



## Cultural Diversity and Communication

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**Contents**

Culture And Diversity ..... 4

    Cultural Attitudes ..... 4

    Aboriginal Health Issues ..... 6

    Chinese Health Issues ..... 8

    Greek Health Issues ..... 10

    Slav Health Issues..... 11

    Vietnamese Health Issues ..... 12

    Iranian Health Issues ..... 13

    Malaysian Health Issues..... 14

    Indian Health Issues ..... 16

Communication ..... 17

    Communication Barriers ..... 17

    Communication Styles..... 19

    Non-Verbal Communication ..... 22

    Negotiating ..... 23

    Listening..... 24

## Culture and Diversity

### *Cultural Attitudes*

#### Prejudice, Racism and Discrimination

These terms are often used almost interchangeably and the distinction between them is not always clear.

**Prejudice** is based on the emotions that are triggered when 'outsiders' are encountered. Prejudice is:

- A preconceived opinion or feeling, either favourable or unfavourable, often formed without sufficient knowledge or evidence.
- Unreasonable feelings, opinions or attitudes, especially of a hostile nature, directed towards a racial, religious, or other group identifiably different from our own.
- Negative personal perceptions about individuals because they are members of a particular group.

**Racism** is based on a belief in the ranking of races from inferior to superior. This belief can be used to support and justify the maintenance of an unequal balance of power. Racism is:

- The perpetuation of a belief that each race has distinctive characteristics resulting in some races being superior to others.
- The assertion of the rights and interests of a particular racial group who assume superiority and have the power to enforce this to the detriment of other racial groups.
- The negative treatment of a minority, identified by racial background, as scapegoats for social stresses, injustices, or conflicts of interest affecting the whole of society.
- The conduct generated by the belief that some races, however identified, are inferior as people, and therefore, their interests and feelings do not deserve to be regarded as equally important as those of any so-called superior race.

**Discrimination** is based on behaviour - how people are the target of certain behaviours because of their belonging to a different group. Discrimination is:

- A form of behaviour which involves treating someone in a way that disadvantages them because they belong to a particular group.
- Acting towards a certain group of people in a way where the net result is that members suffer because they belong to that group.
- Imposing a requirement that unfairly disadvantages certain groups.
- Structuring an organisation or a system to maintain the advantages of certain groups who share the same values and assumptions.

Our culture influences everything in our lives but most importantly, it influences our behaviour (as in the examples above). It influences how we react to people, questions, situations, sickness, our surroundings etc. Good interaction and communication with people often depends on a good understanding of their culture. It is often easier to interact successfully with people from our own culture because what they say and do is familiar and predictable. Interaction and communication with people from other cultures is often more difficult. Their reactions sometimes seem improbable and illogical because the same level of familiarity and predictability is not there.

We grow up with the view that we do things our way because that is the right way or perhaps the *only* way that something should be done. Understanding another's cultural perspective is not the same as liking it. There is no requirement to diminish our own cultural preferences just because the preferences of others are better understood. There is, however, a requirement to allow differences to be just that – *differences*.

In our work with the ambulance service we treat and transport people from many cultural backgrounds different to our own. What we must never do is allow our personal feelings to influence our care and management of any patient, regardless of their race, religion or beliefs.

Now let us look at certain specific races and how their cultures and beliefs may influence the way they present to us when they are in need of transport to medical care.

## *Aboriginal Health Issues*

In general terms, sickness and death in Aboriginal society doesn't just happen. In fact, very little *just happens*. There is nearly always a reason for the events of life, both significant and insignificant. Basically, Aboriginal cultures view health as a *holistic* concept similar to some Asian cultures. There tends to be a greater emphasis on the spiritual and supernatural aspect of the individual rather than the physical.

### **Explaining Illness**

Studies among Aboriginal groups have shown up to five types of causation used to explain illness. They are:

#### **Natural causes**

Diseases and death in the very young and the very old are thought to be a *natural* part of life. Natural causes of illness may include:

- A diet with insufficient meat
- Exposure to the elements such as the wind and sun
- Over-exertion
- A diet that is too dry
- Emotional stress and worry
- Physical injury and self-harm.

