



## Objectives

After reading this lesson pharmacists will be able to:

1. Define cultural competency and list professional behaviours expected in practice.
2. Explain the impact of cultural beliefs, attitudes and behaviours on pharmacy care.
3. Describe the impact of culture on the delivery of pharmacy services.
4. Develop strategies for delivering increased culturally-sensitive care.

## Instructions

1. After carefully reading this lesson, study each question and select the one answer you believe to be correct. Circle the appropriate letter on the attached reply card.
2. To pass this lesson, a grade of 70% (14 out of 20) is required. If you pass, your CEU(s) will be recorded with the relevant provincial authority(ies). (Note: some provinces require individual pharmacists to notify them.)

## Answering options

- A. For immediate results, answer online at [www.pharmacygateway.ca](http://www.pharmacygateway.ca).
- B. Mail or fax the printed answer card to (416) 764-3937. Your reply card will be marked and you will be advised of your results within six to eight weeks in a letter from Rogers Publishing.

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# Communication in a Multicultural Society

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## Program Overview

Canada's population is becoming increasingly culturally diverse. Increased immigration and international travel mean that, as healthcare providers, pharmacists are likely to provide care to individuals from varying cultures. In addition to managing language barriers, pharmacists need to be cognizant of the various differences in cultural beliefs and practices. Becoming competent culturally means being able to provide care within the context of applying knowledge and offering understanding and appreciation of cultural distinctions.<sup>1</sup>

Becoming culturally competent will enable a pharmacist to:

- Reduce misunderstandings in verbal and non-verbal communication.
- Increase trust leading to improved information gathering.
- Provide patient-centred care more easily.
- Facilitate greater adherence to treatment.

## Background/Introduction

Over 131,000 individuals immigrated to Canada in the first half of 2005, an increase of 7% over the same period of 2004. Top 10 source countries are, in order, People's Republic of China, India, Philippines, Pakistan, United States, South Korea, France, United Kingdom, Columbia and Romania.

Nearly three-quarters of these immigrants land in Montreal, Toronto and Vancouver.<sup>2</sup> As our population becomes more culturally diverse, in striving to provide patient-centred care to all patients, pharmacists will be motivated to develop cultural competency.

## Understanding cultural competency

Cultural competency comprises 4 elements: cultural awareness, cultural knowledge, cultural skill and cultural encounter.<sup>3</sup>

**Cultural awareness** means becoming sensitive to patients' beliefs, attitudes and behaviours as well as one's own values, biases and prejudices. Practitioners who practice with cultural awareness will consciously and deliberately avoid imposing their own cultural values on their patients.

**Cultural knowledge** is the process of learning about other cultures and views they hold. By gaining awareness of the different beliefs, attitudes, behaviours and problem-solving strategies of a variety of cultural groups, the pharmacist will gain confidence in patient encounters. Cultural knowledge does not mean memorizing facts about different ethnic or cultural groups; there are great individual differences within all ethnic and cultural communities and care should be exercised to avoid stereotyping.



**Cultural skill** is having the capacity to carry out a cultural assessment that includes gathering culturally relevant information about the client's health and incorporating the information to create culturally harmonious interventions. Effective cultural assessments require trust, respect and empathy within the relationship.

**Cultural encounter** is one in which pharmacists consciously and deliberately apply their knowledge and skill to provide culturally sensitive care. Culturally sensitive care respects the beliefs, attitudes and cultural lifestyles of patients; it is sufficiently flexible to respond to differences in ethnic values, cultural orientation, religious beliefs and linguistic considerations.<sup>4</sup> Reflecting on past interviews with culturally different individuals can increase awareness of one's own values or biases and also incorporate new culturally relevant knowledge into one's existing knowledge base.

