

**Diana Boc-Sînmărghișan**  
**Alina Andreea Dragoescu-**  
**Petrica<sup>1</sup>**  
**Daniela Șilindean**

**Article info:**

Received 15.07.2024.

Accepted 29.01.2025.

DOI – 10.24874/IJQR19.02-10



## LINGUISTIC DIVERSITY – A BRIDGE BETWEEN DOCTOR AND PATIENT IN QUALITY HEALTHCARE CULTURE

**Abstract:** *An intercultural dialog protocol in the doctor-patient relationship is essential in order to ensure effective communication and quality healthcare, especially in situations where the doctor and the patient have different cultural backgrounds. This is the premise of this paper, which aims to highlight principles and good practice programmes applied in the Victor Babes University of Medicine and Pharmacy Timisoara in order to overcome cultural and linguistic barriers and to facilitate mutual understanding.*

**Keywords:** *foreign languages, intercultural dialogue, communication, linguistic diversity, doctor-patient communication.*

### 1. Introduction

Imagine the reaction of a Romanian patient who has just arrived in a hospital in France for investigation and who would be acquainted by the attending French doctor with the greeting “*Bună dimineața, domnule/doamnă!*” and then, of course, continuing the dialogue in French. Trust would already be halfway earned, as well as attachment, openness and respect. These are simple, easily achievable aims, provided a few socio-cultural elements were taken into account. Language is part of the bigger picture and it contributes to defining identity and needs to be understood as bridging peoples and their cultures.

Intercultural communication, the interaction and the exchange of information between people with different backgrounds, requires a deep level acknowledgement of cultural differences and at the same time developing the necessary skills of understanding and acceptance. The process is complex and it is determined by many factors, including

language, values, social norms, traditions and habits that are specific to each culture.

This kind of dialog is essential in a medical university with programs taught in international languages, where students, teachers and patients often come from very diverse cultural backgrounds. In other words, in the context of medical formation, knowledge of key-elements of social and cultural history has an important part in developing in developing effective medical communication skills and building trust in relationships with both patients and peers.

At a European level, the field of linguistic and cultural mediation has started to develop with the opening of the borders of the European Union, especially in Western European countries which have been for years registering a high receiving high numbers of immigrants, in particular Italy, Spain, Belgium, Germany, and the United Kingdom. What is more, cultural and linguistic mediation have been part of the curricula of humanities and also medical programs of study – also in Romanian

<sup>1</sup> Corresponding author: Alina Andreea Dragoescu-Petrica  
Email: [andreeadragoescu@usvt.ro](mailto:andreeadragoescu@usvt.ro)

universities, which shows the need to develop new skills whose main purpose is to respond to the dynamics of the contemporary world (Ionescu, 2022).

Due to his existential status man belongs simultaneously to both nature and culture. He is the result of a long biological evolution whose life spent as part of a community has imprinted the status of a cultural person by means of hard work and sustained effort, through acquired cultural behaviours. As a socio-human phenomenon, culture is historically determined, reflecting the stages of existence, of gnoseology and human involvement in different activities. Culture cannot exist but within the human, the social, it is the vocation of each one of us, it is what gives us self-awareness.

That is why we consider it is important that in a medical school, where at the core of teaching and learning lays the human being, there should be approaches to promote culture, intercultural dialog and support linguistic diversity. For that purpose, in the present article we support transformative learning and understanding the diversity of perspectives, outlining ways in which we help medical language learners “to decentre from their linguistic and cultural world to consider their own situatedness from the perspective of another” (Hanukaev, 2022, p. 33).

## **2. Methodology**

This approach aims at activating the model of ‘cultural synergy’ proposed by Jin & Cortazzi (1995) as a working model for acquiring foreign languages for specific purposes and communication skills.

The large number of international students in Victor Babes University of Medicine and Pharmacy (over 1700 undergraduate students, about 15 PhD students and about 300 residents) is a great asset, enhancing linguistic and cultural richness which ought to be maximized. By means of both formal and non-formal activities we frequently

organize this is amongst our goals. This data will be presented in the case study accompanying this theoretical preliminary research, along with illustrations for all those interested in these areas (Boc-Sînmărghișan & Șilindean, 2024; Boc-Sînmărghișan, 2023; Boc-Sînmărghișan & Lungoci, 2022; Boc-Sînmărghișan et al., 2019).

The process of designing courses and activities for language learners for specific purposes (ESP) requires interdisciplinary research, including socio-cultural and intercultural studies, special terminology, comparative and contrastive applied linguistics. For this purpose, the present study also relies on these approaches and the qualitative methodologies they provide.

