However objective and uniform we try to make organizations, they will not have the same meaning for individuals from different cultures.

—Fons Trompenaars¹
Recall from Chapter 1 that one dimension of communication is that it is ubiquitous; that is, it is everywhere all the time. Another dimension of communication discussed in Chapter 1 is that it is contextual. The physical, social, and psychological setting in which communication occurs has a dramatic effect on how messages are encoded, decoded, and interpreted. Finally, as we have been discussing throughout this book, another dimension of communication is that it is cultural. Communication is culture bound. When we travel across cultural boundaries, the message sent is usually not the message received. So when you step into a different culture or country, you will be sending, receiving, and interpreting messages all the time in many different settings. If you participate in your college or university study-abroad program, you may spend a semester studying at a foreign college or university. While there, you may become ill or need to interact with that country’s health care providers. And during your study-abroad experience, you will become a consumer of goods and services in that country and will interact with people in a variety of business settings. The purpose of this chapter is to apply many of the concepts we have studied so far within three communication settings common to every culture: education, health care, and business. We’ll start with the business setting.

Remember the conflicts discussed in Chapter 10? Imagine yourself in the following scenario:

You have just graduated from college and have accepted a management job with Acme Corporation. Acme has placed you in one of its Mexico offices. During your first week in your new job, you decide to schedule a meeting with your Mexican employees. The meeting is scheduled for 9:00 a.m. on Wednesday. On Wednesday morning, you show up a bit early to prepare for your meeting. At 9:00 a.m., not a single employee has arrived for the meeting. At 9:20 a.m., two people finally show up. Not until 9:45 a.m. are all the team members in attendance. What has happened? You are confused, frustrated, and feeling a bit angry.

Doing business in Mexico (and in many other countries) is different from doing business in the United States. Mexican cultural values—such as collectivism and large power distance, Mexican social expectations, and Mexican workplace practices—are different from those of U.S. workers and managers. To be sure, they are so different that

LEARNING OBJECTIVES

1. Discuss how dimensions of the cultural context affect organizations across cultures
2. Compare managerial styles of Japanese, Germans, Mexicans, and Chinese
3. Compare the different beliefs, values, and behaviors associated with health and health care across cultures
4. Identify and discuss learning style differences across cultures
U.S. managers working in Mexico often find themselves ineffective. The U.S. manager who does not put forth the effort to learn about these differences and adjust his or her managerial style accordingly will end up just as you did in the above scenario—frustrated and disillusioned.

Have you ever shopped at a Walmart? Walmart has more than 4,000 stores in the United States. Ninety percent of U.S. citizens live within 15 miles of a Walmart. On average, every U.S. household spends a little more than $2,000 each year at Walmart. Every 7 days in the United States, 100 million people shop at a Walmart. Walmart is also successful internationally. It is the largest retailer in both Canada and Mexico, and the second-largest in Britain. Worldwide, more than 7 billion people shop at Walmart every year. So this year, the statistical equivalent of every person on the planet will shop at a Walmart.²

Walmart is clearly a financial success, both nationally and internationally. But as Mark Landler and Michael Barbaro note, in 2006 Walmart closed its stores in Germany. The chain has had difficulty breaking into the Korean and Japanese markets as well. Something is not working in those countries, and many believe that some of Walmart’s international problems stem from the company’s arrogance and overestimation of its competence. For a company that boasts 7 billion customers a year, a certain degree of confidence is understandable. But in some places, Walmart’s attempts to impose its values on the market just do not work—at least not in places such as Germany, Korea, and Japan.

Referring to its failure in Germany, a Walmart international spokesperson commented that it was a good lesson for the company and that they have learned to be more sensitive to cultural differences. For example, many Germans found the idea of a smiling greeter at the door of every Walmart off-putting. In fact, many male shoppers interpreted the friendly greetings as flirting. The company also failed to foster good relations with German labor unions (Walmarts in the United States are not union). At one point during its tenure in Germany, Walmart closed the headquarters of one of its chains and moved it to another geographic location—a common occurrence in the United States, usually accompanied by employees packing up and moving with the company. But in Germany, most of the employees quit rather than move. A major problem was that the U.S. managers in Germany just did not understand the German market or customers.³

Landler and Barbaro point out that the conglomerate also has made cultural gaffes in Brazil and Mexico. In Brazil, the company focused a campaign on golf clubs, in a country where many do not play golf. In Mexico, it emphasized ice skates. In Korea, the Walmart product shelves were so tall that customers had to use ladders to reach the products. The point of this account is that the management and sales tactics of one country, no matter how successful they may be in that country, probably are not suitable for another country. Even if you can boast 7 billion shoppers, you still need to be perceptive of cultural differences.⁴

Coordinating and managing people from different cultures within an organizational context represents one of the greatest challenges for the corporate world in the new millennium. Few managers will survive and function effectively without an understanding of the subtleties and complexities of managing others in a multicultural and multinational business environment. Businesses and organizations from virtually every culture have entered into the global marketplace. Given the dramatic cultural transformation in today’s marketplace, the relevance of intercultural communication competence cannot be overstated. To compete in the global and U.S. markets, today’s managers must possess the skills to interact with people who are different from themselves.
INTERCULTURAL MANAGEMENT

Professor Philip Rosenzweig of Harvard University argues that successful cross-cultural management depends on the ability of managers to communicate effectively. Rosenzweig points out that communication is especially important during the initial stages of a business relationship. Depending on the culture, the process of building trust among business partners may take days, weeks, or even months. Moreover, Rosenzweig asserts, this process cannot be accelerated. Rosenzweig recognizes that many U.S. managers prefer to “get down to business” without spending much time getting to know their business partners. In fact, according to Rosenzweig, many U.S. managers view such relationship building as a waste of valuable time. Rosenzweig argues that investing time and energy into building trust and developing relationships may earn huge benefits in terms of confidence and trust.

Perceptions of time and timing are also important considerations in cross-cultural business exchanges. Rosenzweig recommends that U.S. managers allow the pace of negotiations to develop on its own. He cautions managers not to impose artificial deadlines for the sake of efficiency. How agreement and disagreement are communicated is another important factor during cross-cultural negotiations. Rosenzweig points out that U.S. managers tend to favor forthrightness during negotiations. In many other cultures, such directness may be seen as rude and discourteous.

Most of what you have been exposed to in this textbook can be applied to your role in organizational settings across cultures. The topics and issues discussed in each chapter can guide you in becoming a successful intercultural manager. Most businesses and organizations can be thought of as mini-cultures, each representing a pattern of values held by a recognizable group of people with a common goal that is pursued by means of a collective verbal and nonverbal symbol system. Like cultures themselves, organizations possess value systems, exist in some environmental context, process information with a unique perceptual perspective, develop sociorelational connections with others, and communicate using distinctive verbal and nonverbal codes. As you prepare to conduct business with persons in organizations from different cultures or microcultures, you cannot assume that your business practices will be understood or accepted by your counterparts. Figure 11.1 outlines some of the more salient issues that affect the development of organizational culture in any country.

First, consider the cultural context of an organization. Organizational culture often parallels country culture. Hence, if values differ significantly across cultures, then the management practices of those cultures are also likely to differ. When managing people from other cultures, try to ascertain where on the individualism–collectivism continuum an organization falls. Organizations in collectivist cultures are more likely to emphasize group harmony and teamwork. In this way, the organization may be more like a community than an entity. Individualistic corporations emphasize personal goals and within-organization promotion. Employees often compete for organizational resources and promotions, and the organization is seen more as an entity than as a community.

Figure 11.1 The values of an organization often mirror those of its culture.

**cultural context**
An accumulated pattern of values, beliefs, and behavior held by an identifiable group of people with a common verbal and nonverbal symbol system

**organizational culture**
An organized pattern of values, beliefs, behaviors, and communication channels held by the members of an organization
Power distance is another important cultural influence to assess when dealing with organizations across cultures. Organizations in large power distance cultures will be status conscious (e.g., placing emphasis on a person’s position, degree), will employ top-down communication, and will be mindful of employee welfare. Formality between employer and employee will be the rule. Employees will not be expected to participate in management decision-making. In small power distance cultures, such as the United States, employees are routinely asked for their opinion on work-related issues. This style of management is labeled participatory. The thought is that if workers are allowed to participate in decision-making, they will be more committed to the decision.

Consider the following scenario:

You have traveled to Korea to meet with your Korean counterpart, whom you have never met in person but with whom you have communicated through letters, e-mail, and so forth. You arrive at his office building at the appointed time. The weather in
Seoul is incredibly hot and humid. As you enter the floor of your partner’s office, you notice that there are no walls separating the various desks. The scene appears relaxed to you. Most of the men are sitting around in their undershirts. When you locate your partner, you find him sitting with his feet up on the desk, in his undershirt, fanning himself. When you introduce yourself, your Korean partner acts as if nothing has happened and puts on a shirt, tie, and jacket in a very matter-of-fact way. Your meeting then begins.\(^7\)

In addition to assessing an organization’s cultural context, it is important to assess its **environmental context**—that is, its perspective on the environment, including such issues as information load, privacy, and the company’s overall orientation to nature. Assumptions about privacy are also important to take into account. The scenario presented at the beginning of this section is based on a fascinating discussion by Philip Harris and Robert Moran about privacy in Korea. They report that in Korea, privacy is a luxury few possess or can afford. Because physical privacy may be impossible to obtain, Koreans build imaginary or psychological walls around themselves. A client calling on a Korean on a typically hot and humid day may find this person in his undershirt with his feet on his desk, fanning himself. Because there are no physical walls, the culturally informed visitor coughs to announce his arrival. Harris and Moran allege that although the person he has come to visit is in clear view, the visitor pretends not to “see” him. According to Harris and Moran, to secure some level of privacy, Koreans retreat behind a psychological curtain and do what they have to do, unseen by those who are in plain view. To violate the screen of privacy once it has been created is rude and discourteous.\(^8\)