#### *Reflective exercise:*

*Reflect on your patient population. What different cultural groups do you encounter? How well do you understand each cultural group's set of values and beliefs? How comfortable do you feel speaking to your patients about their cultural values and beliefs?*

#### **Why is it important?**

Even under ideal conditions, communicating effectively can be challenging. Cultural differences increase the likelihood of ambiguity and misunderstanding in our communication, reducing the quality of the interaction, patient satisfaction and adherence to therapeutic recommendations.<sup>4</sup>

### **A Few Definitions**

**Race** has historically been used to define a group of people united or classified together on the basis of common history, nationality or geographic distribution. However, one author discredits the use of the term due to its lack of biological basis.<sup>5</sup>

**Ethnicity** is used to describe a group of people who share a common cultural heritage, religion, language, place of birth or ancestry. It is a sort of "consciousness of kind" in which an individual shares his identity with others in the same ethnic group.<sup>3,5</sup>

**Culture** describes the common habits, beliefs, attitudes or other behaviours passed within and between generations of a group.<sup>4,6</sup> While cultural norms exist, each individual is unique and should be treated as such.

**Stereotype** describes an over-simplistic or untrue generalization about a particular group of people. When discussing or learning about cultural beliefs, attitudes and behaviours, it is important to maintain a view of individuality for each patient. One way to avoid developing biases, especially in the early stages of cultural competency development is to ask: How is this patient the same as everyone else? How is this patient the same as some people I have met? How is this patient unique?

**Good health** has many meanings. In order to appreciate the importance of the role culture plays on potential views on what it means to have good health, it is important to understand various perspectives. For example, in Canada it may mean being free of infection or disease, in China it may mean harmony between *yin* and *yang* while individuals from Iran may view health as the ability to cope successfully with life.

#### *Reflective exercise:*

*Reflect on your own culture. What traditions do you carry on that were passed on to you from your parents? What are your values and beliefs related to health and illness?*

### **The Impact of Culture on Health-Care Delivery**

In order to understand the impact of culture on health-care delivery, one must understand the relationship between beliefs, attitudes and behaviours, all of which are influenced by one's culture. Pharmacists need to be both sensitive to and respectful of their patients' beliefs (what the patient thinks is true), attitudes (how the patient feels about something) and behaviour (what the patient does) about their illness or injury.<sup>7</sup> The more effectively the pharmacist is able to communicate that they understand the patient's perspective on these three aspects of culture, the more likely the patient will

feel satisfied with the care they receive and as a result, higher levels of adherence and follow-up will be achieved. Patients who do not feel that the health-care provider respects or is trying to understand their needs may in fact withhold important information from the provider.<sup>4,8</sup>

When a patient does not respond to you in a way that you anticipate, it is important to consider that cultural differences may be a contributing factor. Some questions that a pharmacist can ask to help better understand the patient's health-related beliefs are:

- How do you describe the problem?
- Why do you think the problem started when it did?
- How severe do you think the illness is?
- How do you think the illness should be treated?
- What are the most important results you hope to get from the treatment?
- What are the main problems the illness has caused for you?
- Who should be involved in decisions about your treatment?

#### **Understanding patient beliefs**

Patient beliefs can have a profound impact on clinical care. They can impede preventative efforts, delay or complicate medical care and result in the use of unhelpful or potentially harmful remedies. For example, inaccurate parental beliefs have shown to cause delays in parents having their children vaccinated.<sup>6</sup>

Beliefs may affect patient adherence with treatment. For example, a patient who is diagnosed with diabetes and who believes that being overweight is a sign of good health may have difficulty adhering to nutritional recommendations. This type of patient may be labeled as being difficult or non-adherent if the appropriate education—to address the underlying beliefs—is not provided.

#### **Understanding patient attitudes**

Cultural attitudes can affect a patient's choice of whether to seek medical care and whom to see if care is sought. Attitude also influences the willingness to continue with recommended treatment plans. For example, seeking care from a folk or spiritual

