

Training Clinicians in Cultural Sensitivity

Considerations in treating the medically compromised adult.

As census reports continue to document the increase of culturally and linguistically diverse groups in our population and the associated increase in hospitalizations for the adult population, we must focus more attention to cultural awareness and appropriate treatment for the culturally diverse. Our curriculum in Communicative Disorders does not adequately prepare us for the diversity that lies ahead in our profession. Instead we must look to the cultural anthropologists for concepts and definitions, which we can use as a foundation for broadening our outlook on interpersonal connections with the diverse world. In addition, literature from the nursing discipline was also researched to address treatment considerations within the medically compromised adult population. This paper will introduce concepts and definitions in cultural awareness and will introduce a questionnaire that can be used as a springboard for self-awareness.

- Culture: The thoughts, communications, actions, customs, beliefs and institutions of a racial, ethnic, religious or social group.
- Cultural diversity: The differences between people based on racial, ethnic and cultural variables. *Race has been refuted as a biological category based on genetic analysis.
- Cultural variables: The differences between people grouped according to religion, beliefs, language, sexuality, gender, age, class, socioeconomic status, and mental/physical abilities. These are shared by the people who identify themselves as members of the group.
- Cultural ethnocentrism: The belief or assumption of cultural superiority. Oppression is the result of ethnocentrism.
- Cultural relativism: The idea that each culture or subculture is judged on its own terms and the member's own perceptions, feelings, and rationales.
- Cultural assimilation: The absorption of the minority into the dominant culture.
- Cultural awareness: The acknowledgement of the immense influences of culture on every person in every action in every day life.
- Cultural competence: The ongoing dynamic process of seeking cultural awareness, cultural knowledge, skills, and encounters. It is a set of complimentary behaviors, attitudes, and policies that help systems, agencies, and professionals work effectively with people of different cultures.

How does culture influence delivery of services?

As a comprehensive system of beliefs and behaviors, culture provides a powerful framework for understanding the world. People within the same culture share similar experiences and share expectations. This can create a large impact in provider-patient relationships when culturally different individuals are unaware of how thoughts, actions, and feelings are influenced by their culture.

Culture can affect direct and indirect health care delivery. In a direct manner, cultural factors may create a difficulty in identifying an exact problem that needs medical attention or in compliance in a treatment program. Indirectly, they may affect the communication between the provider and patient causing misunderstandings, misinterpretations, and misperceptions regarding acceptance of and adherence to medical intervention.

Language differences can have an obvious impact on the relationship, but culturally prescribed patterns of etiquette, problem-solving, and “superstitions” can cause misinterpretations. Political history between groups, socioeconomic status, and stereotyping can affect acceptance and rapport. The “American” way of thinking, providing services, assessments, and patient education may not apply.

We should strive to always be in the process of “becoming” culturally competent. Culture is composed of beliefs that influence lifestyle, attitudes, and feelings about illness and death.

- Definition of Health: What is it?
- Etiology: What is the origin of disease?
- Health Promotion and Protection: How is health achieved and maintained?
- Practitioners and Remedies: Who and what can heal a person?

All of the above require an open mind and a means to acquire the information. Our goal should be to establish good communication. We should recognize the value of human dignity, accept cultural relativism as the preferred condition, be willing to alter our personal behavior and be willing to decrease personal resistance and defensiveness.

Culturally appropriate care should include respect for the differences in belief systems, sensitivity to behaviors and practices different from your own, and accommodation of differences as long as they are not detrimental to the health. We should listen for cues in the conversation that relay a unique or individual belief about etiology, transmission, prevention, etc.

What questions or kinds of questions should you ask your patients in order to increase your awareness? Here are examples to help you gather information regarding your patient's culture:

1. Do you consider yourself to be a healthy person? What does that mean to you?
2. How do you think you got sick? Why do you think you had your stroke? Or Where do you think you got the cancer from?
3. Do you think we can help you recover your communication/swallowing ability? Do you think you have the ability to improve?
4. Is there anyone else who you think can help you? Is there anywhere else you think you should go to for help?

