

Don't Count Me Out: Advice from Older Black Women to Healthcare Professionals

Danette L. Myers

Abstract: Communication between healthcare professionals and older Black women can be hampered by many factors, particularly cultural gaps, sensory decline, and the fast-paced nature of healthcare settings. After witnessing my own grandmother's struggle to be heard by her doctors, I sought to provide an avenue for others like her to share their experiences. Therefore, this qualitative case study aims to document the narratives of seven Black women ages 67+ and, in doing so, provide insight for improved communication and cultural competence.

Keywords: older Black women, communication strategies, narratives, healthcare encounters, culture

The purpose of this study is to explore the participants' stories about their communication preferences and experiences during routine doctor's visits. Some factors that contribute to older Black women experiencing communication issues with healthcare providers include systemic racism and lack of cultural competence. These communication barriers are associated with broader disparities in health outcomes, including challenges related to chronic disease management, access to social support, and mental health outcomes among Black women (Adams & Craddock, 2023). Consequently, there is a need for specific interventions targeted to improve the older Black woman's experience in healthcare settings.

My personal experience with my grandmother inspired this study. During numerous interactions with healthcare professionals, she often felt rushed, dismissed, and invalidated by comments such as, "You are just getting older and should expect to feel that way. Go ahead and take this prescription, and we will see you back in two weeks." As a result, she frequently expressed frustration and discomfort when disclosing her physical ailments to her doctors. As a healthcare educator, I began to question whether my grandmother's experiences with healthcare interactions were common among other women within her demographic group.

Navigating the communication, review, interpretation, and management of medical information can be challenging. However, these steps are essential for everyone, particularly for older adults who may need to see their healthcare providers more frequently. It's important that everyone feels at ease when discussing their health with professionals. Finding a physician with whom patients feel comfortable talking is the first step in good communication (National Institute on Aging, 2021). The use of specialized terminology and medical jargon by physicians can be intimidating and discouraging for those experiencing the aging process. Thus, this research seeks to explore how to improve interaction between older Black women and their healthcare professionals; advice will be provided to both healthcare professionals and educators interacting with this population in hopes to increase knowledge of and comfort with communication strategies, leading to better plans of care and a higher quality of life for their patients.

Narrative research, like that applied in this study, uses various methodological approaches to analyze the stories shared by the study participants (Riessman, 2008). Individuals often make sense of their experiences through storytelling, using narratives to communicate with others and interpret the world around them. The key to narrative inquiry is the use of these stories as data: more specifically, first-person accounts of experiences told in story form, having a beginning, middle, and end (Merriam, 2009). At the heart of narrative analysis is “the ways humans experience the world” (Connelly & Clandinin, 1990, p. 1).

The method approach of positionality was utilized from my perspective as the researcher, who serves as an instrument of data collection, analysis, and a filter of the information (Denzin & Lincoln, 2003; Merriam, 2009). This implies that the data are processed through this human instrument, who makes decisions, analyzes, and reflects. To ensure credibility, the qualitative data must capture relevant aspects of the researcher’s self, including biases, assumptions, expectations, and experiences, to substantiate their ability to conduct the research (Greenbank, 2003). Thus, I chose to use individual interviews to identify how others felt the same as my grandmother. During the interviews, participants simply wanted to share their stories and be heard. All study participants were happy about sharing special memories as well as challenges they face as older Black women.

To recruit participants for the study, two strategies were helpful: referrals and snowball sampling. The snowball sampling method involves the interviewee suggesting another potential candidate for interview and passing their information along. By continually asking current participants for additional contacts, the researcher is able to expand the pool of candidates like a “snowball,” leading to the accumulation of more information-rich cases (Patton, 2002).

Talking about communication challenges alone could be difficult and, furthermore, embarrassing and seen as shameful when discussing personal healthcare. Pseudonyms were assigned to each participant, and specific details were omitted when documenting the stories, such as names of clinics and specific healthcare professionals.

During individual interviews, the participants were asked the following questions:

- 1) What are your experiences navigating interactions with healthcare professionals?
- 2) How did you select your healthcare professional?
- 3) What do you like and dislike about them?
- 4) What communication strategies do you prefer to be used by your healthcare professionals during your appointments?
- 5) How do the doctor and nurse speak to you?

After analyzing the participants’ narratives on their communication preferences, a few themes surfaced: positive perceptions, frustrations encountered, and advice to healthcare professionals. The following excerpts are essential parts of data gathered from the individual interviews during this qualitative research.

