

Module 3. Cultural sensitivity - Topic 2. Intercultural Communication

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1. INTRODUCTION

In a globalized world, intercultural communication is a response to the communicative complexities of a society with diverse cultural characteristics. In the health field, achieving effective intercultural communication favours and guarantees the quality of health services provided within the framework of culturally acceptable care (Croucher et al., 2015).

Intercultural Communication is not about learning a list of do's and don'ts, it's about learning a whole set of skills and knowing how to apply them properly at the right time. Intercultural communication can be challenging, especially if you are not used to working with people from other cultures.

Humanity faces important health challenges every day. Communication plays a key role in public health, since it helps to minimize the negative impacts generated by health crises. Effective, integrated, coordinated and intercultural communication is necessary to provide information, recommendations and guidance for the adoption of preventive measures, such as vaccinations, with the aim of protecting the health of individuals, families, communities and countries.

2. AIMS

The aim of this module is to enhance the establishment of a therapeutic intercultural communication and trusting relationship among health and social professionals and general population, particularly vulnerable population.

3. LEARNING OUTCOMES

When you have worked through this tool, you will:

- Understand the importance of communication between health and social care staff, the client and his/her family members, caregivers.
- Identify the main factors involved in intercultural communication processes.
- Analyse one's own cultural identity based on reflection on the construction of cultural identities.
- Learn to overcome the barrier of ethnocentrism and the danger of prejudice in intercultural communication processes.
- Acquire skills for greater competence in intercultural communication in all its dimensions.

4. THEORETICAL FRAMEWORK

4.1. Concepts and definitions

The most important concepts related to the topic are described below.

We cannot talk about intercultural communication without understanding the concepts of culture and communication:

Culture, from a formal approach, can be defined as the set of internalized meanings that give meaning to the way of understanding reality and explaining the behaviour of the members that make up the cultural group (Rodrigo, 2022).

Within this term we must differentiate others that a priori seem similar (Global Arenas, 2022):

- *Multiculturalism*: presence of different cultures in the same place that have no relationship with each other or that may have a relationship of conflict.

- *Interculturality*: Philosophy that is reinforced by creating a cultural diversity, trying to understand cultural differences, helping people to appreciate and enjoy the contributions by different cultures in their lives, as well as ensuring the full participation of any citizen to break down the barriers.

- *Transculturality*: Process of rapprochement between different cultures, which seeks to establish links beyond the same culture in question.

- *Ethnocentrism or cultural autocentrism*: feeling or belief that different people have of being in possession of the best culture among those existing in the world. They consider their culture of origin as a model for judging other cultures.

Communication is defined as the process of exchanging ideas, feelings, opinions, facts, information and verbal experiences between the sender and the receiver through a communication channel. It is fundamental to culture, dependent on it for its initiation, maintenance, change and transmission. In turn, culture provides the appropriate context for communication to exist. We found two forms of communication:

- *Verbal communication*: exchange of ideas, thoughts, feelings, opinions and experiences through spoken or written words.

- *Non-verbal communication*: exchange of ideas, thoughts, feelings, opinions through sign language (graphics, photographs, images, symbols) and body language (facial expression, eye contact, head, hand and leg movements, posture, physical appearance and space).

Now, what do we mean when we talk about intercultural communication?

Intercultural communication was not defined until 1959 by Edward T. Hall. It's much more than just your typical types of communication such as verbal and nonverbal. It is about the broader exchange of ideas, beliefs, values, and views. Intercultural communication is a symbolic, interpretive, transactional and contextual process in which people from different cultures create shared meanings. It is a two-way communication process that allows a speaker and a listener to understand each other, regardless of their cultures. It is characterized by:

- Sensitivity to cultural differences and an appreciation of cultural uniqueness.
- Tolerance for ambiguous communication behaviours.
- Desire to accept the unexpected.
- Flexibility to change or adopt alternatives.
- Reduced expectations regarding effective communication.
- Ethnocentrism and culture shock could give rise to negative emotions, which is why an effort is required not only to approach other cultures but also to rethink one's own culture.