**Tips for increasing patient safety when herbal or alternate therapies are being used**

1. Learn about your patient's health and illness practices by asking them directly about their food and diet, medications taken, and other health-care providers they see.
2. It is important to determine a patient's use of herbal products. Be sure to ask about herbal products specifically, as patients may not think of these products as drugs, nor may they think to mention them if asked if they are taking any non-prescription medications. If you are unclear about what other medicines are being used, ask the patient to bring to the pharmacy any and all products being taken.
3. It is important to be knowledgeable in the use of and interactions with herbal products. Have a good reference (either print or electronic) available.
4. Avoid making judgmental comments on the use of herbals. Having patients feel comfortable disclosing their use is most important.
5. Closely monitor drugs with low therapeutic indexes and a risk for interaction with herbal products in patients who have been prescribed such medications and wish to continue using herbal products (despite warnings of the risks).

healer is common in several cultures such as African-American culture, American Indians and Hispanic individuals. It is common for patients to blend care with practitioners from both traditional and western cultures. It is important, therefore, that the pharmacist ask about the different providers the patient may be seeing.

Age can be an influencing factor in many cultures. Immigrants from Poland, for example, are likely to be distrustful of young practitioners as their cultural attitude connects age with wisdom.

**Understanding patient behaviours**

In addition to the choices about when and from whom to seek health care, patients from other cultures may have different ways of behaving when ill. Somatization is a behaviour common among Asians, Arabs, Africans and Latin Americans. It is a tendency to report physical symptoms when the patient problem relates to psychological distress; their reported symptoms, for them, are real and troublesome yet have no identifiable organic cause.<sup>7</sup>

**Traditional Medicine and Folk illnesses****Use of traditional medicines**

With advances in synthetic medications, practitioner-recommended use of herbal or

alternate treatments has declined. However in many European, Indian or Asian cultures, herbal and alternate remedies have a long history of use and continue to be preferred by patients and physicians. For example, patients in Germany who are diagnosed with mild to moderate depression are often prescribed St. John's wort.<sup>9</sup>

While pharmacists should always assess other medications a patient may be using, when providing care to patients who have recently emigrated, be sure to ask about herbal or alternate therapy use to ensure patient safety. Safety issues related to these products include questionable efficacy, and the potential for multiple ingredients (including contaminants) or interactions with synthetic medicines.<sup>10</sup>

Despite few clinical trials to provide evidence to support the frequency and clinical implications of herb-drug interactions,<sup>11</sup> practitioners should be cautious when providing care to patients who may be using herbal medications, as the clinical implications may be significant when used in combination with synthetic medications having narrow therapeutic indexes.

Pharmacists should be prepared to warn patients when their treatment choice puts them at risk of harm. Such was the case of a 53-year-old woman who was admitted to hospital with anemia after using Ayurvedic

products purchased in India for three months. Studies have shown that certain Ayurvedic products are contaminated with heavy metals such as lead, mercury and arsenic.<sup>12</sup>

**Folk illnesses and implications for health care**

The Western medical view on illness may conflict with unique cultural views. When a patient feels that he or she has an illness that does not fit within the Western biomedical paradigm, it is commonly referred to as a folk illness. A patient's belief in a folk illness may influence if and when they seek care, from whom they will seek care and treatments they may be willing to try. Adherence with any treatment recommendations, particularly Western treatments, is more likely if the health-care provider acknowledges and respects the patient's beliefs about illness. Knowledge of folk illnesses can prevent treatments that may be potentially harmful.

A common folk illness with relatively harmless implications among Hispanic individuals is *Empacho*, a condition in which it is believed that a substance, possibly food or saliva, gets stuck to the walls of the intestines causing an obstruction. Patient complaints generally include vomiting, diarrhea, anorexia, bloating, cramps and stomach pain. Treatment may include herbal teas, abdominal massage with warm oil, prayer or dietary restrictions.<sup>6</sup>

In contrast, a potentially more serious Hispanic folk illness is *Mollera caida*, or fallen fontanel, believed to occur when the breast or bottle is removed too quickly or the infant is bounced around. Treatment is aimed at "realigning" the fontanel through measures such as pulling the hair, sucking the fontanel or hanging the infant over a basin of water and tapping the feet. Such activities may do more harm than good. A more likely cause is severe dehydration which requires treatment.<sup>6</sup>

When patients present with requests for self-care, pharmacists are well advised to query what the patient believes is the problem and what treatments have already been tried. Determine if any of your patient's practices are safe or contraindicated and where possible, try to integrate safe

practices into your recommendations. Avoid, when possible, recommendations that conflict with the patient's beliefs and practices.<sup>13</sup>

## Culture-Related Communication Challenges

### Verbal and non-verbal communication

It is important that pharmacists understand the cultural influences on communication. Pharmacists should avoid inferring intent behind an individual's verbal or non-verbal cues. Clarification or paraphrasing may be necessary to ensure the proper meaning is learned.

