Intertext

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Intercultural Communications: Medicine Across Cultures

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INTERCULTURAL COMMUNICATIONS

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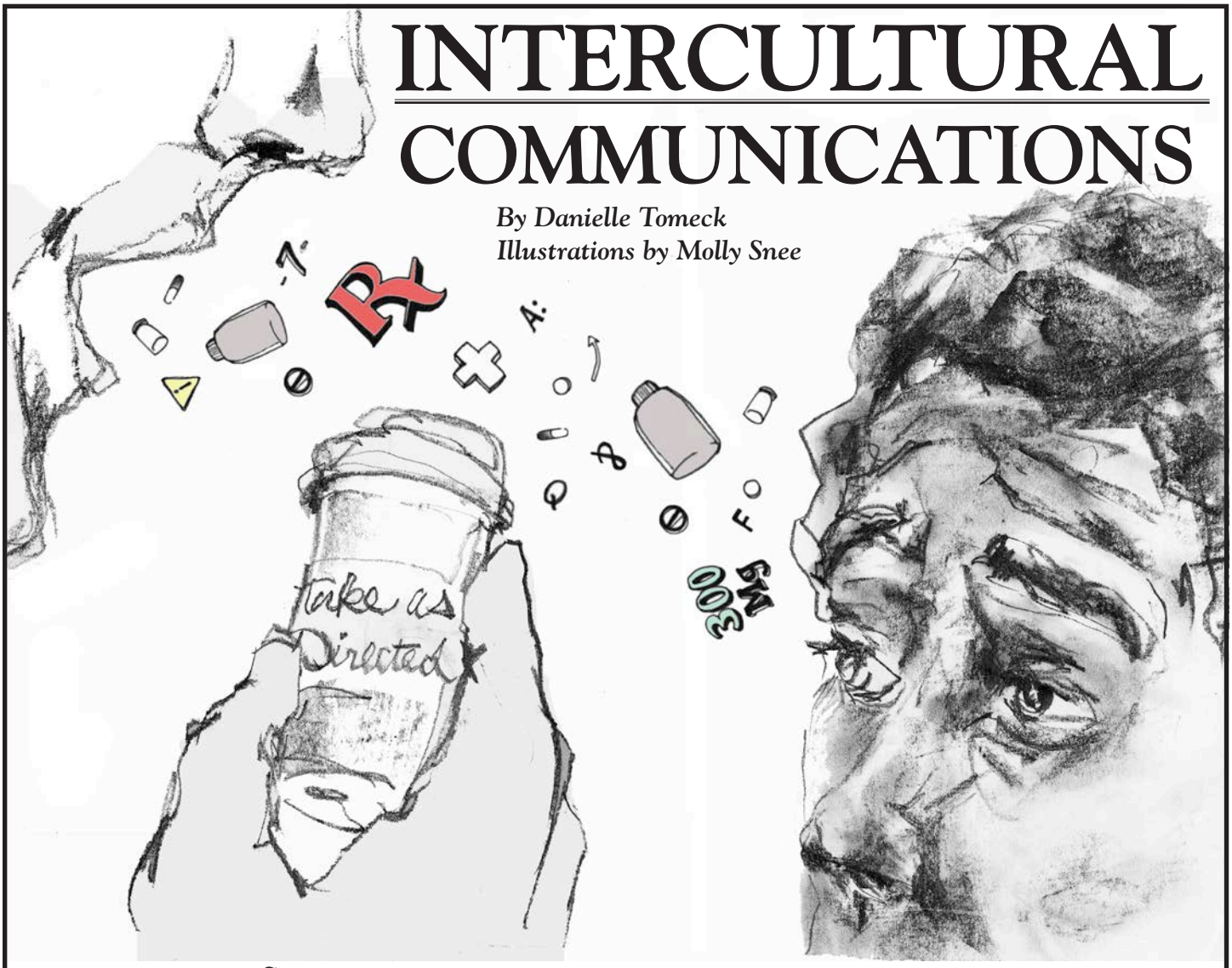


PROFESSIONAL & ETHICAL COMMUNICATION IN MEDICINE ACROSS CULTURES

Globalization has had quite an impact on the world of communication. Effective cross-cultural communication is essential in business, politics and medicine alike. This report explores the realm of intercultural communications as it relates to the medical world.

Globalization is forcing professionals to change their ways of thinking and their strategies of communication. Essentially, globalization is the economic, societal and cultural integration within a region. This process is driven by a combination of economic, technological, sociocultural, political, and biological factors. As globalization increases cultural integration, the need for intercultural communication skills increases. Intercultural communication skills have a large role in global medical practices and research. Consequently, medical professionals need to respond to these changes and acquire effective intercultural competence.

