse, reflected in:
  - Epistemological claims of nursing research and the nursing profession include contributions from the humanities (philosophy, ethics) and the social sciences (sociology, social anthropology)
  - Struggles around professionalization of nursing have established nursing as distinct discipline primarily based on the uniqueness and centrality of the nurse-patient relation
  - Nursing is not a sub-discipline of medicine
  - Nursing cannot be standardized and reduced to the effective implementation of management-planned care
- A *dysfunctional nurse-patient relationship* threatens the nurse’s experience of professional expertise and self-confidence.

- *"Respondents' self-perceived low cultural expertise and uncertainty made them uncomfortable as professionals, and some felt that the quality of care for patients was being affected as a result. This was further enmeshed with professionals' concerns about the lack of rapport they felt able to achieve with patients because of perceived lack of shared cultural background, language, or values. They felt less able to use, or trust, empathy as part of their approach."* (Kai et al. 2007: 1770)

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Nurse-patient relationship in a micro-sociological perspective

- 'Embarrassment' is an indicator of the delicacy of the nurse-patient relationship (Meerabeau 2000)
- Nurses understand embarrassment as concerning the humiliating nature of patienthood *per se*: weakness, illness, pain, nakedness, incompetence, and dependency on help from others in matters of highly private nature
- Nurses learn to control embarrassment issues through a combination of:
  - Strict role adherence
  - A high level of interpersonal involvement and concern, but always within the well-defined nurse-patient relation
  - Confidence building
- Role management through subtle verbal and body-language signals - difficult in intercultural nurse-patient encounters

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Consequences for culture specific assumptions and expectations in nurses' communication

- Nurses have a significant professional and personal interest in *the re-establishment of a well-functioning nurse-patient relationship* in which communication flows are unimpeded by mutual misunderstanding of role implications – in other words
  - Nurses must be able to build confidence in intercultural nurse-patient relationships in order to gather care-relevant information ->cultural knowledge
  - Patients must be able to understand the scope of the nursing role, its legitimacy, the rights to information and intervention inherent in the role -> cultural knowledge
- Mutual knowledge building requested: nurses demand to know more about ethnic minority patients- ethnic minority groups demand to learn more about the expectations of the Danish health care system

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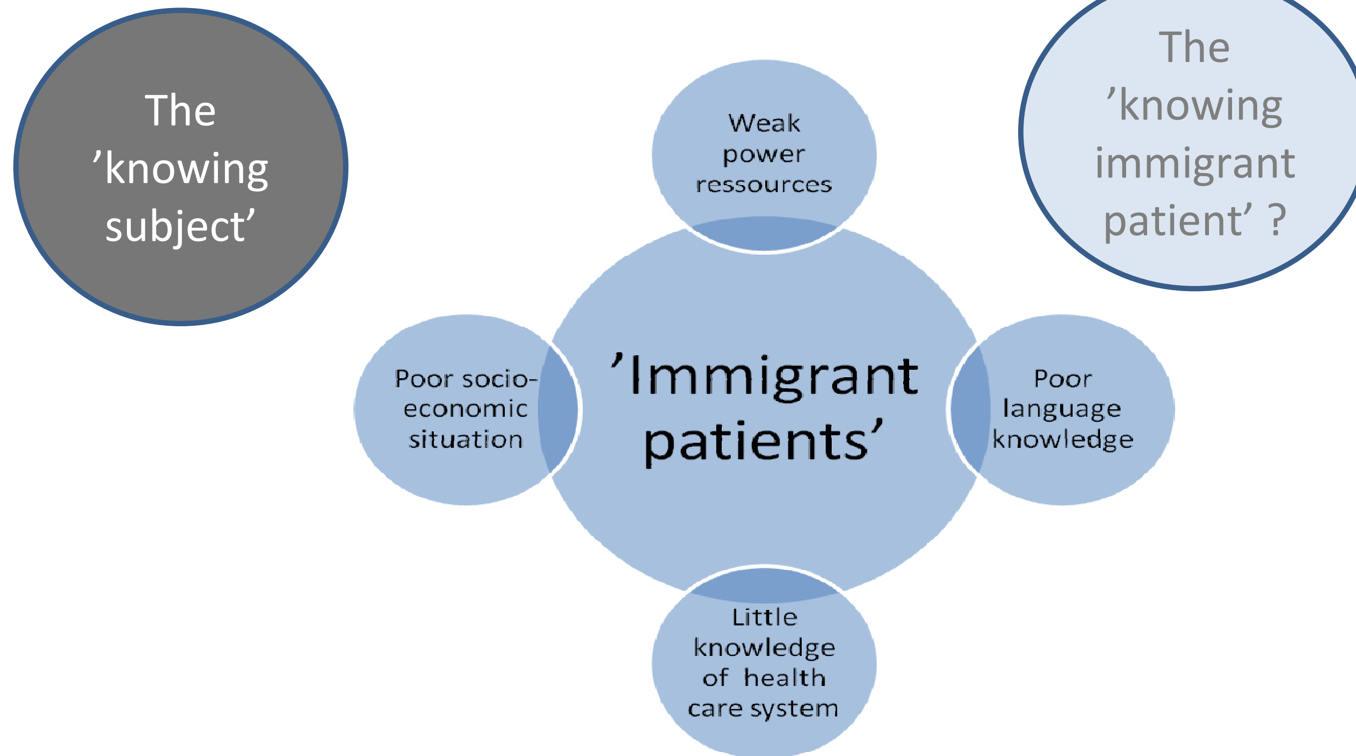

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Our study

- *An investigation of the discursive construction of knowledge on ethnic minority health and the role of culture-specific assumptions and expectations in that construction*

