

(Mis)communication about Sensitive Health Topics to Multicultural Audiences

Communication, Culture, and
Health Disparities

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Assumptions

- Communication is **contextually** and **culturally** bound.
- Cultural variability influences:
 - Perspectives
 - Communication behaviors
 - Expectations about communication from others in healthcare environments.
 - Sociocultural Identity

We Don't all See Things the Same Way...



Goal-oriented Health Communication

“Effective health communication seeks to reduce health disparities among racial and ethnic minorities through the use of **linguistically** and **culturally** appropriate health messages.”

Source: Villagran & Hoffman (2007) *Communication and Cancer Care*.

Translation

“Because the meaning of words is socially constructed, the same combination of words in two different languages may not produce the same meaning.”

Translation Example

- “You may stay in your room as long as you like while you are here, but come out when you are hungry and I will make you some food.”

Translated to:

- “Stay in your room as long as you are here, unless you are hungry. Then I will make you some food.”

Culturally-bound communication about Sensitive Topics

Dialectical Theory (Baxter, 1992)

- *Contradiction* forms dialectical tensions. A contradiction arises in multicultural health communication between
 - **scientific information sharing** (medical/treat the body)
 - **and humanistic information sharing** (social/cultural/treat the person)

Problematic Integration Theory

- Babrow (1992) argues the process of gathering and interpreting health information is linked to **managing uncertainty** about illness.
 - Based on cognitive and emotional orientations
- Some cultures stress **information seeking**, while others stress **information avoiding** communication
 - Fear of public disclosure of illness creates barriers to information-seeking in some cultures

Culture-centered Perspective

- Dutta-Bergman (2004, 2005) helps illuminate structure and culture as the core of health communication processes and behaviors.
 - 46% of Japanese respondents preferred concealment of advanced cancer diagnosis to family member
- Experiences are defined within the culture of the receiver based on the constructed meaning for each message or each health care interaction

- Sources: Dutta Bergman, M. (2005). Theory and practice in health communication campaigns: A critical interrogation. *Health Communication*, 18, 103-122.
Kakai, H.(2002). A double standard for bioethical reasoning for advanced cancer diagnosis in Japan. *Health Communication*, 14, 361-376.

Communicating about Sensitive Topics: Breaking Bad News...

- **Education for Physicians on EOL Care**
- **Teaches a 6 step protocol for delivering bad news**

“Breaking bad news in a **direct and compassionate** way can improve the patient’s and family’s ability to plan and cope, encourage realistic goals and autonomy, support the patient emotionally, strengthen the physician-patient relationship, and foster collaboration among the patient, family, physicians, and other professionals.”

Breaking Bad News

- Study 1 – Qualitatively found 4 common approaches used by providers to break bad news

Sparks, Villagran, Parker-Raley, & Cunningham (2007). *Journal of Applied Communication Research*

- Study 2 - Fourth year medical students
 - Knowledge (8 items)
 - Attitudes (comfort/confidence in Communication skills, comm app with dying)
 - Behavior (open-ended questions)

**Examined perceived level of IC difference as predictor of
BBN strategy**

Sources: Sanchez-Reilly, Wittenberg-Lyles, & Villagran (2007). *American Journal of Hospice and Palliative Medicine*, 24, 1-6.
Villagran & Wittenberg-Lyles. Cultural Differences in Approaches to Breaking Bad News.

Assessment

- Findings:

- Significant increase in knowledge
- Reported high comfort/confidence in communication and low apprehension

BUT...

- Significant positive relationship between perceived IC difference and apprehension about breaking bad news

Most Common - Indirect Strategy

Little or no disclosure of factual information;
implied meaning;
emotional detachment;
avoidance of socializing

- “What we feared might be the case has come true.”
- “You have an unsurvivable disease process.”
- I have consulted with my colleagues and we all feel you are not in a curative state”

Direct Strategy

Honest; straightforward, educates patient, both parties agree to same words

- “This condition is terminal but I cannot predict how long you have left.”
- “It appears you have cancer.”
- “We have finished running tests, and I am afraid that your condition is terminal, meaning we cannot cure your disease.”

Comforting Strategy

Alleviate emotional distress; verbal and nonverbal immediacy; nonverbal emphasis such as holding hands, hugging

- “You are not alone. I am with you through this as your physician.”
- “I will always be here for your support.”
- “I will be with you to answer any questions.”

Least Common: Empowering Strategy

Personal or psychological dimension to self-efficacy and personal control; giving the patient choices, share in decision-making —

Most allowance for cultural variances

- “I would like to help you plan so that we can help you enjoy what time you do have left.”
- “Do you want your family present when we discuss your prognosis?”
- “So probably the best course of action for us now is to make you as comfortable as possible to help you get your personal life in order.”



Communicating about Bad News
impacts Conversations about
Advanced Directives...

Advance Directives: Cultural Considerations

Communication, attitudes, and acculturation
among
Latino/Hispanic Americans (Latinos) about
Advance Directives

Advance Directives: Cultural Considerations

- Does Latinos' level of acculturation predict completion of an advance directive?

↑ Acculturation = ↓ Completion of AD

- Latinos who reported greater affiliation with traditional Latino beliefs and values were less likely to hear about or complete an advance directive.

Advance Directives: Cultural Considerations

- Highly acculturated Latinos were significantly more likely to have discussed ADs with family members.

What implications does this have for health communication campaign planners?



"You might have a different perspective
if you walked up front with me."

The Bottom Line...

Health Communication is culturally and contextually bound and we don't all see things the same way.

