

Cross-cultural

Communication



and health

LNGS 7006

Lecture

12 October 2010

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Mondays 2pm – consultation hour

Transient room 226

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# Outline

1. Cross-cultural communication and health overview
2. Health care belief systems
3. The Australian context
4. Health communication



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# Culture, health and communication

- Understanding different health care perspectives and belief systems
- Understanding how communication occurs: form, context, possible interpretations by all parties.

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# Communication between:

1. Patients and health professionals
2. Health professional and health professional
3. Patients and their families
4. Governments and higher bodies (at international policy level)

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# Understanding different health care belief systems

How people view:

- Health and wellbeing
- Sickness and disease (including mental health)
- Life and death
- Role of the doctor/patient/family members
- Routine practice or rituals after key life events (eg. childbirth, coming of age, death).

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# Understanding different health care belief systems

Affects:

- How health professionals treat patients and the illness
- How people communicate with each other (assumptions)
- In what order patients seek treatment and from who (eg. drugs as last resort, self-diagnosis is acceptable).

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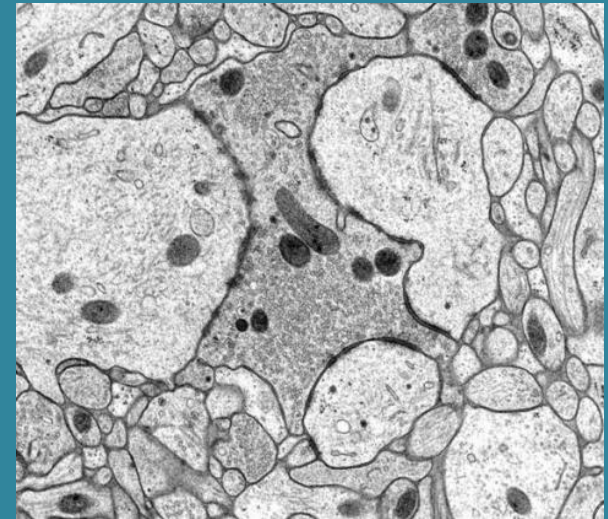
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# Scientific / bio-medical

Scientific diagnosis and explanation of diseases focused on physical and chemical processes

- Evidenced-based approach highly valued
- Illness due to abnormalities or breakdowns in body
- Treatment aimed at removing causative agent, repair affected body part or control affected system, usually through chemical substances.



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# Holistic

A person's health requires being in harmony with nature's laws

- Believes that individuals are made up of interacting and interdependent parts
- Illness due to being out of balance
- Treatments via natural remedies and exercise
- An approach to life



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# Supernatural / religious

## Supernatural or spiritual forces intervene with humans

- Supernatural forces can create illnesses (eg. via breaching taboo, losing your soul, disease-causing spirit) and also cures
- Illness as punishment or weakness
- Treatment requires achieving positive association with spiritual forces, typically guided by healers



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# Combinations

- Preventative health – holistic with scientific/biomedical
- Integrative medicine
- ‘Medical pluralism’ – the existence of multiple belief systems.

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# A Hmong case study

## Lia Lee



Lia Lee with her mother, Foua. Picture taken from [this website](#).

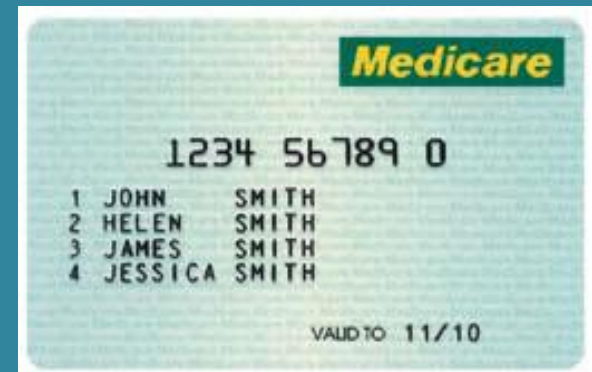
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# The Australian system

- Medicare (from 1975)
- PBS (Pharmaceutical Benefits Scheme from 1948)
- Private health insurance (rebate from 1999)



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# Health communication

- What makes people decide to consult?
- The relationship between the doctor and patient?
- What skills do health professionals need?

The doctor – patient consultation in Aboriginal Australia

<http://www.racgp.org.au/aboriginalhealth/video#3ent>

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# Health literacy

The knowledge and skills required to understand and use information relating to health issues such as:

- drugs and alcohol
- disease prevention and treatment
- safety and accident prevention
- first aid and emergencies
- staying healthy.

