

Effective Communication for a Global Workforce

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This purpose of this article is to describe an innovative onboarding program implemented to overcome language barriers and smooth enculturation to the practice setting in this country for foreign-born nurses. The program

promotes cross-cultural understanding for patient safety and is offered as a celebration of a rich diverse workforce within Medical City Healthcare, a large health care system located in Dallas/Fort Worth, Texas.

BACKGROUND

The stakes are high in health care when it comes to patient safety. The Joint Commission has established standards which require hospitals to embed effective communication, cultural competence, and patient-centered care into their organizations.¹ As a common cause of sentinel events, miscommunication can

mean the difference between life and death. Communicating for mutual understanding therefore is paramount for safe patient care. With growing numbers of foreign-born health care workers, the need for clear, practical advice to help a global workforce achieve effective communication was recognized and addressed within our large urban health care system.

Nurses from diverse global backgrounds have become an integral part of the health care sector, necessitating practical communication training solutions.² Regardless of whether or not a shared heritage exists, international nurses (just as all nurses) can build authentic connections through purposeful communication and an expression of human caring. For some, this may be easier said than done.

Accented speech potentiates communication challenges. Although international nurses may be quite proficient with the English language, a patient from the United States may not be familiar with the sound of the nurse's spoken language. When an accent is placed on a different syllable for a given English word, it can make it difficult to understand for the unaccustomed ear. Complicating this scenario is the patient with a hearing deficit and/or when a mask is required for the nurse as part of personal protective equipment (PPE). Accented speech resulting in communication difficulties can negatively impact patient satisfaction, safety, or quality of care. Patients in clinical settings are vulnerable and may be reluctant to admit that they do not understand their caregivers. Language discordance, therefore, can create practice barriers and threaten desired patient outcomes.

Enculturating into a new nursing practice setting in a foreign country is likely to be a time of great stress. Speakers' accents affect how they are perceived.³ Bias and/or misunderstanding may even result in the nurse being misperceived as lacking in knowledge. If nurses fail to narrate their interventions for patients to clearly understand, a gap in essential patient knowledge, as well as erosion in trust, may occur. We demonstrated that barriers to successful communication for our global nursing workforce could be overcome through a program of innovative guidance and onboarding support for the foreign-born nurse.

TRAVERSING GLOBALIZATION HURDLES

Medical City Healthcare is a large system of 13 hospitals spanning the metropolitan areas of Dallas and Fort Worth within North Texas, and a division of HCA. I was privileged to serve for 5 years as chief nursing officer (CNO) for our flagship hospital, Medical City Dallas and Medical City Children's Hospital, prior to moving into our system's first chief nursing executive (CNE) role. When I transferred from Denver, Colorado, to take the job in Texas, I was delighted to discover a more richly diverse workforce than I had previously experienced. It wasn't long, though, before I received feedback both from physicians and patients as to the difficulty they were having in understanding some of our nurses. With the help of several passionate and dedicated nursing colleagues, I was able to create and deploy an onboarding program for foreign-born nurses at our 3-time Magnet[®]-designated flagship medical center while serving as CNO, and then disseminate it across our system when I assumed my new role as CNE.

Our system made a commitment to help nurses traverse some of the hurdles associated with enculturating into a new practice setting with accented speech. With a comprehensive leadership approach including cultural inclusivity, shared

leadership and inter-professional collaboration, the tactic helped reduce RN turnover, increase RN and physician satisfaction, and cement therapeutic communication among nurses and patients.

BUILDING THE PROGRAM

We began by assembling a taskforce that included nurses from China, France, India, the Philippines, Mexico, and Thailand, as well as from the United States. Over the course of 6 meetings, taskforce members discussed experiences and challenges each had when they began practicing in this country. We empathized when we learned of the humiliation suffered by some on our taskforce whose patients asked for a change of nurse or when physicians preferred to speak to other nurses due to language barriers. We reviewed the literature and discussed various approaches for navigating enculturation. Through these discussions, a theme emerged regarding the advantages of maintaining a sense of humor and preserving self-esteem. Taskforce members all agreed that designing and offering a course for new international nurses would be beneficial. The discussions were informative for curriculum development.

In collaboration with then Director of Patient Centered Innovation and Organizational Development for Medical City Dallas, Kathy Walton, BSN, MBA, RN, CPN, we designed a course curriculum around the acronym: "ACCENT." A module was developed for each letter in the acronym, and a syllabus was written. After we were satisfied that the course content reflected our discovery process, Kathy and I taught the class to over 50 nurses. Participants were free to choose to attend the class or not, which was important to the staff in order to avoid any feelings of being profiled. Over time, tenured nurses began to attend in addition to nurses new to the hospital.

By sharing in the teaching responsibilities as CNO, I had the opportunity and pleasure to get to know and interface on a more personal level with staff who participated in the education. With each session, we learned something more about how to make the discussions resonate with the nurses from various countries.

The class is designed to be offered as a facilitated discussion of each module versus a didactic presentation of the material. Participants are encouraged to share personal experiences and role play. They often end up helping one another with tips for success. The curriculum, syllabus, and reference material are provided as a booklet for follow-up reading by the participants outside of class. Participants are encouraged to practice the concepts discussed in the session immediately thereafter in their clinical settings with their patients and to review progress with their preceptors and/or managers. Typically, the class runs 60 to 90 minutes in length depending on the size and amount of interaction.

Medical City Healthcare is a Studer Group partner. Thus, the term AIDET[®], an acronym for acknowledge, introduce, duration, explanation, and thank you, was a familiar construct within our setting. AIDET is a component of evidence-based leadership and a communication framework to be deployed in all interactions in order to improve patients' perceptions of

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