Unit Two - Law and Order

Cultural Competency - Lecture Notes

Summary of the World

- If we could shrink the Earth's population to a village of precisely 100 people, with all existing human ratios remaining the same, it would look like this . . . .
  - **Handout**

American Health Care System

- The U.S. is the most technologically advanced and the wealthiest country in the world.
  - U.S. also has the most extensive pharmaceutical development in the world and the most renowned medical education.
- U.S. Economy is $8 trillion each year.
  - Cost of U.S. Healthcare:
    - 1940: $400,000,000.00
    - 2004: $1,500,000,000.00 (that's "T" as in trillion)
- In the U.S. we spend approximately $5,300/year/person on health care.
  - By contrast – Canada spends $2,500/yr/person.
- America's biggest business – 15$ Gross Domestic Product
  - Increasing to 19$ Gross Domestic Product by 2014.
- 16% of all Americans do not have health insurance.
  - This is largely a function of income.
- Despite the high expenditures for health care we were not healthier in 1997 than people from other nations.
  - 26 other nations had lower infant mortality rates.
- Despite innumerable efforts to make health care safer for patients, the medical error count is increasing.
- The U.S. has made impressive health status gains.
  - Significantly lower rates of death from heart disease and stroke.
  - Infant mortality rate continues to decline.
  - Life expectancy is 77 years (compared to 49 years in 1900).
    - 2 major factors leading to increase are antibiotics and childhood immunizations.
- The U.S. has one of the highest rates of:
  - Violence
  - Teen pregnancy
  - Drug addiction
  - Poverty
- The uninsured are:
  - 3.6 times more likely to delay seeking care.
  - 2.4 times more likely to be hospitalized for hypertension.
- We are witnessing the tremendous advancements in medical science and in its ability to perform an astounding variety of life saving procedures.

- However we spend huge amounts of money on the care of patients in the last year of their life while delivering less and less preventive care.

The Goal . . .

- Promote understanding, not prejudice.
- The goal of the medical system is to provide optimal care for all patients.
- In a multiethnic society such as ours, this can only be accomplished if the health care providers understand cultural differences and beliefs and have mutual respect for all.
- Without that understanding, conflict and misunderstandings result in inferior care

Cultural Competence

- This is the first of many cultural competency lectures you will have . . .
- Ten years ago, hardly any medical school or health science curriculum included cross-cultural training.
- The patient MUST be viewed as a complete person – not "just the appendix case in room 428".
- Providers must understand and attend to the total context of the patient.
- "The ability to function effectively in the context of cultural differences."
- 26% of the U.S. population are ethnic minorities.
- The strong majority of health care professionals are caucasian.

Desensitization

- Medicine as taught in the United States, does an excellent job of separating students from their emotions – training you to forget about the complete patient.
  - "Desensitization starts on the very first day of medical school, when each student is given a scalpel with which to penetrate his/her own cadaver: 'the ideal patient', as it is nicknamed, since it can't be killed, never complains, and never sues. The first cut is always difficult. Three months later, the students are chucking pieces of excised human fat into a garbage can as nonchalantly as if they were steak trimmings. The emotional skin-thickening is necessary – or so goes the conventional wisdom – because without it, doctors would be overwhelmed by their chronic exposure to suffering and despair."
- Dissociation is part of the job - - we MUST learn to fight dissociation.

The Gap

- There is a large cultural gap between the western medical system and the huge number of diverse ethnic cultures it serves.
- Most of us, even though we may consider ourselves free of prejudice, probably are not.

Stereotyping vs. Generalization

- A stereotype is an ending point.
- No attempt is made to learn whether the individual in question fits the statement.
- Stereotyping can have negative results.
- We often stereotype people simple on the basis of appearance.
- A generalization is a beginning point.
- It indicates common trends, but further information is needed to ascertain whether the statement is appropriate to a particular individual.
- It is important to remember that there are always differences between individuals.

What is Culture?

- The sum of socially inherited characteristics of a human group that comprises everything which one generation can tell, convey, or hand down to the next - - the non-physically inherited traits we possess.
- Sum of beliefs, practices, habits, likes, dislikes, norms, customs, rituals, etc. that we learn from our families during the years of socialization.
- Much of what we believe, think, and do, both consciously and unconsciously, is determined by our cultural background.
- Culture is both found in a person's mind and also in their environment in the form of artifacts and symbols.

Cultural Conflict

- Events that occur when there is polarization between two groups and the differences are intensified by the way they are perceived.
- Fields of conflict = family, education, media and the arts, law, electoral politics, and health care.
  - Traditional practices vs. progressive practices.

Common "Isms"

- When cultures clash, "isms" can enter into a person's consciousness.
  - Racism: superiority of a race.
  - Sexism: superiority of a gender.
  - Ageism: superiority of an age group.
  - Ethnocentrism: superiority of a cultural, ethnic, or professional group.
  - Xenophobia: morbid fear of strangers.

