

# Challenges of providing culturally competent and respectful care in clinical practice

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- There is no doubt that culture plays a large role in shaping each individual's health-related values, beliefs, and behaviors
- Poorly handled cross-cultural issues often result in negative clinical consequences, patient noncompliance, delays obtaining informed consent, ordering of unnecessary tests, and lower quality of care
- Coping with differences in Culture is becoming a major health care issue



European Union Member States



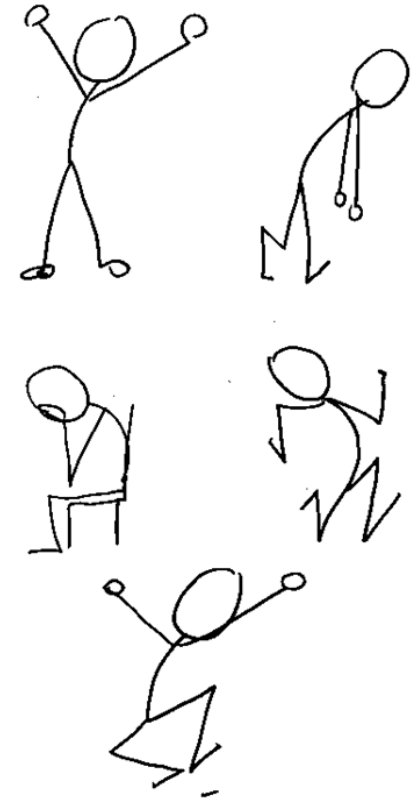
# Why?



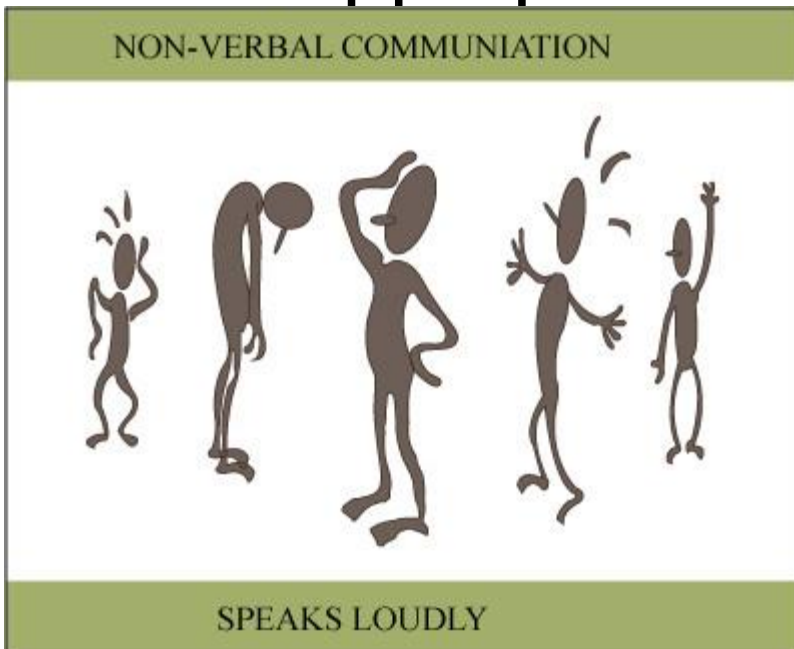
- Globalization has increased significantly
- Collapse of the Soviet bloc
- The creation of a single Europe
- A single European currency
- Expansion of the European Union to 25 member states
- Natural disasters



- The study of CC in intercultural communications is a natural extension of language teaching and political science, and examines the problems in communication among people from different cultural backgrounds .



- Cross-cultural training enables the individual to learn both content and skills that will facilitate effective cross-cultural interaction by reducing misunderstandings and inappropriate behaviors



# Non verbal body language



- Everyday gesticulations in western culture may be perceived as rude and ignorant in other cultures.
- Similarly body language may seem overly familiar or invasive to those cultures that are more reserved
- In China and Japan, kissing is not a usual greeting.
- Whilst countries such as the USA, Australia, UK have yet to see men kissing as a greeting, -is a matter of course in many regions, especially around the Mediterranean, North Africa and the Middle East.





- The biggest cultural differences exist mainly in relation to
- territorial space,
- eye contact,
- touch frequency
- insult gestures



Becoming culturally competent is a developmental process, and [Cross et al. \(1989\)](#) identify three common factors that can lead to an increase in the level of practitioners' cultural competence:

- [Personal attributes](#)
- [Knowledge](#)
- [Skills](#)



- Intercultural competence can be taught, but personality factors also affect the levels of intercultural competence that individuals can attain

LaFromboise, T., Coleman, H.L.K. and Gerton, J. (1993) 'Psychological impact of biculturalism: evidence and theory', *Psychological Bulletin* 114(3): 395–

# Personality Factors

in order to be culturally competent:

1. Possess a strong personal identity;
2. Have knowledge of and facility with the beliefs and values of other cultures;
3. Display sensitivity towards other cultures;
4. Communicate clearly in the language of the given cultural group;
5. Awareness of social norms

- Individual's ability to step outside his/her cultural boundary, to make the strange familiar and the familiar strange, and to act on that change of perspective .



