

# ***Cultural Diversity for CNAs***

## ***A Primer for CNAs***

### ***1.0 In-Service Hour***

**NOTE: This course is not accredited for RNs, LPNs, LVNs, or APNs. This course is approved for 1 contact hour (1 in-service hour) for Certified Nursing Assistants.**

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# Cultural Diversity for CNAs

By Michael R. Cruse, Ed.S.

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## Objectives:

At the completion of this course, the learner will be able to:

- Explain the physical and verbal mirroring to communicate with patients
- Discuss the Socratic Method for encouraging dialogue with patients
- Explain strategies for using closed questioning to ask important questions
- Explain how to best work with translators and interpreters

When working with patients from other cultures, it is important to think first about communication. Adapting clinical communication skills, in order to address the needs of these patients can be achieved by trying a few important strategies. By understanding these strategies better, you will be prepared to work with both native and non-native English speakers from all different cultural backgrounds.

You probably learned in your nursing education that not all people learn in the same way. By taking the time at the beginning of every patient relationship to learn about how you can actively engage that person, you will benefit both yourself and your patients. Fortunately, because your interaction with patients is face-to-face, you can use non-verbal cues to help interpret information.

A term called neurolinguistic programming (NLP) has shown to help nurses and other healthcare professionals to build relationships with their patients. The key to NLP is the idea of physical mirroring. Don't confuse physical mirroring with simple imitation. Mirroring is a complement to a patient's body language. Imitation is the copying of a patient's body language. For example, when a patient crosses their arms in a tight and anxious way, mirroring would be crossing arms casually after a few minutes, in a more loose and relaxed way. Crossing arms in a tight and defensive way would be imitation, which would not help the patient to feel more at ease.

Kinesthetics is the body's perception of its position in space. For example, if a patient is experiencing symptoms (headaches) that have specific body language associated with them (holding the forehead) they are more likely to repeat physical patterns (continuing to hold the forehead), regardless of physical mirroring. However, if they are using body language to express anxiety or fear, physical mirroring helps ease these intense emotions

and they will be more likely to respond by adapting their body posture as they feel more comfortable.

Likewise, verbal mirroring is used to engage patients' auditory learning. Verbal mirroring is used to develop empathy and verify information by repeating the patient's last few words and using a questioning tone of voice to give the patient time to reflect on their comments and provide additional information. This action helps the patient clarify what they have just said and correct themselves when their words do not match with what they wanted to say. The following dialogue gives you an example of how verbal mirroring can be used to gain important information that might not have been discussed otherwise.

Nurse: Do you have any medical conditions?

Patient: No, I'm healthy.

Nurse: So, you've been in good health (pause), and you haven't had any visits to the doctor in the last six months?

Patient: I went to the doctor last winter for a flu shot.

Nurse: So, you had a flu shot last winter?

Patient: Yes

Nurse: And that was the last time you saw a doctor?

Patient: Yes, I got a flu shot and I still got the flu, but I didn't go to the doctor again.

Verbal mirroring helped this nurse gather more information from a patient that otherwise may not have given as much detail about their recent medical history. Verbal mirroring, like physical mirroring does not always provide you with more information. What it guarantees is the chance to ease tensions over communication difficulties and help both patient and nurse engage in a more relaxed and meaningful dialogue.

Another approach to working with patients from different cultures and with different language backgrounds is to use what's called the Socratic Method. This method is a process used to ask questions between two people. In a discussion using the Socratic Method, one person leads the conversation, while the other person agrees or disagrees with the assumptions made by the first person. Socratic dialogue can happen any time when two people try to answer a question on a specific topic. Begin with a question relating to a real example from the patient's life or experience. In the case of a nurse needing to know more about a patient's symptoms, instead of asking, "Where does it hurt?", try asking a question that identifies a specific region of the body that appears to be the source of the patient's pain. Reading the patient's body language, try asking, "Does your stomach hurt?" Also, try using a gesture along with the question to help the patient

with a limited vocabulary to identify the part of the body that is being discussed. Once the general location of the pain is identified, clinical skills will help to narrow down the questions and provide more specific details about the patient's condition.

For example, it may be necessary to ask if it is a dull or sharp pain, and whether it is constant or comes and goes. When asking about the quality of the pain, it is a good idea to give the patient a few choices to use in responding. For example, when asking, "Is your pain dull or sharp?", it is helpful to use gestures to help get across the meaning of those words. A gesture to express the meaning of sharp might be to run an extended finger over the palm of your open hand. The opposite, dull, could be expressed by grasping one hand with the other. Depending on the patient and their cultural background, it is also possible to use these gestures on their hand. Some cultures are more comfortable with touching, while others may not be as comfortable. Try using these gestures on yourself first, and if their meaning is still not clear, ask the patient to use their hand to show them.

