

behaviour. We recognise that you may have difficulty finding the extra time to explore such issues. In addition, there is a need to balance cultural appropriateness (from the patient/family's perspective) with medical procedures to ensure the patient's survival, especially in the critical care setting. It may help if key issues are identified and prioritised. Patient and family confidence in medical decisions may increase if you take the time to talk and ensure good communication.

Effective communication is the key to addressing many of the cross-cultural issues that arise in hospitals.

Speak clearly and slowly

Communication is two way. It is important to ascertain that you understand the patient and that the patient understands you. Ask the patient to let you know if she does not understand your accent, would like you to speak more slowly or would like clarification e.g. writing down words that are not clear. If you use complicated terms, speak rapidly, or mumble, it is unlikely that you will be understood. The information you give may need to be broken down further than usual, or rephrased, to avoid

confusion. Repeat important information, make things very clear and simple, focussed and direct, and avoid jargon, confusing phrases, double negatives and rhetorical questions, such as "you don't want any more painkillers, do you?". Ask the patient to tell you what she understands to check comprehension. Be wary of sounding condescending.

Listen and observe

Be sensitive to body language and take cues from it. Sometimes the patient's demeanour will give you clues to comprehension. For instance, if a patient looks upset even after being told that the result of a Pap test is negative, she may not have understood the implications of the information (such as in the first case presented in the **Introduction**). However, the same body language expresses different messages in different cultures: maintaining eye contact may be a sign of respect, and smiling may be a sign of apprehension.

Note differences in meanings of words

Some words or phrases have different meanings in different cultures. Most Anglo-Australians



use "yes" as an affirmative, but in some cultures yes can be a form of acknowledgment rather than an indication of agreement. Eliciting responses such as "I understand" or "that is correct" may be helpful. Common euphemisms tend to be culturally confined. For example, women from the Philippines may not be familiar with the use of the word "period" to describe menstruation. They may say they do not experience painful periods, even if they suffer from dysmenorrhoea. It is best to give several synonyms for these euphemisms.

Clarify choices and options. Make sure that patients understand they have choices and are clear about their options. Patients often need to be reassured that one option includes the refusal of a treatment, and that they can ask questions if they are not certain they comprehend what they are being offered.

Exercise sensitivity when using interpreters

Be sensitive when asking patients to reveal intimate details through a third party, especially regarding common taboo subjects such as sexual behaviour, contraceptive use, abortion, or menstruation. Most if not all people have some secrets, and the interpreter may be a member of their community, so issues of confidentiality may be of concern.

A communication checklist is provided in *Checklists for Cultural Assessment*. Patient information in a variety of languages is available through *Multilingual Health Publications – Catalogue* and through various websites. See the **Resources** section for further information.

