

Sanja Pleština, Sandra Karabatić

The importance of improving education of healthcare professionals on communication with minorities – experience with Roma in the Croatian healthcare system

Abstract

Although Roma, who have civil status in the Republic of Croatia, exercise the right to healthcare in accordance with the provisions of the Health Care Act and the Health Insurance Act in the same manner and under the same conditions as all other Republic of Croatia citizens, in real life when an individual and his family members are faced with a diagnosis of severe illness and enter a healthcare system in which healthcare professionals provide healthcare, there may be a lack of understanding in this interaction, and a kind of crisis communication that has been in practice so far. In order to better understand the Roma, we have established cooperation with representatives of the Council of Roma Minorities of the City of Zagreb. The main problem lies in the lack of understanding of the customs, beliefs, and value system of the Roma. It is necessary to conduct education on the specifics of national minorities and intercultural communication, which is a precondition for the realization of guaranteed rights and the provision of quality healthcare.

1. Introduction

»Communication is perhaps the most important and difficult activity a person can engage in. It is a sensitive membrane through which people can share thoughts, ideas, feelings, dreams, and disappointments. Communication is a key component in interaction.« said Le

Boutillier.¹ The importance and impact of communication on human behavior were most interestingly described by Professor Elizabeth Keating of the Department of Anthropology, the University of Texas at Austin: »Communication is powerful: it brings friends to our side and drives our rivals, calms or warns children, and creates agreements or battle lines between us.«² The most famous sentence says: »We cannot but communicate«, and we must not forget that »Every act of ours is communication at the same time!«³ By communicating, we share our beliefs, values, ideas, and emotions. »Every communication is nothing else but the creation of a relationship. Everything is in a human relationship, in a human-human relationship. Therefore, this important component of treatment in which man should be medicine to man must be emphasized.«⁴ Communication can be verbal and nonverbal. The basic process of interpersonal communication contains several elements: to communicate, a sender is needed; that is a person who wants to communicate something. The sender encodes his intention into characters and a message is created. On the other side of the communication process, we have a recipient who has the task of decoding the characters sent in the message and receiving the information. The recipient usually understands the message which is verified via feedback. This simple sequence ensures that the recipient has received the message someone has sent. Are we aware that a message or notification always carries or contains several different messages at the same time? Every communication is a package with a multitude of messages.

A message has four sides:

1. subject matter or what we report;
2. self-disclosure or what we say about ourselves;

¹ Antonija Žižak, Vlasta Vizek Vidović, Marina Ajduković: Interpersonalna komunikacija u profesionalnom kontekstu [Interpersonal communication in a professional context]. Zagreb 2012, p. 305.

² Larry A. Samovar, Richard E. Porter, Edwin E. McDaniel: Komunikacija između kultura [Communication between cultures]. Zagreb 2013.

³ Smiljana Leinert Novosel: Komunikacijski Kompas [Communication Compass]. Zagreb 2015.

⁴ Veljko Dorđević, Marijana Braš: Komunikacija u medicini: Čovjek je čovjeku lijek [Communication in medicine: Man is man's medicine]. Zagreb 2011.

3. relevance or what I think about you and how we relate to each other, how the sender treats the recipient and what he thinks about him;
4. appeal or to what we want to encourage you.

Each message or notification first contains information about a conversation. With information, we convey many facts. We do this every day, i.e., we communicate content (7 %), but this is only part of what is currently happening between sender and recipient (93 %). Each piece of information hides information about the sender as a person, of self-manifestation or impression. With this side of information, many problems in interpersonal communication are associated, and it is psychologically very significant. How the sender and recipient relate to each other is revealed by each participant, via their choice of formulations, the color and volume of their voice, and other non-linguistic accompanying signals, body language. The recipient has a particularly sensitive »ear« for this side of the message because there, as a person, he feels accepted or rejected in a very specific way! This part defines communication, and it is a key filter. To avoid conflicts and misunderstandings we need to know that what we say is important, with what intent we are saying it, and what we say about ourselves, but most importantly of all how we treat each other.

After a crisis of communication that occurred in 2019 in our hospital department for the respiratory diseases, the crisis was followed by an analysis of the whole event.

