

SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE — 717275/SH-CAPAC

MODULE 3: Capacity building for migrant sensitive health systems

Unit 4: Communication skills: inter- and intrapersonal skill development. Addressing sensitive issues

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## **Introduction**

Addressing sensitive issues with individuals or groups is often not that evident. Depending on the relationship and cultural similarities we have with the other, this will be more or less self-evident or naturally.

This unit is meant to provide you with some basic skills to approach sensitive issues concerning health and well-being of the other.

The examples used in this unit will mainly be about sexuality, death or serious diseases such as cancer since most of us consider these to be sensitive topics. However, the tools and strategies discussed here are transferable to any other sensitive issue.

In many cultures, especially in Western cultures, sexuality for example is or has been a taboo for a long time, leading to people often having some stereotypical ideas about what human sexuality is and should be.

This does not help health professionals when they need to talk about sexuality with patients.

This same taboo effect applies to other sensitive issues too.

# **Objectives**

- The learning objectives of this part of the unit are:
  - To have an eye for diversity
  - To learn how to talk about sensitive issues
  - To be able to ask questions about a person's personal expression and experiences
  - To be able to communicate about sensitive issues with people from other cultures

# **Open attitude**

### **Communicating about sensitive issues**

Communicating about sensitive issues requires a <u>non-judgemental attitude</u> and as well as <u>practice</u>.

Considering that sexuality for example is often a taboo, many people do not dispose of a lot experience nor vocabulary to discuss sexuality and intimacy thoroughly. Other taboos could be death, illness, violence, financial situations and so on.

Being able to profoundly communicate about for example sexuality and other sensitive topics is crucial for health professionals in order to provide proper health care.

In the context of migration, one might notice that in some cases skills for discussing sensitive issues are not sufficient due to cultural differences.

We are not always aware of the sensitivity associated with a certain topic or the difference in approach for some cultures.

In this unit, we will try to provide you with some additional tools to communicate about sensitive topics with people from different cultural backgrounds.

# Ask with an open, active attitude!

Norms, values and rules of conduct can vary according to a person's cultural background, but equally according to personal history: for example gender and sexual orientation also frame one's norms, values and rules.

=> Due to our own socialization, we may be susceptible to stereotypical thinking. Stereotypes help us to facilitate our perception of the world, but hold the risk of myth confirmation.

# **Technical Intervening skills**

Since we are not always aware of our own "glasses" through which we see the world, one could use a golden rule in all communication about sensitive topics, regardless of the other's background, namely:

ask actively wondering questions!

An open and active attitude is crucial to gather all the information that you need.

"Active" implies that you always keep in mind that the other might have questions about a taboo topic such as sexuality for example or that he or she might be experiencing sexual problems and that you take the initiative to ask questions about it.

By adopting an attitude of "not knowing", you can avoid filling in for the other.



The following ground rules for discussing sensitive topics are useful to keep in mind:

#### 1. Ask open questions

- = Ask what, where, how, who, but not why
- Give the other the time and opportunity to answer in his or her own words
- Ask for feelings or thoughts

### 2. Closed questions

- yes or no-questions
- Only to check if you understood ("did you say 'pleasure'?")
- If the person didn't find the right words
- To ask for details ("did she look angry?")
- To check the facts ("It was night?")

### 3. Paraphrase

- = Say in your own words what you understood
- When there is confusion about what the person wants to say
- To make a summary

Often it is necessary to lower the thresholds before embarking on the sensitive topics. This can be done by asking more general questions first. This way you can gain some basic trust and both communication partners can get used to the situation.

When a patient wants to talk about or has a question concerning a sensitive issue, but seems hesitant to do so, you could gauge the openness for discussion by asking the following questions:

- How does it feel for the person, here and now, to talk about this subject (with you)?
- To which extent does the sex of the caregiver play a role?
- Is the person used to talking about this subject with others?
- If so, with whom and how does this go?
- Which words would the person like to use (in this situation) to talk about this subject? (For example, which words would he/she like to use for describing genitals or sexual activities?)

It is important to adapt your language to the words the patient wants to use.

- ➤ However, it is possible that you yourself find these words difficult to use. You have your own boundaries. If this is the case, you can discuss the feelings and connotations the other experiences when you use your own words.
- > Remember not to jump to conclusions about the meaning of a word for the other.
- Together you can seek to find a compromise that both suits you.

Another important rule when talking about sensitive and private issues, is to frame why you are going to ask these intimate questions.

⇒You can limit yourself to asking necessary sensitive questions, by keeping in mind that you should always be able to explain the relevance for the other of a question.

⇒It should have to supply more than merely your own curiosity.

## **Recommended readings**

- Frans E, Keygnaert I. Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. Ghent: Academia Press; 2010. Available at: http://icrh.org/publication/sgbv-senperforto-make-it-work-training-manual
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- Schachter CL, Stalker CA, Teram E, Lasiuk GC, Danilkewich A. (2009). Handbook on sensitive practice for health care practitioner: Lessons from adult survivors of childhood sexual abuse. Ottawa: Public Health Agency of Canada.
- Yu T, Chen GM. Intercultural Sensitivity and Conflict Management Styles in Cross-Cultural Organizational Situations. Intercultural Communication Studies. 2008;17(2):149-161. Available at: http://web.uri.edu/iaics/files/12-Tong-Yu-GM-Chen.pdf