Intercultural Communication between Patients and Heath Care Providers: An Exploration of Intercultural Communication Effectiveness, Cultural Sensitivity, Stress, and Anxiety.

Jordan Streetman

COM 390- University of North Carolina at Wilmington
Abstract

In today’s culturally diverse world, intercultural communication becomes increasingly important as many workers must learn how to communicate effectively with people from other cultures (p. 499). Each culture interprets messages through verbal and nonverbal communication in their own way which is why communication in the health care field is so vital. A health care provider refers to anyone who is with a patient, whether he or she is working in a hospital or the in the community. The study conducted seeks to determine if health care providers who are culturally sensitive in the workforce are better communicators than those who lack effective intercultural communication skills. Furthermore, does a lack of intercultural communication skills add stress and anxiety in the health care environment?

Surveys were distributed to employees from a large, non-profit corporation. This corporation was located in a southern state and included two hospitals and four clinics. Surveys were in labeled envelopes, with the employee’s name, and given to the corporation’s administrators and supervisors. In the envelope was a return envelope, a cover letter explaining the directions of the survey, and a survey with Likert-type questions. There were three sets of questions. The first set of questions were based on cultural sensitivity and measured by three 5-point Likert-type questions. Cultural sensitivity is the motivation to communicate and understand other cultures by respecting their values and beliefs. These questions referred to knowing about patient culture, adapting treatment according to a patient’s culture, and considering a patient’s culture when making recommendations. The next set of questions related to effective intercultural communication in the form of six 5-point Likert-type questions. These questions included levels of understanding and communicating a patient’s culture and point of view. It also asked about a health care provider’s experience dealing with empathy, resolving misunderstandings, and interpreting nonverbal communication. The last set of questions measured anxiety in the work force. Participants rated their anxiety levels based on ten
statements about their feelings. These questions ranged from relaxed and self-confident to tense and uneasy while at work.

The surveys were distributed in one day. Employees who were not scheduled to work on this particular day or who worked part-time were not surveyed. On this day, a total of 391 surveys were completed and returned, resulting on a 36% response rate. Along with the lack of response, this survey took place in a southern state, in only one health care corporation. Also, this particular correlation was going to radical changes, including change of administration when the surveys were distributed. Due to limitations, these results may not have been an accurate outcome of all the health care providers.

To determine whether stress is correlated with poor intercultural communication skills, researchers adapted their measurements from the Social Evaluation Scale and used a .87 as their baseline. After collecting the data from the survey, results were calculated. True to the hypothesis, there was an intercorrelation with cultural sensitivity, intercultural communication, and stress and anxiety. There was a positive correlation between cultural sensitive and effective intercultural communication and there was a negative correlation between anxiety and effective intercultural communication. It stands to reason that stress is caused by eventful experiences. Therefore, a decreased level of uncertainty in another patient’s culture will cause an increased level of anxiety. Finding these correlations suggests that these terms are linked which fits the researcher’s theoretical predictions.