#### **Introduced causes**

It is very common for Aboriginal people to distinguish between *whitefella* and *blackfella* sicknesses. *Blackfella* sicknesses are those that were experienced before the arrival of Europeans and *whitefella* sicknesses are those that are believed to have resulted from the changes made to the environment and social circumstances since 1788. *Bush medicines*, it is thought, can be used to treat illness from natural causes though possibly not those resulting from introduced causes.

There is a reasonably common belief that *introduced* diseases and associated problems are best remedied by *whitefella* medicine. Introduced causes cover many things. This could be eating food contaminated from environmental poisoning or diseases resulting from alcohol abuse. *Grog sickness* can include such things as hangovers, alcoholic seizures and gastro illnesses.

#### **Environmental causes**

Examples of environmental causation include:

- Excessive heat or cold which may cause aches
- Bush poisons
- The moon - which may precipitate seizures in children
- Exposure to the north wind which can inflict stomach-ache and diarrhoea (because of the tiny black stones that it carries).

## Direct Supernatural Intervention

Sickness and death can be the result of individuals falling victim to direct intervention from supernatural forces. This could be in the form of:

- Protective spirits - Spirits that punish transgressors of the law can easily bring illness or death to those who trespass on men's or women's sacred areas, or to those who fail to observe other important aspects of ritual life such as mother-in-law avoidance.
- *Spirits of the Dead* - *Spirits of the deceased if disturbed may enter the body of the living and cause illness and often depression, expressed in a lack of desire for living.*
- Spirits of Dead Relatives - Spirits of dead relatives are not necessarily malevolent but can become so if correct ritual is not observed after their passing. Common rituals include avoiding the use of the deceased's name and moving from the area of their death until an appropriate time has passed.

## Indirect Supernatural Intervention or Sorcery

Sorcery is an unquestionable truth in Aboriginal culture and has been widely researched by many writers. Sorcerers are able to use their connections to the supernatural world to bring about desired effects in the physical world. Any Aboriginal groups speak of *singing* or *boning* that results in illness or death.

## The Sick Role

The Aboriginal sick role is probably best summarised as a *withdrawal from participation* in community life and a reliance upon the network of family to adequately respond to and care for the individual. Firstly, there is a withdrawal from activity and an expectation that provision will be made for the sick. Secondly, there is a withdrawal into oneself. Therefore, this sick role has important implications for communicating with Aboriginal people when they are sick.

Health workers dealing with Aboriginal patients often find a reluctance to respond to questions and perform tasks during history gathering and assessment. However, the degree of *intervention from the family is often very high* and this can be a point of irritation for health workers who want to and usually expect to hear from the patients *themselves*.

Keep in mind it could be quite inappropriate for the patient to give a history of their own problems and much more appropriate for a close relative or someone knowledgeable about the episode to give the history to a non-Aboriginal health professional.

## *Chinese Health Issues*

Generally speaking, western culture believes that illness is caused by a biochemical force within the body. Western medicine seeks to isolate and treat that specific agent or physical deterioration. In contrast, traditional Chinese culture often sees health problems as being a result of some imbalance in life or caused by forces that are outside the body.

Sometimes this is referred to as a holistic approach to illness. Traditional Chinese medicine holds that the following five agents cause illness:

- Cosmic disharmony – harmony or compatibility with those with whom one lives.
- Moral retribution – retribution by ancestors or deities for supposed misdeeds or negligence.
- Personal disharmony – a breakdown in the harmony of the elements of the body leading to a hot/cold imbalance.
- Interference from evil forces – malevolent ghosts and spirits capable of inflicting illnesses on individuals who may have offended them.
- Poor Feng Shui – (literally wind and water) refers to location, structure and orientation of a place or dwelling. Frequently claimed to be responsible for causing illnesses in members of a family.

### **Treatment of Illness**

When a Chinese person is sick, household remedies such as a restorative diet to redress the suspected hot/cold imbalance are readily resorted to. (Hot and cold refers to the person's physiological state and not to body temperature).

The Chinese feel that food can both cause imbalance and restore proper balance. Using diet as a treatment for illness requires an ability to firstly diagnose the imbalance (too hot or too cold etc.) then determine the correct ingredients that will restore balance.

If the condition persists, herbal medicine is taken as recommended by a traditional herbalist. If recovery is not prompt, or if it is followed by a relapse, a Western doctor is then consulted. It is usually when medical science has been tried and has failed, that supernatural causes are investigated, usually through a fortune-teller, Feng Shui man, or a temple medium.

