

Communicating with Diverse People

Calgary is a diverse city that is home to individuals and groups of people from many different cultures and backgrounds. These diverse groups of people may have their own unique beliefs about medicine, disease, and healthcare practices.

It is important to note that being “diverse” does not only refer to one’s ethnic or cultural heritage, nationality, or language spoken. In fact, diversity is simply all the ways we are different from each other. There are many different aspects of diversity that influence the way in which we communicate with others, including:

- Age
- Gender
- Dis/ability
- Socioeconomic circumstance
- Education
- Religion and spiritual beliefs
- Personality
- Sexual identity
- Upbringing and life experiences
- Geographic location (urban or rural)

Providing effective healthcare and services for individuals from diverse backgrounds poses a challenge for many health care providers and professionals. In particular, healthcare providers may have difficulty communicating effectively with individuals from diverse backgrounds. Effective communication is a key ingredient in providing effective healthcare. After all, communication is needed to determine a client/patient’s concerns, to diagnose an illness, to explain the recommended treatment, to obtain consent for treatment, to explain aftercare, etc. Every aspect of the healthcare experience requires effective communication between the healthcare provider and the client/patient, and when communication is ineffective, healthcare becomes ineffective.

Although certain basic healthcare principles apply to all clients/patients, regardless of their background, our Canadian healthcare system and medical beliefs and practices are a product of the dominant North American culture. Everyone, even the best-trained health professionals, makes assumptions based on their own culture and background. However, these assumptions may not be applicable to individuals from other backgrounds.

Similarly, perhaps without even realizing it, healthcare providers may make assumptions about how the cultural values and beliefs of clients/patients will affect their understanding of health information or will determine their preferences for certain types of treatment. These assumptions are often based on a person’s birthplace, command of English, skin colour, age, or appearance. Unfortunately, these assumptions are often inaccurate. That is why it is important for healthcare providers to have an awareness of their own values, beliefs, and

background, and to think about how these factors may influence the way in which they communicate with people from different backgrounds.

Consider the following scenarios and think about whether you have ever made similar assumptions about someone based on their background.

A francophone woman who has lymphoma is not proficient in English. While she is undergoing treatment, you realize she might be eligible to participate in a clinical trial for an experimental cancer drug. Do discuss it with her? Or do you assume that it would take too long to explain it to her, or that she probably wouldn't understand anyway?

A 65 year-old Polish man has hypertension but shows no obvious symptoms. You explain to him that his blood pressure can be managed with routine monitoring and proper diet, and he nods. Do you explain exactly what is meant by hypertension and discuss its consequences? Do you explain exactly what is meant by a proper diet and routine monitoring? Or do you assume he understands exactly what you mean because he nodded?

A 75 year-old woman has osteoporosis. You are aware of a study that is being conducted comparing the effects of different types of exercise on bone density. Participants in the study learn different exercise techniques in exchange for their participation. Do you tell the patient about the study? Or do you assume that she is too old to exercise, or that she probably would have difficulty finding her way to and from the hospital, or that she would probably not be interested anyway?

A recent immigrant from Iran comes in for a check-up. The patient/client is obese. You tell him that he needs to follow a low-fat diet, and you provide him and his wife with a copy of the Canada's Food Guide and some low-fat menu suggestions from the Heart and Stroke foundation. He takes the information without asking any questions. Do you assume that he is aware of the health risks associated with obesity? Do you assume that he understands what a low-fat diet entails, simply because he has not indicated otherwise? Do you assume that the Canada's Food Guide contains food appropriate for his culture's cooking and that the dishes suggested by the Heart and Stroke foundation are appropriate for his culture?

Guidelines for Effective Communication

The following guidelines may be helpful when interacting with clients/patients from diverse backgrounds. Think carefully about each suggestion and how it might be applied to your day-to-day interactions with clients/patients. How might these suggestions help you avoid making assumptions and improve your communication?

