

COMMUNICATING WITH PATIENTS FROM DIFFERENT CULTURAL BACKGROUNDS

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Undoubtedly culture is a factor that influences the medical interview and medical communication by and large. Therefore it is important for a doctor to become aware and acknowledge all these cultural differences that may come along in the doctor – patient interaction. If doctors treat their patients as individuals and allow them to explain their cultural backgrounds (values, beliefs, expectations), this will help them to improve the relationship with their patients and ultimately to allow their patients to better enhance and respond to their medical treatment.

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Taking into account the fact that we are all different and, besides that, we are all the products of the culture we are coming from, when we speak about the problem of communication in healthcare settings, we have to pay attention to many details that may improve doctor-patient relationship nowadays. These issues have become even more important nowadays as people's tendency to move from one place to another has increased as compared to one or two decades ago. Undoubtedly culture is an important influencing factor in a good doctor-patient relationship and attention should be given to all the stages that make up the medical encounter. Age, gender, religion, nationality, marital status, profession or level of education and language ability are all factors that may lead to situations which can easily cause offence in any medical encounter. Doctors nowadays have to become aware of this problem, understanding that what may be insignificant to one patient may have an enormous importance to another. Thus doctors have to be sensitive to cultural differences and show respect for the beliefs of others. Doctors should treat people as individuals, but at the same time acknowledge the influence of culture and explore it when it is relevant or necessary.

It is important to allow patients to explain their cultural background values, beliefs and expectations. Being aware of cultural issues, doctors may make a better assessment of the patient's behavior and thus they may improve the quality of this relationship and ultimately, the quality of the patient's response to the medical treatment. Thus each stage of the medical encounter should be treated with the utmost care especially when we speak of multicultural contexts when either the doctor or the patient is a non-native speaker of the language (our reference is made to the English language). Therefore, if we are to refer to the very beginning of the medical encounter, the moment when the doctor has to take the **medical history** and to understand the **patient's complaint**, he / she will have to obtain a lot of information about the condition of the patient who is seeking help. In order to make a correct diagnosis, the information must be accurate, complete and as relevant as possible. Research shows that there are several ways to do that, but we mainly have to refer to the ways in which a doctor has to envisage all the cultural barriers that may come along and how he / she will be able to overpass them. During this first stage of the medical encounter the doctor **has to listen to the patient**. Listening is one of the most important components of communication. As the doctor listens to his / her patient, he / she will have to make sure that this is active listening. If at this

stage the doctor has any problems in understanding the patient, he / she will have to check that the information received is accurate by repeating or summarizing it. **Non-verbal behavior** also plays an important part in this stage of the medical consultation. In order to show that he / she is listening to the patient, the doctor may nod the head, make eye contact or make an appropriate use of posture (for example, sitting forward facing the patient). Doctors also have to be able to pick up cues as patients may not be willing to reveal all the information or all their concerns and feelings. An experienced doctor, however, will be able to detect all these feelings in a patient and help him / her to express all these anxieties and discomfort. Therefore, **facilitation** is also an important component of **active listening**, the aim being that of helping patients to talk about their problems. On the other hand, doctors should be aware of the fact that by means of the same non-verbal behavior, they may also send messages that may be easily misinterpreted by the patients who come from a different cultural background. If there are other problems encountered throughout the dialogue, doctors may ask their patients to clarify what they have said (for example, “*Can you describe the pain in more detail?*”). At the end of the consultation doctors have to **summarize** what the patient said. At this point, summarizing back to the patients allows time for the patient to add any other relevant information.

Once the doctor has explored **the history of the presenting complaint** and the patient’s ideas, concerns and expectations, they have to check to obtain some other information referring to the patient’s previous general health and also about **personal and social history**. We believe that special attention should be paid especially to the way in which these personal questions are asked as there may be **sensitive issues** for patients when talking about personal details. Doctors will need to know how to carefully use language for divorced couples, lesbian or gay partners, drinking habits, sources of stress, use of drugs (“*What do you do for a living?*”, “*Have you traveled anywhere recently?*”, “*Do you live with someone else at home?*”, “*What sort of house do you live in?*”).

