

Cultural Diversity and Health Care



Cultural Diversity and Health Care

- We All Have It!
- Obvious Manifestations:
 - Religion
 - Ethnicity (Race?)
 - National Origin (language)
 - Gender



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- Less Obvious Manifestations:
 - Age
 - Education
 - Educational Status
 - Mobility (including handicaps)



Cultural Diversity and Health Care

- What is Culture?

Definition: the sum total of the way of living; includes values, beliefs, standards, language, thinking patterns, behavioral norms, communications styles, etc. Guides decisions and actions of a group through time.



Cultural Diversity and Health Care

- Expressions of Culture in Health Care

- Health Belief Systems

- Define and categorize health and illness
 - Offer explanatory models for illness
 - Based upon theories of the relationship between cause and the nature of illness and treatments
 - Defines the specific “scope” of practice for healers



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- **The Culture of Western Medicine**

- Meliorism – make it better
- Dominance over nature – take control
- Activism – do something
- Timeliness – sooner than later
- Therapeutic aggressiveness – stronger=better
- Future orientation – plan, newer=better
- Standardization – treat similar the same



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- **“Ours”**

- Make it Better
- Control Over Nature
- Do Something
- Intervene Now
- Strong Measures
- Plan Ahead – Recent is Best
- Standardize – Treat Everyone the Same

- **“Others”**

- Accept With Grace
- Balance/Harmony with Nature
- Wait and See
- Cautious Deliberation
- Gentle Approach
- Take Life As It Comes – “Time Honored”
- Individualize – Recognize Differences

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- Cultural Competence – Definition

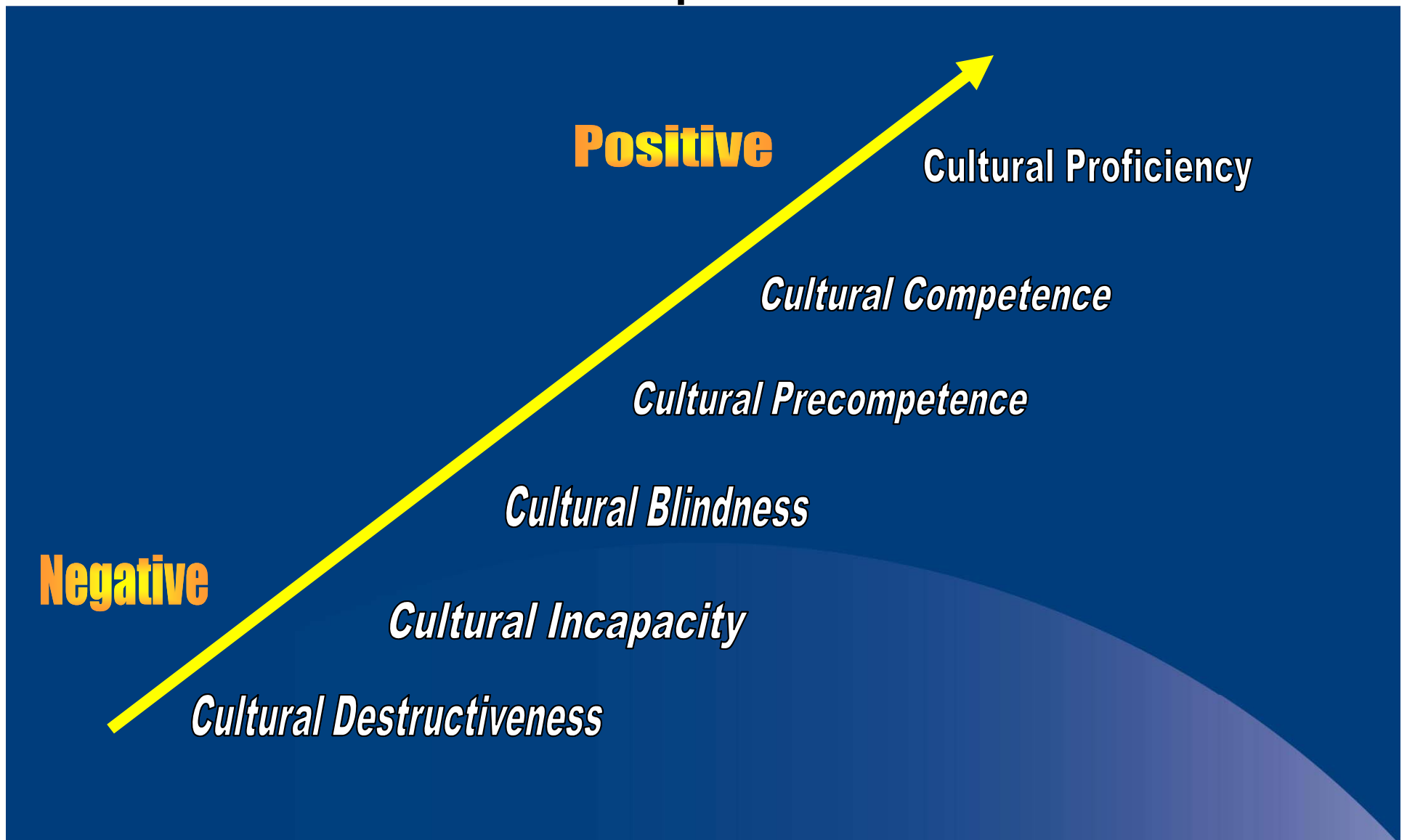
A set of congruent *behaviors, practices, attitudes and policies* that come together in a system or agency or among professionals, enabling effective work to be done in cross-cultural situations

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- The Cultural Competence Continuum
 - Where Am I Now?
 - Where Could I Be?



