



# **CROSS-CULTURAL COMMUNICATION FOR CONNECTEDNESS IN THE AGE OF OPORTUNITY**

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NMHU Professor - Health Equity & Justice

Advocate for Diversity, Equity, & Inclusion

# OBJECTIVES

Participants will be able to:

- ▶ 1. Identify what is Cross-Cultural Communication
- ▶ 2. Illustrate why Cross-Cultural Communication is essential.
- ▶ 3. Discuss how to take the first practical step to improved Cross-Cultural Communication in the healthcare workplace.

# Hand Exercise





Jeremy Holloway PhD  
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# Issues

- ▶ ◦ Staff Recruitment and Retention
- Caregiver Burnout
- Regulatory Compliance of patients and Orgs.
- ▶ ◦ Keeping up-to-date with Trainings for CEUs

What do these issues all have in common?



# All Communication Issues



# National Stats

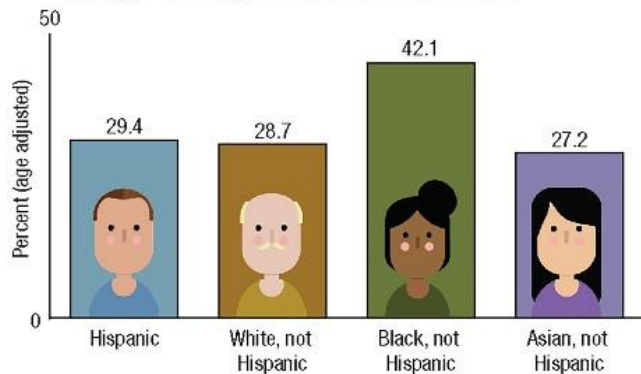
## ! RISK FACTORS

Explore other heart disease risk factors using data from the National Health and Nutrition Examination Survey.



### ! HYPERTENSION

Non-Hispanic black adults aged 20 and over were most likely to have hypertension in 2015–2016.



#### SOURCE

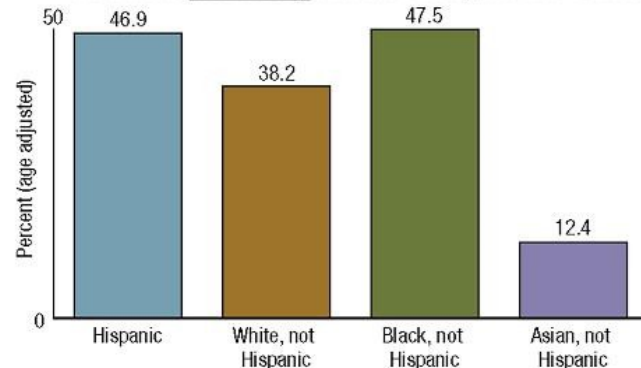
NCHS, National Health and Nutrition Examination Survey (NHANES).

#### NOTES

**Hypertension** is measured high blood pressure (systolic pressure  $\geq 140$  mm Hg or diastolic pressure  $\geq 90$  mm Hg) or taking medication to lower high blood pressure. Estimates may differ from others based on the same data due to different analytic methodology.

### ! OBESITY

Hispanic and non-Hispanic black adults aged 20 and over were most likely to have obesity in 2015–2016.



#### SOURCE

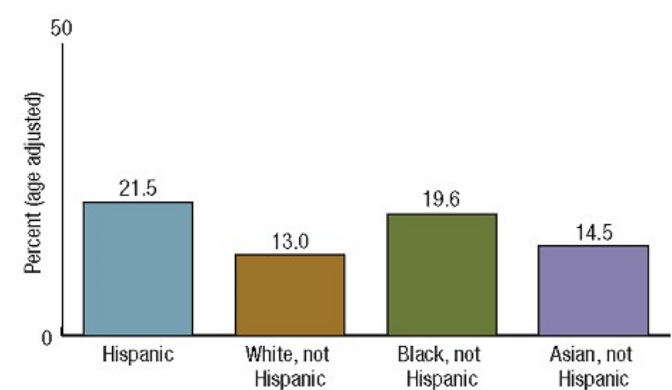
NCHS, National Health and Nutrition Examination Survey (NHANES).

#### NOTES

**Obesity among adults** is measured body mass index (BMI)  $\geq 30.0$ . BMI is measured weight (kg) divided by measured height, squared ( $m^2$ ). Estimates may differ from others based on the same data due to different analytic methodology.

### ! DIABETES

Hispanic and non-Hispanic black adults aged 20 and over were most likely to have diabetes in 2015–2016.



#### SOURCE

NCHS, National Health and Nutrition Examination Survey (NHANES).

#### NOTES

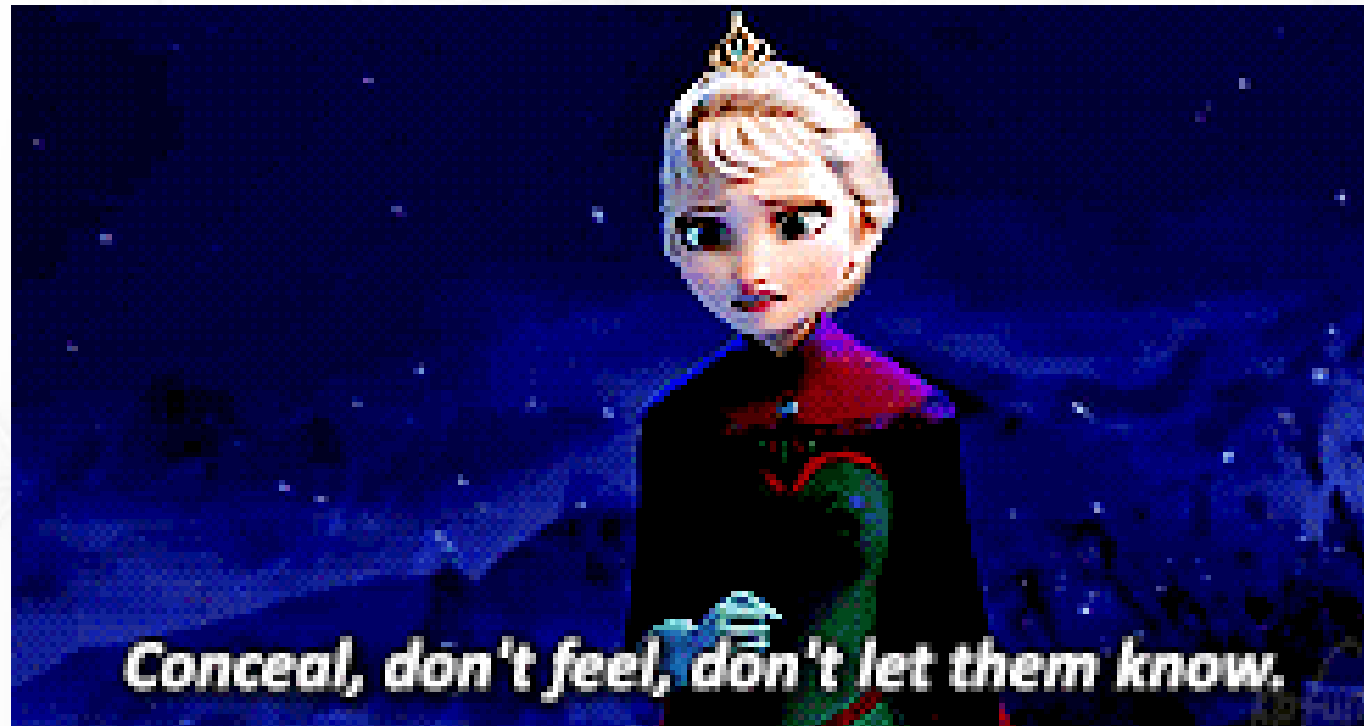
Estimates of **diabetes** prevalence include both physician-diagnosed and undiagnosed diabetes. They may differ from other estimates based on the same data due to different analytic methodology.