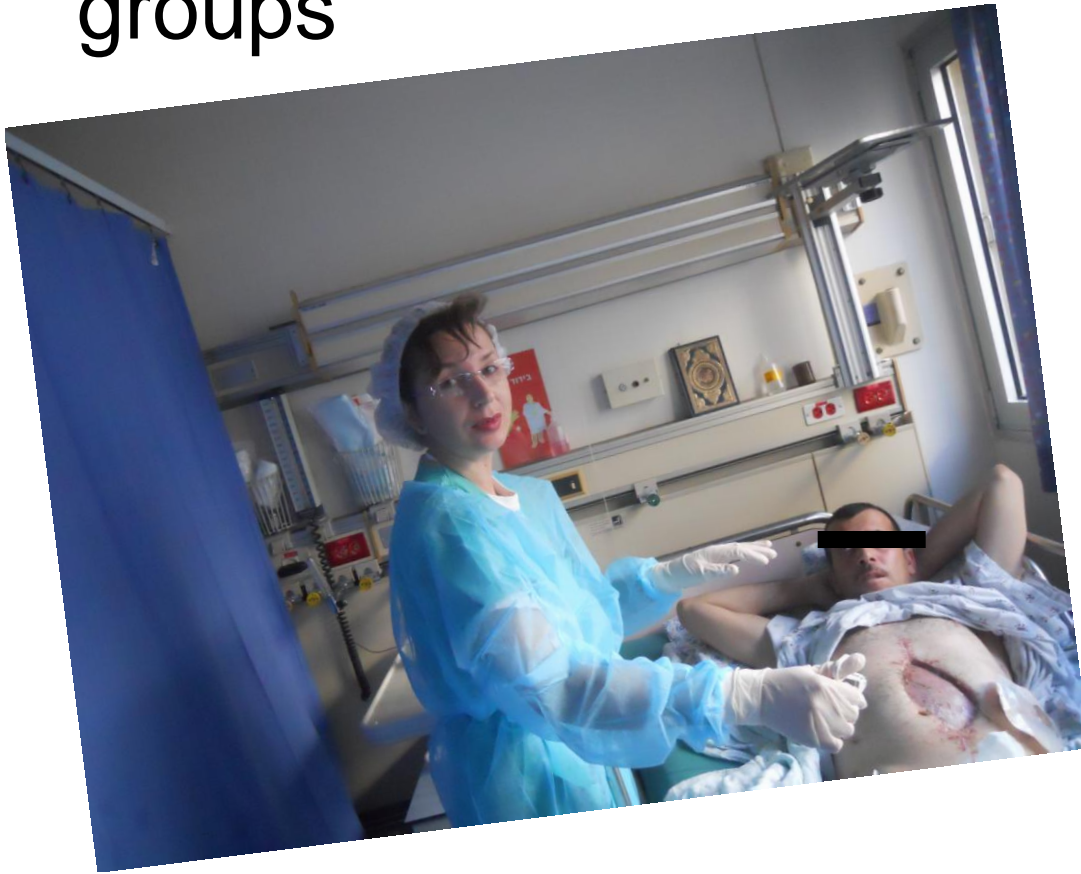
Earley, P.C. and Ang, S. (2003) Cultural Intelligence: Individual Interactions Across Cultures, Stanford Business Books: Stanford, CA.

- Knowledge about various cultural groups is essential for cultural competence

Dana, Behn, & Gonwa, 1992; Manoleas, 1994; Mason et al., 1996; Matthews, 1996; Pierce & Pierce, 1996; Ronnau, 1994; Sowers-Hoag & Sandau-Beckler, 1996).



- Relationships between health professionals and patients may be strained because of historical or contemporary distrust between various groups



# Culturally competent health professional

Culturally competent practitioners go through a developmental process of shifting from using their own culture as a benchmark for measuring all behavior

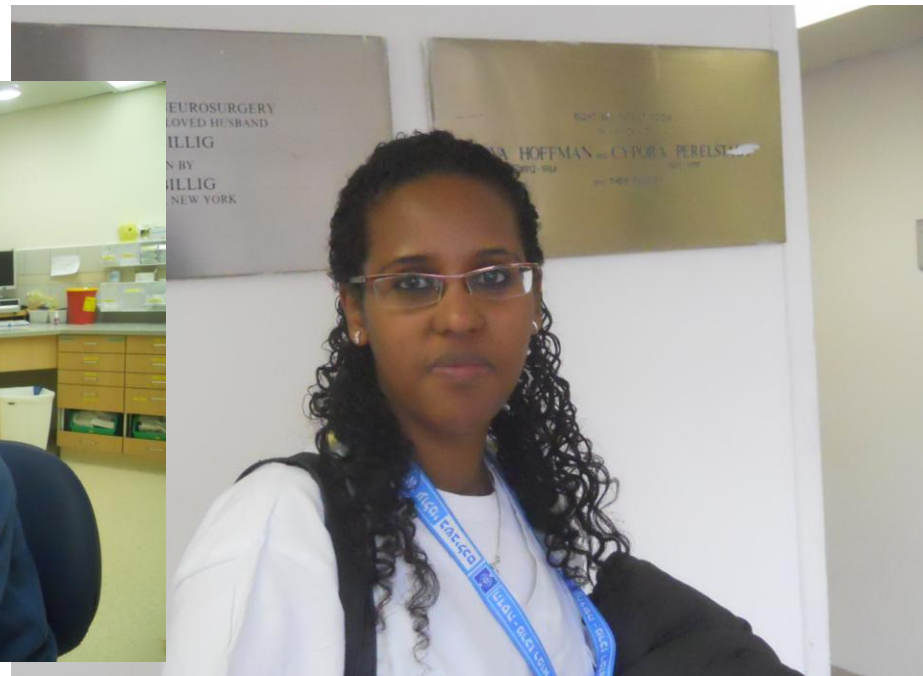
Krajewski-Jaime, Brown, Ziefert, & Kaufman, 1996 Mason et al., 1996; Ronnau, 1994; Sowers-Hoag & Sandau-Beckler, 1996 Manoleas, 1994; Mason et al., 1996; Ronnau, 1994; Sowers-Hoag & Sandau-Beckler, 1996

- We are forever growing and changing our beliefs and perceptions . Striving for cultural competence is a long-term, on-going process of development





- Many of the issues raised are generic and likely to occur whenever patients' health practices and beliefs differ from conventional Western care.



# Patient-based approach to cross-cultural care

1. assessing core cross-cultural issues;
2. exploring the meaning of the illness to the patient
3. determining the social context in which the patient lives;
4. engaging in negotiation with the patient to encourage adherence.

