A Model for Enhancing Intercultural Communication in Nursing Education

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Based on real-world experience, this article constructs a model to improve intercultural communication in nursing education. First, a framework of cultural variability is described to provide a conceptual lens through which to examine the experience that led to this article. Second, accounts of an event during a clinical nursing course that caused misunderstanding are presented. Third, through contextual analysis, the discrepancies of the perceived reality between two involved faculty are bridged with commentaries from other faculty colleagues. These commentaries provide footnotes and insight into cultural nuances surrounding the event and are supplemented by a rebuttal by the two involved faculty. Consequently, a better understanding of the other party's perspective is gained, and a model for enhancing intercultural communication emerged. Finally, implications of applying the proposed model in nursing education are elaborated.

Effective communication is critical in nursing practice and nursing education. However, because of differences in cultural and personal experience, situation-based contextual factors, and the inherent ambiguity of language, perceptions by people of the same events may present broad discrepancies, which may, in turn, lead to misunderstanding and impaired collegiality if not addressed in a timely and effective manner. Effective intercultural communication has taken on an added urgency in nursing with increasing diversity of the patient population, the student body, and the faculty.

Based on his extensive study on world cultures, Edward Hall (1959), guru of intercultural communication, proposed the revolutionary notion that "culture is communication and communication is culture" (p. 217). To Hall, apart from language (the most obvious medium for communication), the utilization of time, space, touch, tone of speech, and eye contact all constitute communication in its broadest sense. Essentially, Hall (1966) suggested that culture determines what data one takes in and processes and what one leaves out. In Hall's (1966) words, "Selective screening of sensory data admits some things while filtering out others, so that *experience as it is perceived* through one set of culturally patterned sensory screens is quite different from experience perceived through another" (p. 2). Furthermore, Hall (1976) maintained that context, which is affected by status, setting, experience, and taken-for-granted assumptions and norms, all inform and frame individual perception.

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Grounded in real experience, this article constructs a model to improve intercultural communication through the inductive method. First, the article describes cultural variabilities to provide a conceptual lens through which to examine the experience. Second, the article reconstructs an event that rendered different, and even conflicting, perceptions by two nurse educators teaching a clinical nursing course (Foundations of Professional Nursing Clinical) in a collegiate, generic nursing program in the Deep South. Perceptions and interpretations of the events are examined through the framework. Commentaries from other faculty colleagues who are familiar with the nature and context of the experience augment the insight into the perceptual discrepancies. Finally, a model to improve intercultural communication is induced from the intercultural encounter, and its implications for nursing education are elaborated.

CULTURAL VARIABILITY: A CONCEPTUAL FRAMEWORK

Variabilities across cultures have been noted and studied by scholars from many fields such as anthropology and cross-cultural psychology. Among various identified dimensions of cultural variabilities, collectivism-individualism and high- and low-context communication are a robust explanatory framework and most useful in informing the subject matter of this article.

Collectivism Versus Individualism

Triandis (1995) conceptualized cultures around the globe into two broad categories: individualistic and collectivistic. According to Triandis, individualism is defined as

> a social pattern that consists of loosely linked individuals who view themselves as independent of collectives; are primarily motivated by their own preferences, needs, rights, and the contracts they have established with others; give priority to their personal goals over the goals of others; and emphasize rational analyses of the advantages and disadvantages to associating with others. (1995, p. 2)

It is well accepted that in individualistic cultures, the emphasis is on individuals' needs, initiatives, and achievements (Triandis, l995). Individuals are free to pursue personal wants, needs, and desires and the *I* identity supersedes the *we* identity.

In contrast, collectivism is

> a social pattern consisting of closely linked individuals who see themselves as parts of one or more collectives (family, co-workers, tribe, nation); are primarily motivated by the norms of, and duties imposed by, those collectives; are willing to give priority to the goals of these collectives over their own personal goals; and emphasize their connectedness to members of these collectives. (Triandis, l995, p. 2)

In a collectivistic culture, the needs of a group (i.e., family, work unit, and community) take precedence over individual needs. In other words, *we* comes before *I*. For instance, the concept of *self* in many Asian cultures is a relation-based concept defined through personal and social relationships. The self is rarely considered independent or separate from a group. In a classic study in which 40 countries were represented, Hofstede (1980) revealed that most Northern European countries, Australia, and United States are individualistic cultures, whereas African, Arab, Asian, Latin, and Southern European cultures are collectivistic in nature.