Try using closed questioning to ask about the consistency of pain. Closed questions are ones with a yes or no answer. Using the same technique, it is possible to demonstrate intermittent pain by grasping your hand and applying pressure, letting go, and applying pressure again. Repeat this several times, resting for several seconds between each pulse. Again, try demonstrating this using the patient's hand if they agree to let you touch them for this exercise. If demonstrating on the patient, try to keep eye contact with them during the time between each pulse to heighten their awareness to the break in sensation. To demonstrate constant pressure, try grasping the hand and maintaining this 'pressure' for longer than necessary. Try to maintain eye contact with the patient, to help them realize the intention of this pressure. The goal is to help the patient realize the difference between these two gestures. Remember that when using these gestures with a patient's hand, it is critical to follow the same safety precautions as when performing any other procedure that requires direct patient contact.

Working with translators is another area where it is important to be comfortable when dealing with patients. An interpreter is someone who is fluent in at least two different languages. Fluency is being able to read, speak and write in at least two different languages. Frequently, family members who are bilingual, meaning that they speak more than one language, are used as translators. This is often times helpful, but under some circumstances, it may be important to arrange for a neutral translator, who has no relationship with the patient. Examples of when it is better to use a professional translator include when the family member speaks both languages, but is not fluent in either one or both of them. One way you may know if a person is not fluent is if their conversation includes a combination of at least two languages. This is not a guarantee that a person is not fluent in one or more of these languages, but it suggests that you might ask for a translator to talk with the patient and family member to determine their level of fluency. Another reason why it may be beneficial to use a neutral interpreter is to maintain confidentiality. Even when a family member is fluent in both languages, the patient may be reluctant or unwilling to discuss certain information in front of this

person, based on their personal relationship. Using a translator will help to encourage the patient to freely express themselves, their medical history and present health condition.

Healthcare employers often try to match patients and caregivers who are able to speak the same language. When this is not the case, you should know how to request translation services and work effectively with these professionals to provide the same quality of care to these patients as you do with any of your other patients. Whenever possible, a translator should be available for the most important conversations you have with patients. Some examples of these conversations are:

- Taking patient histories
- Reporting pre-procedural information
- Giving test prep instructions
- Answering questions about test prep procedures

Translators are professionals and are called on to provide a specific service. They are normally not trained in healthcare, and will not help perform healthcare related duties. A translator's responsibilities include:

- Being professional in their approach to working with all parties
- Maintaining patient confidentiality
- Respecting the boundaries of their role
- Being open-minded and non-judgmental

The translator's role is defined by a code of ethics which states that a translator will not give advice or personal opinions on any part of the patient or provider's interaction. Their role as an intermediary is defined by their ability to communicate information between the patient and the healthcare provider.

Translation is different from normal conversation in several ways. When working with a translator, questions and answers are repeated as they are translated from one language to the other. As a result, communication takes longer than usual when working with a translator. Allowing for additional time is necessary to give the interpreter the time to do their job effectively. The translator's goal is to express the general mood and tone of the patient's communication with the provider. This has the potential to cause problems if the provider does not recognize that their perception of a negative attitude is not the translator's attitude, but most likely that of the patient. Always keep in mind that the translator's role is to express the emotion that the patient used to express their words in their native language. It is the healthcare provider's job to acknowledge and respond to these emotions in the same way they would with a native English speaker.

Before starting to speak with a patient who is using a translator, give the patient and the translator time to establish their relationship with one another in their shared language. This usually takes no more than several minutes. Depending on the information that is to be shared with the patient, it may be helpful to give the translator any medical vocabulary, or specific terminology before getting started with the interpretation. Once the translation has begun, avoid talking with others, unless absolutely necessary. All attention should be given to the communication process with the patient. It is good practice when using a translator to look directly at the patient. Look at the translator

briefly to check for understanding, but maintain eye contact with the patient as much as possible. Remember that the translator has to process everything that is said by both parties and communicate it in another language. Breaking questions, directions and other communication down into manageable 'chunks' of information will help the translator to do their job as quickly as possible, and without having to break from translating to ask for a repeat of information.

Working with patients from different cultural and linguistic backgrounds has the potential to be an exciting and enjoyable experience. Patients are as different as their experience of their own health and the healthcare system. However, by providing an open and interested attitude towards their care, you will find that most patients are willing and able to share their experiences, despite their differences. Using these strategies for increased communication with non-native English speakers, as well as knowing when and how to work with translators, will help you to better serve these diverse needs and continue to provide the highest quality standard of care for all patients.