What happened that day? A patient with advanced lung cancer was admitted through the emergency department, in poor general condition. Pain and oxygen therapy was applied, but death was expected. The patient was a member of the Roma national minority, which meant the presence of many family members who wanted to be with their dying family member. In agreement with the family, we ensured that two by two come and be with the patient. We respected their wishes, but also ensured peace for all other patients. The rest of the family, as is customary with the Roma people, does not go home, but stays in the hospital all the time, in the parking lot or the park nearby. The family wanted to take the patient home and the lead doctor promised to talk to the family after performing the agreed diagnostic procedure. Unfortunately, in the meantime, the patient passed away, and his pregnant underage daughter and wife were with him. The realization that their husband and father had passed

away caused emotional shock. Emotional shock is characterized as an excessive emotional reaction whose intensity is so strong that a person temporarily loses contact with reality. Situations that cause emotional shock are sudden and threaten a person's basic life values, and basic opinion about himself, others, or the world.⁵ Communicating to the family and the patient that all diagnostic and therapeutic options have been exhausted is by no means easy. In this interaction, a lack of understanding may occur.

2. Methods and Materials

After a crisis of communication that occurred in our hospital department the crisis was followed by an analysis of the whole event. The big motive was the poster slogan from 2009, when the famous »marketing guru« Philip Kotler visited Zagreb: »The crisis is a challenge!« A meeting of health professionals was held where the potential causes of the crisis were analyzed to prevent new ones or better control them. We identified communication barriers, namely emotions and sociocultural elements; collective thinking in which collective behavior dominates and stifles the decision-making process, stereotypes, conflicts of values and beliefs because culture is based on shared beliefs and values. After identifying the obstacles, we decided to get to know the Roma people better. We decided to arrange a meeting with representatives of the Council of Roma Minorities of the City of Zagreb. We sent a letter of intent to the president of the Council of National Minorities in Zagreb. In the letter of intent, we asked the representatives of the council to familiarize us with the culture and customs of the Roma in order to communicate and cooperate more simply and easily, but also to understand the reasons that led to such an emotional shock. The meeting on »What does illness and the role of the family mean for Roma« was scheduled for September 24, 2019. at 11 a.m. in the council premises in Zagreb, and nine representatives participated in the meeting. All of them gave their consent to record the conversation and all were informed about the purpose of the meeting. We went through four topics: What does family mean to Roma? What is their view of the disease? What is the role of the family

⁵ Zoran Milivojević: Emocije: psihoterapija i razumevanje emocija [Emotions: psychotherapy and understanding emotions]. Zagreb 2018.

in caring for a sick or dying member? How can we cooperate better? Approval of an ethics committee was not required as the research did not include vulnerable groups but only representatives of the Roma national minority and healthcare professionals.

3. Results

Strongly condemning any form of aggression – all members of the council distanced themselves and condemned the aggression – all participants of the meeting »What does illness and the role of the family mean for Roma« concluded that the main problem lies in the lack of understanding of Roma customs, beliefs and values.

What have we learned about the Roma? What does family mean to Roma?

For the Roma community, family is important, and, unlike our culture, the notion of the immediate family is significantly broader.

N.I.: »For us Roma, family is very important, our immediate family is our parents, brothers, sisters, cousins, and grandparents, and in important life situations, we are all together.«

R.D.: »Some families do not talk, but if a family member dies or becomes seriously ill, disagreements are forgotten and everyone is together.«

What is their view of the disease?

A.D.: »Disease is fate!«

B.G.: »Roma believe that illness occurs as a punishment and illness is bad luck.«

Most Roma, although this has been changing recently, still want their loved ones to die in their homes.

What is the role of the family in caring for a sick or dying member?

They believe that a seriously ill, and especially a dying member of their family should never be left alone. It is especially important not to die alone without the presence of family members because it entails bad energy and karma. Sickness and death are situations when quarreling families reconcile and are together with the sick.

