Module II
CULTURE IN HEALTH CARE: EXPECTATIONS AND BELIEFS

Reading:

To be completed prior to the first session of this module.

Reading II.A: Kleinman A, Eisenberg L, Good B. Culture, Illness and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research. Ann Intern Med 1978; 88: 251-58. (Woodward Lower Level: W1 AN518)

Module Objectives:

Students will be able to:

1. describe four aspects of the culture of Canadian health care
   Relevant section: II.1

2. list common cultural issues and recognize situations in which these issues may play a role
   Relevant section: II.2

3. describe several models for culturally competent interviewing techniques
   Relevant section: II.3

4. ask and design questions based on the models discussed that will improve their understanding of the patient's/client's perspective
   Relevant sections: II.3, II.4a, II.4b

5. provide three examples of contrasting beliefs regarding health care and some sources of difference
   Relevant sections: II.4c, II.4d

HOUR 1: LECTURE / DISCUSSION

TIME: 30 minutes

MATERIALS:

Overhead II.1A: Culture

Overhead II.1B: Clash

II.1. The Culture of Health Care

In the Introductory module, you learned the importance of self-awareness in achieving cultural competency. Part of this awareness resides in your understanding of how your training as a health professional influences your preferences and values. Recall the definition of culture: "a set of learned and shared beliefs and values that are applied to social interactions and to the interpretation of experiences." Health care has a culture all of its own, and, much like culture in the ethnic sense of the word, we tend to feel as though our way of doing things is the "best."

Take a look at *Overhead II.1A:Culture*. Think about how the Canadian health care system is organized and consider the following for discussion:

- Is Canadian health care organized around the needs of the patient/client or the needs of the system and its practitioners?
- What other "norms" can you think of that are prevalent in the culture of health care? Add them to the list.
- Consider how each of the points listed might be considered a barrier for the patient/client. For a list of possible examples, see *Overhead II.1B:Clash*.

TIME: 20 to 30 minutes

MATERIALS:

Overhead II.2A: Issue

Overhead II.2B: Conflicts

II.2 Identifying Core Cultural Issues

Core cultural issues are situations, interactions, and behaviors that have potential for cross-cultural misunderstanding. View *Overhead II.2A:Issues* to see some of the most prominent areas in which culture can have a hand in communication difficulties. Note that "family" will be addressed in further detail in Module III and will not be discussed at length here.

Discuss as a class other issues that might be added to the list.

Overhead II.2B:Conflicts lists several vignettes that illustrate one or more core cultural issues at work. Read through each vignette and identify the issue(s)/source(s) of cultural conflict involved. You may discuss the vignettes as a class or in small groups.

HOUR 2: LECTURE / DISCUSSION

II.3Culturally Competent Interviewing Techniques

TIME: 60 minutes

MATERIALS:

Overhead II.3A: Kleinman

Overhead II.3B: Patient-Centered

Overhead II.3C: Learn

Overhead II.3D: Respect

In health care, we tend to use the biomedical approach for explaining an illness or condition and the things that might cause it. This type of explanation does not fit into the framework of beliefs held by many individuals across many different cultures. Some individuals may accept a biological explanation to some degree, while others may not believe science plays a role at all. Before you can begin to tackle a problem, you need to be able to view it from your patient's/client's perspective.

The patient's/client's explanatory model is the meaning of the illness to the patient/client. It refers to how he/she understands the cause(s), severity, prognosis, treatment and overall effect of the illness/condition on his/her life. Culture is an important contributor in the development of this explanatory model, along with social factors like education and socioeconomic status (we will deal with the social influences in Module III).

The case studies listed in the Kleinman article are good examples of how the patient's/client's view of what is going on can be at odds with the view of the clinician.

So how do you effectively elicit from your patient/client his/her ideas and beliefs about what is wrong with him/her? What strategies exist for bridging an understanding between the patient's/client's experience of the illness and the clinician's perception of the disease? View *Overheads II.3A:Kleinman, II.3B:Patient-Centered, II.3C:Learn and II.3D:Respect* for several models that have been proposed, and discuss using the following guidelines.

Instructor may choose to present only one or two models due to time constraints

Overhead II.3A:Kleinman gives examples of the types of questions you could ask your patient/client if you suspect that his/her view of the issue at hand is different from your own. They might be useful in building on models you have already studied. These questions are not meant to be used as a checklist so much as a guide; of course, asking them as they are presented on the overhead will not be reasonable or even relevant in every situation, but they do provide you with a starting point when trying to understand your patient's/client's ideas about what is wrong with them.

Discuss strategies for working with patients who are uncomfortable answering such direct questions about their beliefs.

> Some suggestions might be to keep your questioning respectful and your tone of voice pleasant, to focus on demonstrating to the patient/client a real interest in what he/she thinks about his/her condition, etc.

Overhead II.3B: Patient-Centered suggests a framework on which to base the design of questions similar to those of Overhead II.3A:Kleinman. Consider the types of questions you could ask your patient/client that would reflect the four concepts listed and whether any of Kleinman's questions would fit this model. Some examples:

- What do you call the problem? What do you think caused it?
- What do you fear most about it?
- How does your problem affect your life? Is there anything you were able to do before that you find difficult or are unable to do now?
- What kind of treatment do you think you should receive? What are your ideas on the best way to handle your problem?

