ผลกระทบของปัญหาและอุปสรรค ในการสื่อสารต่างวัฒนธรรมต่อการดูแลสุขภาพผู้ป่วย

The Impact of Cross Cultural Language Barriers in Patient Care Delivery

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บทคัดย่อ

ปัจจุบันสังคมโลกเปลี่ยนแปลงไปอย่างรวดเร็ว ด้วยความหลากหลายทางวัฒนธรรม สังคมมีความซับซ้อนมากขึ้น วิชาชีพพยาบาลจึงมีความจำเป็นต้องปรับเปลี่ยนรูปแบบของการให้บริการเพื่อให้สอดคล้องกับความต้องการของผู้ป่วยตามสภาพสังคมวัฒนธรรมที่หลากหลาย การสื่อสารต่างวัฒนธรรม จึงเป็นสิ่งที่จำเป็นอย่างยิ่งในยุคศตวรรษที่ 21 ที่หลีกเลี่ยงไม่ได้ พยาบาลเป็นหนึ่งในบุคลากรทีมสุขภาพที่ต้องมีการสื่อสารและปฏิสัมพันธ์กับผู้รับบริการเป็นด่านแรก หากพยาบาลหรือบุคลากรในทีมสุขภาพขาดความรู้และทักษะในการสื่อสารกับผู้ป่วยที่มีความแตกต่างด้านความเชื่อ ค่านิยม วัฒนธรรม และภาษา อาจทำให้เกิดอันตรายต่อชีวิตหรือส่งผลกระทบต่อภาวะสุขภาพของผู้ป่วยได้ ดังนั้นพยาบาลยุคใหม่จึงจำเป็นต้องมีสมรรถนะการดูแลข้ามวัฒนธรรมให้ครอบคลุมทุกด้าน

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Abstract

Society has seen rapid changes in the last decade. The consequences of these changes have made acclimating to a different culture more complicated for people with diverse values, beliefs, and religious orientations. It is necessary that nursing professionals adjust health care delivery in ways that recognize & accommodate the basic needs of a wide variety of patients. Cultural diversity, especially with cross cultural language, cannot be avoided. Nurses are critical health care team members who would often be the first group who make contact with patients. If these nurses lack the knowledge and skills to communicate with patients with differing cultural orientation & perspectives, the end result may bring harm or life-threatening consequences entrusted to their care. Thus, the nurses must have good cultural competency in order to deliver high quality in all aspects of care.

Keywords: Cross cultural language, patient care delivery

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Introduction:

Health care in Thailand is increasingly delivered in cross-cultural contexts. This results from increasing movement of people from diverse backgrounds, different religious beliefs, nationalities, ethnicities and, regional languages & dialects. Transcultural nursing is an important aspect in a dynamic world when providing health care services across national & geographic boundaries. Nurses comprise one of the most important health care team components and are often the first people interacting with patients. Empathy, mutual regard, respect, and compassionate communication are necessary, along with exceptional health care/medical skill, to achieve the highest standard of care for an individual's well-being, and safety. This article is aimed to stimulate thinking and awareness in nurses, as well as the public, on the impact of the language barriers in health care delivery in culturally diverse areas.

Defining cross-cultural or transcultural care

We have heard the phrase "cross-cultural" for many years. Cross-cultural or transcultural care is defined as the major feature of cultural diversity care. The theory of transcultural nursing has been developing gradually, transforming nursing practice and causing a paradigm shift from traditional medical and single cultural practice to a multicultural practice.[1] Transcultural care anticipates the provision of nursing services to individuals who come from various cultural backgrounds, by taking into account their diversity, and having adequate qualifications in cross-cultural nursing inclusive of showing the requisite respect to differing peoples from other cultures.[2] Transcultural nursing is a field of nursing aimed at providing care from a culturally appropriate approach.[3,4]

Professional nurses, as members of the health care team, must possess cultural competency which always includes sensitivity to cultural differences by appropriately modifying the care they give in a way that is acceptable to the patient. It is necessary for the nurse to discover the meaning of cultural care and to know influencing factors. Culturally competency consists of being aware of the various components of cultural nursing care and requires that nurses adopt attitudes that respond the cultural needs of their patients. Cultural competence also requires that nurses reflect on their own cultural biases which will enable them to become more aware of other cultures. According to Cowan and Norman, Garity defined the term cultural competence as "the sensitivity toward different cultural groups". This sensitivity includes the perception of the influence caused by factors such as immigration, stress, lack of harmony in the person's life, family influences, poverty, language, fables, taboos and spirituality. The essence of caring for culturally diverse patients should be comprised of respect, sensitivity, cultural knowledge, competency, effective appropriate, and congruence of care. Cultural conscience needs to take into consideration gender, order and sexual choice.[5]