## **3. Discussion**

Learning a foreign language means also knowing its culture at the same time, since language is not just a means of communication, but also “a way of expressing culture and a mediator of identity”. (Abdallah-Preteceille, 1991, p. 306). With its help we can not only highlight the culture of a given group, but also find common points of reference that allow and maintain dialogue through a common language (Defays, 2018, p. 86).

According to Puren, the cultural objective has always been central when teaching, foreign language becoming less and less the objective and more and more a means of discovering the respective (Puren 2010, p. 9; Mehyaoui 2022, p. 113).

This view is shared by many contemporary didactic researchers who agree on the importance of culture in foreign language teaching (Defays, 2018, p. 81). As a result, foreign language classes are the ideal space for beginning the journey through knowing and understanding another culture (Sperkova, 2009). This leads also to developing the intercultural competence seen as a “lever of reflection and action” (Porcher, 1996, p. VIII). An excellent

overview of the term has changed and what it has encapsulated, together with a thorough review of the literature can be seen in Turner and Dograd (2016), *Diversity Issues in Clinical Communication*.

In a medical university, these two levers are the sure path to a successful career. Let us consider the situation where the doctor and the patient come from different cultural backgrounds, in which case communication will certainly be influenced by attitudes, values, mentalities, stereotypes, prejudices biases, practices of the linguistic and cultural community from which they come.

In order for a clinical interview to achieve its ultimate goal, the clinician must have also the skills to control, identify and manage culturally induced communicative difference. We acknowledge cultural awareness as “customs, world view, language, kinship system, social organization or other taken-for-granted practices of a people which sets that group apart as a distinctive group” (Scollon & Scollon, 2001). Culture shapes and influences communication (Ionescu, 2019), and the form of the dialogue varies according to the profile of the partners, as part of their cultural identity. Lack of understanding of the interactional particularities of the patient’s culture can considerably affect how the clinical interview is conducted and can even degenerate into conflicts, prejudices, or cultural alienation of the patient – to mention but a few (see an ample revisiting of the labyrinth of cultures in Șerbănescu, 2007).

We have to admit that when assuming the role of interlocutor during taking a history phases, the doctor must follow certain norms that integrate the ICE (ideas, concerns, expectations, cf *Calgary Cambridge Guide*) and also reflect the socio-cultural assumptions and constraints of the cultural community from which the patient comes. Speech acts and their linguistic expression are influenced by social and cultural factors, with each culture imposing certain

restrictions on how they are performed. The way in which the addressing is made, the elements that signal the moment of transition, the time given for pauses and silences, the rhythm of interruptions or overlappings can differ from one culture to another. An utterance may be interpreted as an insult or criticism in one culture, while the same utterance may be perceived as an expressive speech act or even as a compliment in other cultural contexts. In the case of compliments or encouragement that the doctor may give at a given moment regarding the compliance to treatment by the patient, for instance, we should have in mind that in some cultures they are accepted by the interlocutor, while in others a more reserved attitude towards them is seen as a sign of common sense and decency.

Creating contexts that facilitate encounters between students and teachers with different cultural backgrounds will lead to increased intercultural awareness by emphasizing such aspects as reference values, beliefs, mentalities, lifestyles, taboos, prejudices and stereotypes they bring from their own cultures. It will be much easier for the future doctor who is still in his/her years of professional formation to recognize the future patient’s social and communicative behavior, a possible ritual behavior to shape a general idea of the personal, social and cultural identity of the patient he/she will have to listen to, investigate, diagnose and to observe the progress withing the therapeutic alliance.

In the latest edition of the interdisciplinary conference *Place and Therapy, marks of our cultural identity*, the 9<sup>th</sup> edition, the participating students had the opportunity to get to know the cultural particularities of their colleagues from a wide range of different backgrounds. They tasted local specialties, learned new customs and traditions, learned dance steps, had their photo taken with colleagues dressed in national costumes, sang the anthems of the participating countries, browsed through albums and encyclopaedias brought from

different parts of the world, wrote in different languages using different alphabets, were taken on historical, culinary, literary, historical and literary tours, made stops and focused on medical case studies. These traditional values, deeply rooted in human cultures and communities, are pillars of resilience and continuity in a constantly changing world. Although modern societies undergo rapid change, traditions and values are the legacy handed down from generation to generation and they remain essential for the preservation of cultural, social and spiritual identity.

