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Review Article

Culturally sensitive communication in geriatric health and oral health care: A concept analysis

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Abstract

Introduction: With the growing elderly population, and increased oral health care needs, there is a need to improve geriatric health and oral health care through culturally sensitive communication and care.

Objectives: To explore the concept of culturally sensitive communication in geriatric health and oral health care.

Materials and Methods: A concept analysis was undertaken using Rodger's evolutionary method of analysis. The concept including clinical practice implications were explored by a step-by-step approach. A systematic literature search was undertaken to identify papers published between Jan1987 to June 2024. A total of 1072 scientific papers were retrieved as per the search terms used on PubMed and Google Scholar databases. Based on the inclusion and exclusion criteria, 46 relevant research papers were included in the analysis.

Results: The concepts of cultural sensitivity, cultural consciousness, cultural intelligence, cultural competence and appropriate health communication in the context of geriatric care were defined and described in the process of synthesis. Aspects of cultural capabilities namely, respectful communication, understanding patients' cultural backgrounds, empathetic counselling & decision making and provision of personalized care were extracted. According to this analysis, the challenges to culturally sensitive oral health communication between providers and the elderly patients were patients' age- related sensory and cognitive problems, poor health literacy, lack of trained geriatric health and oral health care providers, economic and psycho-social factors.

Conclusions: This concept analysis provides insights into the benefits and challenges in geriatric patient communication in health/ oral health care and scope for improvements, relevant to clinical practice and teaching.

Keywords: Elderly care, Cultural sensitivity, Geriatric health.

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1. Introduction

The health of ageing population matters today than ever before. It is estimated that by 2030, one in six people in the world will be aged 60 years or over. By 2050, the world's population of people aged 60 years and older is expected to double (2.1 billion) with 80% of older people living in low- and middle-income countries. The current elderly population of 153 million (aged 60 and above) in India is expected to reach a staggering 347 million by 2050.[1]

The increased diversity in aged population has increased the complexities in needs and demands for health care utilization**.** The ageing population have different and growing healthcare needs, social and cultural needs and other requirements in comparison to younger people. Furthermore, composition of elderly age group in communities is ever-changing. Although there are diverse provider groups to cater to the diverse older patient communities, it is observed that provider- diversity lags behind patient diversity.[2]

According to the health care professional's competencies listed in the Guidelines of the Working

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Committee of American Geriatrics Society,[3] the foundation of effective provider- patient communications and relationships in the context of geriatric health care and oral health care relies on: a. Health care professionals' knowledge, skills and cultural sensitivity to the needs of older adults for achieving positive health outcomes; b. Understanding of attitudes, preferences, ethnic backgrounds, culture, religious beliefs, levels of health literacy of elderly patients.

Therefore, there is a need for in depth analysis of concept of cultural sensitivity and related concepts that are essential for understanding of what constitutes appropriate health communication in the context of geriatric oral health care. Culture is dynamic, there are emerging health care needs and unique challenges. So, a need to examine the evolving concept of cultural sensitivity is realized.

The present paper intends to explore the concept of culturally sensitive communication in geriatric health and oral health care, with the following objectives: a. To perform a systematic concept analysis to define, describe and dissect the concept of culturally sensitive communication in the context of geriatric health and oral health care. b. To understand the implications for practice and recognize barriers to appropriate cross/inter-cultural health communication.

2. Materials and Methods

Roger's Evolutionary concept analysis,[4] a 7- step was process (**Figure 1**), was carried out in order to address the aim and objectives of the study. The summary of framework, applying the Rodger's concept analysis is illustrated in **Figure 2**.

PubMed and Google Scholar databases were searched by the authors (RI and RS) independently to obtain literature published in English between January 1, 1987 and June 30, 2024, related to culturally sensitive communication for oral health care in the elderly. The search MeSH term combinations that were used are listed below (the first two of the search term and bullion combinations listed below were tailor made for PubMed and third and fourth search term-bullion combination were tailor made for Google Scholar search).