In spite of this general sequence, it is quite common for Chinese patients to be resorting to all these forms of intervention concurrently:

- Dietary therapy
- Herbal medicine
- Western medicine
- Supernatural healing.

The attitude is one of 'just-in-case'.



### **Aspects of Chinese Social Etiquette that may affect ambulance personnel**

- Don't be surprised if the Chinese do not smile when being introduced. This is rooted in the Chinese attitude of keeping feelings inside rather than displaying them openly.
- Generally speaking, the Chinese are not a touch-oriented society. So avoid unnecessary touching or any prolonged form of body contact.
- The Chinese suck in air quickly and audibly through the lips and teeth as a reaction to pain.
- Direct eye contact and staring are not common.
- Silence is considered a virtue, so don't be dismayed if there are periods of silence in your conversations. It is a sign of politeness and of contemplation.
- During conversations, be especially careful about interrupting as this is considered extremely rude.
- Spitting and blowing the nose without the benefit of a handkerchief are fairly common. It is regarded as ridding the body of a waste product and therefore considered an act of personal hygiene.

## *Greek Health Issues*

In Southern European culture, communicating about one's sufferings is common and productive. The requirement to be stoic and suffer what may be God's will does not exist as it does in some Anglo-Saxon cultures. The status of being the patient has its compensation in attracting the moral and material support of the group. Putting a patient in hospital deprives him of the privileged position of being the centre of attention and help from family and friends.

The powers of medicine rank high, not so much through the figure of the doctor as by his tools of investigation or treatment. Physical and chemical implements have more elements of success than the doctor himself. Any device - whether it is a sphygmomanometer or an X-ray camera - is perceived to greatly enhance the value of medical investigation.

If a patient is hospitalised, relatives will want to visit and stay with the patient for as long as possible.

### **Aspects of Greek Social Etiquette that may affect ambulance personnel**

- The Greeks are physically demonstrative. They believe in a firm handshake with good eye contact. It is not unusual for men to embrace or kiss on the cheek.
- A slight upward nod of the head means "no." To indicate "yes" or "of course," the Greeks may tilt the head to either side or in an up-and-down motion.
- Greeks not only smile when they are happy but also sometimes when they are angry or upset.
- Like many people in the Middle East and Mediterranean areas, Greeks may casually finger "worry beads." On first sight, these appear similar to rosary beads but they have no special religious significance.
- The "O.K." sign (index finger and thumb forming a circle) may be construed as a symbol for a body orifice, so must be used with caution.

To signal "everything is O.K.," use the thumbs-up gesture. However, the thumbs-down gesture is quite rude.

## *Slav Health Issues*

Similar to other cultures in the region, there is considered little need to be stoic during illness. The patient has a high status in the family group and becomes the focus of much attention.

### **Treatment of Illnesses**

Folk healers have a high status, especially amongst the Macedonian people. Traditional healing is carried out through the use of a variety of different teas, herbs, grasses and ointments.

People from these cultures also have a great belief in the power of modern medicine and take great interest in discussing details of procedures and examination results. There is generally much respect held for doctors and a belief in their ability, which is reflected in the high use of doctors by this group.

A lot of credence is also placed upon equipment and medicines. People may feel that unless a prescription was given they have not been effectively treated. Hospitalisation is generally feared and resisted as it is a sign of serious illness and isolation from the family group.

## *Vietnamese Health Issues*

Vietnamese health concepts have been heavily influenced by Chinese philosophy and are similar to many aspects already discussed.

### **Treatment of Illnesses**

Traditional Vietnamese doctors diagnose, not by a complete physical examination and examination of the patient's medical history, but by detailed attention to the patient's pulse. They distinguish a number of points along the radial artery, each of which corresponds to a particular internal organ: lungs, liver, spleen, womb, etc. By the rhythm and the amplitude of the pulse the doctor knows what is wrong and where. Such practitioners often make the medicines they prescribe from herbs, and sometimes from animal-derived ingredients. The medicines work by restoring the proper yin-yang balance of the body.

Though families do not have access to traditional medical practitioners in Western Australia, a range of herbal remedies is available from special shops.

Common folk remedies will often be tried by family members before consultation with either a Western or Vietnamese doctor.

