Cross-Cultural Communication in Oncology: Challenges and Training Interests

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Purpose/Objectives: To survey oncology nurses and oncologists about difficulties in taking care of culturally and linguistically diverse patients and about interests in cross-cultural training.

Design: Descriptive, cross-sectional.

Setting: Web-based survey.

Sample: 108 oncology nurses and 44 oncologists.

Methods: 31-item questionnaire derived from pre-existing surveys in the United States and Switzerland.

Main Research Variables: Self-rated difficulties in taking care of culturally and linguistically diverse patients and self-rated interests in cross-cultural training.

Findings: All respondents reported communication difficulties in encounters with culturally and linguistically diverse patients. Respondents considered the absence of written materials in other languages, absence of a shared common language with patients, and sensitive subjects (e.g., end of life, sexuality) to be particularly problematic. Respondents also expressed a high level of interest in all aspects of cross-cultural training (task-oriented skills, background knowledge, reflexivity, and attitudes). Nurses perceived several difficulties related to care of migrants as more problematic than physicians did and were more interested in all aspects of cross-cultural training.

Conclusions: The need for cross-cultural training is high among oncology clinicians, particularly among nurses.

Implications for Nursing: The results reported in the current study may help nurses in decision-making positions and educators in introducing elements of cross-cultural education into oncology curricula for nurses. Cross-cultural training should be offered to oncology nurses.

ommunication is a key issue in oncology, in which complex content must be discussed, serious diagnoses announced, and crucial decisions made (Stiefel, 2006). Consequently, communication skills training (CST) for oncology clinicians has been developed over the past three decades (Stiefel et al., 2010). The aim of such training is to enable clinicians to provide effective and patient-centered communication (Razavi et al., 2000). CST is proven to have a beneficial impact on not only clinicians' communication behavior, but also on their levels of professional stress (Delvaux et al., 2004; Fallowfield et al., 2002; Libert et al., 2007).

Intense global migrations have resulted in specific challenges for oncology clinicians. Factors potentially confusing cancer-related communication may be linguistic, cultural, social, and organizational in nature (Pergert, Ekblad, Enskär, & Björk, 2007, 2008; Surbone, 2010; Swinglehurst, Roberts, Li, Weber, & Singy, 2014). Clinicians face specific communication difficulties related to cultural