Overhead II.1A:CULTURE

THE CULTURE OF HEALTH CARE

Adapted from Mutha S, Allen C, Welch M, ***Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies.*** San Francisco, CA: Center for the Health Professions, University of California, San Francisco, 2002.

Timing of Care

- Patient/client must take medications at a certain time or a specific number of times a day
- Appointments are only available during "regular" office hours
- Time is limited in appointments

Location of Facilities

- Not all procedures are conveniently located in one place e.g. patient/client cannot have their doctor's appointment and get their prescription filled at the same place

Institutional Policy

- All patients/clients are required to wear hospital gowns during their stay
- Visiting hours are limited to coincide with nursing shifts

Depersonalization

- Hospital or office room size does not accommodate having the patient's/client's family attend the visit
- Hospital room layout and curtains limit patient/client privacy

Interviewing and Decision-Making

- Patient/client makes the final decision; clinicians are there to provide the options
- Interviewer often asks many questions, focuses strongly on the patient/client

Overhead II.1B:CLASH

CULTURE CLASH: HEALTH CARE AND ITS PATIENTS/CLIENTS

- Ramadan is the ninth month of the Muslim calendar year, and for the entire month Muslims fast from sunrise to sunset (In 2003 fasting will begin October 27 and end November 25). It is a time when Muslims concentrate on their faith and spend less time on the concerns of their everyday lives. A medication that needs to be taken with food four times a day could be viewed as a conflict for a practicing Muslim patient/client.

- In medicine, time is both limited and of the essence. Some cultures believe in doing things "when the time is right" and not when it is most convenient. For example, a member of such a culture might be uncomfortable with the fact that an appointment to see a specialist sometimes must be made several months in advance- he or she can't be sure that the time of the appointment will coincide with his or her inner sense of correct timing.

- The requirement of a patient/client to wear a hospital gown for the duration of their stay might interfere with the requirement of some faiths/cultures that the person wear a special garment or accessory at all times.

- Many Muslim women are extremely uncomfortable with the feeling of being exposed, especially in front of men other than their husbands. They might be very apprehensive when faced with the lack of privacy in hospital rooms.

- Some Chinese patients view health professionals (especially physicians) as authority figures. They want the clinician to tell them what to do, not ask which treatment option they think is best. This goes against what clinicians are taught about patient autonomy and empowering the patient/client to make the decision that is right for him/her.

- In some cultures direct questioning is seen as offensive and rude. For example, some Aboriginal patients/clients might respond negatively to the tendency of many Western health professionals to ask lots of questions while making direct eye contact.

- The Canadian health care system works around Christian holidays, and tends not to recognize the cultural celebrations of other faiths, such as Judaism and Islam. For example, many clinicians take time off around Christmas, making access to services more difficult at this time of year.

Overhead II.2A:ISSUES

CORE CULTURAL ISSUES

Reprinted with permission from: Mutha S, Allen C, Welch M, ***Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies***. San Francisco, CA: Center for the Health Professions, University of California, San Francisco, 2002.

- authority
- physical contact
- communication styles
- language differences
- gender
- family

Overhead II.2B:CONFLICTS

IDENTIFYING CORE CULTURAL ISSUES

Identify the issue(s) / source(s) of cultural conflict in each of the following vignettes:

1. A patient/client was in the recovery room following a long surgery. She had immigrated to Canada 37 years ago and had since become very fluent in English; she now spoke it more often than her native Hindi. Her daughter was a physician, and so was allowed to visit her in the recovery room. At one point the patient/client began to mumble and mutter and said, "I'm thirsty"- in Hindi. Her daughter was stunned and worried about how her mother was going to manage in this state if she wasn't speaking English, and was concerned that no one would know what she needed.

2. A Chinese patient/client did not understand the terminology her doctor was using because she didn't know the English words for certain medical terms and so was unable to translate them into her native language. She "didn't dare" ask him to clarify. The patient/client switched to another doctor, one who she felt explained things to her better and made sure she understood what he/she was talking about.

