Reading list: Cultural communications

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Contents

1   Description

- This tailored reading list includes signposted web links, links to e-Books held by the BMA library, and journal articles on the topic of **_cultural communications_** as a supplement to the Learning and Development webinar you attended on 23 March 2023.

- The selected content is representative of the current literature on this topic, inclusion on this list does not imply endorsement from the BMA.

- If you would like to request a literature search on any aspect of this topic please fill out a request form (this service is available to BMA Members only).

- This reading list prioritises online content to ensure all attendees can benefit from this supporting resource. However most full text links will be accessible to BMA Members only. Find out more about the benefits of BMA Membership and join here.

- The BMA Library prioritises an e-first approach, however if you are near BMA House in London, we have a modern, purpose-built library space where members are welcome to come and study. Find out more and see how we can help you here.

2 Obtaining full text articles

2.1.1.1 Full text links

If available, the full text link has been included.

2.1.1.2 Search for Journals

The BMA Library provides access to thousands of e-journals for all BMA members. Use our journal search or search by citation options on the library website.

2.1.1.3 Article Requests

Members can use our article request service to request digital copies of articles that are not available in our library collections. We will try to obtain these copies from other libraries in the UK on your behalf for a fee: £4.10 (+VAT) for the first ten article requests; £13 (+VAT) for all subsequent requests. To request digital copies of articles, use the order an article form on the library website (you must be signed in).

2.1.1.4 E-Books

We provide free, direct access to thousands of e-books for BMA members.

2.1.1.5 Further help

For any further help with getting full text articles, please contact the BMA Library Team (bma-library@bma.org.uk)

3 Results

Results

3.1 e-Books

Paulston, Christina Bratt, Scott F Kiesling, and Elizabeth S Rangel. **The Handbook of Intercultural Discourse and Communication.** 1st ed. Vol. 90. Somerset: John Wiley & Sons, Ltd, 2012.

Available online here

Intercultural discourse and communication is emerging as an important area of research in a highly globalised and connected world, where language and culture contact is frequent and cultural misunderstandings and misconceptions abound. The handbook contains contributions from established scholars and up-and-coming researchers from a range of subfields to survey the theoretical perspectives and applied work in this burgeoning area of linguistics.
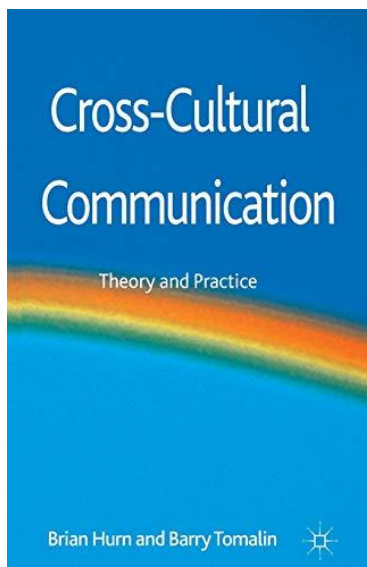
Hurn, B, and B Tomalin. **Cross-Cultural Communication: Theory and Practice.** London: Palgrave Macmillan, 2013.
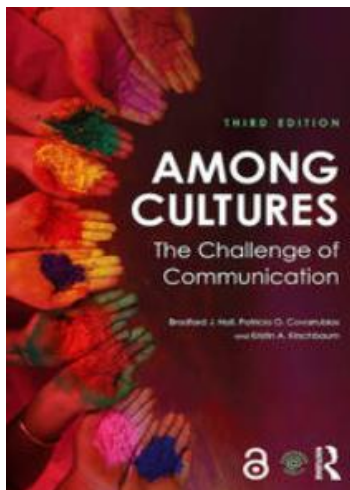
Available online here

A comprehensive survey of the key areas of research in cross-cultural communication, based on the authors' experience in organizing and delivering courses for undergraduate and postgraduate students and in business training in the UK and overseas.