- **Do not make assumptions about language proficiency.**

Do not assume that a client/patient speaks English fluently, but also do not assume that a person does not speak English based on their appearance or the colour of their skin. Speak in clear and straightforward language. Remember, even if a person speaks English fluently,

misunderstandings can still arise, and when a person is not proficient in English, misunderstandings are even more likely. Remember that Certified Healthcare Interpreters are available from Interpretation and Translation Services if you need one.

- **Do not make assumptions about levels of understanding.**

Assuming poor comprehension may cause a client/patient to feel insulted; however, assuming good comprehension can also be dangerous, as it may affect health outcomes. When discussing the client/patient's health, it is best to explore his or her beliefs and level of understanding and adjust your communication accordingly.

You must make every effort to ensure that the client/patient understands what is being said. It is often appropriate for the healthcare professional to summarize his or her comments frequently throughout the interview. To determine if the client understands what is being said, ask the client to explain back to you what they have understood. Do not simply ask the client/patient "Do you understand?" because the client/patient will often say "Yes", even when they do not understand. The client/patient should be constantly encouraged to ask questions, to comment on what he or she is being told, and to tell the healthcare professional if he or she is unclear.

- **Respect different beliefs and attitudes.**

People have different attitudes towards illness, health, life, and death. These attitudes and beliefs have developed over the person's lifetime, and cannot be simply ignored or quickly replaced with new attitudes. Trying to convince a client/patient to adopt new beliefs and attitudes in place of their old one will likely be very difficult, and could create a roadblock to good communication in the future.

Instead, ask clients/patients about their beliefs, attitudes, and experiences and then acknowledge your understanding of and respect for their views and ways of doing things. Present suggestions as "in addition to" rather than "instead of" their way of doing things. For immigrants who are new to the country, you may gain a better understanding of their perspective by asking them what kind of approach might be taken to treatment in their former country.

It can be difficult to balance cultural appropriateness (from the client/patient and their family's perspective) with North American medical procedures, especially in critical care settings. Demonstrating your understanding and respect for their practices and beliefs may help the client/patient and their family be more open to your suggestions.

See the *Cultural Competency Check Card: Basic communication tools to ensure cultural competency* for a list of key questions to establish a basis of understanding when interacting with a client/patient or family that is culturally different than you.

- **Take the time to explore and resolve any misunderstandings.**

Treating the client/patient and his or her family with patience is key to resolving miscommunications or misunderstandings. Although it may be difficult to find the time to

engage in a discussion of the source of a misunderstanding or to explain the same point in a number of different ways, doing so will likely help the client/patient and his or her family feel more confident in medical decisions. Taking the time to explore your client/patient's feelings and differences in opinion can go a long way in creating acceptance of medical advice or treatment plans.

Using phrases such as "I don't think I understand that point", "Could you try explaining that another way?", "Let me explain it differently", "Let me explain why I'm telling you this", or "I sense that I may not have explained that clearly. Let me try again" may help in resolving misunderstandings.

- **Speak clearly and slowly using plain, straightforward language.**

It is extremely important to ensure that you understand the patient and that the patient understands you. Certain words, phrases, or actions may have different meanings for different people. For example, most English-speaking Canadians use "yes" to indicate their agreement, but in some cultures "yes" can be a form of acknowledgment rather an indication of agreement. As another example, English-speaking Canadians often refer to menstruation as a woman's "period"; however, not all cultures use this word and some women may not understand the use of the word "period" in this context. It is helpful to use plain language or to use several different synonyms for words that may be misunderstood. Don't hesitate to ask for clarification if you are confused about the client/patient's use of certain words or phrases.

Likewise, avoid using slang or expressions that not everyone will understand. People from different backgrounds may not understand the sayings that many English-speaking Canadians grew up with (e.g., "sit tight", "keep your fingers crossed", "fit as a fiddle"). Try to use the literal meanings of words when you are speaking to clients/patients and their families. Also, be conscious of speaking quickly or mumbling.