# Does Cultural Competency Training of Health Professionals Improve Patient Outcomes???

- qualitative synthesis and analysis
- There is limited research showing a positive relationship between cultural competency training and improved patient outcomes
- Lack of existing evidence linking cause and effect

Lie, D. 2010 Does Cultural Competency Training of Health Professionals Improve Patient Outcomes? A Systematic Review and Proposed

Algorithm for Future Research J Gen Intern Med DOI: 10.1007/s11606-010-1529-0

# Cultural Competence: A Systematic Review of Health Care Provider Educational Interventions

Medical Care

April 2005 - Volume 43 - Issue 4 - pp 356-373

- This was a systematic literature review and analysis **34 studies were found**
- There is excellent evidence that cultural competence training improves the knowledge of health professionals
- There is good evidence that cultural competence training impacts patient satisfaction

# Cultural competency in critical care

- Providing care to patients and their families that is compatible with their values and the traditions of their faiths.
- This requires **awareness** of one's own values and those of the healthcare system.
- The nurse must be aware of the cultural and spiritual values of patients and families.
- Although knowledge of all cultures is impossible, willingness to learn about, respect, and work with persons from different backgrounds is critical to providing culturally competent care .

**Awareness: The Heart of Cultural Competence**

**Leonard, B. Plotnikoff, G., Clinical Issues: Advanced Practice in Acute & Critical Care:  
February 2000**

# Conceptualizing the disease

“..is the tumor female or male?”



# Understanding through assessment

Ethiopian – how our body functions

health is an equilibrium between the body and the outside

Ethiopians often have more confidence in traditional medicine than in western treatments

In Ethiopia most will first seek holy water or treatment from a traditional healer before considering western medicine

Cross-cultural Medicine and Diverse Health Beliefs

Ethiopians Abroad Hodes West J Med 1997; 166:29-36)



- Hepatitis is caused by a bat or bird flying over a person and is treated with herbs;
- There are multiple causes of diarrhea, including journeying on a sunny day and jumping over diarrheal stool.
- The overall process of labor and delivery is related to a spiritual interaction, with good and evil spirits warring during the labor process.

Cross-cultural Medicine and Diverse Health Beliefs  
Ethiopians Abroad Hodes West J Med 1997; 166:29-36)







Emotional problems manifest by somatic symptoms that are diffuse, exaggerated, and difficult to pinpoint.

Zar is a form of spirit possession treated by a traditional healer negotiating with the alien spirit and giving gifts to the possessed patient.

People with buda, "evil eye," are said to be able to harm others by looking at them.

Ethiopians commonly believe that mental illness is caused by evil spirits and should be treated with holy water and exorcism.

In Israel, using a culture-sensitive strategy, physicians may refer zar patients to traditional healers.

Cross-cultural Medicine and Diverse Health Beliefs  
Ethiopians Abroad Hodes West J Med 1997; 166:29-36)



# Translation or interpretation?

- Is translation enough?
- Interpreter of maladies

Juhmpa Lahiri



# Dreams

- Muslim child oncology
- Yemenite blast victim in ICU



- Ethnographic interviews revealed the belief that the truth should never be told because it hastens death.

Bach PB, Cramer LD, Warren JL, Begg CB. Racial differences in the treatment of early-stage lung cancer. *N Engl J Med.* 1999;341:1198-1205.37



## Walking the cultural tightrope

- Assuming a Chinese woman would not want to be told her diagnosis because she is Chinese is stereotyping.
- Insisting that she *must* be told, even at the risk of violating her rights, is a form of cultural imperialism.
- The challenge is to navigate between these poles

Negotiating Cross-Cultural Issues

at the End of Life M., Kagawa-Singer, L.J., Blackhall JAMA, 2001(286)23; 2993-3001

# Religion and health/illness

- Need for consulting with religious leader/autonomy?



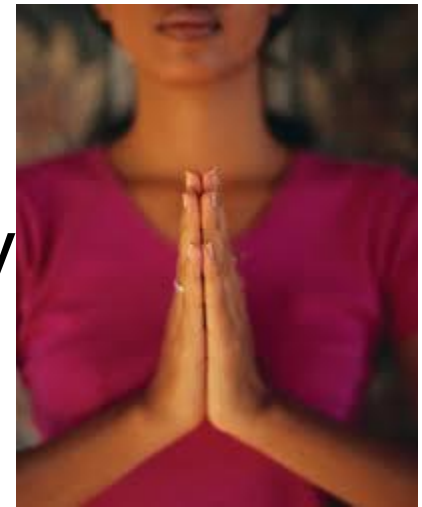
# Discovering why the parents are against a skin graft

- “...someone else has made the decision. I don't have to be responsible....”



# Spiritual assessment is an essential part of service provision

- 1- brief assessment should determine the denomination, spiritual beliefs, and important spiritual practices determining the impact of spirituality
- 2-Spiritual histories-*Initial narrative framework* -tell their stories, typically moving from childhood to the present and then elicit spiritual information as patients relate their stories.






