A LINGUISTIC AND CULTURAL FRAMEWORK OF NUTRITION AND FOOD TABOOS COMMUNICATIONAL CHALLENGES

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Abstract: Health professionals carry the main responsibility for communicating with patients or for failing to do so. First of all, good communication builds trust between doctor and patient and produces more effective practice. One of the main obstacles that may arise during this process is triggered by the differences in language and culture. Regardless of the cultural background of the patients, doctors must strive to facilitate communication with them. Food taboos, for example, exist in all human societies, whether they are due to religious or medical reasons. The dietary rules that some individuals choose to comply with may be associated to special events such as pregnancy or preparation for certain rituals. Even though the reasons are different, the purpose of all food taboos is to protect the human being. It has often been said that culture and family relationships influence one's food choices. Cultural awareness triggers challenges for nutrition education that include culturally diverse foodways. Culture represents a powerful force and it is often absent from one's education in nutrition and communication.

Key words: communication, food, misunderstandings, nutrition, language.

Language barriers and communicational skills

The management of cultural and linguistic barriers in the field of medicine can be challenging due to the patients' traditions, family background and health beliefs. A lack of effective communication hinders the medical process and the provision of health care. Therefore, physicians must acquire specific knowledge and skills known as cultural competence. The present paper sets itself the task of shedding light on issues regarding the doctors' attempts to ensuring quality in the health care communication services provided for diverse patients. A document was drawn up in 1993 with the purpose of supporting and facilitating such problems entitled General guidelines for medical practitioners on providing information to patients. It represents a set of rules according to which health care

professionals should inform the patients about their medical state. The document above-mentioned also included ethical and legal requirements for informed consent focusing on the methods for providing information to patients.

Increased emphasis is nowadays being placed on the interaction between doctors and patients as poor communication leads to complaints and misunderstandings. Good communication is essential to effective practice as it assists health care professionals to identify the core elements of this process. Responsibility for communication and its failure belongs to the doctors; therefore some essential aspects should be taken into consideration like: encouraging patients to express themselves into their own words, use exploratory questions or techniques such as facilitation, repetition and clarification. A good physician must know how to ask about the degree and intensity of pain, about lifestyle; he should employ a good telephone etiquette and explain examining procedures. It is also important to give instructions in a patient-friendly manner, to explain the results in a way that patients can understand and remember; to encourage them to express their fears and concerns. But in order to achieve all these, the doctor must master the target language and be able to use both anatomical terms and more informal ones. He should explain medical terminology to the patient and answer the patient's colloquial questions about prognosis of the disease.

Options must also be discussed in an appropriate manner describing benefits and side effects. Special phrases should be employed so as to explain advantages and disadvantages of a treatment. The physician will broach sensitive issues without bias, he will be non-judgmental; the notes he writes must be accurate and concise making use of different techniques for contextualizing and reassuring the patient. Bad news must be delivered in a sensitive way, showing empathy and using voice management methods. A good physician will encourage a withdrawn patient to speak and be able to calm down an aggressive one. Another difficulty that may arise is carrying out an effective dialogue with an elderly patient or assessing a patient with mental issues. On the other hand, establishing a rapport with a child can be very challenging in order to gain his consent to be examined. The language used to explain procedures must be adapted to the child or adolescent's age and needs.

In the latest years there has been an increased need for communication-skills training in medicine and therefore this paper comes to complete the wide range of language and interpersonal skills that contribute to the establishment of rapports between medical practitioners and patients making it easier to communicate with greater confidence. When taking a patient history a whole range of situations must be handled sensitively throughout the

patient's examination. According to Marie McCullagh and Ros Wright, there have been identified five essential elements that make up the communication. First of all, one must take into consideration the spoken communication skills: these provide the opportunity to use effective communication strategies in order to avoid breakdown in the dialogue carried out with the patient. It can also encourage the use of patient-friendly words when discussing diagnosis and treatment options. Spoken communication helps doctors familiarize with the language commonly used by patients, slang, euphemisms. The second element known as non-verbal communication is focused on body language. The patient's physical gestures and emotions can be better monitored this way.

The active listening skills, the third dimension of effective communication, employ techniques that facilitate conversation, ensuring thus the patient of the doctor's full attention and making him feel more confident and comfortable. When building the doctor-patient rapport intonation and word stress give encouragement and show sensitivity. The fifth factor to be considered is a wide understanding of cultural issues and their impact on the physician's cultural background and treatment schemes involved. The first step in this direction is to acquaint oneself with colloquialisms, drug-culture jargon and childhood expressions. All these come to support the doctor in the decision of choosing the appropriate vocabulary. It often happened that aspects of culture caused misunderstandings.