- **Verify that you have been understood.**

After you have spoken, ensure that the other person understands what you have said. It does not usually work to ask the other person "Do you understand?", as most people will say "yes" whether they understood or not. If you sense that the person is unsure or confused, it may be helpful to say something like, "Just to clarify..." and then restate what you said in a slightly different manner. It is also helpful to ask the client/patient to explain what you have just told them in their own words, although be careful to avoid sounding condescending when you do so.

- **Carefully observe nonverbal responses.**

Be aware of the client/patient's body language as it can provide useful cues. You can usually tell whether you have blundered, failed to make yourself clear, or conveyed your message successfully by paying attention to the other person's nonverbal reactions as well as their verbal reactions. For instance, if a patient looks upset even after being told that the result of a test is negative, he or she may not have understood the implications of the information.

But remember, the same body language can mean different things to different cultures, so be cautious in your interpretations of body language. For example:

- The North American “OK” sign means “worthless” or “nothing” in some cultures.
 - In some cultures, smiling can be a sign of apprehension.
 - Avoiding direct eye contact and looking down is a sign of respect in some cultures (e.g., Aboriginal, some Asian cultures), whereas other cultures value direct eye contact.
 - Whereas North Americans nod their heads up and down to indicate “yes” and shake their head from left to right to indicate “no”, the opposite gestures are used in some cultures. Bulgarians, for instance, nod their heads to mean “no” and shake their heads to mean “yes”.
 - The “thumbs up” sign is considered vulgar and offensive to people of some nationalities (e.g., Iranians).
- **Exercise sensitivity when using interpreters or other third parties.**

It is essential to rely on the services of a Certified Healthcare Interpreter when seeking consent or explaining treatment to individuals who are not proficient in English. However, it is very important to be sensitive to issues of confidentiality when asking patients to reveal intimate details through a third party (whether this is a certified healthcare interpreter or a family member), especially regarding issues such as sexual behaviour, use of contraception, conditions that involve the reproductive organs, abortion, menstruation, or any other potentially taboo or embarrassing health concerns. Remember that the interpreter may be a member of the client/patient’s community, so issues of confidentiality may be of concern to the client/patient. Even when confidentiality is stressed, the client/patient may be reluctant to reveal personal information to a member of their community for fear of being judged or looked down upon. The client/patient may also be reluctant to reveal personal details to a member of the opposite sex. These are important issues to bear in mind when using an interpreter.

The above guidelines may seem like a lot to remember. A simplified set of guidelines has been suggested to help healthcare practitioners communicate effectively with clients/patients from diverse backgrounds. These guidelines may be easier to remember because they have the acronym ETHNIC:

EXPLANATION:

- What do you think may be the reason you have these symptoms?
- What do friends, family, others say about these symptoms?
- Do you know anyone else who has had or who has this kind of problem?
- Have you heard about it on TV or radio or read about it in a newspaper? (If patients cannot offer explanations, ask what most concerns them about their problems).

TREATMENT:

- What kinds of medicines, home remedies, or other treatments have you tried for this illness?
- Is there anything you eat, drink, or do (or avoid) on a regular basis to stay healthy?
- Please tell me about it. What kind of treatment are you seeking from me?

HEALERS:

- Have you sought any advice from alternative/folk healers, friends, or other people (non-doctors) for help with your problems?
- Tell me about it. Has it worked?

NEGOTIATE:

- Negotiate options that will be mutually acceptable to you and your patient and that do not contradict, but rather incorporate, your patient's beliefs.
- Ask what are the most important results your patient hopes to achieve from this intervention.

INTERVENTION:

- Determine an intervention with your patient.
- May include incorporation of alternative treatments, spirituality, and healers as well as other cultural practices (e.g., foods eaten or avoided in general and when sick).

COLLABORATION:

- Collaborate with the patient, family members, other health care team members, healers, and community resources.