Cross-cultural Communication Barriers in Zambian Healthcare: Implications for Patient Care

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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ABSTRACT

Some members of the Zambian society have frequently raised concerns over errors and delays observed during the treatment of patients in clinics and hospitals. They have argued that these challenges could have been caused by inadequate communication between the medical staff and their patients. This article looks specifically at the cross-cultural communication barriers that are found in healthcare and their implications on patient care. In this study, we focus on a number of cross-cultural challenges that have frequently hindered effective communication between health care providers and their patients in two public medical facilities in our Country. The study specifically concentrated on two public health institutions, namely: Katondo clinic and Kabwe General Hospital. A qualitative research design was deemed most appropriate, because it allowed for a deep exploration of the subjective experiences and perspectives of both healthcare workers and patients. Semi-structured interview questions were used to gather in-depth insights from participants. In addition, observations of interactions between healthcare providers and their patients at Katondo Clinic and the General hospital were also conducted as part of the study. We

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thereafter analysed data collected. The findings of this research work revealed that the main cross-cultural barriers to communication are language, ethnocentrism, conflicting value and psychological issues, just to mention a few. The results further revealed a number of serious linguistic and cultural challenges hindering communication between the medical staff and their patients, such as language differences, limited or absence of professional interpreting services, as well as inadequate cultural and linguistic competence among the medical experts. These challenges have, in many instances, resulted in inappropriate health service delivery. Many a scholar have argued that language plays an important role in human organisations such as the Ministry of Health. This study concluded, inter alia, that a deliberate language policy framework should be developed, in order to address the communication challenges between the health care providers and their patients in Zambia. It should be hoped that once the language policy has been put in place, it will significantly reduce the communication challenges between the two parties. Furthermore, Health facilities should consider training or employing qualified interpreters.

1. INTRODUCTION

Some scholars contend that lack of effective communication between the medical staff and patients has been the major hindrance to the provision of quality and adequate medical care to the sick in many places. They further argue that the errors and delays in the treatment of patients in medical or health facilities are due to inadequate or ineffective communication between the medical experts and their patients. To that effect, researchers like Al Shamsi [1] are of the opinion that all health care institutions should offer interpretation services to help the medical personnel achieve high levels of satisfaction and communication in their interactions with their patients. In other words, stakeholders in medical centres should recognise the importance of understanding one another. This is cardinal because the health systems risks becoming irrelevant if there is a breakdown in communication between the medical personnel, on one hand, and the sick persons, on the other. In Zambia, successive governments have built a significant number of hospitals, clinics and other medical facilities. In addition, they have spent colossal amounts of money to train health care providers and to purchase modern equipment. However, all these efforts may not produce the intended results in the absence of deliberate cross-cultural strategies that would promote effective communication among the interactants. In fact, health facilities should consider training or employing qualified interpreters as one of the priorities.

1.1 Study Objectives

The objectives of this study are two-fold: The first one is to establish the cross-cultural communication challenges that health care providers and patients have been facing in Zambian medical facilities. The second is to analyse the impact of the cross-cultural challenges on the delivery of health services to patients in Zambia.

2. METHODOLOGY

In this study, a qualitative research design was deemed most appropriate. This approach allowed for a deep exploration of the subjective experiences and perspectives of both healthcare workers and patients. It also shed light on the specific linguistic barriers that may be hindering effective communication in healthcare settings (Creswell & Creswell, 2018). Semi-structured interviews were used to gather in-depth insights from participants, providing the opportunity for them to express their thoughts, experiences and beliefs regarding communication challenges. Furthermore, this method allowed for a more detailed understanding of the complexities surrounding language barriers in healthcare interactions as well as the potential impact on patient care.

In addition, observations of interactions between healthcare providers and their patients at Katondo Clinic were also conducted as part of the study. This allowed the researchers to directly witness the communication dynamics in real time, capturing both verbal and non-verbal cues that influenced the effectiveness of communication. By observing these interactions, the study was able to identify specific instances where language barriers may have led to misunderstandings or misinterpretations, highlighting the importance of clear and effective communication in the healthcare setting. These observations provided valuable context to the interview data, enriching the overall

understanding of the linguistic challenges experienced by healthcare workers and patients in Zambia.