Donal Carbaugh. **Cultural Communication and Intercultural Contact.** Taylor and Francis, 2013.
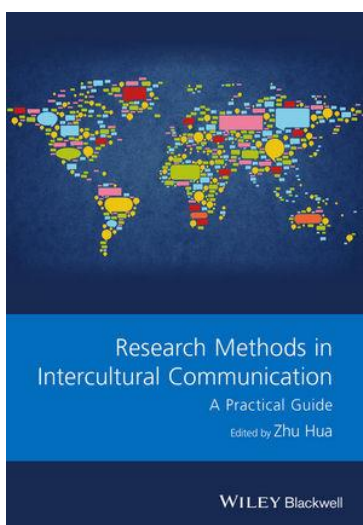
Available online here

How is cultural identity accomplished interactively? What happens when different cultural identities contact one another? This book presents a series of papers, from classic essays to original expositions, which respond to these questions. The contributors to this unusual volume represent a wide range of fields. Their equally diverse offerings will serve to clarify cultural distinctiveness in some communication phenomena, and lay groundwork for the identification of cross-cultural generalities in others.

Hall, Bradford J, Patricia O Covarrubias, and Kristin A Kirschbaum. **Among Cultures : The Challenge of Communication (Edition 3).** 3rd ed. Milton: Routledge, 2017.

Available online here

The text includes activities for students to complete while reading, including self-assessments and nonverbal self-knowledge tests. Reflection questions within and at the end of each chapter promote thinking and discussion on each topic. With its unique approach to studying intercultural communication via real-life narratives, this text facilitates a deep understanding of the cultural aspects of communication.

Hua, Zhu. **Research Methods in Intercultural Communication: a Practical Guide.** 1st ed. Vol. 8. WILEY, 2015.

Available online here

Explains new and emerging methods, as well as more established ones. These include: Matched Guise Technique, Discourse Completion Task, Critical Incident Technique, Critical Discourse Analysis, Ethnography, Virtual Ethnography, Corpus Analysis, Multimodality, Conversation Analysis, Narrative Analysis, Questionnaire and Interview. Assists readers in determining the most suitable method for various research questions, conceptualizing the research process, interpreting.
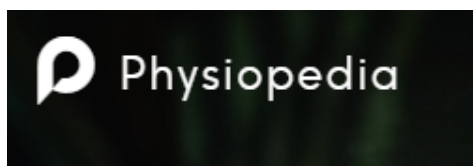
3.2 Web links

BMJ Learning
Cultural communications
This module explores ways of communicating more sensitively and effectively across your multi-cultural workplace.
Available online here

Physiopedia
Challenge of Cultural Diversity in Medical Practice
For optimal medical outcomes, it is essential that clinicians remain mindful of their patients' values, beliefs and behaviours regarding healthcare and respond accordingly.
Available online here

Care Quality Commission
Examples of culturally appropriate care
This selection of examples aims to help you think about different ways culture might affect care, including a section on cross-cultural communication.
Available online here

eHow
Barriers to effective communication in healthcare
This guide looks at language, cultural, and health literacy barriers specific to healthcare.
Available online here

Chrysos
Top Ten Tips for... Effective Cross-Cultural Communication
Available online here

3.3   Google Scholar

intitle:("cultural communication" OR "culturally sensitive communication")
around(2) (doctors OR clinicians OR "health professionals") -medline -embase

Click link to see Google Scholar results

BMA members can follow the instructions set out in this library blog post to directly access the full text of any of the Google Scholar articles that the BMA library has a subscription to (you only need to follow these instructions once).

Please note that as Google Scholar results are ordered by relevance, the first few pages of results will be the most useful.

3.4   Journal articles

1.   Pratt-Chapman, M. L. (2022).

"Learning Outcomes of Diverse Oncology Professionals After the TEAM Cultural Competency Training."

Journal of Cancer Education 37(3): 662-667.

