Title:
Communication, Power Distance, and Medication Errors: An Ethnographic Exploration of Cultural Care Practices

Luanne Ruth Linnard-Palmer, EdD
School of Health and Natural Sciences, Dominican University of California, San Rafael, CA, USA

Session Title:
Communication Care Practices
Slot:
N 04: Sunday, 30 July 2017: 11:15 AM-12:00 PM
Scheduled Time:
11:15 AM

Keywords:
Culturally sensitive communication, Medical errors and Power distance

References:


Abstract Summary:
Shifting demographics, globalization, and immigration have implications for how patients, families, and healthcare professionals communicate. This interdisciplinary ethnographic study explored how nurses utilize culturally sensitive communication and negotiation to prevent errors, and how nurses navigate clinical situations where family members experience “power distance,” or feelings of inequality.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants will analyze the impact of power distance on health care communications as it relates to medical and medication errors</td>
<td>Definitions and examples of power distance will be shared as well as the relationship between power distance, or the feelings of inequality between family members and health care team members, and the development of medical errors.</td>
</tr>
<tr>
<td>Participants will describe several suggestions shared by the research participants on how</td>
<td>Results of the ethnographic interviews will be shared in relation to clinical experiences and</td>
</tr>
</tbody>
</table>
c Culturally sensitive communication can assist with reducing errors and promoting feelings of empowerment for families in acute care.

Suggestions for improving communication to reduce errors.

Abstract Text:

Purpose:

The purpose of this ethnographic research was to capture the experiences of practicing acute care nurses who work in the San Francisco Bay Area where health care environments are richly diverse. The aim of the study was to discover how practicing nurses communicate and negotiate with culturally diverse patients and families. Specifically, the purpose was to discover how nurses navigate through difficult clinical scenarios where families may experience power distance (the feelings of inequality or the extent in which people accept that inequality exists in society) that lead to misunderstandings, lack of full disclosure and ultimately the refusal, delay or limitation of medical treatment, or the development of medical or medication errors.

Methods:

Ethnographic methodology was used via in-depth interviews of unlimited length. Interviews were audio-taped and transcribed for content analysis and thematic identification.

Results:

Demographics demonstrated the mean age of participants was 53 years, and mean years in nursing practice was 25.8 years. Participants were culturally diverse with Asian, Hispanic, African American and Caucasian decent. Emic extractions, induction processes and empirical formulations (Leininger, 1985) were used to help make connections and identify perceptions, knowledge and language in terms of how people perceived and interpreted their experiences. Based on 33 interviews, the researchers found that power distance contributes to the development of errors. Analysis of the participants' narratives and responses included three major themes: 1) power distance creates barriers to effective communication; 2) understanding the impact of strained communication contributes to errors; and 3) nursing education woefully prepares nurses to assist ethnically and culturally diverse families during difficulty clinical scenarios when trust and feelings of inequality interfere with effective and safe care.

Conclusion:

Nurses who work with culturally diverse interdisciplinary teams and culturally diverse patients and families must understand that power distance creates barriers to safe care. Cultural perspectives and care practices may not be disclosed to health care providers if patients or their families feel threatened, misunderstood or disrespected. Medical and medication errors can occur if power distance is not identified and families feel supported and listened to. The study has several implications related to practice and eduction. After analysis, the research team came to consensus that teaching the impact of the role of power distance new nurses is a directive, teaching how individualism/collectivism influences care and communication, and identifying early for the avoidance of potential errors related to strained cultural communication is important in all settings.