# Critical Analysis of Linguistic and Cultural Barriers Between Patients and Physicians: Recommendations from a Multilingual Tuberculosis Awareness Campaign in Pakistan

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#### Introduction

As a result of growing globalization and migration waves, healthcare practitioners are increasingly caring for patients from varied cultural and/or ethnic minority backgrounds [1]. However, due to a mix of linguistic and cultural barriers. adequate health communication with migrants and ethnic minorities is often more difficult to establish than with individuals belonging to a particular society's dominant groups [1]. Scientific literature indicates that linguistic barriers across health services in a multilingual culture might place significant risks to patients' lives, since they may be unable to explain their symptoms and concerns to healthcare practitioners [2]. Previous research has also the benefits of overcoming cited communication barriers [2]. For example, it can help foster trust between patients and personnel, which can increase participation in the treatment procedure for their disease remedy [2].

# The need for diversity, equity, and inclusion

Due to increased globalization, the rates of immigration have increased significantly, leading to healthcare personnel encountering more patients from diverse ethnicities and cultural backgrounds. However, barriers to communication in health settings are not limited to migrant patients. There is a need to cater to the issue of medical jargon and local patients that speak multiple languages. Some

of these patients may prefer conversing in the that they native languages are comfortable with and understand more clearly. A multifaceted approach to patient care built on the foundation of diversity, equity, and inclusion is necessary to provide a holistic treatment experience. Aberjhani, an esteemed philosopher, once said: "Diversity is an aspect of human existence that cannot be eradicated by terrorism or war or self-consuming hatred. It can only be conquered by recognizing and claiming the wealth of values it represents for all" [3].

#### **Tuberculosis Awareness Campaign**

Through my experience as a tuberculosis (TB) awareness campaign leader, I had the opportunity of examining these barriers from a healthcare service perspective. During this experience, I made trips to Pakistan's suburban and rural areas, as these regions had a significantly higher incidence of TB. Despite limited access to screening and testing, the prevalence of TB is still higher than in urban areas.

There were several reasons explaining this disproportionate prevalence of TB. Firstly, I noticed the financial constraints of rural inhabitants and their inability to afford testing services along with treatment. Therefore, I collaborated with the Fauji Foundation Hospital to initiate charities aimed at supporting the low

socio-economic families. The finances gathered through these charities were distributed among rural and suburban areas to help them afford the treatment process. Secondly, another major reason that led to the marginalization of these communities was a gap between TB patients and healthcare providers. As part of the campaign, our team was required to survey the population to learn about their characteristics so that tailored solutions could be formulated. As the rural districts had limited access to technology, our team conducted door-to-door visits and delivered questionnaires. After surveying the population, I learned that approximately 54% of the population was completely unaware of pathophysiology, the disease, its preventative measures. During the course of my campaign, the majority of the individuals had no knowledge of English, therefore speaking the local Punjabi and Urdu languages was necessary. While doing so, I realized that I was able to connect with them on a deeper level, which allowed me to not only actively listen to their concerns, but also explain our campaign rationale effectively.

## **Benefits of a Patient-Centered Approach**

A patient-centred approach emphasizes displaying modifiable staff behaviours that culturally diverse patients identify as indicators of respect for their culture, allowing these patients to feel at ease [4]. This treatment is unique in that it is based on the perspectives of individuals with diverse backgrounds rather than healthcare experts [4].

While leading the TB campaign, I read a research article by Stubbe that allowed me to understand the benefits of such an approach to patient care by applying them practically [7]. As we worked to establish trust with the TB

patient population, the process of raising awareness regarding preventative measures was made easier. To achieve this, we prioritized a mutual partnership with patients by understanding the patients' feelings through open-ended questions. Using a journal to jot down important notes regarding what the patients excepts from the medical personnel aided in fulfilling their needs [7]. Moreover, our healthcare team created a family genogram that helped in clarifying the family dynamics of patients and their background [7]. These observations were noted and helped personalize the treatment approach according to each patient. The patients felt comfortable sharing their feelings, which made it easier to address their concerns.

