Cross-cultural Communication for Pharmacists: challenges and opportunities in immigrant and refugee patient care

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Outcome

• The goal of this program is for participating pharmacists to recognize cultural factors in patient care provision in order to become better equipped to serve patients from a variety of cultural backgrounds.
Objectives

1. Discuss the preconceptions immigrants may have about Pharmacy, and those that pharmacists in the US may have about immigrants.

2. Identify pharmaceutical concepts in your practice which may not be understood by patients with different cultural backgrounds.

3. Model best practices when using an interpreter to communicate with a patient.

4. Explain common misconceptions and mistakes that prove to be barriers to effective cross-cultural care.
Poll Question #1

• How often do you interact with patients from a culture different than your own?

A. Daily
B. Weekly
C. Monthly
D. Occasionally
E. Rarely
Poll Question #2

• Cultural background should be assessed and considered as part of routine medical care

A. Strongly agree
B. Somewhat agree
C. Neither agree nor disagree
D. Somewhat disagree
E. Strongly disagree
Poll Question #3

• How often do you incorporate cultural considerations into your patient care interactions?

A. Always
B. Often
C. Sometimes
D. Rarely
E. Never
Cross-Cultural Interactions are Necessary!
International Exposure Creates Opportunity

- Increasing world travel
- Diversifying population
- Changing healthcare system

OPPORTUNITY for pharmacists!
Culture Impacts Interactions

• Culture: beliefs, customs, and arts of a particular society, group, place, or time
  – A way of thinking, behaving, or working
  – The characteristic features of everyday existence for people in a place or time
  – Encompasses
    • Race / ethnicity
    • Geography
    • Customs
    • Language
    • Religion

Other Relevant Terms

- **Immigrant**: a person who comes to a country to take up permanent residence
  
- **Foreign-born**: a person born in a country outside your own
  
- **Refugee**: someone fleeing danger who is granted resettlement privileges while they are still outside the US
  
- **Asylee**: granted resettlement privileges while already in the US

Culture and Health

• Culture influences health beliefs\(^1\)
  – Diet, preventative services/behaviors, vaccinations, smoking\(^1\)
  – Historically, 33.6% of immigrants vs. 12.5% of U.S. born patients have been uninsured\(^2\)
  – Belief system affects health care decision making

Value of Addressing Culture

- Cultural competence is key to reducing health disparities
- Cultural practices and beliefs should be integrated into a patient-centered treatment plan
- Practical importance for clear communication
  - Patient safety
  - Avoiding frustration
- Beware the influence of the health care provider’s own culture
  - Ethnocentric: our way is the only way
Cultural Diversity in the United States

• Salad bowl vs melting pot\(^1\)
• Immigrants make up 12.5% of US population\(^1\)
  – Almost 25% of children have 1 immigrant parent\(^1\)
  – 74,602 refugees admitted in 2009\(^1\)
    • Iraq, Burma, Bhutan = 67.7%
  – 22,110 asylees\(^1\)
• Over 50.5 million Hispanics in the U.S.\(^3\)
  – Over 36 million people speak Spanish in the home\(^2\)
• At Siloam Family Health Center\(^4\)
  – 86% foreign born
  – 77 different homelands
  – 69 different languages

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4. Siloam Patients. [www.siloamhealth.org/about/services](http://www.siloamhealth.org/about/services)
U.S. Foreign-Born Population

Country of Origin, 2009

- Mexico: 29.8
- Philippines: 4.5
- India: 4.3
- China: 3
- Vietnam: 3
- El Salvador: 2.6
- Korea: 2.6
- Cuba: 2.1
- Canada: 2.1
- Dominican Republic: 3.7
- Other: 42.3

Migration Policy Institute. 2010. [Link](http://www.migrationinformation.org/usfocus/display.cfm?ID=818)
Objective 1:

Discuss the preconceptions immigrants may have about Pharmacy, and those that pharmacists in the US may have about immigrants
Poll Question #4

- The concept of “Pharmacy Practice” remains mostly the same across most cultures?

