

Cross-Cultural Communication in Health

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Effective communication is intrinsic to the delivery of satisfactory health care. It is necessary to recognize that even when using a common language, serious communication problems may arise when cultures and their inherent understandings of meaning differ. This article points out instances where a common understanding of language is crucial. (*Clinical Cornerstone*®. 2004;6[1]:50–52) Copyright © 2004 Excerpta Medica, Inc.

Although effective communication is intrinsic to the delivery of satisfactory health care, this factor is often either assumed or overlooked. It may be thought that communication refers primarily to the use of a common language, such as English, or the use of a professionally trained interpreter, or issues of sensory impairment (blindness, deafness). In most current medical curricula, attention is paid to communication by insisting on the process of “active listening” and patient-centered approaches to care. However, it is crucial to recognize that even when using a common language, serious communication problems may arise when cultures and their inherent understandings about meaning differ. Britain and the United States are sometimes described as being divided by a common language because some words, eg, pavement, bonnet, hood, trunk (just to draw from

the activity of motoring), have very different meanings on either side of the Atlantic. When dealing with ethnic and religious diversity, language differences are multiplied.^{1,2}

THE IMPORTANCE OF CROSS-CULTURAL COMMUNICATION—SOME EXAMPLES

We may first consider the main areas in which communication is fundamental to health care (**Table**). Primarily, communication enters into the consultation when the diagnosis of a health-related issue is made and for which the clear communication of information, including descriptions of symptoms, is essential. If patients describe their needs or symptoms using culturally specific terms—perhaps relying on some metaphor that is well understood in their culture or religion but which may be alien to the clinician—the

KEY POINT

Even when using a common language, serious communication problems may occur when cultures and understandings about meaning differ.

TABLE. THE ROLE OF COMMUNICATION IN HEALTH CARE

- Ensure sharing of key information (*Diagnosis*)
- Prevent medical accidents (*Protecting patients*)
- Build consensus between providers and patients that treatment regimens lead to better outcomes (*Compliance or concordance*)
- Improve use of preventive services (*Health promotion*)

stage is set for misunderstanding. If an inadequate diagnosis is made, the remainder of the care process is destined to fail. Indeed, medical accidents arising from misunderstandings are possible, with the implications for insurance and legal action that follow. In this light, it is clearly unsafe to rely on a family member or an untrained interpreter. Such an intermediary not only must be familiar with the language and the culture of the patient, but also must be able to handle the clinical terms and conditions understood by both the patient and the clinician.

The use of language is also vital in the process of caring so that the clinician's encouraging words such as "How are we doing today?" or "Would you like a drink?" are understood and do not cause stress. Similarly, a hospitalized patient must be able to communicate his or her needs, for example, asking for a bed pan, or expressing discomfort or a sudden pain, without having to arrange for an interpreter to be present.³

Furthermore, and perhaps most vitally, the patient's treatment or management plan must be agreed to without misunderstanding. Instructions for taking medication, for example, frequently state "take with food" or "take 3 times a day after meals."

KEY POINT

Effective communication is necessary to achieve health care objectives because access to and use of services are mediated by language and cultural factors.

Whereas this may be acceptable when the patient and the prescriber share a common cultural understanding, immense complications can develop if each has a different understanding of the kind, times, and frequency of meals. A Muslim or Hindu who is fasting because of a religious occasion (eg, during the holy month of Ramadan) may have considerable difficulty in following instructions for taking medication. The clinician should have some understanding of these cultural and religious imperatives or the treatment plan will not be adhered to with adverse implications

for all concerned, including a loss of confidence in the physician and the need for repeat visits when therapy is ineffective.

The issue of communication is also fundamental in other areas. For some conditions, talk between the clinician and the patient is part of the therapy or may indeed be the therapy. This is particularly true with mental health conditions, where counseling and psychotherapy are widely employed. Communication cannot be effective if there is no shared language and may result in conflict, or at best confusion, over the values and concepts that underlie the case and the process. It is doubtful if an interpreter can fully resolve this difficulty, but no research into this situation appears to have been undertaken; few publications are available on effective transcultural counseling.⁴ This situation is particularly problematic because mental state and expressions of distress are highly culturally specific, and "what is normal" may vary hugely according to religious beliefs, especially in terms of expressing a relationship with unseen forces.

Finally, we may consider the problems of speech and language therapists in detecting speech disorders in an unfamiliar language, which has different values for vowels and sounds, and may even introduce new sounds (such as the "click" in some African languages). These problems go well beyond the problem of literacy.

SUMMARY

It is evident that effective communication is necessary to achieve health care objectives because access to and use of services are mediated by language and cultural factors. In some cases, ensuring effective communication may entail the provision of interfaces to mainstream services, including the use of interpreters, bilingual workers, advocates, and translated materials (written, taped, video and increasingly, Web-based information). In other instances it may involve ensuring the appropriate provision of services through communication aids, eg, speech and language therapy.

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