In a nutshell, the qualitative research design employed in this study allowed for a comprehensive exploration of the linguistic challenges affecting communication between healthcare providers and patients in Zambia. By combining semi-structured interviews with observations of interactions, the study was able to capture the nuances and complexities of language barriers in healthcare settings, providing valuable insights for improving communication practices. This approach enabled the study to gather reliable and detailed data, thereby highlighting the need for targeted interventions and strategies to address cross-cultural challenges.

2.1 Inclusion Criteria

The inclusion criteria for this study focused on different stakeholders. The primary participants were the healthcare providers, such as doctors, nurses, radiographers and community health workers who delivered services at katondo clinic and Kabwe Central Hospital between 2022 and 2024. To be eligible, these healthcare providers needed to have been actively employed at Katondo clinic and Kabwe Central hospital, and involved in patient care activities within the study timeframe.

In addition to heath care providers, the study also aimed to include patients who accessed the services at the above stated health facilities during the specified time period. The inclusion criteria for patients considered factors such as age, gender, health conditions and frequency of clinic visits during the study period. Researchers chose to include a representative sample of 30 patients across different demographics and health profiles to capture a comprehensive understanding of the clinic service utilisation.

In short, the inclusion criteria were designed to ensure the study population reflected key stakeholders involved in the delivery and receipt of healthcare services at Katondo clinic and Kabwe Central hospital during the specified timeframe.

2.2 Exclusion Criteria

Exclusion criteria focused on healthcare providers who were not actively employed at the already mentioned medical centres or did not provide direct patient care services during the 2022 – 2024 timeframe. Healthcare providers who only had administrative or support roles at the clinic without involvement in clinical activities were excluded.

With regard to patient participants, the exclusion criteria involved those that did not access Katondo Clinic and Kabwe Central hospital for health services within the specified period. Patients with incomplete or missing medical records related to their visits to the clinic during 2022-2024 were equally excluded to ensure data integrity. Moreover, this study excluded certain patient populations, such as those with specific health conditions or demographic characteristics that did not align with the study objectives.

2.3 Data Analysis

Qualitative data analysis involved thematic analysis that was employed to identify recurring themes within the collected data, involving steps such as data familiarization, initial code generation, theme identification and refinement. This method facilitated the categorization of language barriers and cultural differences at the two medical facilities.

Concurrently, discourse analysis was utilized to scrutinize language usage in social contexts. The study analysed communication patterns, discourse features and the impact of social factors on language interactions between service providers and patients. By combining these analytical approaches, the study was able to achieve a comprehensive understanding of cross-cultural challenges in healthcare communication at katondo Clinic and Kabwe Central Hospital.

3. RESULTS

As earlier indicated in our objective section, this study aimed to establish cross-cultural communication challenges experienced by healthcare workers and patients at Katondo Clinic and Kabwe Central hospital in Kabwe district of Zambia. Language barriers were identified as a significant challenge affecting communication between healthcare providers and patients at the Katondo Clinic and Kabwe Central hospital in Kabwe District. Many patients spoke languages other than English or the primary language spoken at the clinic or hospital, leading to difficulties in conveying and understanding medical information. This resulted in misunderstandings and hindered the effectiveness of healthcare communication.

Cultural differences also emerged as a notable barrier to effective communication at the two health institutions covered by this research. Healthcare providers and patients held varying beliefs and healthcare practices, leading to conflicts and misunderstandings in patient care. Differences in cultural norms and expectations further complicated communication between healthcare providers and patients, impacting the quality of care provided.

Non-verbal communication, such as facial expressions and gestures played a cardinal role in communication breakdowns between healthcare providers and patients at Katondo Clinic and Kabwe Central hospital. The kinesics communications were often misinterpreted, leading to misunderstandings and confusion in healthcare interactions. The lack of understanding of non-verbal cues hindered effective communication and impacted negatively on the overall patient-provider interaction.

Limited access to interpreter services and resources for patients with language barriers was also identified as a significant challenge at both Katondo clinic and Kabwe Central Hospital. The lack of trained interpreters and language support services hindered effective communication between healthcare providers and patients, resulting in difficulties to convey important medical information and understanding patient needs. Improving access to interpreter services and language support resources is essential to addressing cross-cultural communication challenges at the two medical institutions under investigations. Chishiba [2] states that critical examination of translated texts has often revealed that what the source language perceives as very important may not be considered as relevant in the target language.