By means of the above-mentioned conference, medical students could live *the other's* experience so that later on, when becoming a doctor, he/she would be the healthcare professional with an extended formation, with multiple competencies who can tackle a large series of health issues – thus mastering a set of hard skills and who can offer quality care in different cultural and social contexts, therefore mastering also their intercultural competences. Some titles in the conference program will be illustrative, we believe, in this sense: *Identity – an intercultural concept; The perennality of Romanian traditional values; About the Romanian community in Serbia; Serbia – between traditions, values and historical experiences; France – liberty, equality, fraternity; Morocco – between tradition, religion, culture; Ukraine. True values always stay with you; Jordan – between tradition and contemporaneity; Compartism and diversity in Lebanon; Palestine – closer to home; Syria – bridge between the Middle East, Europe and Africa; Tunisia – about cultural diversity; Republic of Moldova – my motherland.* The papers were presented by natives of the participating countries, some of whom chose to wear their national costumes and proudly carrying the flag. There was a lot of emotion, warmth, empathy. Cultural awareness plays an important part in a medical university since it prepares students to interact with patients and peers from diverse cultures.

Within the same conference, medical case studies were also highlighted. Simulation exercises helped students better understand the specific challenges of intercultural communication. *Schroth Therapy. The importance of the therapist-child-parent bond* was a collaborative presentation by two physiotherapists from Romania and Serbia, their subjects being child patients suffering from scoliosis hospitalized in the Municipal Emergency Hospital, Timisoara, and in a rehabilitation center in Novi Sad. In addition to the useful information they received, the participants learned several posture exercises, corrected each other's wrong movements under the close supervision of specialists. Facilitating interaction between students from different cultures through cooperation and teamwork in such extracurricular activities helps them develop their intercultural skills. It prepares future doctors to work effectively in multicultural medical teams. Aspects related to medical ethics are an essential component of the training of doctors and such intercultural actions are leading also to ethical conducts. Respect for diversity, patient rights and personal autonomy are essential topics that can be dealt with in an intercultural context. The medical papers presented at the conference impressed the audience with their well-structured and informative content, practical demonstrations, relevant data and research, personal stories and examples. We have chosen some of them in order to illustrate the multiple layered actions aimed at.

Videos of a patient who improved his mobility through music therapy, as well as graphs showing brain activity stimulated by sounds, made the presentation *Music, between art and therapy, an empirical approach* captivating and certainly unforgettable. Students were then invited to share their personal impressions about the impact of music in their lives. Because of skin lesions and deformities caused by tumors, many patients with neurofibromatosis still face prejudice and

discrimination. Visible symptoms often lead to marginalization and misunderstanding, amplifying feelings of shame and inferiority, especially in children and adolescents who have difficulty integrating into the school environment. In addition, the complexity of the condition can lead to medical stigmatization by health professionals who do not fully understand the challenges of the disease. The paper *Neurofibromatosis type 1, from stigma to multidisciplinary collaboration* has shown why multidisciplinary collaboration gives patients with this disease a chance not only to proper medical treatment, but also to a better life, free from stigma and marginalization.

*Linden* is a powerful symbol in cultures around the world, prized both for its beauty and longevity and also for its medicinal properties. From Eastern Europe to Asia and North America, the linden tree finds its place in legends, traditions and healing practices. The intercultural approach of the students from the Faculty of Genetic Engineering at the University of Life Sciences in Timisoara allowed the participants to better understand the complex role of the linden tree as a natural monument, mystical symbol and cure in different civilizations (*Linden - monument, mystery and cure*).

Steps towards intercultural awareness are made with each edition of this conference since its beginning in 2016. Students and teachers from the three partner universities, the Victor Babeş University of Medicine and Pharmacy in Timișoara, the West University of Timișoara and King Michael I University of Life Sciences in Timișoara have put together information from different fields (linguistic, medical, anthropological, didactic and biological) to shape a perspective on learning targeting transdisciplinary competences and attitudes.

The main aim and our expected outcome from these intercultural encounters is to increase the level of intercultural awareness amongst participating students. Byram (1997, p. 34) defines intercultural

competence as “knowledge of others; self-awareness; interpretive and correlation skills; discovery and/or interaction skills; appreciation of others' values, beliefs and behaviors; and relativizing the self”.

Equipped with such skills from his/her years of training, the doctor will successfully face any intercultural challenges. Linguistic diversity in a medical field is an essential aspect. In order to be able to provide quality healthcare in a globalized society, the doctor must master this set of skills. Language differences can lead to misinterpretations, misunderstandings and, in some cases, medical risks. In fact, medical communication experts acknowledge linguistic and cross-cultural barriers and also the need to overcome them. Health professionals need to be trained to communicate effectively with patients from different cultures and provide information in a way that is accessible to them – communication protocols come at hand. Good linguistic communication fosters trust and empathy between doctor and patient, thus contributing to a collaborative relationship. Instead, barriers can lead to frustration, confusion and lack of therapeutic compliance. The doctor must be aware of cultural and linguistic issues that may influence the patient's understanding of their illness, treatment and care.

