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Communicating with Patients from Different Cultures: Intercultural Medical Interview

Комуникација са пацијентима из различитих култура: Интеркултурални медицински интервју

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SUMMARY

As the influx of refugees from the Middle East and Africa continues to surge, the European Union and the Balkan countries are becoming more diverse than ever before, both culturally and demographically. Changes that are taking place are affecting every segment of these societies, including health care. Due to this, it is imperative that health care systems and professionals reflect on cultural differences and provide adequate care and treatment to patients with diverse cultural values, behaviors and beliefs. In order to do this effectively, they must be trained because the goal of every health care system is to deliver the highest quality of care to every patient, regardless of their ethnic origin and/or skin color. Therefore, the significance of intercultural communication in health care is very important because appropriate health care delivery relies on clear, timely and meaningful communication, which is an essential element in every aspect of medical provision between the key stakeholders, namely: patients, physicians, and other health care professionals. If, in any way, communication between health care providers and patients during the medical interview is unclear, the entire medical treatment process can be hindered. This paper will address the very current topic of contextually suitable intercultural communication during medical interviews, which is necessary to foster maximum sensitivity among physicians towards their patients' cultural differences.

Keywords: effective communication; cultural competence; health belief systems; intercultural medical interview

САЖЕТАК

Како расте прилив избеглица са Блиског Истока и из афричких земаља, Европска Уније и Балканске земље се све више мењају и културолошки и демографски. Ове промене утичу на сваки сегмент друштва, укључујући и здравство. Здравствени системи и здравствени радници, због тих промена, морају да обрате пажњу на културолошке разлике и пруже адекватну негу и лечење пацијентима са другачијим културолошким вредностима, понашањем и веровањима, без обзира на етничко порекло, веру и боју коже. Зато је значај интеркултуралне комуникације изузетно важан за здравство, јер ефикасност у лечењу пре свега зависи од јасне и адекватне комуникације између пацијената, лекара и осталих здравствених радника. Уколико је, на било који начин и из било ког разлога, комуникација између лекара и пацијената током узимања анамнезе нејасна и конфузна, цео процес лечења може бити угрожен. Овај рад се бави изузетно актуелном темом контекстуално адекватне интеркултуралне комуникације, током узимања анамнезе (тј. интеркултуралног медицинског интервјуа), која је неопходна да би лекар у потпуности разумео постојеће и неминовне културолошке разлике, те да би, у складу са својом културолошком компетентношћу, адекватно приступио сваком од пацијената.

Кључне речи: адекватна (ефикасна) комуникација; културолоска компетентност; системи веровања у здравству; интеркултурални медицински интервју

INTRODUCTION

As the European Union and the Balkan countries are becoming more ethnically and racially diverse due to the large influx of refugees and migrants from Syria, Afghanistan, Africa and Pakistan, health care systems and providers are increasingly obliged to reflect on and respond to differing patient perspectives, including variances in values, beliefs, and behaviors about health and well-being [1]. Failure to understand and manage the cultural differences of refugees and migrants may have significant consequences for their health and can hinder their treatment process [1, 2]. For this reason, the field of cultural competence in health care has emerged, in part, to address the factors that may contribute to racial/ethnic disparities in this industry. Thus, the ultimate goal is a health care system

that can deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background, and/or language proficiency [3–6].

CULTURAL BELIEFS AND MEDICINE

Cultures all over the world have beliefs about illness and health that originate from the way they perceive the world. In other words, culture and ethnicity create unique patterns of beliefs and perceptions about health and illness. In turn, these patterns influence how illness is perceived, to what it is attributed, how it is interpreted and how and when health services are sought [7, 8]. Therefore, health care providers should not approach health care from a single cultural perspective or belief, rather, they must learn to treat patients from other backgrounds in a culturally competent manner, being mindful of the fact that non-visible aspects of culture (Table 1) can significantly influence the treatment process [7–10].

Table 1. Visible and Non-Visible Aspects of Culture.