# Religion and Spirituality


Attitudes toward end-of-life care influenced by religious or spiritual concerns




- "The doctors don't know everything. God might come into it . . . He can do more for us than the doctor can."
- "only God has priority over living. That's something man can't tell you—how long you've got to live."
- "suffering is redemptive"
- this ethic of struggle can be considered part of a moral strength that ensures a better place than this one"

<b>Issue</b>	<b>Possible Consequences of Ignoring the Issue</b>	<b>Techniques and Strategies to Address the Issue</b>
<p>Religion and spirituality</p> 	<p>Lack of faith in the physician Lack of adherence to the treatment regimen</p>	<ul style="list-style-type: none"><li>•“Spiritual or religious strength sustains many people in times of distress. “</li><li>•“What is important for us to know about your faith or spiritual needs?”</li><li>•“How can we support your needs and practices?”</li><li>•“Where do you find your strength to make sense of this experience”</li></ul>

<b>Issue</b>	<b>Possible Consequences of Ignoring the Issue</b>	<b>Techniques and Strategies to Address the Issue</b>
<p>Communication language barriers</p>	<p>misunderstanding Unnecessary physical, emotional and spiritual suffering</p>	<p>Avoid medical or complex jargon Check for understanding: “So I can make sure I’m explaining this well for you, please tell me what your understanding is about your illness and the treatment we’re considering” Find bilingual, bicultural staff medical translation</p> <p>Avoid use of family as translators, especially minors</p>

<b>Issue</b>	<b>Possible Consequences of Ignoring the Issue</b>	<b>Techniques and Strategies to Address the Issue</b>
<p data-bbox="112 315 465 572">Family involvement in decision-making</p> 	<p data-bbox="527 315 1029 748">Disagreement and conflict between family and medical staff when the family, rather than the patient, insists on making decisions</p>	<p data-bbox="1068 315 1789 1168">Ascertain the key members of the family and ensure all are included in discussions as desired by the patient: “Is there anyone else that I should talk to about your condition?” Talk with whomever accompanies the patient and ask the patient about this individual’s involvement in receiving information and decision-making</p>

<b>Issue</b>	<b>Possible Consequences of Ignoring the Issue</b>	<b>Techniques and Strategies to Address the Issue</b>
<p>Truth telling</p> 	<ul style="list-style-type: none"> <li>•Anger, mistrust, or even removal of patient from health care system if team insists on informing the patient against the wishes of the family</li> <li>•Hopelessness in the patient if he or she misunderstands your reason for telling directly</li> </ul>	<p>Informed refusal:</p> <p>“Some patients want to know everything about their condition, others prefer that the doctors mainly talk to their families.</p> <p><u>“How would you prefer to get this information?”</u></p> <p>Use a hypothetical case, “Others who have conditions similar to yours have found it helpful to consider several options for care, such as nutrition, to keep them feeling as well as possible”</p> <p>Be cognizant of nonverbal or indirect communication when discussing serious information</p>

# End of life

- Holland, Belgium, Switzerland and Israel = end of life laws
- What does this reflect about those societies?



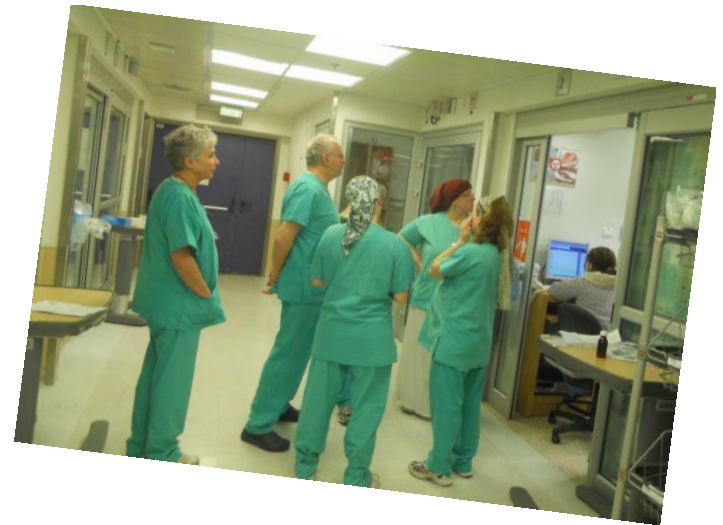
# Encourage

- Customs or religious rituals give meaning, security, and solace in times of need and during crisis such as death



