

Communication and cultural mediation in health services

Athanasopoulou Maria¹, Athanasopoulou Agoroula², Kalokairinou Athena³

1.RN, MSc, Ph.D.© Community Nursing, National and Kapodistrian University of Athens

2. RN, MSc© Transcultural Nursing, National and Kapodistrian University of Athens

3. Professor Department of Nursing, National and Kapodistrian University of Athens

ABSTRACT

Objective: Modern societies are multicultural and are composed of populations that differ not only in language, religion, values, family relations, but also in their views on the health, care, treatment. When there is culture itself, problems arise in communication are obvious and may lead to inadequate nursing care.

Purpose: This study involves a systematic literature review of studies on intercultural communication in health services through a modern approach.

Literature Review: Studies were sought in the databases PubMed and Scholar Google, associated with the interaction of communication for health professionals and patients with different cultural backgrounds.

Conclusions: Effective intercultural communication includes respect for cultural differences, the desire to gain knowledge of other cultures and cultural values, the ability to observe the behavior of the other without criticism and free from stereotypes. Health professionals working with patients from different cultures is necessary to provide nursing care with cultural competence and to seek the most effective ways of communicating.

Key-words: transcultural communication, mediation, health service

INTRODUCTION

Europe today is the clearest example of multicultural societies. According to figures from Eurostat, the Member States of the European Union hosts a large number of persons of different ethnicity than the official state who reside in member countries. The globalization of the economy and the social conditions that led to massive migration to the Schengen area and, consequently, a fundamental change in the composition of the population of European societies, contributed to the creation of multicultural societies. Key field that characterizes the multicultural composition of European societies, is the existence of a large number of minorities, recognized or not by the government. Persons belonging to minorities have the particular cultural group elements, such as language, religion, traditions and customs (www.epp.eurostat.ec.europa.eu). The composition of modern Greek society is characterized by the overall picture of the wider Europe. Greece now includes within the groups with particular ethnic, religious or cultural characteristics. An important element that influenced and shaped the modern Greek reality is the massive influx of immigrants. The 1990 was marked by the rapid increase of foreign residents in the country. A large number of immigrants poured into neighboring Albania, countries of the former USSR (Russia, Georgia, Ukraine), EU Member States (Romania, Poland, Bulgaria), African countries (Sudan, Somalia, Nigeria, Egypt) and Asian countries (Pakistan, India, Philippines). The phenomenon was unfamiliar to Greek society, which was not prepared to welcome and integrate smoothly these groups. But it is important to note that Greece now has gone to being immigrants or second and third generation who are legally residing in the country, while a number of them now have the Greek citizenship. Speaking of groups within the Greek territory with particular cultural characteristics, should not be denied the Muslim minority in Thrace, as characterized by the Treaty of Lausanne groups of Pomaks of Turkish and the Roma in the region. Also scattered in the Greek territory is the community of Greek Roma but a small number of Jewish communities (HLHR-KEMO, 2007).

Accessibility to health services

The migration process includes many changes in the lives of people who migrate with multiple effects on health and wellbeing. The new start involves adapting to a new culture and language and is accompanied by changes in social and economic terms. Migrants and their families may have the worst health status of any population group, as well as less access to affordable health care. They are a vulnerable population in terms of risks to their health because of low income and emigration. The main problems in the early stages of their stay in the host country located in ignorance of migrants' rights and obligations, to

cultural factors, and the administrative difficulty of management of public health stakeholders (Kalokairinou & Athanasopoulou, 2010). H access of migrants to health and care services is a key factor of social integration, as well as contributing to a sense of security, which is essential for the smooth integration of the individual in society. The habits and beliefs, among which include activities and traditional medicine plays an important role not only in shaping the attitudes of people about the disease and behavior regarding the treatment of (Shea & Lionis, 2010). The folk (traditional) treatment influences the attitudes and behavior of people and beliefs associated with it will affect the therapeutic relationship. Thus, health professionals should be aware of this attitude of the patient, in order not to disturb the relationship between them if the patient does not follow instructions with consequent effects on health (Athanasopoulou & Papadopoulos, 2011).

Transcultural Communication

A key factor affecting the equal access of migrants to health services is the language differences. It is difficult for health professionals to understand the symptoms of immigrant-patient and deliver therapy. When there is culture itself, problems arise in communication are obvious and may lead to inadequate nursing care and treatment. Lack of communication also makes it difficult to develop the necessary trust between patient and health professionals. H helping people divided into verbal - what is expressed in the context of words - and non-verbal - any other form of expression. Although verbal communication is an exclusive privilege and distinct feature of human nonverbal communication leads the volume and importance of information transfer. Bodies and voices of non-verbal communication is the tone of voice, intensity, rate of speech, facial expressions and gestures, movement of body parts, their attitude and finally within the body of one person from other. The mental ability, cultural background, education and experience form for each person a specific frame of reference that determines the interpretation advocated by the man in every message expressing or receiving from other people (Haq et al, 2004).

