

Trans culture communication

Objectives

After compilation this lecture the student should be able to :

1. Identify barriers to effective transcultural communication between patients and client
2. Identify and describe the tree of racism that are found in our society
3. Define ethnocentrism and explain hoe this barrier blocks transcultural communication
4. Describe the different types of language barriers that can impede transcultural communication
5. develop awareness of the various dialects, regionalisms , and idioms that distinguish the speech of people form different races, ethnic groups and regions
6. Identify ways in which differing perceptions and expectations can complicate communications between nurses and patients

Introduction

Communication between nurse and patients from different cultures is often complicated by different values, beliefs, traditions, expectations, and languages. When the nurse work with patients form multicultural backgrounds, nurses will find that differences raise barriers to trans-cultural communication.

Language differences possibly play the most important obstacle to providing multicultural health care because clients come from all over the world and they affect all stages of the patient caregiver relationship.

NURSE

- Cultural identity
- Ethnohistory
- Cultural values
- Family/kinship
- Religious/spiritual beliefs
- Moral and ethical perspectives
- Education
- Politics
- Socioeconomic status
- Cultural lifeways
- Genetic and inherited traits
- Age
- Gender
- Personal attributes
- Individual preferences
- Organizational and professional cultures



Health-related values,
attitudes, beliefs, and
practices

PATIENT

- Cultural identity
- Ethnohistory
- Cultural values
- Family/kinship
- Religious/spiritual beliefs
- Moral and ethical perspectives
- Education
- Politics
- Socioeconomic status
- Cultural lifeways
- Biocultural variations in health and illness
- Genetic and inherited traits
- Age
- Gender
- Personal attributes
- Individual preferences



Health-related values,
attitudes, beliefs, and
practices



Communication

Verbal

- Language
- Greetings
- Titles

Nonverbal

- Time
- Space
- Distance
- Modesty
- Touch

Technology

Literature, art,
music, and dance



Environmental Context

Figure 2-2. Conceptual model for understanding cultural influences on nurse-patient interactions.

A. Basic Related Concepts:

- ❖ Communication occurs when a person (the sender **(S)** or encoder) sends a message to another person (the receiver **(R)** or decoder).
- ❖ Communication is most **effective** when the message received is exactly the same as the message that was sent and both sender and receiver agree on the meaning of the message.
- ❖ Communication fails when (1) the sender's message is blocked for some reason and the receiver never gets the message; or (2) the message is distorted.

Basic Related Concepts: ----- cont,

- ❖ Distortion of message occurs when the message has as different meaning for the receiver than the sender intended. Distortion is amplified when both receiver and sender fail to clarify message. Factors that can distort message: anger, fatigue, fear, pain, and anxiety.
- ❖ Communication may be blocked. Factors that foster blockage: different cultural, ethnic, racial, socioeconomic, or educational backgrounds.
- ❖ Example: Asians (Filipinos, Japanese, Chinese, etc) may silently accept a physician's recommendation even when they do not understand the reasons for the medications or procedures that are ordered.

B. Types of Communication:

- 1. Verbal** - includes spoken or written word. Language is the code senders use to carry their message. Language barriers can cause severe communication problems between **S** and **R**.

Causes:

- ❑ May arise from use of the language (e.g. S is speaking English and the R is speaking Spanish).
- ❑ Can arise when the S uses technical terms, abbreviation, idioms or regionalisms that are unfamiliar to the receiver (e.g., when a nurse uses medical terms when explaining a procedure to a layperson).

Causes:

Every culture has standards for verbal communication - especially for

- a) word choice,
- b) the degree of emotion considered appropriate,
- c) volume and speed of speech,
- d) inflection,
- e) directness, and
- f) the use of silence.

a) Word Choice:

- ✓ American speech is filled with abbreviated words, slang, and jargon. Americans tend to communicate in an informal way with superiors and subordinates alike.
- ✓ Japanese use of language is distinguished by many levels of formality and directness depending upon the **status of the people** who are conversing. Distinctions are also made between men's and women's speech. Choice of word depends largely on the **relationship** between the people who are communicating.

Emotional Expressiveness, Tone, Pitch, Volume of Voice, and Speed of Speech

- ✓ White American middle-class culture values a controlled tone and some emotional restraint
- ✓ Many black Americans are more verbal and value emotional expressiveness in conversation
- ✓ Appalachians - speak very slowly and seem to dwell on each word, giving their speech a hesitant, disjointed quality.
- ✓ Many Asians and Native Americans display great emotional restraint in their speech patterns, speaking slowly and quietly. These cultures value the ability to endure pain and grief with silent stoicism.
- ✓ Southern Europeans are typically warm, expressive; will loudly express their discomfort
- ✓ Hispanics use a lot of endearing words, are warm and expressive.

