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CULTURALLY COMPETENT COMMUNICATION IN HEALTH CARE: WHY IT MATTERS

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CULTURALLY COMPETENT COMMUNICATION IN HEALTH CARE: WHY IT MATTERS[4]

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Abstract. Establishing a more inclusive and culturally literate health care system is critical to supporting health care as a basic human right regardless of the legal status of patients. To do this, health care providers must be culturally equipped to respond to patients who come from different cultural spaces and have different worldviews, attitudes, and beliefs towards the social practice, including the concept and treatment of illness. Studies in the field of health care have shown that medical professionals need additional training in culturally competent communication, especially in ethnically heterogeneous surroundings, where potential barriers such as different languages, cultural norms, history between groups, ethnocentrism, etc., might pose obstacles to effective interaction between health care practitioners and patients. This paper offers some solutions to the possible communication gaps and suggests skills and strategies that might be taught to medical students and staff through mandatory or elective courses which would include: remaining silent with the patient; remaining non-judgmental; showing acceptance of what the patient is saying; giving recognition; offering oneself; giving the patient the opening; leading the discussion; making observations; encouraging communication; and paraphrasing. Adequate cultural competence can ensure that patients receive the care they need to live healthier lives irrespective of race, ethnicity, gender or sexual orientation.

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Introduction

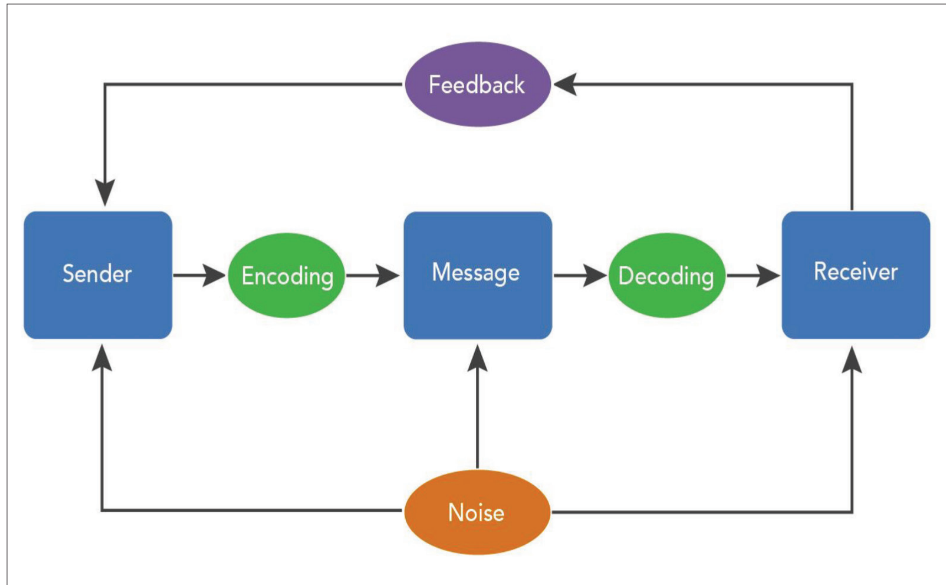
Cultural competence in health care means delivering effective, quality care to patients who have diverse beliefs, worldviews, values and attitudes towards illness. It requires health care systems that can personalize health care according to cultural and linguistic differences, but most of all it requires understanding the potential impact that cultural differences can have on health care delivery (Bouder & Martin, 2013, p. 6).

Thus, the main focus of culturally competent communication is on understanding cultures and accepting cultural differences rather than trying to determine which cultural norms are acceptable. Hence, the ultimate goal of any healthcare system is to deliver the highest quality of care to every patient, regardless of race, ethnicity, sexual orientation, cultural background, language proficiency, or legal status. To do this, effective culturally competent communication is imperative for the interaction between health care practitioners (HCP) and patients. According to McCorry and Mason (2020, p. 4), culturally competent communication in healthcare has three main purposes:

1. To accumulate health information about the patient;
2. To give comprehensible feedback about patient's health; and
3. To gauge the patient's behavior and, their beliefs about health and illness in order to improve the patient's compliance with treatment.