# All Communication Issues





# ELSA WAS WRONG:



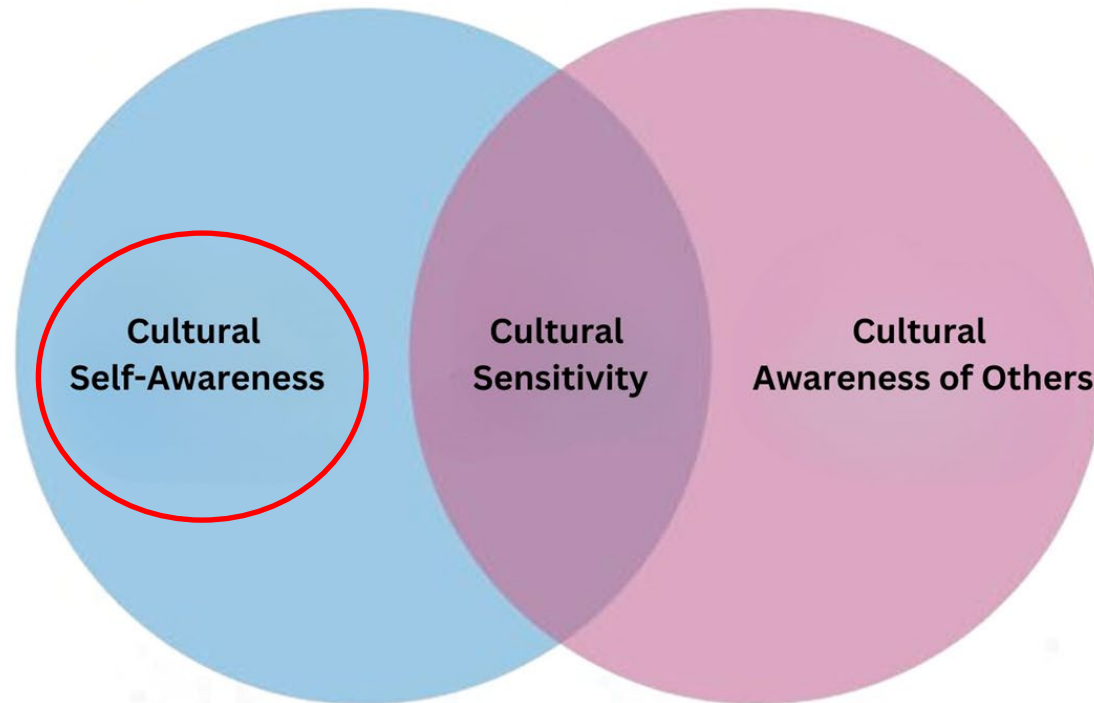
# Holloway Family



# WHY LEARN CROSS-CULTURAL COMMUNICATION (CCC)?

- ▶ ◦ CCC is the process of recognizing differences and similarities among cultural groups or individuals to more effectively engage within a given context.
- ▶ ◦ Developing strong cross-cultural communication skills is the first step in creating a successful work environment that brings out the best in all of an organization's team members.

# Synergy of Cultural Exchange



# CROSS-CULTURAL COMMUNICATION FROM INTRA OUT: CULTURAL SELF-AWARENESS

True cross-cultural communication begins within: when we cultivate self-awareness and connect our minds to our hearts, we can truly listen and care for others.

Only by pursuing to understand our own needs first can we fully understand and meet the needs of someone else, because Much of how we communicate with others begins with how we interpret information and communicate with ourselves (which is intrapersonal communication).

This is not simply a recommendation, especially in healthcare.





# **EXERCISE: CONNOTATION & DENOTATION**



# DEFINING & UNDERSTANDING TERMS



- ▶ ◦ **Nationality**
  - The status of belonging to a particular nation by origin, birth, or naturalization.
- ▶ ◦ **Ethnic group**
  - A sizable group of people sharing a common and distinctive racial, national, religious, linguistic, or cultural heritage

The top corners of the slide feature decorative geometric patterns. On the left, there is a cluster of triangles in shades of blue, yellow, and dark grey. On the right, a similar pattern is mirrored. The background of the top half is a light grey grid of interconnected lines forming a network of polygons.

**WHAT IS CULTURE?**

A world map is shown in the center, with each country colored in a different hue. A dark blue horizontal bar is superimposed over the map, containing the text 'WHAT IS CULTURE?'. The map is set against a dark blue background.

**WHAT IS CULTURE?**





## Our Culture(s) is (are) Learned



**Culture is learned first in the family, then in school, then in the community and other social organizations such as a religious organization.**

**Purnell, 2005; Lewis 2021**



Lewis, D. C. (2021). CULTURE IS A PROCESS!. *Respublica Literaria*, 2(3), 153-163.

Purnell, L. (2005). The Purnell model for cultural competence. *Journal of Multicultural Nursing & Health*, 11(2), 7.



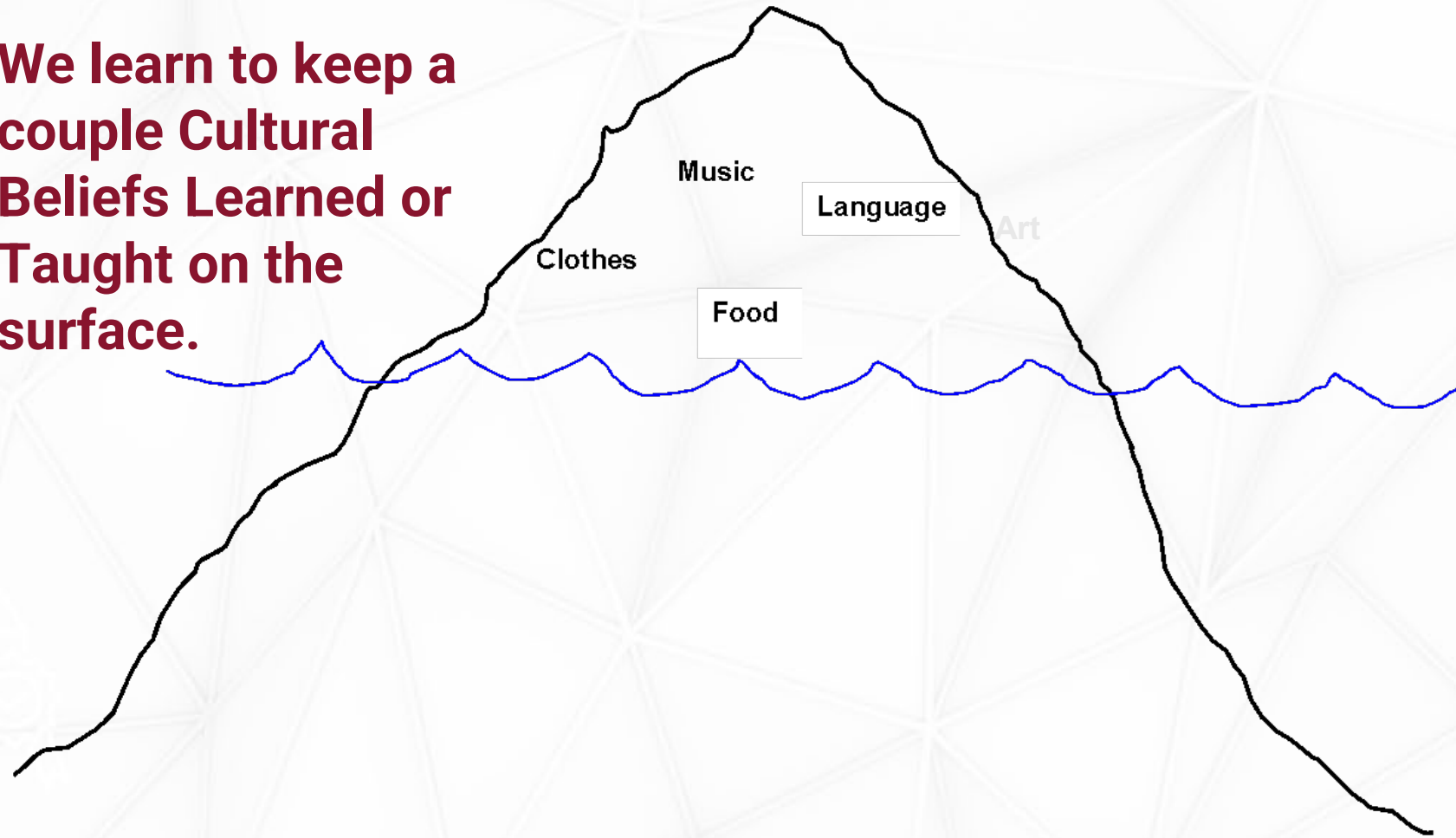
**Cultures differ from one another in the ways they view the world—worldviews.**

