

Module 3 Unit 4: Capacity-building for migrant sensitive health systems. Communication Skills

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This symbol is used for references to know more.

Introduction

- There are many factors affecting the communication process between the healthcare team and the patients and their relatives. The **context** in which communication take place is essential in **people-centered health care oriented towards cultural and ethnic diversity**. This framework is based on providing **individualized care** and emphasizing on **patient-provider relationship**.



Tjørnhøj-Thomsen, Tine [Framing the clinical encounter for greater understanding, empathy, and success](#) Hearing Journal: August 2009 - Volume 62 - Issue 8 - pp 38,40,42-43

- The contents of U5 presents communication skills to help professionals work with others, and to help individuals cope with challenging situations in culturally diverse contexts. To address the aspects of communication dealing with both patients and healthcare workers, one has to keep in mind many aspects affecting the communication in healthcare settings.
- In the healthcare settings **lack of communication skills** can lead to **patients not understanding** what they are supposed to do. They may find the instructions too difficult to follow, or feel that the treatment was against their personal beliefs. This can **influence adherence** (defined as the extent to which a patient's behaviour corresponds with agreed upon recommendations from a healthcare provider) and patient satisfaction with health care.
- Time spent is most relevant as accurate diagnoses can be made by taking of careful case histories. Therefore, **caregivers should be allotted more time to develop trusting relationships with their patients** and the vulnerable populations that they serve. Health outcomes can be improved if health professionals spend time to engage with patients *"making relationships meaningful enough to limit the damaging effects of suffering. Mutual understanding provides a foundation for affective caring, but time and space should be provided for such new forms of clinical care to emerge and take root."* (Lancet, 2014)



[The lancet Commission Culture and Health \(2014\) Lancet 2014; 384: 1607–39](#)

On **Module 2. Unit 3. Mapping the gaps in access to health care for asylum seekers and refugees**, linguistic and cultural barriers and solutions have already been reported. Let us in this Unit point out some key elements to improve healthcare teams' communication skills.

Verbal, nonverbal and written communication in healthcare settings

- **Language constitutes part of the process of message encoding and decoding** that occurs during intercultural interaction. Health professionals often express **frustration and irritation** with the **language limitations of patients** who don't speak or read the language of their host country. Avoiding situations that lead to frustration and misunderstanding should be a high priority for health care providers, for a number of reasons, including patient safety.
- Although **nonverbal communication is unlikely to immediately affect** patient physical or mental health, it may lead to changes in health that are mediated through patient satisfaction or adherence to appointment and treatment, thus affecting health status. Therefore, nonverbal aspects in the health professional-patient interaction play an important role, as **interpersonal judgment relies mostly on nonverbal and appearance cues** of the interaction.



Stephen G. Henry et al (2012) [Association between nonverbal communication during clinical interactions and outcomes: A systematic review and meta-analysis](#). Patient Educ Couns. 2012;86:297–315

- Many aspects of nonverbal communication **often take place unconsciously**, e.g. changes in voice tone and body language, but health professionals can learn to **monitor their own nonverbal behavior and need to be aware of their patient's nonverbal cues** and how they reflect patient's feelings.
- Considering that the **same nonverbal behaviour can mean different things** depending on individuals and situations, it is essential to be cautious about interpreting the meaning of specific nonverbal cues. Nonverbal training should focus **on individual behaviour differences** instead of teaching one specific nonverbal behaviour. Moreover sincerity is recommended, as the more authentic the nonverbal behaviour of the professional, the more satisfied patients' are.



Mast MS. [On the importance of nonverbal communication in the physician-patient interaction](#). Patient Educ Couns. 2007;67:315-8.

- **In healthcare settings inclusive communication means making sure** to recognise that people understand and express themselves in different ways.

