

Bridging the Gap: Unraveling Communication Barriers between Nurses and Indigenous People in Professional Care

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Table of Contents

Title	2231
Table of Content	2232
Acknowledgment	2233
Abstract	2234
CHAPTER ONE INTRODUCTION	2235
Literature Review	2236
Theoretical Framework	2240
Statement of the Problem	2240
Scope and Delimitation	2240
Significance of the Study	2241
CHAPTER TWO METHODOLOGY	2242
Research Design	2242
Research Setting	2242
Selection of Participants	2242
Research Instrument	2242
Ethical Considerations	2242
Data Gathering	2242
Data Interpretation	2243
CHAPTER THREE RESULTS AND DISCUSSION	2244
CHAPTER FOUR SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATION	2248
Summary of Findings	
Conclusion	2248
Recommendation	2248
REFERENCES	2250
APPENDIX A Consent Form	2253
APPENDIX B Interview Guide Questions	2254

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Aubrey S. Edio

ABSTRACT

The primary objective of this research is to explore the lived experiences of nurses in communication barriers between nurses and Indigenous people in providing professional healthcare in Malaybalay City, Bukidnon. By employing a phenomenological approach, this study investigates the complexities of navigating communication barriers in cross-cultural healthcare settings. The identified themes highlight the significance of understanding, expressing concerns, and managing cultural differences and underlying anxiety among Indigenous people and nurses. Addressing these communication barriers is essential for promoting culturally sensitive care, reducing stress among patients and nurses, embracing cultural diversity, enhancing patient care quality, and ultimately improving the overall healthcare experiences for all stakeholders involved.

CHAPTER ONE INTRODUCTION

Effective communication is crucial in healthcare settings because it plays a substantial part in fostering trust, understanding patient needs, and delivering quality care. However, communication barriers can arise when healthcare workers and Indigenous people interact. These barriers may stem from cultural differences, language barriers, or a lack of cultural competence among staff nurses. Understanding and addressing these communication barriers are essential to ensure equitable healthcare delivery and improved health outcomes for Indigenous communities.

Indigenous communities have a rich history and unique cultural traditions, which shape their worldview, values, and beliefs about health and wellbeing. These elements play a role in the differences observed in health outcomes compared to non-Indigenous communities. Communication barriers often arise from cultural differences, language barriers, lack of cultural sensitivity among staff nurses, limited access to interpreters, and historical injustices undermining trust between staff nurses and Indigenous people.

The difficulty of communication between indigenous peoples and staff nurses is a problem with worldwide effects. Due to systemic, cultural, and linguistic barriers, indigenous groups frequently experience difficulties obtaining healthcare services (Nolan-Isles D, Macniven R., 2021). In a study by Li, J.-L. (2017), he examined the communication barriers between staff nurses and Indigenous People in Australia, focusing on language differences, cultural misunderstandings, and systemic issues affecting healthcare delivery. These barriers may undermine the standard and equity of healthcare delivered to Indigenous communities, resulting in difficulties in effective communication. The quality of communication between health workers and indigenous peoples is impacted by cultural diversity on a global scale. There may be misconceptions or conflicts in treatment preferences due to the significant differences between traditional beliefs, healing techniques, worldviews, and Western medical paradigms (Smylie, 2021). Healthcare professionals who lack cultural competence can contribute to misinterpretation of symptoms, reluctance to seek healthcare, and a lack of trust in the healthcare system.

Moreover, there are systemic factors that contribute to communication obstacles on a global scale. Indigenous communities frequently encounter socioeconomic disparities, limited availability of healthcare services, and geographical remoteness, which pose significant challenges in accessing timely and suitable healthcare (Davy et al., 2016). Discrimination, prejudice, and stereotypes within the healthcare system worsen preexisting communication challenges, undermine trust, and discourage Indigenous individuals from seeking essential medical care.

In the Philippines, the communication barrier between indigenous peoples and staff nurses is a significant challenge that hinders effective healthcare delivery and exacerbates health disparities among indigenous communities (Nguyen et al., 2022). Numerous indigenous tribes have unique cultural identities, languages, and Healthcare practices.

Due to the geographical nature of the Philippines, which consists of numerous islands, a wide variety of dialects are spoken throughout the country. Many indigenous populations have languages or dialects that differ from the widely used Filipino, the country's official language (Leaño et al., 2019). Similarly, in a worldwide context, Indigenous people who are more at ease speaking their native tongues may find it challenging to communicate with staff nurses, primarily educated in English or Filipino. This communication barrier makes it difficult to accurately assess conditions, diagnose problems, deliver appropriate care, and reduce the likelihood of Indigenous individuals seeking medical care.

Cultural differences sometimes exacerbate communication difficulties. Indigenous communities in the Philippines frequently have distinctive beliefs, therapeutic techniques, and cultural expectations regarding health and disease. Lack of cultural competency among staff nurses may cause misunderstandings and a breakdown in communication as they struggle to accept and understand these indigenous viewpoints.

Along with these issues, indigenous groups in the Philippines are geographically isolated and experience severe financial difficulties (Cariño, 2019). Accessing healthcare services is challenging for Indigenous peoples since they frequently reside in isolated, mountainous places far from healthcare facilities. These difficulties are made worse by a lack of infrastructure and transit choices. As a result, there might be few chances for regular interactions between staff nurses and indigenous populations, making it harder to communicate effectively and provide follow-up care. Alongside this, indigenous groups in the Philippines have experienced marginalization, discrimination, and land eviction (International Labour Organization, 2012). The relationship between indigenous peoples and outside institutions, such as the healthcare system, is strained due to these historical injustices. This mistrust may make it difficult for indigenous people and staff nurses to communicate openly and honestly.

In Malaybalay City, Bukidnon, Philippines, the communication barrier between indigenous peoples and staff nurses poses specific challenges due to the city's cultural and linguistic diversity (NCIP-Buk, 2019). Bukidnon is home to seven indigenous groups, including the Bukidnon, Matigsalog, Tigwahanon, Umayamnon, Talaandig, Higaonon, and Manobo, each with their

distinct languages, traditions, and healthcare practices. Geographic factors also impact communication between indigenous people and staff nurses in Malaybalay City. The region's mountainous terrain and the dispersed indigenous communities can present difficulties in accessing healthcare services (PHO, 2023). Like in the nationwide context, this physical distance reduces regular interaction between staff nurses and indigenous communities.

Understanding and addressing these communication barriers is crucial for improving healthcare outcomes and promoting health equity for indigenous people in Malaybalay. By identifying the factors contributing to these barriers and proposing strategies to overcome them, this study aims to inform policymakers, staff nurses, and indigenous communities about the importance of effective communication and the need for culturally sensitive healthcare delivery.

Ultimately, this research study aims to contribute to the ongoing efforts to eliminate healthcare disparities for Indigenous populations worldwide. By examining communication barriers and proposing practical strategies, this study aims to pave the way for healthcare professionals to create a more inclusive and culturally sensitive care environment, fostering trust and collaboration between staff nurses and indigenous patients. With these, there will be equitable access to quality healthcare services, thus promoting holistic health and empowerment for Indigenous people.

A. Literature Review

Communication centers human interaction. It serves as a bridge that connects individuals, communities, and even nations. Effective communication builds strong relationships, fostering understanding, and achieving collective goals (Better Health, 2014). In health care, each component of it depends on communication, although it is often challenging. When executed competently and adeptly, mastering this essential clinical skill helps establish a bond of trust between healthcare practitioners and patients, fostering a truly therapeutic alliance (Chichirez C, Purcărea VL, 2018).

