

Problems of intercultural communication in an international medical environment (in case of German)

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Abstract—The current paper deals with the issues of intercultural communication in an international medical environment. The strategies on effective communication as well as in the context of conflict prevention and resolution are provided. The paper gives examples of interaction between the members of the clinic staff in the situations of professional and daily communication. The specific features of professional communication between health care workers as well as factors, triggering conflicts in interpersonal relationships and leading to critical outcomes of patient health, are identified. It is stressed that there is a need for an open discussion of cultural diversity, taking into account national specificities in mentality, value system and behavior. The effective and non-conflict intercultural communication in the medical environment plays a crucial role in the context of globalization due to increasing labor migration.

Keywords—intercultural communication; strategies of efficient communication; intercultural communication competence; miscommunication, medical error.

I. INTRODUCTION

Germany, as the second most popular place for migrants after the USA, has the highest proportion of immigrants among EU states (about 22% of the German population are migrants or their descendants). In this regard, a similar situation is in Austria and Switzerland which hold the leading positions in Europe by the share of the population of foreign origin in the overall demographic structure. It is important to understand that German-speaking countries largely depend on international cooperation and the skilled workforce. These three countries are global leaders in exported goods and service. However, they are affected by the lack of domestic specialists due to the changes in demography [1, 101].

In most spheres, including medicine, there is a severe shortage of professional staff. The number of health care workers (doctors and nurses) in a multicultural medical environment is steadily growing. Thus, the communication quality in international medicine is a key factor in health care provision.

It is obvious that health care quality is strongly affected not only by doctor-patient communication [2, 10] but also by doctor-doctor interaction [3, 1]. The members of a medical team interact in various clinical situations, including consultation, counseling, patient examining, duty shift/ patients transfer, and meeting with colleagues and administrators. The communicative pitfalls, not identified at the time, can result in communicative failure and medical error. It should be noted that about 80% of medical errors are due to miscommunication rather than the lack of medical professionalism [4, 162]. It can lead to critical situations with regard to the area of medical specialization.

As is known, in health care practice the patient's health and life depend on the activity of a medical team, including medical workers of different professions [5, 68]. The more doctors are involved in the patient treatment, the more likely the important information can be lost at any stage of medical assistance, such as follows: patient's medical history, medical assessment records, surgery or prescribed therapy.

Among the factors, triggering miscommunication in clinical practice, there is patient transference to another ward, duty shift, change of a surgery team, as well as routine, physical and psychological pressure in medical work [6, 134]. As a result, there is a lack of effective communication. The possibility of making a medical error is increasingly growing.

Thus, communication in the multicultural medical environment has a risk of misunderstanding and conflicts due to cultural differences [2, 1]. People, belonging to different nationalities with different cultures and beliefs, work in German clinics. One of the key barriers, they have to overcome in international communication, is a language barrier. However, the language-related factor is not the only barrier to be removed, in order to ensure communication effectiveness in a multicultural medical environment. Differences in the national character, mentality, world, space and time perception, non-verbal communication, national values, and behavior should be considered in intercultural health care communication as well. So, the medical staff is involved in communicative integration, ranging from professional to daily communication.

II. RESULTS AND DISCUSSION

Let us consider some examples of interaction in the international medical staff, which demonstrates the diversity of multicultural situations in the workplace.

Begrüßung (Greeting)

Also bei uns sagen wir auf Station/im Pflgeteam du.

(In our department we are addressed by you.)

Wir sprechen uns hier mit dem Vornamen und Sie an, also ich bin die Katharina.

(We are addressed here by name or you. My name is Katharine.)

Patienten und Angehörige spricht man mit Sie an. Im Kontakt zu anderen Stationen oder Verwaltung gilt Sie.

(We use "you" with patients and their relatives; we address the employees of other department and administration the same way.)

Small Talk

Regnet es hier oft so stark?

(Does it often rain so heavily?)

Kommst du von der Stadt oder vom Land?

(Are you from the city or the countryside?)

The popular topic of small talk in German-speaking countries is the weather. It is also possible to ask questions about the profession, hobby, and family status. At the same time, as a rule, it is not common to ask people how much they earn, even among friends. It is better to avoid asking questions concerning the social status of the person, you are talking to, for example, the address, make of a car, type of school, where the children study, political topic as well [1, 97].

Über Erfahrungen und den Beruf fragen

(Sharing experiences/conversation on professional topics)

Arbeitest du Vollzeit oder Teilzeit? Seit ich Kinder habe, arbeite ich Teilzeit bei einem ambulanten Pflegedienst. Immer nur vormittags, oder manchmal am Wochenende, wenn mein Mann zu Hause ist.

(Are you working full-time or part-time? After giving birth to children, I am working part-time in outpatient service, looking after patients and disabled. I work in the morning but sometimes at the weekends when my husband is at home.)

Zu den Pflichtfeldern gehören Patientennamen, Datum, Uhrzeit us.w.

(Required fields are patient's surname, date, time, etc.)

Über Fortbildung sprechen und an Fortbildungen teilnehmen

(Conversation on training in professional development)

Am Samstag ist eine Fortbildung zum Thema ... Ist das eine Pflichtfortbildung oder ist sie freiwillig?