This content is based on [Scottish Government \(2011\) Principles of Inclusive Communication: An information and self-assessment tool for public authorities](#)

- For patients, it means getting information and expressing themselves in ways that meet their needs. Inclusive communication makes services more accessible for everyone. This helps to achieve successful outcomes for individuals and the wider community.
- You have to be flexible in how you communicate and the methods that you use in order to meet migrant patients' needs, for example by having written information in their own language. You will also need to give people the chance to express themselves in a way that suits them, for example by using pictures, instead of speaking.
- **Differences in communicative support needs show that taking communities or groups for granted means constructing "stereotypes"**.

Principles of inclusive communication

✓ **Communication accessibility and physical accessibility are equally important.** To make health services fully accessible means considering communication accessibility as well as physical accessibility in the traditional sense.

✓ **Every neighbourhood will include people with different communication support needs.** You should presume that every group you are working with, or expect to work with, includes people with communication support needs. In this training context, support needs also refer to interpretation and mediation services. Inclusive communication should be considered at all times, whether providing information or planning an event, meeting or activity.

✓ **Communication is a two-way process of understanding others and expressing yourself.** Everyone communicates differently regardless of their cultural identity. When somebody has communication support needs, it may take more effort and time to ensure that health professionals and patients or communities using the service understand each other.

✓ **Be flexible in the way your healthcare service is provided.** In order to match the way you communicate to the needs of all the patients and communities who use health services avoid the “one size fits all” approach. Think about how accessible your health service will be, what methods are best and be flexible in your approach.

✓ **Effective user involvement will include the participation of people with different communication support needs.** Identify the full implications of health service access for all members of the community, involving patients. Services delivered around the needs of the people who use them will be more cost effective, user friendly and fit for purpose.

✓ **Keep trying!** Small, simple changes to the way you communicate will make a big difference to the healthcare service delivery

Self-Awareness

- **Healthcare workers**, as cultural beings, **hold attitudes and beliefs that can influence their perceptions of and interactions** with individuals, who are different from themselves in terms of age, ethnicity, culture, religion, gender, sexual orientation, disability, and socioeconomic status.
- Health professionals have **specific knowledge about their own background**, and how it personally and professionally affects **their definitions and biases** of normality- abnormality and the process of healing.
- Awareness of **medicine’s own cultural practices** includes its prejudices, assumptions, and institutional norms, values, practices, and prestige hierarchies (Lancet, 2014)



[T-SHaRE Project](#). TRANSCULTURAL SKILLS FOR HEALTH AND CARE. Standards and Guidelines for Practice and Training (2012)

Empathic processes

- According to literature health workers who display a warm, friendly, and reassuring manner with patients and their relatives are more effective. Empathy can be defined as a *“psychological process that encompasses a collection of **affective, cognitive, and behavioral** mechanisms and outcomes in reaction to the observed experiences of another”* (Davis MH, 1996)

- Empathic processes affect how the healthcare worker thinks and feels, and behaves with patients and relatives. By **understanding a patient's situation** the intrapersonal outcomes involved increase, reduce aggressiveness, encourage conflict avoidance, improve conflict management, and promote good communication.
- **Being sensitive to the norms and values** of those who use care services is *“essential if professionals are to improve adherence. Health-care providers cannot usefully present information to patients if patients do not understand the merits of adherence to treatment within their existing values and concerns.”* (Lancet, 2014).
- Empathy is useful to address both patients' and carers' explanatory models and perceptions of illness and wellbeing.
- To understand patients' explanatory mode, *The Lancet Commission* recommended introducing the following questions:
 - ✓ *What do you call this problem?*
 - ✓ *What do you believe is the cause of this problem?*
 - ✓ *What course do you expect this problem to take? How serious is it?*
 - ✓ *What do you think this problem does inside your body?*
 - ✓ *How does this problem affect your body and your mind?*
 - ✓ *What do you most fear about this problem?*
 - ✓ *What do you most fear about the treatment?*

Remember

Healthcare team members can **understand** a patient better if the patient expresses more about his or her situation.

Role taking is the most advanced process, in which the health worker imagines being in the patient's situation or imagines what the patient feels or thinks.

