

Communicating Effectively

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Australia is proud of its multiculturalism which acknowledges and promotes awareness and respect of different cultures, religions, ideologies, and ethnic backgrounds. Health care involves basic principles that apply to all patients irrespective of cultural or linguistic background. However, any health care system is necessarily based on the predominant culture and medical system, and all of us, including health professionals, often make assumptions based on our own culture. These assumptions influence practice and interactions with patients.

It is important to be aware of your own values, beliefs, expectations and cultural practices, and consider how these impact on the care you give to people from cultures different from your own.

It is also important to take cognisance of other factors that influence interactions such as socio-economic status, politics, urban/rural origin, educational level, language proficiency, age, gender and personality. Checklists for cultural assessment and cultural formulation of the patient's problem are given in the companion booklet, *Checklists for Cultural Assessment*.

In many cultures, the patient and his/her family make up a single client group with which you need to interact. There are some general principles:

Do not assume English proficiency

Information is subject to misinterpretation, even if a person speaks English fluently. On the other hand, poor English skills are not a reflection of a hearing disorder or level of intelligence, and you will not be better understood if you raise your voice.



Do not make assumptions about patient levels of understanding

Making assumptions about poor levels of comprehension and skill can result in a patient feeling patronised if they have some knowledge of English, medical terminology or hospital practice. On the other hand, lack of comprehension will affect a patient's commitment to adhering to a treatment plan, or his or her competency to carry out the treatment. For instance, advising a patient to go on a "low fat diet" may be insufficient without some knowledge or understanding of a normal diet in the person's culture, or knowledge of what the patient regards as "low fat". Does this include olive oil, or does it refer only to animal fat, for instance? Is "high fat" food that which makes you fat, and does it include food with high sugar content? Discussing the illness and treatment allows you to explore the patient's own beliefs and understandings, and will help you assess his or her comprehension and understanding of the advice or procedure.

Respect beliefs and attitudes

People have different reactions towards illness, life and death. These are built up over a lifetime, and cannot be dismissed without creating a barrier in the communication process. It can help if you ask the patient to provide you with information about their own ideas. For newly arrived immigrants, asking a patient "Could you tell me what would happen to you if you were in your former country?" or "I don't have a great understanding of this" or "I am interested to know more" are ways to encourage intercultural dialogue, and by doing this, you are acknowledging to the patient your understanding of his or her different perspectives and experience.

Take the time to explore any issues

Miscommunication or conflict can be resolved with patience, respect and extra time. Cultural or linguistic issues may affect acceptance of treatment or adherence to regimes. Other members of the family may be involved in decision making as well as or instead of the patient, and this may influence patient