4.2. What the research says on the topic

In recent decades, contemporary societies have been repeatedly exposed to health emergency situations, which is why communication has become an important component of risk control and prevention of situations that compromise health. Doctor-patient dialogues can be frequently a potential source of misunderstanding and low-quality communication, which affects the quality of care provided. Although the need for intercultural communication training has been recognized, many countries with a multi-ethnic patient population have not structurally implemented its training.

On the other hand, the literature shows that intercultural communication is a valuable tool for the promotion of vaccines (Gonzalez-Juarez & Noreña-Peña, 2011). However, the growing spread of anti-vaccine movements and distrust of vaccination programs have weakened the effectiveness of vaccines in recent decades, constituting one of the top ten threats to global health. Among the reasons for giving up vaccination are misinformation about the vaccine and its effects or mistrust in health

personnel. For this reason, the need to design and implement effective communication strategies to increase confidence towards vaccination in the population is raised, a task that falls directly and indirectly on the health professional. Health personnel are the most reliable source of information related to vaccines. In addition to their technical knowledge which allows them to answer questions, they are in a privileged position to understand the concerns of the population and use various communication formats to explain the benefits of vaccination (Paternotte et al., 2016).

The development of vaccines has made it possible to minimize and eradicate virus threats to humanity. However, regardless of their benefits and effectiveness, there is renunciation and scepticism towards them on the part of certain social groups. It is necessary to make good use of intercultural communication and strategic messages in the media to cultivate literacy and counteract the phenomena that generate renunciation such as misinformation, disinformation, fake news and religious fatalism (Jin et al., 2022). The evidence from some studies on the quality of health services shows that the population attaches importance to being listened to during their care and, paradoxically, intercultural communication is not promoted, which contributes to the increase in discrepancies between patients and health providers.

Thus, it is proposed to incorporate intercultural communication into professional practice as a basic tool for cultural competence and culturally acceptable care (Paternotte et al., 2015).

It could be affirmed that vaccine promoters have the advantage of deciding on the information profile provided to the population. This information should neither be minimized nor exaggerated. Although it is very necessary to be duly informed, it is also very important to seek truthful information, which provides calm and tranquillity, communicated with empathy, authenticity and relevance, that is, effective communication. In addition, a certain communicative competence is necessary and not only a linguistic competence. On the one hand, verbal communication is very important, and on the other hand, it cannot be assumed that the communication systems of other cultures are similar to the autochthonous ones. For this reason, health services must be sensitive and accessible to the needs of the different prevailing ethnic groups.

In addition to the interest of healthcare personnel in intercultural communication between members of different social groups, the context must foster a situation of equality between both parties, which is why the participation of intercultural mediators is sometimes recommended. The participation of cultural mediators does not only consist in translating words; rather, it goes further, covering all aspects of non-verbal communication (smell, gestures, body movements, silences, etc.), which are culturally key. Despite the fact that some studies implicitly recognize the participation of intercultural mediators, currently their participation is not regulated or generalized in health institutions.

4.3. Basic dimensions of intercultural communication

In the study of intercultural communication, there are two basic dimensions that affect the communication process and that configure intercultural contact: verbal communication and non-verbal communication.

In intercultural communication, misunderstandings often arise as a result of the interpretations of non-verbal messages, hence its importance. It is related to verbal communication by completing meanings by illustrating, clarifying, elaborating, explaining, reinforcing or repeating what is expressed; contradicts or accentuates the verbal message, emphasizing some aspects; regulates interaction; control the speaking turns; shows interest in speaking, listening, not being interrupted, etc.; produces feedback or feedback to the person who is speaking; holds attention; replaces verbal language, etc. However, each culture may have a different code of body expression that if we do not know it can affect the effectiveness of intercultural communication.

Many of the forms of non-verbal communication can only be interpreted through the cultural frame of reference that supports them. In this sense, cultures differ with respect to non-verbal behaviours in three ways (Lustig & Koester, 1996):

- They have a specific repertoire of behaviours regarding movements, body positions, postures, gestures, spaces, etc.
- They present a set of rules that regulate which expressions to use and under what circumstances. It regulates those required, preferred, permitted and prohibited expressions.
- They differ in the interpretation attributed to particular nonverbal behaviours.

