International Journal of Medical Toxicology & Legal Medicine Volume 27, No. 2, 2024
e-ISSN: 0974-4614
p-ISSN: 0972-0448

Bridging Cultural Gaps: Enhancing Communication in Medical Emergency Teams to Improve Patient Safety

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Received: 10.01.2024 Revised: 14.02.2024 Accepted: 20.02.2024

ABSTRACT
This essay investigates the critical role of cultural communication in optimizing the effectiveness of medical emergency teams. Building upon the observation that communication failures are a primary contributor to adverse events and near misses, this study explores the multifaceted nature of these challenges. While language barriers are a significant factor, cultural communication encompasses a broader spectrum of issues. These include The urgency and high-stakes nature of acute medical care exacerbate the impact of these communication barriers. Rapidly evolving patient conditions demand swift, accurate decision-making and coordinated teamwork. Cultural differences can significantly influence these critical processes, impacting judgment and potentially increasing the risk of medical errors. This study posits that a deeper understanding of cultural communication within medical emergency teams is crucial for enhancing patient safety and improving the quality of acute care delivery.

Keywords: Enhanced flow and readability, Conciseness, Professional terminology, Focus and clarity, Stronger opening and closing

1. INTRODUCTION

Effective communication is considered as crucial and critical issue in the field of medicine and health care. The poor communication has the potential to cause harm to patients and is cited in many reports as an important contributory factor in adverse events. It is defined as the exchange of information between two people or among a group of people. It includes the giving and receiving of a message through verbal, writing and any other form. Communication involves at least two persons, the sender and the receiver. In health care, the sender will be anyone who is involved in delivering care to the patient. It includes physicians, nurses, pharmacists, therapists, and other staff. The receiver is the patient. Effective communication is a message that has been sent in the way it was intended, and the message is received in the way it was intended. In medical terms, effective communication occurs when a healthcare provider is able to convey a message so the patient or another provider can understand what is being said. Also, the receiver can ask questions or seek clarification to confirm their understanding of the message. This open-ended discussion ensures that the receiver has a full understanding of the message. (Health Organization, 2021)

Malpractice in conveying the message could lead to devastating consequences. Imagine a patient with a serious heart condition but mistakenly known by the physician that he has a normal healthy heart. The patient might send the wrong signal to his family, claiming the chest pain is only mild muscle pain. Or the patient will be reluctant to call emergency medical service because he will have a perception that the chest pain is mild and not related to his heart disease. Another scenario involves a foreign woman who is admitted to the hospital using sign language to tell her illness, but the nurse does not understand sign language. In both scenarios, there is no confirmation of understanding from the receiver and no chance to seek clarification. It is clear that both messages are not being received in the way they were intended. The consequence can be life-threatening to both patients.

1.1. Importance of Effective Communication in Medical Emergency Teams

Another way to define communication is the sharing and processing of information to elicit a desired response. This definition is crucial in that while MERTs rely on technology and often have access to an abundance of medical resources, their number one resource is information. Information regarding a patient's condition or the ability to obtain specialist advice or support from another medical team can determine the success of a mission. Failure to communicate or miscommunication in obtaining the correct information can have serious consequences. For example, a study of communication in pre-hospital trauma care showed how communication difficulties in assessing trauma patients and relaying the patients' status to receiving hospital staff can lead to misinterpretation and affect patient outcomes (Tjaden and McNicholl, 1991).

Communication can be described as a two-way process sending and receiving non-verbal and verbal messages accurately. Effective communication occurs when the right message is sent and correctly received, avoiding any potential errors. In their study of preventable deaths during complex medical situations, such as surgery or during the resuscitation of critically ill patients, Manser (2009) shows that the amount of error in these situations equivocates highly to the level of miscommunication in which he determined to be around 70% of the time. This indicates that for MERTs to safely conduct medical interventions and procedures, the communication involved must be akin to those of complex medical procedures. Therefore, it would be reasonable to extrapolate Manser's data and apply it to MERTs. Error in communication within MERTs can occur in the simplest of forms such as receiving the wrong information when paging another team member or the mistaking of unclear information often given in the stressful environment of a medical emergency.