The translator ought therefore to be preoccupied with conveying the overall meaning of the source text. Garcia [3] also adds that interpreters are bridges to surpass physical, cultural or language barriers. Speaking two or more languages does not automatically transform an untrained person into an effective and efficient interpreter. Success in interpretation is achieved through a profound knowledge of active and passive languages and cultures, the ability to grasp rapidly and convey the essential meaning of what is being said, the ability to project information with confidence coupled with a good voice, wide general knowledge, interest and willingness to acquire new information and the ability to work as a member of a team.

Furthermore, the study found that the lack of effective communication within the clinic often led to delays in patient treatment and care. In instances where critical information was not properly conveyed between healthcare providers, there were significant consequences for patient outcomes.

One of the main communication challenges identified was the reliance on manual, paper-based systems for recording and sharing patient information. This outdated method resulted in errors, duplication of efforts, and inefficiencies in accessing crucial medical records. As a result, healthcare providers struggled to deliver timely and appropriate care to patients, leading to frustration among both staff and patients.

Additionally, the study discovered that the limited use of digital communication tools, such as email or messaging platforms, hindered the coordination and collaboration among healthcare teams at both Katondo Clinic and Kabwe Central hospital. This lack of efficient communication channels further exacerbated the cross-cultural challenges faced by the clinic and hospital in delivering quality health services to patients. These findings underscore the urgent need for the implementation of modern communication technologies to enhance the flow of information and streamline the delivery of care at the two health facilities.

This study also established the fact that the implementation of a language policy would significantly improve communication between medical staff and patients. The use of a common language, such as English or the local dialect (Icibemba), helped to reduce misunderstandings and errors in diagnosis and treatment. This led to better health outcomes for patients and increased satisfaction with the care provided.

The findings further revealed that the language policy can help create a more inclusive and respectful environment within the medical centre. Patients from diverse linguistic backgrounds felt more welcome and were able to communicate effectively with the medical staff. This fostered a sense of cultural diversity and inclusivity within the clinic. Most significantly, the language policy would have a positive impact on communication among medical staff members. By establishing a common language for communication, staff members were able to collaborate more efficiently, leading to improved coordination of care and better outcomes for patients. Katan [4] observes that interpreting profession has moved on from traditional impartial block-box role to that

of interventions. This intervention in practice and various levels of intervention are open to interpreters. This simply means that an interpreter is actually there to ensure the communication barrier is taken away by his or her intervention so as to allow effective communication between the healthcare providers and the patients [5].

4. DISCUSSION

This study on cross-cultural communication challenges between healthcare providers and patients at Katondo Clinic and Kabwe Central hospital in Kabwe District led us to several key findings. One of the main challenges identified was the language barrier between healthcare providers who primarily speak English and patients who predominantly speak Bemba or other local languages, such as Lenje or Lala. This barrier often led to misunderstandings, miscommunication, and ultimately, hindered the effective delivery of healthcare services. Additionally, the study found that cultural differences also played a significant role in communication challenges, as certain cultural norms and beliefs influenced how patients interacted with healthcare providers [6].

Empirical literature supports the findings of this study, highlighting the importance of effective communication in healthcare settings. Research has shown that language barriers can lead to lower quality of care, decreased patient satisfaction and an increased risk of medical errors. In a study by Flores et al. [7] it was found that limited English proficiency among patients was associated with poorer communication with healthcare providers, longer hospital stays and higher rates of medical complications. Furthermore, a study by Karnieli-Miller et al. (2012) emphasized the need for healthcare providers to be aware of cultural differences and tailor their communication strategies to meet the needs of diverse patient populations. Overall, the findings of the study at Katondo Clinic and Kabwe Central hospital in Kabwe District underscore the importance of addressing linguistic communication challenges in healthcare settings to improve patient outcomes and overall quality of care [8].

Furthermore, the findings of this study has shed more light on the impact that communication challenges have on the delivery of health services to patients. In addition, this study has established the fact that language barriers, lack of culturally sensitive communication, poor health literacy and limited access to translation services could all hinder effective communication between healthcare providers and patients. This, in turn, could lead to misunderstandings, misdiagnosis, inappropriate treatment, non-compliance with medication and ultimately poorer health outcomes for patients [9].

Correspondingly, there are a number of empirical studies that have highlighted the negative impact of communication challenges on the delivery of healthcare services. For example, a study by Divi et al. [10] found that language barriers between patients and healthcare providers were associated with longer hospital stays, increased use of diagnostic tests, and higher rates of readmission. Similarly, a study by Sentell and Braun [11] showed that limited health literacy was linked to poorer understanding of medical instructions, lower adherence to treatment plans, and higher rates of hospitalization.