# **Benefits of a Culturally Sensitive Approach**

Recounting another healthcare experience in Canada at Halton Medix, I observed similar linguistic barriers in my role as a physician assistant. Fortunately, I was able to use my multilingualism to minimize patients' nervousness by lending an ear, which instilled within me the value of a patient-centred approach that works to alleviate barriers. My most recent interaction last week with a francophone child receiving his measles vaccination is one that I will not forget. While writing Subjective, Objective, Assessment, and Plan (SOAP) notes with my mentor. I conversed with the child and his mother and found out they were from Canada's Quebec region. I used my familiarity with French to converse in their native language and connect with them. Noticing the child's nervousness, I had a conversation with him regarding his favourite cartoon. After learning that we enjoyed the same shows as children, I put his favourite show on the screen as he received his vaccination to reduce his anxiety, develop trust, and alleviate his fear.

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This experience resonates with me profoundly as it showcases the need to reduce linguistic barriers and adopt a more patient-centred, culturally sensitive approach that yields a positive experience for the patients.

#### Recommendations

There are several ways to work towards reducing these barriers. The first method entails using staff members who speak the same language as the patient to help interpret the conversation [5]. Training programs implemented in healthcare settings across the globe help train medical interpreters [5]. These interpreters undergo a minimum of 40 hours of language training and board certification to become a licensed medical interpreter [5]. In the case of global healthcare workforce shortages, these interpreters assist in patientinterpreting virtually by care encounters [5]. As mentioned earlier, my experiences in healthcare and multilingualism have aided me immensely in improving the quality of patient care. Secondly, when possible, medical instructions should be provided to patients in their preferred language, as they might not always be able to read English [5]. While raising awareness regarding TB, I noticed that providing preventative measure instructions in their native language was more effective in ensuring that the message resonated with the population. Lastly, in my experience, it is not sufficient to be multilingual, but it is equally essential to be multicultural. Creating a multicultural atmosphere is vital to help relate to the patient as it allows patients to open up and trust the service provider throughout the process [7].

#### Conclusion

In light of the discussion above, language barriers are common challenges for healthcare accessibility around the globe [6].

Although challenging to overcome, adopting a holistic approach and displaying collegiately with the healthcare team can help ensure that a positive atmosphere is promoted during patient care. Through first-hand experiences, I contend that a patient-centred approach should also encompass understanding the barriers from the lens of a patient. Ultimately, perspective-taking can help view problems in a different light and instill cultural competency within patient care to help improve patient outcomes.

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### References

- 1. Schouten BC, Cox A, Duran G, Kerremans K, Banning LK, Lahdidioui A, van den Muijsenbergh M, Schinkel S, Sungur H, Suurmond J, Zendedel R. Mitigating language and cultural barriers in healthcare communication: Toward a holistic approach. Patient Education and Counseling. 2020 Dec 1;103(12):2604-8.
- 2. Dreisbach JL, Mendoza-Dreisbach S. The integration of emergency language services in COVID-19 response: a call for the linguistic turn in public health. Journal of Public Health. 2021 Jun;43(2):e248-9.
- 3. Malko H. A cultural genocide in Iraq. Cultural Genocide: Law, Politics, and Global Manifestations. 2019 May 24.
- 4. Tucker CM, Arthur TM, Roncoroni J, Wall W, Sanchez J. Patient-centered, culturally sensitive health care. American Journal of Lifestyle Medicine. 2015 Jan;9(1):63-77.
- 5. Squires A. Strategies for overcoming language barriers in healthcare. Nursing management. 2018 Apr;49(4):20.
- 6. Al Shamsi H, Almutairi AG, Al Mashrafi S, Al Kalbani T. Implications of language barriers for healthcare: a systematic review. Oman medical journal. 2020 Mar;35(2):e122.
- 7. Stubbe DE. Practicing cultural competence and cultural humility in the care of diverse patients. Focus. 2020 Jan;18(1):49-51.