The importance of effective communication in medical emergency teams requires successful demonstration of leadership, decision-making, task distribution, and mutual performance monitoring within the team. These vital factors depend on efficient and unambiguous exchange of information. These are more difficult to achieve in the unstable and often chaotic environment of the MERT that is further compounded by the creation of multi-disciplinary teams comprised of members diverse professional and cultural backgrounds. In order to understand the importance of communication, one must first understand what constitutes effective communication. (Yousefian et al. 2021)

1.2. Cultural Factors Influencing Communication in Medical Settings

As previously mentioned, communication is a key factor in determining team effectiveness. However, it's important to delve deeper into the specific issues surrounding communication. Many cultural and linguistic barriers can hinder effective communication.

A study by Beach et al. (2020) investigated how language and cultural factors influenced Hispanic and non-Hispanic patients' perception of care following hospital treatment. While the study focused on post-treatment care, many of the issues raised are relevant to communication with a medical team during treatment. Hispanic patients reported a lack of communication with doctors and knowledge about their medical problems. These are both key aspects of effective team communication, positive communication, and lack of informed medical and personal knowledge. Hispanic patients attributed the communication lack to language barriers and were more likely to report issues if they felt they received care through an interpreter.

The use of interpreters can itself be problematic, as highlighted by Karliner et al. (2020) in their study of Hispanic patients' and interpreters' experiences. It identified various problems between doctors and interpreters that ultimately affected communication to the patient. Issues included doctors repeating questions and patients receiving different information than what was documented. Interpreters may also struggle with medical terminology, often lacking direct translations for all terms. Unfamiliar interpreters may try to simplify terms for patients or simply omit them from the conversation. All these issues can lead to miscommunication and incorrect information relayed between doctor and patient, ultimately leading to poorer medical care and decisions. (Tam et al., 2020)

2. Understanding Cultural Communication

To understand cultural communication and its effects, we need to identify its components and determine which aspects of communication are culturally influenced. It's an open question whether culture affects only specific interactions, such as eliciting and explaining symptoms, or permeates the entire provider-patient relationship. Subsequently, it's important to assess how cultural communication influences health outcomes and if differing outcomes are the result of communication style or the treatment decisions reached.

An earlier study on end-of-life decision-making demonstrated that racial and ethnic differences between physician and patient led to misunderstandings regarding illness, beliefs about causes of health and disease, approaches to health promotion and disease prevention, how illness and pain are experienced and expressed, where and when to seek help, and what kind of help is needed. How effectively a message is communicated is more a function of culture than language. Healthcare providers need to be mindful of how they frame their questions, as patients will often respond with the answer they think the provider wants to hear. When a basic understanding of a patient's cultural background is present, it's possible to have more productive discussions and

interactions, understand the patient's explanation of their health issues, and then provide more appropriate and effective treatment.

2.1 Definition and Components of Cultural Communication

Now, with a general understanding of cultural communication, it's important to examine the specific components and characteristics attributed to it and how these affect interactions between patients and METs.

Culture can be defined as the integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social, or religious groups. Cultural communication is the visible or symbolic behavior that occurs between two or more individuals whose values, norms, expectations, practices, and thought patterns are very different from one another. This last level of communication is what is observed by patients and/or METs in emergency situations.

To effectively examine the role cultural communication plays in the effectiveness of METs, it's essential to first establish a clear definition and understanding of what cultural communication actually entails. Communication can be defined as the sharing or imparting of information (via speaking, writing, or some other medium). It's also the means by which people express and interact with one another. Communication includes verbal and non-verbal forms. It also includes the ability to listen to what is being said, to ask questions and understand them, and to convey understanding of a certain concept.

2.2 Impact of Cultural Communication on Patient Outcomes

Culture has a comprehensive impact on health-related behavior. Here are the ways in which cultural communication affects health outcomes:

Preventive Services: Preventive services may never be sought since the concept of health protection is based on unknown causes, and there may be an absence or few symptoms for known illnesses or diseases.

