ENHANCING INTERCULTURAL COMPETENCE THROUGH PROFESSIONAL COMMUNICATION IN FOREIGN LANGUAGES

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Abstract: Nowadays, contacts between people from diverse cultural backgrounds are becoming more frequent and much closer. Highly developed skills in intercultural communication have a significant bearing on the quality of relationships between people from different cultures and nationalities. A recent rapid development in multicultural relationships therefore puts new demands also on university graduates. They need to be adequately prepared for new social situations and future iob opportunities in their home country and also abroad. Achievement of communication competence is the principal objective in foreign language teaching and therefore intercultural competence is incorporated into the university curriculum. The findings of our survey Implementation of Modern Technologies in Professional Language Teaching (a part of a research project funded by the Kultúrna a edukačná grantová agentúra (KEGA) of the Slovak Ministry of Education, no. 049PU4/2012) highlighted the importance of professional communication teaching and emphasized intercultural competence as one of the key priorities in the university education. We used a specially designed questionnaire to find out if our respondents (students in the Faculty of Health Sciences, the University of Prešov, Slovakia) are sufficiently prepared to provide a proper care to clients/patients from different cultures. Our study showed that the language most used in professional practice was English, and that most respondents did not have any difficulty in communication with clients from different cultures. Sixty percent of the respondents also used non-verbal communication if verbal communication failed, and respected the cultural differences and individuality of patients; a small number of the respondents did not respect these factors. However, our findings also showed that there are still some language barriers between future healthcare professionals and clients/patients from diverse cultures, and that more practice in professional communication has to become an essential part of the foreign language teaching. It is also necessary to include more intercultural aspects into the foreign language teaching for healthcare professionals to be able to respect the individuality of people from different cultures. Hence, the professional language teaching at universities needs to place a greater emphasis on students' knowledge of different cultures in order to enhance their intercultural competence. Our study provides some recommendations for improving interactions between future healthcare professionals and clients/patients from different cultures.

Keywords: healthcare professionals; intercultural competence, professional communication in foreign languages; education

1. Introduction

A global movement of people leads to the creation of multicultural communities. The political and economic efficiency of the globalization process depends on individual and collective skills of each member of a particular nation. We need to adapt to and respect the cultural differences, and know that the culture of each nation is unique and should be preserved. A recent rapid development in multicultural relationships puts new demands also on university graduates; the demands also include intercultural competence. Nowadays, there is a growing need to train professionals and use intercultural communication in all spheres of life. Contacts between people from diverse cultural backgrounds are becoming more frequent and much closer: therefore highly developed skills in intercultural communication can greatly improve the guality of relationships between people from different cultures and nationalities. In our education, we should address these issues at all levels, particularly in education of future healthcare professionals who. during their university studies, come to contact with patients from diverse cultures and have the opportunity to participate in mobility projects in foreign countries. These are only some of the reasons why there is a need to give attention to teaching intercultural communication. University graduates need to be adequately prepared for new social situations and future job opportunities in their home country and also abroad. Students need to achieve so-called "intercultural competence" (also called "cross-cultural competence"), which should include motivation and interest in intercultural contact with members of different cultures, respecting the habits and customs of people from different cultures, courtesy, friendliness, patience, empathy, tolerance, general knowledge of cultural differences and language skills as well.

The current processes in foreign language education differ from the traditional forms and methods of education. Achieving communicative competence in a foreign language is the principal goal in teaching communication skills, which also comprises knowledge of different cultures. "Cultural competence includes also intercultural communication, which is based on tolerance, understanding, recognition and a search for an objective assessment of a particular socio-cultural phenomenon, represented by verbally or nonverbally" (Stern, 2003). "In language teaching and learning cultural awareness has taken an important place. It has been widely recognized that culture and the language are interrelated, and that the language is used as the main medium through which culture is expressed." (Kominarecová, 2012).

Intercultural competence is an ability to successfully communicate with people from other cultures, to understand the culture-specific concepts of perception, thinking, feeling and acting. As the world is becoming more culturally diverse, intercultural competence plays an important role in providing a high-quality care to patients from diverse cultural backgrounds. Each person should improve his/her intercultural communication skills and professionalism through a dynamic dialogue; professionalism helps to overcome language barriers and to strengthen the relationship between a native person and a foreigner. "This even applies to the basic communication level which includes understanding and using appropriate greetings and physical contact, which can be an inter-culturally tricky area." (Lojová, Vlčková, 2011). "Mastering intercultural competence allows an easier social interaction and mutual understanding between people from different cultures." (Horňáková, 2011). Depending on the type of interaction, basic requirements for intercultural competence should include *tolerance of ambiguity; behavioural flexibility; communicative awareness; knowledge about other cultures; respect for otherness; empathy (understanding the feelings and needs of other people).* Healthcare professionals should be able to communicate smoothly and professionally with foreigners.