(On Saturday there is training in professional development on ... Is it compulsory or by wish?)

Hier in der Klinik gibt es regelmäßig Fortbildungsangebote, manche sind obligatorisch, manche freiwillig. Wir müssen aber pro Jahr mindestens ... Fortbildungen besuchen.

(Our clinic provides regularly training in professional development. Some programs are compulsory, while in others there is voluntary involvement. However, we have to take part in at least ... activities a year.)

Nach dem Befinden fragen und reagieren

(Questions about health and reactions to them)

Wie war dein Wochenenddienst?

(How was your duty at the weekend?)

Alles in Ordnung./Leider ziemlich anstrengend.

(Everything was all right. /Unfortunately, it was rather tiring.)

Relativ ruhig/normal/stressig/viel zu tun.

(Relatively calm/usual/intense/working hard.)

Gute Wünsche (Wishes)

Ruhigen Dienst/Ruhige Nacht!

(Have a good duty/Good night!)

Fragen um den Dienst (Questions about duty)

Könntest du bitte nächstes Wochenende meinen Dienst übernehmen?

(Could you have a duty for me next weekend?)

Ich gebe dir morgen Bescheid, ok?

(I will give the answer tomorrow, ok?)

Nach Freizeit und Urlaub fragen

(Questions about free time and holiday)

Was ist mit den Überstunden?

(What about overtime work?)

Die werden in der Regel mit Freizeit ausgeglichen/ausbezahlt.

(As a rule, it is made up by a day off.)

Orientierungshilfe in der neuen Stadt

(Orientation in the new city)

Wo kann ich einen Deutschkurs finden?

(Where can I find German courses?)

Bei uns in der VHS, das heisst Volkshochschule, aber es gibt auch mehrere private Schulen.

(Here, at People's University, it is named Volkshochschule but there are also some private schools.)

Kollegialität zeigen

Manifestation of collectivity

Können wir uns die neue Maschine / das neue Formular mal gemeinsam ansehen? Ich möchte es gleich richtig lernen. (Can we look at this new form together? I would like to learn to fill it correctly immediately.)

Entschuldigung, ich habe das in ... anders gelernt, kannst du mir noch mal zeigen, wie das hier gemacht wird.

(Sorry, we ...were taught it the other way, can you show me again how it is done here?)

one Gibt es hier einen bestimmten Standard/Abkürzungen/vorgeschriebene Formulare/Textbausteine/ Vorlagen?

(Is there a certain standard/abbreviation/prescribed forms/templates?)

Auf Beschwerden von Kollegen und anderen Abteilungen reagieren

Reactions to the complaints against colleagues and workers from other departments

Das tut mir leid. Ich schicke Ihnen die Laborwerte/ die Ergebnisse der Untersuchung gleich mit der Post.

(I am sorry. I will send you lab test values / laboratory report by post....)

Da habe ich wohl was etwas falsch verstanden/ etwas verwechselt/ eingetragen.

(Perhaps, I have misunderstood/got mixed /written down in a wrong way.)

Über Erfahrungen im neuen Land und am neuen Arbeitsplatz sprechen

Conversation on the experience in the new country and workplace

Die Umstellung ist für mich ganz leicht, weil es in ... sehr ähnlich ist.

(It is easy for me to adapt as it is ... similar to.)

Am schwersten ist für mich..., da muss ich mich sehr umgewöhnen.

(The most difficult for me is..., I should get used to it.)

Sprachliche Probleme ansprechen

(Conversation on language problems)

Was meinen Sie/meinst du mit ...?

What do you mean by ...?

... ist der Fachbegriff, aber bei uns in der Klinik sagen alle...

... – is a term, but in our clinic people say ...

Das Wort...ist heute veraltet, heute sagen wir....

The word ...has become obsolete, we speak ...

Foreign doctors can have language difficulties (dialect words, colloquial expressions, medical terms, abbreviations), as well as difficulties with words interpretation and non-verbal communication (for example, the importance of eye contact in German linguoculture). So,

the colleagues, who speak German as a native language, should help them to deal with these difficulties.

Probleme im Team ansprechen

Team problems talk

Ich habe den Eindruck /das Gefühl, dass wir einmal über ... reden sollten.

(I have an impression/a feeling that we should talk about...)

Hättest du mal einen Moment Zeit für mich, ich würde gern über ... reden.

(Do you have a moment for me? I would like to talk about...)

Wenn wir miteinander arbeiten/sprechen, bin ich manchmal überrascht/verunsichert/irritiert/verärgert, weil ...

(When we work together /talk, I am sometimes surprised /I feel uncertainty/ irritation, as ...)

Du bist meine beste Kollegin hier. Was meinst du, soll ich das direkt mit ... klären oder erst die Stationsleitung fragen?

(You are my best colleague. Do you think I should clear the situation directly with ... or contact the clinic administration?)