The **perceptual context** of the individual, learned through enculturation, often manifests in the organization. Understanding how the organization processes information is crucial to establishing and maintaining effective communication. One information-processing strategy in which people from all cultures engage is categorizing and stereotyping. Before embarking on a business venture with people from a foreign culture, it may be useful to know of the culture’s perceptions of U.S. citizens and their business practices. As mentioned earlier, Canada is the United States’ largest trading partner, yet Canadians hold some of the most negative views of people from the United States. In most of the Western countries surveyed, perceptions of U.S. citizens are positive. Characteristics such as honest, inventive, and hardworking are typical. But they also associate people from the United States with negative traits such as greedy and violent. Canadians, in particular, do not view U.S. citizens as honest, and Canada is the only Western nation in which the majority regard U.S. citizens as rude.\(^9\)

An organization’s emphasis on group membership is clearly something that U.S. managers should know about their foreign counterparts. As mentioned in Chapter 6, all people of all cultures belong to groups. One of the primary groups to which all people belong is the family. Recall that Chapter 6 profiled family life across a variety of cultures. Fons Trompenaars employs a family metaphor in describing a particular type of ideal corporate culture seen often in Turkey, Venezuela, Hong Kong, Malaysia, India, Singapore, and Spain. This does not mean that all corporations in these countries are family-like; it simply means that this prototype is seen more frequently in these cultures than in others. According to Trompenaars, the family corporation culture is
simultaneously personal, with close face-to-face relationships, and hierarchical, in the sense that everyone knows his or her place in the rank order. At the top of the hierarchy are the parents (i.e., the chief executives), who are regarded as caring and as knowing better than the children (i.e., the subordinates). The power at the top is perceived not as threatening but as intimate and benign. The philosophy of the employees is to do more than is required contractually to please the older brother or father (i.e., the person of higher rank).  

Obviously, understanding the verbal and nonverbal codes of your foreign counterparts is an essential part of a successful business venture. Although it is true that most of your foreign business partners will speak some English, your knowledge and use of their language demonstrates your willingness to meet them halfway and will be much appreciated. When conducting business with your foreign counterparts, be conscious of terms and phrases that may be well understood within your corporation but misunderstood by outsiders. For example, the common U.S. colloquial expression “See ya later” may be taken literally, such that your counterpart expects to schedule a specific date and time for seeing each other later.

Although knowing your foreign partner’s language (and he or she knowing yours) is certainly an advantage, other communication considerations, independent of verbal language, can affect your business propositions—most notably, nonverbal communication. As discussed in Chapter 8, nonverbal communication varies a great deal across cultures. One’s kinesic, paralinguistic, olfactory, haptic, and proxemic behaviors can be interpreted differently, depending on with whom one is interacting.

**MANAGEMENT PRACTICES ACROSS CULTURES**

The top 10 countries with which the United States trades, in terms of both imports and exports, are (in order) China, Canada, Mexico, Japan, Germany, South Korea, the United Kingdom, France, Taiwan, and India. In 2015, U.S. trade with these countries accounted for nearly $3 trillion (i.e., $3,000,000,000,000). In the following pages, we will profile four of these countries: Japan, Germany, Mexico, and China.

**Japanese Management Practices**

Consistent with their collectivistic orientation, Japanese management is based on the principle of *wa*, which literally translates to *harmony*. Some Japanese work groups begin their day by exercising together, an activity called *taiso*. Interestingly, the primary purpose of *taiso* is not for physical benefit but to engage the group members in coordinated activity. After the day’s work is finished, businesses encourage their employees to eat and drink together to maintain harmonious group relationships. Though such activities may appear to serve a purely social purpose, the underlying motivation is to aid productivity at work. The number of hours worked in a typical Japanese workweek has declined significantly over the past 20 years. In 1994, according to William Brown, Rebecca Lubove, and James Kwalwasser, the typical Japanese worker spent more than 2,500 hours on the job every year. According to the Japanese Ministry of Labor, that number had decreased to about 1,750 hours per year in 2012.
But then there is the phenomenon of the Japanese salaryman, of which many articles, films, and even YouTube videos have been produced. Writing for CNN Money, Charles Riley profiles Stu, a prototypical salaryman in Japan. Riley notes that each day after only 3 or 4 hours of sleep, Stu races to work. He stays on the job for an average of 13 hours, not leaving the office until after 11:00 p.m. in order to make the final train home. He does this 6 days a week, totaling 78 hours of work and 35 hours of sleep. Riley asserts that Stu is living the life of a typical Japanese salaryman and observes that many consider the salaryman the core of Japan’s economy, where they are expected to put the company first, even before family. They work brutal hours, often followed by marathon drinking sessions with colleagues and clients. Writing for Reuters, Stanley White reports that Japan is witnessing a record number of deaths due to overworking, termed karoshi, which translates literally as overwork death in Japanese. It manifests as sudden death due to heart attack, stroke, stress, and a starvation diet. White notes that this phenomenon is associated with salaryman but is now afflicting younger Japanese and female employees.13

Jennifer Beer echoes Riley’s account of the typical Japanese salaryman and notes the interesting and culturally reflective differences in how offices are arranged in the United States versus Japan (see following table).14

<table>
<thead>
<tr>
<th>U.S. Office Space</th>
<th>Japanese Office Space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large spaces, large desks, distance between desks/</td>
<td>Compact use of space, small desks, closely spaced.</td>
</tr>
<tr>
<td>offices.</td>
<td>Desks of a work unit are put together to form one large</td>
</tr>
<tr>
<td></td>
<td>“island” in the larger room.</td>
</tr>
<tr>
<td>Workers have separate cubicles, separate offices.</td>
<td>Everyone faces someone in the desk across from them,</td>
</tr>
<tr>
<td></td>
<td>except for the supervisor, who sits at the head of the</td>
</tr>
<tr>
<td>Workers sit with their backs to others; work requires</td>
<td>cluster of desks.</td>
</tr>
<tr>
<td>privacy, concentration.</td>
<td>Not much room for doing one’s tasks, so desktops are</td>
</tr>
<tr>
<td>Employees have a set of their own papers, information.</td>
<td>likely to be kept tidy; workers share office supplies and</td>
</tr>
<tr>
<td>To communicate with others, employees use the phone or</td>
<td>equipment.</td>
</tr>
<tr>
<td>get up and walk to their desk.</td>
<td>Communication is continuous because you talk to or</td>
</tr>
<tr>
<td>Work spaces are personalized (photos, art, etc.).</td>
<td>overhear everyone else’s business.</td>
</tr>
<tr>
<td>Having a window in the workspace indicates the employee’s status.</td>
<td>Desk sequence is by rank: Supervisor sits at the head;</td>
</tr>
<tr>
<td></td>
<td>youngest, newest, and temporary employees sit at the foot.</td>
</tr>
<tr>
<td></td>
<td>You work on projects with those who sit nearest you.</td>
</tr>
<tr>
<td></td>
<td>Workspaces are for work only; people add few personal</td>
</tr>
<tr>
<td></td>
<td>touches, if any.</td>
</tr>
<tr>
<td></td>
<td>Having a window in the workspace indicates that the work</td>
</tr>
<tr>
<td></td>
<td>isn’t as important or that marginalized tasks take place</td>
</tr>
<tr>
<td></td>
<td>there.</td>
</tr>
</tbody>
</table>

Richard Grainger and Tadayuki Miyamoto argue that Japanese organizations are essentially social organizations, of which two key features are lifetime employment (shushin koyo) and seniority grading (nenko joretsu). Based on these principles, the Japanese company is seen as a custodian of employee security and welfare. The lifetime employment system is based on a psychological contract between the employees and the company about the employees’ lifetime dedication to the company in exchange for lifetime job security from the organization. Japanese organizations also practice a seniority-based wage and promotion arrangement whereby employees are promoted and compensated based on the number of years they have served the organization. The system rewards older and longer-serving employees. Conversely, employees who change their employers are penalized. Grainger and Miyamoto maintain that under these arrangements, employees willingly sacrifice their short-term losses for long-term company success. Hence, employees maintain high morale and loyalty to the company, which enables the company to invest more resources in employee career development.  

In the following conversation, U.S. businessman Jim Neumouth is applying for a job in Japanese businessman Kietaro Matsumoto’s corporation, located in Kyoto.

Kietaro: So, Mr. Neumouth, why would you like to work for our corporation?
Jim: I believe I have the necessary skills and experience for this position. I’m very independent, I set very high goals for myself, and I believe your company will allow me to pursue them.
Kietaro: What do you mean by “goals”?
Jim: I have very high sales objectives. I try to reach the top in whatever I do. One of my goals is to become your leading salesperson. For example, I had the highest percentage of sales of anyone in the company I worked for in the United States. I was named salesperson of the year in 2008.
Kietaro: I see. That’s very impressive.
Jim: Thanks. Now, I’d like to expand into an international market, and I’d like to bring my experience and motivation to your company. I think I can be the best here, too.

In this conversation, Jim does a good job of expressing his talents and experience. In the United States, he might appear to be the ideal candidate; however, to Kietaro he does not seem to be a team player and may disrupt the harmony of the sales teams. When doing business with companies in collective cultures, it may be wise to formulate strategies that are consistent with group unity; strategies perceived to promote the individual within the organization may be frowned on. Also, keep in mind that reaching a decision in collectivistic organizations sometimes takes much longer than in individualistic ones. Often, collectivists go to great pains to win everyone over to achieve consensus.

Richard Grainger and Tadayuki Miyamoto argue that Japanese organizations are essentially social organizations, of which two key features are lifetime employment (shushin koyo) and seniority grading (nenko joretsu). Based on these principles, the Japanese company is seen as a custodian of employee security and welfare. The lifetime employment system is based on a psychological contract between the employees and the company about the employees’ lifetime dedication to the company in exchange for lifetime job security from the organization. Japanese organizations also practice a seniority-based wage and promotion arrangement whereby employees are promoted and compensated based on the number of years they have served the organization. The system rewards older and longer-serving employees. Conversely, employees who change their employers are penalized. Grainger and Miyamoto maintain that under these arrangements, employees willingly sacrifice their short-term losses for long-term company success. Hence, employees maintain high morale and loyalty to the company, which enables the company to invest more resources in employee career development.  

