

Module 9

Effective Verbal and Written Communication with those from other Cultures



“[The doctor] was really mean. She came in and she said that Lia was going to die and then she took out all the rubber stuff and she said Lia’s brain is all rotted and she is going to die. [The doctor] wanted to give Lia’s medicine to someone else (Fadiman, pg.151).”

- These were the words of a Hmong mother whose child was taken off life support. The doctor was only following the orders she understood the family had agreed to– to cease all life-sustaining measures so Lia, their daughter, could die naturally.

This is just one example of how miscommunication between cultures can have devastating effects. The health care market place, like the rest of the world, is becoming more global every day. Health care providers need to be effective in verbal and written communication with those

from other cultures now more than ever before. The content in this module is a general body of cultural health care knowledge. Therefore, it is recommended that you learn the cultural specifics of caring for those patients and clients that you see most often in your setting.

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Behavior / Communication Styles

Language and dialects

Be aware of the dominate language and the difficulties that dialects may cause, as they may interfere with communication and be misinterpreted.

Family roles, relationships, and extended family

Identify the roles and relationships inside and outside of the immediate and extended family. Find out who is in charge of the family. It may be the oldest male or female of the family depending on the culture. This is important for determining with whom to speak when making

health care decisions. In Hispanic families, both mother and father may make health care decisions for the family, but the father will be the spokesperson. In some cultures, like the Chinese, extended families may live together. They often have expectations that they will be helped by family members in illness and old age.

Conversational style

- Silence has many meanings in different cultures. It may mean “no” in cultures that believe saying “no” is rude. It may indicate respect or be an indication that the listener has heard the speaker.
- A loud voice or repetition may be interpreted as anger.
- Humor can be used for coping in stressful situations or to reduce stress. Many cultures do not use humor in the health care setting, because illness is seen as serious business. Generally speaking, use of humor should be avoided.
- Some cultures use expressive body movements when they speak. Other cultures hold themselves relatively rigid.
- Some languages are spoken rapidly. Other languages are spoken slowly, as is seen in the Southern part of the U.S.

Personal space

Americans feel comfortable speaking with others up to eighteen inches apart from the other person; whereas, Hispanics stand closer than this when speaking to others. Some cultures might believe that this distance is a sign of aggression. Etiquette on how close we should stand to others when speaking is different in different cultures.

Eye contact

The meaning of direct eye contact varies a lot depending on the culture. Eye contact can be expected or something to be avoided. Our culture expects direct eye contact with the person you are speaking to or one gets the feeling that the person who looks away is “up to something,” or has something to hide.

Other cultures usually look away from direct eye contact for social reasons or custom. It may be considered insubordinate to look directly into the eyes of someone who they feel is a person in authority or who has a higher social status.

Touch

Different cultures decide how people should touch each other and under what circumstances. Health care providers may have problems when the situation calls for touch and the person receiving the touch sees it as an affront.



Time orientation

The importance of time and being on time for an appointment differs in different cultures. People who come from an agricultural society may see time in a different frame of reference than those from urban areas. Some cultures feel that the personalization of the visit with a health care provider is more important than being on time.

Guidelines for Communicating with those from other Cultures

Remember that people from different cultures have different beliefs about illness and treatment. Refugees may see health care professionals as dangerous authority figures. They may feel that some forms of verbal and non-verbal communication are appropriate and others are not. For example, touching the head of some Asians may be a sign of rudeness, because it is believed that the soul resides in the head. Competent health care requires sensitivity and respect for those who are different from us. Below are some tips to remember when verbally communicating with those from other cultures.

Oral Communication

Speaking techniques

- Greet the client with his or her title (Dr., Miss, Mrs., Mr.) and their last name. This is a sign of respect for the elderly in many cultures.
- Speak slowly with a moderate tone of voice. Do not speak loudly or yell.
- If possible, you need to sit when speaking and be at an even level with the patient. Lean in a little when speaking with the patient. Your body position helps establish a sense of trust, control, and caring on the client's part.



said is confidential and will only be shared with other health professionals, who need to know the information to give care.