Importance of transcultural care for nurses

Multicultural and religious perspectives can create misunderstandings about behaviors related to health problems or health beliefs across all generations inclusive of the elderly, adults, children, pregnant women, and patients with various health problems. The traditional health modalities for illness affecting people from Asia and South East Asia, tend to use traditional medicines and traditional practitioners such as traditional Chinese doctors and herbalists. People from African countries use folk medicine traditions, traditional healers, and root-workers, such as witch doctors, seers, shamans and psychoactive herbs/ingredients. In European countries, most people primarily rely on modern

health care systems, sometimes being supplemented by remaining folk medicine traditions. American-Indian culture primarily rely on folk medicine traditions. Diversity of cultures and beliefs may also create harm for patients. For example, some cultures believe that by burning herbs and inhaling the smoke is a cure for asthma. This differs from the modern point of view of health care providers because we now know this ritual may cause harm and initiate an asthmatic attack. Another example, not in keeping with modern medical practice, is using a stone to scrub the stomach, called "Coining", to release stomach pain. This may subject the patient to a ruptured appendicitis. There are several literature reviews about perspectives on issues related to health. For example, in Islam, many believe artificial nutrition and hydration is unlikely to benefit the patients and is more likely to impair the quality of life. Such treatments are also frequently believed to harm terminally ill patients due to complications from aspiration, pneumonia, dyspnea, nausea, diarrhea, and hypovolemia. An 18-year-old Jehovah's Witness with sickle cell disease had life-threatening anemia and was experiencing heart failure. In her situation an urgently need blood transfusion to save her life was withheld because of her family's religious beliefs.[6] Similarly, a-69 –year-old male, Jehovah's Withnesses, who was diagnosed with Iron Deficiency Anemia refused to accept blood products.[7] In the recent study patients who were Muslim or Hindu were more likely to object to physician-assisted suicide and terminal sedation and less likely to feel they should disclose information.[8]

In these cases, nurses assume an important role in assessing a patient and providing care. Following transcultural nursing protocols requires nurses' decisions to be based on rational beliefs for patient safety. Nurses should be well aware of the cultural differences of the patients they care for and keep in mind in the plan care. Lucchetti and colleages studied of comparison attitudes of Brazilian, Indian, and Indonesian physicians toward spiritual, religiosity, and health found that Indonesian physician were more religious and more likely to address spiritual and religion concerns when caring for patients. Brazilian physicians were more likely to believe that spiritual concerns and religion influence patients' health. Brazilian and Indonesians were as likely as to believe that it is appropriate to talk and discuss spirituality and religion with patients, and more likely than Indians. Many articles have been published in peer-reviewed journals on the connection between religion, spiritual, health, quality of life, and mortality.[9]

It is known that patient safety and health outcomes has become one of the main goals of nursing care in the last decades. Health care providers should develop an understanding of safety culture for patient optimum health.[10] The main aspect of cultural conscience is to strengthen communication knowledge, skills, and the practical knowledge that gives the possibility to nursing staff, and other health professionals to provide holistic care to people of different beliefs, values and behaviors. This should be accomplished in a way that respects patients' social, cultural and linguistic needs.[11]

Impact of communication barriers on patients' health

As diversity has increased in Thailand, interpretation services are likely to become even more important in providing quality care for patients who have limited English proficiency. Health care professionals understand that poor communication can lead to medical errors, adverse patient safety events, and an overall lower quality of care. Cultural communication is considered to be important in regulating behavior and marks the interactions between nurses and patients, enabling exchange of messages and the creation of meanings. The goal of transcultural nursing is to pay attention to cultural

values of individuals, and the behaviors adopted in addressing health/illness in different social groups are translated into intercultural communication. The quality of communication is an important component of developing cultural competence and providing comprehensive health care to a multicultural patient population. Effective communication has also been linked to reducing health outcome disparities and improving patient outcomes.[12]

Effective communication occurs with verbal and nonverbal behaviors. Effective Language or verbal communication consists of vocabulary, speed, intonation, and so on. While nonverbal communication consists of touching, facial expression, eye movement, and body posture. Mexican Americans view eye behavior as important. An individual who looks at and admires a child without touching a child has given the child the "evil eyes". Orthodox Jews consider touching, particularly from members from opposite sex, offensive. Chinese may nod their head to indicate "yes" and shake their head to indicate "no". Excessive eyes contact indicates rudeness. Excessive touch is offensive. East Indian Hindu and Vietnamese should be aware that men may view eye contact by women as offensive. Avoidance of eye contact is a sign of respect. The head is considered sacred. It is not polite to pat the head. An upturned palm is offensive in communication. Nonverbal responses are also found in the Vietnamese. Persons may smile but the smile may not indicate understanding. A Vietnamese may say "yes" to avoid confrontation or a desire to please. A smile may cover up disturbed feelings and nodding, which the nurse commonly interprets as understanding and compliance, may for a Vietnamese individual, simply indicate a respect for the person talking. The nurse may be surprised later when the client who smiled and nodded does not follow through with the instructions given.