4.4. Communication on social networks

Currently, a large part of the communications related to people's health occurs in digital media, mainly in social networks. Some communication strategies on social networks have been shown to be very successful in improving attitudes towards vaccines, addressing population concerns, and even increasing vaccination coverage.

Among the general recommendations we find (Pan American Health Organization, 2020):

- Face fears and doubts through dialogue and the dissemination of scientific evidence.
- Share data and evidence together with personal experiences and playful messages that facilitate the understanding of the information.
- Share information from professional accounts so that it comes from a reliable source.
- Some users may post negative comments. In these cases, it is not a matter of trying to convince, but of engaging in a constructive dialogue that can be useful for other people.
- Each social network has its own communication codes and different audience/users. In order to identify the most appropriate channels for the dissemination of information, it is necessary to take into account at least the generational differences in the use of media and social networks (Facebook, Twitter, Instagram, Pinterest, etc.). Also, it is necessary to develop a communication plan with clear objectives and tools to optimize communication and dialogue.
- In addition to adapting content, formats and channels to different needs, messages and materials must be available in the relevant languages and guarantee their accessibility to people with visual, hearing and/or cognitive disabilities.

4.5. Improve actions and communication skills

There are several communication recommendations that have proven effective in communication between health personnel and the general population to increase acceptance and confidence in relation to vaccines (Pan American Health Organization, 2020).

1. Presume that the person is going to be vaccinated: Presumptive or participatory model. It is important to place the person on the spectrum of vaccination reluctance and choose the most appropriate model, taking into account the knowledge, attitude and practices of this person regarding vaccination, since for some people it will be more appropriate to start the dialogue with a participatory model. A fundamental element in the communication between health personnel and the individual is that each case is different and requires an individual evaluation so that the communication strategy can better respond to the needs of the person who will receive the vaccine.
2. Give strong and clear recommendations: it represents an opportunity to listen to the patients/users and to better understand the reasons why they are undecided. Depending on the reasons, health personnel have the opportunity to correct misperceptions, respond to rumours, and reinforce the facts and evidence of vaccination.
3. Use two-way communication: listen and encourage feedback, acknowledge concerns and fears. For effective communication it is necessary to know the perceptions of risk and information gaps and understand that these may be different for different populations,

including those most vulnerable to the development of complications, such as the elderly and the chronically ill.

4. Communicate individual and collective benefits.

It is also necessary to identify and attend to the emotional well-being and information needs of health personnel and other professional groups responsible for guiding the population and who must feel confident that the information disseminated to the population is correct and know it in advance. The target groups must be identified and segmented, taking into account their culture and living, working, housing or residential environment conditions, as well as other socioeconomic, health, cultural, social, educational or geographical particularities that may affect the reception and understanding of messages.

An important aspect is to specifically address communication with health personnel to resolve vaccine reluctance problems that may arise in different groups. It is recommended:

- a. Offer transparency and ensure that information on vaccination policies, approval and quality control of vaccines is available.
- b. Maintain a fluid dialogue between health personnel and health authorities and regulatory agencies.
- c. Support health personnel with tools and training specifically designed to address vaccination reluctance.

Within the strategies for effective intercultural communication, it is necessary (Rodrigo, 2022):

- Understand your own culture.
- Accept that there are other ways of seeing and interpreting reality.
- Show interest in learning other cultures.
- Pay attention to non-verbal language.
- Apply cultural empathy, avoiding jumping to conclusions or creating prejudices based on our own cultural paradigm.
- Reflect and plan beforehand what we want to transmit.
- Know the language to make as much as possible a good use of words.
- Do not jump to conclusions.

Three key messages for healthcare providers have emerged:

1. Make vaccine communication more of a two-way information exchange. Healthcare providers are advised to place more emphasis on dialogues – two-way conversations – which first elicit information about parents’ specific concerns and anxieties and then adapt and customise messages to the identified needs of individuals and groups.

