

Business Brief: The Risks of Cultural Sensitivity

How empathy skills can help you cost justify your Cultural Competency Program by lowering risk to your medical practice



Empathy skills for healers

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Business Brief: The Risks of Cultural Sensitivity **How empathy skills can help you cost justify your Cultural Competency Program by lowering risk to your medical practice**

Throughout healthcare organizations every day, a conversation takes place that leaves patients frustrated and puts your practice at risk for legal charges. Ostensibly, it looks like a staff member comforting a grieving patient (in the case below, one that comes from a minority culture). It's what goes unsaid that creates so much jeopardy.

First, we'll look at a typical encounter. We'll spell out the problems they cause for patients and the hospital. Then, we'll present an example of how your staff can create a better experience for your patients. Finally, we'll talk about how you can help make these conversations more successful.

How cultural awareness becomes a legal liability

Cultural awareness and sensitivity are an important part of healthcare, they're indispensable. They provide clinicians with a critical starting place for interacting with people from cultures other than their own.

Staffs need to know that members of some cultures are at greater risk for certain diseases, or are unlikely to take them seriously unless they're wearing a white coat, or will be reluctant to disclose some information such as symptoms of sexual diseases they may be experiencing.

We run into a problem when we begin to believe that awareness of other cultures is enough.

We like to think that knowledge is power. It's not. There's an intervening step. Effective practices turn cultural knowledge into better outcomes. We hear regularly from staff who are culturally aware but don't know how to put that knowledge to effective use. Here's an example.

A 28 year old Eastern European immigrant works as a housecleaner in a small town across the state. Her son Aleksandr is currently on the 7th week of a repeating protocol of three weeks of chemotherapy followed by two weeks rest. His white cell count has fallen almost to zero. He's vomiting with frequent headaches. Yesterday, his doctor recommended that his mother put Aleksandr on a ventilator.

A nurse enters Aleksandr's room, responding to a call button.

Nurse: Hi, I'm Nancy. I'll be Aleksandr's nurse tonight. Is everything all right? I saw the call button.

Mother: (in a heavy accent, and very haltingly) No, no. You make--prayer with me?

Nurse: You want to pray? Oh. Yes. I can get someone from Pastoral Care for you.

Mother: No--no. You--please (she motions repeatedly to a chair). Sit. Please--talk.

Nurse: You know, I'm sorry, I don't- You're Eastern Orthodox, aren't you? I'm sure we have a chaplain

Mother: No,--please. (She motions again). Please. It is--my fault.

Nurse: What? Your fault? No, it's not your fault. Look, I'm sorry, I-- Why don't I get you a translator?

Mother: No! My fault. Aleksandr is-- leukemia. My fault. Nine days. Too long.

Nurse: No, no. It's not your fault. Leukemia is a blood disease. It's nobody's fault.

Mother: Yes, yes, my fault. God is--punish me (she starts to cry). I bad. No good. No money.

Nurse: No, no. You're a good mother. You've done everything you can. Why don't you let me-- Can I get you a drink of water? Why don't I get you a drink of water?

Mother: No, no. You say-- what I do. Doctor say--ventilator. (tears come to her eyes).

Nurse: A ventilator? Oh, you need the doctor. Let me get him for you, all right?

Mother: No. No. You. What you do?

Nurse: Oh, I can't tell you what to do. You're his mother. You know him better than anyone.

They continue on this way a few more minutes until the mother says she is done.

Ineffective interventions like these create legal risks

There's no missing the tragedy of this encounter. The boy's medical problem is terribly sad. And this interaction is simply piercing. No one wins. The mother remains in grief. The medical practice is put at risk.

The situation and the mother's words convey her grief. Let me spell out the source of the dangers for the hospital.