N.I.: »When a family member is sick, other family members are always with him and he must never be alone. Above all, he must not die alone!«

B.G.: »To leave a sick family member alone, and God forbid that he die alone, is unimaginable to us and causes fate.«

With Roma, it is important to know who to communicate with and who the decision-maker is. It is wrong to assume that it is a wife, daughter, or son. When a member of their family is in the hospital everyone is present, they do not leave the hospital grounds. In order to manage many visitors successfully, it is important to come to an agreement in advance. From our experience, the word given to you by the so-called head of the family is respected and experience shows us that such agreements are really respected. We return to respect in communication and relationships as the foundation for conflict prevention.

How can we cooperate better?

R.F.: »I repeat, we condemn and do not justify aggression, but the main problem is the misunderstanding of Roma customs, beliefs, and values. We, as representatives of Roma, offer you help and you can always call us and we hope that this kind of situation will not happen again.«

In addition to receiving important information on the Roma people, a cooperation was established with the Roma Council, some joint public health campaigns were agreed on, as well as contacts exchanged in case of the need to better understand members of the Roma national minorities.

This leads to the question: do we have to know every culture that we will take care of at some point? This would be too ambitious and almost impossible, but we can always cooperate with representatives of national minorities living in Croatia to seek help in case of any misunderstanding, especially when it comes to life-threatening, dying patients.

4. Discussion

According to the Croatian Law on Compulsory Health Insurance published in the Official Gazette 80/13, 137/13, 98/19 which is in force

since January 1st, 2020 in the Republic of Croatia, compulsory health insurance covers all insured persons of the Institute of Rights and Obligations from Compulsory Health Insurance on the principles of reciprocity, solidarity and equality, in the manner and under the conditions determined by the Regulation (EC).⁶ According to the 2011 census, there are 4,284,889 inhabitants in the Republic of Croatia, 328,738 of which are members of national minorities: Albanians 17,513 (0.41 %), Austrians 297 (0.01 %), Bosnians 31,479 (0.73 %), Bulgarians 350 (0.01 %), Montenegrins 4,517 (0.11 %), Czechs 9,641 (0.22 %), Hungarians 14,048 (0.33 %), Macedonians 4,138 (0.10 %), Germans 2,965 (0.07 %), Poles 672 (0.02 %), Roma 16,975 (0.40 %), Romania 435 (0.01 %), Russians 1,279 (0.03 %), Slovaks 4,753 (0.11 %), Slovenes 10,517 (0.25 %), Serbs 186,633 (4.36 %), Italians 17,807 (0.42 %), Turks 367 (0.01 %), Ukrainians 1,878 (0.04 %), Vlachs 29 (0.00 %) and Jews 509 (0.01 %).⁷

According to the above census, 16,975 members of the Roma national minority live in the Republic of Croatia. The Government of the Republic of Croatia ensures the exercise of most ethnic rights of the Roma and other members of national minorities through regular institutions of the Republic of Croatia as well as the majority of the Croatian people. The Roma who have civil status in the Republic of Croatia exercise the right to healthcare in accordance with the provisions of the Health Care Act and the Health Insurance Act, in the same way and under the same conditions as all other citizens of the Republic of Croatia. For those Roma who do not have a regulated citizenship, the Law on Health Care of Foreigners determines the conditions and manner of obtaining healthcare in the Republic of Croatia. Due to the high unemployment rate, very few able-bodied Roma are actively insured. In various Croatian regions, a certain number of uninsured Roma receive healthcare at the expense of budget funds.⁸

»People who do not have their own written history, because of the way and conditions of life and persecution in the past, who

⁶ Republic of Croatia: Compulsory Health Insurance Act: Consolidated text of the law. <https://www.zakon.hr/z/192/Zakon-o-obveznom-zdravstvenom-osiguranju> (accessed on 7.2.2023).

⁷ The Government of the Republic of Croatia: National minorities in the Republic of Croatia. <https://pravamanjina.gov.hr/nacionalne-manjine/nacionalne-manjine-u-republici-hrvatskoj/352> (accessed on 7.2.2023).

⁸ Republic of Croatia: Compulsory Health (Note 6).

present their existence in a mythical way, not historical findings in the general margin are Roma«, says Mirdita Saliu in the introduction to her book »The path of the Roma from nomads to modern ethnic community« pondering on the specificity of the Roma as a people. The Roma do not have a written history neither in their own language nor in other languages in which information on historical figures and events would be available as other peoples have.⁹ The existence of the Roma people is based only on oral tradition. In this fact lies the bulk of the problems and challenges when we talk about intercultural communication, which is a prerequisite for the realization of guaranteed rights and the provision of quality healthcare.