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In most organizations across cultures, managers are in positions of power and influence. As such, they engage in a variety of behavioral strategies to influence the attitudes and behaviors of their subordinates. Asha Rao, Keiji Hashimoto, and Aruna Rao surveyed Japanese managers regarding their preferences for a variety of influence strategies. Although some of the Japanese managers preferred influence tactics similar to those preferred by U.S. managers, the researchers identified several strategies that appear to be unique to the Japanese.

One strategy is labeled *firm’s authority*. In contrast to U.S. managers, who may appeal to “higher-ups” to influence their employees, Japanese managers do not appeal to a specific person in the organizational hierarchy but, rather, to the entire organization itself, independent of their superiors. This strategy is probably linked to the Japanese concept of the business organization as a family.

A second type of strategy, called *personal development*, occurs when a Japanese manager convinces his (most managers are men) employees to comply with a request to enhance their careers within the organization. This tactic may be effective because many Japanese remain with a single company for their entire lives. U.S. managers, on the other hand, convince employees that by complying with a request, the employees will develop skills they can take with them when they leave the organization.16

Another strategy is labeled *socializing*. With this strategy, Japanese managers ask to spend time with their employees after hours. According to Rao, Hashimoto, and Rao, such a strategy allows for informal interaction between managers and subordinates that is impossible in the context of the formal work environment. Interestingly, they also report that Japanese managers in Canada were disappointed when their subordinates rejected their requests to socialize after work. The Japanese managers felt that this severely limited their influence potential, and they had to resort to using assertive tactics on the job.

Rao, Hashimoto, and Rao report that Japanese managers use a variety of tactics outside the work environment to influence their subordinates. In general, compared with U.S. managers, Japanese managers use influence tactics that are subtle and indirect. For example, if a Japanese manager wants a subordinate to focus on the Canadian market for a specific product, the manager, rather than telling the employee directly, might funnel information about that market to him or her, hoping that the employee will sense the manager’s intent. In addition, Japanese managers use strategies that rely on the influence of the organization and group harmony.17

Richard Lewis maintains that a common attitude among Japanese businesspersons is that foreigners are always outsiders, called *Gaijin*. Many believe the term carries negative connotations. Lewis observes that any effort to speak Japanese will be mildly appreciated but not taken seriously. He also notes that translating and interpreting Japanese behavior can be very difficult (see Table 11.1).18

**German Management Practices**

Although the German economy has fluctuated since reunification, it was growing at a rate of about 1.5% in 2015; it is the fifth-largest economy in the world. The average income per capita in U.S. dollars is $32,000. The U.S. Department of State maintains that the German market, the largest in Europe, is attractive to many U.S. businesses. Germans are drawn to innovative products that display high quality and contemporary styling. They are especially interested in high-tech products, particularly those that assist them in entering the age of the Internet.19
Like the United States and Europe in general, Germany is a decentralized collection of states and regions. Many are quite diverse, with unique customs and conventions. The northern and southern regions are particularly different, so generalizing about Germany is difficult and should be approached with some degree of caution. According to intercultural consultants William Drake and Associates, most Germans believe that people are controlled by their own actions, that facts are more important than face (in sharp contrast to the Japanese), and that factual honesty is more important than politeness (again, clashing with Japanese conventions). According to Drake and Associates, German children are taught that useless people amount to nothing and that children are to be quiet and respectful. They are also taught to “save for a rainy day.”

Ursula Glunk, Celeste Wilderom, and Robert Ogilvie point out that a unique feature of Germany’s economic structure is a state-regulated apprentice system through which young German adults learn a specialized skill, for which they receive a state diploma. According to Glunk and her colleagues, learning is both on the job and theoretical. The curriculum is determined by the government, an employers’ association, and German trade unions. During their apprenticeship, students are supervised by local chambers of commerce. This system leads to a remarkably well-trained workforce. According to Glunk and her colleagues, about 70% of German workers have been through this system. They also note that technical knowledge and engineering skills are highly valued in Germany. They

<table>
<thead>
<tr>
<th>U.S. Perception</th>
<th>Japanese Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Japanese are really shy.</td>
<td>As a high-context culture, the Japanese do not feel a need to talk. They are comfortable with silence.</td>
</tr>
<tr>
<td>Japanese fall asleep a lot during class or presentations.</td>
<td>Many Japanese close their eyes when they are deeply concentrating.</td>
</tr>
<tr>
<td>Japanese say yes even when they mean no. Why can’t they just say what they mean?</td>
<td>To save face (yours and theirs), Japanese will agree with you in principle.</td>
</tr>
<tr>
<td>It takes Japanese forever to make decisions or even to respond to a fax or written correspondence.</td>
<td>Japanese will not make a decision without first consulting relevant others to reach a consensus.</td>
</tr>
<tr>
<td>Japanese will never look you in the eye.</td>
<td>Indirect eye contact is a sign of deference in Japan.</td>
</tr>
<tr>
<td>When Japanese talk, they seem so ambiguous. I never know what they’re trying to say or what they really mean.</td>
<td>Japanese language is vague. But even more than that, to the Japanese, communication is a two-way process. The burden of understanding rests with both the speaker and the listener. Often, the speaker will only hint at what is meant. The listener must be an active participant.</td>
</tr>
</tbody>
</table>

**TABLE 11.1** U.S. Perceptions and Japanese Realities


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maintain that German employees are continuously challenged with new procedures, tools, and techniques.\textsuperscript{21}

In addition, German managers are known to be specialists for which a technical background is more typical than a formal education. German foremen, supervisors, and managers typically have professional rather than academic degrees. Hence, quality of skill and amount of experience are the most important promotional considerations in German firms. Finally, Glunk and her colleagues note that many German organizations implement a shadow worker program, whereby managers choose and train their own replacements. Germans believe that this kind of program reduces the politics of promotional ploys and insecurity around who will succeed whom. In this type of program, vacations, illness, and other periods of absence are covered by the designated replacement. Thus, the successor can temporarily experience his or her future position. Glunk and her colleagues maintain that this policy preserves smooth organizational functioning.\textsuperscript{22}

Focusing their analysis primarily on West Germans, anthropologists Edward and Mildred Hall contend that compartmentalization is the most prominent structural feature of German culture—that is, Germans have a tendency to isolate and divide many aspects of their lives into discrete, independent units. Germans are known to compartmentalize their daily schedules, educational system, office buildings, corporations, homes, and even lines of communication. In fact, Hall and Hall argue that on the job, Germans will not share information with others except within their own working groups. Hall and Hall maintain that such a restricted flow of information may be the biggest obstacle in doing business with Germans. One result of German compartmentalization is a culture in which significant events and changes can take place without people knowing about them. Even informal information networks that connect public and private organizational boundaries are rare in Germany.\textsuperscript{23} Given this condition, U.S. companies wishing to do business in Germany would be wise to understand that they may not be able to operate out of a centralized location. Instead, they may have to set up multiple sites from which to conduct commerce. German emphasis on compartmentalization manifests in many areas of German life and business, particularly with respect to privacy and specialization. Germans are a private (and formal) people. Most German managers isolate themselves in their offices behind closed doors, contrasting sharply with the open-door policies exercised by many U.S. managers.

Doors are an important cultural symbol to the Germans. According to Hall and Hall, doors provide a protective shield between the individual and outsiders. Upon encountering a closed door in German businesses or homes, an “intruder” should always knock. As Hall and Hall note, closed doors uphold the honor of the space, afford a boundary between people, and eliminate the possibility of eavesdropping, interruptions, and accidental intrusions. Moreover, according to Hall and Hall, within corporations, the closed door indicates that a manager respects the privacy of subordinates and is not looking over their shoulders.\textsuperscript{24}

German compartmentalization can also be seen in the overall market strategy of many successful German corporations. Unlike many U.S. or Japanese corporate conglomerates whose global market success is attributable to diversification, many German firms concentrate on specialization—that is, doing one thing and doing it right. German corporations with large shares of specialized markets can focus on design, quality, and service rather than on competitive pricing. Such corporations manufacture a smaller and narrower class of products, sell to fewer consumers, and contract with fewer suppliers than do their less successful competitors. To be sure, many of these exclusive products are expensive, but the Germans believe that specialization leads to quality and profit. German products are known
worldwide for their high caliber and quality workmanship (e.g., Mercedes, BMW). Steiner Optik maintains 80% of the global market for military field glasses. Krones manufactures more than 70% of the world’s bottle-labeling machines. The Germans seem to be teaching the rest of the world that, at least for them, specialization works.25

Like the United States, Germany is considered a low-context, monochronic culture—except even more so. According to Hall and Hall, the German language is quite literal, with individual German words having exact and precise meanings. For example, the Germans have no fewer than eight words for comfort, each reflecting a slightly different type of comfort. Having been conditioned by their language, Germans are fairly formal, nitpicky about precision, punctual, and fanatic about facts. All these characteristics carry over into their business relations. On the job and in business dealings, Germans are absolutely obsessed with facts and precision. Lines of authority are carefully observed. Interactions between business partners and friends are reserved and formalized. Germans are conscious of rank and will always refer to someone by his or her appropriate title. Even neighbors who may have lived next door to each other for years address each other with their last names, as in “Herr (Mr.) Schmidt.” If a person also carries a degree, such as a PhD or MD, he will be called “Herr Doktor Neulieb,” and so forth.26 Women, however, are typically addressed with their first names included, as in “Frau Batina Neulieb.”

Even in social situations, Germans often appear unfriendly. They generally will not smile in greeting and are intolerant of small talk. On the job, German workers expect that their managers will respect their privacy and that procedures will be executed precisely. Table 11.2 outlines some features of doing business with Germans that may help U.S. citizens transacting business in Germany.