Communication between HCP and patients (and sometimes their family) occurs to improve and advance patient health, and it comprises five steps (Samovar et al., 2017, p. 350) (see Figure 1).

Figure 1. Communication process in health care



To illustrate this five-step process, let us picture a patient who is afraid of needles, comes from another culture, and does not speak the second language well with a registered nurse (RN) who is about to draw blood from the patient's arm. First, the RN must instruct the patient on how to sit down in the chair and place their arm on the armrest (Step 1 in the communication process: the sender has an idea how to communicate). The RN then instructs the patient with verbal codes (or words) on how the arm should be positioned on the armrest (Step 2 in the communication process: the sender encodes the idea in a message). Apart from verbal codes, the RN uses nonverbal codes (i.e., gestures) to demonstrate the proper placement of the patient's arm (Step 3 in the communication process: the message travels through a channel which can either be verbal or nonverbal). The patient listens to instructions despite anxiety (Step 4 in the communication process: the receiver decodes the message). The patient sits in the chair places their arm on the armrest and says: *Is this the way to do it?* (Step 5 in the communication process: the receiver understands the message and sends feedback to the sender of the initial message). It is important to note that during the communication process anything that disrupts effective communication can be considered noise such as physical limitations (for instance, patient's hearing impairment), cultural differences (verbal and nonverbal codes that are different across cultures), and language barriers (the patient does not speak the language well and cannot explain the medical problem). This might sound simple but getting a clear message across from the sender to the receiver

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involves not only sophisticated communication skills, but also substantial cultural knowledge. Here, it is important to note that failure to understand and manage cultural differences in health care may have serious consequences on the whole treatment process and treatment outcomes. Hence, the purpose of cultural competence in health care is to raise awareness that cultural differences in communication exist which can lead to miscommunication and, consequently impede treatment outcomes.

The Three Basic Communication Concepts in Health Care

To avoid misunderstanding in health care communication, there are three basic communication concepts that every HCP should bear in mind (McCorry & Mason, 2020; Bouder & Martin, 2013; Ofri, 2017):

1. Explanatory Model of Illness – This model gives the HCP knowledge of the beliefs the patient holds about illness, the cultural and social meaning they attach to an illness or a condition, expectations about care, their ability to understand the prescribed treatment, treatment goals, and treatment outcomes.

2. Negotiation – The initial aspect of HCP-patient negotiation is to understand each other in relation to the following: rapport, assessment, diagnosis, treatment, and cure. Generally, there are various reasons why HCPs and patients may have different ideas on how to restore a patient's health. The main factors are, by all means, cultural differences in the explanatory models of illness.

3. Culture – Culture is usually defined by sets of criteria, such as beliefs, values, worldviews, customs, language, behaviors, and other factors shared by a group of people. Cultures also create unique patterns of beliefs about health and illness, how they are perceived, to what they are attributed, how they are interpreted, and how and when health services are sought. Therefore, health care providers should not approach health care from a single cultural perspective or Western medical tradition; rather, they must learn to treat patients from other cultural backgrounds in a culturally competent manner (Bakić-Mirić et al., 2018, pp. 97–98). This means that if the HCPs understand culture-specific beliefs and values, particularly those related to health, life, and death, they can better understand and more appropriately influence patient decision-making processes. Let us take the following example as an illustration of sensitivity to cultural differences as well as the role that culture plays in health care. For instance, in Muslim culture or Orthodox Jewish culture women are not allowed to be touched by a man outside of their family. If a male doctor is aware of this, it will help them to examine and treat Muslim and/or Orthodox Jewish female patients in a culturally appropriate way. Also, it is a well-known fact that Muslims do not eat pork. As certain medicines, such as insulin, have pork ingredients in them a doctor can face legal issues if they prescribe them to a

strictly practicing Muslim. Nevertheless, if the doctor already has some idea of the Muslim culture, they can inform the patient about the ingredients before prescribing the medication (Attum et al., 2018, pp. 73–75).

Moreover, every HCP should be aware that effective communication is undeniably characterized by support, clarity, and empathy. If we add cultural differences to this, effective communication becomes even more important. Here are some useful tips for improving communication with patients who come from different cultures (Bakić-Mirić et al., 2018, pp. 99–100):

• The HCP should treat the patient in the same manner they would like to be treated: all patients want to be treated with respect, courtesy, and dignity.