Positive Perceptions

Overall, participants perceived politeness and respectful communication from healthcare professionals as indicators of positive engagement. Additionally, simple gestures such as a proper greeting, offering a handshake, eye contact, or just acknowledging their presence were viewed as encouraging signs of respectful interaction. When these verbal and nonverbal behaviors were present, participants reported more positive experiences during their interactions with healthcare professionals.

On 34 occasions, the participants used specific language to confirm the existence of their positive perceptions. Some of the cited language included the importance of a pleasant demeanor and attentive listening. Face-to-face communication, as well as the use of phone calls instead of email messages, were also documented as contributors to positive perceptions.

When asked to describe their experiences during routine doctors' visits about their communication preferences, participants did not mention medical competence and expertise; instead, they mentioned how polite and patient the doctor was. "Lilly-Mae," who previously worked as an educator, verbalized appreciation for a warm approach by the healthcare professional and the fact that she felt respected by the doctor. Below illustrates the study participants' verbatim positive feedback and communication preferences gathered in the interview.

"Kandace":

My doctors are in San Antonio, so I sometimes must rely on phone communication. However, I always prefer face to face dialogue, especially when I have a lot of questions. Being older, I have experienced a lot over the years. I realized that I have to ask the doctors or nurses to speak louder because I do not hear them well sometimes. Some of my doctors have the tendency to mumble words and they do not realize their voice dropped and it is easy to say, "Oh, that is because she's old..." I appreciate when the healthcare professionals make eye contact with a smile and have a pleasant voice. I prefer them to take time and talk to me. Do not keep walking out the door while you are speaking because I cannot hear you well with your back toward me. I came to this appointment to meet you, so respect my time and give me your total attention.

Lilly-Mae:

What I like about him, that he is very thorough. I feel like, "Oh everything is, you are really doing well." He is very positive. In his office there are three healthcare professionals that work together with him, so if he is not available the other two physician assistants are able to fill in the gap for him. I appreciate this because there is a good continuum of care. Oh, they also speak to me very respectfully and kind. They are concerned about my well-being.

These interviews revealed the importance of patients having positive perceptions of healthcare providers. Participants looked for various cues (e.g., eye contact, a smile, facial expressions, hand gestures, encouragement, and overall friendliness) that they reported as indications of sincerity and which fueled and shaped the participants' views of whether their general encounter was positive or not. This particular aspect of participants' interactions falls under *constructed knowledge*, during which participants placed emphasis on both subjective and objective strategies for knowing (Belenky et al., 1986). This theory posits that participants understand they can acquire knowledge by listening to their healthcare professionals but also by listening to themselves. How these study participants intuitively felt about their situation was valid because it had bearing on their inclination to schedule a follow-up appointment and how closely they would adhere to the doctor's orders. Black feminist thought supports the idea that Black women possess a unique standpoint or a unique perspective and that they share these perceptions as a group (Hill Collins, 1990). Some of these commonalities became evident through the narratives presented.

Frustrations

The collected data revealed 39 times in which study participants articulated their frustrations. Some common frustrations mentioned by the study participants included a general lack of consideration of their time and perspective. More specifically, the study participants voiced that their time was disregarded when they were forced to wait long periods of time prior to actually meeting with the doctor. Then finally, upon meeting with the healthcare professional, they were not given adequate time to address their concerns.

As individuals age, certain cognitive functions decline increasingly, such as eyesight and hearing abilities; additionally, older adults tend to process information at a slower pace and use less working memory, which may challenge their ability to process multiple bits of information at a given moment (Speros, 2009). Healthcare professionals should be attentive listeners and careful observers, recognizing both what older patients say (verbal) and what they may struggle to express (non-verbal), to better understand patients' experiences and respond to their needs.

Study participants expressed concerns about not being respected, feeling ignored, and being overlooked. In this regard, Belenky et al. (1986) explained the development of self, voice, and mind in relation to silence and the struggle to be heard, included, and respected. When ignored by healthcare professionals as mentioned by the study participants, this behavior of silence is activated. In this stage of knowing, Black women view themselves as mindless, voiceless, and without freedom to express their thoughts. For example, "Ms. Rose" said, "The doctors already know their responses without asking or consulting with me and without listening to me, so why should I say anything? They do not listen to me." Without conversing, listening to others, and drawing out their own voice, people fail to develop a sense that they can talk and think things through (Vygotsky, 1978). In addition, "Betsy" commented, "They do not give old people the attention they deserve. It is like they forgot about us." Communication is the sharing of information, the giving and receiving of messages, and the transfer of information from one or more people to one or more other people (Savery & Duffy, 1995). In coding the data, three

subthemes emerged related to feelings of frustration: long wait times, not enough time per visit, and not listening. Below represents the study participants' expressed frustrations experienced during routine doctors' visits.