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
Cultural Preconceptions about Pharmacy Encounters

**Immigrant**
- It is disrespectful to question or to discuss alternative treatment options with healthcare providers
- It is shameful to admit not understanding instructions
- Healthcare providers may turn in undocumented immigrants to authorities
- Information is only available in English

**Pharmacist**
- Discussing treatment options is expected and may indicate patient engagement
- Admitting confusion is the beginning of understanding
- Providing safe, effective care is our priority, regardless of immigration status
- Everyone knows they can ask for materials in many languages
Cultural Preconceptions about Medications

**Immigrant**
- Natural products are always safe
- Purchasing medications on the internet or in neighborhood shops is an acceptable alternative to using a licensed pharmacy
- Injections are more effective than other routes of delivery
- Choosing OTC products is scary and difficult since I don’t speak English well

**Pharmacist**
- Natural products may be dangerous
- The only way to guarantee safety is to purchase medications at a licensed pharmacy
- An injection may not be the best choice for every situation
- I can help you find OTC products or information in other languages
Cultural Preconceptions about the Immigrant

**Immigrant**
- I am highly educated in my home country
- I am frustrated by the differences in the healthcare system and my inability to navigate it successfully
- I don’t understand enough to ask questions
- My family member will be making decisions for me

**Pharmacist**
- Low English proficiency indicates low intelligence levels
- You need to adapt to “our” system
- If you don’t ask questions, if means you understand the instructions
- You make decisions about your own care
Objective 2:

Identify pharmaceutical concepts in your practice which may not be understood by patients with different cultural backgrounds
Cultural Concepts in Pharmacy

- What do we do that everyone else in the world may not do the same way?
  - Rx only products
  - Controlled substances
  - Evidence-based medicine
Refills: Not a Universal Concept

“I took all of the medicine in the bottle you gave me, then stopped because it was gone”

“I started to feel better, so I stopped taking the medication”

“The doctor needs to give me more medication, because I ran out!”
Labeling Confusion

*Reading Confusion Into Drug Warnings*

When researchers asked consumers to interpret prescription warning stickers, these are among the responses they gave:

- “DO NOT CHEW OR CRUSH, SWALLOW WHOLE.”
- “FOR EXTERNAL USE ONLY.”
- “YOU SHOULD AVOID PROLONGED OR EXCESSIVE EXPOSURE TO DIRECT AND/OR ARTIFICIAL SUNLIGHT WHILE TAKING THIS MEDICATION.”
- “Chew pill and crush before swallowing.”
- “Chew it up so it will dissolve, don’t swallow whole or you might choke.”
- “Use extreme caution in how you take it.”
- “Medicine will make you feel dizzy.”
- “Take only if you need it.”
- “Don’t take medicine if you’ve been in the sunlight too long.”
- “Don’t leave medicine in the sun.”

Prescription Labels: Rx for an Error

• Concentration confusion
  – 15 mg/mL; take 15 mg? 15 mL? neither?

• Incorrect translations
  – “By mouth” = “by the little”
    • Boca (mouth) / poca (little)
  – “Two times” = “two kisses”
    • Veces (times) / besos (kisses)
  – “Once daily” = “eleven times a day”
    • Once (one time: English) / once (eleven: Spanish)
Objective 3:

Model best practices when using an interpreter to communicate with a patient
Poll Question #5

- Using a formally trained and certified medical interpreter is part of my regular practice

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
The Role of the Interpreter

- Interpreter vs translator\textsuperscript{1,2}
  - **Interpreter**: converts a message expressed in a spoken language into an equivalent message in a target language
  - **Translator**: converts written language
  - **Both** address embedded nuances and socio-cultural assumptions ("social deixis")

Interpreters Navigate Social Deixis

• Using vocabulary and grammar to signal social distance or encode social information

• May change grammatical structure and vocabulary of entire sentences

• May involve not speaking directly to certain groups

Role of the Interpreter

- Conduit
- Advocate
- Interpreter
- Clarifier
- Cultural Broker
The Interpreter Interprets