**In the United States, the term “culture” or “ethnicity” is often only equated with race, yet...**

**Culture is Learned**



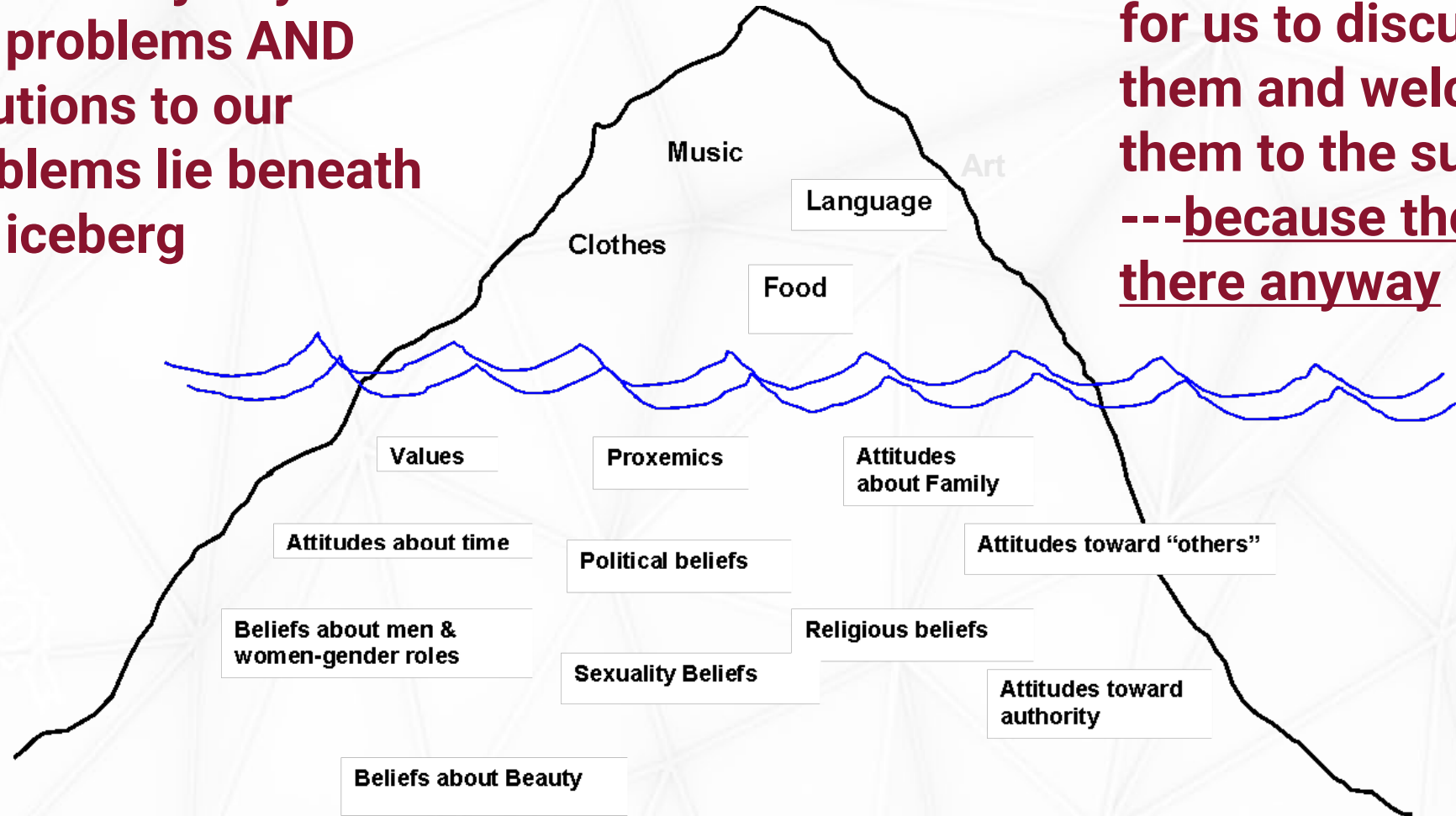
**We learn to keep a couple Cultural Beliefs Learned or Taught on the surface.**



**The Iceberg of Culture**

But the majority of the problems AND solutions to our problems lie beneath the iceberg

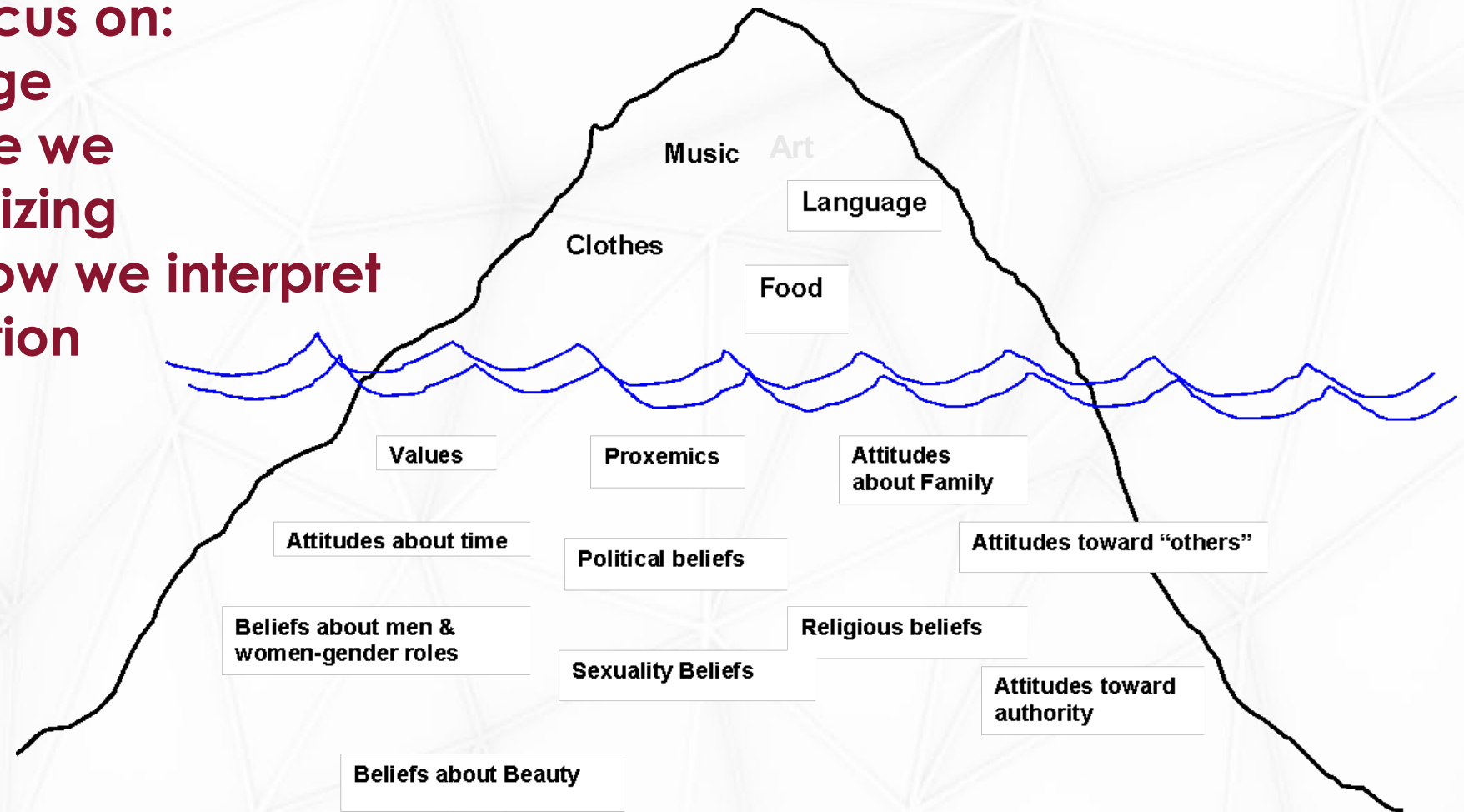
We need to create safe/brave places for us to discuss them and welcome them to the surface. ---because they are there anyway