**Intonation** can influence our interpretation of meaning behind the spoken word. Intonation relates to the pitch and stress placed on certain words within a sentence. Added to this are the volume, accent and pace of speech that can contribute to miscommunication. Individuals from the Middle East may speak loudly to demonstrate the importance of the content matter and should not be interpreted as anger.

**Personalismo** or "formal friendliness" is common in Latin American cultures and is characterized by the need of the patient to develop a warm personal relationship with their clinician. Physical contact such as handshakes or a hand on the shoulder, or social interactions such as asking about the patient's family, work or school is taken as a signal of caring and concern and can increase these patients' satisfaction with care.

**Greetings** or forms of address are important in many cultures. Chinese, Japanese and Koreans address one another by surname, which is why many individuals from these cultures will give their surname when asked for their name.

Every individual has an invisible boundary of **personal space** around them. Culture influences the amount of space a person needs to have around them to feel most comfortable. Hispanic patients perceive *personalismo* when the care provider maintains close contact - sitting close or leaning forward.

**Facial expressions** can easily be misinterpreted when inferred without cultural consideration. While emotional expressions of anger, disgust, fear, happiness, sadness

and surprise have been shown to be universally recognizable, the intensity of the emotion may lead to misinterpretation.<sup>14</sup> Studies have also shown that recognizing emotions through interpreting facial expressions is more accurate within individuals of shared culture or cultural familiarity which may be due, in part, to the intensity of the expression.<sup>15</sup>

**Gestures** play an important role in communication for many cultures. Head nodding in Latin American cultures is a sign of respect and may easily be misinterpreted as understanding or agreement with treatment plans.

**Eye contact** is generally thought to convey interest and respect. Care providers should maintain eye contact when speaking with patients regardless of whether it is reciprocated. In Hispanic culture, eye contact made by a health-care provider shows interest, but will not be reciprocated as it is believed disrespectful to look an authority figure in the eye.

### Family influences

In many cultures, involving the family is essential in the medical decision-making

process. For example, in Middle Eastern cultures, the major responsibility for decision-making resides with the family, for whom the father or eldest male acts as the spokesperson. The same holds true for many American-Indian cultures. This can delay or prevent time-sensitive care which can be frustrating. However, pharmacists should respect the necessity of the family decision-making structure. Pharmacists should plan to check with patients as to whether there are other family members who need to be included in the conversation, thus enabling a decision to be made more efficiently.

### Gender influences

Gender differences in health-care encounters are real and can have a significant impact on communication processes and outcomes. Some patients may refuse to interact or disclose personal information to a pharmacist of the opposite gender. In Middle Eastern cultures, for example, sharing information and feelings is easier with members of the same gender. Ask patients of the opposite gender if they are comfortable interacting with you and be prepared to match gender with the patient if possible.

## Tips for communicating directly with a limited-English-speaking patient

1. Speak slowly, not loudly. Raising your voice may imply anger to the patient; some patients will respond by giving you information they think you want to hear rather than telling you how they really feel.
2. Face the patient and use strong body language such as gestures, pictures and facial expressions. Equally important, watch the patient for body language clues that signal confusion or disagreement.
3. Find simple words, use lay language and avoid idiomatic expressions.
4. Organize what you will say before engaging with the patient. This will help you avoid giving unnecessary information (which may confuse the patient).
5. Rephrase and summarize often, especially to reinforce important messages. Paraphrasing the patient's response can help ensure you both understand each other.
6. Ask open-ended questions. Answers of "yes" or "no" do not tell you if the patient truly understood what was being asked.
7. Words are powerful. Many words have a variety of meanings or are derived from other languages. Be sure to use words that will reduce or eliminate confusion about the intended meaning.