The mother has a variety of complaints that show their face in this encounter but remain clouded. Aleksandr sees a doctor twice a day when a translator is available. In the mother's mind, the doctor is in and out of other rooms much more often. So she believes her language is a barrier to good care in the hospital. And she sees the girl down the hall gradually being cured by new drugs while her son declines. So she believes that Aleksandr isn't getting the "good medicine" because she's poor.

Inability to show empathy opens the hospital to criminal and civil charges

This encounter, and others like it, put the hospital in at least three kinds of jeopardy. First, of course, patients must provide informed consent. And this mother does not feel empowered to be a partner in her son's care. Lack of informed consent opens the hospital to criminal charges of assault and civil charges of negligence. Second, in some states, health care organizations must demonstrate an understanding of the health beliefs, practices, and behavior of the patients they treat. This woman does not feel understood. She feels passed off. Finally, this family may well be a malpractice risk.

There isn't any medical negligence in this case. But that won't stop a claim. Only 20% of your malpractice suits involve medical negligence. In fact, the majority of families that sue haven't experienced a physical injury at the hands of the hospital. They sue because they feel devalued, misunderstood, and uninformed. An apt description of this mother. Even if the hospital wins the case, they'll spend \$25,000 on average to mount a defense.

Empathy skills create a better experience for patients and protect your practice

Most staff will see the mother's pleas as a sign of suffering. For many of them, though, an encounter with deep grief is more frightening than pitched conflict. They want to connect. But they feel too threatened. And their minds tell them that the mother can't handle it (even in cases like this where the mother is fairly begging for it). So the care giver withdraws or uses a wall of words as a shield. The solution is to reconnect, and translate pleas into a language of feelings and needs. Here are some suggestions that we've found very helpful.

- **Recommit to creating a connection with your patient.**
- **Acknowledge your own fears and listen for the immediate needs embedded in your patient's pleas**
- **Help your patient focus on his dream, rather than his nightmare**

Here's an example of how this came together for a nurse we trained.

Nurse: Why don't I get you a translator?

Mother: No! My fault. Aleksandr is-- leukemia. My fault. Nine days. Too long.

Nurse: No, no. It's not your fault. Leukemia is a blood disease. It's nobody's fault.

Mother: Yes, yes, my fault. God is--punish me (she starts to cry). I bad. No good. No money.

Coach: (to the nurse) Ok, usually arguing is a good sign that we don't have a high quality connection with this person. Would you agree?

Nurse: Yeah, I just don't know what else to say. This is a common reaction when someone is dying. I want to tell her she's a good Mom but she doesn't want to hear me.

Coach: I'd agree with your intuition. She's doesn't want to be corrected. It may be that we're focusing on her relationship with her son and she needs something more immediate. I'd suggest you focus on her needs for herself right now.

Nurse: (to the mother) You're so sad, aren't you. You sound like you could really use some relief.

Mother: No, no. Doctor say--ventilator. You say-- what I do. (she's tense, she cries haltingly).

Nurse: (to the coach) Oh, I can't tell her what to do. She needs a doctor.

Coach: I'd recommend you stay with her needs before you look for a solution. It might help to ask yourself what she needs that leads her to ask you what to do. How can you hear her statement as "please help me meet *my* needs"?

Nurse: (to the mother) You want someone to understand how hard this is, how frightening it is not to know how to take care of your son.

Mother: Yes. I don't know. How do--I know? (she starts to relax, she cries openly)

Nurse: You want so much to make a good choice, to know you're doing all you can.

Mother: Yes-- Susan--good medicine--better. I can't--no money. (she weeps)

Nurse: You see Susan down the hall get better and you think Aleksandr is still sick because you're poor.

Mother: Yes. You help--get good medicine?

Nurse: (to coach) This is complicated. I can't get her particular medicine. Besides, there's probably a reason he hasn't gotten it already.

Coach: Yeah, and she still may not be ready for a solution. Let's remind her of her dream and see what that opens up. What do you suppose she's hoping for as a mother with a very sick son?