These will include restoring balance through corrective food groups and a remedy called *cao gio*, which literally means to *rub off the bad wind*. *Cao gio* is practiced by using a coin or spoon to rub at the site of the illness (chest, back, forehead etc.) with an oil that heats (such as Tiger Balm) until bruising occurs.

### **Aspects of Vietnamese Social Etiquette that may affect ambulance personnel**

- Smiling is a common social response, which, as discussed earlier, is sometimes hard to interpret.
- Similarly ambiguous is the answer yes. It may be used to indicate that the listener is paying attention and does not necessarily indicate agreement.
- Like most Asians, the Vietnamese greet without touching. Older people may bow with hands folded.
- Direct eye contact with superiors should be avoided as this could be considered challenging.
- Traditional Vietnamese values promote submission and conformity, resignation and stoicism. This means it is possible that problems could be overlooked at times.

## *Iranian Health Issues*

### **Terminal Illnesses**

In Iran when a patient is terminally ill, he or she is never told. The family is informed but they never tell the patient lest this prognosis cause grave shock.

This is a cultural practice and should be followed to avoid serious repercussions both to the family and most especially, to the patient.

It is preferable to refer an Iranian woman to a female examiner and an Iranian man to a male examiner on occasions when full physical examinations are necessary. Particularly for Muslims it is not permitted to show the body to anyone of the opposite sex. It is only acceptable when an examiner of the same sex is not available. When using interpreters, it is preferable to use male interpreters for male patients and female interpreters for female patients, especially when dealing with urinary or gynaecological matters.

If using a family member as an interpreter, only use someone from the immediate family, not extended family or friends. If no immediate family member is available, it is best to use an independent interpreter, if possible, a professional.

Serious problems of lack of confidentiality have occurred as a result of using extended family and friends, thereby causing embarrassment and disgrace. It is a good idea to ask patients whether they would prefer a particular interpreter of their choice. Iranians have much respect for doctors, especially older doctors, as they feel they are more experienced and hence wiser and more accurate in their diagnosis.

Iranians, in general, take the advice of their doctors and take medication as directed. Furthermore Iranians are accustomed to always being administered some kind of medication even if it is just aspirin or vitamin tablets.

## *Malaysian Health Issues*

There is a certain sense of fatalism amongst Malays (Muslims) in regard to illness and death. They believe that the course of their life, including illness and injury, is predetermined by Allah (God) and that there is no way to prevent unfortunate occurrences taking place. Illness and death are accepted quite naturally as coming from Allah and although preventive medicine is now more widely accepted, care in avoiding persons with infectious diseases is not widely practiced, especially with near relatives. There is also strong belief in the supernatural, including "hantu" or evil spirits.

### **Treatment of Illnesses**

For minor ailments, folk medicine is usually tried first, and only if the complaint does not clear up is advice sought from a Western doctor. Folk medicine would be used for ailments such as colds, headaches, minor cuts and bruises. Perhaps the most used cure is rubbing or massaging the affected part with mentholated oil. This is thought to cause an increase in heat and therefore a lessening of the pain. Many different types of oil or liniment are used, each with different properties for different afflictions. Other folk medicines used include poultices or elixirs made from herbs and spices used in every day cooking. Soup made from rice and chicken is commonly fed to the sick.

In the case of serious illness, Western medicine is generally sought first, although folk medicine may be used in conjunction with drugs or remedies prescribed by the Western doctor.

Malay patients may dread the isolation that comes with hospitalisation. In their own homes they enjoy being part of a large and often noisy family. When ill at home they do not retire to bed but relax instead in the family living area, believing bed to be a place for sleep.

Malaysians are quick to feel shy, embarrassed or ashamed. Such feelings may be caused by unfamiliar routines, inability to speak English, and (in the case of women) examination by male staff. People are very private about their bodies, but many women are able to discuss health issues well and are willing to visit health professionals alone.

### **Aspects of Malaysian Social Etiquette that may affect ambulance personnel**

- Removing shoes before entering the house. Among Malays this is practiced because the home is used for prayers five times per day and, as such, must be kept scrupulously clean. When visiting a Malay home remove your shoes before entering the house and leave them outside along with those you will notice at the door.