• During the visit, the HCP should address the patient formally and then gauge the level of formality needed because some cultures are more formal than others.

• If the patient does not look the HCP directly in the eyes or does not ask questions about the treatment, the reason for this might be because such behavior is induced by patient's cultural norms because direct eye contact is considered disrespectful in some cultures.

• The HCP should not frown upon patient's beliefs about health, illness, prevention, and cure. Some cultures perceive these notions differently than the Western medical tradition and this should be respected.

• The HCP should always ask a patient about their preferred medical decisions. In some cultures, medical decisions are even made by immediate family members or the extended family. This is important because patient compliance largely relies on this.

• The HCP should never assume that patients are familiar with particular medical tests or procedures and should therefore always explain them to patients. For instance, a woman who has given birth multiple times does not know what routine vaginal examination looks like or a patient does not know that they need to cleanse their bowels before colonoscopy.

• During examination, the HCP should always speak slowly in declarative sentences and use plain language avoiding unnecessary medical terminology. They should face the patient, use appropriate nonverbal communication, and always make sure that the patient understands what they are supposed to do concerning treatment and therapy regimen.

Generally, successful communication between HCPs and patients is largely dependent on the effectiveness of patient–HCP interaction during the visit, the validity of the patient's expectations about care and treatment, and the ability of the doctor to fulfill them.

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Potential Barriers to Culturally Competent Communication in Health Care

As we have already seen, communication is a complex process. When different cultures are involved in the communication process, the number of potential problems increases exponentially. To avoid this, all health care professionals should be aware of the following five potential barriers to effective culturally competent communication:

1. Language – Often, two interlocutors do not speak a common language or they simply do not have enough knowledge of a language to effectively communicate. In particular, if the HCP speaks their native language and medical language and the patient has a limited or reasonable command of that language and medical language – miscommunication can easily occur. Just as mentioned before, it is advisable for the HCPs to communicate clearly and professionally using plain language (Samovar et al., 2017, p. 353).

2. Cultural norms – Cultural norms are shared, forbidden, and integrated belief systems and practices that characterize a cultural group. They foster reliable guides for daily living and contribute to the health and wellbeing of the group. For instance, religious (faith-based) restrictions largely affect cultures and in that sense health care (e.g., particularly in Muslim and Jewish culture as regards food restrictions, administration of certain medications, treatment of female patients etc.) (Attum et al., 2018, p. 55).

3. History between groups – Negative aspects of a shared history between two cultures can impede effective communication. Competition for resources, political disputes, territorial preferences, and the effects of past conflicts can create strong biases, stereotypes, and prejudices that effective communication is almost impossible despite the most honorable and cause-worthy intentions (Марковић Савић & Бакић Мирић, 2022, p. 194).

4. Ethnocentrism – In some cases, intercultural interaction can be influenced by an individual's ethnocentrism, or the belief that one's culture ('in-group') is superior to another's culture ('out-group'). Arguably, all humans are to some extent ethnocentric which can influence an individual's ability to successfully communicate across cultures. For instance, highly apprehensive migrant patients may feel "suspicious, defensive, and hostile" toward HCPs and their different social and cultural norms (Somanth et al., 2008, p. 1280).

5. Intercultural communication apprehension – This concept is defined as the fear or anxiety associated with communication with people from different cultural groups. Patients' fear to approach and communicate with HCPs, coupled with their own communication apprehension in a foreign language can negatively impact treatment and health outcome(s) (Samovar et al., 2017, p. 355).

6. Anxiety – Anxiety is partially due to communication obstacles such as a patient's limited knowledge of the language and differences in verbal and

nonverbal communication styles. For instance, migrant patients may experience feelings of impatience, frustration, and suspicion even while anticipating the medical encounter. In such cases, the HCP should first try to calm the patient and then proceed with the medical interview (McCorry & Mason, 2020, p. 170).