Reflective listening

We use reflective listening instead of active listening as in IHC (2011)

- In the health context is a **technique seeking to understand a patients' message**, then **offering the message back** to the patient to **confirm** the message has been understood correctly.
- This technique facilitates the **reaching of agreements**, easing **decision-making** and obtaining **answers**, and it can help to **avoid conflicts**.

It is equally as important to listen, as **to show we are listening**.

It is essential to pay attention not only to “what” is said (content) but also the **"how" it is said**.

Remember

- ✓ Avoid distractions.
- ✓ Not interrupt but show you are listening by sounds such yes, uhm, aha, or similar.
- ✓ •Note nonverbal cues emitted by the patient, as they can contain important information.
- ✓ Keep eye contact, adequate tone of voice and posture.
- ✓ Interpret the message without changing the meaning, thus indicating you have listened, prompting the interlocutor to continue speaking.
- ✓ Empathise with the patient's point of view, which doesn't mean agreeing but just viewing things from their perspective.
- ✓ Show respect about the person's feelings also with appropriate facial expression.
- ✓ Reflect the emotional state of the patient with words and nonverbal communication.
- ✓ Ask only necessary questions.
- ✓ Summarise to confirm the information and to avoid misunderstandings



Virshup BB, Oppenberg AA, Coleman MM. Strategic Risk Management: Reducing Malpractice Claims Through More Effective Patient-Doctor Communication. *American Journal of Medical Quality* 1999;14(4):153-9; Mast MS. On the importance of nonverbal communication in the physician-patient interaction. *Patient Educ Couns.* 2007;67:315-8 ; Stephen G. Henry et al (2012) Association between nonverbal communication during clinical interactions and outcomes: A systematic review and meta-analysis. *Patient Educ Couns.* 2012;86:297-315

Team working

- Communication plays an important role in the process of collaboration. **Role misunderstanding** between the different health professionals can lead to a divergence in care, resulting in **different approaches** to achieving the same goals for patients.
- **Respect for other team members** and **awareness of roles**, supported by **good communication**, are essential attributes in pursuit of effective collaborative practice (Howarth Michelle M, 2006)
- Health and culture deserve attention not only from the point of view of patients and health-care professionals, but also in relation to increasingly diverse **non-medical staff** such as social workers, receptionists, telephone and internet respondents, care administrators who function as *service gatekeepers*. These professionals are also affected by their own diverse cultures. Therefore *“responsibility for advancement of cultural awareness in health-care practice should not be borne solely by those who deliver direct care, nor should responsibility only be seen as a community issue, and therefore non-clinical” (Lancet, 2014)*



Howarth Michelle M (2006) Education needed to support integrated care: a literature review. *Journal of advanced nursing* , 2006, 56 (2): 144-56

Intercultural dialogue

- **Process** that comprises an **open and respectful exchange** of views between individuals and groups with different ethnic, cultural, religious and linguistic backgrounds and heritage, **on the basis of mutual understanding and respect**. It requires the **freedom and ability to express** oneself, as well as the **willingness and capacity to listen** to the views of others.

A **dialogue approach** may be used in **situations of potential conflict** to:

- ✓ define a problem jointly,
- ✓ seek mutually satisfactory solutions,
- ✓ reach a mutual understanding,
- ✓ negotiate the formulation or application of a shared norm.

Principles of dialogue
✓ Being able to listen with respect and openness,
✓ Considering the situation from the other person's point of view,
✓ Allowing the other person to explain how he or she sees things,
✓ Be flexible in the way your healthcare service is provided
✓ Looking for common ground,
✓ Being open to balanced and reasonable compromises in order to find satisfactory solutions and reach agreement.