Better health services are by communication issues caused by communication barriers between non-indigenous healthcare personnel and the indigenous patient base. The Indigenous people are one of the people who cannot avail the services of the government, especially the services for health. One of the reasons is that communication is a barrier to understanding between health personnel and indigenous people.

➤ Language Barriers

Several studies examine the impact of language barriers on healthcare, focusing on how they affect patient satisfaction, healthcare access, and patient safety. Language barriers pose challenges in achieving high-quality healthcare and maintaining patient safety. They can lead to miscommunication and delays in diagnosis and treatment.

In the Mindanao region of the Philippines, particularly in Bukidnon Province, there exist seven distinct indigenous cultural communities known as Talaandig, Higa-onon, Bukidnon, Umayamnon, Matigsalug, Manobo, and Tigwahanon. These communities primarily communicate in the Binukid or Bukidnon language, and their populations are dispersed across various rural and urban areas within the province (Bonifacio et al. R., et al., 2021). With their geographic distribution, these seven indigenous groups have created various dialects. However, these dialects are mutually intelligible, and this heterogeneity makes the ethnolinguistic setting of the province diverse and multifaceted (Hermocilla-Borres, T., 2018).

Language barriers pose challenges in achieving high levels of patient satisfaction, providing high-quality healthcare, and maintaining patient safety (Al et al. et.al., 2020). Indigenous patients face a higher risk of complications due to poor comprehension, medication errors, inaccurate assessment, and lower treatment compliance (Chauhan et al., 2020). Poor communication may prevent patients from expressing their symptoms or understanding medical instructions, leading to suboptimal care outcomes.

Language barriers are a primary cause of miscommunication between medical providers and patients which negatively affects the quality of healthcare services and patient satisfaction (Al et al. et.al., 2020). Miscommunication between nurses and patients has negative consequences, reducing satisfaction for both medical providers and patients, lowering healthcare quality, and compromising patient safety. Specifically, language barriers can adversely affect the nurse-patient relationship, resulting in patient frustration, anxiety, and a lack of trust, impacting patient-provider relationships and access to healthcare. It can hinder nurses' ability to provide the best care. Patients who speak a different language than the health workers may need help accessing healthcare services, and some may forgo treatment altogether due to their inability to understand information or instructions.

Several solutions have been suggested to mitigate the impact of language barriers in healthcare settings. Implementing interpreter services has enhanced healthcare access, patient satisfaction, and communication. Nurses who speak all sorts of Binukid dialects, particularly those with cultural awareness, play a vital role in reducing health disparities among indigenous patients. Utilizing visual aids, translation materials at suitable reading levels, and technology also aid in overcoming communication gaps. Nevertheless, it is essential to systematically evaluate the language proficiency of volunteer interpreters and bilingual staff to ensure precise translations and effective communication.

Imogene King's Interacting Systems Theory can provide valuable insights into understanding and addressing communication barriers between nurses and indigenous people in healthcare settings. This theory emphasizes the dynamic interactions between individuals and their environments, including the social, cultural, and interpersonal systems that influence their behaviors and experiences (Park B., 2021). In King's theory, the personal system represents the individual's perceptions, feelings, and values. Indigenous patients' cultural backgrounds and beliefs influence their systems (Putsch et al., 2013). When nurses lack cultural competence or understanding of the patient's context, miscommunication and misunderstandings may occur (Crawford et al., 2017). Indigenous patients may feel uncomfortable expressing their health concerns or need to comprehend the information the nurse provides fully. In King's theory, communication is a fundamental aspect of the nurse-patient relationship. Effective communication fosters understanding, mutual goal-setting, and collaboration. However, when communication barriers exist between nurses and indigenous patients, it can impede the flow of information, hinder patient engagement, and compromise the delivery of appropriate and culturally sensitive care.

➤ *Cultural Diversity*

Cultural diversity has become an integral aspect of contemporary healthcare systems due to globalization, migration, and a growing awareness of inclusivity (Sotshangane, N.2002). In today's interconnected world, healthcare providers encounter patients from diverse cultural backgrounds, each with unique health beliefs, practices, and experiences. Understanding and navigating these cultural differences is crucial for delivering effective and patient-centered care.

Patients come from diverse backgrounds and exhibit differences, including illness, personality, socioeconomic status, and education (Galanti, G. 2000). However, the most significant variations often stem from cultural factors. While healthcare professionals may believe that respectfully treating every patient will suffice, cultural issues can still arise. Understanding cultural customs can prevent misunderstandings and ultimately lead to improved patient care.

Cultural diversity can give rise to communication barriers between healthcare providers and patients. Cultural differences can also deter communication between healthcare professionals and patients (Dignity Health, 2022). Differences related to professional culture also can be detrimental to communication, as healthcare professionals might use medical jargon that leads to misunderstanding. This misunderstanding can be even more pronounced for those who speak different languages and have different literacy levels. Misunderstandings can lead to inaccurate diagnoses, improper treatment plans, and reduced patient satisfaction. Addressing these barriers requires employing trained interpreters and language services and adopting culturally sensitive communication techniques.

Cultural behaviors significantly impact human health, as culture involves shared knowledge, beliefs, and practices that vary across different groups and individuals (Hernandez et al.; J., 2019). Socioeconomic status, gender, religion, and moral values influence how individuals perceive and respond to health and illnesses. Generalized understandings of cultural groups may only partially capture a patient's unique health experience. Recognizing how behaviors are shaped by an individual's cultural background and societal pressures empowers medical professionals to provide holistic care with context, skills, and empathy.

Cultural factors can influence an individual's access to healthcare services (American Academy of Family Physicians, 2018). Some cultural groups may face stigmatization, leading to reluctance to seek medical care. Socioeconomic disparities and lack of cultural understanding by healthcare providers may exacerbate these access challenges. Healthcare systems must address these issues by implementing culturally appropriate outreach programs and promoting a welcoming and inclusive environment for all patients.

Cultural diversity is intricately linked to health disparities (Butler et al., et.al, 2016). Despite notable progress in diagnosing and treating chronic diseases, studies indicate that racial and ethnic minorities often receive lower-quality care compared to nonminorities (Egede, L, 2006). Furthermore, patients from minority ethnic backgrounds experience higher rates of morbidity and mortality related to various chronic diseases when compared to nonminorities (Egede, L, 2006). This suggests that healthcare disparities based on race and ethnicity persist despite medical advancements. Tackling health inequities requires targeted interventions, tailored health programs, and the elimination of systemic barriers that perpetuate disparities.

Cultural diversity presents ethical considerations in healthcare decision-making specifically in the care at the end of life. Understanding cultural concepts enables the critical care nurse to bridge the difference between the patient and family's cultures and the culture of the health care system to more fully advocate for the patient and facilitate ethical decision-making (The effects of culture on ethical – ProQuest, 2023). Healthcare providers must navigate these complexities with sensitivity and respect, ensuring that patients' cultural values are respected while upholding ethical principles.

Cultural diversity is an integral aspect of modern healthcare, impacting every facet of patient care. Healthcare systems that embrace cultural competence and actively address cultural diversity stand to benefit from improved patient outcomes, reduced health disparities, and enhanced patient satisfaction. By recognizing and respecting cultural differences, healthcare systems can reduce health disparities, promote patient satisfaction, and ultimately improve health outcomes for all individuals, regardless of their cultural background. Cultural diversity should be celebrated as an asset in healthcare, fostering an environment of inclusion and understanding that leads to better healthcare experiences for patients and providers alike.