Intercultural communication serves a vital role to prevent the consequences of miscommunication and misunderstandings, which are detrimental to medical practices. Effective communication also can increase ethical practices and aid to avert mistakes or malpractice.

These days, important decisions in medical research and clinical practices affect citizens of more than one nation. The question of whether or not communication between people of different cultures is effective, and whether or not all parties emerge with

the same understanding, is of crucial importance. Professionals who encounter people from different cultures should want to learn how to improve their performance outcomes, and broaden their interpersonal skills by bettering their intercultural communication skills. Cultural communication awareness has become a business in itself as the need increases, and it is the purpose of this paper to explore this in detail.

Methods

Substantial research was conducted to create a review of cross-cultural communication in the medical eld. The majority of resources were obtained from online databases, journal articles and public health websites. The most valuable and relevant information on the topic of intercultural communication in medicine was integrated into this report.

Discussion

The author of *Ethnocentrism: A Barrier to Effective Health Care* states, "A breakdown in cross-cultural communication and understanding, which stems from the tendency of health care professionals to project their own culturally speci c values and behaviors onto the foreign-born patient, has contributed signi cantly to non-compliance in this patient population (Theiderman 1986)." Awareness of intercultural communication is a necessity for patient compliance, patient-satisfaction, and overall ethical medical practices. However, many medical practitioners are not culture-savvy and therefore, their effectiveness as clinicians, and the level of patient care, are sacri ced.

Socio-cultural Barriers: The American Sign Language Community

A study conducted on intercultural communication with patients who use American Sign Language examined clinician preparedness to communicate with such patients. ASL is the third-most predominantly used language in the United States (Barnett 2002). The study found that deaf people and their physicians reported dif culties with physician-patient communication. Deaf people also reported fear that their health care is substandard because of these dif culties. This study concluded that preparing clinicians to work with patients and families who communicate in American Sign Language is the best way to improve quality of patient care.

American Sign Language is different from the English language, and users of American Sign Language often have their own sociocultural norms that differ from those of other cultures. Rules for conversation structure in the Deaf community differ from those in the majority culture. Sharing of valuable and essentially information only can occur when face-to-face communication is possible; therefore, important information is shared early in the conversations. Socializing occurs after the important business has been addressed. Also, in the Deaf community, conversation closing is a long process.

Now, contrast this communication structure with that of the medical interview, where physicians often start with conversation to build their credibility and then move to discussing the visit agenda. Additionally, the closing a medical interview is often brief and followed rapidly by the physician leaving the room. If unrecognized, these cultural differences in communication styles can lead to severe miscommunication. Physicians unaware of the different rules may be frustrated by their attempts to join with deaf patients (or deaf parents of patients), who seem to move too quickly to discuss the topic of the visit. A Deaf person may be frustrated by the physician's attempt at rapport building, which may be experienced as avoidance or worse. By placing rapport building rst, the physician may be communicating that the topic is more important than the reason for the visit. Interview closure may also be frustrating, with the physician feeling frustrated that the closure is taking too long and the Deaf person feeling frustrated that the closure is too brief. Moving rapport building toward the end of the medical interview may work better with deaf patients.

Effective Use of Professional Interpreters

Perhaps, in addition to learning how to better communicate with patients and families across cultures, students and residents can learn how to collaborate with interpreters and how low cultural literacy impacts physician-patient communication. The use of interpreters to facilitate communication across cultural barriers is one useful tool to improve cross-cultural communication. Interpreters are important for both the physician and the patient.

Unfortunately, one disadvantage of using an interpreter is that the patient often assumes the majority of the risk related to poor outcomes resulting from

ineffective communication when quality interpreter services are not used. A professional translating company, called Trusted Translators Incorporated, states, "Our professional translators are native speakers and quali ed linguists who make sure that your translations are accurately translated, conveying the correct message in the desired tone" (Translation Services 2009). According to the American Sign Language study, accuracy of translation is one of the most important parts of translating, which is often sacri ced when not using quality translating services.