### Religious influences

Religious and spiritual beliefs can affect care and treatment. In Navajo culture, illness is often thought to result from improper thought and behaviour. Illness is also thought to be a natural phenomenon and as a result, individuals of this culture may not seek medical care when it would provide relief. Hispanic individuals strongly link spirituality and health; treating their illness without considering the spiritual side amounts to incomplete care. Pharmacists should ask patients what they believe is the cause of the illness and refrain from discounting patients' belief in spiritual causes.

Another influence of religion is change in diet, either feasting or fasting. Individuals with certain conditions that

require regular, consistent dietary intake or who are taking medications that require food for absorption should be warned of the impact on their health should they either overindulge or refrain from eating.

### Language as a Cultural Barrier

Clark states: "Without language, the work of a physician and that of a veterinarian would be nearly identical."<sup>16</sup> The same could be said for pharmacy care in that a two-way sharing of information is necessary for effective care delivery.

Effort to communicate respectfully with individuals who are not proficient in the English language can have a positive influence on health. Research has shown that non-English speaking parents are less likely

to take their children to visit a care provider when needed or provide their children with preventative health care. Adult women who do not speak English well are also at risk for poor health in that they have lower rates of receiving mammograms, pap smears and other preventative services.<sup>6</sup>

### Using an interpreter

When a patient is unable to communicate verbally in the same language as the pharmacist and when no written materials are available in the patient's language, one solution is to use an interpreter. Using an interpreter is not foolproof as some information may be lost and opportunities to clarify may not occur.

In some cases, you may be asked to use a patient's bilingual adolescent or adult child as an interpreter. This may work well unless the information that needs to be translated is considered forbidden for discussion between parent and child.<sup>16</sup> For example, gynecological information would best be avoided.

### Conclusion

Some challenges that pharmacists will face when working with patients with differing cultural background are differing views on the causes and treatments of illnesses, unique expectations for the outcomes of care, and language barriers. Creating a respectful atmosphere, one that is free of judgement, can help patients feel more comfortable discussing their health-related beliefs and attitudes.

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### Tips for improving effective use of interpreters

1. Always ask the patient if the interpreter is acceptable to them.
2. Brief the interpreter first by summarizing what you plan to say to the patient and explain what elements you will want to emphasize or reinforce.
3. Maintain eye contact with the patient. Avoid guiding the interview with the interpreter. Non-verbal communication remains equally important when using an interpreter.
4. Position you, the patient and the interpreter in a triangle.
5. Use short sentences.
6. Use lay terms rather than medical terminology.
7. Use open-ended questions.
8. Repeat the information if it appears the patient does not understand. You may need to explain things using different wording until you are comfortable that the patient understands.
9. Keep the interview as short as possible. Be prepared with information that is essential for the patient and avoid extraneous discussion.
10. Use visual aids if possible. Charts, pictures or diagrams can assist understanding.
11. Be patient. The interpreter may need time to think once you have given him or her information to interpret. Also, don't interrupt the interpreter while he or she is talking with the patient. This may cause the interpreter to lose his or her train of thought or forget important information.
12. Be aware that the interpreter's culture, especially if different from the patient's, may influence the interpretation of information that you or the patient provide.

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### Tips to help increase cultural competency

1. Avoid assuming that your patients' expectations are similar to your own: maintain a polite caring nature while exploring a patient's cultural values to ensure a good foundation for a trusting relationship.
2. Use formal names until you are sure that first names are acceptable to the individual.
3. Try to establish eye contact but don't worry if the patient does not respond: in some cultures this is a sign of respect.
4. Make no assumptions: create a climate that allows you to explore the patient's values and beliefs as well as dietary or lifestyle practices which may influence their medication-taking behaviour.
5. Respect a patient's beliefs by not discounting practices that are not consistent with your own. Discourage a practice only if it is potentially harmful.
6. Establish whether the patient would like to involve the entire family in the treatment discussion.
7. Try to incorporate elements of the patient's beliefs into your treatment plan; this will increase the likelihood of adherence.