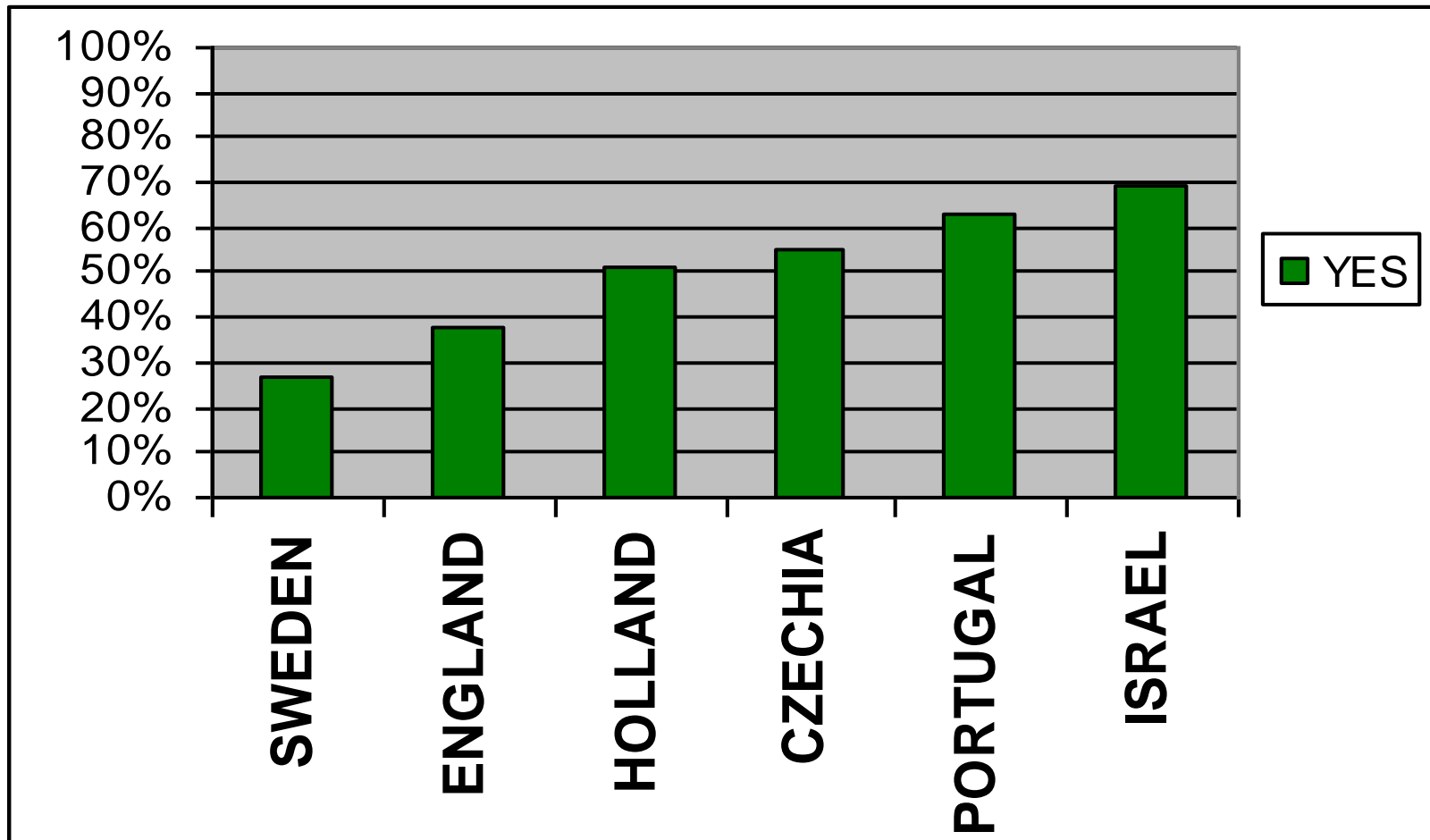
# Death in the ICU

- Differences in behaviors between religious and non-religious hospital cultures

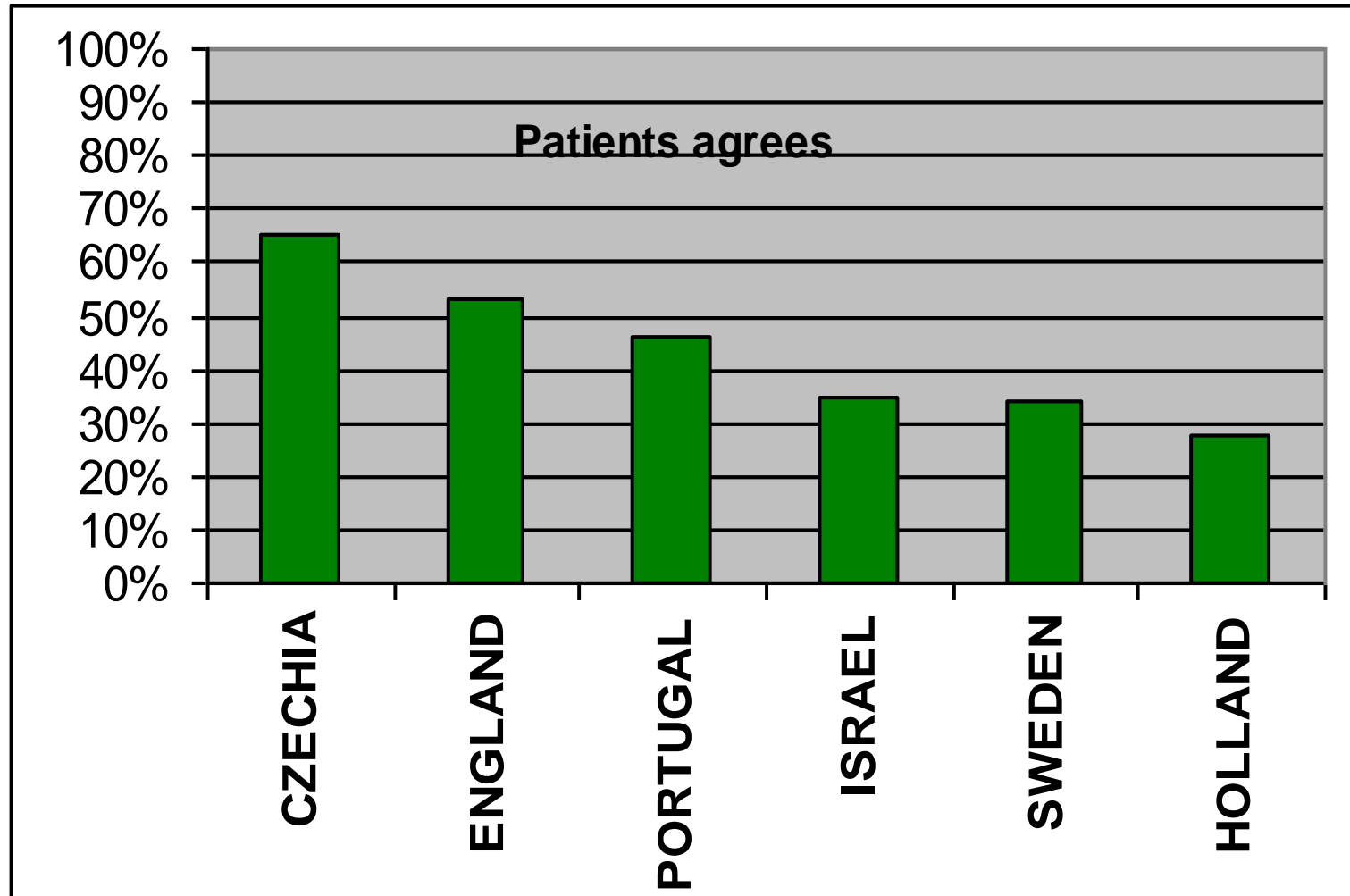




# I am afraid of dying $p=000$

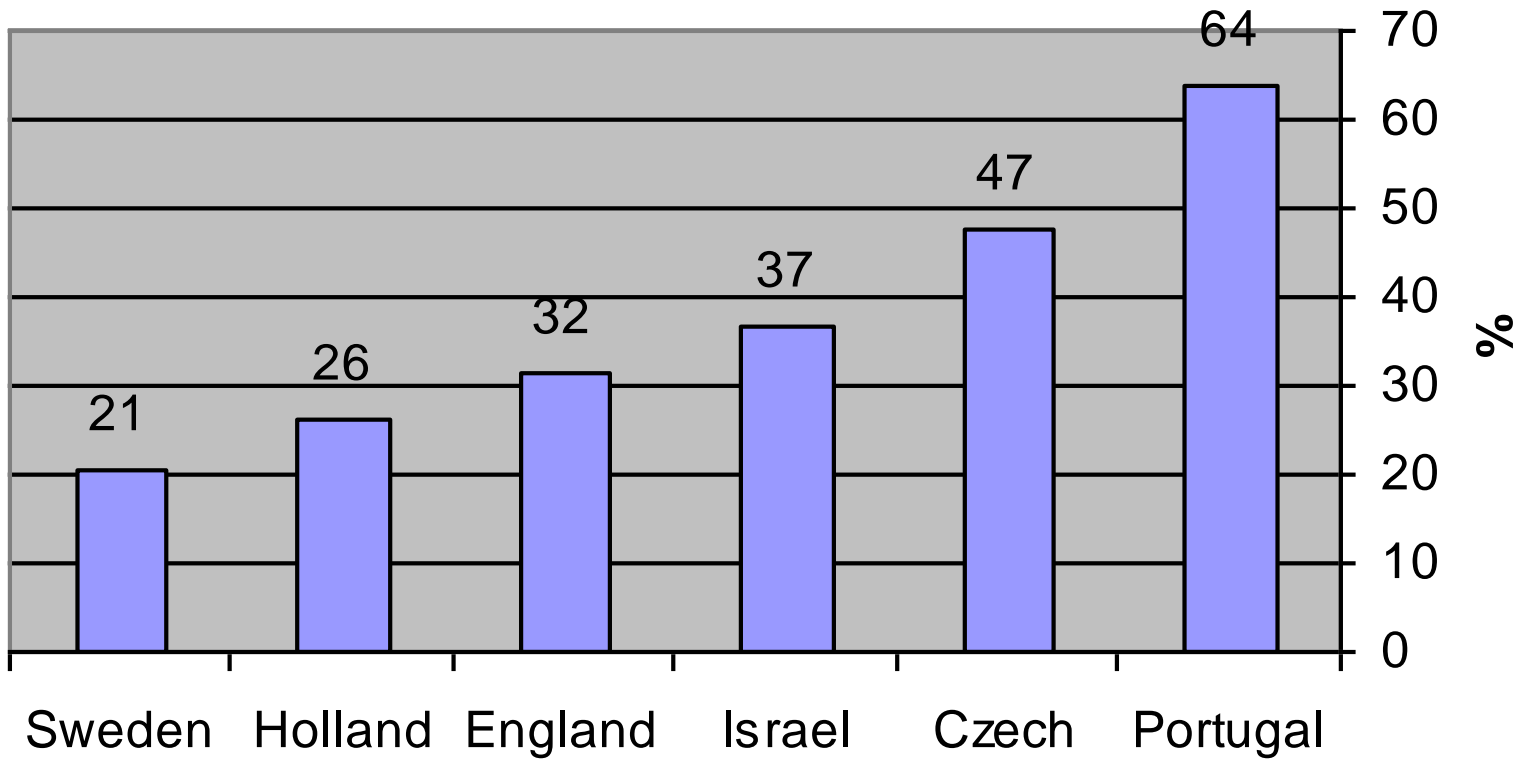


# Prolong my life as long as possible in any condition – $p < 0.05$



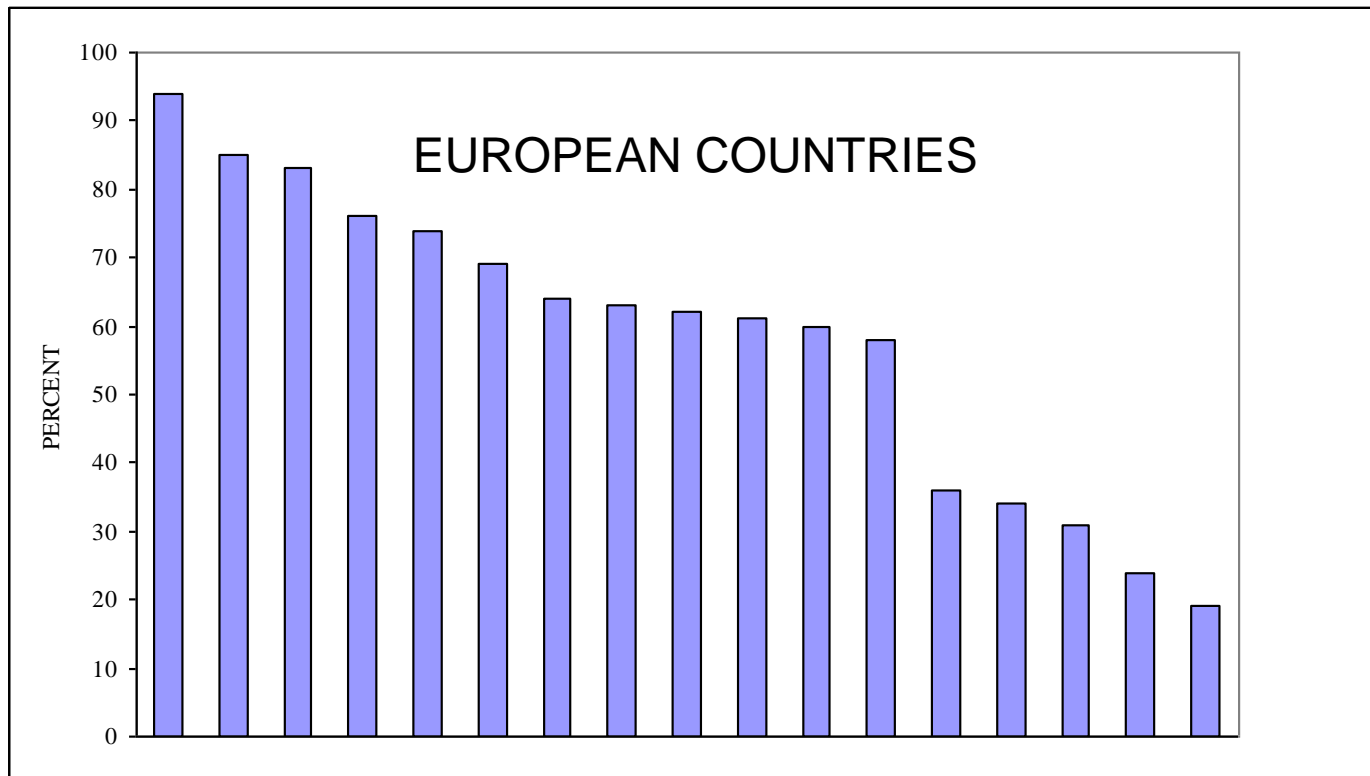
P=000

### I felt a lack of dignity



# Nursing involvement Northern Europe vs Southern Europe

- Nurses were involved in 2,416 (78.3%) of the 3,086 EOLDs made. The range for involvement of nurses was very wide, from 19% to 95% of all of the EOLDs



Nurse involvement in end-of-life decision making: the ETHICUS Study  
Benbenishty J., Intensive Care Med (2006) 32:129–132

# Muslim attitude

- Good health equated with absence of visible disease.
- They attended doctors for treatment of visible disease rather than seeking preventive health care for diseases such as hypertension, diabetes, and hyperlipidemia

Delivering Culturally Sensitive Care: The Perceptions of Older Arabian Gulf Arabs Concerning Religion, Health, and Disease Qual Health Res, July 2006; vol. 16, 6: pp. 773787. [Valmae Anne Ypinazar](#)

- **Shahnaz** :If you have food that is especially hot it will make you bleed more. That's why you're not supposed to eat it early pregnancy , as you don't want to bleed you might miscarry.

- **Sakeena** :When you're nine months, you should start eating foods which are hot and slippery, like ghee. It helps the baby come quickly



# Religious and cultural distance in beliefs about health and illness in women with diabetes mellitus of different origin living in Sweden

Katarina Hjelm

International Journal of Nursing Studies 2003

- Swedes showed an active self-care behaviour and a controlled life-style.