- Use simple sentences and words. Use everyday words for medical terms. Do not use idiomatic expressions, such as, “right on target.” Idioms are very confusing for people from other cultures.
 - Offer opportunities for the patient to ask questions. Let them know that what is being
- Use the “teach back” method to ensure the patient understands what was read. Ask the patient to repeat the information in their own words. This technique should be used regardless of how the material was presented.
 - Repeat what is important and ask the patient to tell you what they heard. Summarize often.

- Do not phrase questions that require only a “yes” or “no” answer. The patient may feel that they must answer a question in a certain way, regardless of how they really feel. “Yes” or “no” answers do not give the patient an opportunity to tell their story. Their story will give you important information for their diagnosis and treatment.

Communication Techniques

- Use silence as a communication technique, if necessary.
- Some cultures may want a family member present during the communication. Sometimes, the head of the family will speak for the patient or client. Ask the patient if he or she wants the family to be present.
- Not all people want to know about or be in charge of their health care decisions. In fact, people from many cultures want the doctor to make all of their health care decisions for them.

Written Communication

Can you imagine our world without print? How would we show symbols to represent what we hear or see in language? Technology has given us the printing press and the computer chip. Continued investments in research, training, and delivery of technology-based communication interventions are needed to improve the health care of people from different cultures.

Content & Style

- People from other cultures have many different learning styles and different beliefs about health care, wellness, and illness. When you write material for people from other cultures, make certain that the content is consistent with these beliefs. For example, many cultures believe that illness is due to a mind-body imbalance. It is important to recognize this belief in their treatment and written information.
- Written materials need to be translated and evaluated by professional bilingual medical translators from the culture or ethnic group that is the intended reader. If possible, have the written material written in the appropriate language instead of having it first written in English and then translated.
- Don't use idioms or slang in your written material or when speaking to people from different cultures. For example, the expression “it is raining cats and dogs” will not be understood and should not be used.
- Avoid abbreviations and contractions



- Write in first person.
- Do not use abstract thoughts.
- Keep sentences simple and short.
- Use common words that are only 1-2 syllables



- The style of the material needs to be culturally appropriate. For example, Latinos like to read photonovellas (or fotonovellas in Spanish). They are written material done in a comic book style, where the photos and dialogue tell a story. See the example to the left.
- Some cultures do not have printed medication prescriptions. It may be necessary to tell people from these cultures what to do with the prescription.
- Assess the patient's ability to read and comprehend the material before selecting which piece to give them to read.
- Suggest changes in cultural health care practices only when they are causing harm. Ensure that all of the written material is culturally sensitive, and does not contain culturally offensive statements.
- Connect your message to familiar values or beliefs of the people you are trying to reach. Seek out health care professionals from different cultures to give input about your written material.
- Before printing and distributing the written material, field test it with people who represent the intended audience. This is the best way to ensure the information is appropriate for the target population.

Symbols, Graphs, and Pictures

- Only use symbols that are culturally understood. For example, the knife and fork are symbols in our culture for eating, but other cultures may not use this symbol to express this concept.
- Make sure that graphs and pictures are representative of the culture.



- Colors may have a certain meaning in different cultures. For example, red is thought of as a lucky color in China and white is associated with death.
- Use images or pictures that are familiar to the culture. Match the pictures to the situations in the text. Consider the gender, age, dress, and other activities of the people in the pictures and make them appropriate for the reader.
- Keep in mind that there are many other ways to communicate with people besides print. Stories, audiotapes, role-play, pictures, and personal interactions are all helpful.

For a checklist on how to write materials for persons of different cultures, [click here](#).