The Cultural Competence Continuum



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- **Cultural Competence Definitions**

- Cultural Destructiveness: forced assimilation, subjugation, rights and privileges for dominant groups only
- Cultural Incapacity: racism, maintain stereotypes, unfair hiring practices
- Cultural Blindness: differences ignored, “treat everyone the same”, only meet needs of dominant groups

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- **Cultural Competence Definitions**

Cultural Pre-competence: explore cultural issues, are committed, assess needs of organization and individuals

Cultural Competence: recognize individual and cultural differences, seek advice from diverse groups, hire culturally unbiased staff

Cultural proficiency: implement changes to improve services based upon cultural needs, do research and teach

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- **Acquiring Cultural Competence**
 - Starts with Awareness
 - Grows with Knowledge
 - Enhanced with Specific Skills
 - Polished through Cross-Cultural Encounters

The Explanatory Model

Arthur Kleinman, Ph.D.

- Culturally sensitive approach to asking inquiring about a health problem
 - What do you call your problem?
 - What do you think caused your problem?
 - Why do you think it started when it did?
 - What does your sickness do to you? How does it work?
 - How severe is it? How long do you think you will have it?

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The Explanatory Model

Arthur Kleinman, Ph.D.

- **Culturally sensitive approach to asking about a health problem**
 - What do you fear most about your illness?
 - What are the chief problems your sickness has caused you?
 - Anyone else with the same problem?
 - What have you done so far to treat your illness: What treatments do you think you should receive? What important results do you hope to receive from the treatment?
 - Who else can help you?

The **LEARN** Model

Berlin and Fowkes

Listen to the patient's perception of the problem

Explain your perception of the problem

Acknowledge and discuss differences/similarities

Recommend treatment

Negotiate treatment



Working with Interpreters

- Qualifications
 - Bilingual, bicultural, understands English medical vocabulary
 - Comfort in the medical setting, understands significance of the health problem
 - Preserves confidentiality

Working with Interpreters

- Multiple Roles:
 - Translator of Language
 - Culture Broker
 - Patient Advocate: Convey expectations, concerns

Working with Interpreters

- Use language to identify the interpreter as the go-between, not as the person to be blamed, e.g., the interpreter might say, “The doctor has ordered tests and this is what he says”

Working with Interpreters

- Translation factors
 - Language: how are new words created?
 - Navajo: Penicillin = “the strong white medicine shot you get for a cold”
 - Minimize jargon, e.g., “machine to look at your heart” instead of “EKG”
 - Nonverbal communication = 60% of all communication
 - Nodding may indicate politeness, not comprehension
 - Bilingual interviewing takes at least twice as long as monolingual interviews!

Caretakers' Responsibilities

- Learn and use a few phrases of greeting and introduction in the patient's native language. This conveys respect and demonstrates your willingness to learn about their culture.
- Tell the patient that the interpreter will translate everything that is said, so they must stop after every few sentences.

Caretakers' Responsibilities

- When speaking or listening, watch the patient, not the interpreter. Add your gestures, etc. while the interpreter is translating your message.
- Reinforce verbal interaction with visual aids and materials written in the client's language.
- Repeat important information more than once.

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Caretakers' Responsibilities

- Always give the reason or purpose for a treatment or prescription.
- Make sure the patient understands by having them explain it themselves.
- Ask the interpreter to repeat exactly what was said.
- Personal information may be closely guarded and difficult to obtain.
- Patient often request or bring a specific interpreter to the clinic.

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Caretakers' Responsibilities

- In some cultures it may not be appropriate to suggest making a will for dying patients or patients with terminal illnesses; this is the cultural equivalent of wishing death on a patient.
- Avoid saying “you must... Instead teach patients their options and let them decide, e.g., “some people in this situation would...”

At PSPH

- To contact an interpreter
 - On the intranet home page:
 - Choose Department Sites A-L
 - Choose Interpretive Services
- Several interpreter services are available
 - Face to face
 - Phone
 - TDD

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*It is because we are different that
each of us is special.*



References

- Putsch III RW. Cross-cultural communication: The special case of interpreters in health care. JAMA 1985;254(23):3344-48
- Sockalingum adapted from Hayes, Cultural Competence Continuum, 1993 and Terry Cross Cultural Competency Continuum.