1. (("Aged"[MeSH Terms] OR "Geriatric"[Title/Abstract] OR "Elderly"[Title/Abstract] OR "Aging Population"[Title/Abstract]) AND ("Communication"[MeSH Terms] OR "Communication"[Title/Abstract]) AND ("Cultural Competency"[MeSH Terms] OR "Cultural Sensitivity"[Title/Abstract]) AND ("Oral Health"[MeSH Terms] OR "Oral Health Care"[Title/Abstract] OR "Dental Care"[MeSH Terms]))
2. (("Oral Health Care"[Title/Abstract] OR "Dental Care"[MeSH Terms])AND ("Aged"[MeSH Terms] OR "Geriatric"[Title/Abstract] OR "Elderly"[Title/Abstract] OR "Aging Population"[Title/Abstract])AND ("Components"[Title/Abstract] OR "Attributes"[Title/Abstract])NOT ("Assessment"[Title/Abstract]))
3. ("Geriatric" OR "Aging Population" OR "Elderly")AND("Communication")AND ("Cultural Sensitivity" OR "Cultural Competency")AND("Oral Health" OR "Oral Health Care" OR "Dental Care")
4. ("Oral Health Care" OR "Dental Care") AND ("Geriatric" OR "Elderly" OR "Aging Population")AND("Components" OR "Attributes")AND NOT ("Assessment")

The authors RRI and RS independently screened the articles. About fifty-three hours spread across three weeks were necessary for the screening which included title/ abstract screening, full text screening and final data extraction after consensus. The year 1987 was chosen as the starting point for searching as this was the time when cultural sensitivity in communication in the context of geriatric health care emerged as a concept. In 1998 the concept was observed to emerge in the context of geriatric oral health care setting.

2.1. Inclusion criteria

Research papers, systematic reviews, narrative reviews and editorials from January 1, 1987 and June 30, 2024 were included for analysis and synthesis.

2.2. Exclusion criteria

Literature published in language other than English were excluded.

As this study followed a concept analysis methodology focused on examining the meaning and defining attributes of 'culturally sensitive communication in geriatric oral health care', quality appraisal was not typically performed, since the aim was to capture how a concept is used and understood across diverse contexts, disciplines, and types of literature — including theoretical works, editorials, and reviews — which may not be amenable to standard quality assessment tools**.**

Out of the 1072 records identified through database searching, 46 articles were found eligible for the final concept analysis. **Figure 3** is a flowchart similar to PRISMA -type barring the exclusions resulting after quality appraisal.

3. Results

The analysis and the resultant synthesis elucidated and provided an in-depth understanding and dissection of the core and related and related concepts. The implications of these concepts were deciphered applying the knowledge to the context under study. The same is presented below under relevant headings.

3.1. Defining and understanding concepts of "Cultural sensitivity", "Cultural consciousness'', "Cultural intelligence" and "Cultural Competence"[5-8]

3.1.1. Cultural sensitivity

From the search and analysis of literature in the process of this concept analysis, culturally sensitive health care has been described as care in which health care providers offer services in a manner that is relevant to patients' needs and expectations. Cultural sensitivity is defined from patient's perspective as the willingness of provider to incorporate in the care/ treatment plan- based on patients' values, beliefs, preferred communication strategies and patient's expected standards of clinician's role. Cultural sensitivity includes cultural awareness and recognizing transference (patient's thoughts and emotional response to the provider) and counter- transference (provider's thoughts and emotional response to the patient). The indicators of cultural sensitivity in the context of health care are individualized treatment, effective communication, technical competence, use of culturally sensitive art, pictures, music, reading materials. Office staff behaviours.

3.1.2. Cultural consciousness

Cultural consciousness is the process of understanding one's own culture and the cultures of others, and developing respect and tolerance for them. It is a key factor in peaceful coexistence because it promotes understanding and helps people blend into new environments.

3.1.3. Cultural intelligence

Cultural intelligence is the ability of an individual to understand, correctly infer, function, manage, and deal with situations characteristic of cultural diversity.

3.1.4. Cultural competence

Cultural competence is defined as the ability to understand and work effectively with patients whose beliefs, values and histories differ from one's own. Cultural competence is "the ongoing process in which the healthcare provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, community)". The five constructs of Cultural Competence include- Cultural Awareness, Cultural Knowledge, Cultural Skill, Cultural Encounter and Cultural Desire.

3.2. Attributes of culturally appropriate health communication[9,10]

In the context of health care, appropriate communication approaches rested on the understanding meaning of illness, cross- cultural issues, social context and approaches to engaging in negotiation. The matrix of Patient Based Approach to Cross- Cultural Care and Communication is illustrated in **Figure 4**.

In the context geriatric health/oral health care, the present analysis revealed six important attributes of culturally appropriate communication, namely- Respectful communication, "Patient Navigators" (people who can understand and be with the patients and get things done), more time spent on explanation, lesser waiting time and reassurance, multi-lingual providers and assistants, compassion and empathy.