Betsy "The Boss Lady":

Doctors really do not take their time because they are in such a hurry. I really do not think they take enough time with old people and give them the attention they need and deserve. Society in general seems to be in a rush. Everybody is in a rush. Everything is a rush. When the healthcare folks do not take time with me and rush me, I forget a lot of things I wanted to say and remember them when you get home. Oh well, too late now. I want them to use patience. Give us old people a chance. We do not think fast and are very slow, old, and forgetful. So, remember that we are slow, old, and forgetful. Not only in body and motion, but in our thinking facilities. Be patient with us because we are old people who are forgetful.

"Sallie":

There are so many steps. The person who gave me the information was either a nurse or a nurse's aide, something like that, and very fast. I do not know if that was because I do not look my age. I would guess it might have something to do with that, because only older people typically will not pay attention. But she appeared to be frustrated with me. I felt like I was rushed, and I let her know. She lightened up a little bit, and we got through the appointment successfully.

Long wait times to see the doctor, not enough time with the doctor, negative feelings eroding their confidence, and feeling dismissed, ignored, and disrespected were common frustrations among the study participants. Experiencing such frustrations appeared to establish within the participants that they were being ignored and their voices silenced. In certain situations, silent women have little awareness of their intellectual capabilities and live as voiceless; therefore, when ignored it could appear as a normal act of life according to Belenky et al. (1986).

Recommendations for Healthcare Professionals and Educators

This study focuses on capturing the perspectives of several older Black women. The goal of the study was to document the stories of this population during their interaction with healthcare professionals and advocate the need for improved care for diverse populations, especially those who are elderly. Productive communication with older patients may result in increased satisfaction, improved adherence to orders, and subsequently better health outcomes. It is crucial that medical students are culturally competent and aware of how nonverbal expressions may be interpreted differently depending on the patient's background and identity.

Several times the study participants offered advice on how to increase their positive perceptions and diminish their noted frustrations. For example, being kind, polite, and visibly engaged

during conversations was suggested by participants. Furthermore, they conveyed the need for healthcare professionals to thoroughly explain medical instructions. According to participants, medical information, ranging from diet to medication usage, could be communicated better. Older adults process information at a slower pace and use less working memory, which may induce challenges processing multiple bits of information at once (Speros, 2009).

Educators in healthcare should train their students in effective communication practices, as it is essential in providing quality care, particularly for vulnerable populations. Current practices should transition from a “one size fits all” model that generalizes older people into broad categories to a model that caters to diverse individuals. This study emphasizes the diversity and complexity of older Black women through their stories about frustration with their physicians. Educators should shift their curriculum towards a more encompassing model that takes into consideration these individual stories to better serve this community. Students should receive training prior to entering the field to help them connect with diverse cultures and backgrounds.

These future healthcare providers should avoid making assumptions or stereotyping individuals who may not have the same privileges as the majority population. Healthcare professionals should identify and adopt effective strategies to help them connect to their patients. Building trusting relationships allows these diverse populations, including these older Black women, to feel more comfortable communicating their healthcare concerns. When healthcare professionals understand their patients' communication preferences, they are better equipped to effectively meet their needs. Two participants provided the following advice related to this expressed a need for more detailed information.

Kandace:

I would like them to speak to me and call me by my first name because that would be more personable. Most of the time they will just start talking and do not acknowledge me. I mean, especially if I have not seen them in a while. For example, my heart doctor, it will be six or seven months since I have seen him, so he may have forgotten the specifics about me. However, I still would hope he would at least read my chart, and say, “Okay Ms. Kandace, I see you have done this or that.” Doctors should be a little more personable.

Lilly-Mae:

Yes, I would like them to repeat what you just said. For instance, when dealing with my aging parents, the healthcare professionals need to ensure that their patients understand those instructions. The same with me: If they give me instructions about a specific medication, they should have me repeat those instructions back to them and display that I understand. Another piece of advice is to just be personable. I realize that they have personal lives too and are human beings, however, as their patients, we are priority. Healthcare professionals have a series of patients that come in and out of their offices with all sort of conditions that need to be addressed. Yes, they have families too, but they

should be more personable. I think doctor's visits would be much better when the patient is able to talk and the healthcare professional listens. I'm not talking just to hear myself, but I need them to listen to me.