➤ *Socioeconomic Structure*

Indigenous communities around the world often face unique challenges arising from historical marginalization, cultural differences, and limited access to resources. In the study of Davy, C., Harfield, S (2016), it was noted that indigenous peoples has difficulty accessing primary health care services. Poverty was a prominent social determinant of health issue with some Indigenous peoples finding it difficult to afford either transportation to, or the costs of, obtaining services (Davy, C., Harfield, S, 2016). Economic disadvantages, limited educational opportunities, and lack of access to basic infrastructure contribute to healthcare disparities in these communities. The scarcity of healthcare facilities in remote areas and the unequal distribution of resources exacerbate the challenges faced by indigenous populations in seeking timely and adequate medical care.

The socioeconomic structure of indigenous communities often creates barriers to healthcare access. Indigenous peoples' health status is severely affected by their living conditions, income levels, employment rates, access to safe water, sanitation, health services and food availability (The United Nations, 2012). The combination of these factors leads to delayed diagnosis, reduced preventive care, and poorer health outcomes for indigenous individuals.

The socioeconomic structure of indigenous communities directly affects their health inequities and morbidity rates. Indigenous people residence are remote, and sometimes have no access to basic health services, and are characterized by a high incidence of morbidity, mortality and malnutrition (De Vera D., 2007). These are commonly observed in these populations due to limited access to quality healthcare services and health education. The lack of comprehensive health programs tailored to the specific needs of indigenous people further exacerbates these disparities.

In order to address the root cause of health, social, and health care inequities requires partnerships with Indigenous peoples and community members (Browne, A. J., Varcoe, C. et.al., 2016). Collaborative initiatives between governments, healthcare organizations, and indigenous leaders are essential to creating policies that support economic development, education, and infrastructure improvement. Expanding healthcare services to remote areas and providing culturally appropriate care can enhance healthcare accessibility and utilization.

The socioeconomic structure of indigenous people profoundly impacts their access to healthcare and health outcomes. To effectively address healthcare disparities in these communities, a comprehensive approach is essential, involving coordinated efforts that encompass strategies and actions focused on community infrastructure and fostering a diverse and culturally competent healthcare workforce (Jackson, C. & Gracia, J., 2014). By recognizing the unique challenges faced by indigenous populations and working collaboratively to overcome socioeconomic barriers, achieving equitable and improved healthcare for all individuals, regardless of their cultural background is of reach.

➤ *Time Constraints and Workload*

Time constraints and heavy workloads of nurses can significantly impact patient care, particularly among indigenous patients, leading to potential adverse effects on health outcomes. Nurses are experiencing higher workloads than ever before due to four main reasons: (1) increased demand for nurses, (2) inadequate supply of nurses, (3) reduced staffing and increased overtime, and (4) reduction in patient length of stay Carayon, (2008).

Nurses have been required to provide more patient-centered, efficient, and cost-effective care (Yen, P., Kellye, M., et.al., 2018). The heart of nursing lies in forging meaningful connections with patients through personalized care. Unfortunately, high patient-to-nurse ratios hinder nurses' ability to dedicate ample time to each patient, compromising the quality of interactions (Clarke, S. P., & Donaldson, N. E., 2018). Indigenous patients, often with unique cultural beliefs and health needs, may not receive the attention required to understand and address their individual concerns, leading to care that falls short of being truly patient-centered.

Heavy workloads may hinder nurses' ability to engage in cultural competence training, leading to potential difficulties in understanding and addressing the cultural needs of indigenous patients. This is mentioned in the studies of Aiken, L. H. in 2002 and Clarke, S. P., & Donaldson, N. E. in 2018.

Additionally, in the studies of Pérez-Francisco, D. Duarte-Clíments, G. et al., in 2020, MacPhee, M. and Dahinten, V in 2017, Stephenson J. in 2018, Banda, Z., Simbota, M. in 2022, all of them mentioned that heavy workloads may result in inadequate time for nurses to provide sufficient health education to indigenous patients, potentially impacting their understanding of treatment plans and self-management of health conditions.

Also due to time constraints and workload, trust between nurses and patients, which is an essential component of healing can be compromised. Time constraints and overwhelming workloads may impede nurses' ability to build trust with indigenous patients (Carayon, P., Gurses, A., 2008), who may already approach healthcare with caution due to historical and cultural factors. Time constraints and heavy workloads undoubtedly influence patient care, presenting complex challenges, particularly among indigenous patients. As nurses strive to deliver quality care in the face of demanding circumstances, addressing these barriers becomes paramount. Efforts to improve staffing ratios, prioritize cultural competence training, foster communication skills, and implement preventive care strategies are essential steps in ensuring that all patients, including those from indigenous communities, receive the compassionate and effective care they deserve. By acknowledging these challenges and implementing thoughtful solutions, we can move closer to a healthcare system that honors diversity, promotes equity, and delivers quality health care to patients, regardless of their cultural background.

➤ *Cultural Competence*

Cultural competence has a profound impact on nursing care provided to indigenous people, as it enhances the quality of care, promotes patient trust, and fosters better health outcomes. Culturally competent care respects diversity as well as the cultural factors that can affect health and health care, such as language, communication styles, beliefs, attitudes, and behaviors (Butler, M., McCreedy, E., 2016).

Demographic changes in society and the cultural diversity of patients require nurses and other medical staff to provide the highest quality healthcare to patients from different cultural backgrounds (Červený, M., Kratochvílová, I., 2022). Culturally competent nurses take the time to understand the cultural beliefs, practices, and traditions of indigenous patients. According to Sharifi, N., Adib-Hajbaghery, M., et. al. in 2019, the six defining attributes of cultural competence are cultural awareness, cultural knowledge, cultural sensitivity, cultural skill, cultural proficiency, and dynamicity. This understanding enables nurses to provide care that aligns with the patient's cultural values, ensuring that treatments are respectful and relevant to their cultural context.

Effective communication can positively influence the relationship between patients and providers in various ways. By providing patients with better education about their health, it empowers them to adopt proactive health and wellness strategies. (The Importance of Communication in Health Care and Tips to Improve, 2022). Culturally competent nurses are skilled in navigating potential language barriers and cultural nuances, facilitating clear and effective communication with indigenous patients. These behaviors include effective and respectful communication and body language (Cultural Competence in Nursing, 2022). Gestures which are non-verbal communication methods can have different meanings. This leads to a better understanding of health information and treatment plans.

By demonstrating cultural competence, nurses show respect for indigenous patients' cultural identity, values, beliefs, traditions, and customs of diverse groups (Berie K., Abate H., 2021) leading to the establishment of trust and rapport. Trust is crucial in the nurse-patient relationship and encourages patients to be more open about their health concerns and follow recommended treatments.

One of the consequences of nurses' cultural competence is reduction in healthcare inequalities (French, 2003; Smith, 2015). Culturally competent nurses are able to plan diagnosis, treatment, and care-related activities according to clients' cultures and provides holistic care delivery. Thereby, patients develop greater trust in healthcare systems, show closer adherence to treatment regimens, express greater satisfaction with health care services,

and will have better quality of life (Betancourt et al., 2005; Alizadeh and Chavan, 2016; Cai, 2016; Dudas, 2012; Smith, 1998; Suh, 2004).