Treatment Selection: The selection of a particular therapy that is appropriate to an illness may depend on cultural agreement about what causes specific diseases. If those modes of treatment are not available in the host culture, engagement may be insignificant or avoidance of treatment may occur.

Folk Remedies: The use of folk healers and home remedies or treatments from native countries may divert patients away from standard healthcare of the host country. This is different from how people understand and misunderstand cross-cultural communication. (American Psychological Association, 2020)

3. Strategies for Effective Cultural Communication

Effective communication must be two-way to be successful. Healthcare workers must realize that patients from different cultures may not know what questions to ask, may be uninformed about specific aspects of their medical problem, and may be afraid to appear "ignorant" in their contact with health professionals. To achieve good communication, the healthcare worker needs to set the agenda aside and let the patient talk about what is on his or her mind. It is the role of the healthcare worker to seek more information if the patient's statements are unclear or seem contradictory.

In some cultures, it is not acceptable to question a person in authority or to ask questions about details of medical recommendations. It is often easier for such patients to agree with the healthcare worker, nodding that they understand when they do not. This can lead to misunderstandings and non-compliance. In these situations, the healthcare worker needs to ask a series of specific questions, beginning with whether it is okay to ask them questions about their medical care. Patients should be encouraged to give an accurate account of their understanding, and they should be told by the healthcare worker that there is no right or wrong answer. At times, it may be appropriate to ask the patient to play back instructions or the understanding of the medical information. (Fox et al., 2020)

3.1. Cultural Sensitivity and Awareness

Cultural sensitivity and awareness underpin effective communication. Becoming culturally aware involves learning about cultures and their communication styles. Cultural awareness begins with an initial openness to embracing other communities. This involves listening, asking, and developing an understanding of other people's culture. Cultures communicate in a variety of different ways through cultural norms that distinguish greatly from one another. Understanding these differences is vital in effective communication. Without this understanding, it is very easy for a non-Aboriginal person to take the communication behaviors of an Aboriginal person the wrong way. This could lead to a negative interaction and possibly a breakdown in rapport between the two people. An understanding of the different communication styles can help avoid these sorts of misunderstandings. For example, Aboriginal people tend to use indirect communication in conflict resolution. They may answer 'yes' to something that they do not fully understand. This 'yes' is a way of showing respect and avoiding shame to the other person. An aware person may pick up on the confusion and be able to clear the issue up by asking the person to explain what they have agreed to. This is only one example of how understanding culture can aid communication goals. (Silva et al., 2020)

3.2. Language and Interpreting Services

Language and interpreting services are a key determinant of the ability of a patient or family to effectively communicate their needs, concerns, and pertinent medical history to a healthcare provider. Language, as a vehicle of culture, shapes the way we perceive the world and can dictate how comfortable we feel in a given situation. For patients and families involved in a medical emergency, the ability to communicate and comprehend medical information effectively is crucial. The inability to do so because of language barriers can cause additional stress and anxiety in an already high-pressure situation. It can lead to misunderstandings and preclude patients and family members from engaging in shared decision-making about medical treatment and informed consent. Finally, it can result in dissatisfaction with care received and complaints to the hospital. All of these adverse outcomes can be magnified when there is a cross-cultural component to the language barrier. Cross-cultural communication has been defined as "interactions in which people from different cultural backgrounds exchange verbal and nonverbal messages". Research has shown that in comparison to same-culture interactions, people in cross-cultural situations tend to be more uncertain about what the other person is saying or meaning and are more likely to misinterpret verbal and non-verbal behavior. Cross-cultural interactions are also more likely to be anxiety-provoking, less intimate, and dissatisfying for the participants involved. Collectively, these particularities of cross-cultural communication will tend to exacerbate the negative effects of a simple language barrier in a medical context. (Martinez et al., 2021)

