Title: Developing nurses' intercultural communication skills using the EXCELLence in Cultural Experiential Learning and Leadership (EXCELL) Social Interaction Maps

Short Title: Developing nurses' intercultural communication skills using Social Interaction Maps

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Abstract

Aims and objectives. To examine how the use of Social Interaction Maps (SIMs), a tool in the EXCELL (EXCELLence in Cultural Experiential Learning and Leadership) Program can enhance the development of nurses' intercultural communication skills.

Background: Nurses face communication challenges when interacting with others from a culturally and linguistically diverse (CALD) background. We used the EXCELL Program's Social Interaction Maps (SIMs) tool to foster intercultural skills in nurses. SIMs describe verbal and non-verbal communication behaviours that model ways of communicating in a culturally appropriate manner. The Maps include four stages of an interaction, namely: Approach, Bridging, Communicating and Departing using the acronym ABCD.

Design. Qualitative approach was used with a purposeful sample of nurses enrolled in a postgraduate course.

Methods. Fifteen participants were recruited. The SIM tool was taught to participants in a workshop where they engaged in sociocultural communication activities using scenarios. Participants were asked to apply SIMs in their workplaces. Six weeks later participants completed a semi-structured open-ended questionnaire and participated in a discussion forum on their experience of using SIMs. Data were content analysed.

Results. Four themes identified in the use of the SIMS were: (i) enhancing self-awareness of communication skills; (ii) promoting skills in being non-confrontational during difficult interactions; (iii) highlighting the importance of A (Approach) and B (Bridging) in interaction with others; (iv) awareness of how others interpret what is said C (Communicating), and discussing to resolve issues before closure D (Departing).

Conclusions. Application of the EXCELL Social Interaction Mapping tool was shown to be useful in developing intercultural communication skills in nurses.

Relevance to clinical practice: Professional development programs that incorporate EXCELL Social Interaction Maps can enhance nurses' intercultural communication competencies when engaging with others from CALD backgrounds.

Key words. Intercultural communication skills, practising nurses, EXCELL Program, Social Interaction Maps.

Summary box:

What does this paper contribute to the wider global clinical community?

- It presents a pedagogical innovation designed to enhance practising nurses' intercultural communication skills in a work-integrated-learning focused postgraduate nursing course.
- It extends the application to the nursing discipline of a communication tool from the EXCELL Program that has been used and evaluated in Pharmacy, Psychology, and Business education.

- Specifically, Social Interaction Maps (SIMs) are simple, yet not simplistic schemas that outline: the stages of any interaction (ABCD); the verbal and non-verbal behaviour that might be effective at each stage, and the values that underpin the behaviour. The schema helps to raise awareness when communicating in social situations and particularly in intercultural encounters which are frequently encountered by practising nurses.

Introduction

In Australia there is a significant increase in overseas qualified nurses resulting in cultural and ethnic diversity in the workforce (Xiao *et al.* 2014). Nursing workforce survey indicates 33% of nurses are overseas trained or come from non-English speaking countries (Australian Bureau of Statistics (ABS) 2013). This situation presents challenges in the nursing workforce as nurses, although they share similar nursing knowledge, can experience difficulties in communicating and working with others from a different cultural background (Xu 2007; Xiao *et al.* 2014). It is important for both Australian and overseas trained nurses to not only adapt their professional practice, but to also engage in reciprocal integration through applying appropriate intercultural communication skills (Berry 2003). Intercultural communication is defined as interactions between people from different cultural backgrounds where there is the risk of misconceptions or misunderstandings due to differences in values, health beliefs, expectations and language difficulties (Philip *et al.* 2015). An integrated nursing workforce is important to provide safe quality health care (Xiao *et al.* 2014). Nurses also teach students, some of whom may be from CALD backgrounds, and prepare graduates for the culturally diverse workplace (Shaya & Gbarayor 2006). Studies indicate, however, that nurses working in a culturally diverse environment are not adequately prepared in using effective intercultural communication skills, nor are they adequately supported, leading to misunderstandings and conflict among the nurses (Smith *et al.* 2008, Deegan & Simkin 2010, Okougha & Tilki 2010, Takeno 2010). This study explores how a particular communication model from the EXCELL Intercultural Skills Program, namely Social Interaction Maps (SIMs) may help raise self-awareness in nurses and reduce problems from a specific cultural perspective. For example, in some cultures like the Western culture, eye contact when speaking with another person is important as a sign of respect whilst in some Eastern cultures engaging in eye contact during conversation is considered to be disrespectful (Hofstede

2005). Specifically, the study focuses on communication skills for nurses using EXCELL which is a relatively simplistic, generic model that has been shown to be useful in raising self-awareness in cultural perspectives in other health professionals. EXCELL is useful in enhancing passive communication skills whereby information is exchanged between people through a style of behaviour. This fits well with Bramhall's (2014) definition of communication as 'a process during which information is shared through verbal and non-verbal messages' (p. 53). On the other hand, interaction, whilst being part of communication, is much more complex and is an active exchange of dialogue where the individual demonstrates competence in effectively interacting with the other (Wade 2009). It is not the intent of our study to explore the broader perspective of communication such as interaction. The study explores how the EXCELL Intercultural Skills Program, namely Social Interaction Maps was used in a work-integrated-learning focused postgraduate nursing course.