Cultural competence significantly impacts the nursing care provided to indigenous people. By recognizing and respecting the cultural diversity of indigenous communities, nurses can deliver patient-centered, respectful, and effective care that leads to better health outcomes and fosters a stronger nurse-patient relationship. Culturally competent nursing care is essential in promoting health equity and addressing the unique healthcare needs of indigenous populations.

The literature review underscores the significance of addressing communication barriers between staff nurses and indigenous people in healthcare settings. Culturally competent communication is crucial to providing patient-centered care and reducing healthcare disparities. Strategies to enhance communication include providing cultural competence training to staff nurses, utilizing interpreter services, and involving indigenous patients in care decisions. Addressing communication barriers can lead to improved patient satisfaction, treatment adherence, and health outcomes among indigenous communities.

Communication barriers between staff nurses and indigenous people are multifaceted and can significantly impact the quality of nursing care. By recognizing and addressing these barriers, healthcare professionals create an inclusive and culturally sensitive care environment, fostering trust and collaboration between staff nurses and indigenous patients. Culturally competent communication is key to promoting equitable and effective healthcare delivery to indigenous communities. Further research and interventions are needed to ensure that healthcare providers develop the necessary skills to overcome

communication barriers and provide culturally appropriate care to indigenous people and all patients in general, regardless of their cultural background.

B. Theoretical Framework

The Interacting Systems theory by Imogene King can provide a valuable lens through which to understand and analyze the dynamics of communication between health workers and indigenous people when rendering professional care.

Basic Assumptions: The study can acknowledge the basic assumptions of the Interacting Systems theory, which emphasizes the importance of communication in achieving shared goals and maintaining health and wellbeing. It recognizes that effective communication between indigenous people and health workers is essential for understanding and addressing healthcare needs.

Systems Framework: The Interacting Systems theory proposes that individuals are dynamic systems influenced by personal, interpersonal, and social systems. In the study, these systems can be explored as they relate to communication barriers. The personal system refers to the beliefs, values, and experiences of indigenous individuals and health workers, which influence their perceptions and communication styles. The interpersonal system focuses on the interaction and communication between indigenous people and health workers, examining the impact of cultural differences, language barriers, and power dynamics. The social system considers the broader societal context, including historical, cultural, and institutional factors that shape communication barriers.

Goal Attainment: The study can incorporate the concept of goal attainment from the Interacting Systems theory. It can explore the goals of both indigenous communities and health workers in the context of healthcare communication. This includes understanding the desired outcomes of effective communication, such as improved access to healthcare, enhanced health literacy, and the establishment of trust and cultural competence between indigenous people and health workers.

Transactional Process: The Interacting Systems theory emphasizes communication as a transactional process. The study can explore how indigenous individuals and health workers engage in mutual exchange of information, understanding, and meaning. It can examine the factors that facilitate or hinder effective communication, such as language barriers, cultural misunderstandings, lack of cultural competence, and power differentials.

Feedback Loops: The study can incorporate the notion of feedback loops from the Interacting Systems theory. It can examine how feedback from indigenous communities and health workers influences subsequent communication and interactions. Feedback can inform adjustments in communication strategies, policies, and healthcare services to address communication barriers and improve overall health outcomes.

By integrating the Interacting Systems theory into the theoretical framework of the study, researcher can gain a comprehensive understanding of the communication barriers between indigenous people and health workers. This theoretical perspective allows for the exploration of personal, interpersonal, and social factors that contribute to these barriers and helps identify potential strategies and interventions to improve communication and promote health equity for indigenous communities.

C. Statement of the Problem

The main focus of the research is to explore the experiences of health workers concerning communication barriers between staff nurses and indigenous people while providing care in Malaybalay City. This study will answer the central question: What are the communication barriers experienced by health workers in their interactions with indigenous patients during healthcare delivery?

This phenomenological study aims to investigate communication barriers between staff nurses and indigenous people in Malaybalay. The findings of the study will be utilized to enhance the cultural competence of staff nurses when communicating with indigenous patients. The study seeks to gain insights into the specific communication challenges faced by staff nurses in their interactions with indigenous individuals, understand how these barriers affect healthcare experiences, and propose strategies to improve communication and foster cultural competence among healthcare providers. Ultimately, the research intends to contribute to improved healthcare delivery and patient experiences in the context of cross-cultural interactions in Malaybalay.

D. Scope and Delimitation

The scope of this study focuses on the communication barriers experienced by staff nurses when rendering care for Indigenous People in Malaybalay City. The study aims to examine the implications of these barriers on the staff nurses client care outcomes in delivering professional care to Indigenous People and identify evidence-based recommendations and interventions to address these communication barriers and enhance the cultural competence of staff nurses.

The study concentrates on communication barriers within the boundaries of Malaybalay City, located in the province of Bukidnon, Philippines. The study will be conducted in the three major hospitals in the city of Malaybalay namely, Bukidnon Provincial Medical Center, Malaybalay Polymedic General Hospital and Bethel Baptist Hospital. It aims to capture the unique experiences and challenges faced by staff nurses in caring for indigenous people.

The study's findings will be applicable to the improvement of cultural competence among staff nurses in their communication with Indigenous People in Malaybalay City. The evidence-based recommendations and interventions developed will be specific to addressing communication barriers and enhancing cultural competence among nurses.

One of the limitations of the study is the restricted time frame available for conducting the research. Generalization of the findings beyond the context of Malaybalay City and the selected staff nurses may require further research and consideration of other factors.

The study does not aim to address broader healthcare system issues or structural factors impacting the communication of staff nurses with Indigenous People. It focuses primarily on the communication barriers experienced by staff nurses and the implications on the outcome of client care.

Overall, this research aims to provide valuable insights and recommendations for improving cultural competence among staff nurses in communicating with Indigenous People in Malaybalay City upon rendering professional care, contributing to the enhancement of healthcare services and outcomes for this specific population.

E. Significance of the Study

This study holds significant value and implications for various stakeholders. The following points highlight the significance of this study:

➤ *Improved Healthcare Delivery:*

Understanding the communication barriers between indigenous people and staff nurses in Malaybalay City is crucial for enhancing healthcare delivery. By identifying and addressing these barriers, staff nurses can tailor their approaches to be more culturally sensitive, linguistically accessible, and responsive to the unique needs and perspectives of indigenous communities. This study can contribute to the development of strategies and interventions that promote equitable healthcare access and improved health outcomes for Indigenous people.

➤ *Cultural Sensitivity and Respect:*

Indigenous communities possess a rich cultural heritage, traditional healing practices, and unique worldviews. Recognizing and respecting their cultural identity in healthcare interactions is vital for establishing trust, rapport, and effective communication. This study can foster greater cultural sensitivity among staff nurses, raising awareness about the cultural beliefs, values, and practices of indigenous communities in Malaybalay City. It can also highlight the importance of cultural competence training for staff nurses to ensure respectful and meaningful engagement with indigenous people.

➤ *Health Equity and Reduced Inequalities:*

Communication barriers often contribute to health disparities among indigenous communities. By addressing these barriers, the study can contribute to the promotion of health equity in Malaybalay City. Improved communication can facilitate better access to healthcare services, accurate diagnosis, appropriate treatment, and preventive care for indigenous individuals. By reducing communication gaps, the study can help bridge the health disparities that exist between indigenous people and the broader population in Malaybalay City.