### Additional resources for pharmacists working with culturally-diverse patient populations

Several Internet resources are available to assist in developing cultural competency. Some of these are provided below.

#### Canadian Public Health Association

<http://www.cpha.ca/antibullying/english/cultcomp/cultcomp.html#intro>

#### Government of British Columbia

[http://www.mcf.gov.bc.ca/publications/cultural\\_competency/assessment\\_tool/tool\\_index1.htm](http://www.mcf.gov.bc.ca/publications/cultural_competency/assessment_tool/tool_index1.htm)

#### Canadian Nurses Association

[http://www.cna-nurses.ca/CNA/documents/pdf/publications/PS73\\_Promoting\\_Culturally\\_Compentent\\_Care\\_March\\_2004\\_e.pdf](http://www.cna-nurses.ca/CNA/documents/pdf/publications/PS73_Promoting_Culturally_Compentent_Care_March_2004_e.pdf)

#### EthnoMed

[www.ethnomed.org](http://www.ethnomed.org)

#### National Alliance for Hispanic Health

[www.hispanichealth.org](http://www.hispanichealth.org)

#### Cross Cultural Health Care Program

<http://xculture.org>

#### National Center for Cultural Competence

[http://gucchd.georgetown.edu/nccc/documents/Materials\\_Guide.pdf](http://gucchd.georgetown.edu/nccc/documents/Materials_Guide.pdf)



## Questions

Select the ONE BEST answer for each of the following questions.

### 1. Which statement describes cultural competency for pharmacists?

- a) Being able to identify an individual's cultural background.
- b) Learning how to speak to patients in their own language.
- c) Applying knowledge within the context of an individual's culture.
- d) Being able to provide written materials in a variety of languages.

### 2. Cultural awareness is demonstrated when a pharmacist:

- a) identifies the different cultural groups in their practice.
- b) becomes sensitive to patient's beliefs, attitudes and behaviours.
- c) identifies ways to help patients become more culturally integrated.
- d) becomes sensitive to their patient's biases and prejudices.

### 3. Cultural knowledge is demonstrated when a pharmacist is able to:

- a) identify cultural beliefs that might affect patient care.
- b) recite specific cultural beliefs, attitudes and behaviours.
- c) identify an individual's culture through their behaviour.
- d) predict how an individual of a particular culture will respond to them.

### 4. Cultural skill is demonstrated when a pharmacist is able to:

- a) determine a person's needs based on their culture.
- b) list different cultural beliefs, attitudes and behaviours.
- c) greet patients in their own language.
- d) gather culturally-relevant information from the patient.

### 5. All of the following strategies to ensure culturally-sensitive care are correct EXCEPT:

- a) Integrate patient beliefs into recommendations.
- b) Include both traditional and non-traditional approaches.
- c) Use different strategies to overcome language barriers.
- d) Avoid including other family members.

### 6. Providing culturally-competent care offers which advantage?

- a) Patients are less likely to complain about medication cost.
- b) Patients will be more satisfied and more adherent with therapy.
- c) Patients are less likely to seek non-traditional health-care advice.
- d) Patients will be more likely to adopt Western cultural beliefs.

### 7. Which statement is TRUE about stereotypes?

- a) They prevent us from offending individuals.
- b) They are generally well-founded.
- c) They prevent us from treating people as individuals.
- d) They are helpful in understanding people.

### 8. Culturally-sensitive care has all the following patient benefits EXCEPT:

- a) Patients will seek out needed health care earlier.
- b) Patients will feel comfortable sharing their cultural beliefs.
- c) Patients will obtain preventative care more often.
- d) Patients will stop using unhelpful traditional health practices.

### 9. Somatization is best defined as a behaviour in which an individual:

- a) expresses anxiety with complaints related to physical symptoms.
- b) drinks intoxicating beverages as an offering to Hindu gods.
- c) becomes extremely anxious about being unwell.
- d) experiences pain unrelated to their medical condition.