The main goal of communication is to establish understanding and cooperation with others. When interaction becomes stressful, taking on a competitive, hostile, or oppositional nature, it can be classified as conflict. Much of our social environment is characterized by interactions that include conflicts, misunderstandings, and failure to communicate. Contrary to earlier understandings of conflict, today scientists agree with the thesis that conflict in itself is neither good nor bad. It all depends on how you deal with conflict situations. Many theorists are of the opinion that conflict is welcome, because if we manage it well, it can have several useful effects, such as mobilizing the energy of individuals and groups, educating about better cooperation and acceptance, checking, and testing new ideas, etc.¹⁰

There has always been population migration, but today the world is more connected than ever in history. Therefore, the study of cultural patterns and specifics of communication is necessary for adaptation and participation in the »new« world. The globalized world has intensified international contacts and in today's world no nation, group or culture can remain remote or autonomous. The three phenomena that have increased intercultural contacts are certainly new technologies and information systems, changes in the world population and the global economy. It is almost certain that our private and business contacts will increasingly involve intercultural contacts. The world's population is growing at a rate of approximately 200,000 people a day, an increase of almost 80 million annually. The increase in population is accompanied by an increase in mass migration and

⁹ Mirdita Saliu: Put Roma od nomada do suvremene etničke zajednice [The path of the Roma from nomads to modern ethnic community]. Zagreb 2019.

¹⁰ Zoran Tomić, Damir Jugo: Temelji međuljudske komunikacije [Foundations of interpersonal communication]. Mostar, Zagreb 2021.

travel. On the other hand, tourism is the fastest growing industry. However, does this have anything to do with health professionals? It absolutely does, because every tourist can need healthcare at some point, and by entering the health system asking for help the process of communication begins. Remember, interpretations of the meaning of sent messages are within people, and it is culture that is the framework for the interpretation of meaning. Culture is a set of common ideals, values, and standards of behavior. It is dynamic and changes over time. We are usually unaware of the adoption of cultural perceptions, rules, and behaviors, but by repeating key messages, we strengthen a particular culture. We are all familiar with proverbs, myths and legends, art, mass media, which also represent a hidden channel of cultural transfer. There is no doubt that we will need to improve our intercultural communication skills in our professional environment. The term Intercultural Communication according to the authors Samovar, Porter and McDaniel is when:

(...) a member of one culture creates a message intended for a member of another culture. More specifically, intercultural communication involves the interaction of people whose cultural perceptions and symbolic systems are different enough to change the act of communication (...).¹¹

With all the above in mind, let us look at the real-life situation when an individual is diagnosed with a severe, life-threatening illness and with family members enter a healthcare system. On the one hand, the patient and his family members deal with different emotions such as fear, anger, anxiety, etc. and on the other hand, there are health professionals who provide care. Talking to the family of a dying patient and a dying patient himself is perhaps the most stressful part of the professional communication of healthcare professionals. Communicating to the family and the patient that all diagnostic and therapeutic options have been exhausted is by no means easy. In this interaction, a lack of understanding may occur and a kind of crisis communication that has exactly occurred in 2019 in our University hospital center Zagreb.

Situations that cause emotional shock create the impression that the subjects of basic life values, some fundamental opinions about themselves, others or the world are endangered. As his basic

¹¹ Samovar, Porter, McDaniel: *Komunikacija* (Note 2).

postulate of life is endangered or annulled by this stimulus situation, the subject perceives it as a complete catastrophe by refusing to accept the real situation.¹² Such a reaction and sequence of events brought us into a crisis because, according to Kathleen Fearn Banks, who states that: »A crisis is both an important and unpredictable event with potentially negative results, which can significantly damage the organization and its employees.«¹³ This event was just that. Every crisis has its five steps: beginning, rise, peak, fall and end. The outcome of the crisis was: the normal functioning of the ward was disabled, alternative routes were organized so that other patients could perform the agreed examinations and therapeutic procedures, two seriously injured health workers, fear in all patients, health and non-health workers, material damage and finding the culprit for this event. The latter further deepened the crisis as the whole event quickly found its way onto social media. One post was enough to cause a wave of comments that were not affirmative, but condemning, calling for violence and individual guilt quickly grew into collectivizing guilt towards one national minority.¹⁴