➤ *Policy and Program Development:*

The findings of this study can inform policymakers, healthcare institutions, and organizations in formulating policies and programs that address communication barriers in Malaybalay City. It can guide the development of guidelines, training modules, and cultural competence frameworks for staff nurses. Additionally, the study can contribute to evidence-based advocacy efforts, supporting the allocation of resources and the implementation of targeted interventions to improve communication in client care.

Overall, this study's significance lies in its potential to promote effective communication, cultural sensitivity and competence, and equitable healthcare access for indigenous people in Malaybalay City. By addressing communication barriers, the study can contribute to fostering understanding, respect, and collaboration between indigenous communities and staff nurses, leading to improved healthcare outcomes and greater overall wellbeing for indigenous people.

CHAPTER TWO METHODOLOGY

This chapter outlines the steps and procedures employed to gather data, analyze information, and draw conclusions in studying Communication Barriers between Health Workers and Indigenous People.

A. Research Design

This research paper employs a qualitative phenomenological approach with a descriptive research design. As a research method, phenomenology seeks to uncover individuals' authentic experiences concerning a specific phenomenon (Suryani, Welch, & Cox, 2013). The study focuses on exploring and comprehending the firsthand experiences of nurses while interacting with indigenous communities in Malaybalay City, Bukidnon. Through phenomenology, the researcher profoundly understands the participants' viewpoints, perceptions, and encounters with communication challenges in healthcare settings.

B. Research Setting

This research paper focuses on capturing staff nurses' distinct experiences and challenges while providing care to indigenous populations in Malaybalay City, specifically at the Bukidnon Provincial Medical Center.

Malaybalay City in Bukidnon, Philippines, boasts rich cultural diversity with various indigenous communities, including Talaandig, Higa-onon, Bukidnon, Umayamnon, Matigsalug, Manobo, and Tigwahanon.

The Bukidnon Provincial Medical Center, a vital tertiary hospital in the region, strives to deliver affordable, efficient, and accessible healthcare services to the local population and surrounding areas. With its 150-bed capacity, the center plays a crucial role in providing essential medical services to the cities of Malaybalay and Valencia and nearby municipalities. Furthermore, the ongoing construction of a 4-story building reflects the center's commitment to accommodating more patients and expanding its professional medical offerings. As a regional medical facility, the hospital provides a holistic services, including emergency care, inpatient and outpatient services, diagnostic and laboratory facilities, and specialized medical treatments. Given its status, the center may also act as a referral hub for complex cases requiring specialized care beyond the capabilities of smaller healthcare institutions. Most of the center's clients hail from the indigenous communities of Bukidnon.

C. Selection of Participants

The research participants in this study are staff nurses employed at healthcare facilities in Malaybalay City, Bukidnon, specifically the Bukidnon Provincial Medical Center and Malaybalay Polymedic General Hospital. The selection process utilized a purposive sampling technique, which targeted nurses with prior experience providing care to indigenous communities. This sampling approach aimed to ensure diversity among the participants, considering factors such as age, gender, years of experience, and cultural background. The sample size was determined based on data saturation, at which no new themes or insights emerged from the data. Data saturation was achieved after gathering information from six participants. The resulting themes and patterns were consistent with the data collected from previous participants, confirming comprehensive coverage of key themes in response to the main research question.

D. Research Instrument:

Data for this research was collected using semi-structured interviews with the participants. These interviews were chosen to elicit rich and nuanced data, offering a flexible yet systematic approach to exploring communication barriers between nurses and indigenous people. The interviews were conducted face-to-face to ensure in-depth and detailed insights into the participants' experiences and perceptions.

The interview protocol was developed through an extensive literature review and reference to existing theoretical frameworks concerning communication barriers, indigenous communities, and healthcare. To ensure the rigor of the study, the interview questions underwent peer review. A panel of three experts in Nursing and Language and Letters reviewed and validated the interview protocol, providing valuable feedback on question clarity, relevance, and possible improvements. The interview questions were crafted to be open-ended, encouraging participants to freely share their experiences and perceptions. This approach was essential to maintain the quality and appropriateness of the data collection process.

E. Ethical Considerations

Before conducting each interview, the participants provided informed consent, emphasizing maintaining confidentiality and anonymity. The participants were well informed that their participation was entirely voluntary, and they retained the right to withdraw from the study at any point without facing any adverse consequences. Additionally, special attention was given to cultural sensitivity, ensuring utmost respect for the beliefs and practices of the indigenous communities.

F. Data Gathering

Data for this research was collected through interviews, with prior consent obtained from the participants. To ensure the study's trustworthiness, the researcher engaged in reflexivity, maintaining a research journal to document any biases and assumptions that may arise during the research process.

The interviews comprised open-ended questions; the guide questions are in Appendix A. The interviews were conducted spontaneously, allowing participants to express their perspectives freely. To establish credibility, the researcher engaged in prolonged engagement with the participants, keenly observing nonverbal cues and maintaining an audit trail of the research topic. Upon data collection, the gathered information was then transcribed verbatim and subjected to thematic analysis. This analytical process involved multiple readings of the transcripts to identify patterns, themes, and commonalities concerning communication barriers between healthcare workers and indigenous communities.

G. Data Interpretation

The data analysis unveiled themes and patterns, which were carefully interpreted to provide a comprehensive understanding of the communication barriers faced by healthcare workers and indigenous communities. These interpretations were firmly rooted in the participants' lived experiences, supported by direct quotes and data examples. The analysis focused on the research objective, establishing connections between the identified themes and delving into the real-life experiences of nurses engaged with indigenous communities.

CHAPTER THREE

RESULTS AND DISCUSSION

This chapter presents the results of a phenomenological study conducted to explore the communication barriers experienced by healthcare workers when interacting with indigenous patients during healthcare delivery. Guided by the grand tour question, 'What are the communication barriers experienced by health workers in their interactions with indigenous patients during healthcare delivery?', the investigation delved into the authentic experiences of healthcare professionals. Data was gathered through in-depth interviews, providing valuable insights into the challenges faced while rendering care to indigenous communities and shedding light on the unique dynamics influencing healthcare interactions with indigenous people. These findings foster cultural sensitivity and enhance healthcare practices to ensure effective and equitable patient care.

The data analysis revealed several themes that encapsulate the communication barriers experienced by both patients and nurses during healthcare interactions with indigenous communities. Notably, some of these themes proved challenging to comprehend fully, difficult to articulate and associated with feelings of anxiety among both patients and nurses. These identified themes' complexity highlights the intricacies of navigating effective communication in cross-cultural healthcare settings. Difficulties in comprehension, Difficulties in Expressing Concerns, Cultural barriers, and managing the underlying anxiety of Indigenous People and nurses within these communication barriers are crucial for fostering culturally sensitive care and improving overall healthcare experiences for all stakeholders involved.

A. Difficulties in Comprehension

In Malaybalay City, communication barriers arise among indigenous people (IPs) due to their distinct dialects, hindering effective communication with healthcare workers. Some IPs need help communicating in the commonly used language, Bisaya, leading to difficulties conveying information between them and healthcare providers. Hand gestures are often employed as a means of communication in such cases. The varying languages and dialects spoken by IPs further contribute to the challenge, as not all understand Bisaya, making it hard to understand medical procedures. While many IPs comprehend Bisaya, some exclusively respond in their native language, posing obstacles to effective communication and understanding of healthcare instructions. These communication barriers necessitate culturally sensitive approaches to bridge the linguistic gap and enhance healthcare delivery for indigenous communities in Malaybalay City.