The problems of communication between health care providers and patients with limited English proficiency and different cultures may cause serious consequences, including medical errors, delay in treatment, issues with informed consent, and physical harm to patients. The Joint Commission developed a set of standard on patients-centered communication that emphasizes the importance of focusing on patients with limited English proficiency, cultural competency, and patient-centered care in all aspects of quality care. Patients facing barriers to communication are 3 times more likely to experience preventable Adverse Events (AEs) than patients who faced no communication barriers.[13] Patient-health care provider communication influence increase the risk of experiencing an adverse event.[14] Communication barriers can be the result of physical, cognitive limitations, or misunderstanding due to cultural perspectives and often result in inaccurate or harmful health care diagnosis & treatment. In other words, misunderstandings due to language barriers can impose undue hardship possibly leading to adverse outcomes. Barriers to communication can also lead to poor compliance with therapy. The impact of communication barriers in cross-cultural environment as follow:

Decision Making & Delay of Treatment

For example, a Hispanic male having limited English skills receives a new diagnosis of atrial fibrillation. The doctor suggests warfarin to be taken orally and explains how important taking the medication is to the patient and his family members. However, the patient and his family rely on Shaman/ witch doctors for guidance regarding health care decisions and cannot begin treatment until it is discussed with the Shaman. In this case, the consequence of delay in using the prescribed medication is likely to cause harm to patient health.

For another example that indicates language

barriers between physician and patients can disrupt effective communication and comprehension of health care information, consider patients being at high risk of surgical delays because of their difficulty understanding instructions, including how to prepare for a surgical procedure. In addition, they have a greater chance of re-admission for certain chronic conditions given their difficulty to understand how to manage their condition.

It is a constant challenge for nurses to be faced with language barriers in patients from diverse cultures. These barriers can influence decision making in treatment, and appropriately following the health regimen. The nurse must be aware about not assuming that a certain communication pattern can be generalized to all patients.

Incidence of preventable adverse events

Patients with communication barrier have a hard time communicating about symptoms of Adverse Events (AEs) such as adverse drug reactions, falls, pain, and ventilator-associated pneumonia. This can easily be the result of misunderstandings due to different cultures or health beliefs. Additionally, body physical limitations, cognitive impairment and so on that influence communication barriers. For instance, mechanical ventilation makes it impossible for many patients to speak. These “silent patients” cannot express their most basic needs or participate in life-or-death health care. Patients with impaired communication abilities due to structure, cognitive, linquistic, or a combination of factors are three times more likely to experience preventable AE than patients with no communication impairment.[15] We must remember that in different cultural points of view, preventable Adverse Events can be caused by different beliefs in health and perceptions based on religion which can lead to behaviors that may be inappropriate. A previous study revealed patients from different cultures perceive different levels of somatic symptoms. In the study, comparing Vietnamese and German patients regarding cultural dynamics of symptom presentation upon first admission to a psychiatric outpatient service. The study found that Vietnamese patients endorsed significantly higher levels of somatic symptoms overall on certain items (pain, dizziness, and fainting) despite similar levels of depression severity in comparison with German patients.[16] The barriers to communication are not limited to those based on physical limitation or language differences. As noted before, differences in culture & religion can also inhibit the well-being of patients. Effective communication has been linked to reducing health disparities and improving patient outcomes.[17]

Strategies in approaching patients with language barriers

Enhancing cultural competency for nurses

Cultural competency as previously described is the ability to provide care to patients with diverse values, beliefs and behaviors, and to tailor care delivery to patients’ social, cultural and linguistic needs.18 Nurses must have cultural competency and consciously address the fact that culture affects nurse to patient exchanges and ability to provide effective care with compassion and clarity. Nurses must also strive to increase their knowledge and sensitivity associated with this essential nursing concern by incorporating the patient’s personal, social, environmental, and cultural needs/ belief into the plan of care. For example, in conservative Arab, Afghan, or other Muslim patients, female nurses giving instructions to males may not be effective. 19 If a male nurse is providing services to female Arab patient, strict rules require that a family member always be present. Older Arab patients may not comply with direct instructions given by a young staff member.