Through both formal (language courses held at the university) and non-formal activities (inter- and multi-disciplinary conferences but also artistic workshops), we closely aim to ensure that such competencies are formed. By means of the foreign language we teach, we always aim to relate to the culture of *the other*. This way everyone can find the common sphere that allows them to maintain a dialogue through a common language (see also Defays, 2018, p. 86). Defays (ibid., p. 95) compiles an inherent inventory of cultural contents among which language intersects with the intrinsic values of culture, whether at the connotative, denotative, implicit, encyclopedic, discursive or linguistic level. He insists mainly on the

need to reintegrate the literary approach in foreign language teaching, because it allows privileged access to the foreign language and culture and especially by pursuing an intercultural perspective (Ibid. p. 89). *The Common European Framework of Reference for Languages* states that in an intercultural approach, a central objective of language education is to promote the favorable development of the learner's whole personality and sense of identity in response to the broad experience of otherness in language and culture, but also that through knowledge, awareness and understanding of the relationship (distinctive similarities and differences) between the world of origin and the world of the target community, intercultural awareness will be achieved. In this way, linguistic and cultural competencies in relation to each language are modified by knowledge of the other and contribute to intercultural awareness and skill formation (cf. CEFR: 1, p. 103).

Foreign language learning in medical schools is essential for the professional development of future doctors. It not only broadens academic horizons, but also significantly improves the quality of medical care that the future medical student will have to provide to the patient when he or she graduates. With every known foreign language access to international medical knowledge bases, including recent research, scientific articles and clinical guidelines, which are often available in languages other than the mother tongue, increases significantly. On the other hand, communicating effectively with patients of different nationalities, especially in the context of globalization, is a particularly important skill to provide quality health care. In addition, attending international conferences and collaborating with medical teams from other countries contributes to the development of a global perspective on health and greatly enhances the exchange of best practice.

## 4. Conclusion

This contribution aims to support the intercultural awareness of our medical students through the teaching and learning of foreign languages, using interactive modalities that keep the authentic dialog open. To increase the effectiveness of communication with mixed groups of students from different countries, our program was based on an initial analysis of specific needs. This approach proved to be effective in motivating learners, leading to increased communicative effectiveness.

As a result, by learning and practicing according to the proposed comparative and common methodology, students not only enriched their linguistic database, but also significantly developed their social/cultural competence as they better understood the relationships (distinctive similarities and differences) between the countries they come from, from the richness of their respective linguistic communities. The cultural common aspects we have discovered through these intercultural encounters indicate universal human values and that humanity shares a rich common heritage that students can build on in order to develop intercultural relationships (Dragoescu Urlică et al., 2023; Boc-Sînmărghișan et al., 2023). Based on this working hypothesis, we have considered the most effective strategies to make language learning attractive and engaging.

*The Common European Framework of Reference for Languages* encourages the development of mediation skills at all levels of language proficiency, emphasizing its importance in building an open European space that facilitates intercultural understanding and exchange and through such meetings this desideratum achieves its goal.

Intercultural communication in a medical school is essential because students, teachers and patients often come from very diverse cultural backgrounds. In the context of medical training, intercultural

communication plays a particularly important role in developing effective medical communication skills and building trusting relationships with patients and

colleagues. Through such encounters, cultural barriers are transformed into bridges between doctor and patient, supporting the aim of successful therapeutic compliance.