3. A Muslim woman was in the hospital delivery room preparing to undergo a Cesarean section. She was uncomfortable with males being in the room while she was so exposed, but an all-female medical staff was not available.

4. A Haida elder came in for a checkup with her physician. Her answers to the physician's questions were often told as stories, or would be given after she told a story that first provided some background to the answer. The physician did as she was trained to do, making eye contact with her patient/client and reflecting back what she heard to ensure understanding, but every time she interrupted the elder with words of encouragement or other comments, the woman would stop and start her story once again from the beginning.

Overhead II.3A:KLEINMAN

KLEINMAN'S QUESTIONS

Based on Kleinman, 1978.

- What do you call [the problem]? / Do you have a name for [the problem]?
- What are your ideas about what caused [the problem]?
- What are your ideas about why [the problem] started when it did?
- What are your ideas about what it does? How do you think it works?
- Do you have any ideas about what kind of treatment you think you should receive?
- What are the main problems this illness / health concern has caused for you?
- Is there anything about it you fear?

Overhead II.3B:PATIENT-CENTERED

THE PATIENT-CENTERED CLINICAL METHOD

Adapted from Stewart, 1995.
Reprinted with permission from: Mutha S, Allen C, Welch M, ***Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies.*** San Francisco, CA: Center for the Health Professions, University of California, San Francisco, 2002.

This approach focuses on disease and four dimensions of patients'/clients' illness experiences. Clinical questions are designed to elicit information from patients/clients about:

- Their ideas about what is wrong with them
- Their feelings- especially fears- about being ill
- The impact of their problems on functioning
- Their expectations about what should be done

Overhead II.3C:Learn

THE L.E.A.R.N. MODEL*

* Berlin, 1983.
Reprinted with permission from: Mutha S, Allen C, Welch M, ***Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies.*** San Francisco, CA: Center for the Health Professions, University of California, San Francisco, 2002.

L Listen with sympathy and understanding to the patient's/client's perception of the problem

E Explain your perceptions of the problem

A Acknowledge and discuss the differences and similarities

R Recommend treatment

N Negotiate agreement

Overhead II.3D:RESPECT

THE R.E.S.P.E.C.T. MODEL*

* Source Unknown.
Reprinted with permission from: Mutha S, Allen C, Welch M, ***Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies***. San Francisco, CA: Center for the Health Professions, University of California, San Francisco, 2002.

Rapport

- Connect on a social level
- See the patient's/client's point of view
- Consciously attempt to suspend judgement
- Recognize and avoid making assumptions

Empathy

- Remember that the patient/client has come to you for help
- Seek out and understand the patient's/client's rationale for his/her behaviors or illness
- Verbally acknowledge and legitimize the patient's/client's feelings

Support

- Ask about and try to understand barriers to care and compliance
- Help the patient/client overcome barriers
- Involve family members if appropriate
- Reassure the patient/client you are and will be available to help

Partnership

- Be flexible with regard to issues of control
- Negotiate roles when necessary
- Stress that you will be working together to address medical problems

Explanations

- Check often for understanding
- Use verbal clarification techniques

Cultural Competence

- Respect the patient/client and his/her culture and beliefs
- Understand that the patient's/client's view of you may be defined by ethnic or cultural stereotypes
- Be aware of your own biases and misconceptions
- Know your limitations in addressing medical issues across cultures
- Understand your personal style and recognize when it may not be working with a given patient/client

Trust

- Self-disclosure may be an issue for some patients/clients who are not accustomed to Western medical approaches
- Take the necessary time and consciously work to establish trust

SIMULATION 1: HERBAL MEDICINE

Adapted from Ackerman, 2000.
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SIMULATION 1

You are the clinician. Your patient/client is a 65-year-old woman from China named Mrs. Pao. She is presented to the ER with a painful, swollen left leg and was found to have a thrombus in the deep femoral vein of her left leg. Mrs. Pao was hospitalized previously for proximal deep vein thrombosis (DVT) complicated by pulmonary embolism (PE). She has been taking warfarin since her first DVT. You learn from her chart that she was on estrogen treatment for her osteoporosis until the time of her PE. You find it odd that even on medications for anticoagulation, Mrs. Pao presented with recurrent thrombosis. Hints: 1) Fung Sui Ging is a Chinese word for rheumatism. 2) Certain brands of Ginseng tea are known to increase the level of estrogen in the body.