3.3. Communication and culture[11,12]

Exploration of the included studies in the concept analysis reveal that the mechanisms of processing information (Coding or Decoding) differ as a function of culture. Asians are reported to process information more holistically and Americans more analytically. Asians have been shown in many studies to make causal attributions for the behaviour of humans, animals, and even physical objects that are situation or context-oriented whereas Americans focus on presumed properties of the object.

3.3.1. The implications of the same can be explained with the example given below

If an elderly Asian comes to the clinic with a broken denture and wants repair or replacement, the professional should be careful to not point out at the elderly's inability to take care and rather try to be empathetic about situations that led to the mishap. Whereas when dealing with an American patient, you may ask questions like does he frequently drop things, or show concern on any underlying neurological disorder, does he have problem gripping/ grasping objects, any tremor, or if he accidentally dropped the denture down or is he concerned about the material of the denture.

It is explicit that cultural health beliefs and practices, perceptions about tooth loss are unique to communities. It is important that communication should take into consideration that messages closely align and not contradict the cultural beliefs.

3.3.2. The implications of the same can be example given below

As there is lower social stigma around edentulousness in Asian elderly, the dental health care provider should focus on nutritional requirements to motivate an Asian patient.

3.4. Culture and elderly care context[13,14]

Analysis of literature throws a glaring contrast between the western and eastern culture in the context of elderly care. Older adults were more well-respected in ancient societies because old age was rare and older members often served as a repository of local traditions and knowledge. Aging in Asian culture is related to peacefulness, moderation and simplicity; In Asian Culture, Intergenerational dependence is not seen as a limitation. Community based model for oral health of Thai dependent elderly is based on the social norms. Thai culture dictates that children have a responsibility to

take care of their older parents, because of the care given to them throughout childhood. Aging, in western culture does not celebrate inter-generational dependence but glorifies independence, productivity and self-reliance.

An important implication to clinical care of the elderly is that family member dependence for consent or involvement in treatment care should not be ignored while treating elderly from Asian origin. It is usually normal for the son/ daughter of an elderly patient to pay for the treatment of the elderly and that must not be viewed as 'dependence'.

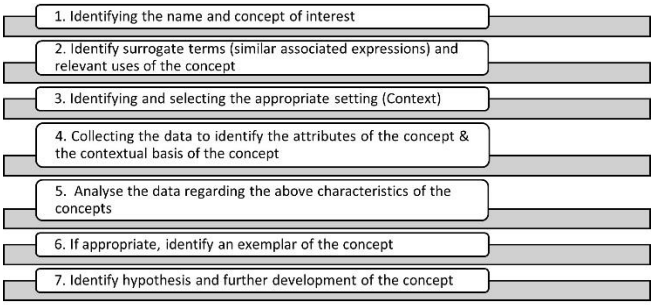

Figure 1: Roger's evolutionary concept analysis

3.5. Culture and attitudes towards elderly[15,18]

There are several stereotypes related to the aged, such as they lead to increased social cost, they are no longer useful to society, unproductive, dependent, and have increased demand of resources, often needing physical and mental health problems. *Ageism* is defined as "a process of systematic stereotyping and discrimination of people because they are old". Ageism has been reported to be more prevalent and severe in Individualistic culture than Collectivist Culture.

Subjective Ageing is a term used where elderly perceive their age lesser than their actual age. This may be seen negatively that across all cultures, attitude towards aging and the elderly may not be that good. Health care provider/ oral health care provider should note that subjective aging is an individual level factor can use to his/her advantage, as a potential enabler to facilitate self- efficacy and to motivate an elderly patient. Subjective aging is an universal phenomena, across all cultures or countries.