Conclusion

All study participants concluded that there are opportunities for healthcare professionals to improve their interactions with older Black women. Specifically, participants expressed a desire for healthcare professionals to be less passive and more patient during medical encounters. The interviews also revealed that participants wanted providers to make an effort to establish a personal connection by engaging in behaviors commonly viewed as courteous, such as maintaining eye contact, smiling, and speaking in a respectful tone. These behaviors were important to participants because they signaled that their personal experiences and perspectives were being acknowledged and valued.

Within the context of this study, *subjective knowledge* refers to the understanding individuals develop through their lived experiences, which shapes how they interpret interactions and evaluate whether their concerns have been (or are being) heard and respected. Each of the areas of improvement noted by participants arose from their need for healthcare professionals to be in conversation with their subjective knowledge, namely by showing attentiveness in ways that resonate with them and intentionally conveying it.

According to Wiebe (1997), unclear communication can cause an entire medical encounter to fall apart. Alongside speech, facial expressions and other forms of silent messaging are considered a particularly important aspect of the study participants' experiences. Non-verbal communication was linked to rapport, warmth, supportiveness, agreement, and interest. Unfortunately, lapses in verbal and non-verbal communication have resulted in the group of study participants feeling forgotten as individuals and as a generation. This sentiment was further verbalized in statements describing being left out, dismissed, and neglected.

In this study, the participants shared their personal experiences. Most of the participants referred to the doctor as their "own" healthcare professional, symbolizing a sense of belonging and a close connection. Eye contact, facial expressions, body language, and hand gestures were perceived as underlying messages that indicated sincerity. The study participants reported feeling more engaged and important when asked about personal details such as family events, social activities, and hobbies. The use of warm words and a friendly tone of voice was very much valued by the study participants. When participants have positive experiences to draw upon, their perceptions become more optimistic and their responses more receptive. By taking the time to demonstrate attentiveness to older Black women, healthcare professionals can improve not only their current and future healthcare experiences, but also their cognitive and physical health outcomes.

References

- Adams, V., & Craddock, J. (2023). Patient–provider communication quality as a predictor of medical mistrust among young Black women. *Social Work in Public Health, 38*(4), 334–343. <https://doi.org/10.1080/19371918.2023.2177225>
- Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). *Women's ways of knowing: The development of self, voice, and mind*. BasicBooks.
- Connelly, F., & Clandinin, J. (1990). Stories of experience and narrative inquiry. *Educational Researcher, 19*(5), 2–14. <https://doi.org/10.3102/0013189X019005002>
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2003). *The landscape of qualitative research* (2nd ed.). Sage.
- Greenbank, P. (2003). The role of values in educational research: The case for reflexivity. *British Educational Research Journal, 29*(6), 791–801. <https://doi.org/10.1080/0141192032000137303>
- Hill Collins, P. (1990). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Unwin Hyman. <https://doi.org/10.4324/9780203900055>
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation. Revised and expanded from qualitative research and case study applications in education*. Jossey-Bass.
- National Institute on Aging. (2021, March). *A guide for older adults: Talking with your doctor* (NIH Publication No. 21-AG-3452). U.S. Department of Health and Human Services, National Institutes of Health. <https://order.nia.nih.gov/sites/default/files/2021-06/talking-with-your-doctor.pdf>
- Patton, M. Q. (2002). *Qualitative research and evaluation options* (3rd ed.). Sage.
- Riessman, C. K. (2008). *Narrative methods for the human science*. Sage.
- Savery, J. R., & Duffy, T. M. (1995). Problem based learning: An instructional model and its constructive framework. *Educational Technology, 35*(5), 31–38. <https://www.jstor.org/stable/44428296>
- Speros, C. (2009). More than words: Promoting health literacy in older adults. *OJIN: The Online Journal of Issues in Nursing, 14*(3), Article 5. <https://doi.org/10.3912/OJIN.Vol14No03Man05>
- Vygotsky, L. S. (1978). *Mind in society*. Harvard University Press.

Wiebe, C. (1997, December). What did you say? Tips for talking more clearly to patients. *ACP Observer*.

About the Author: Danette L. Myers, PhD, RHIA is Assistant Professor and BSHIM Program Director, Department of Health Informatics and Information Management, Texas State University, Round Rock, TX (dml19@txstate.edu).