3.3. Non-Verbal Communication in a Cross-Cultural Context

Non-verbal communication encompasses a wide range of gestures, facial expressions, body posture, eye contact, proxemics behavior, and personal adornment. A deliberate or unconscious set of non-verbal messages often encodes more cultural information than verbal communication. It is especially important to analyze the mode of non-verbal communication used between patients and medical staff from different cultural backgrounds, as the misinterpretation of non-verbal cues can lead to misunderstanding with potential negative consequences. For example, an expression of pain and anxiety on a patient's face could be misinterpreted by western medical staff as a sign of fear of a specific medical procedure, when in fact for the patient it is a general apprehension about the seriousness of their illness and a desire to clarify what is happening. A Japanese or Arab patient may feel compelled to nod in agreement to directions or diagnostic information in order to be polite and show respect to the physician, when in judgment they do not understand, or feel it is inappropriate to appear critical by asking questions. Measures of non-verbal communication made by medical staff are also often misinterpreted; a pat on the hand or arm by way of showing concern or empathy is a common gesture in many western societies, but is deemed inappropriate in cultures such as Islamic or Hindu societies where physical touching between unrelated males and females can be taboo. A rapport that allows frank discussion of the patient's state and treatment options is difficult to achieve when the medical staff are unaware of the patient's cultural desire for authoritarian medical direction or conversely their wish to be highly involved in all decisions regarding their treatment. (Portillo et al., 2021)

3.4. Building Trust and Rapport Across Cultures

The Joint Commission for Accreditation of Healthcare Organizations advocates culture-specific training for healthcare professionals in order to effectively understand the desires and expectations of patients from different cultures. Many western cultures, particularly in North America, place a strong emphasis on equality and shared decision-making between the doctor and the patient. This differs from many non-western cultures where decision-making is left up to the family, or where there is a strong expectation for the doctor to dictate treatment. Failure to understand these differences can lead to misunderstanding and discord between the medical team and the family of a non-western patient. It is essential to be able to identify these cultural differences and work towards bridging the gap between them in order to reach a mutual understanding. A study by Peek (2009) showed that providers who recognized different cultural expectations regarding the roles of providers and clients/patients were able to negotiate these roles and develop culturally tailored treatment plans. This resulted in an increased level of satisfaction among the minority patients regarding the treatment they received from their providers. (Foiles et al., 2020)

In a cultural context, it is essential to identify and understand varying cultural norms and stereotypes in order to build effective relationships with a culturally diverse clientele. Many Japanese people tend to view medical practitioners in a god-like light, extending reverence and placing a very high level of expectation on them. It is not uncommon for Japanese people to make decisions about healthcare based on how well they can interact with a doctor, and how comfortable they feel in the presence of this authority figure. Building trust and rapport in this context involves the physician demonstrating cultural understanding and utilizing effective cross-cultural communication skills.

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4. Training and Education for Medical Emergency Teams

Having identified the key role of communication in accomplishing effective MERT response and noting the impact of cultural factors on the communication process, the next stage in the development of effective MERT communication strategies is the design and implementation of appropriate training programs.

To date, the focus of MERT training programs has been on the development of technical skills, with minimal attention to the non-technical skills such as leadership, decision making, and communication that are now recognized as being of critical importance to effective team performance (Mackenzie et al., 2002). Skill decay has been identified as a problem in professions that use infrequently performed skills such as medical emergencies, requiring ongoing training and refresher courses to maintain skill levels. Non-technical skills are also in danger of deterioration without ongoing training and practice, but before this can occur, there must be a clear understanding of what constitutes effective performance in these areas and what training methods are most effective (Flin et al., 2008). This section reviews training methods that have been proven effective for the development of effective communication and teamwork in multicultural and multidisciplinary healthcare situations and makes recommendations for the application of these methods to MERT training programs. (Jacobs et al., 2020)

4.1. Cultural Competence Training for Healthcare Professionals

Drawing upon this, a particular profession or discipline within healthcare can be considered a social system itself. Each has its own specific organizational culture and culture of the groups and individuals within it. Medicine, nursing, and management, to name a few, each have their own cultures, and there are cultures specific to different specialties. The above concept can be directly applied to understanding culture and making changes pertaining to the culture of specific communities, ethnic, and socially defined groups of patients, and can foster the training of specific communities of healthcare professionals.