A growing process of internationalization and multiculturalism creates everincreasing demands not only on professional, social, and intercultural competence, but also on university studies. In the context of globalization tendencies, it is very important to focus on the education of undergraduates - in our case the students in medical faculties - on intercultural relations and multiculturalism. Developing intercultural competence should be the principal goal of each university educational process, in which the foreign language teaching has a specific mission. Elzer and Sciborski (2007, p. 236) indicate that "our approach and attitude to migrants depends on their degree of assimilation, integration and interaction." Migrants often complain of language barriers and an inadequate health care treatment. Crosscultural communication involves a skill component that can be best learned and mastered through a combination of theoretical knowledge and practice.

2. Objectives

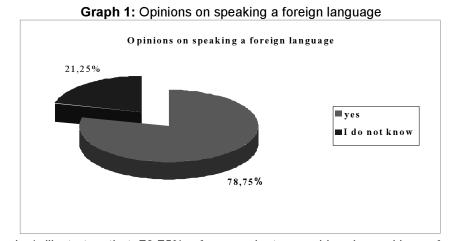
The aim of our study was to determine whether future healthcare professionals have sufficient foreign language skills to provide an adequate treatment and appropriate care to patients from different cultures. We hypothesized that there still exist some language barriers in communication with patients/clients from different cultures, that healthcare workers do not have enough knowledge and, in some situations, still rely on non-verbal communication.

3. Methods

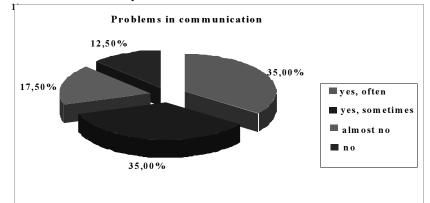
Our research was a part of the KEGA project (049PU4/2012) *Implementation of modern technologies in professional language teaching*, and used the questionnaire "Professional language as a part of professional practise" including 10 questions. The response rate was 100%. The researched group consisted of 80 respondents (56 females and 24 males) randomly selected, full-time and part-time students, aged between 20 and 60 years, in the fields of emergency health care, nursing and midwifery in the Faculty of Health Sciences, University of Prešov, Slovakia. As part of their studies, the respondents were also working in the paediatric, surgical, intensive cardiac unit, infectious, lung and gynaecological departments in the Faculty Hospital of J. A. Reiman in Prešov, Slovakia. The survey was conducted from January to February 2013. The results are summarized and showed in the graphs below. We present only the most important results of our survey (not all graphs).

4. Results

Note: The graphs in this study have been drawn by the author using the results of the survey.



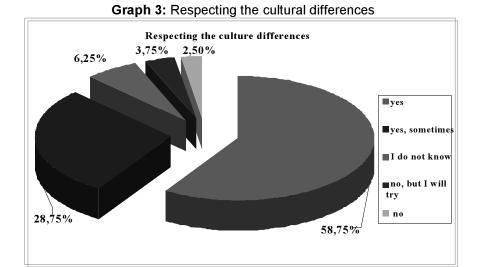
Graph 1 illustrates that 78.75% of respondents considered speaking a foreign language helpful and motivational in their studies. A bit over 21 % were unsure. Our results also point out the usefulness to practise speaking in a foreign language in the classroom in order to successfully use it in the professional life. Our findings support Ager (2012) who said that "the more languages you know, the more you understand our species, and that is beneficial no matter what the situation is".



Graph 2: Problems in communication

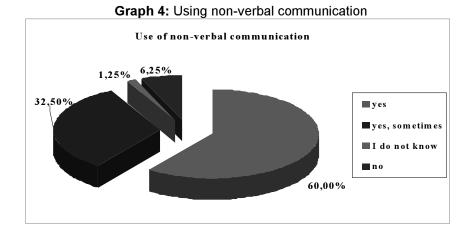
Graph 2 presents that 35% of respondents had great difficulty in communication with foreigners, 17.5% had a few problems only sometimes, 35% answered that they hardly had any problems, and 12.5% did not have difficulty at all. According to Fernandez (2011) "the main source of problems in caring for patients from diverse cultural backgrounds is the lack of understanding and tolerance. Our results agreed that the same word does not necessarily mean the same thing to people from

various cultures, even when they talk "the same" language. That is why it is necessary to have some knowledge of the history, customs, and cultural specifics of diverse ethnic groups. Based upon the presented problems in foreign language communication we have concluded that this issue requires a deeper analysis.