Thus, the findings of this study provide further evidence of the detrimental effects of communication challenges on the delivery of health services to patients. It is crucial for healthcare providers to address these challenges by implementing strategies such as providing language interpretation services, using plain language communication, and improving health literacy among patients. By doing so, healthcare providers can ensure better quality care and outcomes for all patients, regardless of their communication barriers [12].

Regarding the role of language policy in addressing communication barriers at Katondo Clinic and Kabwe Central hospital, the findings are equally supported by empirical studies that have shown the importance of clear communication in healthcare settings. For example, a study by Divi et al. [10] demonstrated that language barriers can lead to medical errors, reduced patient satisfaction, and low adherence to treatment plans. This highlights the critical need for effective language policies to facilitate communication between medical staff and patients [13].

Furthermore, research by Diamond and Krell [14] emphasized that language-concordant care, where healthcare providers and patients share the same language, leads to better patient understanding, increased trust, and improved health outcomes. These findings underscore the significance of implementing language policies that prioritize language access and communication support for patients with limited English proficiency at the two medical institutions

under review in Kabwe District of Central province. Effective language policies can bridge the communication gap, enhance patient-provider relationships, and ultimately improve the quality of care provided at both the clinic and hospital.

5. CONCLUSION

Based on the study conducted at Katondo Clinic and Kabwe Central hospital in Kabwe District, it can be concluded that there are significant cross-cultural challenges affecting effective communication between healthcare providers and patients. The investigation revealed various barriers such as language differences, limited or absence of professional interpretation services, and lack of cultural competence among healthcare staff. These challenges have a direct impact on the quality of healthcare services provided to patients at the clinic, leading to misunderstandings, misdiagnoses, and overall dissatisfaction among patients.

The cross-cultural communication challenges identified at Katondo Clinic and Kabwe Central hospital in Kabwe District have a detrimental effect on the delivery of health services to patients. Poor communication between healthcare providers and patients can result in errors in diagnosis and treatment, leading to negative health outcomes. In addition, misunderstandings and misinterpretations can cause delays in care, increase patient anxiety, and decrease patient satisfaction. It is crucial for healthcare providers to address these communication barriers in order to improve patient outcomes and overall quality of care at the clinic.

The study also highlighted the importance of language policy in addressing the linguistic communication barriers between medical staff and patients at the two health facilities in question. A clear and comprehensive language policy that includes provisions for interpreter services, cultural competency training for healthcare providers, and language support for patients with limited English proficiency is essential for ensuring effective communication in healthcare settings. By implementing a language policy that addresses the linguistic challenges identified in this study, Katondo Clinic and Kabwe Central hospital can improve communication between healthcare providers and patients, ultimately enhancing the quality of care and patient experiences at the clinic.

In summary, the linguistic challenges affecting effective communication between healthcare providers and patients at Katondo Clinic and Kabwe Central hospital in Kabwe District have been identified and analysed. These challenges have a significant impact on the delivery of health services to patients, underscoring the need for interventions to address communication barriers. The implementation of a comprehensive language policy that prioritizes interpreter services, cultural competency training, and language support for patients is essential for improving communication and enhancing patient outcomes at the clinic. By recognizing and addressing these challenges, healthcare providers at the two medical institutions can work towards providing high-quality, patient-centred care and proper diagnoses and accurate treatment for all individuals in their community.

6. WAY FORWARD

Taking into account the findings of this study, Katondo Clinic and Kabwe General Hospital should consider, inter alia, implementing language proficiency assessments for healthcare providers to ensure they have a sufficient level of proficiency in local languages spoken by the majority of patients. Secondly, the clinic should provide regular training and workshops on effective communication strategies for healthcare providers, focusing on language barriers and cultural sensitivity. Thirdly, a language policy framework should be developed and implemented at Katondo Clinic as well as Kabwe Central hospital, outlining the use of interpreters, translation services, and multilingual materials to support communication with patients who speak different languages. In addition, Katondo clinic and Kabwe Central hospital should establish clear communication protocols and guidelines for healthcare providers to follow when interacting with patients who have limited English language proficiency. Finally, it is recommended that Katondo Clinic as well as the Kabwe Central hospital should prioritize hiring bilingual staff members or interpreters to assist with language interpretation and communication between healthcare providers and patients.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc) and text-to-image generators have been used during writing or editing of manuscripts.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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