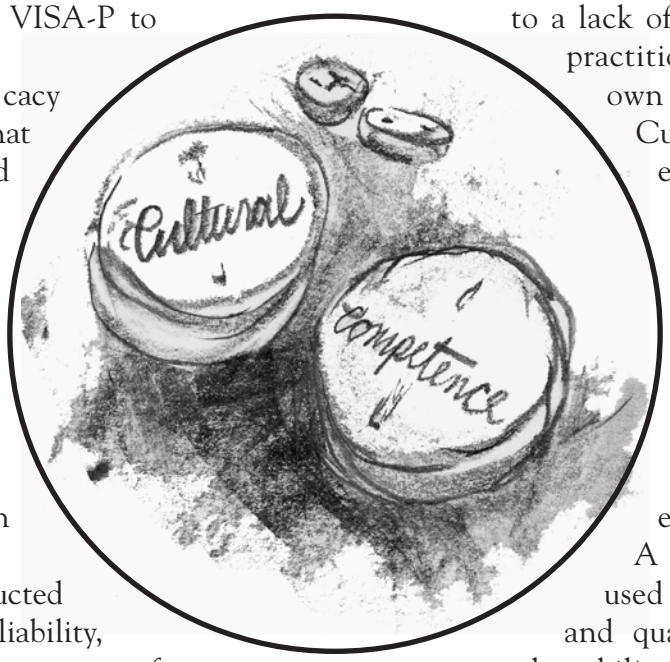
Similarly, The University of Washington's Medical Center website states that professional interpreters are a very important resource in the medical world, because they are often the quickest and easiest way to solve the issue of cross-cultural communication. Therefore, it is of utmost importance that the interpreter comes from a credible translating company. The website goes on to detail ways to effectively utilize an interpreter, listing that it is important to, "let the interpreter know of any major issues or goals for the upcoming session…. Let the interpreter brief you on her method, which is usually rst-person and consecutive" (How to Use an Interpreter Effectively 2009). First person interpretation means that the interpreter repeats "I" statements made by either the clinician or patient. Also, typically the interpreter will convey each party's tone and emotion, and will clarify that she is inserting her own opinion if necessary and appropriate. A consecutive interpretation means that one party will talk, and then the interpreter will talk, interpreting what was just said. The University of Washington Medical Center indicates that this style is more effective in a health care setting than simultaneous interpretation, which can cause sensory overload for the persons listening. It is important, when using a translating service, to recognize that thought and meaning may get lost in translation and that the English-language is not universal. However, if the proper etiquette is used, interpreters can be a very ef cient component in any aspect of medicine.

Reliability of Translation

A study conducted in the Netherlands, investigated the effectiveness of an English-based VISA-P medical evaluation translated into Dutch. The VISA-P is an English-language, self-administered test developed in Australia to monitor rehabilitation and to evaluate the outcomes of clinical studies. The questionnaire evaluates the severity of symptoms, knee function, and the ability to play sports in athletes with patellar tendonitis. The focus of this study was to translate the questionnaire into Dutch and to study the reliability and validity of the Dutch version. The results showed that the translated Dutch version of the VISA-P questionnaire

is equivalent to its original version, has satisfactory test-retest reliability and is a valid instrument for evaluating symptoms, knee function and the ability to play sports for Dutch athletes with patellar tendonitis (Zwerver 2009). A similar study found the same results when translating the VISA-P to Swedish (Frohm 2004).

Similarly, The Falls Ef cacy Scale is an inventory that measures a patient's fear and risk of falling. The FES-I is an English-based test, but has been successfully translated into many different languages (Ruggiero 2009). Studies conducted on the validity of the Italian, German and Dutch versions of this test have all been proven effective (Dias. 2006).



In all of the studies conducted on translation validity and reliability, the researchers stressed the importance of accurate translation and attribute their ndings to following the recommended international translation guidelines. These ndings stress the importance of cultural competence and effective cross-cultural communication, because if executed correctly, cultural barriers will not burden medical care.

Ethnocentrism

Lia Lee was a three-month-old Hmong child with epilepsy. Her doctors prescribed a complex regimen of medication designed to control her seizures. However, her parents felt that the epilepsy was a result of Lia "losing her soul" and did not give her medication as indicated because of the complexity of the drug therapy and the adverse side effects.

Instead, they did everything logical in terms of their Hmong beliefs to help her. They took her to a clan leader and shaman, sacri ced animals and bought expensive amulets to guide her soul's return. Lia's doctors felt her parents were endangering her life by not giving her the medication so they called Child Protective Services and Lia was placed in foster care. Lia was a victim of a misunderstanding between these two cultures that were both intent on saving her. The results were disastrous: a close family was separated and Hmong community faith in Western doctors was shaken (Cultural Competency in Medicine, 2009).