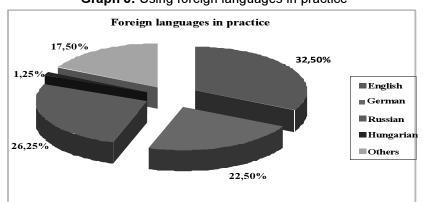


How the respondents respected the cultural differences and individuality of patients from different culture is presented in Graph 3. More than a half (58.75%) respected individuality of different culture patients, cultural habits, religion and their differences, 28.75% respected, but not always, 6.25% were undecided, 3.75% did not respect, but they will try in future and 2.5% did not respect them at all. Respecting the culture style differences is one of the biggest challenges of cross-culture communication, but still there is small number of people who do not respect cultural differences. Relationships between healthcare professionals and patients from different cultures should be based on trust and respect. It should be kept in mind that a mistake in medical profession may not be the mistake of carelessness, misunderstanding and confusion. It should endanger patient's health and life. Our study confirmed Fernandeze's findings (2011) that "cultural competence usually means listening to the patient, finding out and learning about his/her believes of health and illness".

71



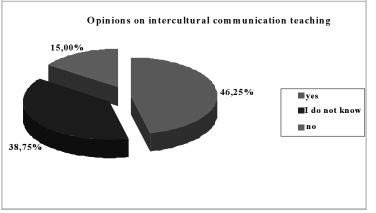
Graph 4 illustrates that 60% of respondents used non-verbal communication with a client from a different culture, 32.5% of respondents used it sometimes, and1.25% were undecided. 6.25% of respondents did not use non-verbal communication at all. Our results supported Edmonds's' findings (2012) that "our body always says something, even when we do not speak".



Graph 5: Using foreign languages in practice

Graph 5 shows that the languages most used in practise were English (32.5%), followed by Russian (26.25%), German (22.5%), Hungarian (1.25%) and others (17.5%). Our younger respondents speak English and German languages which are compulsory components in our curriculum for students to select their preferred language; the older age respondents only use Russian language which they learnt at primary or secondary school. Romani language was most frequently used of other languages. The Romani ethnic group is relatively dominant, but has a considerable difficulty to adapt in our country. Other languages also included the languages of immigrants and refugees, such as Chinese, Vietnamese, Hebraic, Turkish, etc.

Graph 6: Opinions on intercultural communication teaching



The opinions on intercultural communication are presented in Graph 6. Almost a half of respondents (46.25%) proposed to include intercultural communication in the university curriculum, 38.75% were undecided and 15.00% think that it is not necessary.

4.1. Results Evaluation

The results of the survey show that intercultural competence is becoming an integral part of a full acquisition of teaching communication skills and has a primary role in university education. It is necessary to apply more speaking, listening, questioning, learning professional vocabulary into foreign language teaching. We totally agree with Fobelová (2006) who says that "if we want to be accepted in a foreign country, it is not enough to speak the language, it is also necessary to have some knowledge and will-power to "listen to" its culture and respect the differences". While treating a client from different culture we should always have in mind that we can use social communication in real life terms, while the medical professional life requires professional behaviour and contains therapeutic elements.

4.2. Recommendations for Successful Intercultural Communication with Patients from diverse cultural backgrounds (Horňáková, 2011, p. 133).

It is necessary to:

- perceive a patient as a unique individuality
- find an efficient way of communication, which also includes a simple language, such as using simple words and expressions which the patient will understand and can use, too
- speak slowly and clearly, repeat words several times and require the same from the patient
- learn words for basic communication in the patient's language and use them adequately
- check the patient's understanding
- use smiles, gestures, pictures for better understanding
- pay attention to the non-verbal communication expressions of the patient

- compromise, find solutions to the problems, accept and respect cultural varieties and ethical principles
- encourage and help the patient to express his/her feelings, ideas, opinions and needs
- include schemes, drawings, boards and other aids
- be patient and tolerant to all non-verbal expressions of the patient
- make sure that the patient understands the information given to him/her
- listen patiently
- use dictionaries and/or an interpreter if it is necessary

5. Conclusion

The survey results demonstrate that our respondents are prepared quite sufficiently to provide an adequate care to the patients from different cultures. We found out that intercultural communication includes not only verbal, but also non-verbal communication, respect for patients' customs, religions, specific needs and values. Our results confirmed that certain problems in communication still exist and can create misunderstanding. In the future, these issues will need to be more thoroughly studied.

It is expected that foreign languages will be increasingly used in communication with patients across different cultures. Therefore, future healthcare professionals should learn more about how to respect communication etiquette of people from diverse backgrounds, and the foreign language education at universities needs to reflect this growing phenomenon.

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