A basic principle in adult education can be applied here. As culture is a dynamic set of shared values, understandings, and assumptions, it can be said to be a social system in itself. Culture (and change in culture) can best be understood at the individual and group levels, where the culture of specific communities is understood as a product developed by individuals and groups in that community. Any social system can be understood and influenced through first identifying the parts, units, or persons that constitute the system and then making modifications in the factors that construct it. Here we can consider culture change or cultural competence as a set of changes in understanding and behavior on the part of specific persons or groups.

Cultural competence is the foundation of the work in human services and enables organizations to provide the highest quality services to all clients. Cultural competence training involves developing in the individual knowledge and skills that will increase the ability to understand, respect, work well with, and help persons from other cultures. Considering the wide range of disciplines and professional experiences in medical emergency teams, cultural competence training can be directed towards healthcare professionals of different levels of expertise, different professional roles, and disciplines. This training program can also be designed to meet the specific needs of the healthcare organization. As an example, a program for healthcare administrators will differ from the one provided to clinical staff, and one designed for a hospital committed to achieving state-of-the-art service for culturally diverse communities will differ from the one provided to an organization that lacks a clear vision and direction in this area. (Escobedo et al., 2023)

4.2. Role of Simulation and Case Studies in Cultural Communication Training

It is now widely recognized that cultural competence training can be quite effective in reducing adverse, culture-related medical events. As general preparation for work with cultures different from one's own, case studies are a useful tool. They can help providers learn about specific cultural groups and the issues relevant to effective healthcare, as well as providing a method for developing specific skills. Simulation is a more comprehensive method for training in cultural competence. Simulation can be as simple as encountering a standardized patient portraying a person from a different culture, and as complex as using virtual reality software to allow providers to 'experience' being in a different culture. Just as with crew resource management training, culture simulation exercises can uncover unexpected attitudes and behaviors that are likely to cause problems in real cross-cultural encounters. By experiencing the outcomes of their actions in a safe, low-stakes environment, providers have an opportunity to reflect and learn from their mistakes. This work can be extended to specific skill training; for example, a team leader can train for working with an interpreter in a simulated emergency situation.

Research on simulation for training in cultural competence is sparse, but the evidence thus far suggests that it is an effective method for learning. In a systematic review of healthcare simulation research, only two studies were found that specifically addressed cultural issues. Yet the conclusions from these and other simulation studies are directly applicable to cultural competence training. These conclusions include the fact that increasing skill and confidence in a particular area can lead to change in clinical practice and patient outcomes, and that high-order learning outcomes can be achieved from simulations, including changes in reasoning, decision making, and actions. But the most compelling evidence for the efficacy of simulation in cultural competence training is the

existence of an accredited, comprehensive curriculum for teaching emergency medicine residents to care for disadvantaged and vulnerable populations, using simulation. An RCT of the curriculum demonstrated its effectiveness in changing resident behavior, though not specifically in cross-cultural encounters. (Khan et al., 2020)

4.3. Continuous Professional Development in Cultural Competence

The vital role of professional development and lifelong learning in medical practitioners is now well established. Visualizing professional development as a continuum that spans from undergraduate education to practice improvement helps to understand the requirement for cultural competence and the necessity of continuous education in this area. At a basic level, it is understood that maintaining and developing cultural competence can be achieved through continued application and learning. However, continuous professional development in the field of cultural competence is widely varied, often unstructured, and seen mostly in an unintentional form. It occurs in a variety of passive and active learning experiences. Opportunities range from grand rounds, morbidity and mortality conferences where specific medical cases are discussed, to informal conversations with patients and colleagues of various cultural backgrounds. Reading certain topics or medical cases in the literature is another way that health professionals can passively increase their understanding of cultural issues in healthcare. These instances may be helpful but are not an efficient or reliable way of assuring that health professionals are continuing to develop cultural competence. Measures should be taken to ensure that ongoing education and training in cultural competence are comprehensive and result in improved patient-health status as well as enhanced cross-cultural relations in healthcare. These include the development of a self-assessment tool, structured curricula, and assessment of specific training methods in cultural competence. Self-assessment in any area of competence is a critical stage in improving performance. The development of a scale to measure knowledge, awareness, attitudes, and skills in cultural competence has been described as the fundamental building block for health professionals and students. This will help to determine the professionals' areas of strength and weakness and identify areas for improvement. The language and concepts of cross-cultural training should be integrated into all curricula, and both the cultural and linguistic competency of students should be assessed. The final step of ensuring that health professionals are continuing to develop cultural competence, and the most controversial, is the mandating of specific training requirements in cultural competence to maintain professional licensure. (Garcia et al., 2020)