Differences in cultural beliefs are also roadblocks in research and clinical practices in the medical world. Cultural sensitivity, and knowledge of different cultural beliefs, also contributes to more ef cient cross-cultural communication, however, due to a lack of cultural competence, often practitioners react with only their own cultural ideals in mind. Cultural competence is an essential component of health care education. A study published in The Journal of Allied Health explored the development of cultural competence in 14 physical therapy students during their nal 23 weeks of clinical education experiences (Hillard 2008). A mixed methods design was used to quantitatively measure and qualitatively describe cultural adaptability as an indicator of cultural competence. The subjects completed the Cross-Cultural Adaptability Inventory at the end of their curriculum and again at the end of their clinical education experiences. Qualitatively, four themes emerged that described students' cultural encounters with patients, families, and co-workers: 1) recognizing cultural descriptors, 2) consideration of feelings, values, attitudes and beliefs, 3) effective communication to break down barriers, and 4) awareness of strategies for current and future cross-cultural practice. This study concluded that clinical cultural encounters are important in the progression toward cultural competence in physical therapy students. Changes in attitude appear to be the key to effective cultural encounters as students learn to communicate and connect with anyone perceived to be different from them.

Similarly cultural differences can make it dif cult to diagnose medical issues. A study conducted on patient care found that many minority group patients who attend primary health care are depressed. To identify a depressive state when practitioners see patients from other cultures than their own can be dif cult because of cultural and gender differences in expressions and problems of communication. The study aimed to explore and analyze how general practitioners think and deliberate when seeing and

treating patients from foreign countries that display potential depressive features. Three themes emerged from the investigation: "Realizing the background", "Struggling for clarity" and "Optimizing management". The study concludes that dialogue about patients' illness narratives and social context are crucial. There is a great need for multicultural, general practice care in the depressive spectrum. It is also essential to be aware of practitioner's own conceptions in order to avoid stereotypes and not to under- or overestimate the occurrence of depressive symptoms (Lehti 2009).

Cross-Cultural Communication in Curriculum

The contemporary American society is much more diverse in race, culture, language, religion, and ethnicity than ever before. Although scientific, evidence-based models increasingly guide health care, individual patients are increasingly seeking health care that addresses their personal beliefs and needs. Physicians must develop the knowledge and the skills to engage patients from different cultures and to understand the beliefs and the values of those cultures. If physicians focus only on a narrowly defined biomedical approach to the treatment of disease they will often misunderstand their patients, miss valuable diagnostic cues, and experience higher rates of patient noncompliance with therapies. Such miscommunication will also result in greater patient dissatisfaction and more malpractice suits. Physicians who actively seek to understand their patients' cultures will find their simple efforts amply rewarded by improved patient access to health care, increased patient satisfaction, and greater clinical effectiveness.

In medicine, an over-arching theme is the importance of adequate and effective communication skills. The eld of cross-cultural communication focuses on the ability to communicate effectively and provide quality health care to patients from diverse sociocultural backgrounds. In recent years, medical schools in the United States have increased recognition of the growing importance for incorporating cross-cultural curricula into medical education. Cross-cultural medical education in the United States has emerged for four reasons: 1) the need for providers to have the skills to care for a diverse patient population, 2) the link between effective communication and health outcomes, 3) the presence of racial/ethnic disparities that are, in part, due to poor communication across cultures, and 4) medical school accreditation requirements.

Studies show that there are three major approaches to cross-cultural education that has been developed: 1) cultural sensitivity and awareness approaches that focus on attitude, 2) multicultural and categorical approaches that focus on knowledge, and 3) cross-cultural approaches that focus on skill levels. The patient-based approach to cross-cultural care combines these three concepts into a structure that can be utilized to care for any patient, at anytime, anywhere. This should be taught using patient cases and highlighting clinical applications and it should be integrated into the larger curriculum whenever possible.

A 2006 national survey of pediatric clerkship directors revealed that only 25% taught cultural competence, but 81% expressed interest in a validated cultural competence curriculum (Mihalic 2009). Since 2006, there has been an increase in the percentage of programs that teach cultural competence as a part of their curriculum. Educators and clinicians at Harvard Medical School have tried to apply all of these lessons to their work, and have started to develop a strategic integration process in attempt to raise awareness, impart knowledge, and teach cross-cultural skills to medical students over the four years of schooling (Betancourt 2009).

A growing number of medical school programs offer immersion opportunities for their students. A Director of International Medical education at UMASS Medical School states that, "Students learn language and [cross-cultural] skills they can use in a U.S. practice by experiencing cultures and medical practices in their indigenous settings "(Cultural Immersion Medical Education 2008). First-hand experience with different cultures is an enormous step toward cultural competency in the medical world.

Conclusion

A generation ago, the experience of practicing medicine across cultural lines was far less common than it is today. The ever-increasing rate of globalization is forcing medical professionals to change their ways of thinking and communication. Cross-cultural communication skills play a large role in global medical practices and research. Consequently, medical and research professionals need to respond to these changes and acquire effective intercultural competency and communication skills.

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