Use of Medical Interpreters and Translators

Medical interpreters and translators have an important role in communicating with non-English or low English proficiency (LEP) clients. The medical interpreter helps with communicating the spoken word of different languages. Whereas, medical interpreters make communication possible between the health care provider and the client through use of the spoken word, a medical translator works with the written word. Medical interpreters are also cultural brokers in that they explain or include important cultural health care beliefs, when necessary. They do not add their own personal beliefs, or give advice to the client. The two most common modalities for interpretation are on-site, in-person interpreters and telephone interpreters. However, the use of remote video interpretation is increasing.

Why use a medical interpreter?

- There are several reasons for using medical interpreters for communication with non-English or LEP clients. Federally funded hospitals are legally required by the US Department of Health and Human Services (HHS) and the Office for Civil Rights (OCR) to provide interpreters. Many problems that result in poor quality of health care are brought about by miscommunications. Also, cost of health care is increased when medical interpreters are not used. Clients put off health care and doctor visits when they are not understood. When clients finally decide to obtain health care, they are typically in a more serious condition and need more medical care than had they not waited.

On-Site Interpretation

When to use on-site interpretation:

- The first appointment with a new patient to obtain a history and physical and explain a diagnosis or plan of care.
- To explain a medical procedure where on-going communication is needed.
- To give patient education and discharge instructions

- To complete informed consents, and legal forms, such as Living Wills or Advance Directives, or health care proxies
- To provide insurance and billing information.
- Obtain mental health services
- To break serious or bad news regarding his/her healthcare or a loved one's healthcare.
- The provider needs help in dealing with an unfamiliar cultural situation.



Ohio State University Medical Center (2007) "When an Interpreter is Needed" [click here](#)

What not to do in terms of interpretation:

- Never use minor children to interpret information.
- Do not use adult family and friends or bilingual staff to interpret, unless for basic information only. Medical information should always necessitate an interpreter, unless there is an emergency or life threatening situation, and only until an interpreter arrives.

12 Tips on Working Effectively With an On-Site Interpreter – (AHRQ 2006)

1. Meet ahead of time with the interpreter, if possible, to go over questions. Don't rush the session and plan on more time than you would need than without an interpreter.
2. Find an interpreter of the same gender as the client and older than the client. This will help with communication and respect for the client in some cultures. Introduce yourself and the interpreter to the client. Follow conventions of respect.
3. Look at the client, not at the interpreter, when speaking with the client. The interpreter should be seated behind and to one side of the client or next to the provider and across from the client. Address questions to "you," (the client), and not to "he" or "she."
4. Speak in one or two short sentences at a time and ask one question at a time. Focus on facts and go over directions in a 1-2-3 sequence. Do not say anything that you do not want interpreted.
5. Repeat and reword key concepts. Repetition is an effective communication method.
6. Don't use technical medical terms, metaphors, colloquialisms, idioms and slang.
7. When reading a prescription or something written, slow down for the interpreter. Reading is faster than speaking. Give the interpreter time to think about what he is saying.
8. A professional interpreter is knowledgeable about the culture of the client. The interpreter

may give the provider important cultural information and also point out culturally inappropriate questions.

9. Culturally appropriate materials such as diagrams, pictures, and translated written materials can be used to increase understanding. All prescriptions and instructions need to be translated in the client's own language. Even if the client is illiterate someone in their support network may read for the client. Therefore, give the client written material to take home.
10. Sometimes there is no word or idea in one language in another language. For example, the Vietnamese have no word in their language for cervix. The interpreter must tell the health care provider about this, so that a definition or description of the word cervix can be stated instead of the word.
11. The best source of cultural information is from the client. Ask questions to help determine and understand the client's cultural beliefs
12. Review the client's answers with the interpreter at the end of the session to ensure accuracy.

Telephone Interpretation

Remember that telephone interpreters are fast, cost effective, and always available when they are feasible to use.