Visible Aspects	Non-Visible Aspects
- Language	- Communication Style
- Literature	- Beliefs
- Music	- Values
- Food	- Notions of Time
- Dress	- Handling Physical Space
- Music	- Handling Emotions
- Visual art	- Ethics
- Festivals	- Competitions vs. Cooperation
- Games	- Notions of Modesty

One of the most important non-visible aspects of culture is beliefs, which also encompass beliefs related to health. Generally, health belief systems are divided into three major categories: *supernatural, holistic and scientific*, each with its own corresponding system of related beliefs [3, 4, 7–9].

The supernatural belief system is predominated by supernatural forces, good and evil sorcery, and God. In this tradition, the ill person is considered a victim of punishment rendered by a supernatural being or power. Treatment is usually carried out by healer practitioners, who are believed to have supernatural powers and the strength to ward off the evil spirits, which possess and torture the body and soul of the ill person [4, 7–9]. This tradition is characteristic of some parts of Southeast Asia, Vietnam, the Caribbean and several Latino countries (7). Additionally, some of the oldest and most widespread superstitions regarding the cause of illness is the evil eye; this is the belief that someone can inflict harm by gazing or staring at another person. Belief in the power of the evil eye still exists in many parts of the world, i.e. parts of Southern Europe, Turkey, the Middle East and North America. Muslims consult the Koran (Qur'an) and/or Islamic scholars to protect them from illness because Islamic tradition does not separate religion and science [7]. Instead of reducing humans, ailments, and treatments strictly to their physical and mental dimensions, Islamic medicine uses a multifaceted approach that focuses on the physical, mental, and spiritual aspects of the problem at both individual and societal levels [7]. Latino and Asian cultures, on the other hand, believe that illness may be prevented by maintaining a “hot-cold” balance. Many members of Mexican and Puerto Rican cultures believe that health is the result of good luck or a reward from God for good behavior,

while the Chinese, for example, prepare jade amulets to protect their health and ward off evil spirits [4, 7–9].

The holistic belief system suggests that an individual is a whole made up of interdependent parts: physical, mental, emotional and spiritual. Thus, if one part is not functioning well, it affects all of the other parts of that person [7–9]. At the same time, the holistic belief system is also an approach to life in which the ultimate goal is to achieve maximum well-being of the mind, the body and the soul. This system is embraced by many Asians (Filipinos, Koreans, Japanese and Southeast Asians), Africans, Haitians and Jamaicans [4, 7–9].

The scientific belief system focuses on objective diagnosis, scientific explanation and approach to illness and other bodily disorders. It relies on procedures such as laboratory tests to verify the presence and diagnosis of disease. Since most doctors are trained in this way, they very often ignore the non-visible aspects of culture that may interact with health problems. Such a firm belief in the scientific health care is sometimes called *Western biomedical ethnocentrism* [7–9] and it can pose a serious threat to effective health care communication. As a rule, it disapproves of a patient's use of or interest in alternative supernatural or holistic health practices, and only tolerates them if they do not interfere with the scientific treatment plan, including surgery, medications and other therapeutic interventions such as antibiotics, nutritional supplements, vitamins and minerals [7–9].

The aforementioned health care belief systems clearly demonstrate that patient beliefs can strongly influence the success, or otherwise, the whole treatment process. Therefore, each health care provider should bear in mind that health care delivery anywhere in the world can be impeded by the lack of knowledge of cultural diversity and an inability to communicate effectively across cultures, which can lead to false diagnoses [2, 6, 10–12]. In order to achieve the objectives of optimal health care, the providers and institutions must be culturally competent to meet the needs of a culturally diverse patient population.

To do this, health care providers, health institutions and medical schools must work together to ensure that all patients receive adequate care and treatment.

For instance, health care providers must first:

a) understand the impact of social and cultural factors (or the non-verbal aspects of culture) on health beliefs and behaviors;
b) be equipped with adequate tools and skills to manage these factors appropriately through training and education; and
c) learn to empower their patients to be more active partners in the medical meeting [13].

Health institutions can achieve this with:

a) adequate cross-cultural training,
b) on-the-job and off-the-job training and professional development of health care providers;

c) quality improvement efforts that include culturally and linguistically appropriate patient survey methods and the development of process and outcome measures that reflect the needs of multicultural and minority populations; and
d) programs to educate patients on how to navigate the health care system and become an active participant in their care process [5,11,14].