7. Nonverbal communication – This type of communication occurs when both the HCP and the patient observe each other's body language. Nonverbal communication is usually unintentional and it includes body language, movement, posture, gestures, personal space, paralanguage, facial expressions, eye contact, and touch. When culture is added to all this, communication problems can arise because the HCP cannot always be sure what certain nonverbal behaviors mean in different cultures. For instance, many nonverbal cues, particularly eye contact, are culturally specific and need to be interpreted accordingly and based on the sender's cultural background. Furthermore, gestures are also one of the most culture-specific forms of nonverbal communication as one gesture can have a different meaning in different cultures. This means that a gesture interpreted as positive in some cultures may be interpreted as negative in other cultures. Also, personal space in different cultures is perceived differently (Cole & Bird, 2014, p. 259). Generally, personal space provides security and control; people very often feel threatened or uncomfortable when that space is breached. In the health care setting patients are often required to abandon their personal space so that they could be properly examined and subsequently treated. As mentioned before, this may be considered culturally inappropriate and offensive in some cultures, especially for female patients.

Incidentally, only by recognizing that these barriers exist can culturally competent communication in health care take place. To do this, a culturally competent HCP should suspend the presuppositions and beliefs they have about other cultures and practice cultural humility[5] as an ongoing and continuous professional growth. Additionally, they should also learn to appreciate how cultural competence contributes to the practice of medicine and public health, and demonstrate willingness to explore cultural beliefs that influence patient's decisions about treatment and to collaborate and overcome cultural and linguistic challenges in the clinical encounter (Somanth et al., 2008, p. 1283; Dreachslin et al., 2013, p. 115). One way to do this is by introducing cultural competence courses in medical schools (as part of the core curriculum during the senior year) and/or hospitals (as professional development) with an aim to develop future health care providers as culturally competent speakers or mediators, who will be able to engage in different intercultural encounters in hospitals (from

[5] Cultural humility is a process of self-reflection in which a person tries to understand personal and systemic biases and generalizations he or she might have about other cultures. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another person's experience, which stems from a different culture.

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simple to more complex ones) and approach patients from different cultures with cultural awareness and sensitivity.

Skills and Strategies for Effective Culturally Competent Communication in Health Care

By now it should be clear that every HCP needs to have effective interpersonal skills, which are crucial for successful interaction with both peers and patients. These skills include but are not limited to respect, empathy, assertiveness, tactfulness, and humility. These are indicators of the HCP's character and their ability to show compassion and caring for others. As far as culturally competent communication is concerned, there are certain skills and strategies every HCP can develop to optimize communication with patients. According to Coulehan and Block (2006, pp. 3–23), Cole and Bird (2014, pp. 61–93), and McCorry and Mason (2020, pp. 62–64) some of the more important are remaining silent with the patient, remaining non-judgmental, showing acceptance of what the patient is saying, giving recognition, offering oneself, giving the patient the opening, leading the discussion, making observations, encouraging communication, and paraphrasing.

1. Remaining silent with the patient – At times a patient will need to gather thoughts and formulate what they want to tell the HCP. This might take time due to a language barrier or cultural patterns of behavior. This is the time when the HCP will need the skill of remaining silent and not pressure the patient to respond with immediacy.

2. Remaining non-judgmental – During the visit, a patient may reveal that they have different beliefs (alternative medicine, herbal cures, folk remedies etc.) about illness. In such case, the HCP should not disapprove of those beliefs, rather they should be respectful, empathic and non-judgmental even if patient beliefs are not aligned with the Western medicine.

3. Showing acceptance of what the patient is saying – While a patient is narrating their medical history, explaining any issues relating to care and treatment, such as visits to shamans or folk healers, practicing acupuncture and/or taking herbal medicines or prayers the HCP should listen carefully and occasionally include small verbal cues such as, *Yes, I understand* or *Okay* even if they disagree with the patient's approach to treatment and cure. This should be accompanied by nonverbal cues such as body language, positive to neutral facial expressions and eye contact.

4. Giving recognition – The HCP should always give recognition, reinforce, and encourage the patient to take a positive attitude towards treatment and not berate or offend them if they are, for instance, taking folk medications instead of traditional ones.

5. Offering oneself – During the visit, every HCP should always show that the patient is their priority and that they are always available to them professionally by providing them not only time but also compassion and empathy.

