



What You Need to Know Cross-Cultural Communication with Immigrant and Refugee Patients

A health care provider treating an immigrant or refugee needs to be mindful of the patient's cultural identity. The following items may prove valuable to the clinician when making assessments or treatment recommendations.

Assessment of Ethnicity

Providers should be careful to not simply label a patient as Asian, Hispanic or African. Many people take great pride in their countries of origin and may become offended if it is assumed that they are natives of another country. For example, Koreans do not want to be called Chinese, Dominicans do not want to be called Puerto Ricans, and Ukrainians do not want to be called Russians.

Language

An assessment of a person's abilities to communicate in his or her native language and in English is vital for ongoing communication. If a provider is unable to speak the patient's native language, then translators should be used to help the patient communicate whenever possible.

Migration History

Knowing that a person is a political refugee, a religious refugee, undocumented, or in the United States on a visa may help the provider assess stresses that might negatively affect the patient's care. It is critical that the provider assure the patient that their information will be kept confidential and used to help them get high quality health care.

Degree of Acculturation

Patients do not want to be assumed to be foreigners if they have had a long history of living in the United States. Therefore, providers may need to adjust what they have learned about another culture when caring for patients who are third or fourth generation Americans.

For more information, refer to these other ARHP resources:

Communicating with Patients: A Quick Reference Guide for Clinicians; available at www.arhp.org/QRGPACC.

Premigration History

The fact that an individual may have spent time in a refugee camp or traveled to many different countries prior to arriving in the United States is crucial in understanding that person's physical and mental health status. This knowledge, combined with the patient's experience of migration, helps to put the patient's worldview as it was colored by more recent experiences into perspective.

Degree of Loss

Often patients have experienced multiple traumas in their country of origin, their transition to the United States, or their experiences when they first arrived. Providers should consider the possible loss of family members, friends, and other important people. Providers should be sensitive to the experiences of immigrants who may have experienced trauma in countries affected by war and violence, such as the former Yugoslavia, Iraq, Rwanda, Afghanistan, Cambodia, and Colombia.

Work and Financial History

Providers should take care that they not assume that a person who is a laborer in the United States was a laborer in his or her native country. People now holding blue-collar jobs may have been managers or even health care professionals in their country of origin. In addition, a person's financial status in his or her native country may have been quite different from the current situation. This information also helps clinicians to understand that person's potential for a meaningful economic existence here or the consequences of a major loss of status.

Support Systems

A person who lives alone may have had a completely different experience in his or her country of origin. Someone who attempts to be sociable here because that was the natural mode of existence in his or her own country may abruptly find that U.S. socialization patterns and mores are quite different from those of other settings.

Adapted from: Kramer EJ, Ivey SL, Ying Y. *Immigrant Women's Health: Problems and Solutions*. New York, NY: Jossey-Bass Publishers; 1999:27.

Updated March 2008