# The Iceberg of Culture

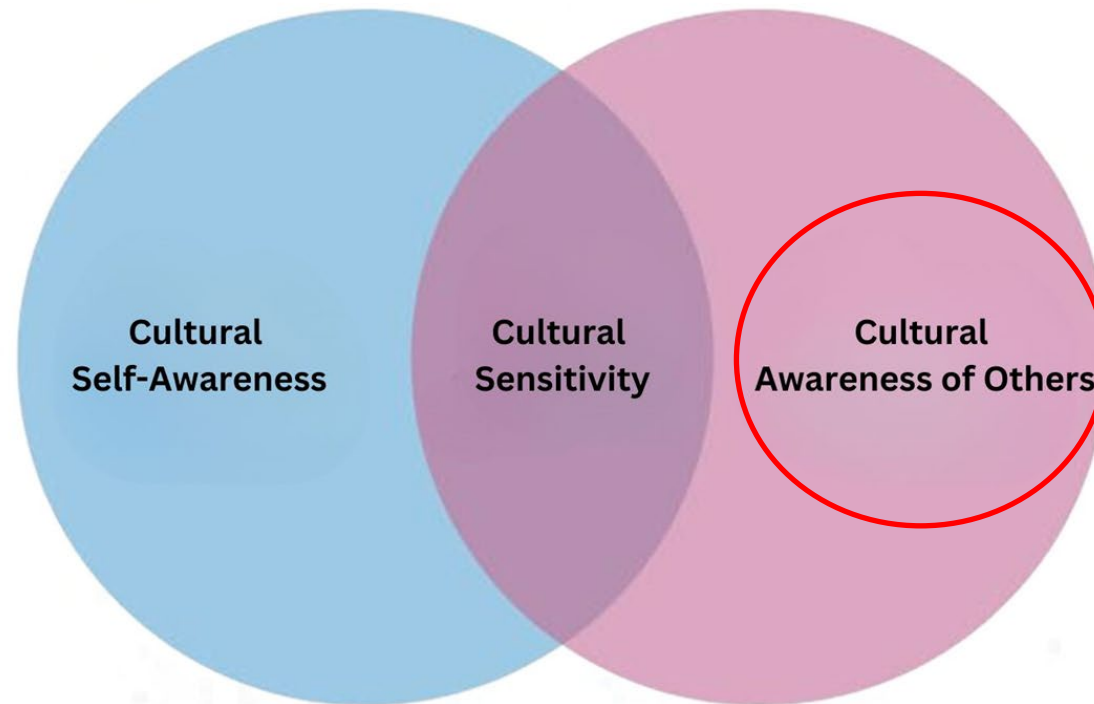
Tools to help----we must begin to focus on:

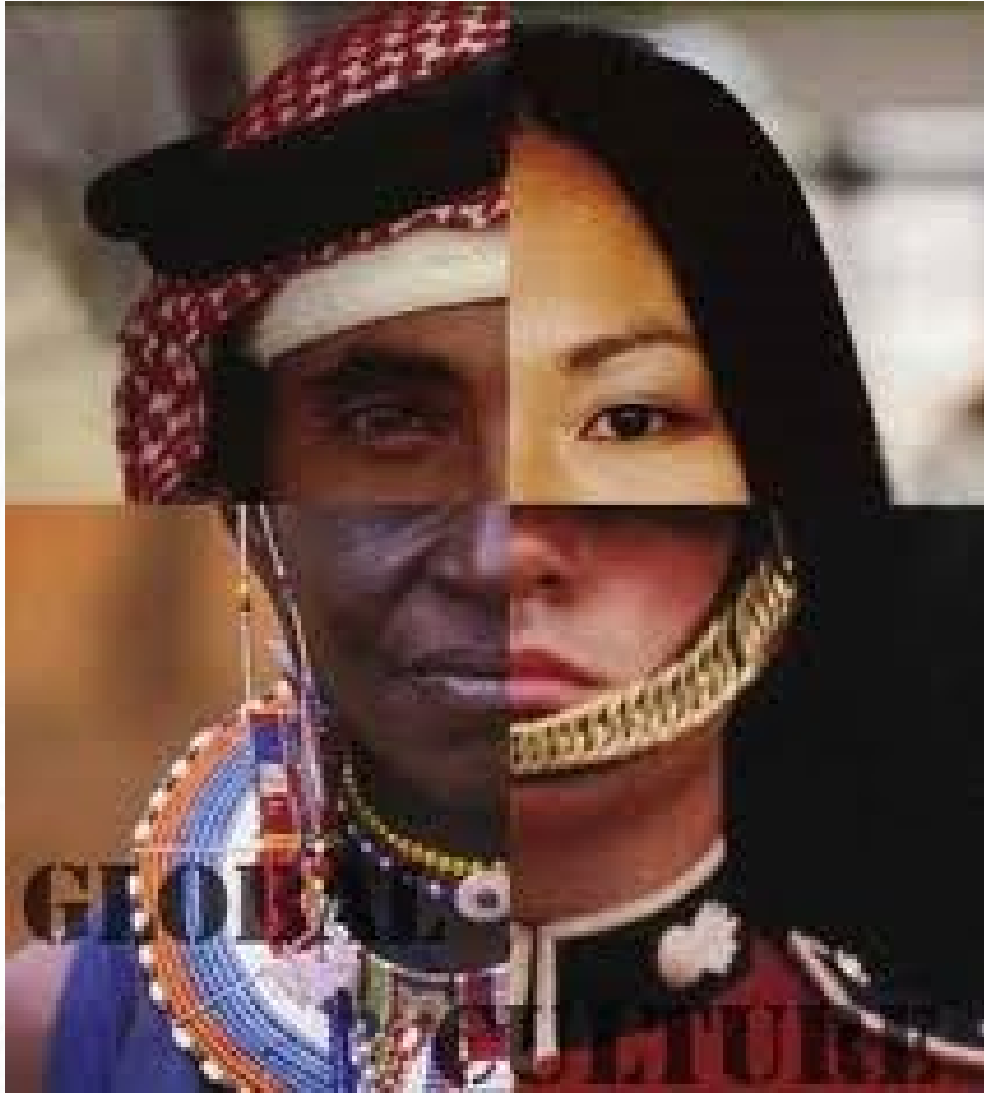
1. Language
2. What are we emphasizing
3. What/How we interpret information



**The Iceberg of Culture**

# Synergy of Cultural Exchange





# **Assume Less & Ask More out of appreciation**

Diversity constitutes differences in perspectives and ideas related to each of our valuable lived cultural experiences.