Nurse: (to the mother) You want to know that your son is getting the very best care, as good as anyone. You want to know that you're getting the best for him.

Mother: Yes. (weeping) And I no good English. So doctor--with translator only.

The nurse continues to draw out the mother's concerns.

Aleksandr is still gravely ill. The mother still has painful decisions ahead of her, decisions that demand more information. Once the mother has aired all her concerns, the nurse would begin the work of negotiating strategies to help her meet those needs.

But now the mother feels someone at the hospital is on her side. Her concerns are out on the table. So while the care team is addressing her son's illness, they can also address her fears that her poverty and language are barriers to good care.

Five sources of risk and cost from one poorly handled interaction

Every unhappy patient or parent like the mother in the first scenario opens the door to law suits. Your practice has a backlog of cases like this that may number in the hundreds. Most of them involve no medical negligence or error whatever. And it will cost your organization \$25,000 on average to mount a defense for each case, even if you win.

But the mother's experience isn't your only exposure. When we debriefed the nurse in the first scenario, she said she wanted to cry and didn't know why.

It's likely because she desperately wanted to help the mother and couldn't. She ended up acutely frustrated. This kind of conversation fills staff up (when they have the skills to help patients) or burns them out. These encounters cause the "stress hangovers" that staff report last for days. I haven't seen research on burnout from patient interactions. But stressful conversations with "disruptive" physicians result in staff turnover (2.5 nursing FTEs/year for a large hospital), and patients experiencing pain or prolonged pain, receiving medications or antibiotics late, being mistreated or misdiagnosed, or dying.

This one interaction, then, is the source of five kinds of risk

1. criminal assault or civil negligence charges arising from lack of informed consent
2. failure to demonstrate an understanding of the health beliefs, practices, and behavior of the patients you treat
3. medical malpractice risk from patient dissatisfaction
4. nursing burnout and turnover
5. actual medical error brought on by disruptive interactions

Hundreds of risks to your medical practice every day

Interplay has trained over 100 frontline medical staff and 150 managers with this scenario. Their reaction to the scene is a caution. We've heard three telling responses from these groups:

- encounters like this happen all the time, take away the language problem and they're even more common
- the nurse in the first scenario used virtually every tool for cultural sensitivity we have to no avail; and
- of course the mother needs empathy.

This response just points up the danger and difficulty of these interactions. Care givers recognize immediately that the mother is suffering. The staff feels compassion for her but doesn't know how to express it in a way she welcomes. They exhaust their cultural sensitivity tools. And the mother is no more satisfied. She feels unheard. The staff feels terribly frustrated. The hospital is at risk for suits. And it's happening all through the organization, every day.

The good news: you can give your staff the skills to create good interactions

More often than not, the difference between patients who are grateful or vengeful, between patients who feel their culture is honored or disrespected, between nurses who are fulfilled or burnt out, is not a function of medical outcomes, or patient safety, or compassion. Often it's not a function of cultural awareness alone. It's the way your staff interacts with patients and families. The good news is that your staff is already compassionate. And they can learn to express that compassion in a way patients can see.

Call Interplay at 877-845-2608 to explore ways you can reduce risk, and cost justify your Cultural Competency Program, by helping your staff make their compassion visible to patients.

About Interplay

Interplay specializes in helping medical practices that provide outstanding medical outcomes but struggle to create excellent experiences for patients face-to-face. They become frustrated because their malpractice costs are climbing and they're unable to increase patient loyalty (and, hence, revenue).

The key insight for these organizations is that both revenue and malpractice claiming are functions of patient satisfaction not medical outcomes or medical errors. The key to creating patient loyalty and decreasing law suits is giving patients an experience of unexpected compassion.

Interplay teaches a step-by-step for demonstrating empathy in a way patients can see. We create live scenarios. So your staff learns very quickly. You can even work on interactions that are currently a concern on your floor.

You are 100% satisfied with our work or there is no fee.