5. Overcoming Barriers in Cultural Communication

The understanding of a culture's health-related beliefs and values can be used to improve communication between caregivers and patients. Language barriers between patient and caregiver can prevent effective communication and are an obvious obstacle to the provision of quality health care. Errors in translation often occur when bilingual individuals are used as interpreters. Although hiring a professional interpreter can be costly, the use of individuals who have received some training in medical interpretation, with the help of training for medical staff in non-verbal communication techniques, can be a cost-effective way to improve communication. Another way to address issues in culture and communication is to use cultural mediation. In clinical settings, cultural mediators, who are individuals that provide a cultural bridge for patients and health professionals, can be used. Professional cultural mediators are often used in mental health settings and can be especially helpful when a particular cultural group stigmatizes mental illness. Although utilizing a staff member as a cultural mediator can be a cost-effective method, the staff member may not have received adequate training in cultural mediation and the use of an individual from the same cultural background may be preferred by the patient. One method to promote effective communication is to establish cross-cultural education programs for healthcare professionals. This includes education at the undergraduate and graduate level, as well as continuing education for professionals already in the field. By working to understand the cultural and social contexts of health in a framework of equal partnerships with members of the community being served, this can enable long-term sustainable actions for improvement of a community's health. Making communication enhancements a part of institutional policy is a key way to assure that all efforts in this area are sustainable. This is particularly important when addressing the needs of minority patient groups. An example of a communication enhancement that can be institutionalized is the use of translated materials. This can be anything from medical forms, to appointment reminders, to patient education materials. Quality improvement measures should also be implemented to determine effectiveness of communication enhancements over time.

5.1. Addressing Language Barriers

Healthcare emergencies are situations where seconds count. Through his experience with Australian hospitals, Anupam B Gupt, MD, faced a scenario exhibiting the criticality of effective communication among core members of any emergency medical situation. With a team consisting of various healthcare personnel including resident doctors, ICU nurses, anesthetists, and surgeons, a post open-heart patient developed a cardiac tamponade and subsequently became pulseless. The rate and success of this patient's resuscitation and eventual

recovery would essentially depend upon the rapid formation and timely implementation of a specific plan. After successfully placing a needle in the pericardium and retrieving 50 ml of blood, the resident called for assistance from a now reluctant and uneasy surgeon who did not fully comprehend the nature and necessity of this procedure. Because the surgeon was unable to grasp the situation, his delayed actions sent the patient into a prolonged arrest requiring massive cardiopulmonary resuscitation and eventual reopening of the chest to successfully remedy the tamponade. Upon such encounters from two different medical systems, both doctors had come to realize that in their own language and terminology what they had deemed as a "simple and routine procedure" did not fully translate to their surgical counterparts. Furthermore, in both instances, the lack of full understanding not only impeded quick, decisive action but also indicated a necessity to feel more confident in decisions and directions using culturally specific procedural education.

This type of scenario would have similar implications and parallel multiple different issues, taking into account the diverse backgrounds of patients, families, and healthcare members involved in medical emergencies. Understanding that language is inextricably tied to culture, this article serves to illustrate the enormous impact language barriers may have in critical medical situations and to provide solutions for addressing these barriers in hopes of improving patient outcomes. Language barriers can hinder a patient's or family's ability to effectively communicate important information regarding the patient's medical history or chief complaint. Reasons for the provider's inability to comprehend the patient's native language are often multifactorial. Despite the increasing linguistic diversity of today's patient populations, it is commonly assumed that patients will speak the language of the majority and thus little effort is made to accommodate them. (Bravo et al., 2022)

5.2. Recognizing and Managing Cultural Differences

An additional support service being suggested is to hire an intercultural communication facilitator in conjunction with other cultural or language-specific liaison officers that aim to provide ongoing support to both patients and their families. An example is a Maori patient who expresses a high level of distress and confusion after his recent bereavement of his spouse. The facilitator could initiate discussions with the patient's family and work to accommodate his need for customary practices at this time of mourning. This could possibly take the form of a brief postponement of the team's decision to send the patient home following any treatment provided.