Click to view full text

Racial, ethnic, sexual, and gender minorities are more likely to report challenges with oncology provider communication and quality of care. The Together-Equitable-Accessible-Meaningful (TEAM) training was developed to improve health equity across cancer care organizations by guiding teams of interprofessional learners through planning and implementation of quality improvements to advance equitable, accessible, and patient-centered cancer care. This study compared changes to self-reported cultural competence as measured by the Cultural Competency Assessment (CCA); Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS); and Interprofessional Socialization and Valuing Scale (ISVS). The primary aim of the study was to assess changes to self-reported cultural competence; the secondary aim was to examine changes to interprofessional valuation from baseline to post-intervention. Results indicated statistically significant improvements in self-reported Cultural Competency Behaviors ($p = .055$), a subscale of the CCA, and Attitudinal Awareness toward sexual and gender minorities ($p = .046$), a subscale of the LGBT-DOCSS, using $p < .10$ as statistically significant. These subscale results drove statistically significant improvements for their respective composite scales. No other statistically significant results were found. This study suggests that cultural competency training among interprofessional oncology health care professionals can be effective. Given the growing diversity within the USA, additional opportunities for cultural competency training are needed.

2.   Choi, A. and Sanft T. (2022).

"Establishing Goals of Care."

Medical Clinics of North America 106(4): 653-662.

Click to view full text

Establishing goals of care (GOC) is a crucial component of a patient's treatment plan. The need for better physician-patient communication in this area has been recognized for decades, yet several gaps remain. Challenges exist for both physician and patient. Physicians should pursue a patient-led approach, exercise cultural competency, and use various communication techniques to guide patients when establishing GOC.

3.   Raney, J., et al. (2021).

"Words Matter: An Antibias Workshop for Health Care Professionals to Reduce Stigmatizing Language."

Mededportal Publications 17: 11115.

Click to view full text

Introduction: Biased language influences health care providers' perceptions of patients, impacts their clinical care, and prevents vulnerable populations from seeking treatment. Training clinicians to systematically replace biased verbal and written language is an essential step to providing equitable care.

Methods: We designed and implemented an interactive workshop to teach health care professionals a framework to identify and replace stigmatizing language in clinical practice. The workshop included a reflective exercise, role-play, brief didactic session, and case-based discussion. We developed the program for a broad target audience of providers and initially delivered it at three academic conferences. We used descriptive statistics to analyze Likert-style items on course evaluations and identified themes in open-text responses.

Results: A total of 66 participants completed course evaluations; most believed the workshop met its objectives (4.8 out of 5.0) and strongly agreed that they would apply skills learned (4.8). Participants planned to incorporate reflection into their verbal and written language. Potential barriers to applying course content included perceived difficulty in changing entrenched practice habits, burnout, and fatigue. Suggestions for improvement included more time for group discussions and strategies to teach skills to colleagues.

Discussion: Participants found the course material highly engaging and relevant to their clinical practice. Learners left the workshop feeling motivated to engage in more mindful word choice and to share key concepts with their colleagues.

4.   Soled, D. (2020).

"Language and Cultural Discordance: Barriers to Improved Patient Care and Understanding."

Journal of Patient Experience 7(6): 830-832.

Click to view full text

Providing optimal health care to patients whose first language is not English remains a major challenge. Medical students, residents, and attendings receive limited cultural competency

training, but these short sporadic training courses are not nearly enough to give physicians the proper resources or preparation to understand all their patients' beliefs. Medical interpreters can fill this gap and strengthen health care for these already marginalized communities. It is important to reconceptualize medical interpreters as true collaborators in medicine who can provide valuable insights that extend beyond language interpretation at the bedside. Physicians would benefit from the insights of these professionals who can function as both language and cultural interpreters who know these patient communities well. Improved communication between physicians and interpreters would not violate traditional physician-patient boundaries but would instead strengthen this relationship to provide the best possible care.

5.   Shirazi, M., et al. (2020).

"Inter-cultural and cross-cultural communication through physicians' lens: perceptions and experiences."

International Journal of Medical Education 11: 158-168.