Their responses will help to determine if your assessment and treatment goals are in line with their own. Open-ended questions allow the patient or family to discuss the problems based on their own perceptions and beliefs. The use of interpreters is essential in obtaining the information. Family members should never be used when discussing important or complicated medical information. Most hospitals employ professional medical interpreters for these situations.

Other considerations during assessment should include recognizing and respecting differences in:

- Physical distance
- Eye contact
- Vocal intensity
- Speech rate
- Willingness to share information

During assessment you may also want to consider:

- The degree of acculturation (years in the country is not enough)
- Family structure and dynamics (acceptable spokesperson)
- Socioeconomic status (own country vs. USA; previous occupation etc.)
- Age of second language acquisition
- Language preference, language competence, and language prestige
- Communication style
- Learning style
- Lifestyle, behavior or habits

When discussing treatment goals and options:

- Previous experience with illness or disease processes
- Incidence and prevalence of disease
- Address expectations and perceptions the patient and family may have about the goals
- Determine which other family members may want or need to be participants in the patient's recovery

Tips for successful cross-cultural communication:

- a. Let them see your lips as you speak.
- b. Project a friendly demeanor/attitude.
- c. Be aware of your assumptions.
- d. Don't rush the patient.
- e. Listen carefully.
- f. Speak clearly but not more loudly.
- g. Be careful with your pronunciation.
- h. Stick to the main point.
- i. Emphasize or repeat key words.
- j. Control your vocabulary, avoid jargon, slang, and difficult words.
- k. Use simple sentence structure.
- l. Make your statement in a variety of ways to increase the chances of getting the thought across.
- m. Write down key information for them to refer to later.
- n. Watch for responses that indicate understanding or conversely, confusion.
- o. Use body language to illustrate what your words say.
- p. Use the vocabulary that the client has used. They are words that he or she understands.
- q. Say what you are going to do, do it, then recap what you did.

We do not need to know everything about diversity. It's all about attitude and an acceptance of differences. It is an attitude of respect and openness. You need to put yourself in the other person's shoes. And the golden rule applies here... Treat others as you would like to be treated.

Diversity is a strength, not a weakness. It becomes a weakness if it is extremely high or low. Theories and values are not culturally neutral. People's opinions and actions are influenced by their culture. All cultures are valid but some cultural practices are not. In understanding culture, we understand human situations.

Are You Culturally Competent?

Take this self quiz about culture, awareness and sensitivity.

1. T or F Patient's culturally-based health beliefs have an indirect impact on compliance with the prescribed treatment plan.
2. T or F All individuals of the same ethnicity share the same cultural beliefs and practices.
3. T or F Assumptions regarding the patient's cultural background which are based solely on race and ethnicity are likely to be stereotypical.
4. T or F Culture plays a strong role in determining family structure and dynamics.
5. T or F Healthcare providers must understand health problems and behaviors from the perspective of the client in order to deliver culturally competent care.
6. T or F Critical factors that assist health care providers to elicit the patient's healthcare practices and beliefs are:
 - a. Ethnic origin & identification
 - b. Language preferences
 - c. Family structure and dynamics
 - d. Cultural health beliefs and practices
 - e. Socioeconomic influences
7. T or F In the absence of a trained interpreter it is appropriate to use a family member to interpret complicated medical information.
8. T or F The patient's health care practices and beliefs can be affected by the following factors:
 - a. The number of years they have resided in the US (e.g. 1st, 2nd, 3rd, & 4th generations).
 - b. The individual's adherence to traditional cultural practices and beliefs.
 - c. The individual's personality and life experience.
9. T or F Health care providers should only be concerned with maintaining healthcare standards, cultural health care practices are only the patient's concern.
10. T or F Cultural beliefs and values influence what patient's are willing to discuss with the health care provider, how they describe the problem and how they cope during illness.