Helping Health Care Providers Recognize and Respond to Sensitive Issues

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Sensitive issues are both common and problematic for health care providers because sensitive issues may interfere with the future provider-client relationship and effective care. Most current training for providers focuses on a particular issue, but this is inadequate because many issues may be sensitive, and which issues will be sensitive is unpredictable. We argue that issues become sensitive when they activate one or more of three common triggers, fear, stigma, and taboo. A cycle of negative internal and interpersonal responses to the sensitive issue often leads to unresolved health issues for clients and stress and feelings of inadequacy for providers. We recommend integrated pre-service and in-service skill building to help individual health care providers respond appropriately to a wide variety of sensitive issues. We also identify specific policies and procedures to strengthen organizational support for caregivers so that providers can address these sensitive issues effectively with their clients.

Key Words: Fear, Social stigma, Taboo, Health care providers, Education

INTRODUCTION

Health care providers have long recognized that their work involves many sensitive issues. When providers fail to address sensitive issues, effective communication with clients is compromised, with negative consequences for the client, the provider-client relationship, and the provider’s own mental health. Growing awareness of the problems that disrupt effective health care provider-client communication has led to a proliferation of training programs to help health care providers deal more appropriately with a wide variety of sensitive issues such as end-of-life care, HIV/AIDS, suicide prevention, and providing culturally sensitive health care for diverse groups. However, training programs have focused on specific sensitive issues in isolation. It is not feasible to prepare health care providers for every single sensitive issue in isolation. Although some sensitive issues such as end-of-life care or intervention for life threatening situations may require additional specialized training, there is much to be gained by developing training that provides a general set of skills applicable across many different sensitive issues. In this paper, we discuss what makes an issue sensitive and identify the common triggers associated with sensitive issues. We then describe the cycle of internal and interpersonal responses to a sensitive issue and the ways it leads to unresolved health issues. Lastly, we discuss strategies that can prepare health care providers to deal with a wide variety of sensitive issues, spoken and unspoken.

REVIEW & DISCUSSION OF SENSITIVE ISSUES

1. What is a Sensitive Issue?

In each of the following situations, an issue has activated one or more of three common triggers: fear, stig-
ma, and taboo. As a result, a cycle of internal distress and interpersonal disruption has been initiated, thus reducing the ability of the health care provider to deal appropriately with the client’s health needs. Unless the cycle is interrupted, the situation results in unresolved health issues and a sense of failure for the provider. Health care providers need to recognize when an issue has triggered a response of fear, stigma, or taboo.

- Case 1: Ed, a 67-year-old man, has end-stage colon cancer. His family physician, who has had little experience with terminally ill patients, has been managing his symptoms after all curative treatments have failed. During his routine visit, Ed reluctantly asks, “Am I going to be okay?” The physician feels uncomfortable, and after a short silence, says to Ed, “Yes, this medication should take care of your pain.”

- Case 2: Sarah, a junior in college and active in her religious community, recently found that she was pregnant. After her first prenatal blood test, she is told by an HIV counselor that she is HIV positive. At her prenatal visit, the nurse-practitioner, conscious of the multiple patients waiting to be seen, says quickly, “I understand that this is a difficult situation for you. Now, since you’re HIV positive, we need to talk about what we need to do during pregnancy to protect the baby. We also need to talk about your sexual contacts so that they can all be informed.” Sarah starts to cry, and cries out, “I still can’t believe this is happening to me? There must be some mistake! I’ve only had one partner and I’ve never used drugs.”

- Case 3: Mary, a nurse at a local clinic and devout member of religious community, is approached by John, a teenager from her neighborhood, who haltingly asks for free condoms. “Why do you want condoms? You are too young to need them,” she exclaims, “What would your parents think if I gave you condoms!” John’s face turns red, and he leaves without saying another word.

- Case 4: Anna, the school nurse, just learned that last night, Paul, a 15-year-old freshman, committed suicide. He was an honor roll student active in extracurricular activities. But lately he had begun to visit the nurse’s office, often for minor problems like headache. A brief conversation they had had the previous week flits through her head. Paul had said, “I want to escape…”, and she had said, “You must be really stressed out over the tests next week, right? But lots of freshmen worry about this; it’s normal to be concerned.” Anna is deeply troubled and no longer sure she is capable of being a school nurse, but she has no one she feels she can talk to without being labeled as a failure.

As illustrated in the above cases, a wide variety of topics can be sensitive issues. A “sensitive issue” is defined as one that “requires tactfulness” to avoid embarrassment (MSN Encarta, 2006). However, this definition only helps to identify an issue as sensitive after the fact: that is, the sensitivity of the issue is defined by the response to it, not by the topic. What is sensitive for some groups and in some settings may not be so sensitive for other groups or other settings. Issues like sexuality and dying appear to be sensitive across many cultures, but the same issue may be more sensitive in some cultures than others. Other issues are sensitive in certain cultures but not in others. For example, prematurity is a particularly sensitive issue in Korea because mothers’ prenatal thoughts and behaviors are believed to affect perinatal outcomes (Lee, Norr, & Oh, 2005). Some issues are highly sensitive for a particular person or group but less sensitive for others (e.g., a question about a ‘job’ may be sensitive for a person who is unemployed, but not for others). Sensitive issues may be related to differences in the cultural background of the health care provider and the client that lead to miscommunications, different interpretations, and actual or perceived discrimination. Differences in social position including income level, race, education, gender, age, and social class can be sensitive issues, and often are confounded by cultural differences.

In Case 1, the trigger of fear has been activated. Fear is one of the basic instincts for human survival and is a defense response to a perceived threat (Penson et al., 2005). Perception of a threat is subjective and what constitutes a threat varies depending upon an individual’s personal beliefs (Scholtz, 2000). Fear activates the sympathetic nervous system and causes stress and tension (Topp, Walsh, & Sandord, 1998). Bay and Algase (1999) defines fear as “a sufficiently potent, biologically driven, motivated state where a single, salient threat guides behaviors.” Unlike anxiety, fear does not cause physical symptoms, but the experience of fear can form in the long-term memory and may influence future responses to similar threats (Bay & Algase, 1999). Case 1 is an example of the sensitive issue of death evoking fear in the patient and the provider (Taylor, 1993).