The fundamentals of conflict are information and perception. From the information perspective, conflict can arise because one person has information that another does not, or two people have different sets of information. Now we come to the perception that people see things differently based on their unique belief systems. Canadian sociologist McLuhan pointed out the role of noise in communication that is directly responsible for poor communication, a misunderstanding that can lead to conflict. Noise can occur in the form of psychological, semantic, or mechanical disturbances. There are several types of noise or obstacles differing in the fact that obstacles are mostly of human origin, and noise can be of a technical nature. The most important psychological barriers to communication, especially communication in healthcare, are certainly emotions, followed by perception, lack of memory and, poor hearing. Let us recall for a moment the communication activities that take place in a healthcare setting. A large amount of information needs to be communicated in a limited period of time sometimes even during very stressful situations. Therefore, time, space, or fatigue can be significant barriers

¹² Milivojević: Emocije (Note 5).

¹³ Damir Jugo: Menadžment kriznog komuniciranja [Crisis communication management]. Zagreb 2017.

¹⁴ Jugo: Menadžment (Note 13).

to communication. Furthermore, there are also socio-cultural barriers. Culture is a social phenomenon and is very powerful. Key sociocultural elements that can become barriers are:

1. collective thinking in which collective behavior dominates and stifles the decision-making process;
2. stereotypes and ethnocentrism;
3. inaccurate information, language and jargon that have several dimensions from status, class, professional differences to poor knowledge of the language in which one communicates;
4. conflict of values and beliefs because culture is based on shared beliefs and values.¹⁵

Furthermore, according to the report of the Croatian Institute of Public Health from September 2021, there are 16,369 deaf people and 173 deafblind people living in the Republic of Croatia.¹⁶ Today, people with hearing impairments use more than 300 different sign languages. How much do we understand sign language? Sign languages are full-fledged languages, structurally different from spoken languages. The most common misconception about sign language is the fact that most people attribute sign language to the mother tongue of the country, which the deaf person comes from and lives in.

Hearing impaired people are also users of healthcare services and have all the rights as national minorities and the majority population. However, communication is a challenge and there are obstacles in communication with a deaf person, which we identified in a short survey conducted in the departments caring for lung cancer patients in five Croatian hospitals. Health professionals were asked the following questions concerning the availability of sign language interpreters: Are sign language interpreters available to deaf people 24 hours a day? Do you know how to contact an official interpreter if necessary? More than half of the respondents answered the first question in the affirmative, the rest assumed that they were, but they were not sure. However, concerning the second question, no surveyed health professionals knew how to contact them, which is extremely important when it comes to patients who sought help in emergency services. The results of the survey were the reason for initiating a

¹⁵ Samovar, Porter, McDaniel: *Komunikacija* (Note 2).

¹⁶ Tomislav Benjak: *Hrvatski registar o osobama s invaliditetom u Republici Hrvatskoj* [Croatian register of persons with disabilities in the Republic of Croatia]. Zagreb 2021.

cooperation with the Croatian Association of the Deaf and Hard of Hearing, and an education program at the Medical Polytechnic in Zagreb has been established. What have we learned?

Deaf people learn sign language and it is their mother tongue, which means that the language of the country they live in is another language. The grammatical term of case is unknown to them, which complicates written communication significantly. They use simple short sentence forms. Sign language is not uniform and today we know about 300 types of sign language.¹⁷ Every deaf person has the right to a sign language interpreter and a sign language interpreter should be made available. Further cooperation and education programs are planned for the future, but the COVID pandemic has prevented us from continuing our activities temporarily.

After the training, the following communication barriers with deaf people were identified:

1. sociocultural elements – ethnocentrism is an attempt to predict a person's behavior based on his belonging to a certain group and is usually associated with superficial behavior and inaccurate information;
2. language – poor knowledge of the language in which the communication takes place;
3. collective thinking in which collective behavior dominates and stifles decision-making;
4. stereotypes.