(ABS 2008)

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# Health promotion



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# Enjoy a variety of foods every day



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English and Noongar  
(South west area of WA)



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# DO YOU KNOW YOUR HEALTHCARE RIGHTS?

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

## ACCESS

You have a right to health care.

## SAFETY

You have a right to safe and high quality care.

## RESPECT

You have a right to respect, dignity and consideration.

## COMMUNICATION

You have a right to be informed about services, treatment, options and costs in a clear and open way.

## PARTICIPATION

You have a right to be included in decisions and choices about your care.

## PRIVACY

You have a right to privacy and confidentiality of your personal information.

## COMMENT

You have a right to comment on your care and to have your concerns addressed.



For more information on the Charter ask for a flier on the Australian Charter of Healthcare Rights, or visit [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

AUSTRALIAN COMMISSION ON  
SAFETY AND QUALITY IN HEALTHCARE

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# Medical interpreting and translation

Do you understand these terms?

- bowel
- tumour
- lesion
- blood in the stool
- growth
- biopsy
- prognosis
- screening (vs diagnosis)

-from Adams et al (2009)

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# Medical interpreting and translation

An example of medical interpreting:

<http://www.youtube.com/watch?v=JIXd2ictsmY&NR=1>

Auslan SignBank

<http://www.auslan.org.au/medical/>

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# Written materials

## Allergy Tablets

**INDICATIONS:** Provides effective, temporary relief of sneezing, watery and itchy eyes, and runny nose due to hay fever and other upper respiratory allergies.

**DIRECTIONS:** Adults and children 12 years and over—1 tablet every 4 to 6 hours, not to exceed 6 tablets in 24 hours or as directed by a physician. Children 6 to 11 years—one half the adult dose (break tablet in half) every 4 to 6 hours, not to exceed 3 whole tablets in 24 hours. For children under 6 years, consult a physician.

**EACH TABLET CONTAINS:** Chlorpheniramine Maleate 4 mg. **May also contain** (may differ from brand): D&C Yellow No. 10, Lactose, Magnesium Stearate, Microcrystalline Cellulose, Pregelatinized Starch.

**WARNINGS:** May cause excitability especially in children. Do not take this product unless directed by a physician, if you have a breathing problem such as emphysema or chronic bronchitis, or if you have glaucoma or difficulty in urination due to enlargement of the prostate gland. May cause drowsiness; alcohol, sedatives and tranquilizers may increase the drowsiness effect. Avoid alcoholic beverages, and do not take this product if you are taking sedatives or tranquilizers without first consulting your physician. Use caution when driving a motor vehicle or operating machinery. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product. Keep this and all drugs out of the reach of children. In case of accidental overdose, seek professional assistance or contact a Poison Control Center immediately.

Store at controlled room temperature 2°-30°C (36°-86°F).

Use by expiration date printed on package.

Protect from excessive moisture.

For better identification keep tablets in carton until used.



Made in U.S.A.

### Drug Facts

**Active ingredient (in each tablet)**

**Purpose**

Chlorpheniramine maleate 2 mg.....Antihistamine

**Uses** temporarily relieves these symptoms due to hay fever or other upper respiratory allergies: ■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat

#### Warnings

Ask a doctor before use if you have

- glaucoma
- a breathing problem such as emphysema or chronic bronchitis
- trouble urinating due to an enlarged prostate gland

Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives

**When using this product**

- drowsiness may occur
- avoid alcoholic drinks
- alcohol, sedatives, and tranquilizers may increase drowsiness
- be careful when driving a motor vehicle or operating machinery
- excitability may occur, especially in children

If pregnant or breast-feeding, ask a health professional before use.

Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

#### Directions

adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor

### Drug Facts (continued)

**Other information** ■ store at 20-25°C (68-77°F) ■ protect from excessive moisture

**Inactive ingredients** D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch

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# Clinical handover

The professional transfer of responsibility and accountability for some or all aspects of care for a patient