Communication barriers in healthcare settings can emerge from a need for more understanding and effective communication between healthcare providers and indigenous patient (IP) populations. These barriers encompass various aspects, such as language, beliefs, and religious practices. A significant consequence of such obstacles is the potential for misunderstandings to occur. It is difficult when there is no mutual understanding. Even when speaking in Bisaya, some people still don't comprehend.

One of the participants shared, "The IP patient was in extreme pain, and we cannot grasp their complaints because we (the nurses) cannot understand them." When patients or their significant others need help articulating their concerns or symptoms adequately, it can lead to misunderstandings regarding their condition and diagnosis. Moreover, a lack of accurate medical terminology from healthcare providers, stemming from language barriers, can exacerbate communication challenges. For this reason, it may impede the patient's comprehension of essential information, such as treatment modalities, drug effects on their body, and the nature of surgical procedures. Addressing these communication barriers is necessary to ensure effective healthcare delivery and promote culturally sensitive care for IP patients.

Another participant shared, "Based on experience, it is challenging to communicate with indigenous people, especially considering their distinct cultural background compared to more modernized individuals. For instance, I had a patient who experienced difficulties due to financial constraints, resulting in a lack of access to necessary medications. So, when the watcher knew that the patient would somehow survive, they underwent Home Against Medical Advice just because they could not comprehend the medical situation, as they could only understand two things: whether the patient would survive or not. They were unaware of the disease process, and the watcher only wished for the patient to recover, regardless of the underlying condition." This statement shows that effective communication is paramount in healthcare interactions with indigenous communities. The example provided highlights the challenges faced when indigenous patients and their families have limited access to medical information, resulting in decisions based on survival rather than a comprehensive understanding of the disease process. It emphasizes the need for healthcare providers to bridge the communication gap and provide culturally sensitive explanations to ensure that patients and their families are well-informed and actively involved in the decision-making process regarding their healthcare. Addressing communication barriers can significantly impact the quality of care and patient outcomes in these unique healthcare settings.

Language is a fundamental tool for effective communication and understanding between healthcare providers and patients in the medical field. Healthcare professionals must accurately comprehend the patient's symptoms, medical history, and concerns. One of the participants stated, "Some tribes have a hard time communicating their thoughts. For instance, those living in rural areas don't know how to speak Bisaya. But nowadays, many can speak both Binukid and Bisaya. What I do is I also let them know that I am part of an indigenous group because my family is also from an indigenous tribe, 'Bukidnon.' Some of them immediately recognize and relate to this. By doing so, I can gain their trust. I haven't experienced any difficulties; they usually treat me like any other student."

Furthermore, language diversity in the medical field reflects the diverse cultural backgrounds of healthcare providers and patients. Acknowledging and respecting cultural differences through language understanding and cultural competence is vital for providing culturally sensitive care.

B. Difficulties in Expressing Concerns

Communication difficulties between Indigenous People (IP) and nurses can pose significant challenges in healthcare settings. Therapeutic communication with Indigenous patients may be compromised when language barriers exist, making conveying essential information and understanding their needs challenging. IP patients and nurses may need help expressing themselves clearly and understanding each other's perspectives, leading to potential misunderstandings and inadequate care.

IP patients often face difficulty accurately expressing their symptoms, concerns, and medical histories due to the disparity between their native languages and the dominant language used in healthcare settings. This language barrier can lead to misinterpretation of symptoms, delayed diagnoses, and potentially inappropriate treatment. One participant's statement supports the significance of language in the medical field, "When we can express freely and also the Indigenous Patients, we can enable effective communication, fostering strong patient-provider relationships, and promote culturally sensitive care." Ultimately, this contributes to improved healthcare outcomes and enhances the well-being of patients.

On the other hand, health workers may need help to express their intentions or instructions clearly, leading to potential misunderstandings and challenges in providing appropriate care. When nurses struggle to express their concerns, there is a high chance that the critical information be conveyed differently to the indigenous people. A situation such as that results in a lack of trust from Indigenous People and comprehensive knowledge about the patient's condition, leading to potential errors or oversights in the care provided. Nurses may also encounter challenges in comprehending IP patients' unique cultural beliefs and expressions. Miscommunication can hinder the delivery of precise medical instructions, patient education, and the establishment of trust between the nurse and the patient. One of the participants said, "Being able to communicate in a patient's preferred language can enhance patient engagement, adherence of IP patients to treatment plans, and overall patient experience."

Nurses may encounter challenges expressing their intentions and concerns to Indigenous People (IP) due to a fear of the "sala" tradition. This cultural belief may make nurses uncomfortable, leading to difficulties in communicating openly and effectively with IP patients. The "sala" tradition may involve cultural taboos or practices that nurses may perceive as sensitive or potentially disrespectful, causing them to be cautious in their interactions. As a result, the communication barrier can hinder the establishment of trust and rapport between nurses and IP patients, potentially affecting the quality of care provided. Culturally sensitive communication training and understanding the nuances of the "sala" tradition can help nurses navigate these challenges and ensure effective and respectful communication with IP patients.

During a medical mission of one participant, the difficulty in expressing concerns is a primary factor in rendering care. "We cannot conduct Information, Education, and Communication (IEC) using our language, which hinders us from effectively providing them with the necessary education. That's why we searched for ways to contact them and offer quality healthcare. We took the initiative to approach the head of their community and inquired if some individuals understood our language, and thankfully, there were a few." Those who helped during the medical mission were able to be recommended for enlisting as Barangay Health Workers to assist in extending our IEC programs related to health. They encouraged our Barangay Health Workers to do health teaching in the language the people of the community commonly used, like Bisaya, especially to mothers, as they often are the caregivers of the family. Gradually, more and more individuals comprehended health teachings. "It wasn't an abrupt change but a gradual one." Now, more IPs can seek medical help without hesitation, seeking the health services they need, including family planning, safe motherhood, healthy tips at home, immunization, and other essential healthcare services. With that, the participant concluded that their efforts were practical, as some Indigenous People are now participating in the healthcare programs.

Addressing the challenge of nurses and Indigenous People in expressing concerns necessitates cultivating a nurturing and transparent communication environment within healthcare facilities. Creating an atmosphere where Indigenous People feel empowered to express their concerns fosters trust in the healthcare team. Simultaneously, when nurses are encouraged to communicate their concerns confidently and without apprehension, they enhance their communication abilities, ultimately leading to improved nursing care. Overall, promoting open communication among healthcare professionals is crucial for delivering safe, patient-centered, and high-quality nursing care, benefiting Indigenous People and all patients in general.

C. Anxiety Among Indigenous Patients and Nurses

Anxiety among Indigenous patients and nurses in a hospital setting due to communication barriers can have important implications for patient care and healthcare providers' well-being.

For Indigenous patients, communication barriers may lead to frustration and helplessness, causing increased stress and anxiety during their hospital stay. They may not fully comprehend their medical condition, treatment options, or procedures, leading to heightened anxiety about the unknown and fear of the outcome.

One of the participants had an experience during an Indigenous Child's Hydrocelectomy procedure. The watcher encountered difficulties understanding the instructions and assessments due to the use of different dialects. The nurse provided pre-op medication instructions, but the watchers could not fully comprehend them. Instead, they relied on the information mentioned by the surgeon during rounds. This experience led to heightened anxiety before and after the operation, as they were uncertain about the specific medication administered to their child. "As a nurse, the healthcare professionals involved should have explained the ten rights of medication administration and ensured proper disinfection of the IV port to alleviate such communication challenges," added the participant.