**Mexican Management Practices**

Mexico has a free-market economy, with a gross domestic product of $2.2 trillion and a growth rate of 2.5% in 2015. The Mexican per capita income is $17,000, one-third that of the United States. Income distribution remains highly unequal, with more than 52% of the population living below the poverty line. Trade with the United States and Canada has tripled since the implementation of NAFTA (the North American Free Trade Agreement)
in 1994. As mentioned earlier, in 2015, Mexico was the United States’ third most important trading partner, following Canada and China.27

Ned Crouch points out that Mexicans are unusually group oriented. He maintains that they are exceptionally concerned about any behavior that would upset the harmony of their household, church, or workplace. In fact, Crouch argues that on a scale of individual- versus group-oriented work styles, Mexicans and U.S. citizens would fall at opposite ends of the continuum. He cautions U.S. managers working in Mexico not to reward individuals within work groups. Generally, Mexican workers do not wish to call attention to themselves for outperforming coworkers and may be ashamed and embarrassed if recognized above others. In Mexico, individual effort and self-starting are met with suspicion. Even arriving early to work requires an explanation to coworkers because they will think that person is trying to get ahead by showing off. Crouch points out that for a worker to leave his or her workstation to talk to the supervisor about mundane, work-related issues is disquieting to others in the group, unless the employee has explained his or her need to communicate with the supervisor beforehand. Moreover, Crouch asserts that the Mexican worker’s attitude toward the boss is virtually never confrontational. Mexican workers value harmony above all else. A manager expressing favoritism to an individual Mexican worker will upset the harmony and shatter the team spirit.28

Mexico is considered a large power distance culture. Recall that in such cultures, people expect and accept that the power within the culture and its institutions will be distributed unequally. Crouch explains that, historically, Mexicans have never known a world without hierarchy. For example, the Spanish had kings and queens, and the Aztecs had powerful caciques (warrior chiefs). To be sure, the Spanish language is replete with words and phrases that communicate hierarchy (e.g., proper titles, salutations, and honorifics) and emphasize the idea that some people hold superior positions over others. Crouch asserts that Mexicans hold to traditional hierarchical roles based on family, education, age, and position.

According to Crouch, Mexicans are puzzled and offended by the casual and informal communication style of U.S. citizens. He maintains that Mexicans find the relaxed and easy communication between people of different hierarchical levels off-putting. The Mexican distinction between superior and subordinate is part of a deeply rooted pattern dating back to Aztec divisions among priest, prince, and peasant, and among the Spanish queen, soldier, and citizen. For small power distance Americans, the implications of superior and inferior status that accompany this pattern are unacceptable.29

In low (or weak) uncertainty avoidance cultures such as the United States, employees are encouraged to innovate and take risks. In high (or strong) uncertainty avoidance cultures such as Mexico, innovative or risk-taking behavior is considered inappropriate. Mexican workers generally prefer close supervision. Likewise, compensation based on incentive is eschewed. Mexican workers prefer to know exactly what they are supposed to do, and they want to be rewarded for doing it.

**Chinese Management Practices**

In 2015, the People’s Republic of China surpassed the United States as the world’s largest economy, with a gross domestic product worth an estimated $19.4 trillion and a labor force of over 800 million workers. In 2010, China became the world’s largest exporter. Much of this economic power is the result of free-market reforms instituted in 1978. China is the largest exporter and third-largest importer of goods in the world.30 Out of 183 world economies, the World Bank rates China 79th in terms of ease of doing business. China ranks 151st in terms of starting a business, 65th in terms of getting credit, and 15th in terms of trading across borders.31
Several times throughout this book, China has been described as a collectivistic, large power distance culture. China’s large power distance can be attributed to its Confucian heritage, which results in a hierarchical society. As we saw in Chapter 2, modesty, obedience, and respect for seniors are deeply rooted Chinese values. Confucian ideals form the foundation of Chinese management. China is also considered a high-context culture. As such, China’s Confucianism, collectivism, power distance, and high context are ingrained in Chinese management practices. Because of the culture’s high-context orientation, the environment in which business is conducted is important. Where the meeting takes place, who is invited, and who is presenting all are critical ingredients in a successful business meeting.

China’s Confucian heritage affects how Chinese will approach their business relationships. Recall from Chapter 6 that in Confucian-based societies, great emphasis is placed on harmonious relationships and knowing one’s proper place in the social hierarchy. All relationships are seen as unequal, and one’s ethics are directed toward observing these inequalities. Contrary to the United States, where business is business and not to be taken personally, the Chinese will go to great lengths to establish trust and a social bond in their international business relationships. When doing business in China, you can expect your Chinese counterpart to invite you to informal gatherings and to discuss topics unrelated to the business at hand, such as politics, the arts, information about your family, and such. The Chinese want to see you as a member of the business family—that is, the group.

Decision-making is an important part of management. In the United States, management decision-making is often a collaboration between workers and managers, in which debate is encouraged (and sometimes legislated via union agreements). Jie Tang and Anthony Ward point out that in Chinese management, the manager is expected to make decisions on behalf of the entire group. This is expected and desired among both the managers and workers. The idea of open communication between managers and workers is not only unheard of but thought of as peculiar. Tang and Ward hypothesize that this style is probably reflective of collectivistic thinking, in which workers are a part of one group and managers a part of another. In-group/out-group distinctions are a part of collectivistic thinking. These distinctions are also Confucian. Tang and Ward note that this can be an effective and efficient decision-making system, but it can also be time-consuming when a particular question is not asked of the right person and must make its way to the top of the hierarchy before being answered.

Communication between managers and workers is restricted. Tang and Ward note that workers are on a need-to-know basis, and the flow of job-related information is limited. Likewise—and consistent with their collectivistic, large power distance, and high-context nature—Chinese workers will probably not initiate communication with a manager, even if they have concerns about the way a job is being handled. While they may discuss it with another worker, they will not address the manager, probably due to their desire not to stand out or be thought of as confrontational. Recall from Chapter 2 that modesty and finding the middle ground are valued in China. In addition, recall from Chapter 10 that collectivists, and particularly Chinese, do not approach conflict but, rather, avoid it in an effort to maintain harmony. Plus, in an effort to save everyone’s face—both those of managers and workers—on-the-job conflict is resolved via mediation and compromise.

To make one final point about doing business in China, gift giving was once an important part of Chinese culture. Today, however, Chinese business culture prohibits giving gifts. In fact, gift giving is considered bribery and is technically illegal. But depending on the specific case, attitudes about giving gifts are relaxing. If you wish to give a gift to an individual,
Carl Ekstrom

My name is Carl Ekstrom. I was born and raised in Sweden, in a city called Sodertalje, about 45 minutes from Stockholm. Hockey has always been a huge part of my life, and I realized that I had a great opportunity to combine college with my love of hockey. After attending Union College in Schenectady, New York, I transferred to St. Norbert College in De Pere, Wisconsin. I attended school there for about 4 years and recently graduated, very satisfied with my experience.

The business climate in Sweden is in some ways similar to the one in the United States, but there are also many differences. One major difference is the formality of the office setting. Swedish people emphasize equality among all employees. Superiors are always addressed by their first names, regardless of the speaker's rank. Even though superiors usually have the final word in a business decision, they are always looking for feedback from their employees. As a result of this decision-making framework, there are always several meetings throughout a business day in which employees can share their opinions.

Swedish business attire is also different from that in many other countries. The attire is more casual; it is considered appropriate to wear jeans with a collared shirt. There are no suits in the office during a regular workweek. Swedish people are also adamant about maintaining their fika breaks every day. These are short breaks during which everyone drinks coffee and has general, non-work-related conversations. Fika happens at least three times a day, regardless of where one works. This adds to the casual business climate.

Even though the business climate is more casual in Sweden, employees are expected to complete their tasks on time, and business management is usually strict in this regard.

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CULTURE, INTERCULTURAL COMMUNICATION, AND HEALTH CARE

On January 21, 2013, Dr. Margaret Chan, director general of the World Health Organization (WHO), in a speech to the WHO Executive Board in Geneva, Switzerland, asserted this:

The climate is changing. Antibiotics are failing. The world population keeps getting bigger, and older. The rise of chronic noncommunicable diseases is relentless. The microbial world continues to deliver surprises. Public expectations for health care are rising. Budgets are shrinking. Costs are soaring at a time of nearly universal austerity. Social inequalities are at the worst levels seen in half a century. Conflicts are rife. The health consequences, also for civilians, are severe.

The will to relieve human misery is strong but gets blunted by too few resources, too little capacity, and too much uncoordinated aid.36

Although advances in health care over the past century have been monumental, the status of the world’s health remains in flux. Reflecting on the words of Chan, consider the following four health care scenarios in four different cultures:

Researchers in Switzerland have developed a new medical device that identifies irregularities in heart rate and can, within seconds, alert doctors and patients via their smartphones. The device consists of four noninvasive electrode sensors attached to the skin and linked to a radio module and computer chip, which clips to the patient’s belt. Heart data are then sent to the patient’s smartphone, where they can be viewed in real time.37

Cao gío, also known as coining or coin rubbing, is a dermabrasive (i.e., skin) therapy thought to alleviate symptoms from a number of illnesses (e.g., headache, body aches and pains). Coining is used by a number of ethnic groups from Southeast Asia. During coining, the skin on the patient’s chest and back is lubricated with oils or balms and then rubbed firmly with the edge of a coin. The procedure often generates considerable skin damage (e.g., burning and scarring). In some cases, the oils and balms used are toxic and, if absorbed, lead to camphor intoxication. In these cases, the patient can suffer nausea, vomiting, confusion, tremors, and even convulsions.38

The majority of African American women (i.e., more than 80%) are either overweight or obese. These women are at significant risk for a range of serious health issues, including high blood pressure, high cholesterol, arthritis, stroke, gall bladder disease, heart disease, diabetes, and some cancers. The high obesity rates among these women are often attributed to cultural factors, such as a preference for high-fat and high-calorie foods, a distorted frame of reference for normal and...
healthy body weight, and a lack of physical activity. Societal and environmental factors also contribute, including poverty (e.g., high-calorie foods are less expensive) and limited opportunities for recreational physical activity (e.g., unsafe neighborhoods).39

Rural Dominicans often combine folk and professional medicine to manage their health care. One rural Dominican woman took modern antibiotics for a vaginal infection, yet taped garlic to her palm to cure an infection in her hand and relied on prayer to heal an infection in her infant son. In another case, a local faith healer dissolved modern antibiotics in tea, then rubbed the potion on a sick child in a prayer ritual to eliminate the child’s fever.40

