

## The Multi-Cultural Stew: Cultural Competency is part of Good Patient Care

A contemporary clinical environment often inhabits nurses and patients from all over the world. Geri-Ann Galanti, PhD, medical anthropologist and author of, *Caring for Patients from Different Cultures*, is an expert in addressing the clash of cultures that often exist in a highly diverse contemporary medical environment. In the following interview she lays out the problems of culture clash and how best to address cultural differences in an empathic, common sense fashion.

### **SFN: What are some of the more common problems clinicians face who work in multi-cultural, medical settings?**

**GA:** I think that very often, everyone is trying to do the "right" thing, but since what is right varies from culture to culture, conflict occurs." A minor example is that Japanese patients are socialized to value respect, particularly those in authority. Thus, if a Japanese patient disagrees with something a physician says, he may respectfully agree, but not follow through.

The American health care provider may not see this as a sign of respect, but rather be frustrated over non-compliance. "Why didn't he just tell me he didn't want to do that?" The response: to do so might be seen as disrespectful to the authority of the provider.

Over the many years I've been teaching, particularly in the nursing program, I've collected "stories" (aka case studies) of these points of conflict and misunderstanding. I would use the stories I learned from one class of students (nurses) to illustrate points with the next class. Eventually, I had a large collection of cases, which I wrote up into a book. The book, I use the stories to illustrate important cultural variations that are found among the ethnic populations that form the patient population. I'm also interested in (and have a chapter on) the conflicts and misunderstanding that occur among multi-cultural staff.

### **SFN: In many parts of the United States, medical settings are staffed with healthcare providers from all over the world. While diversity is considered an important value in this country, the challenges are considerable, from linguistic obstacles to differences in communication styles. What specific recommendations do you have for new nurses to build their cultural competency so they can communicate more effectively across cultures?**

**GA:** The most important thing nurses can do is to have an open mind and strive to see things from the other person's (patient or staff member's) point of view. With patients, it is best to ask a series of questions:

- \* What do you think caused your problem?
- \* How should it be treated?
- \* How much information do you want about your condition?

Don't assume they will act according to American culture, which, for example, values independence. When decisions need to be made, rather than assume they will make them on their own, ask if they would prefer to consult with a family member or clergy. Talk to family members. Most people are happy to answer questions about their culture if the questions are asked in a sincere and interested manner.

Cultural competency begins with an understanding of your own cultural values and beliefs. For example, with regard to pain, do you think pain should be expressed verbally or is it preferable to remain stoic? Do you believe that pain medication carries a great danger of addiction and should be used as sparingly as possible or do you think pain medication is essential to the recovery process? With regard to self-care, do you value independence and believe self-care is both necessary and desirable? Or do you believe that it is more important to allow family members to show their love and devotion by caring for you? Which do you think is more important to recovery, rest or the presence of as many loved ones as possible?

Next they can try to learn more about the patient population they serve. I would recommend that they spend time on the Internet; there are several excellent sites devoted to cultural diversity and numerous books and other resources. Of course, it is essential to avoid stereotyping. One way to do this is to play a personal, intellectual "game." Learn something about a particular ethnic group, and then see if a specific individual from that group fits the characteristic or not. This way they can learn about common patterns and by applying them, see that they don't always fit. But it's sometimes helpful to know what to expect. For example, with an Asian patient, since their culture teaches them to be stoic, you might pay closer attention to non-verbal signs of distress, and medicate as needed by the condition, rather than as requested by the patient.

As you point out, the nursing staff of most hospitals is ethnically diverse. They should ask questions of their colleagues, and share information about their own culture.

Of course, reading my book, *Caring for Patients From Different Cultures*, 3rd edition, is an excellent way to get started :)

### **SFN: What behaviors and actions should team members avoid when working in a multi-cultural, multi-lingual environment? Why?**

**GA:** Avoid the use of gestures. Many gestures that have positive or neutral meanings in American culture are rude and insulting in other cultures. For example, wagging your index finger to call someone over is highly insulting in Filipino & Korean cultures; it is the equivalent of calling someone a dog. The "okay" sign in the U.S. is a crude sexual invitation in Brazil. An upraised thumb says, 'good going!' to an American, but is seen by Iranians as the equivalent to an upraised middle finger.

Idioms should also be avoided, since they can be very confusing to non-native English speakers. "Step on it" or "She's getting cold feet" can have very different meanings when taken literally.

Around the issue of language, a common complaint at many hospitals is when one ethnic group among the staff (usually it happens to be Filipinos) speaks in their native language at work. While it is understandable why they might want to do so, it can make other staff members feel excluded and can cause concern on the part of patients, who may assume the nurses are talking about them. I would recommend a policy that forbids speaking in a foreign language around patients or co-workers who do not speak that language, however, when individuals who all speak the same language are alone in a break room, it should be allowed.