For these patients, indirect requests and suggestions are the designed methods.[20]

Developing Nurse-Patient trust and Relationship

Nurses working with patients from diverse cultural background should carefully review the personal beliefs and experiences of the patient. It is important for the nurse to set aside personal values, bias, ideas, and attitudes that are judgmental and may negatively affect care. Research studies have shown that the creation of trust in the nurse patient relationship requires time. Time was the most critical element that promoted an ongoing connection.[21] The time given for "listening" was essential in respecting a time-intensive unfolding process of a patient's story. Promote active listening and establish an empathetic, respectful relationship with the patient. Consistency in nursing professions relationship meant that a provider had predictable behaviors and attitudes that the patient could rely upon over time. Nurses need to spend more time for listening to create trust and relationship with their patients. This is an example of developing trust and relationship between provider and patient which resulting patient's health outcome. A health care provider visits a Hmong pregnant woman with TB who was refusing her medication. The provider started the conversation by wishing the patient's family well and initiating conversation with her husband. Once friendly contact has been established, the provider realized that the pregnant woman feared her baby would be born without arms and legs because of medication. This example indicates that it is important for health care staff to develop trust and relationship with patients and their families.

Alternative Approaches

The nurse must be aware of the impact of cultural beliefs on the patient's health in order to think of effective communication strategies to provide the health care needs of their patients. Providing compassion and alternative approaches like using non-verbal communication such as gestures, pictures, and play acting to help the patient understand are frequently useful. For verbal communication, the nurse should be alert for words that the patient seems to understand so that this word can be used more frequently. The patient who appears to be having difficulty understanding should be asked to provide feedback for clarification.

Another option is for the nurse to select a dictionary that has both the language the nurse speaks, and the language the patient speaks. If an interpreter is not available and the patient seems to have some understanding of the language, speaking slowly and distinctly, using a lot of gestures, acting out, using pictures, and repeating the message several times in different ways enables the patient to understand what is being said. If necessary, using an interpreter who is culturally sensitive to improve communication and translation of the message, and obtain feedback to confirm understanding. Some cultures are primarily oral and do not rely on a written forms of communication. In such a society, the spoken words hold greater meaning and power. For instance, Hmong are considered an oral cultural group. The formation of and acceptance in this group is primarily dependent on the spoken words.[22]

Developing cross-cultural training Program. It is necessary to developing cross-cultural training programs for the nurse to master and practice the necessary skills in dealing with patients from diverse cultures. Cross-cultural communications training skills incorporating a "real-life" scenario should be included in nursing curriculums in which the learners can observe the actions on a video and providing students with feedback and in depth explanation in each different case scenario.

Developing Native language Tool Assessment: Several studies supported the fact that patients with impaired communication either from physical limitations or cultural differences need to be able to depend on effective care from health care providers. The following example shows the step of translation and adaptation of tools to assess patients using "The Brief Illness Perception Questionnaire (Brief IPQ)" which is one of the tools to assess patients' beliefs regarding their illness. Development of this tool requires a rigorous translation methodology which includes forward and backward translation between English and original native language with considering grammatical format and context of cultures. The final translation tool is test for reliability. A previous study aimed to explore the effectiveness of developing native language tool assessment to improve patient care and communication. The study results revealed that most patients were happy with their providers. Half indicated that they did not understand the tests or had difficulty with interpreters. Many indicated they like medical information written in their native language. This written information in the patient's native language has the potential to complement the verbal discussion and enhance patient care.[23]

Conclusion

Today, nurses are faced daily with unexpected cultural diversity issues because of the rapidly increasing movement of people across regions. Nurses must take several cultural factors into consideration in providing care. These factors include religious and national beliefs, as well as language and other communication differences. Communication barriers have important and serious impacts on a patient's health and willingness to accept treatment. Miscommunication and misunderstanding can have serious consequences in making life saving decisions and appropriate health care treatments. Application of cultural competency must include increasing patient-nurse trust and relationships, using nonverbal communication, developing cross-cultural training programs and native language tool assessments, designed to overcome language barriers. This is a critical challenge for professional nurses to be able to deliver optimal health outcomes and better understand their patients. Developing cultural competency among health care professionals, and nurses in particular is not an option, not something that is nice to do, but something that must be incorporated into the nursing course of study. This is necessary for cooperation at all level of the health care team in order to optimize the quality of care for all patients in a dynamic and multicultural world.

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