Low-Context Versus High-Context Cultures

In his classic work, Hall (1976) categorized world cultures along a low-high continuum in terms of context dependency. A culture is described as a low-context culture if communication is explicit and direct (Gudykunst & Mody, 2002). On the other hand, a high-context culture is one in which communication is indirect, implicit, internalized, or more dependent on physical and psychosocial contexts. In low-context communication, very little information is in the coded, explicit, transmitted part of the message. According to Hall (1976), individualistic cultures tend to be low contexted whereas collectivistic cultures are high contexted. Theoretically, no country exists at either end of the continuum of low-high context. The United States positions toward low-context communication, whereas most Asian cultures, including Chinese, Japanese, and Korean, stand toward the other end of the continuum.

Gudykunst, Ting-Toomey, and Chua (1988) pointedly elaborated the differences in the two communication styles and the underlying values:

> The value orientation of individualism propels North Americans to speak their minds freely through direct verbal expressions. Individualistic values foster the norms of honesty and openness. Honesty and openness

> are achieved through the use of precise, straightforward language behaviors. The value orientation of collectivism, in contrast, constrains members of cultures such as China, Japan, and Korean from speaking boldly through explicit verbal communication style. Collectivistic cultures like China, Japan, and Korea emphasize the importance of group harmony and group conformity. Group harmony and conformity are accomplished through the use of imprecise, ambiguous verbal communication behaviors. (p. 102)

Communication patterns directly determine conflict-management styles. *Face* is a universal concept that is rooted in "honor" and is defined as "a projected image of one's self in a relational situation" (Ting-Toomey, 1988, p. 215). Face is of paramount importance in Asian cultures and is a pivotal psychosocial concept that underpins the Asian conflict-management style. To Asians, saving, maintaining, and preserving face is as important, if not more so, as the involved substantive issues in conflict management. Gudykunst et al. (1988) maintained,

> The use of direct verbal style in individualistic, low-context cultures is, overall, for the purpose of asserting self-face need and self-face concern while the use of indirect verbal style in collectivistic, high-context cultures is, overall, for the purpose of preserving mutual-face need and upholding interdependent group harmony. (p. 104)

The typical Asian conflict-management style can be characterized as avoiding, evasive, and nonconfrontational (Gudykunst et al., 1988). Such a conflict-management style is, to a large extent, the outcome of years of cultural programming that has become second nature. Gudykunst et al. (1988) accurately summarized cultural differences in resolving conflict in low- and high-context cultures:

> For members of low-context cultures, directly dealing with "face" in a conflict situation signifies an honest, up-front way of handling a problematic situation. For members of high-context cultures, the indirect, subtle dealing with "face" in a conflict situation reflects good taste and tactfulness. (1988, p. 159)

CASE STUDY

This case study in the format of a vignette intends to reconstruct scenarios that happened in the course, Foundations of Professional Nursing Clinical, and how two nurse educators perceived, felt, and interpreted the events. Essentially, this vignette demonstrates discrepancies in perception by the two faculty and their largely culture-based approaches to the presenting situations. The purpose of the vignette is to demonstrate how culture influences and essentially determines what and how one perceives and responds. In addition, commentaries from faculty colleagues offer a third-party perspective that facilitates the two involved faculty to gain insight into each other's perspective that was not seen before.

Before accounts of the scenarios, a brief introduction of the two involved faculty and the course management structure is in order. Faculty P is a male nurse educator who was raised in an East Asian country and educated both in the East Asian country and the United States. He has lived in the United States for 12 years and has taught full-time in the nursing program for 4 years.

Faculty D is a newly hired, part-time, White female faculty who was brought up and educated in the Deep South. This was the first time for her to teach nursing in an academic setting. Because of the state board of nursing's policy on having a faculty-to-student ratio of 1:8, there were three other faculty teaching parallel clinical groups of this clinical course. The course faculty reports to the course coordinator who, in turn, is responsible to the department chair.

Vignette

On the first clinical day, two students were late for clinical. Student A was in Faculty D's clinical group and Student B in Faculty P's. Student A had a broken-down car and called Student B for a ride, and both ended up being late. Later during the day, Faculty D asked Faculty P if she could excuse Student A's tardiness because this was the 1st day of the clinical rotation. Upon hearing the question, Faculty P paused, then nodded and said, "Okay." At the end of the clinical day, Faculty D informed Student A her perceived mutually agreed-upon decision to excuse the tardiness.

Contextual Analyses

The miscommunication was that Faculty D perceived Faculty P's nodding and saying, "Okay," as consent, whereas the verbal response ("Okay") merely meant, "I heard you." Faculty P did not agree with Faculty D's decision; however, he did not openly oppose Faculty D's suggestion.

Faculty P. Upon hearing Faculty D's question, I thought that it was up to the course coordinator to make the exception, because the course policy did not specify that exceptions could be made for the first clinical day. I did not indicate to Faculty D my disagreement in an explicit manner, because I wanted to maintain interpersonal harmony (i.e., preserving face) by avoiding direct, open disagreement, especially considering that this was the very first time for Faculty D to teach in the nursing program.

