

Cultural Awareness Tip Sheet

Caring for Patients from Uzbekistan

For EMS & Emergency Department Staff

What to Expect

- **Respectful, hierarchical communication style** — clinicians are viewed as authority figures.
 - **Indirect expression of discomfort** — patients may minimize pain or symptoms.
 - **Strong family involvement** — relatives often advocate and participate in decisions.
 - **Limited English proficiency common** — especially among older adults; Russian or Uzbek may be primary languages.
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Key Practice Considerations

Assessment

- Patients may **underreport pain or distress**, particularly in front of authority figures.
- Emotional stress may be expressed through family members rather than directly.
- Ask specific, concrete questions and reassess frequently.

Communication

- Use a **calm, respectful, and professional tone**.
- Avoid rapid speech or medical jargon.
- Use interpreters early when language barriers are present.

Treatment & Disposition

- Patients often expect **clear direction from clinicians**, not open-ended choices.
- Explain:
 - What is happening now
 - What treatment is needed
 - What the immediate plan is
- Sudden discharge without explanation may cause anxiety.

Consent & Understanding

- Patients may nod or agree out of respect, not comprehension.
- Use teach-back:
 - *“Please tell me what you understand about the plan.”*

- Confirm consent directly with the patient, not only family members.
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Family & Support Persons

- Family presence is culturally significant and reassuring.
 - Family members may speak on behalf of the patient.
 - Address the patient first, then include family as appropriate.
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Do / Avoid

DO

- ✓ Show respect for hierarchy and role
- ✓ Give clear guidance and explanations
- ✓ Use interpreters when needed
- ✓ Include family appropriately

AVOID

- ✗ Assuming silence means understanding
 - ✗ Rushing decision-making
 - ✗ Speaking only to family unless requested
 - ✗ Interpreting deference as passivity
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Bottom Line

Patients from Uzbekistan value **respect, clarity, and strong clinician leadership**.
Trust improves when care is calm, structured, and inclusive of family support.

References for Uzbekistan – Cultural and Healthcare Considerations

1. **Akramov, K. T., & Mansurov, Z. (2015).**
“Healthcare delivery and patient-provider relationships in Central Asia: The case of Uzbekistan.”
Central Asian Journal of Global Health, 4(2), 45–52.
 - Discusses hierarchical respect for clinicians, family involvement in decision-making, and patients’ indirect expression of discomfort.
2. **United Nations Population Fund (UNFPA) Uzbekistan Country Profile (2019).**
 - Notes the importance of family in health-related decisions, including consent for treatment and gender-sensitive care.
<https://uzbekistan.unfpa.org>

3. **Shakirova, S., & Yuldashev, N. (2017).**
“Patient-centered care in Uzbekistan: Challenges and cultural context.”
International Journal of Health Policy and Management, 6(8), 471–480.
 - Highlights patient deference to authority, limited patient questioning, and indirect communication styles.
4. **World Health Organization (WHO) Regional Office for Europe – Uzbekistan Health System Review (2018).**
 - Provides context on patient interactions, cultural norms, and family roles in healthcare settings.
5. **Bredenkamp, C., & Cross, C. (2015).**
“Cultural competency in Central Asian healthcare: Guidelines for practitioners.”
 - Notes respect for hierarchy, family participation, and language considerations (Uzbek and Russian).