**SFN: What does management needs to do to support cultural competency?**

- Demonstrate that cultural competence is important by recognizing it when it is practiced
- Provide in-service classes on a regular basis with a focus on a different ethnic group.
- Create "self-in-services" where nurses take a pre-test, read information about a group, and take a post-test.
- Make informational resources available at nursing stations.
- Post information at nursing stations on how to contact an interpreter or cultural resource person.
- Offer language classes.
- Modify hospital policies to accommodate different ethnic & religious groups (e.g., visiting hours, dietary practices, etc.)
- Print signs & forms in the languages of the ethnic groups served.
- Make cultural assessments part of the intake form. This information could be included on the charge sheet to help ensure that the information gets passed on from one shift to the next.
- Require culture-specific nursing interventions be part of nursing care plans.
- Make cultural issues a regular topic for discussion at staff meetings.
- Create a "Cultural Questions Box" for nurses to post questions that could be discussed at staff meetings.
- Make cultural competence policy part of the job description, and thus part of yearly evaluation.
- Create a bulletin board in the break room with information about different cultures and health beliefs.
- Organize potlucks where each person brings something from their own culture, and describes any associated traditions or significance.
- Survey & interview patients regarding how well their cultural needs were met. A category regarding culturally competent care could be added to patient satisfaction surveys
- Publicly recognize nurses who provide culturally competent care. If a nurse's name is specifically mentioned by a patient in the culturally competence category of patient satisfaction surveys, he or she could receive a reward, such as movie tickets, or a year-end bonus.

**SFN: What specific type of resources and support do you recommend in order to build a new nurse's competency when working within a diverse, clinical environment?**

**Recommended Resources on Cultural Diversity**

**Books:**

1. Fadiman, A. (1997) *The Spirit Catches You and You Fall Down*. New York: Farrar, Straus and Giroux. (Hmong)
2. Galanti, Geri-Ann (2004) *Caring for Patients from Different Cultures*, 3rd edition. Philadelphia, University of Pennsylvania Press.
3. Kagawa-Singer, M., Blackhall, L.J. (2001). *Negotiating cross-cultural issues at the end of life: "You got to go where he lives."* JAMA 286 (23): 2992-3001.

4. Lipson, J., Dibble, S., and P. Minarik, eds. (1996) Culture and Nursing Care: A Pocket Guide. San Francisco: UCSF Nursing Press.

## **Internet Sites**

### **1. Cultural Diversity in Healthcare**

<http://ggalanti.com>

Contains basic concepts, cultural profiles, case studies, links to other websites, recommended books, articles, and other information relevant to cultural diversity in health care. Information on workshops on cultural diversity is also included. Note: all the websites listed below can be accessed directly from the "Related Links" page of this website.

### **2. The Provider's Guide to Quality & Culture**

<http://erc.msh.org/mainpage.cfm?file=1.0.htm&:module=provider> & language=English

This comprehensive website is designed for clinicians to help them provide culturally competent healthcare. It contains an interesting "Quality & Culture Quiz," as well as information on several ethnic groups, along with links and other resources.

### **3. EthnoMed Home Page**

<http://ethnomed.org/>

Contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants to Seattle, many of whom are refugees fleeing war-torn parts of the world.

## **Recommended Films**

### **1. Patient Diversity: Beyond the Vital Signs**

This comprehensive training program from CRM Learning features a 20-minute video and a Leader's Guide with exercises and role-plays for 2-4 hours worth of training on the topic of cultural diversity in healthcare. For more information, go to [www.crmlearning.com/news](http://www.crmlearning.com/news) Note: I served as a consultant on the film and wrote the Leader's Guide.

### **2. Cultural Issues in the Clinical Setting - Series A and B**

The brief but dramatic vignettes are each accompanied by support materials for facilitators and participants which will be sent electronically and are included in the nominal price. The vignettes raise numerous issues around differing health beliefs and practices, conflicting values, stereotyping, overt and covert prejudices, and language barriers. The video is 70 minutes long and contains 10 vignettes. Available from: Gus Gaona (323-259-4776) Kaiser Permanente MultiMedia Communication 825 Colorado Blvd., Suite 301 Los Angeles, CA 90041.

## **Other Recommended Resources**

### **CHISPA (Caring for Hispanic Patients interactively)**

A technology based approach for the acquisition of cultural and linguistic competencies for the multicultural workplace. It is designed to teach Allied Health professionals how to approach Hispanic patients in a culturally appropriate manner. CHISPA consists of three components: Interactive CD, Website, Train the Trainer and Activities Manual. For further information, go to <http://itdc.lbcc.edu/chispa/>

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