Predictors of positive attitudes and communication and care of health professionals towards elderly, are:

1. Previous work experience with older people
2. Learner's age under the age of 20 years

It is seen that cultural diversity teaching positively influences clinical practice through building cultural experience and cultural sensibility

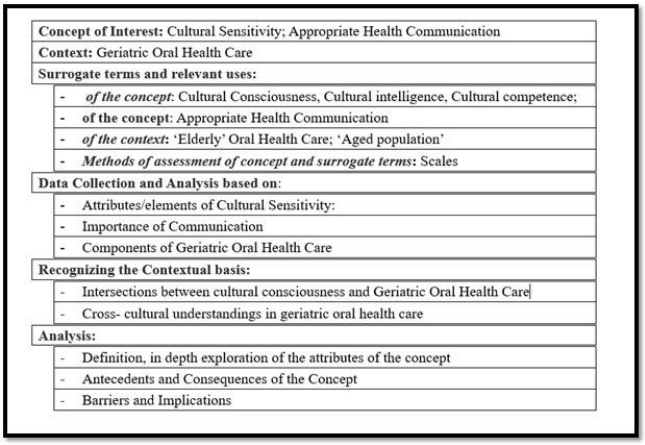

Figure 2: Framework of application of Rodger's concept analysis in the review

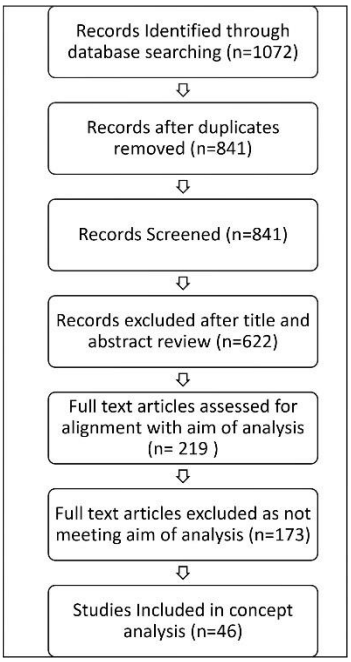

Figure 3: Flow diagram depicting the process of selection of studies for the concept analysis

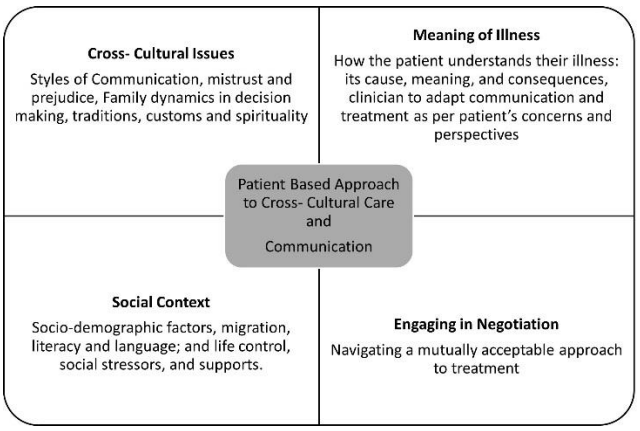

Figure 4: The matrix of patient based approach to cross-cultural care and communication

Brooks LA et al (2019) [Walker and Avant (2011) Approach of concept analysis was used]	Present Concept Analysis
The antecedents of culturally sensitive communication included:	Drivers of culturally sensitive communication in geriatric health and oral health care
• The environment and culture of the ward. • Organisational structures and policies. • Education and communication experience of clinicians. • Sociocultural characteristics of patients, families and clinicians. • Personal characteristics and professional experiences of clinicians.	- Culturally diverse geriatric patients with need for health and oral health care. - Provider diversity lags behind geriatric group diversity. - Increasing number of providers engaged in health and oral health care of elderly. - Socio- demographic, economic, psychological, cognitive and cultural characteristics of the target group and provider group. - Care- taker's attitudes
Defining attributes of culturally sensitive communication	Attributes of culturally sensitive communication in geriatric health and oral health care
• Encouraging patients and families to participate in communication and decision-making to the degree where they feel comfortable. • Prioritising cultural considerations in the planning and provision of care. • Developing a trusting relationship with the patient and family. • The use of a professional interpreter, a best practice recommendation where language differences exist between clinicians, patients and families	- SHARE Approach in decision making. - Training of health and oral health professionals in cultural competency - Use of culturally appropriate methods to inform and persuade decision making. - Qualified Interpreter - Teach back and LEARN approach - Respectful care and consideration for special health care needs - Assessment of care- taker's attitudes and gaining the trust of the family of the elderly patient
Consequences	
Outcomes associated with the use of culturally sensitive communication include: • Increased patient and family satisfaction. • Improved adherence to treatment regimens. • Better engagement in patient and family centred care. • Improved health outcomes.	Positive attitude towards health and dental health care utilization. Less risk of miscommunication and misunderstanding. Better quality of life Improved health and oral health outcomes Successful aging (the process of growing older while maintaining physical health, cognitive abilities, and strong social relationships.)

