

Society for Education in Anaesthesia (SEAUK)



CROSS-CULTURAL COMMUNICATION: ESSENTIAL SKILL FOR PHYSICIANS



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Culture could be defined as a pattern of symbols, meanings and rules that are shared among people with a common cultural background. It is a 'software of the mind,' that we get programmed with early in childhood.¹ The 'Cultural Software' allows for smooth and effective interpersonal and within-group interaction and communication.

Most of these culturally shaped patterns are invisible. Visible culture characteristics like language, fashion, music, and artifacts are just the tip of the iceberg. Most of the cultural norms, values, perceptions, beliefs and communication

styles are deep under the surface; they are not easily accessible, and even more difficult to learn, especially by people who are newcomers to the group.

Communication is shaped by cultural upbringing. The relationship between culture and communication is complex and dynamic, as cultural symbolic patterns are accomplished and reinforced via communication. Styles of communication

vary substantially by cultural influences. In cross-cultural communication, the styles need to be adjusted to the cultural background of the people involved. Language competence and skills are thought to be necessary prerequisites for successful communication, however, spoken words are not the only element in the process. Studies have shown that only 7% of what we communicate is done with words, with 38% by tone of voice, and 55% with non-verbal gestures. While language is an effective and efficient means of communicating explicit information, non-verbal communication conveys affect and relational messages. Non-verbal communication clues are learned implicitly, and are conveyed mostly subconsciously. They can reinforce, substitute and sometimes, contradict verbal communication. They consist of facial expressions, eye contact, gestures and even silence. Often these non-verbal signals may lead to stereotyping of other cultures.

Historically in medical education, communication skills were taught with the perspective that, with the provision of medical knowledge and training, the communication skills will follow. Medical school curricula and residency programs emphasised medical sciences, and little attention was given to communication skills. However, in 1999 the American Association of Medical Colleges recognised the importance of communication in medical education² In the Institute of Medicine Report 'Unequal Treatment' it was recognised

that a failure to recognise cultural beliefs and behaviors leads to poor health outcomes, and dissatisfaction and non-adherence to treatment by patients.³ Based on these reports, the governing bodies for continued accreditation adopted Communication Competence requirements for medical residents.^{4,5}

However, the results of a survey by Weismann et al⁶ revealed that the majority of residents still have low skills in identifying mistrust, relevant cultural customs, and religious beliefs that impact on care. Residents have also indicated that they were not given the time or the mentors necessary to deliver effective cross-cultural care.⁶ Recent data from the Accreditation Council for Graduate Medical Education review committee revealed that many of the residency programs in the USA score low on cultural competency scores⁷ These data provide evidence that the residency programs in the USA are in need of developing cross-culturally oriented curricula to address inadequate communication skills that may lead to medical errors and patient dissatisfaction.

A curriculum that specifically addresses communication skills, coupled with experiential learning, is needed. The demographics are rapidly changing and, with the dramatic increase in ethnic/ racial diversity, different communication styles that resonate with this cultural diversity are becoming a necessary skill set for every healthcare professional. Culturally diverse 21st century medicine needs healthcare professionals who

are capable of looking beyond stereotypes and biases, are able to recognise disparities, and are able to overcome conflicts to deliver culturally competent patient care.

In order to build effective inter-professional medical teams, it will be essential to foster a collaborative environment in which people of different backgrounds can work together creatively and productively. Intercultural differences are real, and they can lead to conflict at the interpersonal or inter-professional level. While this conflict may be inevitable, it has to be recognised and managed constructively. Effective communication styles and skills are capable of transforming conflict into collaboration.

References

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