Click to view full text

OBJECTIVES: This study aimed to explore Swedish physicians' perceptions regarding physician-patient communication in an Iranian context and to obtain a deeper understanding of their lived experience when encountering Middle Eastern and Swedish patients in their daily work.

METHODS: This is a multi-method study, including conventional content analysis in combination with phenomenological methodology. A triangulation approach to data collection and analysis was used. Serving the purpose of the study, twelve Swedish physicians with previous experience of Middle Eastern patients were purposely selected to participate in the study. They watched a video showing simulated patient encounter in an Iranian context. The video served as a trigger. Semi-structured interviews were conducted focusing on the participants' perceptions of the video and their lived experiences. Constant comparative analysis was used for a deep understanding of the data.

RESULTS: The core themes were cultural diversity, doctor-centeredness, and patient-centeredness. Cultural diversity was a convergent theme and included trust, interpersonal interaction, context, and doctor dominancy. Patient-centeredness and doctor-centeredness were divergent themes and included doctors' authority, equity, the experience of illness, and accountability.

CONCLUSIONS: The participants confirmed large cultural differences in doctor-patient communication when encountering Iranian and Swedish patients. Inter-cultural and cross-cultural competencies were made visible. To be able to appreciate other cultures' health values, beliefs, and behaviors, increased cultural competence in health care is of importance.

6.   Semlali, I., et al. (2020).

"Introducing cross-cultural education in palliative care: focus groups with experts on practical strategies."

BMC Palliative Care 19(1): 171.

Click to view full text

BACKGROUND: The linguistic and cultural diversity found in European societies creates specific challenges to palliative care clinicians. Patients' heterogeneous habits, beliefs and social situations, and in many cases language barriers, add complexity to clinicians' work. Cross-cultural teaching

helps palliative care specialists deal with issues that arise from such diversity. This study aimed to provide interested educators and decision makers with ideas for how to implement cross-cultural training in palliative care.

METHODS: We conducted four focus groups in French- and Italian-speaking Switzerland. All groups consisted of a mix of experts in palliative care and/or cross-cultural teaching. The interdisciplinary research team submitted the data for thematic content analysis.

RESULTS: Focus-group participants saw a clear need for courses addressing cross-cultural issues in end-of-life care, including in medical disciplines outside of palliative care (e.g. geriatrics, oncology, intensive care). We found that these courses should be embedded in existing training offerings and should appear at all stages of curricula for end-of-life specialists. Two trends emerged related to course content. One focuses on clinicians' acquisition of cultural expertise and tools allowing them to deal with complex situations on their own; the other stresses the importance of clinicians' reflections and learning to collaborate with other professionals in complex situations. These trends evoke recent debates in the literature: the quest for expertise and tools is related to traditional twentieth century work on cross-cultural competence, whereas reflection and collaboration are central to more recent research that promotes cultural sensitivity and humility in clinicians.

CONCLUSION: This study offers new insights into cross-cultural courses in palliative and end-of-life care. Basic knowledge on culture in medicine, variable practices related to death and dying, communication techniques, self-reflection on cultural references and aptitude for interprofessional collaboration are central to preparing clinicians in end-of-life settings to work with linguistically and culturally diverse patients.

7.   Sandoval, R. S., et al. (2020).

"Building a Tool Kit for Medical and Dental Students: Addressing Microaggressions and Discrimination on the Wards."

Mededportal Publications 16: 10893.

[Click to view full text](#)

Introduction: Microaggressions, subtle slights related to characteristics such as race, gender, or sexual orientation, in a clinical setting can sabotage the therapeutic alliance. Curricula tailored specifically towards medical students that raise awareness of microaggressions and aim to change behavior are absent.

Methods: We created a 2-hour workshop to prepare preclinical medical and dental students to recognize and respond to microaggressions in clinical practice. The workshop consisted of a didactic portion describing microaggressions and strategies for responding to them and a case-based small-group portion to practice strategies. Participants completed electronic pre- and postworkshop surveys.