# “Unconscious” Bias and Cultural Assumptions

## North American

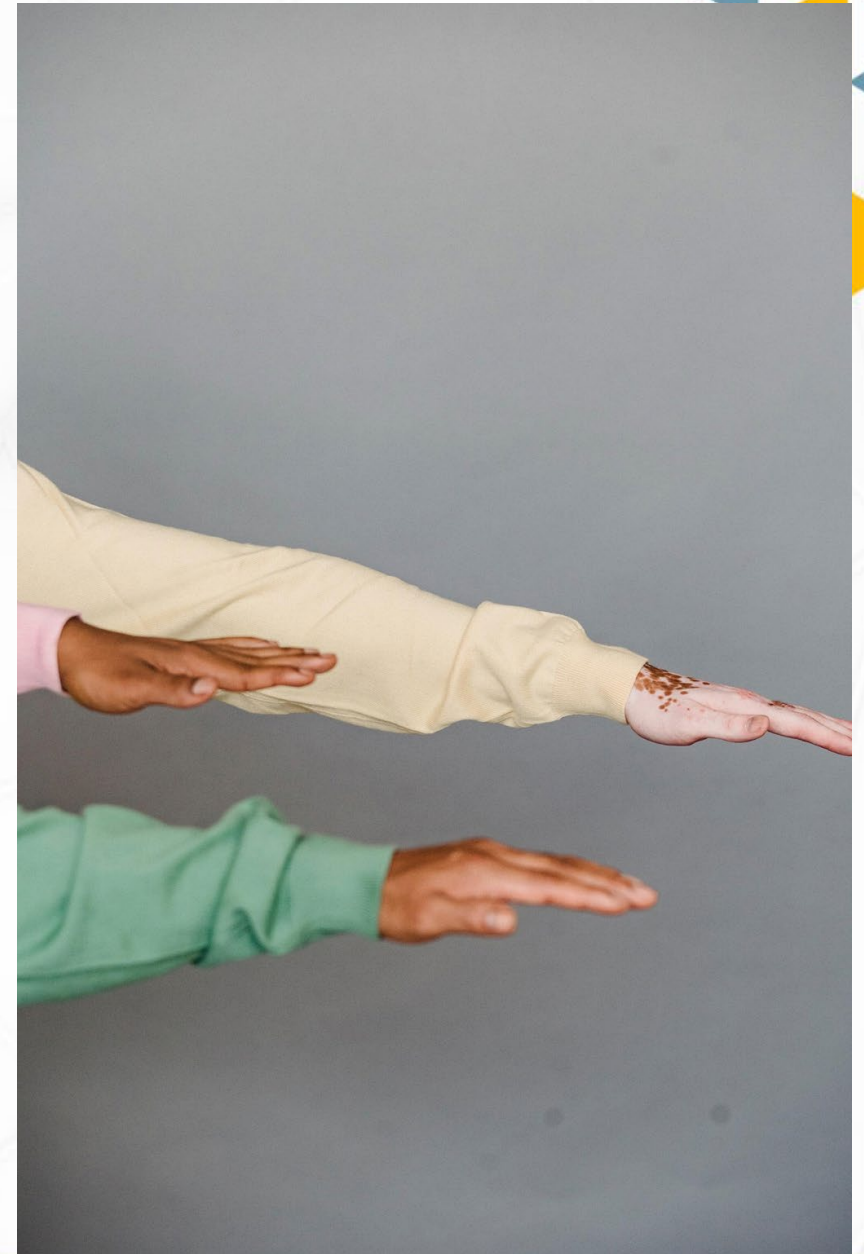
- Egalitarian/equality
- Can control the environment
- Future oriented
- Informal
- Direct in communications
- Youth valuing
- “Friendliness”
- Optimism
- Action oriented: Change now
- Ethnocentric: our way is the best way

## “Contrast” Cultures

- Hierarchy
- Belief in fate
- Present focus
- Formal
- Indirect (non-verbal cues)
- Age valuing
- More closed to “strangers”
- Fatalism
- Change takes time
- Ethnocentric: our way is the only way

# DIVERSITY IN DIVERSITY

NOTE: People from the same ethnic or racial group are also “diverse” in terms of socio-economic status, education, age, religion, sexual orientation, individual experiences, or disposition.



# EXAMPLE

Personalized Healthcare ~~One-Size-Fits-One-Group~~ (“all”) Healthcare





- ▶ ◦ **Racial characteristics are only minor variations among people groups.**
- ▶ ◦ **Racial characteristics (e.g., skin color, eye shape, hair texture) account for 0.012 percent of human biological variation.**

**Susan Cameron & Susan Macias Wycoff**

***Journal of Counseling & Development, 1998***

# Issues with Generalized Health Assumptions

**Given that racial characteristics (e.g., skin color, eye shape, hair texture) account for 0.012 percent of human biological variation, to issue a health condition based on race is at most about .012 accurate.**

**Health conditions would, therefore, be best issued, based on one's immediate family history, cultural practices and life-decisions.**

# INDIVIDUAL HEALTH DETERMINANTS

**Incorrect statement:**

**“African Americans are more than likely to be susceptible to XYZ...”**

**Correct statement:**

**An African American with XYZ dietary habits, and with family histories of XYZ can be susceptible to XYZ.”**

# SEVEN AREAS OF DIVERSITY TYPICALLY DISCUSSED

## “Otherness”

- Race/ethnicity
- Gender
- Religion
- Sexual Orientation
- Socio-economic status
- Age
- Physical/Mental Ability