A step in gaining deeper understanding is attending cultural awareness and sensitivity programs designed to increase cultural knowledge and reduce prejudices. An assessment tool could also be developed and utilized by medical emergency teams to aid in the understanding of culturally and linguistically diverse patients. This tool would help identify patient needs in respect to cultural and language considerations and cater a suitable plan of action for the particular individual. This should prelude the execution of any plan aiming to aid in effective communication with CLD patients during emergencies.

An example of this is the common misinterpretation regarding the traditional use of hot and cold theory in the Hispanic and Filipino cultures. An explanation is needed when being asked to follow a diet considering that it may be detrimental to a particular condition. A Filipino being told to avoid eating rice, which is classified as a "cold" food, may not adhere to the diet in fear that it may worsen their condition. This could also be a cause for conflict if the healthcare provider is unaware and insists that the patient follow the provider's instructions.

Success in recognizing and managing cultural differences is based upon a healthcare provider's possession of a comprehensive cultural knowledge base and the use of culturally sensitive and relevant interventions. Knowledge about cultural differences and similarities is vital in transcending communication barriers. It is important for healthcare providers to learn and understand cultural customs, taboos, rituals, and beliefs as a way of avoiding miscommunication that can be detrimental to patient care.

5.3. Effective Use of Interpreters and Translation Services

This study highlights the importance of using professional interpreters and translation services for patients with limited English proficiency in medical emergencies. Published literature on this subject has revealed that patients with LEP have experienced great difficulty in accurately conveying their medical complaints to caregivers without the use of professional interpreters, and vital information has been known to be lost in translation or undocumented. Although an extensive body of research has examined interpreter use in primary care and mental health settings and the field of medical interpreting is growing rapidly, there is very little information available on interpreter use in medical emergencies. This study has conducted interviews with persons familiar with interpreter services in a variety of healthcare settings and sheds light on the enlightening experiences of patients and providers who have used or been exposed to interpreter services during medical emergencies. This study has a few limitations. The models presented are a product of qualitative analysis and common themes identified in interviews and may not represent every possible perspective or scenario. Due to the scope of this study and time constraints, interviews were conducted with a small convenience sample of persons familiar with interpreter services and further research is needed for broader exploration of this topic.

Used correctly, interpreters and translation services can be effective tools in aiding communication between patients and caregivers. Medical institutions need to recognize that using ad hoc interpreters (for example, a

patient's family or a bilingual staff person) is often inappropriate and inadequate. While ad hoc interpreters may appear to be an easy, inexpensive alternative to professional services, in the long run, institutions stand to lose more than they gain. One of the most important steps in using interpreters and translators effectively is to institutionalize the process.

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6. Ethical Considerations in Cultural Communication

To achieve successful outcomes in medical interventions, a principle aim must be to respect another person's autonomy. Autonomy is the personal rule of the self and a necessity for every individual. There are at least two reasons why respect for a person's autonomy is a requirement for all good communication. The first reason is pragmatic; effective communication can only occur if one person to another takes into consideration what the other thinks is the case, and what the other wants to happen, with effective communication being a shared decision-making effort about what shall be done. Now for native English-speaking persons in western societies, it might be taken for granted that a patient does in fact want to make their own decisions and the doctor or nurse will be very used to seeking informed consent for treatments from patients. However, it should not be assumed that the importance of self-rule is the same for people from all cultures. Many languages do not even have a word for "autonomy" or "self-rule" and people from these cultures may not view the concept of their own decision-making regarding their treatment to be an important issue, particularly if they are used to a more paternalistic approach from health professionals. This point is very important when considering Maori and other Polynesian peoples in New Zealand. The second reason is that autonomy is considered a "good-making" characteristic for a person, in other words, something that is desirable and positive to have. If a person comes away from an interaction with a health professional feeling that their autonomy has not been respected, they may feel that the interaction itself was negative and of course many treatments and diagnoses (particularly bad news) may be viewed as less desirable. (Almanzar et al., 2022)