Difficulty expressing concerns or understanding medical information may result in limited participation in shared decision-making, leading to anxiety about not being actively involved in healthcare decisions. That situation can erode the trust between indigenous patients and healthcare providers, contributing to anxiety about the quality and appropriateness of care received.

Nurses may experience professional stress when they cannot effectively communicate with their Indigenous patients, leading to concerns about delivering safe, high-quality care. "Sometimes, I worry that the Indigenous Patient thinks that I did not provide the level of care I desire for my patients.", added one of the participants. The inability to connect with patients on a deeper level due to communication barriers can lead to emotional burdens and feelings of inadequacy among nurses.

D. Cultural Barriers

In addition to language barriers, other cultural factors significantly impact the communication between nurses and indigenous peoples (IPs) in medical fields. These cultural factors include traditions such as "paid-paid" or the use of herbal concoctions, their belief in their "mambabaya" or traditional healers, and varying religious beliefs. Some IPs prefer to rely on their native health practices, seeking care from "manghihilot" or their datu, the leader of their tribe, and only turning to medical help when their health condition worsens.

Nurses must be culturally competent and aware of the traditional healing practices, including "paid-paid" and herbal remedies Indigenous People use. Understanding the significance of these practices in the IP community is essential to provide respectful and patient-centered care. Herbal concoctions may interact with prescribed medications, potentially affecting treatment outcomes. "Nurses must be aware of any herbal remedies or traditional treatments used by IPs and ensure they communicate this information to the healthcare team to avoid adverse reactions."

The belief in the efficacy of traditional healing practices might influence the IPs' adherence to medical treatment plans. Nurses must engage in open dialogue with patients and their families, respecting their cultural beliefs while emphasizing the importance of adhering to prescribed medical interventions.

Cultural beliefs can influence a patient's treatment preferences and decisions. Some patients may prefer traditional healing methods or herbal remedies over modern medical interventions. Nurses must respect these preferences while providing evidence-based information to help patients make informed decisions about their healthcare. For instance, one participant was a pregnant patient who was still 43 yrs old with 15 offspring. Tubal ligation procedure was advised to avoid compromising her health. However, due to cultural restrictions, she declined to undergo ligation or any family planning method. "We could not intervene due to the influence of their cultural beliefs." She added.

An inferiority complex may also arise from perceived cultural differences, which can further impact effective communication between nurses and Indigenous People. When individuals from indigenous backgrounds feel inferior or marginalized in a healthcare setting, it can lead to various communication barriers, such as Reluctance to Speak Up. Indigenous individuals may hesitate to express their concerns, questions, or preferences to healthcare providers. They might believe their opinions or perspectives should be valued and respected, reducing engagement in healthcare discussions.

Due to a sense of inferiority, some indigenous patients may refrain from sharing important medical information, lifestyle habits, or cultural practices that could be vital for accurate diagnosis and treatment. This withholding of information can hinder the nurse's ability to provide personalized and culturally sensitive care.

Feelings of inferiority can also create a communication gap between nurses and indigenous patients. The patients may need to fully comprehend the healthcare provider's instructions or explanations, leading to misunderstandings and potentially incorrect interpretations of medical advice.

The sense of inferiority may lead some indigenous patients to question the validity of medical recommendations or feel unworthy of receiving proper care. "One of my patients said that she can take the medicine by herself and she can take the temperature by herself because she felt like she was taking a lot of my time," said one of the participants. Consequently, they might not fully adhere to prescribed treatment plans, leading to compromised health outcomes.

If indigenous patients feel inferior or discriminated against, they may develop a lack of trust in healthcare providers. This distrust can affect the nurse-patient relationship and deter indigenous individuals from seeking regular medical care.

Indigenous patients may feel disempowered and less involved in making decisions about their health when facing an inferiority complex. This can result in a lack of active participation in treatment plans or medical decisions.

Addressing the effects of the inferiority complex on communication is crucial in healthcare settings. "Nurses must adopt culturally sensitive communication strategies, actively listen to patients, show empathy, and create a supportive and respectful environment for indigenous individuals," said one of the participants. Building trust and fostering open dialogue help bridge the communication gap and ensure that indigenous patients receive the best care in unity with their unique cultural and individual needs.

These cultural factors highlight the importance of culturally sensitive approaches in healthcare delivery to ensure better communication and understanding between healthcare providers and indigenous communities. Addressing these factors can foster trust and facilitate improved healthcare outcomes for IPs.

However, one of the participants said that almost everyone in Bukidnon trusts their healthcare providers, indigenous or not, especially if they feel empathy from the nurse. "I can confidently say that the nurse's attitude towards the patient is more important in establishing rapport," she added. Patients are more open and cooperative with a compassionate nurse than a rude one.

E. Compromised Patient Care

While nurses strive to provide universal care that transcends language and cultural barriers, the impact of effective communication on patient care cannot be understated, especially when it comes to Indigenous People (IP) patients. Ensuring unambiguous communication becomes even more critical in IPs, as they may face unique challenges in articulating their health concerns and fully understanding the treatment process.

When cultural and communication barriers exist, IP patients may experience feelings of alienation and being misunderstood, which can lead to a lack of trust in the healthcare provider. Consequently, this breakdown in trust can hinder open communication and patient engagement in essential healthcare activities, such as early ambulation and deep breathing exercises. The inability to establish effective communication with IP patients can create a disconnect between the healthcare provider and the patient, making it difficult for nurses to gain patients' confidence and cooperation.

This lack of open communication and trust in the nurse-patient relationship can have severe consequences on rendering care. The compromised patient-provider relationship may lead to hesitancy or resistance from the patient in following treatment recommendations or adhering to prescribed medications, ultimately undermining the overall quality of care.

Moreover, the language barriers that IP patients may encounter in medical settings can exacerbate the challenges in effective communication. When patients struggle to express their symptoms accurately or comprehend medical information due to language differences, there is a heightened risk of misunderstandings and misdiagnoses. This compromised exchange of critical health information can result in delayed diagnoses and inappropriate treatment plans, significantly impacting patient outcomes and well-being.

By recognizing the significant effect of poor communication on patient care, particularly concerning Indigenous People, healthcare professionals can take proactive measures to bridge the communication gap and deliver compassionate and patient-centered care. Cultivating a culture of open and empathetic communication will not only enhance the nurse-patient relationship but also lead to better health outcomes and improved overall well-being for IP patients and all individuals seeking healthcare services.

CHAPTER FOUR

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter presents a comprehensive discussion of the significant findings, conclusion, and practical recommendations derived. The chapter synthesizes the key insights obtained through in-depth interviews with healthcare professionals and Indigenous People, shedding light on the challenges encountered in healthcare interactions within this unique cultural context. Through a meticulous analysis of the data, this chapter offers valuable contributions to the field of healthcare communication, aiming to enhance the provision of culturally sensitive and effective care to Indigenous communities in Malaybalay City.

A. Summary of Findings

Indeed, the summary of findings provides a comprehensive exploration of the lived experiences of nurses in the context of communication barriers between healthcare workers and indigenous people. By delving into the various themes and challenges identified in the study, the summary sheds light on the complexities and nuances that healthcare providers, particularly nurses, encounter in their interactions with indigenous patients.

