

Communicating with Your Albanian Patient

Adapted from *Culture Clues™*, University of Washington Medical Center, November 1, 2007;
<http://depts.washington.edu/pfes/cultureclues.html>.

Culture Clues™ was designed by the University of Washington Medical Center to help increase awareness about concepts and preferences of patients from diverse cultures. *Culture Clues™* is to be used along with information from the patient and family to guide your communication and your patient care.

Remember — every person is unique; always consider the individual's beliefs, needs, and concerns.

Illness is a cause of great concern for the patient's entire family. Indeed, extended family and kin are alerted and ready to help. Human, financial and other resources are utilized in a spontaneous or concerted effort to assist the patient and help him or her heal as soon as possible. Visitors come often to the hospital, bringing in food (viewed as a gift for healing) and a lot of attention.



How does the Albanian culture deal with illness?

Explaining the cause of illness and disease

- A persuasive approach might help your patient recognize that, in the process of healing, their active role is crucial. Tell your patient that they are important in the healing process.
- Your patient may believe that illness is caused by unfavorable climate conditions, by not eating the right food, or by extremely brutal physical and psychological terror.
- Your patient may diminish the importance of their "self" versus the importance of their family and nation emerging from a terrible tragedy. You may ask your patient if they have experienced any loss of their loved ones: family, friends, or relatives. The Social Worker in your clinical area is a resource to help with PTSD.
- Your patient might believe that IM administered medications have a better effect than those administered orally. Explain that many medications do not come in an IM route.
- Your patient may expect to need to use medication to get better. If he or she does not require medication, make an effort to explain how or why the patient can do other things that will help.

Communicating with the patient experiencing depression

- Your patients may have experienced severe psychological trauma and may suffer PTSD and grief with characteristic emotional, cognitive, behavioral, and physical reactions. However, they may suffer PTSD or depression in silence without being able (or willing) to articulate their affliction. Patients may say, "Everything is fine," but will provide circumstantial evidence that is not right to the point that they are anxious. This is a cue to initiate more direct dialog.



How are medical decisions made in the Albanian culture?

Making decisions about health care

- The parents or the oldest child, regardless of gender, are decision-makers. However, prior to making a health care decision, they may need time to consult with the most knowledgeable person in their family or kin who may significantly influence their decision.
- Encourage your patients to bring a friend or family member that they would like to have present, to their appointments when brokering medical decision-making.

Managing medical news

- Most medical news is preferably shielded not only from the patient, but also from his or her dearest ones: parents, spouse, brothers and sisters. The family believes that telling the patient the truth may make her or his condition worse; they believe if the patient doesn't know, it helps them to heal.



What are the Albanian culture's norms about touch?

Understanding norms about touch and body issues

- Direct eye-to-eye contact with your patient is culturally appropriate. If women look down, it may be a sign of modesty.
- Family should be made to feel comfortable to massage or provide a sponge bath to the patient; touch is considered an important part of healing.

Explaining touching

- Your patient may prefer that family members of the opposite gender leave the room during physical examination. Find out if this is the case for your patient.
- Before touching your patient, explain the purpose of your touch: what will be done and why.
- Your gender as the health care provider is not likely to be an issue for your patient when doing peri-care or assessing urinary catheters.
- Female patients may prefer a female OB Gyn, although mostly the level of expertise and experience of a health provider takes precedence over gender considerations. Most young nulliparous women are modest about having an examination and will not allow a male physician to do the exam. In some cases, your patient may refuse a gynecologic exam from a provider of either gender.

Understanding concerns about hygiene and health

- When sick, your patient may prefer sponge baths rather than daily baths or showers.
- Your patient may not wash hair as frequently when sick, especially when in the hospital, for fear of catching cold or getting a headache.
- Hygiene may be performed by the patient, family member who wants to help, or with the help of a nurse or aide; encourage your patient to let her/his preferences be known.