Results: Of 163 students participating in the workshop, 121 (74%) completed the preworkshop survey, 105 (64%) completed the postworkshop survey, and 81 (50%) completed both. Preworkshop, 48% reported female gender, and 36% reported underrepresented in medicine status. The majority (77%) had witnessed or experienced microaggressions in the clinical setting, and 69% reported very good or excellent familiarity with the concept of microaggressions. The curriculum appeared to significantly mitigate challenges associated with microaggressions, including reductions in perceived difficulty in identifying microaggressions (p < .001), being unsure

what to do or say (p < .001), improvements in familiarity with institutional support systems (p < .001), and awareness of the clinical relevance of microaggressions (p < .001).

Discussion: Given the high self-reported prevalence of microaggressions in the clinical setting, students need the skills to respond. This innovative session improves readiness to address microaggressions by helping participants build and practice these skills in a supportive environment.

8. Wood, N. I. (2019).

"Departing from Doctor-Speak: a Perspective on Code-Switching in the Medical Setting."

Journal of General Internal Medicine 34(3): 464-466.

[Click to view full text](#)

"Code-switching"-the mixing of languages, dialects, tones, or lexicons within a single conversation-is a prevalent linguistic phenomenon that has been described thoroughly in the social science literature. However, it is relatively unknown to the medical community despite its clear implications for clinicians as they navigate their role in the physician-patient relationship. As multilingualism and other forms of mixed speech become increasingly common in the urban and globally minded populations of America's modern cities, physicians must be cognizant of how they use their language skills-such as code-switching-to communicate with their patients in an ethical, supportive, and non-offensive manner. Multidisciplinary literature, case studies, and thought experiments on the subject provide an actionable framework by which health professionals can work toward achieving this goal of cultural competence.

9. Xu, X., et al. (2018).

"Psychology of cross cultural communication: an impact on the health care system."

Journal of Biological Regulators & Homeostatic Agents 32(5): 1211-1214.

[Click to view full text](#)

Cross culture communication has become an integral part of today's world, especially in developed countries with a large population of immigrants. The health care system is one of the important areas in which health care practitioners and patients may be of different cultures, therefore there is a need of effective communication between culturally different patients and health practitioners. However, cross-culture communication is affected by psychological factors related to cultures and mind-set. Acculturation orientation is one of the important factors, and people with different orientations interact differently with people of different cultures. Cultural orientation is another important factor is which different domains define the characteristic features of different cultures. Moreover, the inclination to use native or non-native language with culturally different patients is a key factor for establishing a good relationship between patients and health care practitioners.

10. Wurth, K., et al. (2018).

"Their view: difficulties and challenges of patients and physicians in cross-cultural encounters and a medical ethics perspective."

BMC Medical Ethics 19(1): 70.

[Click to view full text](#)

BACKGROUND: In todays' super-diverse societies, communication and interaction in clinical encounters are increasingly shaped by linguistic, cultural, social and ethnic complexities. It is crucial to better understand the difficulties patients with migration background and healthcare professionals experience in their shared clinical encounters and to explore ethical aspects involved.

METHODS: We accompanied 32 migrant patients (16 of Albanian and Turkish origin each) during their medical encounters at two outpatient clinics using an ethnographic approach (participant observation and semi-structured interviews with patients and healthcare professionals). Overall, data of 34 interviews with patients and physicians on how they perceived their encounter and which difficulties they experienced are presented. We contrasted the perspectives on the difficult aspects and explore ethical questions surrounding the involved issues.

RESULTS: Patients and physicians describe similar problem areas, but they have diverging perspectives on them. Two main themes were identified by both patients and physicians: >patients' behaviour in relation to doctors' advice< and > relationship issues<.

CONCLUSIONS: A deeper understanding of the difficulties and challenges that can arise in cross-cultural settings could be provided by bringing together healthcare professionals' and patients' perspectives on how a cross- cultural clinical encounter is perceived. Ethical aspects surrounding some of the difficulties could be highlighted and should get more attention in clinical practice and research.