5. Conclusion

Returning to the definition of intercultural communication, but also the legal obligations to provide healthcare, which in addition to treatment must be aimed at preserving the quality of life and ensuring a dignified death, it is necessary to conduct education concerning the specifics of minorities.

A brief introduction to the specifics of the Roma national minority and deaf people raises the issue of communication competencies and social skills. If we know and are aware of potential barriers to

¹⁷ SignSolutions: What are the different types of sign language? (3.5.2021). <https://www.signsolutions.uk.com/what-are-the-different-types-of-sign-language/> (accessed on 7.2.2023).

communication with a certain group of people, there is less chance of conflict and misunderstanding. We should not forget that each of us is an individual in our own right and that as human beings we differ in how competently we interact with others. These individual differences affect communication in a variety of interpersonal environments. Communication skills, on the other hand, have to be learned and are necessary to provide quality healthcare, avoid conflict, and understand.

For every relationship, and especially in the relationship between health professionals and patients and their family members, there should be trust. Trust needs to be built, and unfortunately can be lost very easily. So, we should start slowly with verbal communication, the most common form of interpersonal communication, which includes speaking and listening. Remember that each message has four sides and the key to the true meaning of the statement can be contained in the emphasis placed on a specific word, but also the general attitude used when speaking. Often the attitude that accompanies verbal interaction, which can be positive or negative, is more significant than the words spoken.

Nonverbal communication involves many factors that either confirm or dispute the spoken word. Facial expression, the presence or absence of eye contact, posture, and body movement, all project a direct message. Let us remember the old folk saying, »Look me in the eye and tell me«. However, we tend to forget that part of communication, especially when we talk to deaf people. Most health professionals, when talking to a deaf person, are talking to an interpreter. Indirect nonverbal messages include clothing, lifestyle, or material possessions. External signs and physical representation affect the quality of communication. Pre-created ideas and expectations interpret input – idea – from all such sources, often on an almost subconscious level. Listening is certainly an important element of clear and effective communication as any other component.

Many distractors contribute to poor listening habits. Positive communication techniques can help us be good communicators. Primarily, we should develop trust, communicate openly and honestly, maintain integrity and be reliable. We should use »I messages«. When a comment starts with »you«, the recipient's defense is activated. Using »you« in such a context sounds, and is most likely intended to be, accusatory, so emotions escalate into anger quickly. Although

the recipient initially tries to sound conciliatory, he soon begins to respond in a similar indicting form.

Let us make eye contact. We should keep our promises, because few things can so quickly destroy the fragile trust that develops in any interpersonal relationship such as giving and then breaking promises. Once the promise is made, everything must be done to fulfill the expectation. Sometimes it is not possible to satisfy the search; if that happens, the situation or circumstances must be explained. Let us be empathetic because empathy is an integral part of a therapeutic relationship. We should use open communication and clarify the information. Be aware of body language, because body positioning and movement send loud messages to others. In addition to eye contact, effective communication is enriched by an open attitude, such as keeping hands sideways or toward the patient rather than crossed, or leaning toward the patient to hear more clearly, rather than moving away from the patient. We should touch patients but be sensitive to each patient's personal preference and cultural differences in terms of touch. For many people, a gentle touch means showing genuine interest and concern. Patting on the back, holding hands, touching the shoulder, these are all behaviors that indicate accessibility and availability, but let us not assume, let us respect differences.

We are aware of how culture influences communication in a subtle and profound way. Our cultural background and experience partly determine the way we see the world and the way we interact with that world. »Our differences determine us, but our common humanity can redeem us«, said Karen Armstrong.¹⁸ In addition to knowledge about a particular culture and awareness of different ways of communicating, it is necessary to know something about the person himself. Therefore, at the first meeting with a new patient, allow him to »tell his story«. Do not guess where the patient's story is leading, do not jump to conclusions, and do not think about yourself.¹⁹

Further research is needed on intercultural communication with minority groups in the healthcare and the impact of communication skills of healthcare professionals on patient adherence, avoidance of misunderstandings, and finally treatment outcomes.

¹⁸ Samovar, Porter, McDaniel: *Komunikacija* (Note 2).

¹⁹ Samovar, Porter, McDaniel: *Komunikacija* (Note 2).