Voice Inflection

When emphasis is placed on certain words more than the words themselves.

Example: "What do you ***need*** now?"

"What do you need ***now***?"

Directness in Speech

Americans - quite direct, they go straight to the point rather than wasting time on lengthy preliminaries or long silences.

Japanese - strive to be polite, diplomatic, and tactful

Mexicans - may take time for small talk and then lead into a discussion.

Use of Silence

- Some cultures value silence, whereas others feel that silence is a vacuum that must immediately be filled with word.
- Among Native Americans - silence is an essential element of showing respect and understanding.
- In some Arab cultures, silence may indicate concern for personal privacy.
- In French, Spanish, and Eastern European cultures silence may be a sign of agreement.
- Silence during a conversation gives each person an opportunity to speak without having to interrupt.

B. Nonverbal Communication

It has been estimated that as much as $\frac{2}{3}$ of all communication is non-verbal consisting of messages that are conveyed via **body language** and **facial expressions**.

B. Nonverbal Communication

Gestures and Facial Expressions

Common types of nonverbal communication may differ from culture to culture. A smile may imply acceptance and compliance, or may mean respect and social grace, or flirting.

In nearly all cultures, people used their mouths and eyebrows to convey anger, surprise, pleasure, fear and hand gestures to convey openness or intimidation.

Eye Movement and Eye Contact

"The eyes are the windows of the soul."

- When a person avoids eye contact, many Americans assume that it is a negative sign. It is not unusual for an American to say, "Look at me when I talk to you." or "She must be lying. Did you notice that she avoided looking at us?"
- American physician and nurses usually note if a patient avoids eye contact when they perform a psychosocial assessment.
- Some Asians and Native Americans believe that prolonged eye contact is rude and an invasion of privacy.
- Native Americans may direct their eyes to the floor when they are paying attention or thinking.
- Muslim women may avoid eye contact as a show of modesty.

Touch

Touch patients only when you know touching is acceptable.

Conveys many meanings: gentle, sensual, harsh or brutal

We use touch to **connect** with others and to establish a feeling of warmth, approval, emotional support, and intimacy.

Touch can also indicate anger, aggression, frustration, and a desire to control others by invading their personal space.

Cultures have specific guidelines for times and situations when it is acceptable to touch others.

Handshake - a form of greeting, esp. when introduced; consummate a business deal

Touch -----cont

Native Americans - view a firm handshake as aggressive and even offensive.

Many Westerners think nothing of kissing or hugging a friend as a form of greeting when meeting in public places; in traditional Asian cultures, such behavior is reserved for intimate relationship in private settings.

In many Asian cultures (Indians, Vietnamese, Japanese, Thai) avoid touching the head because the head has been traditionally considered to be the "the abode of the spirit."

Posture

- Helps to communicate how one person feels towards another
- Middle-class Americans may lean in the direction of individuals they like or respect
- Posture can also communicate a tense or relaxed state
- Rigid muscles and a flexed body may indicate physical pain.

C. Barriers to Transcultural Communication

➤ There are eight barriers to transcultural communication in nursing :

(1) Lack of knowledge

(2) Fear and distrust

(3) Racism

(4) Bias and ethnocentrism

(5) Stereotyping

(6) Ritualistic behavior

(7) Language barriers

(8) Differences in perceptions and expectation

Barriers to Transcultural Communication

(1) Lack of knowledge

The failure to understand cultural differences in values, behaviors, and communication styles is a common stumbling block for nurses who work in transcultural settings. Nurses who are not knowledgeable about cultural differences risk misinterpreting patients' attempts to communicate. As a result, patients may not receive the proper care.

C. Barriers to Transcultural Communication

- Lack of knowledge - remember that each culture dictates what is "normal" when sick.
- ✓ Japanese patients might react with silent obedience to your request
- ✓ Italian patients might dramatically express their discomfort

(2) Fear and distrust

Fear, dislike, and distrust are emotions that all too often erupt when people from diverse cultures first meet. Rothenburger (1990) has identified seven stages of adjustment that individuals pass through during their initial encounters with people of different cultures that they do not know or understand.

These stages are:

- ✓ Fear
- ✓ Dislike
- ✓ Distrust
- ✓ Acceptance

Respect
Trust
Like

(3) Racism

Racism in American nursing is a formidable barrier that strangles transcultural communication between nurses and patients, and between nurses and other health care providers.