## References:

- Abdallah-Pretceille, M. (1991). Langue et identité culturelle. *Enfance*, 44(4), 305-309.
- Șerbănescu, A. (2007). *Cum gândesc și cum vorbesc ceilalți: prin labirintul culturilor*. Polirom.
- Boc-Sînmărghițan, D., & Șilindean, D. (2024). *Storytelling in Teaching Romanian as a Foreign Language to Medical Students*. *JRLS*, 37, 110-118.
- Boc-Sînmărghițan, D., Dragoescu, A. A., & Samfira, E. M. (2023). Our daily bread'-foreign language learning through proverbs and idioms. *International Journal for Quality Research*, 17(4), 1085-1096. <https://doi.org/10.24874/IJQR17.04-07>
- Boc-Sînmărghițan, D. (2023). *Dificultăți în procesul de învățare a românei ca limbă străină în Locuri și terapie. Sănătatea are un nume*. Timișoara, Editura „Victor Babeș”.
- Boc-Sînmărghițan, D., & Lungoci, C. (2022). Places and Therapy. In Luca, G.-M. (Ed.) *Food and Cultural (In)Compatibilities: 12 Points of View*. Cambridge Scholars Publishing, p. 226-156.
- Boc-Sînmărghițan, Diana; Luca, Gabriela-Mariana; Lungoci Cosmina Simona (2019). *Locuri și terapie prin exerciții de cultivare a limbilor română și franceză*. Timișoara, Editura „Victor Babeș”, Colecția Hippocrate.
- Byram, M. (1997). *Teaching and Assessing Intercultural Communicative Competence*. Clevedon, UK: Multilingual Matters.
- Common European Framework of Reference for Languages (CEFR) Retrieved from <https://www.coe.int/en/web/common-european-framework-reference-languages>
- Defays, J-M. (2018). *Chapitre III. Harmoniser les cultures, orchestrer la communication dans la classe et en dehors*, in Defays, J-M. (dir.). *Enseigner le français - Langue étrangère et seconde: Approche humaniste de la didactique des langues et des cultures*. Mardaga, Wavre, p. 81-106.
- Dragoescu Urlica, A. A., Boc-Sînmărghițan, D. A., & Lungu, M. R. (2023). Idiomatic Phrases as a Bridge for Quality Intercultural Foreign Language Learning. *International Journal for Quality Research* 17(1), 283-290. <http://dx.doi.org/10.24874/IJQR17.01-18>
- Hanukaev, A. (2022). Considering perspectives of others: A case study of intercultural learning among English language learners in Norway. *Training Language and Culture*, 6(1), 33-48. <https://doi.org/10.22363/2521-442X-2022-6-1-33-48>
- Ionescu, A. M. (2019), *Dicționar de comunicare interpersonală și comunicare interculturală*. Paralela 45.
- Ionescu, A. M. (2022). Mediarea lingvistică și culturală—delimitări și provocări. *Philologica Jassyensia*, 18(2 (36)), 213-218.
- Jin, L. & Cortazzi, M. (1995). *A cultural synergy model for academic language use*. In P. Bruthiaux, T. Boswood, & B. Du Babcock (eds.). *Explorations in English for Professional Communication*. Hong Kong: City University, p. 41-56.

- Mehyaoui, A. (2022). *Pour une approche interculturelle du texte littéraire en classe de français en Roumanie: vers une dynamique telecollaborative*. In *Studii și cercetări filologice. Seria Limbi Străine Aplicate*, 21, 111-124.
- Porcher, L. (1996). Le même et l'autre. Preface by Abdallah-Pretceille, M., *Vers une pédagogie interculturelle*, p. VII- VIII.
- Scollon, R., & Scollon, S. W. (2008), *Intercultural Communication: A Discourse Approach*, 2nd ed. (Oxford: Blackwell, 2001). apud McCullagh, M., Wright, R, *Good Practice. Communication Skills in English for the Medical Practitioner*, Cambridge University Press.
- Sperkova, P. (2009). *La littérature et l'interculturalité en classe de langue*. Sens public. <https://doi.org/10.7202/1064224ar>
- Turner, M., & Dograd, N. (2016). Diversity Issues in Clinical Communication. In Brown, J., Kidd, J., Noble, L., Papageorgiou, A. (eds.), *Clinical Communication in Medicine*. Wiley Blackwell, pp. 116-126.

---

**Diana Boc-Sînmărghițan**

Victor Babeș University of  
Medicine and Pharmacy Timișoara,  
Center for Applied Linguistics and  
Comparative Cultural Studies (C-  
CLASC)  
România  
[boc.sinmarghitan.diana@umft.ro](mailto:boc.sinmarghitan.diana@umft.ro)  
ORCID 0000-0003-4567-7915

**Alina Andreea Dragoescu-  
Petrica**

University of Life Sciences  
'King Mihai I' Timișoara -  
România  
[andreeadragoescu@usvt.ro](mailto:andreeadragoescu@usvt.ro)  
ORCID 0000-0003-1270-0728

**Daniela Șilindean**

Victor Babeș University of  
Medicine and Pharmacy  
Timișoara,  
Center for Applied Linguistics  
and Comparative Cultural  
Studies (C-CLASC)  
România  
[silindean.daniela@umft.ro](mailto:silindean.daniela@umft.ro)  
ORCID 0000-0001-5658-2693

---