The benefits of good communication is that it builds trust during the conversation, helps the patient open up and enhances his satisfaction, helps the patient take good decisions and have realistic expectations, improves the medical process and cuts down the risk of mishaps. Poor communication on the other hand reduces confidence in the medical act, hinders the patient from disclosing essential information, causes patient distress, misunderstandings and misinterpretation of medical advice. This can also predict negligence claims and determine the patient to give up on treatment or medical care. The environment may discourage communication and fail to provide intimacy. The doctor-related obstacles consist of improper training in communication skills, lack of sensitivity, unwillingness to recognize patient anatomy. The physician may fail to provide the proper treatment because he may encounter problems arising from differences in language. The patient-related obstacles are represented by his or her anxiety, embarrassment, or denial about the medical condition, inexperience or insufficient language skills to describe the symptoms. He may feel intimidated by the health care facility, by the differences in culture or confused because of the medical jargon and even reluctant to ask questions.

Medical practitioners come into contact with patients from all ethnic, social and cultural backgrounds. These factors may influence in a positive or negative way then whole medical act. Doctors have the responsibility to facilitate communication but in order to achieve this they must be aware of the cultural and linguistic needs of the patient. He must be able to ask questions in such a manner as to appreciate the patient's understanding of his health problems. The environment the physician prepares for his patients should be one that complies with the different background of the latter one. He should be open-minded and accept the help of any kind of cross-cultural health care practice that may prove its utility in the medical process.

Physicians must do their best to decrease obstacles to good communication. They must take into account the setting, the physical barriers and potential distractions, whether the patient has some sort of special needs or not, whether he needs an interpreter. Active listening is a way of helping patients present their health problems without interruptions at the start, and therefore making it easier to identify the issues of concern. During this process of active listening doctors should have the ability to recognize emotional factors that enhance illness and distress by establishing a proper eye contact, clarifying the information provided by the patient, asking open-ended questions, being sensitive to the patient's beliefs and social background. It's also a good method to repeat key information and provide details in written form. A positive and optimistic attitude will determine the patient to disclose relevant information about his/her health. However, the written information should not replace the interactive process. When patients have to take important decisions or to give their consent doctors must use plain English and make sure that all communicational channels are open.

Sometimes there is the need of using professional interpreters when consulting a foreign patient who is not fluent in English. Even though interpreters are responsible for the confidentiality of the medical information disclosed by the doctor about the patient, there are situations when family members or friends are preferred in order to carry out the process of interpreting. Medical practitioners will always address the patient directly when using an interpreter. However, there are some cases when it is impossible to communicate with a violent patient and therefore the physician is entitled to refuse the treatment and to offer an alternative way for the patient.

Communication patterns in nutrition and food culture

In order to understand why we need a food culture one should first be aware of one's social background. Nowadays people are becoming more and more nutrition conscious. Mass-media has significantly influenced people's perception over food habits and supermarkets have become flooded with varied types of foods. If in the beginning of this article we discussed the importance of cultural background and of possessing good communicational skills in the doctor-patient interaction, now, we will narrow down the perspective and focus on a special area of the communicational process and that is nutrition and food culture.

The unique ethnicity of the individuals should be taken into account when providing nutritional care to culturally diverse people. In order to deal with cross-cultural patients it is absolutely necessary to understand their dietary preferences, food habits and the types of food the nutritionist is not aware of. The health practitioner must understand that religious beliefs may hinder the dietary process. He should also possess excellent skills for handling non-verbal communication and behaviours that can enhance the professional relationship between patient and nutritionist. There are categories of foods that are specific to a certain nation. There are situations when the communication process with the patient is slower as they need a family member to take health decisions for them, for their treatment; because family roles differ from one culture to another, be it out of religious of social reasons. Therefore the nutritionist should not reject communication with a family member of the patient during the counseling session. Sometimes it is more difficult for the health practitioner to draw up a successful diet plan because the patient must comply with certain dietary restrictions due to religious beliefs. One of such practices is fasting during Ramadan. Non-verbal messages, on the other hand, are also important as they differ from one culture to another. The nutritionist must learn to communicate effectively, must know that eye contact, touching, gesturing may indicate respect or shame, interest or disrespect.

Cultural distinctiveness is an important factor to be considered when trying to achieve competent communication skills. Understanding family roles, authority, beliefs, religious patterns are elements the nutritionist must analyze before obtaining cultural awareness regarding health practices. If the nutrition provider does not have enough knowledge about the health behaviours above-mentioned the culturally competent nutritional intervention is challenging and complex. The patient and nutritionist will inevitably have different views so it is important to understand cultural patterns without stereotyping as people belonging to the same ethic group may follow different rules.

