

# Assessing Intercultural Communication Competency and Health Communication

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**Abstract.** Diversity in workplaces usually opened to intercultural communication. There were different people with different language and cultural who works together. The differences affect the ability to communicate with members and failures in delivering the information needed. Intercultural communication competency comprised of knowledge, motivation and skills. This paper focused on intercultural communication influences effectiveness of health communication. A survey was conducted among 155 nurses at the Putra Specialist Hospital (Melaka) Pt. Ltd. consisting of various races and cultures. ANOVA analysis and Pearson correlation analysis revealed factors intercultural communication of knowledge, motivation and skills supported health communication. An application of intercultural communication helps individual to communicate effectively and reduced the conflict in workplaces. Further research is suggested for an exploring of intercultural communication as strategy in managing workforce diversity.

**Keywords:** Intercultural Communication, Health Communication, Competency.

## 1. Introduction

Communication exists when two or more people are interacting either directly or indirectly. In organization, communication represents as the medium or channel for sharing the information. In context of organization, workforce diversity involved people in different background, knowledge, cultural, gender, race, religion and sex. Hence, the differences drive intercultural communication within organization. Therefore people in organization possess the ability to interact with others known as intercultural competency. However, the intercultural communication arise lack of effective health communication whereas people would misinterpret the message, feeling of ethnocentrism, stereotyping and prejudice to each other.

Ratio Channel Model was developed by Haworth and Savage (1995) [1] stated two difference types of channel which explicit and implicit information as determined by cultural context. Messages can be interpreted correctly according to the meaning conveyed by the sender's message when the recipient has knowledge and ability in communication with differences cultural. Prior studies highlight that an individual with high level of intercultural communication competency has a good knowledge of the language and culture, open attitude towards other cultures and other skills that enable the individual to communicate effectively with people from other cultures. The scope of this study was to identify the level of intercultural communication consists of three elements, namely: (a) knowledge, (b) motivation, and (c) skills. Development of cultural competence to produce ability to understand, communicate and interact effectively with people who cross cultures, (Martin & Vaughn, 2007) [2]. Thus, it is expected that a person with high competency will work better in a foreign culture compared to the low level of competency. However, people may also have a variety of skills but little knowledge. Therefore, this study seeks to investigate the relationship between intercultural communication influences effective health communication.

## 2. Methodology

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To date, various methods have been developed and introduced to measure the intercultural communication and health communication. For this study, intercultural communication factors comprises of knowledge, motivation and skills. An intercultural communication competency was prepared by adopting theories and models of intercultural communication competence from scholars in the field of intercultural communication such as Gudykunst (1993, 1995, 1997) [3] [4] [5], Spitzberg dan Cupach (1998) [6], and Imahori and Lanigan (1989) [7]. Meanwhile, the dependent variable of this study is health communication. Adapting from the main sources, Jackson and Duffy (1998) [8], the study of health communication includes the use of communication strategies to inform and influence individual and community decisions that enhance health. Health communication can contribute to all aspects of disease prevention and health promotion and is relevant in several contexts such as professional health relationship with the patient, individual exposure to the discovery and use of health information, construction of public health messages and campaigns, and etc. In addition, Renata (2007) [9], argued the health communication is a variety of approaches to reach the listener (audience) and share with the influence of health-related information, supporting individuals, communities, medical professionals, special groups, policy makers and the community to lead, promote, adapt or maintain a behavior, practice or policy decisions that ultimately effect health. Due to that, the practice of health communication has contributed to improvements in health and disease prevention in some aspects. Five - points Likert scale ranging from (1) strongly disagree to (5) strongly agree were used as medium to be responded by the respondents. The initial samples consisted of 155 nurses at Hospital Pakar Putra (Melaka). The respondents were selected on the differences of races includes Malay, Chinese and India. ANOVA analysis was performed to compare between the variables measures in study specifically on comparing the level of intercultural communication competency by cultural diverse. Then, correlational analysis using Pearson correlation was performed to examined the relationship between intercultural communication competencies and health communication. According to "Guilford's Rule of Thumb", the strength of correlation either high or low can be determined as showed in Figure 1.

<b>Rs</b>	<b>Strength of Relationship</b>
< 0.20	A very weak correlation
0.20 – 0.40	A weak correlation
0.40 – 0.70	A moderate correlation
0.70 -0.90	High correlation
0.90 – 1.00	Very high correlation

Figure 1: Guilford's Rule of Thumb

### 3. Findings and Discussion

Through thorough and systematic analysis a specific result has been found. Figure 2 describes at different levels of intercultural communication competency according to race and was analyzed using one-way ANOVA method. The findings obtained were as depicted in Figure 2. Mean score for intercultural communication competency level by race was between 3.98 to 4.24. Based on one-way ANOVA test, significant value obtained was 0.54, while the prescribed significant level was 0.05. Significant value was greater than the specified significance level. Therefore, the null hypothesis is accepted. The study showed that there was no significant difference in the level of intercultural communication competence based on races of the nurses at Putra Specialist Hospital.

Races	Frequency	Mean	Standard Deviation
Malay	78	3.98	0.50
Chinese	23	4.24	0.58
Indian	34	4.12	0.31
Total	135	4.06	0.48
Anova (one-way)			
	Df	Ratio F	Sig. F
Between Group	2		
Within Group	132	2.98	0.54
Total	134		

Figure 2: One-Way ANOVA results showing the difference level of Intercultural Communication Competence by Race

To further study on the significant relationship, a correlation analysis was used to assess the relationship of intercultural communication competency and health communication. Pearson correlation was used to analyze the data. As a result of data analysis done, it appears that there is a significant relationship between intercultural communication competency and health communication among nurses. Based on the table "Guilford's Rule of Thumb", the relationship between intercultural communication competence and effectiveness of health communication among the respondents are located in high strength relationship. The total value of the coefficient 'r' is 0.821 \*\* and significant at the confidence level is 0.01, the null hypothesis is rejected. Comparison between the three dimensions of intercultural communication competence showed significant of knowledge dimension has the highest value of 0.815, followed by a skills dimension with the value of 'r' of 0.737. Correlation relationship of the motivational dimension with the effectiveness of health communication is medium with the 'r' of 0.587. Figure 3 summarized Pearson correlation that measured the relationship between intercultural communication competencies with the effectiveness of health communication among nurses at Putra Specialist Centre.

Independent variables	R	Sig
Intercultural communication competency	<b>0.821</b>	<b>0.000</b>
<b>Knowledge</b>	0.815	0.000
<b>Motivation</b>	0.587	0.000
<b>Skills</b>	0.737	0.000

\*\* Significant at level 0.01 (two-tailed)

Figure 3: Pearson correlation results showing the significance relationship of intercultural communication competency and health communication.

#### 4. Conclusions

Overall, from the analysis carried out, it was found that the level of intercultural communication competence and health communication are high. Through the Pearson correlation test, it was also found that there was no significant relationship between intercultural communication competence and effectiveness of health communication. It is suggested that the hospital provide an intercultural communication competence inventory which can be used as a tool to measure the level of communication competence of nurses. Every

nurse should know the potential and the weaknesses that exist in them. Through this self-assessment, the nurses can identify and rectify weaknesses in themselves and at the same time, highlight their own potential.

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