Background

Effective communication is essential in nursing for providing quality care (Grover, 2005; Lawrence, Perrin & Kiernan 2015). Nurses communicate verbally and in writing when assessing, providing, and evaluating care (Xu & Davidhizar 2005). Use of established communication models in nursing education is not a novel idea. Various communication models such as SBAR (Situation, Background, Assessment, Recommendation) (Leonard, Graham & Bonacum, 2004), or the SAGE (Setting, Ask about concern, Gather all concerns, Empathise) & THYME (ask patient who they like to Talk to, whether this Helps, what You the patient thinks would help, what the patient like Me the nurse to do, End summarise the discussion) model (Connolly et al., 2010) have been previously advocated as a means to improve health professionals' communications.

SBAR, for example, is a communication model to assist nurses in communication with doctors, specifically addressing the patients' immediate situation and background, prior to

communicating the nurse's assessment and recommendations (SBAR; Leonard, Graham, & Bonacum, 2004). This model is designed to minimize information lost during nurse-physician interactions, particularly in high pressure situations where patient deterioration may be imminent (De Meester, Verspuy, Monsieurs, & Van Bogaert, 2013). Similarly the SAGE & THYME is a prescriptive communication model employed by frontline health practitioners to address immediate psychological distress (Connolly et al., 2010). This model aims to query and relieve emotional distress through asking open questions, responding empathically, and offering assistance or support to patients.

It is important to note that the EXCELL model and the other communicative models discussed above, are not mutually exclusive. Indeed, both SBAR and SAGE & THYME have merit . and tend to represent situational specific behavioural scripts and complex interaction. EXCELL, however, is a simplistic generic skills training protocol used to enhance communication skills and mitigate issues with cultural perspectives through raising self-awareness (Barker & Mak, 2013; Fejzic Barker Hills & Priddle 2016).

Engagement in effective communication with other nurses, patients, and health professionals from a different cultural background requires nurses to have intercultural understanding and open-mindedness (Ting-Toomey 2010, Graham & Lawrence 2015), above and beyond their generic communication skills. The need to be aware of the impact of different cultural values and norms when communicating with others from different cultural backgrounds magnifies the complexity of the communication process. Milne (2007) reports differences in values, ways of relating, use of language, nuances in meanings, viewpoints, and what is important

can lead to social and emotional challenges. In the workplace, nurses often encounter others from a different cultural background (Xiao *et al.* 2014). Even though nurses may not fully understand the others' culture, they are required to engage with them respectfully, listen attentively, reflect on their own values, and act in culturally appropriate ways (Xiao *et al.* 2014).

Understanding and exploring differences in values underpins communication across cultural boundaries. This is due to cultures differing in values, norms, and rules that govern appropriate verbal and non-verbal behaviour in social and workplace situations (Leung & Morris, 2014). Cultural theorists such as Hofstede's (2005) outline cultural dimensions that provides insight into the perspectives of other cultures, as well as facilitating reflection on one's own culture (Hofstede 2005). Hofstede's (2005) dimension of collectivism versus individualism, for example, demonstrates how in some cultures (such as many Asian cultures), group achievements are prioritised, whilst in other cultures (namely Western cultures), individual achievements and independence are valued. The dimension of high power distance versus low power distance shows how different cultures deal with power inequalities in society. For example, where there is high power distance, there is a clear social status-based hierarchy and symbols of power and status. In low power-distance societies, equality is valued and people minimise symbols of power and status such as in Western cultures (Hofstede 2005). Anthropologist Hall (1990) highlights non-verbal communication, and different perceptions of space and time as tools for the transmission of messages between people from high context versus low context cultures. For example, in cultures where collectivism is important, high context or more indirect communication is common whilst in cultures where individualism is valued, communication patterns are more direct with little reliance on the context of the communication (Xu & Davidhizar, 2005). Chordas (2009)

suggests that in order to understand communication in different cultures, we must look beyond words alone, to understand the meaning and context of the interaction. Growing up in a particular cultural context, people are socialised to understand innately the cultural code that underpins competent, appropriate communication in that specific culture.