In German-speaking countries, especially Germany, criticism is voiced directly and rapidly. If an employee is not used to being criticized, his/her feeling and self-esteem can be hurt. Nevertheless, this way of expressing criticism has its advantages, as it makes possible to handle the problem and misunderstanding in a professional manner. It contributes to the work efficiency increase, promoting collaboration in the international medical environment. Considering the problems that occur in the workplace, it is recommended that a person should turn to the colleague, being on good terms with, for resolving the problem, before asking the head of the department or head doctor for advice. It may be just miscommunication, rather than a serious problem. It is obvious that it is impossible to be on friendly terms with all colleagues. However, in any case, it is better to discuss the problem than to keep silence as cultural stereotypes can prevent adequate understanding of the problem and its right solution.

Interkulturelle Probleme und Missverständnisse ansprechen

(Intercultural problems and misunderstanding issues)

Verzeihung, wenn ich etwas falsch gesagt/ausgedrückt habe, aber mein Deutsch ist noch nicht so gut.

(Sorry, if I have said something wrong/have expressed but my German is not so good.)

Entschuldigen Sie bitte, in meinem Heimatland war ich das so gewohnt.

(I am sorry, in my home country it is common to do this way.)

Ich wollte Sie auf keinen Fall verletzen/beleidigen, aber...

(I did not want to hurt you any way but...)

Über Tabus sprechen, Tabuwörter klären

Discussion of taboo topics and words

Statt ... würde/sollte man besser... sagen.

(Instead ... it is better to say ...)

In meiner Heimat/Kultur ist das ein großes Tabu, wie ist das hier?

(In my home country/ in my culture it is a taboo topic, what about you?)

Dieses Thema ist in meiner Heimat/in Deutschland tabu, d.h. man spricht es besser nicht an.

(This topic is taboo in my home country/ In Germany it is taboo, it is better to avoid it.)

The lack of awareness of some cultural taboos leads to a misunderstanding. For example, if one of the medical workers asks a question about money the person earns, he/she will be ignored. The conversation should be conducted in an easy and free tone, avoiding conflicts. The popular topics of conversation between Germans are holiday, rest and traveling. Moreover, they talk about the environment, as environmental issues and river pollution are of great concern for the Germans.

Einen Kompromiss finden, Konsens herstellen

(Seeking out a compromise, reaching consensus)

Das freut mich, wenn wir das Missverständnis jetzt geklärt haben.

(I am glad that we have clarified this misunderstanding. [1, 107])

The effective doctor-doctor interaction, involving a complete understanding of the patient's problems and clear communication of them, is the most important factor for positive treatment outcomes and quality health care service. Moreover, intercultural communication without conflicts between international health care workers, based on medical specialty (physician, medical advisor, emergency team, surgeon, duty doctor of intensive therapy ward and rehabilitation unit, nurse) increases job satisfaction. Language- and cultural-related barriers in the interaction between medical workers affect the working environment, increasing the patient's anxiety and deterioration of his/her health [12].

Today doctor-patient and doctor-doctor communication are closely studied. Training programs provide modules on communication skills development, as well as intercultural skills [7] for medical professions in medical institutions and translators, dealing with translating medical texts [8, 14]. In the limited availability courses on communication skill development in the context of training and professional development are offered by clinics themselves. Nevertheless, it is stressed that this global problem requires a more systematic approach and financial resources [9, 9].

In term of legislation, the integration of migrants into society is regulated by the "integration law" which came into effect in 2016 [10]. It is based on the principle of "help and demand". On the one hand, the law makes the residence of foreigners easier with regard to education, access to the labor market and training opportunities; on the other hand, it provides sanctions in cases of refusal or reluctance to complete integration courses and programs [13].

The need to improve intercultural communicative competence relates to differences in perception of the level of professional language competence by foreign doctors in European clinics and medical staff of Germany. The foreign doctors are sure that they have all the necessary communicative competence for effective communication. Nevertheless, their local colleagues note a number of problems concerned, in particular, the development of cultural practices and non-verbal means of communication [11, 8]. Taking into account the migratory dynamics, intercultural communication within international medical staff demands greater attention [14].

III. CONCLUSION

The high level of specialization in the medical area requires increased coordination among medical professionals in clinics. Miscommunications, occurring often enough, result in medical errors that might be harmful to the patient's health and life. The triggering factors appear to be patient transference to another ward, duty shift, change of a surgery team, as well as routine, physical and psychological pressure in medical work. The issues of effective communication in the medical environment are becoming even more relevant when an interaction is affected by cultural differences, manifested in the specificity of national character, mentality, emotional state, world perception, and rules of social behavior.

Thus, summarizing the findings of the study, the following strategies will be helpful in establishing effective communication in multicultural medical staff:

- avoidance of taboo topics;
- verbalization of desire to reach a compromise and be ready to discuss collectively professional and cultural problems;
- acknowledgment of failures and mistakes;
- acceptance of the values and norms of the dominant culture; preserving the sense of national identity.

This approach can be considered as a key to successful integration. It makes possible to adapt to the dominant culture while maintaining the national identity. To provide effective communication, it is important for the employees of the dominant culture to accept cultural diversity and demonstrate a tolerant attitude to the immigrant culture.

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