## SBAR

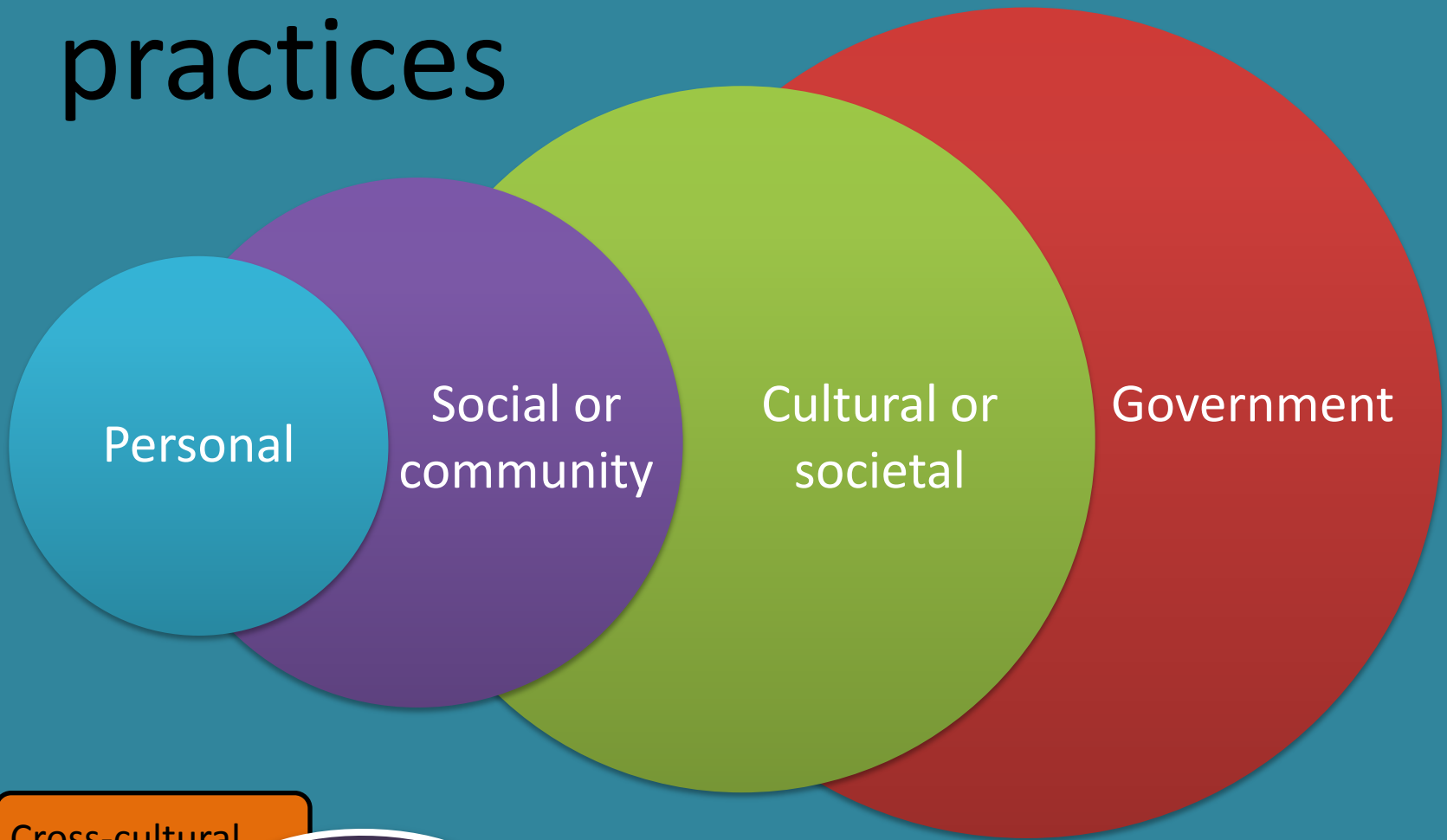
- Situation
- Background
- Assessment
- Recommendation

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# Health perspectives and practices



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# Intercultural competence

The knowledge, motivation and skills to interact effectively and appropriately with members of different cultures



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# Resources

Read Chapter 10 in *Communicating between cultures*

Adams et al. (2009) Health literacy. A new concept for general practice? *Australian Family Physician* 38(3): 144-147.

Alder et al. (2009) *Psychology and sociology applied to medicine*. Edinburgh: Churchill Livingstone

Auslan SignBank (2010) for medical terms  
<http://www.auslan.org.au/medical/>



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# Resources

Australian Commission on Safety and Quality in Health Care  
for the charter of healthcare rights and clinical handover

<http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/home>



Fadiman, A. (1997) *The spirit catches you and you fall down*. New York: Noonday Press.

NSW Multicultural Health Communication Service

<http://www.mhcs.health.nsw.gov.au/mhcs/>

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