Lastly, medical schools must, for their part, also include more explicit instruction on intercultural issues in health care that would equip students with knowledge about intercultural communication, core cultural issues, understanding the meaning of illness (as explained by the patient coming from a different culture), determining the patient's social context and negotiation of treatment across cultures so that the future health care providers are prepared to face many different social and cultural backgrounds and belief systems of their patients once they start working [5,11,13,14].

Generally, all health care practitioners must focus on not only the verbal variances in communication, but also the non-verbal aspects of culture (Table 1) of their patients and apply this knowledge to provide culturally appropriate care because the beliefs of both provider and patient are influenced by social and cultural factors. This is somewhat challenging, and if not understood correctly, they can and will affect the treatment process [6,10–12,14,15]. Moreover, in multicultural health care situations, health care providers must respect and, in some cases, even explore patient beliefs within the context of the patient's religion and culture rather than dismiss traditional practices like supernatural or holistic treatment that affect patient acceptance of, and compliance with, treatment protocols [5,3,11,12,14,15]. Moreover, the delivery of satisfying health care to culturally diverse patients requires that their beliefs about the causes of an illness, how it should be treated and how it can be prevented in the future are fully acknowledged. The most effective way to address cultural differences is through open and balanced intercultural communication during a medical interview [6].

INTERCULTURAL MEDICAL INTERVIEW

The medical interview is a primary technique to elicit important information about the patient that is necessary to make a diagnosis, determine what tests might be required and to ultimately treat the illness [6, 9, 10, 14, 15]. Every health care provider should bear in mind that when communicating with patients from different cultures during a medical interview, s/he should ask the patient a series of questions to obtain the information that is pertinent to plan and deliver effective treatment. The doctor should, then, discuss with the patient the next steps in their care through user-friendly and patient-centered compliance instructions in order to determine the follow-up and/or reassure the patient that they are welcome to come back again to see him/her [6, 10–12]. The patient, on the other hand, should understand that trustworthy intercultural rapport is very important for their overall treatment and that it should be established. Therefore, eight general strategies have been identified for every

health care provider to follow during the intercultural medical interview that ought to help in overcoming possible cultural barriers [6–9, 12, 14–16]:

1. When entering the examination room, it is important to be aware that the patients may not share the same beliefs that doctors do about health, illness, and the body. These beliefs can affect the patients' perception about the cause of the disease as well as the diagnosis. Knowing more about how the patients view their illness can help doctors to effectively communicate the diagnosis to them. Hence, the doctors should treat the patients in the same manner in which they, as a health care provider, would want to be treated because each culture has a set of rules for polite, caring behavior that will, ultimately, determine the patient's concept of satisfactory rapport after the interview.
2. The interaction should begin with a degree of formality with patients who were born in another culture because in many cultures, there is a degree of social distance between the doctor and patient. This means that it is advisable to address the patient by his/her last name and maintain this formal relationship until the patient signals that a different approach is appropriate, or welcomed. e.g. *Good afternoon Ms. X. My name is Dr. Y, specialist in hematology.*
3. Allow patients to be open and honest because in most cases they are hesitant to tell caregivers that they are visiting a folk healer or are taking alternative medication together with prescription drugs. In such cases, a doctor should start with easy questions. This will facilitate the creation of common ground, e.g. *Tell me, Ms. X, what do you do for a living? How long have you been working? What exactly are your key duties and responsibilities? Ms. X, could you please tell me what sort of problems you have been experiencing lately?* The doctor should then ask the patient to explain their reason(s) for coming by letting the patient tell the story in their own words.
4. Do not disregard and/or undermine the possible effects of the supernatural beliefs on the patient's health; this is because if patients believe that their illness was caused by bewitchment, the evil eye or God's punishment they will not take full responsibility for their cure. The following questions may be adequate to obtain more information from the ailing patient, e.g. *What do you think has caused the illness? Are there any stressors that may have contributed to the illness? How severe is the illness, in your opinion? What are the main problems the illness has caused you? What do you fear most about the illness? What kind of treatment do you think is necessary? What are your expectations from the treatment process? Are you also visiting a shaman or a holistic healer?*
5. Inquire indirectly about the patient's belief in or use of nontraditional remedies and ask the patient does he/she use them. This may lead to negotiation with the patient to arrive at a mutually acceptable course of treatment, e.g. *What treatments, if any, are you currently receiving and do these include the use of any folk medicines? What would prevent you from complying with the proposed treatment plan?*
6. Never try to force change or demand compliance from patients because a caregiver should be prepared to negotiate with the patient about the instructions he/she must follow on less critical