Faculty D. On the first day of orientation, I had been informed that Faculty P was the most experienced among this group of instructors and that he would help guide me through my first semester. I inquired of Student A as to the reason for her tardiness. Student A's response was that her car had stalled and she called Student B out of Faculty P's group for a ride. I asked Faculty P if the students could be excused for their tardiness. Faculty P nodded, smiled, and said, "Okay."

Commentaries From Faculty Colleagues

Faculty A. Very obvious and consistent in this interaction is the high-context and low-context communication patterns. Faculty D was very explicit in her question of whether it was acceptable to excuse the student's tardiness. Faculty D used low-context communication whereas Faculty P used indirect, high-context communication in his response, which was not directed to Faculty D but internalized. The clash in communication is a result of cultural variations in communication. Faculty P sent a clear message to Faculty D that it was okay to excuse the student's tardiness when he nodded and said, "Okay," rather than being more explicit and making a yes or no statement about the acceptability of Faculty D's question.

The potential reason for the variance in cultural communication behavioral norms is that Faculty P is an immigrant from an East Asian country. He may be experiencing two cultural norms and using both in communication. In any given interaction, one communication pattern may supersede the other. Faculty D was born and raised in the United States and was not familiar with the Asian communication pattern. It should also be considered that another influential factor for both faculty members is that communication patterns that are learned in the family environment may also affect interactions. In the United States, it is important that one says very clearly what one means to avoid misinterpretation and that one is not afraid to ask for clarity and restate responses as a means of clarification. The vignette also demonstrated the need to assimilate some of the communication patterns of the dominant culture to avoid misinterpretation.

Faculty B. Initially, I felt the problems could be resolved easily, thinking that any matter can be clarified with simple, additional conversation. I did not take into consideration that cultural differences could affect message decoding, not only the use of words but also in the area of body language. Americans should not assume that because an individual of another culture has lived in a new environment for any given amount of time that that individual will become *assimilated* and adept at all the nuances, colloquiums, and idioms of our language. To assume this could actually be a subtle form of cultural imposition.

I learned from the discussion among the multicultural faculty (Asian, American, Southern, Northern, etc.) that cultural relativism can be missed if we do not seek clarification of all forms of communication—verbal and nonverbal. It is a wonderful learning tool to gain cultural perspective from conferences with peers of different ethnic orientations. Vive la difference!

Faculty C. In essence, I feel Faculty P's interactions were motivated from a cultural impetus. I believe that, from Faculty P's perspective, he was giving respect (face) to Faculty D by avoiding questioning her in person about the issue of student tardiness. However, I feel that Faculty P should adapt to the American style of communication: "When in Rome, do as the Romans do," so to speak.

Rebuttal

Faculty P. In retrospect, my major mistake was the mismatch of the communication style with the intended audience. Culturally, that *okay* does not mean okay (i.e., consent or agreement) is difficult for my American colleague to understand, if not entirely incomprehensible. As a result of cultural inertia, I was *unconsciously* employing the indirect, Asian communication style with an American colleague who was unaware of or unfamiliar with the cultural nuances of the Asian communication style. A reader may wonder why I have not been fully acculturated or assimilated after living in this country for 12 years. My answer is that this is a continuous, ever-unfolding process. Sociological stud-

ies have demonstrated that an adult immigrant may never achieve complete acculturation despite continuous, conscious efforts. However, an adequate level of acculturation and assimilation can be acquired through socialization and learning. The vignette serves as another unequivocal reminder of how profoundly and powerfully culture may influence human behaviors. Therefore, to enhance intercultural communication, repeated *conscious* efforts need to be made to be aware of one's audience and examine taken-for-granted assumptions and norms to overcome the cultural inertia that has almost become second nature.

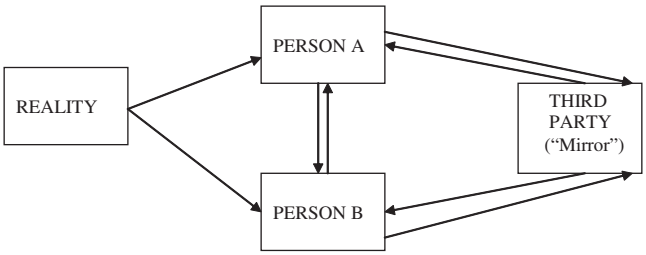
Faculty D. In retrospect, because of cultural communication differences, I was not made to understand Faculty P's disagreement with the decision. In fact, I thought it was a decision made together. I learned of the communication error through another faculty member. We should make concerted efforts to reduce and eliminate such miscommunication in nursing education because of its negative repercussions that will result between faculty and students and faculty and faculty. However, I did learn about the indirect, Asian communication style from this experience.