2. Keep the focus of discussions on the benefits of getting protected and protecting. While vaccine safety issues need to be directly and clearly addressed and reassurance given where patients’ / users’ concerns exist, parents and other experts, called for healthcare providers to keep the focus of vaccination discussions on the benefits of protection. People need to be fully aware that when they get their children (themselves, other patients or users) vaccinated they are protecting them, and the communities in which they live, from serious and potentially deadly diseases.

3. Make the settings and systems in which people obtain vaccinations simpler, more accessible and easier to navigate. Advice calls for more attention to be paid to costs, location, staffing, transport, scheduling and timing as key determinants of vaccination programme uptake and success. ‘Vaccination journeys’ need to be made easier.

Finally, we want to recommend this useful guide:

Let's talk about protection. Enhancing childhood vaccination uptake. Communication guide for healthcare providers.

<https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/lets-talk-about-protection-vaccination-guide.pdf>

This is a revised edition of Let's Talk about Protection: Enhancing childhood vaccination uptake, commissioned by the European Centre for Disease Prevention and Control (ECDC), and produced by World Health Communication Associates Ltd (WHCA) in 2012.

The content has been restructured and streamlined for this new edition. It forms part of a toolkit that aims to support EU/EEA countries in their communication initiatives to increase immunisation uptake, in particular childhood vaccination.

Template materials and other resources are available online at <http://ecdc.europa.eu/en/healthtopics/immunisation/Pages/Communication-toolkit.aspx>

5. LEARNING ACTIVITIES

Activity 1 (duration: 30 minutes): Watch the compulsory video (<https://www.youtube.com/watch?v=XjME6l1cuJ0>) and share your thoughts/opinions/experiences about the issues on this topic on the dedicated forum and give feedback to other participants.

No.	Title and description of the resource	Type	Language of resource	Learning, training, assessment and evaluation activities	Access URL / download
1.	Modeling Effective Communication with an HPV Vaccine-Hesitant Parent	Video 2'51''	Spanish (and English subtitles) * (Compulsory)	Training	https://www.youtube.com/watch?v=XjME6l1cuJ0
2.	How a doctor discusses vaccine hesitancy with patients	Video 3'43''	English* (optional)	Expert	https://www.youtube.com/watch?v=ha65TFhfE2g
3.	Communicating about vaccines: Illuminating the context for access and hesitancy	Video 3'57''	English* (optional)	Presentation	https://www.youtube.com/watch?v=WRg7gH_Nr2M
4.	Vaccine Hesitancy and Confidence	Video 6'12''	English* (optional)	Conference Expert	https://www.youtube.com/watch?v=VRaBGWyn8fk
5.	Factors that Impact Vaccine Hesitancy in Minority Populations	Video 6'33''	English* (optional)	Conference Expert	https://www.youtube.com/watch?v=kW0EJUXOSPs
6.	Defeating Vaccine Hesitancy Through Communication	Video 49'44'	English* (optional)	Conference Global Health Equity Experts	https://www.youtube.com/watch?v=AlaSceWRLyU
7.	Communication on Safe Vaccination: Guidance for Healthcare Personnel	Video 1hour 47 min	English* (optional)	Conference Expert	https://www.youtube.com/watch?v=62vcI14Q3Ew

* Subtitles auto-generated in all languages

6. ASSESSMENT ACTIVITIES

Activity 1 (duration: 10 minutes): Indicate below if the following statements about intercultural communication are true or false:

1. Multiculturalism is the process of rapprochement between different cultures, which seeks to establish links beyond the culture itself in question.
2. Ethnocentrism or cultural autocentrism is a feeling or belief that different people have of being in possession of the best culture among those existing in the world. They consider their culture of origin as a model for judging other cultures.
3. Within intercultural communication, non-verbal communication is not that important.
4. Nonverbal communication is the same for all cultures.
5. For effective intercultural communication it is necessary to know our culture and establish prejudices.

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