Other Isms

- Ableism
- Faithism
- Ageism
- Sexism

- Heterosexism
- Classism
- Appearanceism
- Racism

Cultural Care

- Professional health care that is:
  - Culturally Sensitive – attitudes toward health traditions among diverse cultural groups.
  - Culturally Appropriate.
  - Culturally Competent – total context of the patient's situation.

Cultural Phenomena Affecting Health

- Environmental Control
  - Activities that control nature or direct environmental factors.
    - Folk medicine, traditional healers.
- Biological Variations
  - Cultural groups differ biologically.
    - Body build and structure, skin color & texture, response to drug & dietary therapies, susceptibility to disease, higher morbidity rates, nutritional variations.
      - Hot/Cold: Hispanics; Yin/Yang: Asians; Kosher: Jewish, Islamic; Lactose Intolerance: Hispanics, African Americans, Asians, Jewish.
- Social Organizations
  - Responses to life events are learned from families and ethnoreligious groups.
- Communication
  - Language, verbal and nonverbal behaviors, silence.
  - Most important obstacle to providing multicultural healthcare.
- Space
  - Personal space: space around themselves.
  - Territoriality: areas people claim and defend when encroached upon.
  - Space and related behaviors have different meanings.
    - Intimate zone: up to 1 ½ feet; private places.
    - Personal distance: 1 ½ - 4 ft; extension of self.
    - Social distance: 4 – 12 ft; impersonal business transactions.
    - Public distance: >12 ft; impersonal.
- Time Orientation
  - Viewing of time in the present, past, or future varies among different cultural groups.
    - Future orientated: long-range goals, preventative health care, set appointments.
    - Present oriented: less concerned about being on time.

Values

- One reason for so many conflicts and misunderstandings is the great difference between the values of the health care culture and the patient population.
- Values are the things we each hold as important.
- Individual values vs. Group/Cultural values.
- Western medicine tends to value autonomy and independence.
- On the other hand, patients often value the family over the individual and prefer to make decisions as a group and to assist the patient in "self-care" functions.
- Other value differences:
  - Efficiency vs. modesty.
  - Self-control vs. emotional expressiveness.
  - World view (basic assumptions about the nature of reality).
  - Relationship to nature (harmony with earth).
  - Time orientation.
    - Past = tradition.
    - Present = survive today.
    - Future = preventative medicine.

Cultural Issues that Cause Problems

- Language
  - Same language – different meanings and same word – different meanings.
    - Horita – "now" (Mexico) vs. "in an hour or so" (Puerto Rico).
- Names
  - First names = friendliness and equality vs. inappropriate and discourteous.
- Eye Contact
  - Uninterested and not listening vs. disrespect and endangering one's spirit vs. hierarchical.
- Pain
  - "Expressive" patients often come from Hispanic, Middle Eastern, and Mediterranean backgrounds.
  - "Stoic" patients often come from Northern European and Asian backgrounds.
  - "A middle-aged Chinese patient refused pain medication following cataract surgery. When asked, he replied that his discomfort was bearable and he could survive without any medication. Later, however, the nurse found him restless and uncomfortable. Again, she offered pain medication. Again he refused, explaining that her responsibilities at the hospital were far more important that his immediate comfort and he did not want to impose on her. Only after she firmly insisted that a patient's comfort was one of her most important responsibilities did he finally agree to take the medication."
  - "This patient's attitude is very different from that of most American patients. Asians are generally taught self-restraint. Assertive and individualistic people are considered crude and poorly socialized. The needs of the group are more important than the individual. Inconspicuousness is highly valued – it is best not to call attention to oneself. One other factor that may be involved in Asians' refusal

of pain medication is courtesy. They generally consider it impolite to accept something the first time it is offered."

- Religious beliefs
  - Ex: Blood – Jehovah's Witness.
  - Organ donations, artificial insemination, healing practices, surgical procedures, autopsy, visitors.
  - "A child in San Diego was born with a harelip. Her doctors asked the parents' permission to repair it surgically. They cited the ease of the operation, the social ostracism to which the child would otherwise be condemned. Instead the parents fled the hospital with their baby. Several years earlier, while the family was escaping from Laos to Thailand, the father had killed a bird with a stone, but he had not done so cleanly, and the bird had suffered. The spirit of that bird had caused the harelip. To refuse to accept the punishment would be a grave insult."
- Soul Loss
  - Ex: Native Americans, Asians
  - "A Hmong refugee woman was pregnant with twins. Early in labor it was discovered that the second twin was lying across the uterus rather than head down. The attending physician recommended a cesarean section. The woman's husband and mother refused, stating their fear that she would die during surgery. Although the doctors and nurses continued to try to persuade the patient and her family that she should consent to the surgical delivery, they remained adamantly against it. As a result, the first twin was delivered without problem, but the second twin died. The next morning, the husband returned and requested the placentas, explaining that they had to be separated in order to protect the live infant from death."
- Dietary Practices
  - The body is kept in balance or harmony by the type of food one eats.
  - Ex: Jewish, Muslims, Chinese, Hispanic.
- Visitors and Family
  - Respect felt for family members/parents.
  - When one member of a group is ill, the entire group is affected.
  - "A 50 year-old widow from the Middle East was admitted to the stroke unit of a hospital. She was accompanied by several family members, including her son. Although the patient herself was not a 'difficult' patient, her family made things quite difficult for the hospital staff. Her son was the biggest culprit. First he demanded that visiting hours be extended saying that she needed a family member by her side at all times. The hospital complied, even allowing the son to sleep in a chair next to his mother's bed. Next, he demanded that his mother be attended only by females, as is the Muslim custom. Again, the hospital complied. He would constantly demand, not ask, that his mother's every need be taken care of immediately. The staff became extremely frustrated. Didn't he realize that they had other patients to care for as well as his mother?"
  - "Why were they so demanding? In Middle Eastern culture, the way that family members show their love and concern for their loved ones is to make sure they receive the best care possible. The way to do this is to insist that the staff do their jobs – in fact, do more than their jobs."