Culture also impacts on non-verbal behaviours such as eye contact, facial expressions, silence, and gestures that manifest during interactions. As different meanings are attributed to non-verbal behaviour by different cultures, assumptions of all non-verbal behaviours to represent universal meanings can be problematic, especially in the nursing workplace (Xu & Davidhizar, 2005, Henderson *et al.* 2016). For example, a nurse may be considered surly or unfriendly simply because she/he does not smile as much as colleagues who have been socialised in the host culture, whereas, in the nurse's home culture it may be seen as unprofessional to smile freely. Nurses are bound to experience various communication challenges as a result of cultural and linguistic differences amongst nurses, as well as in professional interactions with colleagues, patients and clients in contemporary multicultural workplaces. As indicated in the literature, the skills gap between what is required in clinical settings and the intercultural communication competencies of many nurses is an area that requires critical attention (Graham & Lawrence, (2015). In particular, there is a need for evidence-based, adult learning models that enhance nurses' intercultural communication skills (Merriam & Bierema, 2014).

The EXCELL Program

The EXCELL (EXCELLence in Cultural Experiential Learning and Leadership) Program (Mak *et al* 1999) is a schematic, skills-based professional development resource centred around developing generic social competencies for accessing and negotiating in challenging

interpersonal, as well as intercultural encounters (Westwood et al. 2000). The generic social competencies are: ‘seeking help’, ‘making social contact’, ‘participation in a group’, ‘refusing a request’, ‘expressing disagreement’, and ‘giving feedback’. These competencies are fundamental to effective interpersonal interactions at work, in the classroom, and in day-to-day social life. EXCELL uses an integrated social cognitive learning theoretical model (Bandura 1986) grounded in adult learning principles (Mak *et al* 1999). The learning tools in EXCELL (e.g., Social Interaction Maps or SIMs) provide a simple, yet not simplistic schema to use in any communication encounter. SIMs and their ABCD framework are explained in more depth below.

EXCELL has been used and evaluated across disciplines in the higher education sector in England, Canada, Australia, The Netherlands, and New Zealand over two decades, particularly in communication capacity building in pharmacy, psychology, accounting and management (Barker & Mak 2013). It has also been used extensively with international students and in immigrant job-search programs (Wong 2001). In Australia, a quasi-experimental design, was used to investigate whether completing an additional two-hour EXCELL module in a general communication university course comprising local and international students would be beneficial for 26 trainees, compared to a group of 116 undergraduates who studied only a knowledge-based general communication course (Mak & Buckingham 2007). The study found that embedding elements of EXCELL in the curriculum (in particular, SIMs) was effective in enhancing the intervention groups’ social interaction skills, increased time spent with friends from other ethnic backgrounds, and improved their cross-ethnic social self-efficacy over time.

Social Interaction Maps (SIMs) using the ABCD framework

In intercultural communication, it can be unclear to a newcomer to a culture why certain behaviours (e.g. maintaining eye contact) are performed. For example, it may demonstrate respect in one culture, while in another it may be offensive. Each SIM outlines four stages of an encounter, namely: *Approach* (which requires participants to initiate contact), *Bridging* (where participants begin to establish rapport), *Communicating* (delivery of essential information), *Departure* (completing the interaction). Furthermore each of these stages is linked to interpersonal behaviours such as maintaining appropriate eye contact and body language during the Approach phase; use of language during Bridging phase; identifying critical information/turn taking during Communication phase; and finally, concluding conversation or arranging further contact in the Departure phase. In an EXCELL session, a SIM is usually developed with group participants for one of the six generic competencies (e.g. refusing a request). An example in the nursing scenario could be refusing a request from a colleague to swap a shift with them. The aim of our study was therefore, to examine the use of the EXCELL (EXCELLence in Cultural Experiential Learning and Leadership), ABCD Social Interaction Maps (SIM) to raise self-awareness in intercultural communication skills in nurses.

Methods

A broad qualitative thematic content analysis approach was used for the study to explore participants' experiences with using EXCELL SIMs. Thematic content analysis approach was considered to be appropriate as we wanted to gain some in-depth insight on the use of SIMs by participants (Streubert- Speziale & Carpenter 2003). A focus group discussion forum was used to glean participants' views on the use of the EXCELL SIMs from their constructed reality (Richard & Morse 2012). In order to help participants prepare for the discussion forum, we used a brief semi-structured, open-ended questionnaire that participants

completed prior to joining the focus group. The questions acted as a trigger for reflection on the issues to be discussed, such as participants' perceived effectiveness of the ABCD approach; which of the six competencies did participants find to be most challenging; in what clinical situation/s did participants find the social interaction maps most useful, if so how and why; and how confident did participants feel about using the social interaction maps. The questions for the discussion forum was an extension of the questions in the questionnaire; however in the forum, we asked participants to expand on their perceptions of the social interaction maps including providing us with actual examples where participants had used the maps. In addition to the qualitative questions, participants completed a questionnaire to gather demographic data which included age, number of years in nursing, their country of birth, and the number of years of residence in Australia. Thematic content analysis principles were applied to the data.