SIMULATION 1

You are the patient/client. Your name is Mrs. Pao. You were born in China and are 65 years old. You were in the hospital several months ago for a blood clot. Since that time, the doctors asked you to stop taking estrogen for your osteoporosis and instead asked you to take a medication called Warfarin. You're not sure if the western doctors are helping you, so recently you've also been seeing a traditional doctor in Chinatown. He has been giving you a Ginseng tea, which helps with your Fung Sui Ging (wind wetness). You trust the Chinese doctor and feel that he has been helping you a lot. However, you have been having a lot of pain in your left leg recently, so you decided to come to the hospital today.

SIMULATION 1

You are the observer. Your job is to observe the interaction between the patient/client and the clinician and to offer feedback and suggestions afterwards. As you watch the role play, keep in mind the following questions:

- What differences do you see between the patient/client and the clinican?
- What are these differences based on- culture, communication style, etc.?
- How well is the clinician dealing with these differences?
- Is he/she being sensitive to the patient's/client's concern, beliefs, etc.?
- Do you have any suggestions for the clinician to help him/her work more effectively with this patient/client?

SIMULATION 2: DIFFERENT BELIEFS

Ackerman, 2000.
Reprinted with permission from: Mutha S, Allen C, Welch M, *Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies.* San Francisco, CA: Center for the Health Professions, University of California, San Francisco, 2002.

SIMULATION 2

You are the clinician. Your patient/client is a West African woman named Angelique Kasse who is having difficulty progressing through labor. An external monitor is showing signs of fetal distress and you feel strongly that the woman should opt for a Cesarean section. If she refuses, you're concerned that she will be endangering the life of her baby.

SIMULATION 2

You are the patient/client. Your name is Angelique Kasse and you are from Senegal (West Africa). You are about to give birth to your second child. You are having difficulty with this labor and the doctor wants you to have a Cesarean section. However, you are strongly against having a c-section and you refuse to consent to one. In your view, facilities for repeat c-sections will not be available when you return to Africa and it is very important to you to be able to continue to have children. You are willing to sacrifice the life of this child to ensure that you can have children in the future. In addition, you believe that each baby exists as a spirit before it is born and that a pregnancy is a way for the spirit to find out if it wants to be born as a human being. It might decide that the conditions are not right and it will try again another time. You will accept the outcome no matter what and you don't want a doctor interfering with your beliefs or your experience of childbirth.

SIMULATION 2

You are the observer. Your job is to observe the interaction between the patient/client and the clinician and to offer feedback and suggestions afterwards. As you watch the role play, keep in mind the following questions:

- What differences do you see between the patient/client and the clinican?
- What are these differences based on- culture, communication style, etc.?
- How well is the clinician dealing with these differences?
- Is he/she being sensitive to the patient's/client's concern, beliefs, etc.?
- Do you have any suggestions for the clinician to help him/her work more effectively with this patient/client?

SIMULATION 3: DIFFERENT BELIEFS

SIMULATION 3

You are the clinician. Today you are seeing Sonja Kovacevic, a 44-year-old Bosnian woman whose left ankle was fractured in the Bosnian war in 1993. She has had a history of problems with this ankle, as it was not repaired properly at the time of the injury. Subsequent surgeries done here in Canada have also been unsuccessful. Ms. Kovacevic has already been to see three different orthopaedic surgeons, and you are now referring her to a fourth, Dr. Mark Gringwald. Dr. Gringwald is a very well-respected and sought-after surgeon who works predominantly in private clinics with very high fees, but you have managed to arrange for him to perform Ms. Kovacevic's surgery through the public health care system. You are ecstatic about this opportunity for your patient/client and tell her the wonderful news; however, she refuses to go through with the surgery.