- ex-Yugoslavians actively searched for information about management of DM.
- Ex-Yugoslavian Muslims emphasised enjoyment of life and a passive self-care attitude, lesser inclination to self-monitoring of blood glucose and preventive foot care
- Arabs Muslims emphasised adaptation to DM and a lot of 'musts' concerning diet, and had a lower threshold for seeking care. They also emphasised being a believing Muslim, and although explaining the cause of DM as 'the will of Allah or God',



**Cultural and religious distance are essential for understanding self-care practice and care-seeking behaviour, and need to be considered in the planning of diabetes care.**

# Diabetes

Promoters as partners in a community-based diabetes intervention program targeting Hispanics.

[McCloskey J.](#) 2009 Family Community Health.;32(1):48-57.

Overcoming control: a qualitative study of southwestern New Mexico Hispanics.

[McCloskey J.](#) 2010 ; J Cult Divers.17(3):110-5

A community-based approach to diabetes control in multiple cultural groups.

[Garvin C.](#) 2004 Ethnic Disease 14 :S83-92 ; African-American, Cambodian, Chinese, Filipino, Korean, Latino/Hispanic, Vietnamese and Samoan,

Arab women in northern Israel



# Health Care Experiences and Beliefs of Elderly Finnish Immigrants in Sweden

[Kristiina Heikkilä](#), MA J Transcult Nurs October 2000 vol. 11 no. 4 281-289

- ***Purpose: To demonstrate experiences and beliefs of care of elderly Finnish immigrants living in Sweden (Sweden-Finns) in order to gain an understanding of the role ethnic back-ground plays in these experiences and beliefs.***
- ***Design: 39 elderly Sweden-Finns living in Stockholm were interviewed. The data were analysed hermeneutically.***