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"Discourse analysis" – with some reservations

- the word discourse is used in its political and social meaning, not in its linguistic meaning
- it has been a priority to include the largest possible number of documents in the study, not to do a detailed analysis of selected texts
- no individual text has been subjected to detailed linguistic analysis (contrary to the recommendations of for example a CDA approach)

- The main body of documents consists in a sample of all articles pertaining to ethnic minority health published in the professional journal “The Nurse” from 2000 to 2008
- Additional material:
- scientific reports on ethnic minority health commissioned by the Danish state, the Danish regional authorities or Danish municipalities.
- Brochures and guidelines on the treatment of ethnic minority patients meant to support health care professionals in their daily practice (published by the Danish National Health Agency)
- Legislation on nursing education
- Interviews with nursing teachers

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Nurses' discourse on ethnic minority patients?

- nurses' *communication* on and about ethnic minority patients
- discourse seen as a *condition for communication*: what you can say and not say, is informed, influenced, to some extent even determined by what has been said before.
- In *'The Nurse',* the authors do not invent original ways of approaching ethnic minority health, but repeat what has been said elsewhere.
- The fact that they do this, the extent to which statements reoccur, the frequency and intensity of reoccurrences, and the combinations of statements are made are subject to research

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An example

- "As we all know, they ***are*** in a very bad physical shape, over-weight and with a poor understanding of their own body" (interview, nursing teacher on female ethnic minority participants in a physical training program and their interaction with the nurse leading the training session)
- Expressing a stereotypical understanding of ethnic minority women – or merely stating a fact?

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The discursive formation of ethnic minority health as an object of knowledge for various disciplines.

- - the formation of ‘ethnic minorities’ as a discursive object (Lewis 2001)
- The terminological history in Denmark:
  - ‘guest workers’
  - immigrants and refugees’
  - 2nd generation immigrants – “bilinguals”
  - ethnic minorities
- - ethnic minorities -> a population divided into ‘a people’, the majority, and various minority groups

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The discursive formation of ethnic minority health as an object of knowledge for various disciplines

- Anthropologists and intercultural communication specialists
- Ethnic minority representatives – ethnic minority ‘experts’
- Ethnic minority nurses

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A major discursive event – the disclosure of widespread feelings of resentment and apprehension regarding ethnic minority patients among nurses

- the majority of Danish nurses experience ethnic minority patients as a problem. 81 % of the nurses having daily contact with ethnic minority patients perceive these patients as an 'extra burden'
- the causes of this experience are perceived cultural difference, different perceptions of health, illness and treatment; and language barriers,
- patient behaviour is often adversarial to hospital routines (too many visitors, family participating in patient care etc.)
- some nurses feel that they themselves are discriminated against, by ethnic minority patients

(survey 2005/2006)

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Uptake of the survey results and requests for intensified knowledge building

- The results of the survey published in *the Nurse*, highlighting the fact that many nurses perceived ethnic minority patients as an extra burden
- Intense debate on the on-line debate forum of ’The Nurse’:
  - *”The Nurse should have handled survey results in a more ’politically correct’ way;”*
  - *”the Nurse should be acknowledged for ’saying things as they are”*

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Reports qualifying institutional intervention and interaction regarding ‘*the ethnic minority health problem’* and mitigating the ‘*resentment and insecurity among health care professionals* problem’

- “Ethnic Minorities’ Perception of Health Risks” (National Health Agency 2006)
- “Health Professionals in a Multicultural World” (National Health Agency, 2007)
- “Ethnic Differences in the Contact Patterns of Psychiatric Treatment” (Institute of Public Health and Centre of Transcultural psychiatric treatment, 2007) (presents statistical information on the incidence of psychiatric disease in ethnic minority groups in Denmark and discusses causes of increased incidence among some groups)
- “The Health of Ethnic Minorities” (Institute of Public Health 2008) (investigates lifestyles and health of ethnic minorities in DK, divides ethnic minorities into distinct/national groups)
- “Possibilities of and Barriers to Ethnic Minorities’ Use of Interventions regarding Nutrition and Physical Exercise” (Institute of Public Health, 2007)
- “Health Promotion among Ethnic Minorities – Inspiration for the Municipality” (National Agency of Public Health 2008)

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Anthropologists and Intercultural Communication experts play a major role in building the knowledge base of 'Culturally Sensitive Nursing' In Denmark

- *"To interact with other cultures takes disciplinary insight ['faglighed'] like everything else. Therefore, it is necessary to acquire the 'tools' one needs in order to engage in an encounter with people with a cultural background different from one's own."*

(Anthropologist Grethe Brorholt, employed at Hvidovre Hospital, The Nurse 2006)

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- “Nurses are annoyed when immigrants say and do things which they deem strange or even wrong. …one is aware that cultural differences are involved which should be taken into account, but some times it all gets mixed up, and you don’t know what is culture and what not. In other words, one doesn’t know how to act in the situation because one falters between one’s disciplinary opinion on what’s good for the patient and the invisible [cultural] needs of the patient” (Intercultural Communication expert, encouraging nurses to express feelings of discomfort and anger, The Nurse 2006)

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Cultural assumptions and expectations in nurses' communication on and to ethnic minority patients

- The knowledge base of 'Culturally Sensitive Nursing' is centered around an assumption of the existence of distinct cultures which must be taken into account in care
- In Denmark, state commissioned research has helped substantiating this knowledge base.
- The disciplines of anthropology and intercultural communication have played a major role in framing 'the problem' and its solution.
- Thus, nursing are encouraged to take cultural difference into account in care and to see communication problems related to care as 'culture-based'.