Overhead II.3C:Learn is another model that, like the others, assumes your patient/client verbalizes his/her view of the problem, whether it be on their own or as a result of your skilled questioning and encouragement. It presents a loose framework on how to achieve agreement between you and your patient/client as to how his/her problem should be dealt with.

Overhead II.3D:Respect presents another view of positive patient/client-clinician communication.

HOUR 3: Activities

II.4 Learning Activities:

a. Applying Models to Elicit the Patient's/Client's Illness Experience and Beliefs: Simulations

Time: 30-45 minutes

(depending on how many simulations are used)

Materials:

Handouts II.4A, II.4B, II.4C, II.4D:Simulations

Preparatory Work for the Instructor:

Before class, photocopy each of the handouts and cut them up into three pieces such that each piece contains one role description.

Type of Activity: Role-play / discussion

Purpose: To provide students with an opportunity to practice using elements from the models presented above to investigate their patient's/client's view of the presenting problem.

Preparatory work for the instructor: Before class, photocopy each of the handouts and cut them up into three pieces such that each piece contains one role description.

- Divide into groups of three.
- *Handouts II.4A, II.4B, II.4C and II.4D* are different simulations composed of three roles: patient/client, clinician, and observer. The handouts have been divided into three pieces that each describe one of the three roles.
- Pick one of the roles and read your description- do not look at anyone else's description.
- If you are the patient/client or the clinician, role-play a clinical interview using the information given. If you are playing the clinician, choose one of the communication models discussed in II.3 to apply to the simulation. If you are the observer, you do not participate in the role-play itself, but will offer feedback and suggestions afterwards.
- Take approximately 5 minutes to carry out the simulation, followed by several minutes of feedback from the observer and debriefing.
- Repeat the above steps for at least three different simulations, changing roles each time.

- Consider the following questions upon completing the simulations:
  - What did it feel like to do the simulations?
  - Which role did you feel most comfortable in? Why?
  - Which model did you find the most useful for learning more about the patient's/client's view of the presenting problem?
  - What difficulties did you experience in using the models?
  - What other questions were effective in eliciting critical patient/client information?
  - How did your own cultural orientation influence your reactions and difficulties?

TIME: 30 minutes

MATERIALS:

Handouts II.4E-1, II.4E-2: Vignettes

b. From the Patient

Type of Activity: Group discussion

Purpose: To expose students to some of the views held by some members of various cultures.

- Read each vignette in the handouts. Note that the stories listed are NOT suggested to be true of all members of the culture each story pertains to, but rather to be examples of the views and behaviors of some individuals of that particular culture.
- Discuss as a class or in small groups to share thoughts and perceptions, using the listed questions as a guide for the discussion.

TIME: 45 - 60 minutes

MATERIALS:

pen and paper for students

c. Patient/Client Views

Type of Activity: Panel discussion

Purpose: To allow students to hear first-hand how their patients/clients want to be treated, and to give them some insight into some of the cultural beliefs held by their patients/clients.

Instructor recruits four or five people of various cultural backgrounds for the panel, ensuring that panelists are:

- articulate
- comfortable speaking in front of a large group (depending on size of class)
- willing to speak about both good experiences and bad
- aware of how cultural differences can influence the patient-clinical interaction

Some questions for facilitating such a discussion:

- Are there differences in what you value in your health care versus what your clinician values or thinks is important?
- Why are some patients/clients reluctant to share information about traditional beliefs or healing practices with their clinician?
- Tell us about a personal experience you have had where cultural beliefs or values made it difficult for you to communicate with your clinician
- If you could change something about the way clinicians interact with their patients/clients, what would you change?
- Instructor and panelists may choose to allow questions throughout the discussion, or may desire that questions be saved for after the panel discussion.

II.5 Evaluation

Sample exam questions:

1. Describe 3 characteristics of the Canadian system of health care and provide for each an example of how that characteristic might be at odds with the patient/client as a result of his/her cultural background.

   See Section II.1 and accompanying overheads for examples of answers.

2. List two common cultural issues discussed in class and provide for each an example of a clinical situation in which that issue comes into play.

   See Overhead II.2A:Issues for a list of the common cultural issues (accept any others that were added to the list in class as part of the discussion in Section II.2).

Sample assignments:

1. Use two or three vignettes from Handout II.4E-1, II.4E-2:Vignettes and their accompanying discussion questions as a take-home assignment instead of in II.4 Learning Activity "b."

2. Other vignettes that may be useful as take-home assignments:

a. One Aboriginal focus group member spoke of the difficulty her husband was experiencing in obtaining medication for his high blood pressure. She believed the physician's reluctance to prescribe the medication stemmed from suspicion that her husband would turn around and sell the drugs on the street.

   - Why might the patient and his wife believe this to be the reason no medication was being prescribed?

   - As the physician in this case, how would you handle this breakdown in communication?

a. One Aboriginal focus group member told of the importance of the manner in which medicine is presented to the patient. He gave the following example: if you angrily slam your patient's pills down onto the counter in front of him, the anger associated with the medication will result in a loss of the medicine's effectiveness or a decrease in its healing power.

- If you were the angry pharmacist and your patient refused to take the medication from you, what would you do?

3. Handout II.5A:Assignment

II.6 References: Culture in Health Care: Expectations and Beliefs

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