6. Giving the patient the opening – The HCP should allow their patient to initiate discussion about their issues once in the office. This is best done by asking them open-ended questions such as *What is the reason for your visit?* or *What seems to be the problem?* or *How may I help you?*

7. Leading the discussion – A patient can stop the conversation with the HCP out of fear, anxiety, embarrassment or any other reason. In such instances, it is the HCP who should continue and lead the discussion with verbal cues such as *Please go on* or *Tell me what happened next?*

8. Making observations – While the patient is talking about their issues, the HCP should be observant without appearing judgmental for any reason. This means that if the patient is talking about their head trauma and the HCP notices that the patient's knee is bruised and swollen, the HCP should ask the patient about the knee and not ignore it because two injuries might be related.

9. Encouraging communication – The HCP should always encourage a detailed communication by asking the patient to be explicit and clear about what they are feeling so that the HCP can have a complete picture of the patient's condition and prescribe the right treatment.

10. Paraphrasing – This is the most important strategy in health care where the HCP paraphrases back to the patient what they had told the HCP and vice versa, especially after prescribing treatment, particularly if there is also a language barrier involved. This largely enhances understanding and also builds successful rapport between the HCP and the patient.

Skilled medical practitioners will be mindful of which of the above communication strategies or combination thereof would be best suited to any given bi-/multi-cultural communication setting with their patients. Gauging patient needs and cultural sensitivities are as important as providing the necessary treatment to aid their prognosis and recovery.

Conclusion

Globalization, international mobility, and medical tourism have meant that the age of largely homogenous HCP-patient settings has long ended. In many health care settings, it is not only the HCP-patient interaction that is heterogenous, but many medical professionals themselves are also a part of multi-cultural teams which necessitate effective communication. This point is considerably more pertinent in the case of the HCP-patient relationship.

Culturally competent communication in health care can largely improve patient care, increase patient satisfaction, compliance with drug therapy plans,

and improve healthcare outcomes. Therefore, healthcare providers must be aware of the role culture plays in healthcare as failure to do so may have grave consequences on health outcomes. To avoid this, every HCP should bear in mind that patients who come from different cultures have different perceptions about health and illness, treatment, and cure. This means that in order to have successful treatment outcomes, every HCP should be aware of cultural differences, which is the most important factor in culturally competent communication. After all, effective communication between HCPs and patients from different cultures is a central clinical objective and one of the first steps towards building successful rapport. This is largely dependent upon the effectiveness of HCP–patient communication during the visit, patient's expectations about care and treatment and the ability of the doctor to fulfill them.

In conclusion, health care professionals of the 21st century should not only possess excellent clinical skills to provide adequate patient care but they should also possess excellent communication and cultural competence skills that are quintessential to ensuring positive health outcomes for all patients regardless of race, ethnicity, cultural background, language proficiency or legal status.

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Због чега је важна културолошки компетентна комуникација у здравству?

Резиме

Успостављање инклузивније и културолошки компетентније здравствене заштите од изузетног је значаја за здравство уопште јер је право на лечење основно људско право без обзира на легални статус неког лица. Како би се ово спровело, здравствени радници морају бити културолошки спремни за овакве изазове када лече пацијенте из различитих култура који имају другачије погледе на свет, веровања и ставове према болести. Студије у области здравствене заштите показале су да је медицинским радницима потребна додатна обука у културолошки компетентној комуникацији, посебно у етнички хетерогеном окружењу, где потенцијалне баријере као што су различити језици, културолошке норме, историја међу групама, етноцентризам, итд., могу представљати препреке за ефикасну интеракцију између здравствених радника и пацијената. Овај рад нуди нека решења за могуће недостатке у комуникацији и предлаже вештине и стратегије које би студенти медицине и медицинско особље могли научити кроз обавезне или изборне предмете или пак кроз додатну обуку у болницама. Обуке би укључивале: ћутање, неосуђивање пацијента, прихватање онога што пацијент говори, похвалу пацијента, доступност, давање пацијенту могућности да започне разговор, вођење дискусије, запажање, подстицање комуникације и парафразирање. Адекватна културолошка компетенција може осигурати да пацијенти добију негу која им је потребна за здравији живот, без обзира на расу, етничку припадност, пол или сексуалну оријентацију.

Кључне речи: културолошка компетенција; здравство; здравствени радници; пацијент.

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