Ethical considerations

Ethics approval was obtained from the university human research ethics committee ID IBA/09/11/HREC. Participants were provided with the information sheet about the study and written consent was obtained from participants. It was explained that participation was voluntary and participants were assured that non-participation would not affect their academic performance in the postgraduate course they were undertaking. Confidentiality was assured, and participants were informed that only de-identified data will be reported to protect their privacy.

Sampling and Setting

The sample was purposive and consisted of fifteen registered nurses who were enrolled in a postgraduate 'Teaching for Learning in Clinical Settings' nursing course at the university.

The total number of students enrolled in the course was 38; however only 15 agreed to participate. Of the 15 who agreed to participate, 12 were from Anglo-Australian background, born in Australia, one was from a Chinese background born in Hong Kong, one was Zimbabwean born in Zimbabwe, and one was born in Sweden from an Anglo-European background. All the Australian born participants had completed their undergraduate nursing degree in Australia. The three participants from Hong Kong, Zimbabwe and Sweden spoke English as a second language and had obtained their undergraduate nursing qualifications in their home country. The course is a core elective in the Master of Nursing Program which includes specialities such as Critical Nursing, Emergency Nursing, and Acute Care Nursing. Nurses who enrol in this course come with various educational and cultural backgrounds with 10 percent being international. The course involves developing democratic practices such as negotiation, dialogue, noticing and valuing difference, active involvement, interactive pedagogy, flexibility and supportive criticism. The course is organised around fortnightly two-hour lectures with two optional whole-day workshops on weekends. The lectures are interactive, and group discussions address topics such as how to give constructive feedback to learners (who can be new graduates, colleagues, peers and senior staff) in clinical practice. The work- integrated-learning focused assessment task requires students to develop a teaching plan and deliver the teaching session at their workplace. The pedagogical innovation that was trialled involved incorporating EXCELL SIMs into the course. An email was sent to all students enrolled in the course at the beginning of the semester inviting participation in the study. The information sheet was attached, explaining the study and the voluntary nature of participation. Those interested in participating were invited to attend the two whole-day optional workshops: one in week six, and one in week twelve. Fifteen participants agreed to participate.

Data Collection

In the first workshop, we taught participants about EXCELL and its components, including how to use case study scenarios to develop Social Interaction Maps (SIMs) for the six EXCELL social competencies including: 'seeking help', 'making social contact', 'participation in a group', 'refusing a request', 'expressing disagreement', and 'giving feedback'. We showed participants how to structure their SIMs using the ABCD acronym. (Table 1 has been deleted and Table 2 has now become Table 1) For example, Table 1 shows the SIM we developed with participants applying the ABCD acronym to the competency of 'giving feedback'. The scenario involves a nurse manager interacting with a senior nurse. The nurse manager had received complaints from junior nursing staff about the overly authoritative communication of the senior nurse (from a culturally diverse background) to the junior nursing staff. The SIM outlines important preparation for the interaction including observing interactions between the senior nurse and junior staff; checking staff development opportunities/workshops on professional communication and selecting a quiet time to talk with the senior nurse.

Table 1. Social Interaction Map (SIM) for the competency ‘giving feedback’.

Scenario: Junior nursing staff has expressed concern to nurse manager about a culturally diverse senior nurse being overly authoritative to staff.

Preparations: Observe interaction between senior nurse and junior staff. Check staff development opportunities/ workshops on professional interactions. Select a quiet time to talk with the culturally diverse senior nurse.