- Some Malays do not like their heads being touched as they believe it is the highest point of the body and therefore closest to God. The head is also used during daily prayers, the forehead being touched to the ground numerous times. Necessary touching of the head during medical examination is, however, accepted.
- Smiling or laughing at someone else's discomfort or misfortune is used to cover up embarrassment.
- Since showing the sole of the shoe is considered rude, try to keep your feet planted firmly on the ground. Also, don't use your feet for pointing or for moving objects.
- When a person stands with hands on hips, it is a sign of anger.
- Among the Malays, avoid pointing with your forefinger. Instead, point with the thumb, with the other four fingers curled into the palm.
- If you see a prayer rug in a Muslim's office or home, be certain not to stand on it or touch it with your feet.

## *Indian Health Issues*

### **Examination**

Indians, like Asians, have traditionally adopted holistic approaches to medicine that have not required extensive physical examination. Consequently many find the Western approach of undressing for physical examinations immodest and a cause for considerable distress. Women in particular are reluctant to undress for examination and wherever possible someone of the same sex as the patient should carry out such examinations. Problems with the genito-urinary and bowel areas are usually not discussed by Hindus. These areas are particularly not mentioned if the spouse is present, yet the Hindu believes that a woman may not be attended by a physician unless her husband or guardian is present. This area will need to be approached with sensitivity and the wishes of the patient ascertained and respected wherever possible e.g. a woman requesting the presence of her husband during an examination of this type.

### **Dying**

Hindus accept death as an inevitable part of life. This acceptance is based on a belief in rebirth or reincarnation. There is a decaying of the body, but continuity of the spirit. Hindus see death not as a denial but as an assertion of the spirit, however on a practical level personal loss is still felt.

A dying Hindu will want the presence of his family for comfort and to recite

Hindu Scriptures. Patients may call for a Hindu priest to assist with their acts of worship and help them accept the death philosophically.

### **Aspects of Indian Social Etiquette that may affect ambulance personnel**

- Men customarily do not touch women in either formal or informal situations.
- Staring is considered a way to humiliate a person.
- Showing anger is considered unacceptable and is usually the worst way to accomplish almost anything.
- The head is considered a sacred part of the body. Therefore, don't pat youngsters on the head or touch an older person's head.
- When you wish to point, use your chin, the full hand, or maybe the thumb, but not a single finger. Pointing with a single finger is used only with inferiors.
- A Hindu woman puts on glass wedding bangles on her marriage and they are not removed unless the husband dies, when the widow ceremonially shatters them. Breaking or removing wedding bangles is considered an extremely bad omen and will greatly distress a Hindu woman. It is often impossible to remove wedding bangles without breaking them.
- Some Hindus wear a thread round their bodies. It passes diagonally across the body from the shoulder to about waist height. It is put on at an important religious ceremony and should never be removed.



# Communication

Lack of communication is one of the most common complaints of team members about their teams and organisations. This is just as true of St John as it is of other organisations. As a team leader it is important to ensure that you communicate well to your team members. This section discusses some tips for enhancing your communication with your team members.

## *Communication Barriers*

As a team leader, it is important to recognise that barriers exist to communication and work to overcome those barriers. Some of the most common communication barriers are:

- **Distance:** Sometimes, in St John, team members can be spread across a region, state or across Australia. In this situation, face to face meetings can be limited. To overcome this barrier, develop a strategy (including regular Email and phone calls) to keep in touch with your team members.
- **Social and Cultural Background:** St John members do not come from the same social and cultural background. This means that they approach activities with different attitudes and views. There are over 5.6 billion people on this planet and each one has a distinct set of fingerprints and footprints. Hence, you need to take time to understand your team member's viewpoints and ensure your communication reaches all team members.
- **Rank, status and power barriers:** The greater the extent of these differences the less people tend to communicate. People who worry about their power or their status in the organisation (a potential problem with Operations Branch because of the ranking system) set up barriers between themselves and those they see as below or junior to them.
- **Distractions:** Any distraction that affects your concentration as both the communicator as well as the receiver will have the same effect as a bomb going off in the next room. You will either miss parts of the message or mistake one word for another, or a gesture or a nod of the head for something else.
- **Technical jargon:** Jargon is defined by the Oxford dictionary as "unintelligible words, gibberish, barbarous or debased language; mode of speech familiar on to a group or profession...". The big thing to remember is, if you want to be understood, don't use jargon or words the receiver won't understand. It is appropriate if you are communicating about medical/technical jargon in a St John training situation but to use such jargon to someone from outside St John is rude and demeaning and immediately gets that person off side so they are not in the right frame of mind to receive the message.
- **Unclear purpose:** If you don't know what you want to achieve by sending your message, then you cannot expect the receiver to be a mind reader and know what your purpose is.
- **Ambiguity (multiple or mixed meanings):** This arises when a word or a message offers a choice of meanings. Also, phrases with too broad a meaning are ambiguous. Long or vague words and generalisations are dangerous too.