- Gender and Authority
  - Dominant gender varies by cultural group.
    - Ex: Female (Native American) vs. Male (Middle Eastern).
  - The patient has the right to choose someone to make their decisions – even if we disagree with those decisions.
  - "A 19 year-old Saudi Arabian woman had just given birth. Her husband had been away on business during most of their ten-month marriage but brought her to the U.S. to have their baby. He moved in to the hospital room immediately after she gave birth. He kept the door to their room shut and questioned everyone who entered, including the nurses. The nurses were not happy with this procedure but felt they had no choice except to comply. Although the woman could speak some English, the only time she would speak directly to the nurses was when her husband was out of the room. Otherwise, he answered all questions addressed to her. He also decided when she would eat and bathe. As leader of the family, he felt it was his role to act as intermediary between his wife and the world."
- Modesty
  - In many parts of the world, female purity and modesty are major values.
  - "An Arab man refused to let a male lab technician enter his wife's room to draw blood. She had just given birth. When the nurse finally convinced the man of the need, he reluctantly allowed the technician in. He took the precaution however, of making sure his wife was completely covered. Only her arm stuck out from beneath the blankets. He watched the technician intently throughout the procedure."
- Birth
  - Birth is an emotional and generally painful occasion imbued with cultural ritual.
  - Many cultures view pregnancy as a normal condition rather than a disease that requires medical care (pre, peri, and postnatal).
  - Individuals respond differently to labor pains although cultural norms often dictate how it is expressed.
  - Not all cultures expect husbands to be helpful and attend to their wives' needs during birth.
  - Caring for the infant in some cultures is a woman's job.
  - Many ethnic groups have differing beliefs about breast-feeding.
- Folk Medicine
  - One source of misunderstanding in health care stems from the practice of various folk treatments. Some can result in misdiagnosis; others simply contradict scientific medicine.
  - Ex: Coining, Cupping.
  - Underlying coining and cupping is the belief that the illness in the body needs to be drawn out. Coining or cupping the body produces raised red areas, giving the appearance that the illness has been brought to the surface. It is believe that these red marks will only appear on people who are ill.
  - Ex: Folk Healers.
  - Many patients use multiple health care systems simultaneously (western medicine + folk healers).
  - They can successfully work together in the care of patients.

Patient's Explanatory Model

- Arthur Kleinman, a psychiatrist and medical anthropologist from Harvard Medical School has developed 8 questions for health care providers to consider about every patient.
- Culture is a very, very powerful influence and we must be sensitive to it!
- What do you call the problem?
- What do you think has caused the problem?
- Why do you think it started when it did?
- What do you think the sickness does? How does it work?
- How severe is the sickness? Will it have a short or long course?
- What kind of treatment do you think the patient should receive?
- What are the chief problems the sickness has caused?
- What do you fear most about the sickness?

What We Should Do

- Instead of trying to coerce patients of other cultures to accept western medicine, try mediation – negotiation – allowing compromise on both sides.
- Decide what is critical and be willing to compromise on everything else.
- Work within the patient's belief system – do not force your own belief system into the negotiations.
- Cultural diversity should be a delicious spice not a disagreeable obstacle.
- We must learn to have concern for the psychosocial and cultural facets that give illness context and meaning.
- Help patients intertwine traditional healing arts with western medicine – not run parallel to the medical course.
- Every health science profession must be mindful of these things!
- We do not have the right to impose western values and beliefs on others.
- We cannot be so arrogant and ethnocentric as to be sure that we are right and they are wrong!

Summary

- Cultural differences may account for the provider's misconception that services are used inappropriately and that people do not care about their health.
- This perception of "misuse" represents our failure to understand and to meet the needs and expectations of our patients.

Awareness

- We must be aware:
  - Of what people may be thinking that may differ from our own thoughts.
  - That sources of help exist outside the traditional medical community.

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