### 10. Which statement about folk illnesses is TRUE?

- a) It is best to have the patient focus on their diagnosed health issues.
- b) They are harmless and so can be disregarded when making recommendations.
- c) Adherence with recommendations is greater if they are acknowledged.
- d) They are generally self-limiting and will resolve on their own.

### 11. Which statement is TRUE about cultural non-verbal communication?

- a) Standing about an arm's length from the individual will always be the right distance.
- b) Facial expressions can be difficult to interpret so always clarify if unsure.
- c) Gestures are not influenced by culture so are helpful to judge patient response.
- d) Determine whether to make eye contact based on patient cues.

### 12. Which statement is TRUE about verbal communication?

- a) When a patient speaks loudly, it means they are angry.
- b) Speaking loudly will help the patient understand better.
- c) Discussion is best kept professional; avoid social discussion.
- d) It is best to address a new patient formally.

### 13. The best approach to dealing with gender concerns of patients is by:

- a) Matching gender with the patient if possible.
- b) Reassuring the patient that your gender will not affect their care.
- c) Ignoring them as they are not appropriate in Western culture.
- d) Politely explaining that such attitudes are not acceptable.

### 14. Which is an appropriate response to a patient regarding religious beliefs related to illness or health management?

- a) Reassure them by explaining the biological cause of their illness.
- b) Advise individuals of the Islamic faith with diabetes to avoid daytime fasting during Ramadan.
- c) Acknowledge the importance of their spiritual beliefs related to their health.
- d) Steer patients away from discussion about religion.

### 15. Pharmacists should respond to patient's needs to include family members in their health-care decisions by:

- a) Advising patients about confidentiality

**Questions continued...** Select the ONE BEST answer for each of the following questions.

- limitations that prevent them from disclosing health-care information to family members.
- b) Advising patients that delay in health-care decision-making can adversely influence health outcomes.
- c) Explaining to the patient that they need to take individual responsibility for decisions related to their health.
- d) Exploring how the family needs to be involved and who needs to be present when discussing their health-care options.
- 16. How should a pharmacist respond to a patient using herbal or alternate therapies?**
- a) Discourage their use because they may contain contaminants.
- b) Assess the potential for interactions with prescribed medications.
- c) Advise the patient to use the lowest dose possible.
- d) Suggest they use only prescribed medications.
- 17. All of the following are strategies to manage language barriers EXCEPT:**
- a) Organize what you will discuss to avoid giving unnecessary information.
- b) Use closed-ended questions to make it easier for the patient.
- c) Avoid using words that have many potential meanings to avoid confusion.
- d) Use simple words and phrases, avoiding medical terminology.
- 18. Which statement is TRUE about using an interpreter?**
- a) Always ask the patient if the interpreter is acceptable to them.
- b) Patient's family members are always acceptable to use.
- c) Watch the interpreter to ensure they use appropriate body language.
- d) Visual aids are distracting and should be avoided.
- 19. Which activity is essential to creating a culturally-sensitive pharmacy environment?**
- a) Treat others as you would like to be treated.
- b) Hire staff who speak other languages.
- c) Hire staff from a variety of cultures.
- d) Maintain an atmosphere that is free of judgement.
- 20. Good health is:**
- a) being free of illness or infection.
- b) defined by each patient.
- c) determined by the patient's doctor.
- d) achieved through proper diet and exercise.

## FACULTY

### Communication in a multicultural society

#### About the author

Nora MacLeod-Glover has 20 years of experience as a pharmacist in community-based care, inpatient and outpatient hospital services and medical research. She has recently returned to school and is enrolled in the University of Toronto PharmD program. Nora has developed and facilitated pharmacy education programs and is currently the Ontario representative for the Canadian Council on Continuing Education in Pharmacy. She has facilitated live communication-focused education programs throughout Western Canada. In her current work role, Nora supports the remediation efforts of pharmacists who have practice weaknesses identified when they are randomly selected to participate in the Practice Review run by the Ontario College of

Pharmacists. Her work includes supporting the development of skills related to knowledge management, patient interviewing and communication.

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