6.1. Respecting Patient Autonomy and Cultural Beliefs

Great cultural diversity ensures that a medical team will encounter patients with highly differing values concerning life, health, and the assumption of illness. In Western medicine, the assumption is often made that life and health are the desired state and that death represents failure. Treatment options designed to avert death may therefore be pursued at all costs, which can lead to an assumption that a patient would desire such treatment in any circumstance. In many cultures, however, the state of being may be less important in comparison to the extent to which it allows the fulfillment of specific life goals. If an illness prevents attainment of these goals, then measures to prolong life may be contrary to the patient's desires. For example, an elderly man with chronic heart failure who is unable to travel to carry out customary religious duties may decide that attempts to cure his condition are futile. Failing to recognize and respect this decision may be seen as poor acceptance of the patient's autonomy and a decision made largely for the physician's benefit. Reaching an understanding of a patient's view concerning the relationship between specific health states and the ability to fulfill life aims may require discussion that is in-depth and often philosophical in nature. Time constraints in a busy clinical environment and communication via an interpreter may make this difficult. It is, however, essential that a sufficient explanation of the physician's understanding is given, as the patient may otherwise perceive the physician as having made a decision based on assumptions of the patient's beliefs due to his cultural background. This would also signify poor respect for patient autonomy.

6.2. Confidentiality and Privacy in Cross-Cultural Interactions

Confidentiality is an ethical principle associated with privacy. It is the foundation of therapeutic relationships between healthcare provider and patient. In western societies, privacy is seen as an individual right whereas collectivist cultures look at it more from a familial or community-based perspective. Studies in various countries show that patients and normal subjects disclosed more personal and sensitive information when assured of confidentiality. It has to be made clear at the outset of the interaction what the confidentiality laws are in that country and a signed agreement may be needed to ensure the patient feels comfortable in disclosing sensitive information. Open discussion with the patient about what information can be shared with the family or other healthcare professionals is also vital to avoid overstepping the privacy bounds from the patient's point of view. At times, western medical systems struggle with the sensitivity around private medical issues that may be held in a public forum within some cultures. For example, mental health issues in the UK are considered private and sufferers will have individual sessions with a psychiatrist behind closed doors. Contrastingly, an individual from a more collectivist culture may be unwilling to engage in such an interaction in fear that his status as a mental health patient may be disclosed to members of the community which could have implications on his family and employment. These individuals are often labeled as non-compliant when really they are protecting the privacy of information from their own cultural perspective. An understanding of how to adapt treatment systems in such cases while still maintaining effective therapy is essential. (Nimmo et al., 2021)

7. CONCLUSION

The concept of relational coordination provided a useful approach to understanding performance differences between the three retention models. Intra-team relational coordination initiated the positive feedback loop that led to improved team performance in the PR group. The moderate changes observed in key variables and no significant changes in RC and performance in the P and C group, in addition to no change in team performance or any of the mediators in the C group, suggest that the minimal retention manipulation was insufficient for fostering the communication and shared understanding of team members' roles and responsibilities necessary for generating the positive feedback loop to enhance performance. An interesting finding was the relative stability of PR teams on key variables and absence of changes in mediators in RP administered, yet this did not affect team performance. This has to do with the RC trajectories and causality. An overall limitation of the study lies in the instability retention groups. Because of the fluid nature of healthcare job transitions, such as changes of department or facility, and the necessity of weekend and night shift workers to attend the various assessments, these research participants were often lost from the study. This proved to be a limiting factor in the study sample size and ample data collection for the two-year test-retest reliability or the assessing changes in the RC mediators on team performance. The participant loss was spread fairly evenly across the retention groups; however, it may have been more severe in the P and C group, that lack of improved team performance in the carrying into the second year suggests...

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