<i>Stage</i>	<i>Verbal behaviour</i>	<i>Non-verbal behaviour</i>	<i>Values</i>
A. Approach		Smile and gesture the nurse to take a seat as she enters the office; close the door; maintain eye contact as appropriate.	Respect; privacy
B. Bridging	Hi x; how are you and please have a seat. In my role as manager I am on the lookout for staff development opportunities for staff; so I am talking with all staff.	Smiling and leaning towards nurse x; open stance with arms relaxed. Ceases to hold eye contact as nurse x is avoiding not looking at the manager and the manager realises eye contact is not within nurse x's cultural norm	Respect; privacy; non – confrontational.
C. Communicating	I note your work is excellent so wanted to ask if there is any area you would like to know more about with regards to staff development. Nurse x (still looking at the floor) states she is having a bit of a problem with communicating with junior staff who she indicates takes her the ‘wrong way’.	Nodding to encourage further dialogue; eye contact as appropriate (only very occasionally).	Understanding; empathy Demonstrates understanding of nurse x' culture by not giving Western expected level of eye contact
	Reassurance; invite solution to problem		

D. Departing	from nurse x asking what she'd like to do about the situation e.g. attending staff development training on inter-professional communication.	Smile and nod approvingly; show nurse x flyer on workshop on inter-personal relationship building. Slides flyer across the table without direct eye contact	Support; facilitates empowerment of nurse x. Nurse x demonstrates respect and agreement by nodding, picks up the flyer and states she would like to attend the workshop; smiles and leaves the room.
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The SIM outlined in Table 1 is based on an example proposed by the participants who indicated they often had to address issues with working with culturally diverse nurses. The SIM suggests some of the values underpinning the behaviours. The SIM is not meant to be prescriptive, but rather serves as an exemplar of communicative behaviour that, in the main, would be seen as appropriate behaviours in nursing.

In the workshop, we asked participants to think of various clinical scenarios where cultural differences impacted their communication and to work through the scenarios using the SIMs' ABCD framework. Using participants' encountered scenarios authenticated the SIM-building activities and was consistent with adult learning principles therefore considered to be relevant. Following the workshop, we asked participants to find a situation or situations in their workplace where they could experiment with using SIMs. In the second workshop, we obtained verbal and written feedback from students about their use of EXCELL Social Interaction Maps. As previously explained participants completed a short questionnaire consisting of semi-structured open ended questions followed by the discussion forum. The sorts of questions for the short questionnaire and forum is described under method. Participants were given 30 minutes to complete the anonymous questionnaire and to place

them in a sealed box to ensure confidentiality. Participants were asked not to put their names on the questionnaire.

Following completion of the questionnaires we invited participants to join a focus group forum to further discuss their experience with using the EXCELL Social Interaction Maps (SIMs). This forum lasted one hour and 30 minutes. Both researchers participated in the forum, with one researcher facilitating the discussion and the other taking notes. The questions focused on their experience of using the SIMs and participants were encouraged to give detailed examples as previously indicated. At the end of the forum, the main findings were shared with the group to ensure accuracy of the data to be analysed.

Data Analysis

The handwritten narrative data from the questionnaires and the notes taken at the focus group forum were typed into Word documents. We used content analysis as described by Graneheim and Lundman (2004) to develop themes. The data were independently read over several times by the two researchers and coded with each code representing a meaningful unit. Following this, similar meaningful units were grouped to form categories. The categories were clustered to form themes (Strauss & Corbin 2008). Once developed, the two researchers compared their codes and categories and discussed the themes until consensus was reached to establish credibility of the analysis (Cameron *et al.* 2015). As our aim was to collect data from 15 participants who volunteered to participate, attaining saturation of data was not practical. This would be a limitation of this study as further research using a larger group of participants is warranted. However, we did achieve a comprehensive account of participants' views through the questionnaire and the discussion forum.

Reflexivity

Etherington (2007) recommends that teachers who conduct research on their students need to engender equal relationship between them and their students to ensure the research process is ethical and that the data that is collected and analysed have been obtained with participants freely sharing their stories without feeling obliged to give the information (Etherington 2007). There needs to be mutual trust between the researched and researcher to enhance trustworthiness of the findings (Enosh and Ben-Ari 2015). During the analysis both researchers were mindful of the inherent power relationship between them and the participants who were students. We reflected and diarised our assumptions about the benefits of SIMS prior to collecting the data. This activity ensured that the data was analysed within the context of all possible codes/categories/themes rather than based on researchers' assumptions. To reassure participants that their grades will not be affected, as a result of their involvement in the research, the assignments were marked by a colleague who was familiar with the course but had not taught this group of participants.

Results

Participants were female with a median age of 35 years. Twelve participants were Australian born with three born overseas in Hong Kong, Sweden and Zimbabwe. The number of years in Australia ranged from two to six years for the overseas born participants. The number of years in nursing ranged from three to thirteen years. In order to understand participants' perceptions of their communication competence, as a form of baseline training needs

analysis, participants rated their effectiveness in each of the six social competencies on a 1 to 7 Likert-type scale (1= not at all competent; 7=extremely competent).