In what concerns the religious beliefs there are foods and beverages forbidden to certain patients such as: caffeine, hot drinks or alcohol; mixing meat and diary products in the same meal. In other cultures, pork, shellfish, eggs, onions, garlic are considered taboo foods. In some cases, the population follows the yin and yang concept to re-establish a balance to the body. In order to develop an efficient nutritional plan, the counselor should be aware of such dietary prohibitions and avoid stereotyping. So, to achieve this, a good communication with the patient is a must.

In Christianity for example, people avoid meat during Lent, while Mormons do not eat alcohol, caffeine, hot tea. The Islam religion forbids pork, lard, shellfish, alcohol. In Hinduism, beef is strictly forbidden and many people are vegetarians. Judaism, just like Islam, forbids pork and shellfish as well as combining meat and diary products at the same meal. There are situations when only family members are allowed to take decisions regarding the patient's health, such as the husband, the eldest male or even the eldest female.

There are cultures who believe that health is just about good luck and that illness comes as a punishment. There are three approaches to be considered: the biomedical one, according to which diseases are represented by a deviation in the body's functioning process; the second one refers to illness as a punishment of supernatural forces; the third factor approaches the holistic belief which means that the body becomes sick when it loses harmony with nature. Understanding such cross-cultural beliefs the nutrition professional may embrace different treatment schemes.

Native Americans for instance, are reluctant to talk about an illness or about a deceased member of the family as it can bring bad luck. They do not complain of pain. In the Chinese culture, it is believed that when drawing blood, the body's blood level is depleted. While communicating with the nutritionist, French patients need to feel that their values are respected. Filipinos consider that the human body needs sleep and nutrition in order to restore the body balance. They accept professional medical help only when the illness becomes serious. Germans are stoic when feeling pain and they avoid going to the doctor. When dealing with a Russian patient the health care professional must avoid asking questions about mental illness or sexual history. In the case of Arab patients, the family is involved in the process of decision-making regarding the health of the individual. In their culture, illness is triggered by germs, sudden fear, bad luck and therefore, optimism is needed in their approach. When seeing Japanese patients a good communication is established only if asking them

several times whether they have any questions regarding the treatment plan as they are reluctant to answer from the very beginning.

Non-verbal communication is closely related to verbal messages. It may provide clues about the patients' set of values and avoid rudeness, gestures or body movements, facial expressions that may cause offence. Some people need to stay close to the nutritionist and others prefer a certain distance; therefore personal space is an important factor in the communicational process. Effective communication can be achieved only by removing such cultural barriers.

Mexican Americans are an example of punctuality, they like to shake hands powerfully and need to engage in small talk before opening up in front of the medical professional. They feel uncomfortable with prolonged eye contact and accept the idea of interrupting the speaker. Hispanics are more reluctant to interact; one should also know that the "thumb up" sign, which is a friendly gesture in the USA represents for them an obscene gesture. African Americans put great emphasis on gesturing, eye contact and they want equal turn taking during a discussion. The reject to be addressed on a first name basis being a sign of disrespect. When dealing with Chinese patients, the health care provider should ask them how they want to be addressed. As touching is not so popular in their culture it's better to avoid handshaking unless they make the first step in this direction. They usually don't smile, just bow their heads. In the Arab culture it is normal habit to arrive 30-60 minutes late; they prefer to engage in small talk before approaching the problem itself; they are a slow-paced culture; therefore everything should be done slowly and gently with time and patience. One should not respond with silence in their case as it is a sign of rudeness. The health care provider should avoid wearing bright colours or perfumes as they consider the body's smell is important. It is unadvisable to pass objects with the left hand or to show the thumb up sign and a large smile.

Therefore, when dealing with patients belonging to diverse cultures, language barriers may prevent a full and accurate communication process. Nutritional professionals and not only should be trained in this respect in order to achieve cultural competence. As above-mentioned they should possess special skills for understanding different cultures, for interpreting non-verbal communication and for interacting with people both through their own perspective and through the patient's.

To sum up, any medical practitioner must be aware of the factors involved in the communicational process and of the aspects of cultural knowledge, cultural sensitivity and

cultural competence. If the first one emphasizes the need to know about history and beliefs of a certain ethnic group, the second type underlines the idea that people must be aware of the differences between nations. Cultural competence represents a mixture of the other two factors and adds operational effectiveness in cross-cultural settings.

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