

# 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)

# Cultural Diversity and Health Care

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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

# Cultural Diversity and Health Care

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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*

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L**isten** to the patient's perception of the problem

E**xplain** your perception of the problem

A**cknowledge** and discuss differences/similarities

R**ecommend** treatment

N**egotiate** treatment



# Working with Interpreters

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



# Working with Interpreters

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

# Working with Interpreters

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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