Figure 1 below shows that participants rated themselves as more competent in seeking help, making social contact, participating in a group, and expressing disagreement, than they were in refusing a request or giving feedback. The latter two competencies require higher level negotiation skills and are challenging, even for people using their native language in their own culture when interacting with people from their own culture. This is particularly the case when there is a power differential involved and when the interaction requires giving feedback to and refusing the request of someone in a higher status position. These competencies are even more challenging for non-native speakers interacting in a host culture.

The four themes identified through the analysis of nurses' perceptions of the efficacy of SIMS and the ABCD framework were: (i) enhancing self-awareness of communication skills; (ii) promoting skills in being non-confrontational during difficult interactions; (ii) highlighting the importance of A (Approach) and B (Bridging) in interaction with others; and (iv) awareness of how others interpret what is said (C- Communicating) and discussing to

resolve issues before closure (D - Departing). Each of the themes are described below and examples of quotes from individual participants and the focus group discussion are provided.

Enhancing self-awareness of communication skills

Some participants explained that learning the ABCD schema made them more aware of their own communication style. They explained how they tended to apply the same direct communication pattern they were accustomed to regardless of whether others such as patients and nurses were from different cultural backgrounds. By using the ABCD schema they had become aware that communication styles need to change to suit cultural differences.

I should have been more self-aware of communication skills ... I think I should focus on not personalising content of the conversation with somebody different to me ...I think culturally appropriate communication skills are essential, as well as being aware of how others interpret what you say, do, and behave (# Discussion forum; participant 8, age 38, Australian).

Participants indicated how through using the ABCD schema, they realised how values may not be the same for all cultures and that the communication process that is, verbal and non-verbal behaviours can also be different. A participant explained about an interaction that went wrong in an interaction with a staff member who had asked her to give feedback about a case presentation. This participant explained that she had made a constructive comment about the colleague's power point case presentation and the colleague became angry with her. She said:

I was just telling her [nurse from a culturally diverse background presenting a seminar] that her power point was too busy and that it would have been better to have

less text. She asked and I gave her feedback ... but she became angry. I should maybe been a bit more subtle. Now I know with some cultures you need to be discreet when giving feedback (#participant 6, Australian, age 42, questionnaire).

Makes you be more self-aware of communication skills, need to be very careful in approach (#Discussion forum, participant 3, Swedish, age 26).

Some participants indicated how they became aware and changed their cultural behaviour to accommodate another's culture whilst interacting with them so that the interaction was effective. For example, the participant from Hong Kong described how she had used the social interaction map to give feedback to a male colleague who she felt was ignoring her during surgery. She wrote:

I prepared for the interaction, chose a quiet space to talk, and concentrated on maintaining eye contact with him even though it felt quite uncomfortable for me. I had learnt in the workshop the importance in the Australian culture of maintaining eye contact during interpersonal interactions ... It was hard for me to have eye contact because of my culture, but I did it and the male colleague appreciated this and we were able to resolve the issue and talk (# Participant 12, age 34, Chinese Questionnaire).

Promoting skills in being non-confrontational during difficult interactions

Participants reported that the SIMs helped them to be non-confrontational because in the Bridging stage they were able to communicate to their colleague in an assertive, but not aggressive manner that they wanted to raise their concerns about what was happening. Participants stated that prior to the workshop they did not realise that there were the Approach and Bridging stages to assist them with coming across as non-confrontational.

According to some participants, the stages of the SIM made them more conscious of how they were going to prepare for the interaction and how they were going to speak with others when there were issues. For example:

I normally rush in and say straight out what I think should be said... I had this situation where the other nurse from a different culture to me turned her back and walked off whilst I was talking to her. I was explaining what needed to be done with the patient. I found out from another nurse that the nurse who walked off was upset with me because she felt I was telling her what to do ... I wasn't, I was just trying to explain. I now know what to do so the interaction goes smoothly without misunderstandings (# Discussion forum, participant 15, Australian, age 42).

Another participant indicated how she was asked to give feedback to a colleague who was reported to her for being verbally aggressive to colleagues and patients. This participant stated she used the ABCD schema to get through the feedback giving session as highlighted in this comment:

With a smile, I requested the colleague to come to my office at a quiet time on the ward and in the privacy of my office asked the colleague to describe how she was getting on in the ward. I actively listened to the colleague probing for information in a non- threatening way eliciting from the colleague that she had been aggressive. I then followed with a discussion on what the colleague would do to resolve the issue. We talked and the model worked [ABCD] which I realised upon reflection on what happened ... the model is good for conflict resolution (# Participant 2, age 32, Zibabwian, Questionnaire).