## Using Email Effectively

Email has become a more frequently used method of written communication in most organisations, including in St John Ambulance Australia. Email can be effective and very convenient, but you must use it carefully. If it's poorly used, email can be a very destructive force.

Unfortunately, when we're busy it's very easy to send emails that sound abrupt or rude, or are unclear about what we really need, or what we really mean.

## When not to use email

Although email is quick and efficient, there are times when you should not use it to communicate with your team. Here are some examples of when email is not the best way to communicate:

- **When your message or question is complex** — it will be harder to write and understand if it's in an email, so phone or meet with the other person instead. This way you will avoid a long string of emails going backwards and forwards as you and the other person try to make yourselves understood!
- **When you need to communicate bad news or sensitive information to staff** — people's self-esteem takes a huge battering when organisations use email this way. You may have heard stories of organisations that have retrenched staff or 'downsized' their business, and used email to tell the staff. Think of how 'disempowered' the people who receive these emails feel. 'I wasn't even good enough to be retrenched face to face' is a likely reaction. Email may be a cheap and easy way to communicate **but you will never gain loyalty, trust and respect when you treat staff as if they do not matter.**

**Exercise:** Reword this Email to make it more effective:

Margaret,

I have attached my diary appointments for you to take note of. As you can see I am very busy this week, and I only have time to see people from 9-10 am Tuesday and Thursday. If you have a problem, I remind you that you must discuss it with me. If that's the case you should make a time with me via email and I will attempt to see you.

Regards

Jo

## Communication Styles

The following are examples of a couple of Communication Style models.

COMMUNICATION STYLES TABLE (from GST Telecom, formally Call America)

4 Different Personality Types: Expresser, Driver, Relater & Analytical. How to Recognize Each, What They Ask, Dislikes, Reacts to, Improves with, Must be Allowed to, For Best Results.

FACTORS:	EXPRESSER	DRIVER	RELATER	ANALYTICAL
How to Recognize:	They get excited.	They like their own way; decisive & strong viewpoints.	They like positive attention, to be helpful & to be regarded warmly.	They seek a lot of data, ask many questions, behave methodically & systematically.
Tends to Ask:	Who? (the personal dominant question)	What (the results oriented question.)	Why? (the personal non-goal question.)	How? (the technical analytical question.)
What They Dislike:	Boring explanations / wasting time with too many facts.	Someone wasting their time trying to decide for them.	Rejection, treated impersonally, uncaring & unfeeling attitudes.	making an error, being unprepared, spontaneity.
Reacts to Pressure and Tension By:	"Selling" their ideas or argumentative.	Taking charge taking more control.	Becoming silent, withdraws, introspective.	Seeking more data & information.
Best way to Deal With:	Get excited with them. Show emotion.	Let them be in charge.	Be supportive; show you care.	Provide lots of data & information.
Likes To Be Measured By:	Applause, feedback, recognition.	Results, Goal-oriented.	Friends, close relationships.	Activity & busyness that leads to results.
Must Be Allowed To:	Get ahead quickly. Likes challenges.	Get into a competitive situation. Likes to win.	Relax, feel, care, know you care.	make decisions at own pace, not cornered or pressured.
Will Improve With:	Recognition & some structure with which to reach the goal.	A position that requires cooperation with others.	A structure of goals & methods for achieving each goal.	Interpersonal and communication skills.

Likes to Save:	Effort they rely heavily on hunches, intuition, feelings.	Time. They like to be efficient, get things done now.	Relationships. Friendship means a lot to them.	Face. They hate to make an error, be wrong or get caught without enough info.
For Best Results:	Inspire them to bigger & better accomplishments.	Allow them freedom to do things their own way.	Care & provide detail, specific plans & activities to be accomplished.	Structure a framework or "track" to follow.