SIMULATION 3

You are the patient/client. Your name is Sonja Kovacevic and you are a 44-year-old Bosnian woman. You fractured your left ankle in 1993 during the war in Bosnia, and have been experiencing pain in the ankle ever since. It had not been re-paired properly at the time of the injury, and despite the consultations with three different surgeons and several surgeries you have had since your immigration to Canada 6 years ago, you have not seen much improvement. Your doctor informs you that he/she has arranged for one of the best orthopaedic surgeons in the region, Dr. Mark Gringwald, to perform your next surgery. Dr. Gringwald normally works out of private clinics, but your doctor has arranged for him to do the surgery through the public system, so the procedure would cost you nothing. He/she thinks this is wonderful news, but you are not convinced. Health care in Bosnia is two-tiered, and it is widely believed that public health care is not as good as private. You feel that by having your surgery performed through the public system, you will be compromising the quality of your care, and believe that you will receive much better treatment and results if you pay to have the procedure done privately.

SIMULATION 3

You are the observer. Your job is to observe the interaction between the patient/client and the clinician and to offer feed-back and suggestions afterwards. As you watch the role play, keep in mind the following questions:

- What differences do you see between the patient/client and the clinican?
- What are these differences based on- culture, communication style, etc.?
- How well is the clinician dealing with these differences?
- Is he/she being sensitive to the patient's/client's concern, beliefs, etc.?
- Do you have any suggestions for the clinician to help him/her work more effectively with this patient/client?

SIMULATION 4: DIFFERENT BELIEFS

Adapted from Gropper, 1996.

SIMULATION 4

You are the clinician. Today you are seeing Mr. Akbar Ali, a 60-year-old Muslim from Pakistan who has been diagnosed as having insulin-dependent diabetes. At his last appointment, you suggested some dietary modifications and prescribed him insulin. You gave his wife and children instructions on how to administer the insulin after they informed you that it was their rather than Mr. Ali's responsibility. Today Mr. Ali is returning for a checkup, and you see little evidence of improvement. You ask Mr. Ali about the insulin, and he informs you that he has refused to accept the injections. You respond with a request for an explanation. The patient/client answers sternly that he is an Orthodox Muslim and would rather die than disobey Islam. Hint: Insulin can be derived from several different animals.

SIMULATION 4

You are the patient/client. You are Mr. Akbar Ali, a 60-year-old Muslim from Pakistan. You were recently diagnosed with diabetes, and at your last appointment your physician gave you a prescription for insulin. You were discussing your condition with your brother, who told you that insulin is prepared using the pancreas of a pig. As a Muslim, you must avoid contact with any product derived from swine, and so you are refusing to take the insulin as instructed. Your wife has, however, ensured that you have somewhat modified your food intake along the recommended lines, as she is responsible for food preparations.

SIMULATION 4

You are the observer. Your job is to observe the interaction between the patient/client and the clinician and to offer feedback and suggestions afterwards. As you watch the role play, keep in mind the following questions:

- What differences do you see between the patient/client and the clinican?
- What are these differences based on- culture, communication style, etc.?
- How well is the clinician dealing with these differences?
- Is he/she being sensitive to the patient's/client's concern, beliefs, etc.?
- Do you have any suggestions for the clinician to help him/her work more effectively with this patient/client?

FROM THE PATIENT…

- The communication style of many Aboriginals is quite different from the style typical of most whites. For example, it is common in Aboriginal culture to tell stories as a way of giving someone information, rather than to answer questions directly. Silence is valued, not feared, and conflict tends to be expressed indirectly instead of verbally, such as by missing scheduled appointments.