Highlighting the importance of Approach and Bridging in interaction with others

Participants agreed that the ABCD schema of the SIM is a useful tool in preparing them for any interaction with others, especially those from different cultural backgrounds. Participants explained how they found the stages of Approach and Bridging to be crucial because these stages helped to create an interaction that is not affected by power situations such as in clinical practice. Participants also indicated how without going through the stages of Approach and Bridging, they were more likely to experience difficulties with the interaction. As participants pointed out, in going through these two stages, they had to think about how other people may perceive situations.

Getting to know others helps in understanding the way people do things. The approach and bridging make you think about the full process and ensuring you are prepared ... understanding how big a role that 'bridging' is in a lead up to a conversation. The ABCD is a useful tool for everyone to use (#Participant 11, Australian, age 30, Questionnaire).

The value of approach and bridging was appreciated by participants who reported how these two stages 'softened the blow' in conflict situations such as disagreement with other staff. They said:

I think it is hard to say no to people and expressing disagreement especially if they are your senior and of a different culture. With ABCD model it is easier to say 'no' as the model prepares you and you feel a bit more confident using the ABCD model (#Discussion forum, participant 15, Australian, age 42).

Awareness of how others interpret what is said (C- Communicating) and discussing to resolve issues before closure (D-Departing)

Generally, participants were of the view that it is important to understand how someone from a different cultural background could interpret a word or phrase which may not have the same

meaning, leading to misunderstandings. Participants, therefore, were appreciative of the stage of communicating in the ABCD schema as this stage made them mindful of how and what they would say to the other person and in what manner they would interpret what is being said.

Always look for the meaning behind the words ... don't get stuck on the term that is used. Look at what's behind it. Ask yourself the question, what does what I just said mean to the other person ... are they getting what I am saying. This way you avoid a lot of misunderstandings and communication problems (#Discussion forum, participant 4, Australian, age 28).

Furthermore, participants indicated the importance of resolving issues or putting in place actions to resolve issues before the closure of the interaction. A participant wrote how she did not normally place relevance in resolving issues at the end of the interaction and wondered why the problem continued. This participant reported that the departing stage forced her to put some thought into how she could resolve the issues in a timely manner and allow staff to move on. In the discussion forum, participants spoke about how departing was similar to conflict resolution where action needed to be taken although the timing of the action is not specific like it was with the ABCD schema.

The departing stage is crucial for both parties in the interaction to make a decision about what is the next step in resolving the problem ... the model gives you clear guidelines in what has to follow before you finish the conversation (#Participant 14, Australian, age 39, Questionnaire).

I think it is a bit like conflict resolution, only with this model you are required to put in place actions in a timely manner. The model is good for conflict resolution as it

will prevent issues going on and on (#Discussion forum, participant 2, Zibabwian, age 32).

Discussion

The findings in this study provide insight into the effectiveness of using EXCELL's Social Interaction Maps (SIMs) in developing intercultural skills in nurses. Our findings support similar findings from other studies. For example, an evaluation study conducted in Canada by Wong (2001) showed how the use of EXCELL Social Interaction Maps improved the interpersonal skills and social self-efficacy and reduced social avoidance in migrants compared to a control group who were given generic communication skills. Mak and Buckingham (2007) also found how the use of EXCELL in an undergraduate generic communication course improved social interaction skills amongst local and international students. Further, Ho *et al.* (2004) and Ward (2006) highlight how migrants were able to extend their repertoire of social skills in the new culture though being taught social skills using EXCELL.

It is widely accepted that effective interpersonal communication is essential for high quality nursing practice (Xu & Davidhizar 2005, Lawrence *et al.* 2015). Moreover, the increasing multicultural nature of clinical settings means that practising nurses are interacting with patients and colleagues from culturally diverse backgrounds (Xiao *et al.* 2014, Henderson *et al.* 2016). Not only do nurses need to be competent communicators, they also need to be effective communicators in intercultural interactions on a daily basis (Graham & Lawrence 2015).

Recognition of the importance of communication competence in healthcare has stimulated extensive efforts to develop effective approaches to enhance practitioners'

communication skills (Lawrence et al., 2015; Maganlal *et al.* 2012). Nurse educators continuously scan the literature and professional development modules in search of adult learning programs that aim to build practicing nurses' communication capacities, including their intercultural communication competence (Henderson *et al.* 2016). The pedagogical innovation presented in this paper focused on a single tool, namely Social Interaction Maps (SIMs) that is central to the EXCELL Intercultural Skills Program. EXCELL is a theoretically rigorous, schematic, evidence-based, professional development resource that has been tested in multiple disciplines in relation to enhancing communication competence in general, and intercultural communication competence in particular (Mak *et al.* 1999, Caruana & Ploner 2012). To date, it has not been tested in the discipline of nursing (Barker & Mak 2013).

