YOUR NEXT PATIENT may be from Laos, Haiti, or Peru, and he might not speak English. Will you know how to communicate with him and his family in a culturally sensitive way? In this article, I'll discuss specific techniques that will help you become skillful at communicating with patients from other cultures.

More trust, less stress

Good cross-cultural communication enhances your nursing practice by:

- building the patient's confidence in the nurse/patient relationship
- improving patient safety and clinical outcomes by minimizing misunderstandings
- making more effective use of time spent with your patient
- increasing patient satisfaction and decreasing stress for you and your patient.

Your first step toward cultural competence is simply being aware of your own cultural beliefs. For instance, think about your own views to help you identify your prejudices or attitudes that could be a barrier to good communication.

Next, learn what you can about other cultures. One way to do this is to participate in cultural competency programs offered by some hospitals. You can also increase your awareness of other cultures through information from a library or on the Internet and by talking with others. Become involved with various cultural groups by volunteering in the community, attending cultural festivals, or reading literature or listening to music of other cultures.

Seeing eye to eye

When you assess a patient from a different culture, talk with him in a quiet setting where you won't be disturbed. If he's confined to bed, close his door or draw the curtains completely around his bed for privacy.

Then choose communication strategies based on your patient's cultural system of beliefs. In many cultures, the manner in which you communicate is as important as the words you say. For example, direct eye contact is considered impolite or aggressive in many American Indian, Indo-Chinese, and Arab cultures. Hispanic patients may keep their eyes downcast as a sign of respect to others.

How you communicate also includes your body language and positioning, including how much space you keep between yourself and the patient. For example, if you sit close to your patient, he may perceive you as warm and caring—or, depending on his cultural expectations, he may perceive you as threatening and invading his personal space.

Communication is more than just talk. Follow this practical guide to communicate well with your patients, whether you speak the same language or not.

By Richard L. Pullen, Jr., RN, EdD

Tips for communicating with a patient from another culture

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In general, people from North America and Great Britain require the most personal space; those from Latin America, Japan, and the Middle East need the least and feel comfortable standing close to others.

**Touchy situations**
A patient’s culture also influences whether he’s comfortable being touched by a stranger, especially someone of the opposite sex. In some cultures, such as Hispanic and Arab ones, male health care providers may be prohibited from touching or examining certain parts of the female body, and female health care providers may have similar prohibitions when caring for male patients. Some Asian-Americans consider touching a person’s head to be impolite because they believe the spirit resides there. Some Jewish and Islamic women believe that modesty requires them to cover the head, arms, and legs with clothing. When you’re providing care, you may have to ask the patient for special permission to touch her head or another body part. As you would when you’re caring for any patient, make sure you expose only one body part at a time.

**Bring down language barriers**
If your patient speaks a different language than yours, use a trained medical interpreter. A professional interpreter not only knows the patient’s language but is also well versed in medical terminology and has been trained to present information in an unbiased way. When you’re working with an interpreter, look at the patient, not the interpreter, when you ask questions.

Patients from some cultures want their family to be present, so ask your patient if he wants to include them. But beware of asking them to interpret for you. Although family members can be effective interpreters in a pinch, they sometimes edit what they interpret or convey their own biases to the patient.

**Slow down and get to the point**
First impressions count, so when you meet a new patient, approach slowly and wait for him to acknowledge you. Rushing in may exacerbate his fear of the unknown.

Don’t be too casual or familiar. Greet the patient using his title and last or complete name. Smile, point to yourself, and say your name. Don’t hurry; try not to seem rushed or anxious to leave. Sit down in a chair next to him. Avoid fidgeting or looking at the clock. A hurried attitude on your part could offend Hispanic or Asian patients, who value politeness, or American Indian patients, who value an un hurried approach to communication.

Use short, simple sentences and speak in the active voice. Use simpler words, such as “pain” or “hurt” instead of “discomfort.” Simple sentences, such as “Do you hurt?” or “Do you have pain?” are best. Avoid using medical jargon and slang terms. You can even use silence to communicate effectively. (See **Getting the silent treatment**.)

Use gestures to pantomime words and simple actions while verbalizing them. If you know any words in the patient’s language, use them to show that you’re aware of and respect his culture.

Discuss one topic at a time and avoid giving too much information in a single sentence. Instead of saying, “Are you cold and in pain?” pantomime or gesture while saying, “Are you cold?” and then, “Do you hurt anywhere?” To assess the patient’s understanding, have him repeat instructions, demonstrate the procedure, or act out the meaning.

To reinforce your teaching, provide easy-to-read material with basic illustrations appropriate to his age, educational level, experiences, and background. Make sure it provides concrete, specific, and relevant information. The patient should be able to identify with the handout’s pictures, food, and behavioral recommendations. He’ll get the most out of teaching materials that are consistent with his lifestyle, environment, and cultural habits.

Finally, document the communication strategies you’ve used and the patient’s response in the medical record.

**A matter of respect**
To build a good relationship with a patient from another culture, focus on conveying empathy and showing respect. Without stereotyping him, you can build on your experiences to be more effective each time you communicate cross-culturally. 

**ADDITIONAL RESOURCES**


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