  - In what ways might the common communication styles of health professionals and Aboriginals be at odds with one another?
  - Describe an experience you have had with a patient/client where his/her communication style differed from your own. How did you reconcile those differences?

- Some Aboriginal focus group members stated that there is a great deal of distrust in Western medicine. One member stated that if a health care professional does not recognize or acknowledge an Aboriginal patient's traditional medicines as being viable solutions, the patient will be much less likely to accept Western forms of treatment, even if his own treatments fail.

  - What are your opinions on alternative/traditional medicine? Do you believe it can be effective?
  - If you didn't believe in the effectiveness of your patient's alternative/traditional treatment, how would you maintain your patient's trust if you knew the treatment was very important to him/her?

- Several members of a Chinese focus group stated that they strongly associate the competency of a health care professional with his/her ability to provide a solution to their problem. The more tangible the solution (the best usually being a medication or drug of some sort), the more satisfied they are; suggestions of rest or other "passive" forms of treatment may be perceived as lack of knowledge or expertise.

  - If you had a patient who shared this belief and presented with a problem that could not be solved with a drug or medication, how might you explain it to him/her?

FROM THE PATIENT…continued

- The majority of Chinese focus group members agreed that their personal satisfaction with their health care professional was based on agreement between the suggested treatment and their expectations for treatment. If there was any discrepancy between the two they would likely shop around for another practitioner until they found one that met their expectations.

  - Have you ever changed practitioners? What were your reasons for doing so?
  - How might you go about determining the patient's expectations for treatment without giving him/her the false impression that you are unsure or yourself? What questions would you ask?

- Many of the Muslim individuals interviewed expressed annoyance and feelings of insult when a health care provider asked them where they were from. All had been in Canada for a significant number of years, spoke very good English and felt they were well integrated into Canadian society. They felt that all the practitioner needed to know was that they were Canadian citizens; questions about their origin (unless clearly justified) were perceived to be racist.

  - How might you avoid such misunderstandings?

- The majority of female Muslim focus group members reported being very uncomfortable with physical examinations conducted by male practitioners. Should a female not be available, some of the suggestions to ensure the woman's comfort were:

  a) explain before commencing the exam what you must do so that she might prepare herself and give her verbal warnings immediately before touching her so that she will not be startled

  b) allow her to touch the same areas you do as you proceed through the examination- she may feel more comfortable and relaxed by being more involved in the process

  - Can you think of any other ways in which a male practitioner might make his female patient more comfortable?

Handout II.5A:ASSIGNMENT

CULTURE IN HEALTH CARE: EXPECTATIONS AND BELIEFS

The following is a story told by a B.C. physician in a focus group on cross-cultural communication in health care. Answer the questions that follow on a separate sheet of paper and turn it in to your instructor.

A Muslim couple came in to the office, the woman wearing a traditional veil. She was complaining of abdominal pain, so the doctor decided an exam was necessary. He gave her a gown to change into and left the room. When he stepped back in, the woman hadn't moved from her place on the chair. The doctor asked why, to which the woman's husband replied, "I thought you were going to send in your nurse." "I don't have a nurse," answered the doctor, and so the man requested that he send in his secretary instead. The doctor told him she wasn't qualified to do the exam, but the husband insisted that he couldn't perform the exam because he was male and Muslim faith forbade it. The physician went outside and asked a female colleague to see the patient for him, but she refused to do so unless the husband left the room (which he wouldn't) because she didn't want to get stuck in a power struggle.

The following week another Muslim woman wearing traditional coverings came into the clinic with a problem that also required the doctor to perform a physical exam. This time, he thought, he would be more sensitive, and so said to the woman, "I'm going to have to examine you…would that be okay?" She gave him a strange look and replied, "Of course that's okay. How else are you going to find out what's wrong with me?"

QUESTIONS:

1. Identify the issue(s) / source(s) of cultural conflict involved.
2. How do these two stories illustrate the pitfalls of stereotyping?
3. What would be your approach for dealing with the problem outlined in the first story about the Muslim couple?