Analysis of the findings of our qualitative study identified four themes that underpinned the nurses' perceptions of the efficacy of SIMs and the ABCD framework. Each of the themes highlighted the nurses' enhanced awareness of the stages of an interaction. They reported that specifying the Approach, Bridging, Communicating and Departing stages of an interaction (termed ABCD) made each of the stages more salient. The SIMs helped them to be more conscious of what constitutes a communication interaction. Native speakers tend to take for granted the processes involved in communicating in their own language and cultural context. People from culturally diverse backgrounds, however, tend to be far more conscious in an interaction because they are often speaking in a second or third language, in a context where the host cultural values and norms are implicit (Mak & Barker 2006, Ting-Toomey 2010). Thus, participants in our study reflected on how the use of the SIMs prompted their self-awareness of their own cultural and communication style, as well as the culture and communication style of the person with whom they interacted. This finding resonates with Barker and Mak's (2013) study where EXCELL SIMs tool was used as part of an experiential

learning intervention designed to improve accounting students' intercultural interaction skills. Students in two intervention groups reported higher levels of cultural learning and were more comfortable participating in multicultural groups, compared to students in the comparison group.

Participants in our study were impacted, for example, by the importance of the A (Approach) and B (Bridging) stages in creating a less threatening interaction. They observed that the more they focused on Bridging before Communicating, the less confrontational was the interaction. Similarly, participants noted how SIMs increased their awareness of how others might interpret what they said, particularly in the Communicating stage of the interaction. Such self-awareness provides a foundation for improving communication because it indicates reflective, intentional practice, a hallmark of an effective, professional nurse (Xu & Davidhizar 2005, Lawrence *et al.* 2015).

Interestingly, many participants highlighted how the SIMs contributed to decreasing conflictual interactions with colleagues. Some participants spoke of the importance of trying to resolve issues before closure of the interaction (i.e. the Departing stage). They drew comparisons between the SIMs and conflict resolution techniques which are needed in many encounters with colleagues and patients on a day-to-day basis in demanding clinical environments.

Our study shows how SIMs can be used to highlight several aspects of generic and intercultural communication processes, including verbal and non-verbal behaviours, and the professional and cultural values underpinning effective communication in interpersonal encounters (Lawrence *et al.* 2015). Simulated practice scenarios (e.g., giving feedback to a

junior staff member, or an Emergency Room intake interaction) may enhance practitioners' efficacy in communication through simulated exposure to true-to-life scenarios in a safe, facilitated adult learning environment. Although effective communication is widely accepted as fundamental for quality nursing care delivery (Xu & Davidhizar 2005, Lawrence *et al* 2015), there is a continuous need to find tools that are fit for purpose in enhancing nurses' intercultural communication competence.

Findings in our study also suggests there may be value in extending the application of the SIMs tool in other areas in nursing, for example, in information-gathering such as patient history taking and assessment, information-giving, such as explaining the consequences of treatment, or the side effects of medication. Similarly, SIMs can be used to enhance nursing students' and practitioners' skills in giving feedback to colleagues, or expressing disagreement in the workplace in a non-conflictual manner (Fejzic *et al* 2016).

Limitations

The study presented here is not without limitations. Clearly, it is a small scale, teaching innovation in a single postgraduate nursing course. Through the use of focus group discussions and participant self-reflections, the research provides some in-depth insights into the experiences of participants who had used SIMs. . The findings point to the value of undertaking further, more detailed exploration of the use of EXCELL SIMs with other larger cohorts of nurses who work in diverse clinical and community settings. While the research participants were encouraged to critically evaluate the usefulness of SIMs in intercultural interactions in the workplace, they may have felt constrained by social desirability response bias. It is possible they may have perceived that the classroom facilitators were not open to rigorous critiques of the communication tool that was being taught in the weekend

workshops. Future research could benefit from the use of external evaluators to facilitate the focus group discussions in order to remove the potential impact of social desirability response bias.

Conclusions

Adult learning approaches to enhance nurses' intercultural communication skills are needed, particularly in multicultural clinical environments. The study demonstrated that the EXCELL SIMs tool was perceived by participants as useful in helping them to be more aware of the stages of a communication interaction, their own communication behaviours and the behaviours of colleagues from culturally diverse backgrounds. The need for further testing of the EXCELL framework in diverse settings is highlighted.

Relevance to clinical practice

Nurses work in multicultural environments that require competence in intercultural communication. Staff development training using EXCELL Social Interaction Maps can assist nurses to better communicate and engage with others from culturally different backgrounds.

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