During the **examination of the patient**, doctors (but also nurses) need to be able to give and receive instructions on how to perform medical procedures. They have to be careful when giving instructions to the patients as politeness and gentleness are differently perceived in other cultures. On the other hand, sometimes, a literal translation from one language to the other may not overlap with the exact meaning in the other language. Talking among each other, healthcare professionals may use the imperatives (e.g.: “*Insert the needle...*”), as in such circumstances the use of the imperative does not sound polite. However, when it comes to the patient, it is important to take a more gentle approach to fit into the conventions of the politeness in the English language. A common way to express polite requests when asking patients to follow instructions are by using the verb “Can” (“*Could you... / Can you... ?*”). It is also important for the doctor to be able to provide clear information about the procedures, including what the patient experience or what he / she would feel. Doctors should also relate the procedures to the treatment plan and also encourage questions about any possible anxieties and negative outcomes.

The second part of the interview is where patients are give information. Using appropriate language is an important way to make the doctor’s explanations easier to be understood. Especially in these multicultural contexts, patients should be provided with the

information they can easily remember and understand. The use of jargon or of too specialized terms should be avoided. Likewise, doctors should encourage patients to stop and ask questions in order to check understanding of what has been discussed. There are some other specific communication skills involved in this closing phase. This stage usually contains details about the administration of drugs and giving advice on lifestyle. From the point of view of intercultural communication, special attention should be paid to the way in which a doctor gives **advice on lifestyle** as people's lifestyle can have a huge impact on their health. In terms of food and diet it is important for the doctor to learn about the patients whether there are any dietary rules they are following (for example, a Muslim patient will not eat pork), whether the patient may be vegetarian or vegan. Any attempt to change the patient's lifestyle may have a huge impact upon him / her. Therefore the doctor should not force his / her opinion on the patient, but he / she would have to present some options from which the patient is likely to make a choice. The options need to be patient-centered, taking into account the patient's way of life. Another strategy is to involve the patients by finding out what they think they can do or what the doctor suggests should work for them, and, if not, whether they could adapt to it. It is also here where we should introduce the problems of drugs, sex and alcohol that are also considered sensitive issues. Many people find it difficult to talk about these. The key to a successful interview with such patients involves allowing them to tell their own story and by making use of good communication techniques, showing empathy and being sensitive, the doctor can build a trustful relationship with these patients. Drug users are often treated badly by healthcare professionals. They may easily become judgmental and patients instantly get defensive when discussing drug use. Doctors have to be aware of the patients' feelings during the assessment and questions should be asked only in relation to the impact of drug use in the patient's life and people around him / her. Without sounding too judgmental, the doctor may begin the interview by saying "*Can you take me through a typical day of yours?*". Gay or lesbian patients should be dealt with in the same non-judgmental manner. It is recommended that, until the doctor knows a person's sexual identity, it is better to use gender-neutral and sensitive language such as "*do you have a partner?*" or "*Are you currently in a relationship?*" rather than "*Are you married?*". **Giving bad news** is among the most challenging tasks in medical practice. Giving bad news requires a special setting, active listening and a lot of empathy from the doctor. Besides all these, taking into account the fact that whenever the doctor is giving information to a patient, he / she may be potentially breaking bad news. Thus special attention should be paid to the language that is used: appropriate vocabulary, intonation, manner and turn of the phrase are all very important.

In conclusion we may say that illness and treatment by and large should be explained according to the patient's beliefs and the doctor's expertise. If there is still misunderstanding from a cultural perspective, the doctor should acknowledge all these differences, showing the fact that the patient's inner convictions are taken into account. Thus, during the multicultural medical interview, there is a list of actions that the doctor is encouraged to have in view. These refer to the frequent use of open questions (which are believed to work better for the patients to present their complaint), showing respect for cultural differences (racial and cultural background should be explored if considered necessary). Doctors should not be judgmental or make assumptions about the patient's cultural beliefs. Likewise, doctors should not assume that there are no cultural issues involved if they do not come along during the

initial interview, as they may turn up at another stage of the medical encounter. Therefore doctors will have to always be sensitive to cultural differences and show respect for the beliefs of others.

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