MODEL FOR ENHANCING INTERCULTURAL COMMUNICATION

A model to improve intercultural communication is induced from the above scenario and the mechanisms to correct the perception of the two involved faculty regarding the event (see Figure 1). Essentially, the model consists of two processes. First, both conflicting parties provide their versions of perception of a given situation to a third party, who can be colleagues or other confidants. (A note of caution during the perception-validation process is that confidentiality should be maintained if the involved party and incidents are of a confidential nature.) The third party should be familiar with the contexts in which the conflicting perceptions took place and have a working knowledge of the cultures of the involved parties.

Second, the third party should be willing to listen, with all senses, to different versions of the perception and facilitate bridging the gaps in perception. The third party must remain neutral, unbiased, and detached emotionally. In essence, the third party serves as a mirror to reflect and interpret the different or even conflicting perceptions through an independent lens. Ideally, the third party should be made up of two or more persons to minimize subjectivity. Once the third party arrives at its independent interpretation of the conflicting perceptions, feedback is given to the involved parties in a sensitive and tactful manner.

FIGURE 1
Model for Enhancing Intercultural Communication



These two processes are continuous and form a complete loop with a built-in feedback mechanism. After each cycle, the parties with conflicting perceptions will gain a better understanding of the other party's version of the perceived reality, see what has not been seen before, and work toward a consensus.

Potentially, this model has wide, practical implications to improve intercultural communication in nursing education and beyond. The major merit of the model is its simplicity and easiness to apply. Essentially, each of us has been utilizing this model all along, frequently unconsciously, since our childhood when our parents attempted to interpret how Johnny might feel differently from what we felt regarding the cause of, for example, a fight on a playground.

However, the application of this model is predicated upon a number of assumptions and conditions. First and foremost, the conflicting parties must have the genuine desire and intention to improve mutual understanding with a motivation to reach out for assistance. Second, there must be a third party both involved parties trust. The third party must be familiar with the contexts in which the concerned event that led to the conflicting perceptions took place, including a working knowledge of the involved parties culturally. Most important, the third party must be willing to listen, able to put himself or herself into the shoes of either conflicting party (i.e., empathize), and come out with an unbiased interpretation of the conflicting perceptions. Finally, there must be a mutual respect for cultural differences.

IMPLICATIONS FOR NURSING EDUCATION

Conflict is an inevitable aspect of human interrelatedness in all settings. Conflict-management behaviors are acquired through the primary socialization process in one's culture. Individuals learn the norms and scripts for appropriate and effective conflict-management behaviors during their formative years, which continue throughout adult life. Nurse educators from diverse cultural backgrounds bring to the workplace different conflict-management styles that directly affect the outcomes of a conflict. Many of the difficulties in intercultural conflict management derive from the different and even conflicting cultural values, assumptions, expectations, and norms (Xu & Chang, 2004). It is essential to be aware of different conflict behaviors to build an effective team to achieve organizational objectives.

Behaviors, human and animal alike, are a function of perceptions, which are, in turn, based primarily on context and previous experience. Because of the subjective nature of individual experiences, which are influenced by culture, education, and a host of other confounding factors, the variability of perceptions is a rule rather than an exception from the constructivist paradigm (Berger & Luchmann, 1967). However, a certain level of consistency of perceptions is required for people to work together to achieve group and organizational effectiveness. To minimize the ever-existing discrepancies in perception between two parties, it is not only necessary but also critical for each party to see through the lens of the other to gain a mutual understanding. Most important, this process will also lead to insight into oneself of which one may not previously be aware.

To a certain extent, the authors of this article feel fortunate that the conflict happened, because (a) the incident and its associated deliberation presented a rare opportunity to learn about our colleagues as well as ourselves and, as a result, the involved faculty improved mutual understanding and (b) the incident was instrumental to the conceptualization of the intercultural communication enhancement model. Essentially, the incident led to a win-win situation, although there was understandable frustration during the initial process.

The faces of Americans are changing as a result of the changing U.S. demographics. This is no exception for patients as well as students, faculty, and clinicians in nursing. It is predicted that the need to improve intercultural communication will increase markedly in the years ahead. One example of recent evidence was the adoption of the National Standards for Providing Culturally and Linguistically Appropriate Health Care in 2000 (Xu, 2001). Readers may find that the induced model of improving intercultural communication has a wider application that goes beyond nursing education. The authors will be content if this model has contributed, even in a small way, to our knowledge base and the know-how to improve intercultural communication in nursing education.

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