- ***Results: On a surface level, the care in Sweden was culturally congruent to elderly Sweden-Finns' experiences and beliefs of care. However, care in Finland and the care providers with Finnish background were regarded as superior to Swedish caregivers, giving a deeper sense of familiarity and trust in anticipation of good care.***
- ***Implications for practice: Culturally appropriate care with care providers sharing the same ethnic background is important for ethnic elderly persons in enabling familiarity and trust between staff and patients.***

# Teaching nursing

- The challenge of teaching cultural competence to a culturally diverse student body
- Empathetic spiritual competence? How to do it?

# Teaching nursing

- The challenge of teaching competence to a



- E... competence? How to de...

# Nursing school students

- Refuse to wash male patients
- Believes women should be convinced not to have abortion
- Caring from Islamic perspectives is not well versed in Eurocentric nursing literature

# Nursing sch

- Refuse to wash male



- Believes women should be convinced not to have abortion
- Caring from Islamic perspectives is not well versed in Eurocentric nursing literature

- What is lacking in some of the conceptual frameworks and models of care is not only the fundamental spiritual dimension of care, but also the significance of spiritual development of the individual towards healing



**Journal of Advanced Nursing dec 2000 . Hussein Rassool**

# Conclusions

- paramount need for teachers to design instructional strategies that deepen students' knowledge and skills in multi-cultural health literacy prior to graduation from nursing programs



- Cultural competence training shows promise as a strategy for improving the knowledge, attitudes, and skills of health professionals. However, evidence that it improves patient adherence to therapy, health outcomes, and equity of services across racial and ethnic groups is lacking.