As the previous four scenarios suggest, people from diverse cultural backgrounds face different health issues and carry vastly different assumptions about their health. Recall from Chapter 1 that culture is defined as an accumulated pattern of values, beliefs, and behaviors, shared by an identifiable group of people with a common history and verbal and nonverbal symbol systems. To be sure, different cultural groups have different beliefs, values, and behaviors associated with their health and health care. These different belief and value systems translate into diverse theories and practices about the causes and treatments of illness. As Hope Landrine and Elizabeth Klonoff note, “The health beliefs of professionals and laypersons alike are structured and informed by a cultural context from which they cannot be separated and without which they cannot be fully understood.”41

Lay Theories of Illness

In his classic text on culture, health, and illness, Cecil Helman suggests that people from different cultures generally attribute illness to one of four causes: (a) factors within the individual, such as bad eating and exercise habits; (b) factors within the natural environment, such as air and water pollution; (c) societal factors, such as intergroup conflict, poor health care facilities, and the like; or (d) supernatural factors, including religious beliefs, fate, and indigenous beliefs.42 Helman notes that these attributions for health and illness reflect the particular culture’s general value orientations. For example, persons in Western cultures such as the United States, which are often individualistic, generally believe that the origins of illness are rooted in the individual patient. As Helman explains, the responsibility for one’s health generally, though not exclusively, rests with the individual. So ill health is often considered to be the result of the individual’s bad habits, such as poor diet, lack of exercise, damaging lifestyle choices, poor personal hygiene, alcoholism, drug abuse, or other deviant behavior. Thus, from this perspective, one should feel guilty when faced with ill health. To be sure, persons in this orientation understand that other factors contribute to illness, such as heredity (e.g., cancer, diabetes) and environmental conditions (e.g., pollution, allergens, poisons, food additives, weather).43 Typically, these cultures rely on a biomedical model of health care, in which the fundamental assumption is that diagnosis and treatment of illness should be based on scientific data. Helman observes that in many non-Western cultures, illness is often attributed to societal and/or supernatural conditions.
Societal attributions are based on intergroup or interpersonal conflict within the culture. Here, according to Helman, one of the most common causes of illness is thought to be witchcraft. According to a 2010 Gallup poll, belief in witchcraft is widespread throughout sub-Saharan Africa and affects how believers in witchcraft see their lives and their health. For example, 95% of persons surveyed in Ivory Coast, 80% of those in Senegal, 77% of those in Mali, and 75% of those in Niger personally believe in witchcraft. On average, 55% of persons in the 18 African countries surveyed believe in witchcraft. The study found that believers in witchcraft rate their general well-being lower than do those who do not believe in witchcraft. Helman notes that among believers in witchcraft, certain persons, often women, are thought to possess mystical powers that can harm others. So conflicting families or groups may call on a witch to put a curse (e.g., illness) on their opposition.

Supernatural conditions, such as religion, pure fate, and indigenous belief systems, are also thought among certain cultures to be the origin of illness. Here, one’s ill health is believed to be caused by the intervention of a supernatural being. This is also referred to as the personalistic approach. Helman explains that persons in such cultures may believe that their illness is God’s punishment for their misdeeds, such as not attending church regularly or not saying their prayers. In Western cultures, such as the United States, persons might attribute their illness to bad luck; that is, they believe that their illness is the work of fate.

Helman is careful to point out that persons in many cultures make multicausal attributions for illness. So while persons in Western cultures may rely on the biomedical approach for their health, they may also believe that a supernatural force is responsible in some way.

**Health Care and Resources Across Cultures**

Health care is clearly one of the dominant forces that people in all cultures must manage. But the available resources to manage health care differ considerably across cultures. One of the biggest challenges facing the world’s countries is the monumental cost associated with health care. For example, in 2014, health expenditures in the United States totaled just over $3 trillion (i.e., $3,000,000,000,000), which is over 17 percent of the U.S. gross domestic product, and an average expenditure of nearly $10,000 per person in the country. Government expenditure on health care as a percentage of total government expenditures varies considerably across the world, as does the number of physicians available to treat patients (see Table 11.3).

In addition to the disparities in terms of cost, the number of physicians, and life expectancy, to name only a few, the differences in how cultures address health issues are also significant. It is within these contexts where communication plays a key role.

**Health Communication**

The study of health communication is relatively young compared with other areas of communication study. Kevin Bradley-Wright and his colleagues point out that the study of health communication began in the mid-1970s. At about that time in U.S. history, professional and social attitudes about health and health care transitioned. Bradley-Wright and his colleagues note that physicians and other health care providers historically have
addressed health care issues via a biomedical model of medicine that focuses on the scientific method and procedures for treating disease. This approach uses physical evidence such as laboratory results, X-rays, MRIs (magnetic resonance imaging), and surgery to diagnose and treat illness. Since about 1970, health care workers have begun to include a psychosocial approach to illness. To be sure, this approach does not ignore the scientific component of health care but expands it to include other variables that affect health, such as a patient’s culture, ethnicity, coping abilities, and other socially oriented events. The study of health communication typically focuses on this latter approach to health care.48

The Centers for Disease Control and the National Cancer Institute define health communication as “the study and use of communication strategies to inform and influence individual decisions that enhance health."49 The study of health communication covers a vast array of topics, far too many to address in this chapter. But one area in particular that has direct relevance for intercultural communication is patient–provider communication. The focus here is on the face-to-face interaction between the patient and his or her individual health care provider.

TABLE 11.3 Government Expenditures on Health Care Across Cultures

<table>
<thead>
<tr>
<th>Government Expenditure on Health Care as a % of Total Government Expenditures</th>
<th>Physicians per 10,000 People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>8.5</td>
</tr>
<tr>
<td>Brazil</td>
<td>9.5</td>
</tr>
<tr>
<td>Canada</td>
<td>10.9</td>
</tr>
<tr>
<td>Central Africa Republic</td>
<td>3.8</td>
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<tr>
<td>Chad</td>
<td>3.6</td>
</tr>
<tr>
<td>China</td>
<td>5.4</td>
</tr>
<tr>
<td>Cuba</td>
<td>8.6</td>
</tr>
<tr>
<td>France</td>
<td>11.6</td>
</tr>
<tr>
<td>Germany</td>
<td>11.3</td>
</tr>
<tr>
<td>Iraq</td>
<td>4.8</td>
</tr>
<tr>
<td>Kuwait</td>
<td>2.6</td>
</tr>
<tr>
<td>Mexico</td>
<td>6.1</td>
</tr>
<tr>
<td>Nigeria</td>
<td>3.4</td>
</tr>
<tr>
<td>Pakistan</td>
<td>2.8</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>3.8</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>9.3</td>
</tr>
<tr>
<td>United States</td>
<td>17.0</td>
</tr>
</tbody>
</table>

Viviann Filispóttir Hansen
My name is Viviann Filispóttir Hansen. I was born and raised on the Faroe Islands, located in the North Atlantic. I am 25 years old and graduated from St. Norbert College in 2013.

Because the Faroe Islands is such a small country, everyone knows one another in some way; so the doctor–patient relationship is much more personal than formal. Physicians are approachable but at the same time keep a professional environment. The majority of physicians practicing medicine on the Faroe Islands are schooled in surrounding Scandinavian countries, but in the past 5 to 10 years, many of our physicians have been educated in Poland because the programs there have a very good reputation.

In the Faroe Islands, we pay an annual fee of about $550 for health care. This covers as many doctor and hospital visits as we need. We start paying this annual fee when we are 16 years old. Before that, we are on our parents’ health insurance (the $550 fee does not change).

When making an appointment, we call the doctor’s office and get an appointment within 2 days, depending on the seriousness of our situation. We always meet with doctors directly, and they give a diagnosis and send the patient to a specialist if needed. The quality of care is good, but the wait to see the doctor can be a little long (about an hour but, again, depending on the severity of the illness). Doctors treat patients with respect and take their opinions into consideration; however, they ultimately give patients the treatment they think fits best.

The late Dr. Julian Wohl, professor emeritus of psychology and former director of the Clinical Psychology Training Program at the University of Toledo, wrote that just about all psychotherapy (and by extension, health care) is intercultural. Wohl asserted that health care is intercultural whenever cultural differences are present within the four elements of any health care communication context—that is, the health care provider, the patient, the locale or setting, and the method to be employed. He explains that to ignore the cultural differences in any of these elements is to court disaster. Likewise, Tina Carmichael, a registered nurse and registered respiratory therapist at Children’s Hospital of Boston, has written: “To become successful practitioners as a body of nurses, we must address the challenges of a nonhomogenous client-centered practice as well as a nonhomogenous work place.”

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Provider–Patient Communication

Dr. Debra Roter, a professor of health policy and management at the Johns Hopkins Bloomberg School of Public Health, points out that, historically, the relationship between the provider and patient in medical contexts has been asymmetrical. Because of their advanced education and experience, providers (e.g., physicians) hold more power than patients and are responsible for managing the interaction with patients, while the patients are generally passive. This approach, which was dominant throughout the 20th century, is called paternalism. In contrast, an approach labeled consumerism or mutual participation has been the popular model in the 21st century, in which the patient sets the agenda and shares responsibility for decision-making. As Roter describes, in this model the provider accommodates patient requests for information and services.

The degree to which paternalism and consumerism are practiced across cultures has been the focus of a number of studies. Theoretically, we would expect that in large power distance and collectivistic cultures, a paternalistic approach might continue to dominate provider–patient communication. But several studies have shown that this is not the case. In an oft-cited study, Keith Bennett, David Smith, and Harry Irwin studied patient preferences for participation in medical decisions across several cultural groups, including Hong Kong, Australia, the United States, and China. Their results revealed several interesting and countertheoretical findings. They found that (a) Hong Kong patients prefer to participate in medical decision-making with their physicians instead of deciding for themselves or delegating such decisions to their doctors; (b) students from Australia, China, and the United States overwhelmingly prefer joint decision-making with their doctors; and (c) adult participants in three cities in mainland China do not prefer to delegate decisions to doctors when given the opportunity to participate in such decisions. Bennett and his colleagues conclude the following:

The outcome is singular, strong, and consistent. Regardless of age, culture, and nationality, patients prefer to take part in joint decision making with their doctors. The convergence of findings on this issue is remarkable. Patients prefer to discuss and participate in decisions regarding their medical care. Chinese participants do not differ from those in Australia, the United States, or the United Kingdom in regard to the part they want to play. What we have found on this matter is cultural similarity, not cultural difference.