When to use telephone interpretation:

- Information needs to be obtained quickly
- The provider needs to find out what the patient wants or needs
- The patient is clear-minded, capable, and willing
- The patient has no hearing problems and is not traumatized, confused, or drugged
- It has been difficult to find an on-site interpret who speaks the patient's language or dialect



Things to Keep in Mind When Using A Telephone Interpreter

- 1) If the situation is somewhat emergent and there is no on-site interpreter available, there is always the option of starting the encounter with phone interpretation until the interpreter arrives.
- 2) The telephone interpreter is unable to see the client's non-verbal cues and expressions. For example, sighs and perspiration may be missed or the interpreter may not be able to assess whether full understanding is taking place between the patient and provider.
- 3) Qualifications for telephone interpreters may be available for the health care provider. Most telephone interpreters have been tested for their knowledge and are qualified before they are hired for their job. However, some interpreters might not know

- medical terminology so explain everything in detail.
- 4) It is important to get an interpreter with the correct language dialect, whenever possible.
 - 5) The health care provider will signal the end of the call. The telephone interpreter will be the last to leave the call. When necessary the telephone interpreter will give any cultural help to the health care provider.
 - 6) Make sure to have good quality speakerphones or headsets to ensure good quality sound.
 - 7) Some older clients may not want to discuss symptoms and personal problems with someone over the phone.
 - 8) Avoid background noises and voices. These may confuse the interpreter and / or patient.

Remote Video Interpretation

This modality of interpretation allows the patient, the provider, and the interpreter to see one another during the exchange through a video screen. The interpreter is able to assess non-verbal cues and expressions and allows the patient to feel more supported than he/she would be during a telephone call. Costs are lower than on-site interpreters, averaging about \$3 per minute. Disadvantages of video interpretation include the inability of the video interpreter to physically travel with the patient from one doctor to another and any paperwork must be faxed from interpreter to provider and vice versa.

Most importantly, with whatever interpretation method you are using, **do not stereotype** your client. This is the key to working effectively with those from other cultures. Do a cultural assessment on your client to assist in determining the client's cultural beliefs. If in doubt, ask for help from the client in understanding their cultural beliefs. Do not be afraid to admit ignorance of the client's culture.

Online Resources

Many online language resources are available to health providers and the public. Health Information Translations (www.HealthInfoTranslations.com) is a free website that has easy-to-read health education material printed in 15 different languages. All topics are printed in English then printed in the selected language so healthcare providers are aware of the information they are providing. This site also has signage documents which



can be used to meet the needs of hospitals, clinics, emergency response teams and others who assist the public during emergencies and at other times.

A list of similar sites is available at <http://medicine.osu.edu/ahec/5838.cfm> in the Minority Populations / Multilingual Health Information section.

Additional resources for interpreting health information include:

- National Council on Interpreting in Health Care <http://www.ncihc.org>
- Language Line Services <http://www.language.com>

When to use online resources:

- To reinforce complicated discharge instructions.
- To inform and remind client's about long term care instructions
- To provide an additional learning method to help reinforce instructions.
- To use in the case of an extreme emergency if no other means of communication is possible and written communication is feasible.
- For personal reference - to research various cultures, their rituals, and health beliefs.

Current Research on Ways to Improve Communication with non-English Speaking or LEP Patients

- ❖ A study conducted by Bernard et al. (2005) used an English-Spanish translator designed specifically for health care professionals to improve the communication and lessen the language barrier while at the bedside of Spanish-speaking patients. The English-Spanish translator system, called FAST, consisted of pocket-sized cards with the most frequently asked medical questions and routine phrases written on them. The physicians and nurses had different sets of phrase cards. Results indicated 91% of the nurses and 72% of the physicians found the FAST system helped their communication at the bedside and also helped to lower their stress levels (Bernard, et al., 2005).



