Cross Cultural Care: Key Steps To Cultural Competence

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Problem

Leininger theorized the necessity of transcultural nursing as essential to providing competent care which has been expanded upon by other theorists. Cross cultural methods strive for understanding and negotiating differing medical beliefs and practices which impact patient care. The Wound, Ostomy, Continence (WOC) nurse and other health care professionals will need to become culturally competent due to the increasingly diverse population of the United States and initiatives to eliminate healthcare disparities. However education in this field has only emerged recently and has often tended toward stereotyping or limited practical application.

Culture and HEALTH

Culture is a shared set of beliefs that are present in all aspects of life including values, education, work, religion, etc. Culture is dynamic and continually changing with new knowledge and new situations. One person may share in multiple cultures such as a national culture (USA), an ethnic culture (Hmong), a work culture (Medical Field), a generational culture (Baby Boomer), etc. All of these cultural realms **contribute** to our beliefs and behaviors.

Cautions:

•**Everyone** is influenced by culture. "Remember, if the patient comes from a different culture, then so do you" (Minnesota Refugee Health Provider Guide 2010 11:6)

•Cultures are internally diverse and not homogeneous. Culture is diverse because individual behaviors and beliefs are also influenced by personal experiences and knowledge.

Culture and ILLNESS

Culture provides a framework through which people interpret health and illness. It influences how people: view health as being free from pain whereas illness is viewed as a punishment, identify illnesses and their causes (Biomedical causes vs "God's will", define health vs illness).

The concept of health varies from culture to culture, applies social meaning to disease and health (social approval or stigmas), impacts choices and adherence to treatment options, recognition of successful/unsuccessful outcomes. Culture, along with socioeconomic and individual characteristics, shapes an individual's explanatory model of illness. (Kleinman et al 1978)

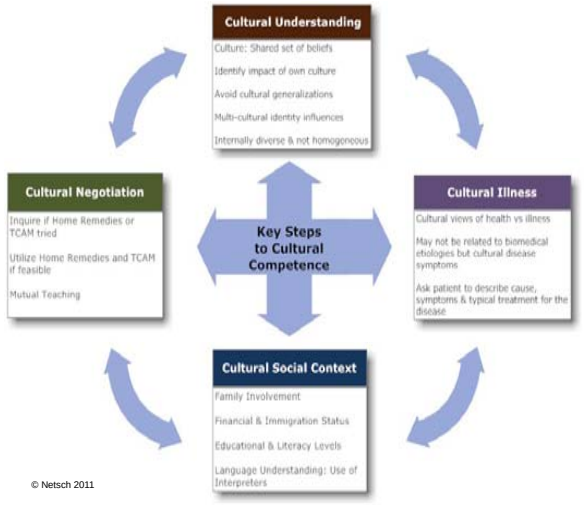
Cautions:

Some cultural illnesses may seem very similar to biomedically defined diseases. But they can have important differences in causative factors, symptoms, and treatment. Some cultures apply different causative factors to biomedically defined diseases.

Practical Tips:

Patient explanatory models often focus on illness (the human experience of sickness, both physically and emotionally), whereas providers' explanatory models tend to focus on disease (the abnormalities in biological structure and function in the body)