## “ism”

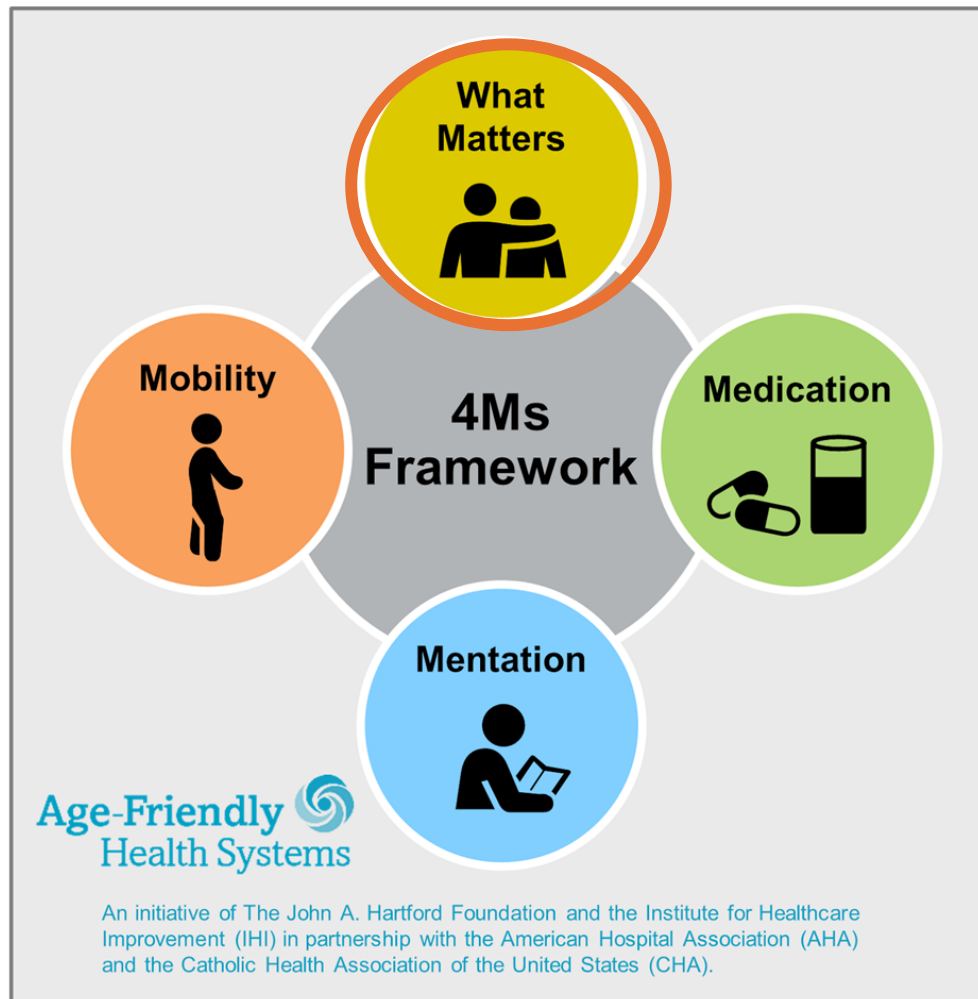
- Racism/ethnocentrism
- Sexism
- Religious oppression
- Heterosexism
- Classism
- Ageism
- Ableism

# TOPICS THAT CAN ENRICH DIVERSE CULTURES

- **Servant Leadership**
- **Appreciation**
- **A sense of AWE**
- **Gratitude for people who are different from you.**
- **Growth Mindset**
- **Cultural Humility**
- **A Desire to keep self and others accountable to a code of humanity.**

**ALWAYS KEEP IN MIND: DIVERSITY IS REALLY ABOUT A DIVERITY OF PERSPECTIVES**





## What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

## Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

## Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

## Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

The image features a background of a light gray, low-poly geometric pattern of interconnected lines forming various sized polygons. In the top-left and top-right corners, there are decorative clusters of triangles in shades of blue, yellow, and dark blue. A solid yellow horizontal bar is located at the bottom of the image.

**Let the trainings begin!**





## Cultural Competence Training & Adapting Communication Styles

- Provide ongoing training to develop skills and knowledge for interacting effectively with diverse cultures
- Be flexible and willing to adjust your communication style based on the cultural context



# Language Differences

- Barrier: Miscommunication due to different languages or dialects
- Strategy: Use interpreters or bilingual staff, provide language training, use clear and simple language, avoid idioms and slang



## Stereotypes and Prejudices

- Barrier: Preconceived notions about other cultures leading to misunderstandings and biased interactions
- Strategy: Promote cultural awareness and sensitivity training, encourage open-mindedness and questioning of assumptions



## Ethnocentrism

- Barrier: Belief in the superiority of one's own culture hindering understanding and respect for other cultures
- Strategy: Provide an inclusive environment that values diversity, educate about the benefits of different cultural perspectives



## Cultural Misunderstandings

- Barrier: Different cultural norms and practices leading to misinterpretation of behaviors and intentions
- Strategy: Provide training on cultural norms and etiquette, encourage asking questions to clarify misunderstandings



## Non-verbal Communication Differences

- Barrier: Variations in body language, gestures, and facial expressions across cultures
- Strategy: Educate on non-verbal communication styles of different cultures, observe and adapt to the non-verbal cues of others





# Assumptions and Biases

- Barrier: Making assumptions based on cultural stereotypes leading to miscommunication
- Strategy: Promote self-awareness and reflection on personal biases, encourage seeking understanding and validation of assumptions
- Example: Study of failing students in the classroom.



## Active Listening and Reflective Listening

- Technique: Pay close attention without interrupting, reflect back to confirm understanding
- Strategy: Demonstrate empathy, paraphrase and summarize the speaker's points



## Asking Open-ended Questions

- Technique: Use questions requiring more than a yes/no answer to gather information and encourage discussion
- Strategy: Ask questions like “Can you tell me more about that?” or “How do you feel about this?” to gain deeper insights and foster open communication

## Cultural Mediators & Regular (Affirming) Feedback



- Employ individuals who understand both cultures to facilitate communication and bridge gaps
- Create opportunities for feedback to understand and address communication issues
- Use the “Yes and” approach.

# Social Determinants of Health (SDOH)



**Explanation:** Providing knowledge and practical steps for providing staff, volunteers, and members with efficacy for economic stability, education quality, and social environments.

Impact on Healthcare: Discuss how SDOH affects both community members & staff, emphasizing the importance of addressing these determinants to improve overall health and program outcomes.

## Objectives:

- Define SDOH.
- Explore the significance of valuing 'What Matters'.
- Identify ways to mitigate implicit bias and increase SDOH support .



# Inclusion, Health Equity, & Resiliency Through Connectedness



**Overview:** Highlighting the critical role of fostering connection and emotional support in the workplace.

Strategic Interventions: Detailing evidence-based strategies to enhance social connectedness, focusing on emotional intelligence and a growth mindset for resiliency.

**Objectives:**

- Identify causes of social isolation.
- Describe interventions to boost connectedness.
- Receive strategies for connectedness in work and within communities.

# Solutions to Isolation in Staff & Older Adults



**Challenges & Solutions:** Sharing awareness of social isolation and loneliness and solutions to creating meaningful connections that build social connectedness, SDOH, and resiliency among community members.

**Program Overview:** Introduce the curriculum and intergenerational programs developed to enhance connectedness and resiliency.



# EQ Goal-Setting Workshop



## **Vision & Mindfulness Techniques:**

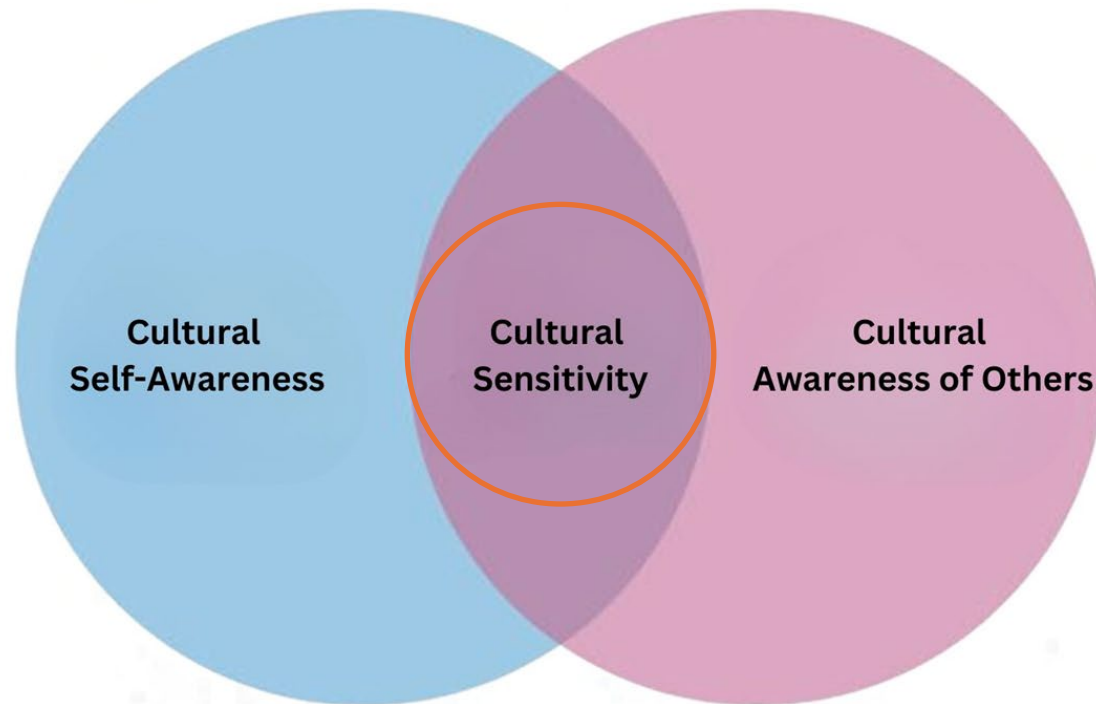
Explore solutions through the use of visualization, SMART Goal-setting and guided imagery to enhance emotional intelligence and goal-setting outcomes in healthcare settings.

