Cultural Diversity and Health Care
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• 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
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
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.