Description	IMPLICATIONS/CAUTIONS	PRACTICAL TIPS
In many cultures **FOOD AND EATING** are directly related to health and illness.	When a patient asks "what should I eat or not eat?" it is extremely important to them.	**Ask** the patient to explain how they view food and health, **Suggest** types of food that may be beneficial or detrimental (e.g. lean meats or pastries). **Work** with the patient to identify foods in their diet fall into these categories
Recent immigrants often come from **HEALTH CARE SYSTEMS THAT ARE COMPLETELY DIFFERENT** from those in the USA.	Patients may miss appointments or be confused because they are not familiar with clinic and hospital systems	**Ask** patients which part(s) of the care process they do not understand. **Explain** scheduling procedures and other administrative processes
UNDOCUMENTED PATIENTS may be frightened to disclose personal information	Patients may not be willing to provide personal information , insurance coverage, home address, relatives' names, etc.	**Reassure** the patient that you are not involved with immigration authorities. **Provide** information on free or low cost health care clinics if they don't have insurance or other resources.
PATIENTS LACKING RESOURCES (knowledge, money, transportation, insurance) may not follow appointment schedules or treatment plans	Do not assume non-adherence is always due to cultural factors. Example: A patient may be using and traditional, complementary and alternative medicine (TCAM) because a prescription is too expensive.	**Ask** what might make adherence difficult or easier to achieve. **Accommodate** patients' circumstances as much as possible.
FAMILY INVOLVEMENT TYPICALLY IMPACTS PATIENT CARE AND OUTCOMES. Families in every culture interact in different ways and to varying degrees when a loved one is ill or examined.	Not all family involvement is beneficial and may be detrimental. Example: the patient may not reveal or discuss crucial health related items with family present.	**Ask** patients how they would like to include family members. **Be aware** of your organization's policies impact on family involvement (privacy, visitation, decision making, etc) **Accommodate** the family's involvement when possible **Teach** family members how to participate (learn dressing changes, recognize signs and symptoms of infection, when to check blood sugars, etc).
MEDICAL INTERPRETERS PLAY IMPORTANT ROLES IN CROSS-CULTURAL ENCOUNTERS. Health care programs receiving federal funds are required to provide free services for "meaningful access" to Limited English Proficiency patients. (including education materials)	There are no national standards, and limited state standards, for interpreter qualifications.	**Know** how interpreters are hired (on staff or through an agency) and what qualifications are required (training, experience, etc). **Find out** how/with whom you should address concerns of bad interpreters, or **how to request** an interpreter you liked. **During appointments: Allow** longer appointment times. **Address the patient**, not the interpreter. **Speak** at a moderate-slow pace and in shorter phrases. **Avoid** idioms and technical terms. **Be prepared** to explain, rephrase, and/or repeat what you have said. Do not rely on the interpreter to explain medical terms or the patient's cultural background. **Ask** the interpreter to repeat to you what was said to the patient if concern exists regarding the information relayed to the patient. http://www.health.state.mn.us/divs/idepc/refugee/guide/11interpreters.pdf (tips to working with interpreters)
All cultures **USE HOME REMEDIES AND TRADITIONAL, COMPLEMENTARY AND ALTERNATIVE MEDICINE** (TCAM).	Not all home remedies are traditional. Patients use what is available or what has been recommended by others. Many patients realize there is a stigma in the US about using TCAM and may not reveal these are utilized. Patients generally expect providers to inquire, "they don't ask me, so I don't tell them" (Shelley 2009).	**Remember** that any home remedy or TCAM is an effort by the patient to improve his/her health. **Encourage** the patient to reveal any home remedy or TCAM utilized. **Ask** the patient to teach you about the home remedy or TCAM if you are not familiar with it. (Shelley 2009). **Acknowledge and explain** how the home remedy or TCAM was beneficial or harmful. **Incorporate** the home remedy or TCAM into the treatment plan if at all possible.
CULTURAL GENERALIZATIONS may not be correct.	It is easy to Stereotype based upon cultural generalizations. A common belief of that culture does not mean this particular patient embraces that belief. There are regional differences within one culture. (e.g. Ecuadorians in rural areas have significantly different health care practices than those in cities). "Fact-files" listing generalizations can be useful. But also problematic if too broad, static and point out unusual, rather than common characteristics.	When referring to a patients' cultural group **ask** the patient how they prefer to be called (e.g. Hispanic/Latino, American Indian/Native American). **Ask** open-ended questions regarding generalizations as a starting point to identify the extent of the patient's adherence to that belief or practice (Purnell, 2005, p 10). **Encourage** mutual teaching: the patient can be the teacher of their culture whereas the health care provider can be the teacher of health care culture (de Chesnay, Peil & Pamp, 2008, p 25).



Summary

Cultural competence is essentially recognizing that culture impacts all aspects of health care. You do not have to an expert in every culture but instead be willing to discuss different ideas and practices. Respect for the patient and their culture will lead to a mutually beneficial experience. Research has shown that application of cross cultural care will increase patient adherence and satisfaction. The WOC nurse can provide a higher quality of care for their culturally diverse patient population through becoming more culturally competent. **"Really the best way of being a cross cultural provider is to just be open minded and open hearted"-Medical Interpreter** (Netsch, 2011).

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