# Conclusions

- Establish staff , and student training
- Self awareness
- Assessment skills
- Non-judgmental, open to asking and understanding different cultural viewpoints
- Important from administrators to bedside



Howa'a Welálin Mabsi' Cho Pinamaya Wneeweh  
Haada M'knucj Gwech'in Nakota Mesuawk  
 Nutsiniyi taki Walas Gaxixa Kmana skotmitin  
Blaakroot Bella Bella Cree  
 Hay ce:p q'ð Guneshcheesh  
Musqueam Lingit  
 Eeshneesh Kukwstsetsemc  
Glong Shuswap  
 Hey chexw Musicho  
Squamish Déne  
 Miigwetch Yokoke ?ul-nu-msh-chxw Yontonwe  
Cjibway Chacoew Coar Salish (Sechelt) Huron  
 Kwkwstumulh kalap Merci Ha'miya Gilakas la  
Starbuc Mas'hil (Metsi) Git'can Twak'wotoko  
 Wiyvni T'ouyaksim nisim Kwax' Hoy Lim Lint  
Ahensli Nisga'a (Halq'emeylen) Okanagan  
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Thank  
 You

Thank you  
 Danke  
 Xie xie  
 Khawp khun  
 Yum totio  
 Mahalo  
 Salamet  
 Juspai'raña  
 Spacibo  
 Obrigada  
 Arigato

Merci beaucoup  
 الله على الواجب  
 ありがとうございます  
 Thank you  
 Mahalo  
 ARRIGATO Tak  
 imuchas gracias! Vielen Dank  
 Salamet  
 धन्यवाद  
 GRACIAS  
 ευχαριστία



Using stories to bridge cultural disparities, one culture at a time [Journal of Continuing Education in Nursing](#) [2011, 42(1):37-42]

- Story theory can be the basis of the nurse's culturally sensitive approach to gather patients' health information and learn about and experience patients' cultural values and beliefs. This article illustrates how story theory was used at the bedside of a Guatemalan Mayan patient to develop a culturally sensitive plan of care. Because nursing facilitates obtaining story at the bedside, nurses should consider using story theory to promote authentic communication that will bring voice to patients' concerns and assist in finding meaningful, culturally competent health solutions. By identifying what matters most to the patient through intentional dialogue, nurses can assist in the transformation of the current health care system to a patient-centered system that links nursing practice with nursing knowledge and bridges the health disparity gap, one patient at a time

Cross-cultural experiences may also enrich the repertoire of the nurse with alternative ways to ease the dying process for patients, families, and staff.

Accepting this invitation enables the growth that is the hallmark of cross-cultural communication skills



# Training nursing students to identify health illiteracy 3 ways

- 1-students were divided into groups to receive 1 of 3 health literacy instruments, REALM, NVS, or TOFHLA, with all 3 instruments represented in each group. This individual activity required students to administer the assigned health literacy instrument face to face to someone not enrolled in the nursing school

- 3-The third activity was a role-play counseling exercise. The purpose of this activity was to train students to use strategies of clear health communication and the teach-back method to communicate the directions provided on a prescription bottle. Each group was given a prescription bottle containing candy and a small slip containing the name of a prescription medication, directions, and warnings – the typical information found on prescription labels. The patient names were varied to include both genders and reflect diverse cultural backgrounds/ethnicities. Each 4-member group had 1 student play the role of a pharmacist, 1 the role of a patient, and the other 2 students were observers. The role of the observers was to determine whether the pharmacist applied clear health communication techniques (using simple words, emphasizing 1 to 3 key points and repeating them, using teach-back to confirm understanding, etc) in their patient interaction. For a 5-member group, the fifth member recorded observations.

# **The effectiveness of culturally appropriate interventions to manage or prevent chronic disease in culturally and linguistically diverse communities: a systematic literature review**

Jan 2011 .Health Soc Care Community . [Henderson S](#)

- The five categories of intervention that were identified included
- the use of community-based bi-lingual health workers;
- providing cultural competency training for health workers;
- using interpreter service for CALD people
  
- using multimedia and culturally sensitive videos to promote health for CALD people
- establishing community point-of-care services for CALD people with chronic disease.
- The review supported the use of trained bi-lingual health workers, who are culturally competent, as a major consideration in the development of an appropriate health service model for CALD communities.



- 2- Patients with low health literacy often experience a sense of shame about their literacy level and do not reveal it to others. The purpose of this activity was to provide students some experience with identifying the informal signs of low health literacy that are displayed by patients. Students were required to work in groups to identify the informal signs of low health literacy displayed by the patient in the written case, followed by in-class discussion





- *Islam holds life as sacred and belonging to God and that all creatures will die one day. Suicide is forbidden. Muslims believe death is only a transition between two different lives. The terminally ill Muslim desires to perform five ritual requirements. Do not resuscitate (DNR) orders are acceptable. A deceased Muslim must always be buried after being ritually washed and wrapped. There are different Muslim schools of thought, but they are united regarding their views on death and dying.*

The terminally ill Muslim: Death and dying from the Muslim perspective AM J HOSP  
PALLIAT CARE July/August 2001 18: 251-255, [Nabeel Sarhill](#), MD

- For instance the consumption of 'hot' and 'cold' foods at particular points of the pregnancy seemed to be particularly important for Muslim women in the research. Women ate particular types of food throughout the pregnancy. Hot foods were consumed at the end of the pregnancy, cooler foods at the beginning. Women talked about hot and cold foods not in the context of being physically hot or cold. Foods are hot and cold in the way that they react to your body, for instance milk or bananas are cool and help bring down a temperature. These ideas were central to many of the Muslim respondents'

- **The crescent and Islam: healing, nursing and the spiritual dimension.**
- **Some considerations towards an understanding of the Islamic perspectives on caring**