Remember

Promoting **cooperative approach** and **culture of dialogue**:

- Encourage **mutual respect**,
- Encourage **attitude of openness and reflective listening**
- Acknowledge filters in dialogue (stereotypes, prejudices...)
- Avoid criticising or judging beliefs or convictions
- Be careful to separate the problem from the person



Council of Europe. [Constructing an inclusive institutional culture](#). Council of Europe Publishing, 2011

Conflict Management and Negotiation process

This content is based on Council of Europe. [Constructing an inclusive institutional culture](#). Council of Europe Publishing, 2011 (Part F Conflict resolution, negotiation and dialogue for mutual understanding, pp. 102-116)

- Conflicts are inevitable in human interaction and may be concealed or open tensions with different levels of social complexity. **Interpersonal conflicts may relate to differences concerning expectations, interests, needs or values.**
- Some particular expectations or types of behaviour may lead to conflicts between patients and organisational ways of working in health services.

- According to the literature, **the notion that each ethnic group or country of origin is associated with a stable and homogeneous culture has come under fire** in recent decades.
- Moreover, lifestyles are not practised in a vacuum: healthy eating, for example, is not just a personal choice but also depends on the availability and affordability of the right foodstuffs, as well as having the time and facilities to prepare them.
- Advertising and social pressures are also powerful determinants of behaviour.



Mock-Muñoz de Luna C, Graval E, Ingleby D. Appendix I, Synthesis Report. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen, 2015.

- Some **cultural beliefs** may be misunderstood as resistance to care.
- For example, Sudanese women in Canada were found to perceive pregnancy and delivery as natural processes that do not necessarily call for intensified contact with health services.
- Other examples include different communication styles, the taboo of hand-shaking and other forms of physical contact with male physicians, as well as religious beliefs related to childbirth (Higginbottom, G.M. et al, 2013)



"I have to do what I believe": Sudanese women's beliefs and resistance to hegemonic practices at home and during experiences of maternity care in Canada. *BMC Pregnancy Childbirth*. 13:51.)

- However, as **the composition of migrant and ethnic minority populations varies** from country to country, as does the degree of integration among groups and individuals, as well as their adherence to traditional or cultural practices, health professionals should **avoid relying on cultural stereotypes** and instead approach those they come into contact with in a **patient-centered way, remaining alert to different forms of diversity**.
- Conflicts often have their roots in **differing perceptions**, e.g. nurses may feel stressed by the "invasion" of large family groups, while some patients may regard strict visiting hours as an unnecessary limitation. :

Other examples of patient's requests are::

- Access to a service in a person's mother tongue
- Menu diversification or dietary restrictions for moral or religious reasons
- Request for a woman/man caregiver
- Wearing a religious symbol or exemption from dress code
- Taking into account cultural practices and values
- Respect for privacy

Remember

Badly managed or unresolved conflict may have **repercussions** for **individuals, work climate and quality of service.**

- **Negotiation processes** depend on the healthcare team member's capacity for dialogue and the patient's willingness to negotiate. If both of them hold to their conflicting interests, it is pointless and risky to embark on a discussion of their mutual values or positions.

The main steps in the negotiation process are:

- ✓ **Ask the patient how they perceive** the problem/situation (what is the problem? When does it arise? What's wrong?)
- ✓ **Ask the patient to define it** (what does the problem mean to him / her?) Record the expectations of the parts in conflict.
- ✓ **Reaching the same understanding** of the problem **agreeing on the facts** (take note of the objective facts and describe the request on the basis of these facts rather than impressions)
- ✓ **Stress the agreement points first** and the discrepancies later.
- ✓ **Work together** to find solutions considering: time needed to study the situation, provision for consulting other people, ruling out unrealistic, unfair or unreasonable solutions. For each suggestion it is helpful to ask what would change if the idea were followed up. **Describe the advantages** of the solution once an agreement is reached.
- ✓ **Implement** the solution **and verify** that it is effective and satisfactory; make provision for adjustment and evaluation.

Remember

- It's strongly recommended **to look for creative solutions**, although this often means throwing off old habits of thinking in order to overhaul one's practical skills.
- To do this, it is not enough to dip into a catalogue of ready-made good practices but **to open one's mind to new ideas and other's contributions.**