Transcultural communication in modern multicultural societies located on two levels: at the supranational level, where the contact between a society and others with different cultural identity and national level within a society, between different groups. These groups form the modern form through the fertile absorbing different cultural characteristics in order to upgrade the quality of life of individuals and of the whole (www.epp.eurostat.ec.europa.eu)

Usually health professionals are unable to communicate verbally with patients and relatives

who do not speak any of the official language of the host country, or do not speak it very well. The difficult communication can result from differences in the meaning of words or phrases (Robinson & Gilmarin, 2002). The lack of translators, can affect the effectiveness of health care professionals to gather sufficient and appropriate information about the patients and their families (Nailon, 2006). Sometimes a family member is creating dilemmas translator but if I have to use a translator or not someone from the family environment, why are expressed strong doubts if translated correctly everything that is said. Sometimes employees with the same ethnic / cultural origin with family help in linguistic communication, but then threatened the anonymity and confidentiality (Hoye & Severinsson, 2008).

Barriers to communication outside of the objective communication difficulties due to language, form and other factors such as cultural differences, the perception of health and disease, lack of interpreters / translators or certified intercultural nurses. Several studies have highlighted the importance of interpreters trained in medical terminology mainly to ensure effective communication between patients and health professionals (Bernstein et al, 2002, Lee et al, 2002, Bischoff et al, 2003).

Communication difficulties faced by health professionals in providing care to patients of different nationalities can be seen as an obstacle to the development of "therapeutic relationship." Several studies clearly show a correlation between effective communication and improve therapeutic efficacy. The effect associated with mental health, separation of symptoms, functionality of the patient, controlling pain and normal blood pressure (Meryn, 1998 , Robinson & Gilmarin, 2002)

Proper care requires recognition and acceptance of the other's culture, ethnicity and race. According to the model of Papadopoulos et al (2002) nurses to be culturally potentially able to acquire four key characteristics: cultural awareness, cultural knowledge-understanding, cultural sensitivity and cultural competence. Effective intercultural communication includes respect for cultural differences, the desire to gain knowledge through the exchange of cultures, the ability to observe the behavior of the other without criticism, knowledge of cultural values and views of the other, freedom from stereotypes (Papadopoulos & Lees, 2002).

Taking into consideration the specific cultural elements in relationship health - illness, it will be understood that accept patients health information, how they use the rights and benefits of the health system that manifest symptoms, prognosis and interest in relation with the disease.

Cultural Mediation

Cultural mediation is a tool available to people of different cultures, serving as a bridge and aims to promote constructive change in intercultural relations. The main purpose of mediation between culturally diverse individuals, is to prevent conflict by promoting cultural recognition of differences, mitigating the gap between the different cultural aspects, enhancing communication and common understanding, learning and developing techniques coexistence, searching for alternative strategies resolve cultural conflicts and community involvement (Niessen & Schibel, 2007).

There is not enough information in relation to the possibilities and benefits of cultural mediation in the health system. However, education on health issues and access to health services is an important area of intervention of intermediaries. In the field of health services part of mediation is the promotion and health education, facilitate communication between health professionals and people with different culture on promoting equal opportunities in access to resources and tools, mitigation of cultural barriers (Manual de Atencion Sanitaria a Immigrantes, 2004).

The benefits of cultural mediation for healthcare professionals are empowered interpersonal relationships by eliminating communication barriers, empathic understanding of certain cultural peculiarities, to prevent the emergence of conflicts, effective programs for prevention and health promotion. The benefits for users of health services from other cultural backgrounds better understand the diagnosis and treatment process, which increases the success of treatment of the disease. Understand the rules and procedures of the health system, a more rational use of health services , create a sense of greater security and confidence in health services and health care professionals (Fundacion Secretariado General Gitano, 2007).

Conclusions

The cultural mediation will help health professionals adapting to new conditions and requirements imposed by communication and contact with immigrants, to better perform their duties. It will familiarize them with the cultural characteristics of people from different cultural environment, leading to immediate solutions and the successful handling of complex problems that occur under stress and culture shock. Finally we enhance quality health services and, therefore, would increase the level of use by third countries, thereby ensuring public health.

The integration of cultural mediation in health services allows health professionals to communicate with people of different cultural backgrounds in areas such as education on health issues, proper use of

health services, improving relationships between health professionals and patients and prevent potential conflicts. The cultural mediation itself can be regarded as a means to boost the benefits of the health system. The techniques as well as the methodology used to ensure the success of therapeutic interventions.

The fundamental question is whether and to what extent should people with different cultural backgrounds to "adapt" and to obey the existing social norms. That is to join the society of the host country, leaving behind their experiences, knowledge and cultural heritage and, through dialogue, to create a synthesis between their own and native cultures, enriching lifestyle and adjusting all the contemporary reality. So it is important to consolidate the idea of intercultural communication and not of "adaptation" of different to the majority.

Health professionals need to be aware that attitudes, beliefs and actions of every man in health, disease and treatment are influenced by their cultural heritage. Sequentially, each culture creates its own treatment options and follow the steps to his own health. Therefore, the disease is expressed in biological and cultural dimension. Apart from the biological aspects, health is always a kind of cultural construct: what is health or what is defined as a disease once and categorized accordingly, from different historical and social conditions.

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