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)
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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.
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- 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

Positive
- Cultural Proficiency
- Cultural Competence
- Cultural Precompetence
- Cultural Blindness

Negative
- Cultural Incapacity
- Cultural Destructiveness
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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...”
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*It is because we are different that each of us is special.*
References


- Sockalingum adapted from Hayes, Cultural Competence Continuum, 1993 and Terry Cross Cultural Competency Continuum.