• Role
  – Interpretation:
    • Set the stage
    • Manage flow of communication
    • Manage triadic relationship
    • Assist in closure
The Interpreter Bridges Cultures

• Role
  – Cultural Interface
    • Broker, values, beliefs
    • Uncover unspoken assumptions
    • Convey intent of message
    • Work around “untranslatable” words
The Interpreter Behaves Ethically

• Role
  – Ethical Behavior
    • Complete and accurate
    • Confidentiality
    • Personal Bias
    • Refrains from advising
Barriers to Effective Interpreter Use

• Gender differences
  – Avoidance of sensitive topics
  – Avoidance of eye contact

• Age differences
  – Expectation of deference towards older people
Tips for Using Interpreters

• Best Practices
  – Interpreter and healthcare provider should be trained in best practices
  – Start with small talk
  – Address patient directly
  – Speak slowly
  – Use short, complete thoughts or phrases
  – Use basic vocabulary
  – Notice body language
Tips for Using Interpreters

- Strategy for success
  - Make introductions
  - Set expectations for all parties
  - Use your tools
    - Ask interpreters for cultural insight, anything else you may want to explore
  - Avoid assumptions
  - Beware personal biases
Tips for Using Interpreters

- Strategy for success
  - Encourage note-taking
  - Use open ended questions
  - Ask about patient perception of situation
  - Teach back method
  - Provide written parting instructions
Objective 4:

Explain common misconceptions and mistakes that prove to be barriers to effective cross-cultural care
Barriers to Effective Cross-cultural Care

• Misconceptions
• Mistakes
  – Misspeaking
  – Misunderstanding
• Naming practices
  – Maria Teresa Alvarez Gonzales
    • Marries Juan Carlos Cruz Garzon….
    • Child: Isabel Carolina Cruz Alvarez
• Date writing
  – Month or day first?
Barriers to Effective Cross-cultural Care

- Failure to account for dietary restrictions/preferences
  - Fasting
  - Number/timing of meals
  - Vegan diets
Barriers to Effective Cross-cultural Care

• Lack of validated assessment measures
  – PHQ9 suicidality
  – Language vs cultural taboo

• Ethnocentrism
  – Pharmacist disregards concerns
  – Patient disregards instructions
Barriers to Effective Cross-cultural Care

- Assumptions of literacy
  - 50% of all US adults read ≤ 6\textsuperscript{th} grade level\textsuperscript{1}

- Failure to assess health literacy\textsuperscript{2}
  - 14% of all US adults have less than basic health literacy
  - Only 12% of adult have proficient health literacy

\textsuperscript{1} JAMA. 1999;281(6)552-7.

Refresh your Perspective

- It is unrealistic for a clinician to have a complete understanding of any given culture or its implications on healthcare.

- Individual variance among cultural groups will occur.

- Religious tradition and cultural identity often go hand in hand, but outward signs may be misleading.
Recommendations: Putting it all together

- Exercise humility, compassion, open-minded curiosity
- Respect differences
- Find a trained interpreter
- Simplify vocabulary
- Ask important questions
- Pay attention to detail
- Use pictures and models
- Get to know the culture you serve
- Be aware of how your culture affects your actions
- Remember: effective interaction takes TIME
Key Questions for Patient Interactions

- How should I address you?
- Are you comfortable speaking with a man/woman?
- Can anyone in your household read English?
- Where do you get your medications?
- What natural products or herbal remedies do you use?
- Do you have any cultural or religious beliefs or restrictions that may affect your medical care?
- In what type of fasting do you participate?
- Describe what types of food you eat and what time each meal occurs on a typical day?
Key Questions for Patient Interactions

- What do you already know about this condition?
- What do you think caused this problem?
- How would the pharmacist in your home-country have helped you?
- Could you explain how you will use this?
- How do you feel about this plan?
- What concerns do you have about this?
- How confident are you in your ability to make this change?
Questions?
Resources