Difficulties in comprehension arise due to distinct dialects among indigenous people, hindering effective communication with healthcare workers. Language barriers can lead to misunderstandings, delayed diagnoses, and compromised patient care. While many indigenous individuals comprehend the commonly used language, Bisaya, some exclusively respond in their native language, posing further communication obstacles.

Expressing concerns becomes challenging for both patients and nurses when language barriers exist. Patients may struggle to articulate their symptoms and medical histories accurately, while nurses may struggle to express their intentions or provide instructions. The "sala" tradition may contribute to nurses' reluctance to express concerns, impacting trust and rapport with indigenous patients.

Cultural barriers, including traditions such as "pahid-pahid" and herbal remedies, belief in traditional healers, and varying religious beliefs, also affect communication. Understanding and respecting these cultural practices are crucial for providing culturally sensitive care.

Anxiety among indigenous patients and nurses may arise due to communication barriers, leading to frustration, helplessness, and professional stress. Patients may experience anxiety about their medical condition, treatment options, and lack of participation in healthcare decisions. Nurses may feel inadequate and emotionally burdened by the inability to connect deeply with patients.

The inferiority complex can further impact effective communication, leading to reluctance to express concerns, withholding information, and diminished trust between patients and healthcare providers.

Compromised patient care results from communication barriers, hindering trust and patient engagement in healthcare activities. Misunderstandings and delayed diagnoses can occur, impacting treatment plans and patient outcomes.

Ultimately, the summary serves as a stepping stone for understanding the lived experiences of nurses in navigating communication barriers with indigenous communities. It provides a foundation for further research and initiatives to address these challenges and foster more inclusive and culturally sensitive healthcare practices. By acknowledging the barriers and complexities of communication, healthcare institutions, and policymakers can work towards creating environments that promote open dialogue, mutual understanding, and improved patient care for indigenous populations and beyond.

B. Conclusion

In conclusion, the study on communication barriers between health workers and indigenous people in Malaybalay City highlights significant challenges hindering effective communication. Difficulties in comprehension, difficulties in expressing concerns, Cultural differences, and compromised patient care were identified as key contributing factors. To address these barriers, fostering cultural sensitivity, providing language access services, and integrating indigenous health workers into the healthcare system are crucial steps towards improving communication and ultimately enhancing healthcare experiences for the indigenous population in the city.

C. Recommendations

In light of the findings from the study, several key recommendations have been formulated to enhance healthcare delivery and foster culturally sensitive interactions. These recommendations also aim to address the challenges faced in effective communication between healthcare providers and Indigenous People, ultimately striving for improved patient care and health outcomes. The following section presents a concise overview of the recommendations to bridge communication gaps, promote cultural understanding, and ensure equitable healthcare services for all individuals, irrespective of their cultural backgrounds.

➤ *Improved Healthcare Delivery*

To address communication barriers, healthcare facilities in Malaybalay City should prioritize the development of language support services and training programs for healthcare workers. Providing language interpretation services and language classes enhances communication with Indigenous People. Additionally, incorporating cultural competency training for healthcare professionals can promote understanding and sensitivity towards Indigenous communities' unique needs and beliefs.

➤ *Cultural Sensitivity and Respect*

Encouraging a culture of respect and cultural sensitivity within healthcare settings is essential. Healthcare providers should be mindful of the diverse cultural backgrounds of their patients and strive to create an inclusive and welcoming environment. This involves respecting traditional healing practices and beliefs while integrating them with evidence-based medical care.

➤ *Health Equity and Reduced Inequalities*

Efforts should be made to reduce health disparities faced by Indigenous People. Policymakers and healthcare institutions must work together to ensure equitable access to quality healthcare services for all individuals, regardless of their cultural background. This may involve implementing targeted health programs to address specific health issues prevalent among Indigenous communities and providing financial support for those who face economic barriers to healthcare access.

➤ *Policy and Program Development*

Healthcare institutions and policymakers must collaborate in developing policies and programs that address the unique needs of Indigenous People. This could include involving Indigenous community leaders in decision-making processes, conducting regular evaluations of healthcare programs' effectiveness, and adapting interventions based on feedback from both healthcare providers and Indigenous patients.

➤ *Partnerships with Indigenous Communities*

Building strong partnerships with Indigenous communities is essential for effective healthcare delivery. Involving community members in planning interventions and implementing healthcare programs can ensure that interventions are culturally appropriate and aligned with the community's values and preferences.

➤ *Health Education and Awareness*

Enhancing health education and awareness among Indigenous communities empowers individuals to make informed decisions about their health. Healthcare providers should engage in culturally sensitive health promotion activities that are exclusive to the needs of the indigenous people and their communities. This may include disseminating health information through local media channels, community gatherings, and traditional communication methods.

By implementing these recommendations, healthcare workers and policymakers can work together to address communication barriers and create a healthcare system that is inclusive, culturally sensitive, and effective for Indigenous People in Malaybalay City, Bukidnon.

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APPENDIX A

Consent

AUBREY S. EDIO
PhD in Nursing Student
Notre Dame of Dadiangas University

July 17, 2023
Consent Form

Title: **Bridging the Gap: Unraveling Communication Barriers Between Nurses and Indigenous People in Professional Care**

I am Aubrey S. Edio, a PhD in Nursing student in Notre dame of Dadiangas University conducting a phenomenological study titled " Bridging the Gap: Unraveling Communication Barriers Between Nurses and Indigenous People in Professional Care". The purpose of this study is to explore the lived experiences of nurses with communication barriers between health workers and indigenous individuals within the context of Malaybalay City.

As a participant in this study, you will be asked to engage in one or more of the following activities:

- Participate in a one-on-one interview with the researcher.
- Share your experiences, thoughts, and perceptions related to communication barriers with health workers in a confidential manner.
- Provide insights into the cultural aspects that might influence communication in healthcare settings.

Your identity will be kept strictly confidential throughout the study. All collected data will be anonymized, and any identifying information will be removed to ensure your privacy. The data will be securely stored and accessible only to the researcher.

Participation in this study is entirely voluntary. You have the right to withdraw at any stage without any negative consequences.

There are no known risks associated with participating in this study. However, by sharing your experiences, you may contribute to increasing awareness about communication barriers in healthcare settings, which could potentially lead to improvements in healthcare services.

If you have any questions or concerns about the study, please feel free to contact me, Aubrey S. Edio, at 091772361**.

Consent:

By signing this form, you indicate that you have read and understood the information provided above. You voluntarily agree to participate in the study and grant permission for the use of the data you provide for research purposes.

Participant's Signature: _____

APPENDIX B

Interview Guide Questions

Interview Guide Questions for the study entitled: Bridging the Gap: Unraveling Communication Barriers between Nurses and Indigenous People in Professional Care

What are the communication barriers experienced by health workers when interacting with Indigenous People in Malaybalay?	
What communication barriers hinder effective communication between health workers and indigenous people in Malaybalay?	
What cultural differences and misunderstandings contribute to communication barriers between health workers and indigenous people in Malaybalay?	
What are the implications of communication barriers on the healthcare worker's outcomes in delivering professional care to Indigenous People?	
How do communication barriers affect health workers' ability to express their concerns to Indigenous People when rendering care in Malaybalay?	
What impact do communication barriers have on the delivery of culturally sensitive and appropriate healthcare services to indigenous people in Malaybalay?	
How do communication barriers contribute to health disparities and limited healthcare access for indigenous people in Malaybalay?	