Communication Styles by Christopher L. Heffner, M.S.

	Passive	Assertive	Aggressive
Definition	Communication style in which you put the rights of others before your own, minimizing your own self worth	Communication style in which you stand up for your rights while maintaining respect for the rights of others	Communication style in which you stand up for your rights but you violate the rights of others
Implications to Others	my feelings are not important I don't matter I think I'm inferior	we are both important we both matter I think we are equal	your feelings are not important you don't matter I think I'm superior
Verbal Styles	apologetic overly soft or tentative voice	I statements firm voice	you statements loud voice
Non-Verbal Styles	looking down or away stooped posture, excessive head nodding	looking direct relaxed posture, smooth and relaxed movements	staring, narrow eyes tense, clenched fists, rigid posture, pointing fingers
Potential Consequences	lowered self esteem anger at self false feelings of inferiority disrespect from others pity by others	higher self esteem self respect respect from others respect of others	guilt anger from others lowered self esteem disrespect from others feared by others

## Being Empathetic

A First Responder needs to understand their patients and their view of the world. It is important to realise that the world as others see it not only looks different but actually is different from the world you see. Being able to see the world through the other person's eyes is being empathetic. It is a quality that can enrich inter-personal communication. The American Indians called it "walking a mile in another man's moccasins". Whenever you "sit in the receiver's chair", "walk a mile in another person's shoes" or "put yourself in another's position", you are developing the ability to tune into others or be empathetic.

Being empathetic helps you to:

- understand what another person is really trying to say;
- forecast when and why misunderstandings can arise and, therefore, avoid them if possible;
- avoid using a communication style that might cause disagreement;
- work out in advance what will attract a receiver's interest.

You might find it easier to understand empathy when you see the comparison among apathy, empathy and sympathy in the following table.

APATHY	EMPATHY	SYMPATHY
"I don't care".	"Looks like you're really feeling down today".	"You poor thing..."
"That's your problem!"	"Sounds as if you were really hurt by that".	"I feel just dreadful for you!"
Shows a lack of feeling or interest.	Experiencing the feelings of another without losing one's own identity.	Shows strong involvement in the emotion of another person.
Not feeling anything.	Feeling with the other person.	Feeling for another person.

Empathy is hard to describe because it is made up of components that seem to be opposite and contradictory. Empathy is a close identification with another person - but if the identification becomes excessive, it is no longer empathy. It turns into sympathy and therefore becomes disabling and you are no longer in a position to objectively help the other person.

Being empathetic is also about treating people with respect. It is important to treat the other person as you would like to be treated. Every human being deserves respect.

## *Non-Verbal Communication*

Quote: A general rule of thumb is that 75% of our messages are transmitted non-verbally and 25% by the actual words that are either written or spoken.

Nowadays most of us are familiar with the idea of 'body language'. Our gestures, postures and eye contact are meant to reveal our 'real' inner self. Contrast, for example, the friendliness of looking at another's face, smiling, nodding your head as the other person talks, leaning slightly forward, having open hands and having uncrossed arms and legs with the defensive signs of not looking at the other person, avoiding eye contact, leaning away, clenching the fists and crossing arms and legs.

The distance we select when we are conversing with another person is a significant non-verbal communication factor. How far apart two people stand or sit is a function of how well they know each other, how much they like each other, their status and whether they are conversing. We tend to follow the inter-personal distance rules of the group we grew up in. This can be a problem for Australia's multicultural society as appropriate distances vary from culture to culture. So when communicating with someone from another culture or even a different geographical region, use your antennae and try to sense by their movements what social distance they are comfortable with.

The eyes have always been regarded as providing insight into the person. If you avoid making eye contact with others, you are likely to be perceived as cold, pessimistic, defensive, evasive, submissive and indifferent, as well as nervous and lacking in confidence. During an ordinary conversation we normally look at the other person for about a third of the time and at the general area of the eyes. Each of us uses the amount of eye contact provided by the other person to gauge the amount of interest the other person has in us. If they look away more than usual, we assume they are bored with what we are saying or even don't even like us. The more people like each other the more time they spend looking at each other.

Gestures, posture and other movements of the body also serve as cues to the kind of person we are. The handshake can convey an enormous amount of information. For example the 'dead fish' handshake is often associated with weak-charactered people. Cultural differences are also noticeable in the use of cues. For example, the rounded finger and thumb gesture which in Australia generally indicates 'OK' is extremely offensive in Greek culture. Once again you as a communicator need to be extremely sensitive and empathetic.