health issues, e.g. *Ms. X, I believe that it is time for us to take a turn. This means that you should start with antibiotics instead of the holistic medication that you have been taking to ensure that the bacteria causing your illness is completely destroyed. This is the only way to avoid further complications that the bacteria might well cause.*

7. Empathy is crucial during the interview because patients usually visit healthcare providers at a very vulnerable time in their lives, and/or when they have exhausted all attempts to care for themselves at home. This is the point at which a caregiver should show empathy, offer compassion and understand patients' views and beliefs to accurately decode verbal messages, e.g. *I can also feel a lump under your armpit. If you let me, I would like to ask you some questions about it*. When the patient begins to reveal further information, the doctor should take a moment to investigate the information further, where appropriate; i.e. *You seem quite nervous. Can you tell me more about that? Can you tell me why you might be feeling like this?* More importantly, the doctor must put aside scientific beliefs and values and refrain from projecting them onto the patient. This is because the medical problem or issue is not about the doctor, but about the patient's belief system and the doctor needs to make efforts to understand it from their perspective. Avoid judgmental language and/or non-verbal behaviors that the patient may interpret as disapproving (for instance making faces, frowning, shaking the head as a sign of disapproval). The doctor should instead encourage the patient and reinforce the patient's positive behaviors by offering praise for the steps he/she has taken e.g. *It sounds like cutting back on meat has been difficult for you, but I am glad to hear you have not given up trying*. *Have you tried seitan?*
8. The doctor must determine the extent to which their patients are able to deal with a bad prognosis and diagnosis, e.g. *I feel that a lump under your armpit has enlarged since last time. No need to worry. To be sure that it is harmless, we will run some tests and wait for the lab results. After we get the results, we will work out the next steps. Meanwhile, you can go home and continue with your daily activities. I will give you a call when the results come out.*

At the end of the interview, the doctor must be sure that the patients clearly understand any prescribed treatments. The doctors should, therefore encourage patients to write down the treatment regimen, or, provide it in writing for them. When and if in doubt, asking the patient to restate what they have prescribed will better ensure patient comprehension. The medical interview should end by asking the patient if s/he has any questions.

Finally, the above eight strategies for conducting a successful medical interview are by no means definitive, but they should prove effective in majority of intercultural medical encounters.

CONCLUSION

Intercultural communication competence plays a significant role in preparing the health care professional to be an effective communicator in intercultural medical discourse. Simply put, understanding non-visible aspects of culture (such as health belief systems, communication style, etc.)

will assist health care providers in becoming more attuned to the culturally based health expectations held by people whose cultural background is different from their own. Nevertheless, it is worth noting that people in all cultures go about their daily lives enacting health practices and values that are deeply rooted in their ethnic experiences. Knowing how to approach a person from a different culture will equip a health care provider with an understanding of what happens to cultural knowledge when it crosses intercultural borders. Cultural challenges in particular are of crucial importance for health care providers because they often collect sensitive personal and private information about patients during a medical interview. In most cases, such information is subject to culture-specific behaviors and rules of disclosure.

After all, effective communication between doctors and patients from different cultures is a central clinical objective and one of the first steps towards building successful intercultural rapport. This is largely dependent upon the effectiveness of communication between patient and doctor during the medical interview, the validity of the patient expectations and the ability of the doctor to fulfill them.

In conclusion, it is hoped that this paper has provided valuable insights into an intercultural medical interview and should serve as a stepping-stone for similar research in the future. As the European Union and the Balkan countries continue to grow and change, studies of this nature are certain to remain a necessary part of maintaining an effective health care system.

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