**Benefits:** Participants discover how these practices can mitigate work-related stress, burn-out, and foster a supportive community.





# Synergy of Cultural Exchange



# Gaining Cultural Competence and Civility





## Intergenerational Interventions



University students (Legacy Builders) connect with older adults living in-home, or in retirement communities, nursing homes, and assisted living facilities via in-person, phone or through virtual visits. The discussions focus on building rapport and providing a sense of hope, while also allowing the older adult to impart wisdom and share stories of their past with the students. A digital or physical legacy book is provided back to the older adult at the end of the sessions.



# Impact of Telegacy Program on Volunteer Perceptions

## 1 Demographic Profile of Volunteers:

**Gender:** 77.78% (n=7) female and 22.22% (n=2) male volunteers participated in the program.

**Age Distribution:** Majority (66.67%) of volunteers were aged between 25 and 48, while 22.22% were between 51 and 60.

## 2 Results:

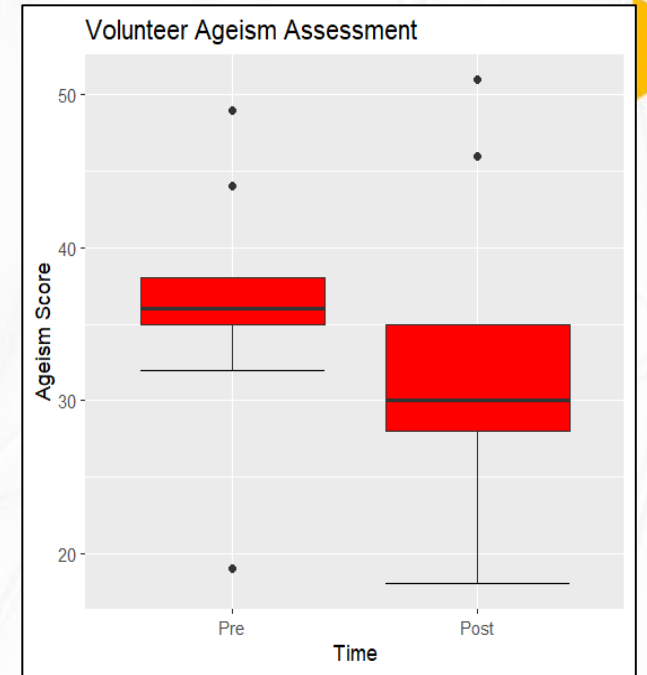
### Attitudes Towards Aging:

**Pre-Intervention:** Volunteers' average AGEISM score was 36.11.

**Post-Intervention:** Average AGEISM score decreased to 33.00.

**Statistical Significance:** Paired samples test indicated a significant decrease in AGEISM scores ( $p = .045$  two-tailed), suggesting a positive impact on volunteers' attitudes toward aging.

**Supporting Test:** Wilcoxon signed-rank test showed a trend towards significant differences in AGEISM scores ( $p = .058$ ), reinforcing the effectiveness of the program.



# Impact of Telle gacy Program on Older Adult Perceptions

## Data Presentation:

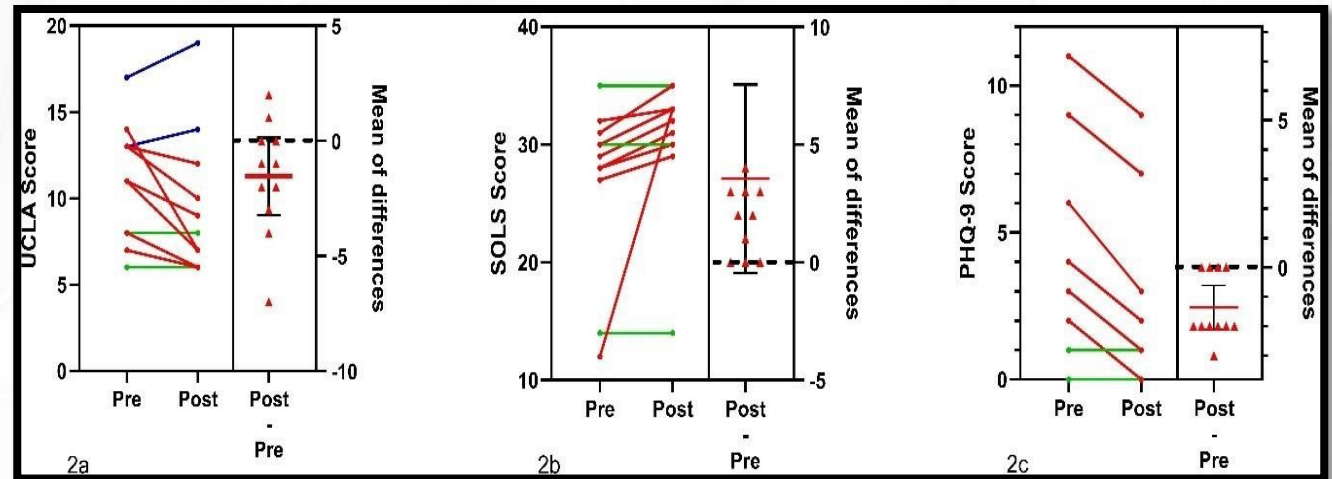
**UCLA:** Scores increased by an average of 1.5 points. This change was statistically significant, as shown by two tests:

Paired t-test showed significance with a p-value of 0.034.

Wilcoxon test confirmed this with a p-value of 0.036.

**SWLS:** Scores decreased by 3.5 units, and this reduction was significant with a p-value of 0.038.

**PHQ-9:** Scores increased slightly by 0.36 units, with a highly significant p-value of 0.001.



# Overview of the Tellegacy Program with Meals on Wheels



**Program Description:** The Tellegacy program is an intergenerational program that works with organizations, such as Area Agencies on Aging and trains volunteers in cross-cultural communication and connects them with older adults to provide social connection.



# Qualitative Results

**Quotes from Participants:** One of our members said, "This program has reconnected me with the joy of sharing stories and experiences."

**COA Volunteer:** "I feel like I'm making a real difference in someone's life, not just delivering meals but delivering smiles too."

**Professor:** "The students loved, loved the legacy project---like so much. And when I read some of their reflections, I cried. It was really beautiful, and I'm so happy that you contacted me ."