Figure 5: Comparison of concept analysis done by Brooks LA et al (2019) using Walker and Avant's concept analysis method made with the present concept analysis

3.6. Barriers to culturally sensitive communication by health care professionals to elderly[19,20]

The concept analysis extracted four important barriers to culturally sensitive health communication to elderly: a. Language problems; b. Lack of trust in dental services and care among elderly migrants; c. Poor in health and oral health literacy; d. Differences in perception of needs, barriers to access, and dissatisfaction with dental/health care among elderly people of different cultures; e. Digital Divide and poor cultural capital.

4. Discussion

Every country is becoming culturally diverse. Cultural competence among health care professionals is in the list of emerging *must- have capabilities* of the health care professionals. Concepts of 'Cultural sensitivity' and 'Cultural Competence' need to be understood for examining health inequalities in the changing population. Elderly, being one of the vulnerable groups with special health care and oral health care needs to dealt with sensitivity by the providers. Culturally appropriate health communication can prevent misinformation, misunderstanding facilitating involvement of patients in decision making and improve health outcomes.

Chary AN et al (2023)[21] emphasized on careful consideration of diversity, equity and inclusiveness in the care of elderly. The symptoms of a condition may be presented differently by the elderly across different cultures or other age groups, they may need to be equitably managed considering socio- economic disadvantages and should be included irrespective of age- related impairments and disabilities and self-efficacy levels.

The present article attempted to provide a logical account of how challenges to culturally competent care in the context of geriatric health and oral health care can be addressed. The analysis has been conducted in cognizance of the evolving contextual needs and relevance of culture in elderly care.

The application of Rodger's evolutionary concept analysis method is justified in the present paper as Rodger's method of concept analysis not merely defines the concept of interest, but also is a method to explore and understand related expressions that are used to convey the same meaning. This method is very useful while understanding the contextual basis of the concept; for example, in this case, the context- care of the elderly. Rodger's method takes into consideration the evolving nature of concept; in the present case, cultural sensitivity is considered as of evolving nature, in the scope and relevance.

A comparison of concept analysis done by Brooks LA et al (2019)[22] using Walker and Avant (2011)[23] concept analysis method made with the present concept analysis is illustrated in **Figure 5**.

This concept analysis also reflected upon the choice of health and oral healthcare approaches suited for elderly community belonging to different cultures. Hutchison C et al (2022)[24] identified key quality of life dimensions among elderly receiving aged- care services, namely, 'identity', 'purpose and meaning'. The authors also recognized that the significant core values of older adults of different cultures were varied. While, for the European elderly community, it was all about family, the Asian community tended to lean towards being independent and were committed to keep themselves fit through exercises. Speaking one's own language and celebrating native religious festivals were essential to instil their identity. It may be inferred that the understanding of such cultural nuances should be leveraged to promote participation and engagement of elderly population in health promotional activities.

The present analysis extracted the concept of ageism, an unfavourable ideology, which could be seen as a potential discriminatory attitude towards the elderly patients by health care providers. Ihle-Hansen H et al (2024)[25] based on the findings of a hospital- based survey in Norway, reported that healthcare professionals poorly engaged with geriatric patients and did not involve them in treatment plan decisions. The geriatric patients were reportedly not treated based on patient's preferences, depicting compromised patients'

autonomy. Therefore, there seems to be an urgent need for empowering patients' autonomy through respectful communication.

The analysis used in the present study is one of its kind that comprehensively analysed the concept of culturally sensitive communication in the context of geriatric health and oral health care. However, there are a few limitations which the authors acknowledge. As there was no previous similar study, comparisons of the syntheses made and implications presented could not be compared. The analysis is not presently supported with exemplar case study or a real case scenario. However, hypothetical scenarios with practical implications built upon on robust body of knowledge that reflected in the review and analysis provides a clear direction to understanding, deciding and acting in the context of culturally appropriate health and oral health communication to the elderly.

5. Conclusions

Cross- cultural capabilities viz. cultural awareness, cultural consciousness, culturally sensitive communication, understanding the context and vulnerabilities of the beneficiary/ target group (elderly, in the present concept analysis) and collaboration for patient centred care are pivotal to attaining positive health outcomes in a culturally diverse scenario. This concept analysis provided insights into the benefits and challenges in geriatric patient communication in health/ oral health care and scope for improvements, relevant to clinical practice and teaching.

6. Source of Funding

None.

7. Conflict of Interest

None.

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