Touching involves making physical contact with another person. The extent to which contact is permitted depends on the culture, the relationship between the people concerned, their sex and other similar factors. You should not assume that touching is acceptable to another person. Touching can indicate affection, but it can also indicate condescension as when a superior pats a subordinate on the shoulder. The context and the interpretation of the touching are very significant factors.

## *Negotiating*

A First Responder in a leadership role will need to conduct effective negotiations. Consider the following definitions of negotiation:

"the process we use to satisfy our needs when someone else controls what we want";

"a process whereby parties with conflicting aims establish the terms on which they will cooperate".

Common to these definitions is a communication process, which arises from conflicting positions or frustrated needs, to seek terms for compromise. Negotiation may be bilateral, between two individuals or representatives of two organisations, or, less frequently, multilateral, involving several parties. There are also degrees of formality.

In preparing for negotiations, you should define both your own needs and what you see as the needs of the other party. Sort out your requirements on a spectrum from the imperative, fundamental moral positions you must adhere to, to the temporarily expedient. The former define your 'bottom line'; the latter offer the most obvious concessions. Next, try to determine a similar spectrum for the other party. Then look at the options and possible tradeoffs for each party. Aim for 'win/win' negotiations in which both parties can satisfy most of their needs as both are then likely to work to make the settlement succeed.

Robert Maddux suggests the following steps in negotiation:

- Statement of goals and objectives: Begin with general objectives. Initial statements should be positive to build an atmosphere of mutual trust. Attack the problem not the person.
- Listing the issues and starting the process: Assess whether there are advantages in splitting or combining issues. Start with the most reasonable of your demands or where agreement is most likely.
- Expressing areas of disagreement: Conflict is to be expected but it can be used positively to clarify issues. It should not be a test of power but an opportunity to reveal what the parties need.
- Reassessment and compromise: This phase usually begins with such statements as "Suppose that..." and "What if...". It may be better to ask questions than to make statements. Explore proposals before making counter-proposals as the latter tend to emphasise disagreement. According to Maddux, "to be an expert negotiator a person has to know how to manoeuvre so that they give what they can afford and what they get will satisfy their needs".
- Summarising: Settlement may be helped by writing down areas of agreement in principle. Gradually details are added. Several documents may need to be exchanged before a final settlement.

If the issues are particularly difficult, it may help to use a mediator, acceptable to both parties, to facilitate these steps.

## *Listening*

What is needed in good communication is effective listening - not just listening in a passive, disinterested way but **positive listening**. We need to listen courteously while letting the speaker know that we are interested in what they are saying. The key ingredient to being an effective listener is to practise being an active listener.

### Guidelines for Active Listening

- Know why you are listening. Have a definite purpose in mind.
- Listen with your whole body. Active listening involves you physically and mentally. Read the sender's body movements and exchange non-verbal feedback. Look directly at the sender, express interest with your face, eyes and hands.
- Give feedback. The best listening involves talking, as you respond verbally to what you hear. A comment which confirms that you have heard and understood is better than just a 'yes' or a nod of the head. An ideal response is to rephrase the speaker's words and ask a question.
- Show empathy. Active listening requires sensitive judgement about when people want to talk and when they don't. Use one ear to listen to meaning and the other to listen to feelings as words often mask real feelings.
- Encourage the other person. If a sender is shy or nervous, suppress your own ideas or feelings and instead offer support.
- You can't listen properly while you are planning what to say next. So forget about talking while you are listening.
- Mirror the other person's mood. If they are excited, be excited too. If they are formal, don't be too casual. If they seem tired or worried, show them that you recognise it.
- Assuming that you will hear nothing worthwhile or that you have heard it all before prevents active listening. So listen to the whole message.
- Judge the message not the person. So concentrate on its positive aspects not its faults.

### Why practise active listening?

- When people notice how well you listen to them, they usually reciprocate and try to understand you better.
- Relationships within a group improve and personal support and teamwork is improved. You actually will get on better with people and disagreements are more easily settled when people listen to each other.

You will receive more accurate information. The more confident the sender is that you are listening, the happier they will be to share facts they would not reveal to a poor listener.