Dana Alden, Miwa Merz, and Jun Akashi studied preferences for physician decision-making styles among young adult Japanese and U.S. patients. Recall that Japan is generally considered a collectivistic culture, while the U.S. is considered individualistic. In their study, patients were asked to respond to a treatment scenario that described one of three physician decision-making styles, including a passive approach in which the physician makes the decision, a shared decision-making approach in which the patient and physician decide together, or an autonomous style in which the patient decides from a set of medically appropriate alternatives. Their results showed that the Japanese respondents evaluated the autonomous interaction most positively. U.S. respondents evaluated the shared decision-making scenario most positively. Alden and his colleagues argue that despite cultural differences, both Japanese and U.S. respondents preferred higher participation in decision-making. Consistent with the findings of Bennett and his colleagues cited earlier, these
findings suggest that passive patient approaches (i.e., paternalism) are falling out of favor as patient-centered care expectations (i.e., consumerism) become normative, even in traditionally large power distant cultures.55

But in Malaysia, a collectivistic large power distance culture, shared decision-making among physicians and patients is rarely studied or practiced. Medical researchers, including faculty in the School of Medicine at the University of Malaya, conducted a comprehensive review of literature on the subject and interviewed medical education researchers, key opinion leaders, governmental officials, and patient support groups. Their goal was to study the extent to which patient participation was incorporated into the medical curriculum, health care policies, and legislation in Malaysia. Their results showed that there are very few studies on patient participation in decision-making in Malaysia. They also found that while physicians were aware of informed consent, very few practiced shared decision-making with their patients. Moreover, they discovered that there was limited instruction about shared decision-making in both undergraduate and postgraduate curricula and a dearth of accessible health care information for patients. They also found that while professional medical organizations endorsed patient involvement in decision-making, there was no implementation plan.56

Min Sun Kim, David Smith, and Gu Yueguo investigated the influence of patients’ individualism (i.e., independent self-construal) and collectivism (i.e., interdependent self-construal) on preferences for medical decision-making among patients in Hong Kong and Beijing, China. In their study, they asked patients to rank four medical decision-making choices: joint decision-making, delegation of decision to physicians, deciding alone, and family decision-making.57 Their findings showed that participants from both Hong Kong and Beijing preferred joint decision-making. However, the patients’ level of collectivism and/or individualism affected their ranking of choices. The patients’ level of collectivism was predictive of doctor decision-making and family decision-making. The patients’ individualism was not. Individualism was predictive of joint decision-making and patient decision-making but not of decision-making by the family or doctor alone.

In related work, David and Sarah Jeanne Smith surveyed older individuals in Hong Kong, Beijing, and Suzhou (China) regarding their communication about medicine. Specifically, they asked participants what sources of information and advice about medicine they used most often, what topics were of most importance in terms of communication and medicine, and what roles physicians and patients played in such communication. They then compared the responses with those of U.S. participants.58 Their results revealed that Chinese participants, both in Hong Kong and mainland China, expressed a marked preference for doctors trained in Western medicine as sources of information and advice. Yet compared with U.S. participants, Chinese respondents relied more heavily on family and friends for health information and advice. In the United States and Hong Kong, participants were asked to select the source from which they would most like to learn more about medicine. In the United States, 77% chose their U.S. doctor; in Hong Kong, 50% chose the Western doctor, and 12% chose the Chinese doctor. When asked what topics were most important to older patients, participants’ concern about the side effects of medicine ranked among the top three in all settings. Finally, physicians in mainland China were described more positively by their patients than were those in either Hong Kong or the United States.59

These studies compare provider–patient communication across cultures. Yet one quarter of practicing physicians in the United States who were not U.S. citizens when they entered medical school are graduates of international medical schools. The great majority of them
now make up more than 50% of first-year family practice residents. Hence, a significant proportion of provider–patient communication in the United States is truly intercultural.

Within the United States and internationally, racial and ethnic disparities in health care are widely documented. In one study, Betsy Sleath, Richard Rubin, and Angela Arrey-Wastavino examined the extent to which physicians expressed empathy and positiveness to Hispanic and non-Hispanic White patients during primary-care visits. Their results showed that physicians expressed empathy at equal rates to Hispanic and non-Hispanic White patients. However, when examining only Hispanic patients, physicians were significantly more likely to express empathy to patients whom they knew better. Also, physicians expressed positiveness to non-Hispanic White patients more often than to Hispanic patients. Lin and Kressin found that Black Americans and Hispanic/Latino Americans received less information from their doctors about the rationale for their treatment recommendations. Both Black Americans’ and Hispanics/Latinos’ doctors less often cited their own experiences or scientific research as a reason for treatment recommendations.

Researchers in Australia sought to identify communication factors affecting health care for Aboriginal patients from the Yolngu language group of northeast Arnhem Land. In this study, interactions between Aboriginal patients and health care workers (non-Aboriginals) were videotaped, and in-depth interviews about perceptions of the interaction were conducted with all participants in their first language. The authors report that a shared understanding of key health-related concepts was rarely achieved. Moreover, they report that miscommunication between the health care staff and Aboriginal patients often went unrecognized. Sources of problematic communication included a lack of patient understanding of the language, a lack of medical knowledge by the Aboriginals, and marginalization of the Aboriginals by the health care workers. The authors concluded that communication problems were so pervasive that even trained interpreters provided only a marginal solution.

As we saw in Chapter 8 on nonverbal communication, a person’s accent plays a role in how that person is perceived by others, especially if the person speaks with a nonnative accent. In one study by Donald Rubin, Pamela Healy, T. Clifford Gardiner, Richard Zath, and Cynthia Partain Moore, participants were exposed to recordings of a physician speaking in an Asian accent and in a standard English accent. Participants then rated the physician’s superiority, interpersonal attractiveness, dynamism, professional competence, their (the participants’) intent to comply with the physician’s instructions, and recall of the physician’s instructions. Interestingly, the English-accented physician was rated higher than the Asian-accented speaker on only one of the variables—interpersonal attractiveness.

In an intracultural study conducted in the United States, physician Rachel Johnson and her colleagues sought to determine whether the quality of communication during medical visits differed among African American and White patients in terms of the duration of the visit and average speech speed, patient-centered orientation (i.e., physician verbal dominance and physician patient-centeredness), and overall emotional tone (i.e., patient and physician positive affect). Data were collected from 30 White, 21 African American, nine Asian or Indian American, and one other race/ethnicity physicians. The results showed that physicians were more verbally dominant and engaged in less patient-centered communication with
African American patients than with White patients. Both African American patients and their physicians exhibited lower levels of positive affect than did White patients and their physicians. In another similar study, Johnson and several of her colleagues compared patient–physician communication in same-race and different-race doctor–patient visits and examined whether communication behaviors could explain differences in patient ratings of satisfaction and participatory decision-making with their physicians. In the study, African American and White patients received care from 31 physicians (of whom 18 were African American and 13 were White). Patients completed scales designed to measure their perceptions of physician patient-centeredness, physician participatory decision-making styles, and overall satisfaction with their physician. The results showed that same-race patient–doctor visits were longer and had higher ratings of patient positive affect compared with different-race doctor–patient visits. Patients in same-race doctor–patient visits were more satisfied and rated their physicians as more participatory in health care decision-making than did those in different-race doctor–patient visits.

While this research is not an exhaustive account of the research done on intercultural communication in health care settings, it does allow us to draw some (tentative) conclusions about health care communication that seem rather countertheoretical when it comes to culture. For example, theoretically, we might expect that patients in collectivistic, large power distance cultures might defer to their health care providers when making decisions about health care treatment options. But the research cited earlier suggests that patients in these cultures prefer to participate in such decision-making. Of course, while these patients indicate that they would like to participate in such decision-making, we do not know for sure if they actually do. Decades of research on accents has shown that persons with nonnative accents are perceived differently (i.e., negatively). Yet the study suggests that in health care settings, the provider’s nonnative accent has only a minimal effect on patient perceptions of him or her. The one area of research cited earlier that seems consistent with many of the theories discussed in this text is patient–provider communication within the United States, particularly with microcultural groups and health care providers. The research in this area suggests that microcultural group status does affect health care communication between patient and provider.

**INTERCULTURAL COMMUNICATION AND EDUCATIONAL SETTINGS**

One type of relationship that exists in every culture is the student–teacher relationship. And in all cultures, students learn and teachers teach. Students can learn by seeing, hearing, reflecting, experiencing, reasoning, memorizing, and even intuiting. Teachers can teach by lecturing, demonstrating, discussing, questioning, and applying principles. But how students go about learning and teachers go about teaching may vary considerably across cultures. And as in the health care context, virtually all the interactions within an educational/classroom setting are face to face (online courses notwithstanding—although, in the United States the majority of prospective students prefer the in-class experience over online courses).

In the United States and abroad, grade school and high school teachers, as well as college professors, are finding their classrooms filled with students from various cultures. According to the Institute of International Education, in the 2014–2015 academic year, there were nearly
1 million (i.e., 974,926) international students attending U.S. colleges and universities, which was the highest growth rate in 35 years. The United States hosts more of the world’s 4.5 million international students than any other country. About 5% of college and university students in the United States are international exchange students. Students from China represent the largest percentage of international students in the United States, with over 300,000 students attending U.S. colleges and universities. India is second, with 130,000 students. Students from China, India, and South Korea represent just over half of all international students in the United States. These countries have some significant cultural differences compared with the United States. Interestingly, the United States’ closest neighbors geographically—that is, Canada and Mexico—represent only 2.8% and 1.7%, respectively, of international college students studying in the United States. California has the highest number of international students, followed by New York, Texas, Massachusetts, and Illinois.67

Just over 300,000 U.S. college students studied abroad for academic credit during the 2013–2014 academic year, which is an increase of 5.2% over the previous year. U.S. student participation in study-abroad programs has nearly tripled in the past 20 years. The majority of U.S. college students (i.e., 53%) study abroad in Europe, about 16% in Latin America, and about 12% in Asia. For the top five study-abroad destinations for U.S. students, 12.6% of students choose the United Kingdom, 10% Italy, 9% Spain, 6% France, and 4.5% China.68 Given these statistics, it seems safe to say that considerable intercultural communication is occurring in college classrooms across the United States and abroad.