(3) Racism

Barbee's article points out that there are three types of racism:

1. **Individual racism:** *Individuals are discriminated against because of* their visible biological characteristics; for example, black skin or the epicanthic fold of the eyelid in Asians.
2. **Cultural racism:** *An individual or institution claims that its cultural* heritage is superior to that of other individuals or institutions.
3. **Institutional racism:** *Institutions (universities, businesses, hospitals , schools of nursing)* manipulate or tolerate policies that unfairly restrict the opportunities of certain races, cultures, or groups.

(4) Bias and Ethnocentrism

Whatever their cultural background, people have a tendency to be **biased** toward their own cultural values, and to feel that their values are *right* and the values of others are *wrong* or *not as good*.

Many people are surprised to discover that the values and actions they so admire in their own culture may be looked upon with suspicion by people from other cultures, who are equally biased.

(5) Stereotyping

A cultural **stereotype** is the **unsubstantiated assumption** that all people of a certain racial and ethnic group are alike.

For example: *All Eskimos are reserved, deliberate, and noncommittal. Certainly, some or even the majority*

of Eskimos may be reserved, deliberate, and noncommittal, but it is cultural stereotyping to state that all Eskimos have these traits. Stereotyping is particularly destructive when negative traits or characteristics are imposed on all members of a cultural group

(6) Ritualistic Behavior

A ritual is a set procedure for performing a task. In the past, students in nurse's training were taught to perform their duties in a ritualistic manner.

Even today, nursing rituals persist. Many nursing rituals are beneficial, such as always performing certain safety checks when preparing and administering medications.

(7) Language Barriers

Language provides the tools (words) that allow people to express their thoughts and feelings. Thus, language barriers present a grave threat to transcultural communication between nurses and patients. There are several types of language barriers that impede communication in the United States. These barriers include:

- a. foreign languages,
- b. different dialects and regionalisms, and
- c. idioms and "street talk."

(8) Conflicting Perceptions and Expectations

When people from different cultures try to communicate, their best efforts may be thwarted by misunderstandings and even serious conflicts. In health care situations, misunderstandings often arise when the nurse and patient have different perceptions and expectations, and consequently misinterpret each others' messages.

Misunderstandings due to cultural differences commonly arise in situations involving food and drink.

(8) Conflicting Perceptions and Expectations

Imagine that you are taking care of a postoperative Vietnamese female patient who, as her culture dictates, is almost constantly attended by her family. You want to clearly instruct family members that they are not to give the patient anything to drink. As the family speaks only Vietnamese, you motion that the patient is not to drink, and you explain via an interpreter that the patient must not drink.

D. The Use of an Interpreter: A way to resolve language barrier.

When obtaining the precise meaning of words in a language that is difficult, it is best for health care providers to obtain someone who can interpret the meaning and message, not just translate the individual words.

TRANSCULTURAL ASSESSMENT: BASIC PRINCIPLES OF CULTURAL ASSESSMENT

- All cultures must be viewed in the context in which they have developed. Cultural practices develop as a "logical" or understandable response to a particular human problem, and the setting as well as the problem must be considered.
- Understanding the premises of the behavior must be examined. Example: The Hispanic clients refusal to take a "hot" medication with a "cold" liquid is understandable if the client is aware that many Hispanic patients adhere to hot/cold theories of illness causation.

TRANSCULTURAL ASSESSMENT: BASIC PRINCIPLES OF CULTURAL ASSESSMENT

- The meaning and purpose of the behavior must be interpreted within the context of the specific culture. Example: Close relationship often seen in Asian and Hispanic cultures may be viewed as abnormal in European American families.
- There is such a phenomenon as intracultural variation. Not every member of a cultural group displays all the behaviors that we might associate with that group. Example: Not every Filipino will adhere to the same methods of folk healing

H. BARRIERS TO HEALTH CARE

In order for people to receive adequate health care, a number of considerations need to be addressed.

Availability: Is the service available and at a time when needed? For ex.: No services after 6:00 p.m.

Accessibility: Transportation services may not be available, or rivers and mountains may make it difficult for people to obtain needed health-care services when no health provider is available in their immediate region?

H. BARRIERS TO HEALTH CARE

Affordability: The service is available, but the client does not have financial resources.

Appropriateness: Maternal and child services are available, but what might be needed are geriatric and psychiatric services.

Accountability: Are health-care providers accountable for their own education and do they learn about the cultures of the people they serve?

H. BARRIERS TO HEALTH CARE

Adaptability: A mother brings her child to the clinic for an immunization. Can she get a mammogram at the same time or must she make an appointment?

Acceptability: Are services and client education offered in a language preferred by the client?

THANK YOU

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