



Communication across cultures

A guide for volunteers and caregivers





Why Cultural Communication Matters

- Culture influences how people talk about illness and death
- It shapes decision-making and family roles
- It affects trust in caregivers and healthcare providers
- Misunderstandings can lead to fear, confusion, or distress

Good communication builds:

- comfort
- dignity
- trust



Culture influences

- Beliefs about health and illness
- Attitudes toward death and dying
- Family roles and responsibilities
- Religion and spirituality
- Communication styles

Culture influences how people express emotions and ask for help.

Direct vs. Indirect Communication



Different cultures communicate differently.

Direct communication

- Common in North America and Northern Europe
- Open discussion of illness and prognosis
- Patient autonomy emphasized

Indirect communication

- Common in many Latin American cultures
- Families may soften or avoid difficult information
- Protecting the patient from distress is valued

Decision Making



In many caucasian families:

- **The patient decides**
- **Strong emphasis is placed on individual autonomy**
- **The patient expects:**
 - **to be informed**
 - **to make their own decisions**
- **Advance directives and planning are often important**

In many Latino families:

- **Family decisions are shared**
- **Relatives often play a strong role in care**
- **Family involvement can mean:**
 - **multiple people present**
 - **relatives speaking for the patient**
 - **strong caregiving responsibilities**

Faith and Spirituality



Spiritual beliefs often guide how people face illness.

Common themes in Latino communities:

- **Strong religious faith**
- **The conviction that life and death are in God's hands**
- **Prayer as comfort**
- **Involvement of pastor, priest, or spiritual leaders**

Caucasian patients may:

- **Identify as religious, spiritual, or non-religious**
- **Prefer personal or private spiritual reflection**
- **Find comfort in: prayer, meditation, nature, music or personal rituals**
- **Want to explore meaning, purpose, or legacy**
- **Sometimes express spirituality in non-traditional ways**

Volunteers should respect and support the spiritual needs of each culture, family, and patient

Emotional Expression Differences



Significant differences exist in emotional expression at the end of life between Latinos and Caucasians

These differences are influenced by cultural values:

- Collectivism (more common in Latino cultures)
- Individualism (more common in Caucasian cultures)

Caucasian tendencies:

- Emphasis on personal autonomy
- More likely to verbalize emotions openly
- Direct discussion of feelings and end-of-life concerns

Latino tendencies:

- Emphasis on familismo (family-centered care and decision-making)
- Value of simpatía (maintaining harmony, avoiding conflict)
- Emotional expression through:
 - physical presence
 - spirituality and faith
 - sometimes intense or public expressions of grief
- Emotions may be shown more through actions and relationships than words



Potential differences between Latinos and Caucasians

- Faith may be less openly expressed
- Not all patients will want spiritual conversations
- Some may prefer practical or emotional support instead

Volunteer tip:

- Gently ask:
 - “Is there anything that brings you comfort or peace?”
- Follow their lead—never assume spiritual beliefs

Trust and Expectations



Caucasian patients may expect:

- **Transparency from caregivers**
- **Clear explanations**
- **A sense of control over their situation**

Possible challenge:

- **Frustration if communication feels vague or indirect**

Some Latino patients and families may:

- **Value personal relationships and warmth**
- **Prefer indirect or gentle communication**
- **Rely strongly on family involvement**
- **Have deep faith and trust in God's plan**
- **Feel hesitant or unfamiliar with hospice/palliative services**



Building trust requires:

- **Listening carefully**
- **Respect**
- **Patience**
- **Clear communication**



Communication Tips for Volunteers

Listen more than you speak

Ask open-ended questions

Follow the patient's lead

Respect family dynamics

Be comfortable with silence

Avoid assumptions

Be curious and respectful of each other's cultures

Don't try to impose your own cultural beliefs

The Most Important Skill: Humility



- **Cultural competence is not about knowing everything.**
- **It is about:**
 - **curiosity**
 - **humility**
 - **respect**
 - **willingness to learn from each person**
- **Every patient is an individual, not a stereotype.**

Resources



<https://www.who.int/news-room/fact-sheets/detail/palliative-care>

<https://www.aafp.org/pubs/afp/issues/2005/0201/p515.html>

https://www.lacrosseconsortium.org/uploads/content_files/files/End%20of%20Life%20Latino%20Culture.pdf

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4769949/>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9845431/>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC3674172/>

<https://www.sciencedirect.com/science/article/pii/S0885392422008272>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC7716699/>

<https://americanhospice.org/learning-about-hospice/latino-families-and-hospice/> <https://www.capc.org/blog/language-culture-and-trust-addressing-gaps-in-palliative-care-for-hispanic-patients/>

<https://thinkculturalhealth.hhs.gov/assets/pdfs/CommunicationStyles.pdf>