Within the United States, grade schools and high schools are also becoming more intercultural. As the microcultural group population grows, so does enrollment in our nation’s schools. Hispanics have become the fastest growing ethnic group in U.S. public schools, making up more than one in five kindergarten students in 2015, almost doubling the percentage from 20 years ago. There will also be about 4 million students of Asian descent attending U.S. schools, or just over 7% of the total student population.69

Learning Styles Across Cultures

In Chapter 5, you were introduced to some of the ideas of Richard Nisbett, a distinguished professor at the University of Michigan, who has researched and written extensively about how humans process information. Nisbett points out that, historically, many of the most prominent psychologists in the 20th century strongly believed that basic human cognitive processes are universal (i.e., not cultural), that normal human beings are equipped with the same set of learning procedures, and that human thought processes work in much the same way regardless of the subject matter. Based on his research and that of others, Nisbett now believes that such assumptions may be at least partially incorrect and that culture plays a much more influential role in human learning processes than we once thought.70

One area of research in education that has received a substantial amount of attention is the subject of learning styles. Proponents of the learning style approach (e.g., educators, psychologists, sociologists, counselors) maintain that individuals have their own personal learning style—that is, their own unique way of gathering, storing, and retrieving information to solve problems. Many now believe that while learning is a universal feature among humans, specific information-processing abilities (i.e., learning styles) are acquired via culture and the socialization process. If we know and understand how people learn, we can then adapt our teaching methods to accommodate them. For example, might students from a large power distance culture be at a disadvantage in a classroom with a teacher
who comes from a small power distance culture? What about students from a collectivistic culture being asked to work on projects alone, without the cooperation of others? Consider the following scenario from AnneMarie Pajewski and Luis Enriquez:

When Hispanic students work in a group, not all are expected to do their equal share. A group member who does not happen to be working will not be offensive, while in an Anglo group of students, each is expected to do his/her share. The cooperative tendency of Hispanics can also be seen in sharing material objects and information. Sharing also means helping another student during a test, which is considered cheating in an Anglo culture. Recently, in the co-authors’ ESOL class, composed of mostly Hispanics, a student was reprimanded by a non-Hispanic instructor for copying from another student’s test. Both students were stunned and offended because to them, they were helping each other, not cheating.71

One theory of learning styles is called experiential learning theory (ELT), developed by David Kolb.72 Although not accepted by all learning theory scholars, Kolb’s ELT model has received a substantial amount of attention in education and psychology and has been applied extensively in cross-cultural and intercultural research (see Figure 11.2).73 Kolb’s ELT model is based on the work of some of the major philosophers, psychologists, and education reformers of the 20th century, including John Dewey, Kurt Lewin, Jean Piaget, and Carl Rogers, among others. Kolb’s central thesis is that learning occurs when knowledge is gained via the transformation of experience. In other words, we learn when we take our experiences and transform or convert them into knowledge. He argues that knowledge, and hence learning, results from (1) grasping experience and (2) transforming experience.

![Kolb's Model of Experiential Learning](Image)
According to Kolb, grasping experience means to seize or take hold of it. This includes concrete experience (CE) and abstract conceptualization (AC). In explaining CE, Kolb argues that in grasping experience, some people take in new information directly via tangible and empirical methods—that is, they need to see, hear, smell, touch, or taste it. For them, experience needs to be real or factual. Others tend to take in new information via symbolic means (i.e., AC). These people think, analyze, and plan abstractly. In transforming experience, some people tend to observe others who are involved in the experience and reflect on it (i.e., reflective observation, or RO). Then, there are those who approach experience and actively participate in it (i.e., active experimentation, or AE).

Kolb maintains that not all learning situations are equal, and learners must select which learning abilities are best suited for the specific learning situation they are facing. For example, Kolb points out that a person learning how to drive a car needs to tap into CE, but when learning via the owner’s manual about how the car functions, he or she uses AC. So when faced with unique learning situations, we choose between one or the other grasping experience options—CE or AC—and one or the other transforming experience options—AE or RO. Over time, Kolb maintains, humans develop a preferred way of learning based on their past experiences and especially their socialization. Specifically, one’s choice of grasping experience (i.e., CE or AC) and one’s choice of transforming experience (i.e., AE or RO) define that person’s preferred learning style, of which there are four: diverging, assimilating, converging, and accommodating.

The person adopting a **diverging** style of learning combines CE and RO. These people view concrete situations from several different points of view. Kolb describes these people as having broad cultural interests, being interested in people, enjoying group work, and tending to be imaginative and creative. The **assimilating** learning style is the combination of AC and RO. These learners prefer to put information into concise logical form. They prefer theories that are logically sound, without much regard for their practicality. They prefer to focus on ideas rather than people. Kolb speculates that persons interested in the sciences might be assimilating types. The **converging** learners combine AC and AE. They find practical uses for information and prefer technical tasks and problems to social and interpersonal issues. These learners experiment with new ideas. Kolb speculates that environmental scientists or economists might prefer this style. Finally, the **accommodating** style combines CE and AE. Accommodating learners prefer “hands-on” experience. They tend to act on intuition rather than logic and prefer to work with others, rather than technology, to solve problems.

Kolb and others in this area of research believe that a variety of factors may influence one’s preferred learning style. One factor is culture. Yoshitaka Yamazaki of the International University of Japan conducted an extensive review of literature on the relationship between culture and experiential learning styles. He reviewed studies that investigated the learning styles of Japanese and U.S. managers and found that the majority of, but not all, Japanese managers preferred the diverging learning style, while a slight majority of U.S. managers preferred the converging learning style. He attributes these preferences to the Japanese tendency toward collectivism, high context, and strong uncertainty avoidance. Likewise, he attributes the U.S. preference for a converging style to U.S. individualism, low context, and weak uncertainty avoidance.

Yamazaki also reviewed the research on learning style preference among Chinese and U.S. teachers and found that most of the Chinese teachers were distributed more...
toward a diverging style, while U.S. teachers tended to prefer an accommodating style. Once again, he attributes this to the Chinese orientation toward collectivism and strong uncertainty avoidance. That not all teachers from either culture preferred these styles is important to note because some teachers in each group preferred other learning styles. For example, Yamazaki reviewed the research on learning style preference among French, German, and Quebeçois students of business administration, and while there were differences among the three groups, each group’s overall preferred learning style was assimilating. But although a plurality of 43% of German students preferred the assimilating style, nearly 33% preferred a converging style. Among the Quebeçois students, 38% preferred assimilating, but 25% preferred a diverging style. Among the French students, a plurality of 34% preferred assimilating, while 28% preferred a diverging style.78

This research tells us that culture seems to play a role in preferences for learning styles. But how much of a role does culture play? Simy Joy and Kolb sought to answer that question. Specifically, they aimed to assess the relative influence of culture on learning style preference in comparison with sex (i.e., male/female), age, level of education (i.e., secondary school, college graduate, graduate degree), and area of specialization (i.e., humanities and fine arts, social professional, basic sciences and mathematics, and applied science professional) of students born in and currently residing in seven nations: the United States, Italy, Germany, Poland, Brazil, India, and Singapore. Although the influence of culture was quite small, Simy and Kolb report that a preference for AC over CE was explained by a combination of culture, gender, level of education, and area of specialization. The variability in preference for AE over RO was accounted for only by age and area of specialization, however. The influence of culture was not significant. When comparing the relative influence across learning styles, area of specialization seemed to carry more influence than did culture. In the second part of their study, they examined the influence of individual culture dimensions on learning style preferences. They found that individuals tend to have a more abstract learning style in cultures that are collectivistic and uncertainty avoidant. Individuals may have a more reflective learning style in countries that are high in collectivism and uncertainty avoidance. In general, their results support the contention that culture affects learning style preference, but its influence is rather small and certainly not unilateral.79

Teacher Immediacy in the Classroom and Across Cultures

In the past 30 years, the topic of teacher immediacy has received a great deal of attention in the communication literature. The concept of immediacy stems from the work of psychologist Albert Mehrabian and refers to those verbal and nonverbal behaviors that reduce the physiological and psychological distance between interactants. Researchers in communication have extended the concept of immediacy to the classroom and, specifically, teacher immediacy. Here, teacher immediacy refers to the verbal and nonverbal communication expressed by teachers that reduces the physiological and psychological distance between teachers and students.80 In the United States, verbal immediacy behaviors include the judicious use of humor, self-disclosure, narration (storytelling), and the prosocial use of certain types of power, such as expert power and referent power. Other verbal immediacy behaviors might include addressing students by their first names, initiating conversation with students before and after class about topics unrelated to class,
and encouraging students to ask questions and discuss issues during class. Typical nonverbal immediacy behaviors include smiling, moderate gesturing, moving around the class instead of standing behind a lectern, direct eye contact, and casual dress. To be sure, these might not be the behaviors considered immediate in other cultures.