-Dr. Jill Chonody

School of Social Work

Boise State University



# Qualitative Results



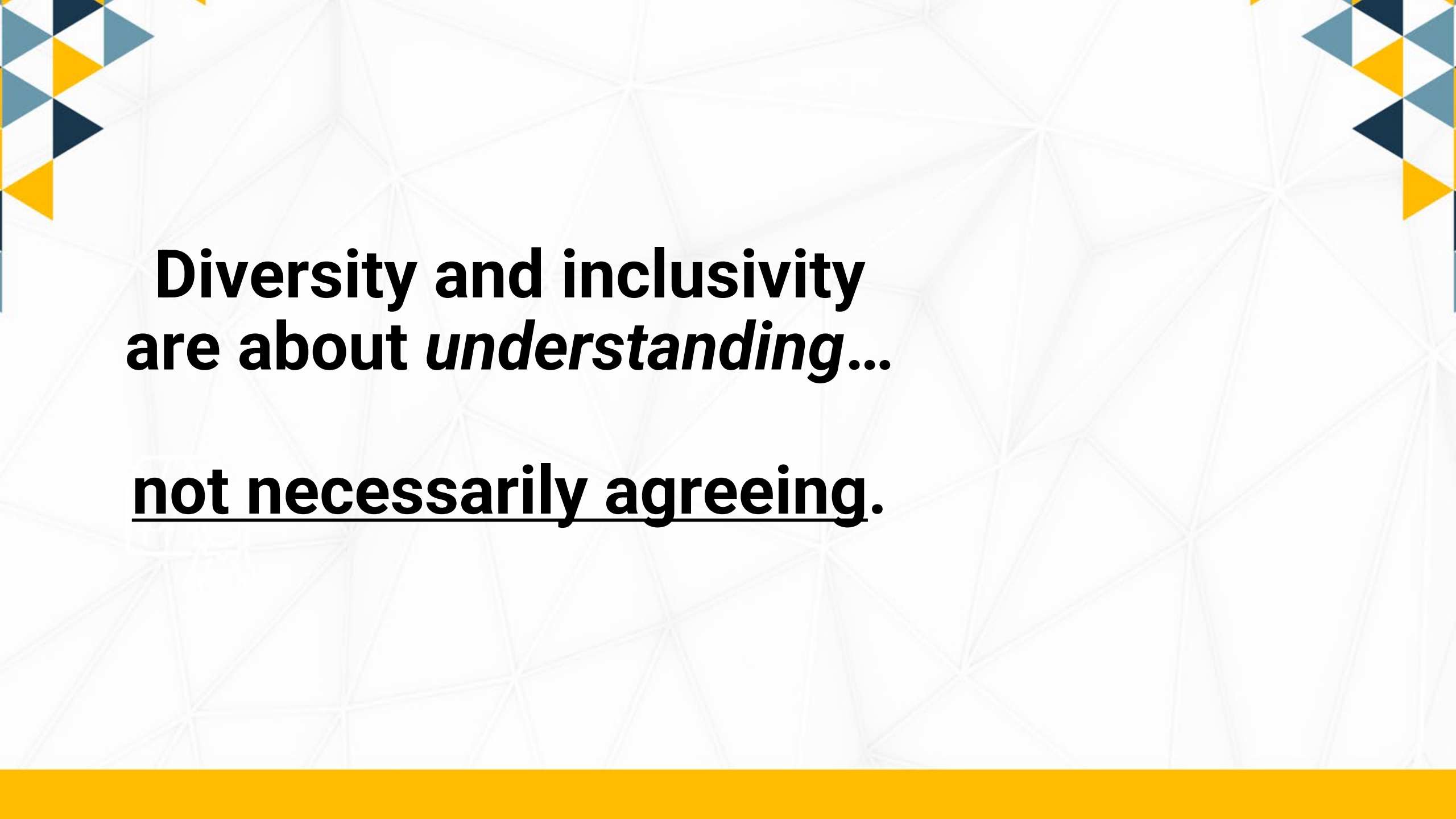
**COA Director:** Since implementing Tellegacy, we've observed results from mental health metrics showing decreases in feelings of loneliness and depression among our clients.  
-Denise Johnson





**Civility** involves acting with regard to other's lived experiences and feelings.






**Diversity and inclusivity  
are about *understanding*...**  
**not necessarily agreeing.**



**Creating a culture of civility requires communication, interaction, and an appreciation for the interests each person brings to the relationship.**

**Abdel Aziz Abdel Naby, S., Hamido, S., Abdel Hameed, N., & Mahmoud, H. 2022.**

Abdel Aziz Abdel Naby, S., Hamido, S., Abdel Hameed, N., & Mahmoud, H. (2022). Developing Civility Behavior Guideline among Maternity Nursing Students at Class Room and Practical Engagement. *Egyptian Journal of Health Care*, 13(4), 197-213.





# **Diversity + Inclusivity = Civility**

**Civility matters because treating one another with respect is necessary to effective communication, community building, and finding common ground.**

***The Dance of Incivility in Nursing***  
**Dr. Cindy Clark, Boise State University**





**Diversity + Inclusivity + Civility = Community**

**Less Competition and More Collaboration**

**Important Community Values:**

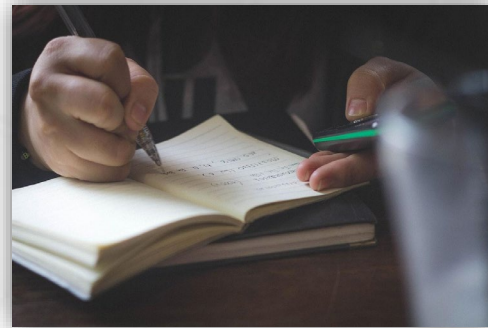
- ***Mutual* Respect / Honor**
  - **Empathy**
  - **Courtesy**
  - **Welcome Tolerance**
  - **Conflict De-escalation & Resolution**
  - **Active Listening**
  - **Open Communication**
  - **Culture of Collaboration**
- 

# CIVILITY TIPS

- **Be Proactive:** Include expectations for behavior, along with academic expectations in syllabi
- **Be a Model:** Behavior serves as a powerful representation in how staff treat fellow staff and patients.
- **Ask Why:** Seek to have staff explain their behavior and put it into context
- **Have a Plan** to respond to the unexpected
- **Follow Through** on your plans for action
- **Document** incidents and your response(s)

# Recommendation for Individuals to Enhance Cultural Competence: Journaling

**Journaling – an exercise of reflection, can assist in challenging any “ism”**



Stevens, D. D., & Cooper, J. E. (2023). Journal keeping: How to use reflective writing for learning, teaching, professional insight and positive change. Taylor & Francis.

Lasater, K., & Nielsen, A. (2009). Reflective journaling for clinical judgment development and evaluation. *Journal of Nursing Education*, 48(1), 40-44.

# Resource Request



**Link:**

[https://docs.google.com/forms/d/e/1FAIpQLSdvvbLKrz7ou0Cout85mu4rjwY9uS3o0lS18Bzn4acTtP0kcFQ/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSdvvbLKrz7ou0Cout85mu4rjwY9uS3o0lS18Bzn4acTtP0kcFQ/viewform?usp=sf_link)

# REFLECTION

- What about What Matters to you/them?
- In learning about your own values and familial culture, ask...
  - How is it the same as the person to whom you are providing care? How is it different?
  - What do they value? What do you value? How can we use cultural humility to appreciate both?
  - What makes them smile? What makes you smile? How can we (I) be more understanding today of each other's differences and values?

**Note:**

Even research can contain embedded confirmation or unconscious bias.



# DISCUSSION

- What is one thing that you desire to implement to improve your cross-cultural communication?



# DISCUSSION



Feel free to send comments and/or questions to [Jeremyh@nmhu.edu](mailto:Jeremyh@nmhu.edu).

**THANK YOU!**