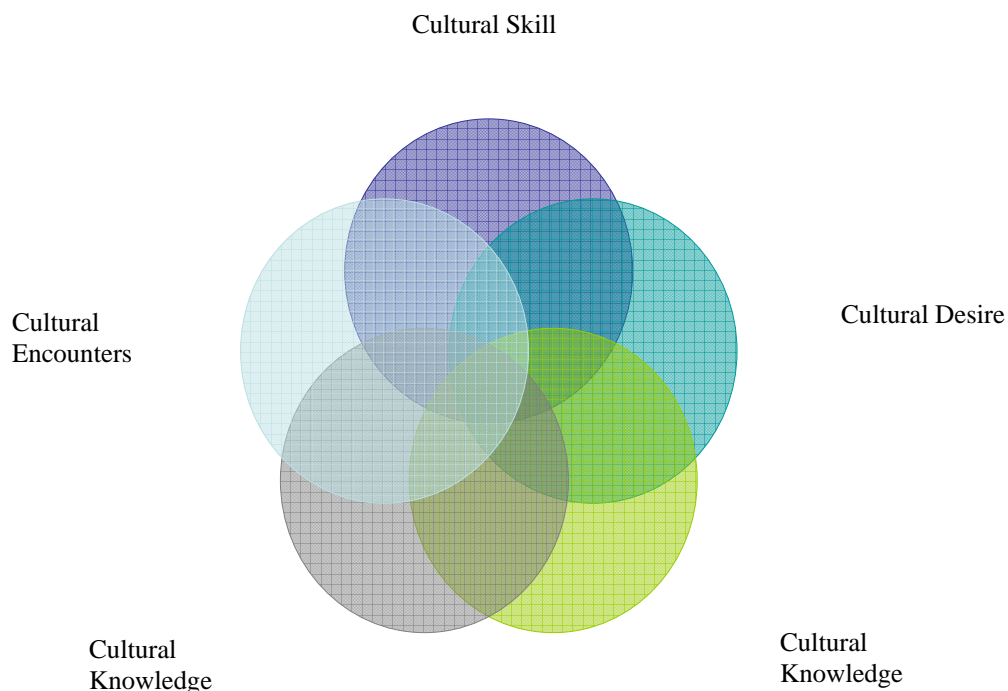
- ❖ In a study by Ridley et al. (2004), nursing students created a multilingual resource manual to assist in providing health information to persons who were non-English speakers or had low English proficiency (LEP). The multilingual resource manual was compiled from reputable, but free, resources. Upon completion of the manual, physicians and nurses in the hospital were educated on its use and it was left in a designated area for use when needed. The outcome of the research was the development of a tool that could be used to educate non-English speakers and LEP patients on a wide range of healthcare topics and provide take-home handouts for them.

- ❖ Kaiser, Barry, & Laux-Kaiser (2002) conducted a study to assess the use of focus group methodology to gather insight and viewpoints from non-English speaking cultural groups in order to more effectively meet their healthcare needs and strengthen the healthcare interventions surrounding various cultural groups. The participants were interviewed about their healthcare understandings and perceptions using a structured interview style. Kaiser, Barry, & Laux-Kaiser (2002) concluded that the use of the focus groups helped to identify specific issues and barriers in various cultural groups that were preventing their understanding of needed healthcare services.



Becoming Cultural Competent

Campinha-Bacote views cultural competence as a process, not an endpoint, in which health professionals continually strive to work within the cultural context of the patient. The process requires health care providers “to see themselves as becoming culturally competent rather than being culturally competent.” Although Campinha-Bacote does not define points in this process of becoming culturally competent, she does outline five components of competence. (See the diagram below.) Health care providers can work on any one of these constructs to improve the balance of all five, but eventually all five constructs must be experienced and addressed. Campinha-Bacote explains that the intersection of these constructs represents the process of cultural competence, and as the area of intersection becomes bigger, health care providers will internalize cultural competence at a deeper level and provide higher quality care.



For information on individual cultures, visit
<http://depts.washington.edu/pfes/cultureclues.html>
<http://www.ethnomed.org/>

Also see Lipson & Dibble, *Culture & Clinical Care* (2005)

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