One of the most consistent findings in the literature is that teacher immediacy has a positive effect on perceived cognitive learning, affective learning, and behavioral intentions of students to engage in the lessons, theories, and behaviors taught in class. But the research has also shown that moderate amounts of immediacy produce more positive learning outcomes than does too much immediacy. So while using humor in the classroom is considered immediate, students do not want a class that’s nothing but one-liners. Of course, to the extent that teacher immediacy is a function of communication, it must be considered a cross-cultural phenomenon.81

Consider the following description of a typical Chinese classroom, provided by Yuqin Zhao from the Harbin Institute of Technology in China:

The classroom discourse in China is more oriented toward a hierarchical face system and assumes more respect from students toward the teacher. The teacher would value those who are more obedient and quiet in class, listen to him and follow his instruction with no conditions. He prefers standing in the front of the classroom with more dignity and authority, doing a most noble job of transmitting knowledge and truth to his students. In Chinese classrooms, the atmosphere is usually serious. Students should sit in lines and rows straightly, listen to the teacher and should not interrupt the teacher’s talk with questions. Students should show respect to their teachers both in class and out of class by greeting the teachers first. It is regarded impolite and even rude for students to call their teachers by their name. In a Chinese classroom, students always address their teacher very formally with a title of “teacher” plus his surname, such as “Teacher Zhang.” This is the case for students of all ages, from children in kindergarten to doctoral students in universities. No matter where and when, students should always address the people who had ever taught them with “teacher” formally, even outside school and after their graduation. Chinese teachers also address their students in a very formal way, by their full names, never by their given names. In China, the relationship between teachers and students is more hierarchical, formal and distant.82

A number of cross-cultural comparisons of teacher immediacy have been conducted. For example, Jim Neuliep found that U.S. college students rated their U.S. professors as more verbally and nonverbally immediate than did Japanese college students rating their Japanese professors. Neuliep attributed this to the Japanese high-context and large power distance tendencies. In this study, Neuliep also found that while U.S. professors were rated as more immediate than Japanese professors, there were strong correlations between teacher immediacy and cognitive and affective, and behavioral learning with each group of students. In other words, as a professor’s immediacy ratings increased, both U.S. and Japanese students responded that they learned more from that professor.83

In a 2011 study by Kemal Sinan Özmen from Gazi University in Turkey, student teachers in Japan, Turkey, and the United States completed a nonverbal immediacy scale and a questionnaire about its importance in teaching. The findings indicated that U.S.
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teachers rated their nonverbal immediacy higher than did teachers in Turkey or Japan (in that order) but that each of the three cultures considered nonverbal immediacy as a requisite part of effective teaching and as positively correlated with effective teaching. Incidentally, the study also found that U.S. student teachers believe “touching” to be a critical variable in defining effective teaching.84

In 2001, K. David Roach and Paul Byrne conducted a cross-cultural comparison of instructor communication (i.e., nonverbal immediacy and learning outcomes) in German and U.S. classrooms. In their study, U.S. students and German students rated their instructors’ nonverbal immediacy and perceived cognitive and affective learning. Their results showed that U.S. instructors were perceived as more nonverbally immediate than German instructors. U.S. students also reported more cognitive learning than did their German counterparts. Interestingly, in each culture, nonverbal immediacy was significantly linked with cognitive and affective learning.85

In 2005, Roach and his colleagues compared nonverbal immediacy between French and U.S. instructors. As in the results reported earlier, U.S. instructors were perceived by U.S. students as more immediate than were French instructors (by French students). In each culture, however, instructor nonverbal immediacy was found to be positively related to student affective learning, positive affect toward instructor, cognitive learning, and ratings of instruction. Instructor nonverbal immediacy, though positively related to these learning outcomes in both cultures, was significantly stronger for U.S. students when compared with French students. Roach speculates that this difference may be linked to power distance since France is considered to have a larger power distance than the United States. U.S. students expect less power distance between themselves and their instructors than do French students, who recognize the student–teacher status difference. Hence, Roach concludes that French instructors may see no need to exercise nonverbal immediacy.86

Scott Johnson and Ann Miller compared teacher immediacy in the United States and Kenya. Students in both countries rated their teachers’ verbal and nonverbal immediacy and then rated how much they learned in their classes with these teachers. Their results showed that Kenyan and U.S. students differed significantly on ratings of their teachers’ verbal and nonverbal immediacy. U.S. teachers were rated higher in both. However, no significant differences were found between Kenyan and U.S. students regarding the amount of learning they reported as occurring in their classes, although the Kenyan sample scores were lower than those of the U.S. sample on all measures. And although Kenyan students rated their teachers lower on both verbal and nonverbal immediacy than did U.S. students, there were strong correlations between immediacy and learning among the Kenyans. In other words, to the extent that their teachers were immediate, Kenyan students reported learning more. Johnson and Miller speculate that other cultural variables may mediate the influence of immediacy on learning outcomes. For example, they point out that Kenya is a large power distance culture. Students who recognize the high-status role expectations within a large power distance culture may not respond as strongly to immediacy displays within high- and low-status relationships and yet may still learn a lot.87

Jim McCroskey and his colleagues compared teacher nonverbal immediacy and affective learning outcomes across four cultures: Puerto Rico, Finland, Australia, and the United States. Their results showed that the Puerto Rican and U.S. teachers did not
differ from each other but were perceived as significantly more nonverbally immediate than teachers in Australia and Finland. The Finnish teachers were perceived as less nonverbally immediate than teachers from the other three cultures. Yet in each culture, teacher nonverbal immediacy was found to be positively correlated with affect toward the content being taught (i.e., affective learning). In other words, asserts McCroskey, whether the culture favors high or low immediacy, if the teacher is relatively more immediate, the student’s affective learning is enhanced.88

What the research on teacher immediacy shows us is that while perceptions of teacher immediacy vary across cultures, teacher immediacy is almost always associated with positive learning outcomes. So even in cultures where teachers may not be perceived as immediate—as U.S. teachers are—as immediacy increases, students report that they learn more cognitively, affectively, and behaviorally.

Some Recommendations for the Intercultural Classroom

So we know that students across cultures have different learning styles, and we know that teachers across cultures have different teaching styles. Hence, in an intercultural classroom, students and teachers prefer to learn and teach differently. Richard M. Felder, the Hoechst Celanese Professor Emeritus at North Carolina State University, has authored or coauthored hundreds of papers on engineering and science education. Felder is also the codirector of the National Effective Teaching Institute. In recognizing the differences in learning and teaching styles, Felder offers some recommendations that may be helpful for teachers in an intercultural classroom.89

1. Motivate learning. Felder recommends that when teaching new material (i.e., material that is new to the students), one should try to teach the material in the context of students’ experiences, both past and future.
2. Balance concrete and conceptual information. Recall from Kolb’s model that concrete thinkers take in new information directly via tangible and empirical methods—that is, they need to see, hear, smell, touch, or taste it. Conceptual thinkers tend to take in new information via symbolic means. These people think, analyze, and plan abstractly.
3. Balance structured and unstructured activities. Use teaching approaches that emphasize formal training with open-ended, unstructured activities that emphasize conversation and the students’ cultural context.
5. Don’t just lecture. In addition to lecturing, provide intervals for students to reflect on what they have learned. Hold discussions, allow students to ask questions, or have them write reflective essays.
6. Allow students to cooperate on some assignments. Felder argues that active learners learn best when they interact with others.

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Chapter Summary

Doing business with and managing people in a work setting, providing health care, and teaching students in a culture other than one’s own are daunting tasks indeed. This chapter has discussed how the principles presented throughout the text can be applied across cultures to the business world, the health care context, and the classroom setting. An understanding of the cultural, microcultural, environmental, perceptual, sociorelational, verbal, nonverbal, and relational contexts of the native and host cultures increases the probability of being an effective and productive manager, health care provider, or teacher across cultures. Managers, health care practitioners, and teachers who understand the intercultural context are in a much better position to succeed.

Discussion Questions

1. How are the dominant cultural values of the United States reflected in U.S. management styles and U.S. company policies?
2. How might the U.S. management style of participative management affect a U.S. manager in Mexico? In China?
3. How might the U.S. emphasis on time (i.e., monochronic) affect how you would do business in Mexico?
4. What considerations would you make in preparing for a presentation in a German or Chinese company?
5. How do patients across cultures prefer to make medical decisions?
6. What are some of the factors that affect patient–provider communication?
7. Are learning styles among students different across cultures? Explain.
8. Do teachers across cultures differ in immediacy? Explain.
9. How does teacher immediacy affect learning?

Ethical Considerations

1. Maggie Berens is an eighth-grade teacher in a moderately sized community in the Midwestern United States. Recently in her history class during an exam, she overheard three of her native Hispanic/Latino students talking among themselves. As she approached them, it
was clear that two of the students were helping the third student on his exam. Ms. Berens accused the students of cheating on the exam and threatened to fail them. But the students claimed they were not cheating. They explained that in their culture when a member of the group is having trouble on some task, it is the responsibility of others in the group to help him or her. What should Ms. Berens do? Should she fail the students? Or should she explain to them that in U.S. culture, one is expected to do his or her own work without the help of others?

2. Jesse Pagel is an overseas manager for a U.S. clothing company in Hong Kong. In a recent meeting of his employees, Jeff explained and demonstrated a new online application that the employees should use to facilitate their jobs. After several days, it became clear to Jeff that the employees were not using the application. He approached some the employees and reprimanded them for not using the application. Later that day, one of Jeff’s associates, a native of Hong Kong, explained to Jeff that in Hong Kong when an employee does not understand the directives of a superior, they will do nothing because to ask questions and admit that they do not understand the directive is to lose face. As we saw in Chapter 10, protecting one’s face is a very important concept in many Eastern cultures. What should Jeff do now?

### Developing Intercultural Communication Competence

1. Many of you who are reading and using this book will go on to careers in management, become teachers, or work in a health care-related field. Having read this chapter, be mindful that theories of management, learning styles, and patient–provider care vary considerably across cultures. And while the theories of management, learning, and providing health care that you learned in college are certainly valid, they may not—in fact, probably do not—apply across cultures. So when you manage, teach, or care for persons of different cultures, keep in mind how to selectively apply what you have learned, and be open to adjusting your style.

2. In this chapter, immediacy was defined as those behaviors that reduce the physical and psychological distance among interactants. In your professional career, you will very likely interact with people from cultures different than your own. So become mindful—that is, more conscious—of the behaviors that you perceive and use to be immediate that others may perceive to be nonimmediate and perhaps even threatening. For example, when someone doesn’t reciprocate direct eye contact with you, that may be a sign of respect rather than disrespect.

### Key Terms

- cultural context 371
- environmental context 373
- health communication 386
- immediacy 396
- learning styles 393
- organizational culture 371
- patient–provider communication 387
- perceptual context 373
- power distance 372