

# **Orienting Foreign-Born Nurses to Work Effectively in American Hospitals: A Training Manual for Health Educators**

by

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# **Preview**

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## Introduction

An increasing number of nurses are being recruited from foreign countries to work in American hospitals. It is often assumed that their nursing license prepares them to do the same job as an American trained nurse. However, there are many differences in the way nursing is practiced in the U.S. and in other countries. Lack of awareness of these and other cultural differences can result in misunderstanding and conflict among staff, as well as inadequate performance by foreign trained nurses. It is the goal of this manual to overcome such problems by providing training for foreign-born nurses in the areas in which nursing and culture frequently differ from American norms. Ideally, the training will help them bridge the cultural gap and meet the same expectations as held for American trained nurses.



The trainings cover four major areas:

- The Role of the Registered Nurse
- Improving Cultural Communication Skills
- Working with Patients
- Working with a Multicultural Staff

The entire training may be done in a single session, lasting anywhere from 2-1/2 to 4 hours, or in up to four or more sessions. Guidelines regarding the approximate time of each topic are given at the beginning of each session. Sessions may be given in any order; each is self-contained.

You will need to have a white board, chalk board, or large easel pad to write on.

You may choose to do this training using the PowerPoint slides, or you may do it using handouts, or you may use both. The handouts are at the end of this guide.

Note that the symbol  will be used to indicate that you should show the next slide if you are using the PowerPoint slides. The symbol  will be used to indicate an accompanying handout.

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# Sample Lesson

## Introduction

Say something along the lines of:

*Today we're going to look at some typical cases where the American way of doing things may be different from what is usual in other countries. No one expects you to know the culture of American hospitals, so don't be afraid of making a mistake. The point is for you to learn about the differences today.*

## What To Do When You Disagree With A Physician's Orders

▣ ◆ Present the first case.

A physician has given orders for you to give a specific dosage of medication to a patient.

You believe that dosage could be harmful to the patient.

▣ ◆ Read the options aloud and ask the participants to write down the letter of the answer they are most likely to feel **comfortable** doing. Emphasize the word "comfortable." If necessary, explain that in this context, the word "comfortable" means "at ease" or "free from stress or anxiety." In other words, which response is the easiest, most natural thing for them to do.

a) Agree to do it; to do otherwise would be disrespectful. However, adjust the dosage to one you believe will not be harmful.

b) Question the physician, telling him that you believe it might be harmful for the patient.

c) Suggest to the physician that a lower dosage might be more appropriate.

▣ ◆ Ask them to write down the letter of the answer they believe is most **appropriate** in an American hospital. Emphasize the word "appropriate."

a) Agree to do it; to do otherwise would be disrespectful. However, adjust the dosage to one you believe will not be harmful.

b) Question the physician, telling him that you believe it might be harmful for the patient.

c) Suggest to the physician that a lower dosage might be more appropriate.

**Discuss:**

- Have you ever been in a similar situation? Here or in the country you trained in? If so, what happened?
- How do you think the physician might react if you do b) or c)?
- Are you aware that a) is illegal?
- In the country in which you were trained, did the job of the nurse include patient advocacy?
- In your unit, do the physicians and nurses see themselves as a team, or is the relationship more of a hierarchical one?

**Role play** the above scene, having the nurse try options b and c.

Tell them there is another approach they can try until they feel more comfortable being direct.

📄 ♦ Read the case aloud. [It continues over 4 slides.]

A physician has written orders for a patient with emphysema, indicating not to use oxygen greater than 1-1/2 liters, and **not** to do pulse oximeter checks or Arterial Blood Gases. You're concerned about this, because too much oxygen can shut down the patient's respiratory drive, while not enough can cause you to provide less-than-optimal care to the patient. Without those diagnostic aides, there is no way to know how the patient is doing and what treatment would be most appropriate. The physician doesn't want these things done because he doesn't want to be disturbed in the night with problematic values that he'd then be obligated to treat. To complicate matters, he comes from a culture in which males are dominant, and he is both arrogant and sees questioning as a challenge to his authority. Plus he is Chief of Internal Medicine. The patient is acutely ill, and complaining that he feels like he needs "more air".

**Ask** for suggestions regarding how to handle the situation. Or, have participants discuss possible solutions in a small group, which they then present to the entire group. A suggested “answer” is below.

“Dr. Akram, I feel like I need some direction. I know you've ordered no more than 1-1/2 liters of O<sup>2</sup>, and I know it's important not to give COPD patients too much. However, Mr. Jones is complaining that he feels like he needs more air, and I'm not comfortable NOT doing an ABG to see what his oxygenation is like, and not monitoring him with a pulse oximeter. I can see you have a plan, but I'm worried about my inability to assess him properly. Would you be able to take a moment and help me understand what your plan is, and how you'd like me to respond to his needs? “

(After the MD clarifies his expectations, this often opens a chance for more dialogue.) A last statement would be along the line of "If he gets more symptomatic, what would you like me to do for him before I call you, so you can have the information you need?"