Cultural Diversity Issues in Healthcare

Seven Lessons to Learn about Cross-Cultural Communication
(adapted from Craig Storti, Cross-Cultural Dialogues, Intercultural Press, 1994 by UI International Programs)

1. Don’t assume sameness.
2. What you think of as normal behavior may only be cultural.
3. Familiar behaviors may have different meanings.
4. Don’t assume that what you meant is what was understood.
5. Don’t assume that what you understood is what was meant.
6. You don’t have to like or accept “different” behavior, but you should try to understand where it comes from.
7. Most people do behave rationally; you just have to discover the rationale.

Communicating Effectively with English Language Learners

- Avoid using jargon, slang, idiomatic expressions, contractions, and colloquialisms unless you are certain their meanings will be understood. Avoid using long sentences, double negatives, and negative wording. Simple grammar is easier for us all.

- People’s intelligence is often unjustly judged based on their language ability. Very intelligent people may have trouble acquiring a new language as an adult, but their lack of ability to communicate may not mean they cannot understand.

- If someone seems to be having trouble understanding you, enunciate more clearly, speak more slowly, or try to use a standard accent. Invite feedback on the clarity of your speech. Spell especially problematic words.

- Do not expect “yes” to always mean yes. Do not expect to hear “no” as the only way to say no. Some cultures prefer implying meanings because saying things directly can damage relationships. When you have doubts about what was communicated, rephrase what you think was said, and ask if that is correct.
How can you evaluate your own attitude towards diversity?

1. **Ask yourself these questions about your feelings towards other cultures:**
   
   - Do you react adversely to patients’ accents?
   - Are you open to differences between cultures, and different ways of doing things?
   - Do you respect diverse practices and requests without judgment?
   - Do you recognize that patients require equality of care irrespective of their cultural or linguistic background?
   - Do you recognize and actively accommodate patients’ choices about their care?
   - Do you assume you know what a patient wants or needs?
   - Do you identify the need for resources to overcome barriers such as poor or insufficient English proficiency or lack of support networks?
   - Do you identify the need for, and obtain knowledge of, sources of extra social support, for example community organizations?

2. **Take the online Cross-Cultural Quiz from the Provider’s Guide to Quality and Culture:**
   
   - See this page: [http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English](http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English)
   - Sample question:
     Which of the following is good advice for a provider attempting to use and interpret non-verbal communication?
     a. The provider should recognize that a smile may express unhappiness or dissatisfaction in some cultures.
     b. To express sympathy, a health care provider can lightly touch a patient’s arm or pat a patient on the back.
     c. If a patient will not make eye contact with a health care provider, it is likely that the patient is hiding the truth.
     d. When there is a language barrier, the provider can use hand gestures to bridge the gap.

3. **Seek training through UI Learning and Development:**
   
   - Try courses from the “Building Our Global Community” series. For more information, see the Office of International Students and Scholars website: [http://intl-programs.uiowa.edu/oiss/oissprograms_certificate.htm](http://intl-programs.uiowa.edu/oiss/oissprograms_certificate.htm)
   - Look at Skillsoft Online courses such as “The Impact of Culture on Communication,” “Improving Your Cross-cultural Communications,” “Building Effective Intercultural Relationships,” or the “International Communications Simulation.” You can access these free courses by logging in at [http://skillsoft.uiowa.edu](http://skillsoft.uiowa.edu)
Web Resources for Cross-cultural Healthcare Information

The cultural information presented in the resources below can be very helpful. It is important to note, though, that these are often generalizations about different cultures. These guidelines may be accurate about the typical behavior of a culture as a whole, but one country contains many cultures, and individuals choose to follow or NOT follow certain cultural norms based on their personalities. Also, culture is always changing, and people adapt to different cultures surrounding them to differing degrees. Moreover, sometimes generalizations may only refer to the most privileged group. For all these reasons, REMEMBER TO FOCUS ON THE PATIENT AS AN INDIVIDUAL!

- The Cross-Cultural Healthcare Program
  

  Provides profiles of the following ethnic communities’ beliefs about healing and medical care: Arab, Cambodian, Eritrean, Ethiopian, Lao, Mien, Samoan, Somali, South Asian, Soviet Jewish, and Ukrainian. These profiles also offer recommendations for overcoming potential obstacles to effective healthcare. The site also has a list of recommended books, and links to other organizations that talk about healthcare and culture.

- EthnoMed
  

  “The EthnoMed site contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants to Seattle or the US, many of whom are refugees fleeing war-torn parts of the world.” This site has information on these communities: Amharic, Cambodian, Chinese, Eritrean, Ethiopian, Hispanic, Oromo, Somali, Tigréan, and Vietnamese. You can also download nurse-to-patient communication pages. These pages have questions nurses commonly ask in both English and the other language, allowing some communication without an interpreter (if patients can read their native language). These pages are available in: Amharic, Arabic, Chinese, Farsi, Greek, Khmer, Korean, Lao, Oromo, Polish, Russian, Somali, Tagalog, and Tigrinya.

- The Provider’s Guide to Quality and Culture
  
  [http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English](http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English)

  “Among other information, this site profiles African Americans, Arab Americans, Asian Americans, Central Asians, Hispanics/Latinos, Muslims, Native Americans, Pacific Islanders, and South Asians. To reach the profiles, select “Cultural Groups” from the left menu, scroll down, and select “An Expanded Look at Some Cultural Groups”. Though some of those group titles suggest overgeneralization, the entries are quite long and do emphasize and address some of the diversity within those meta-groups. And “Central Asians”, which includes people from Afghanistan, Armenia, Iran and other countries, is a rarely addressed and particularly timely subject.”

- Resource Guide to Cultural Diversity in Health and Illness (College of the Sequoia’s Library)
  
  [http://www.cos.edu/Library/CulturalDiversity.htm](http://www.cos.edu/Library/CulturalDiversity.htm)

  An excellent resource list!!! This site offers an extensive list of books and websites. All the links are provided with a description of exactly what information the site or book includes.
Cultural Diversity Issues in Healthcare

Cultural Linguistic Services, Human Resources, 120 USB, http://www.uiowa.edu/hr/administration/linguistics
Please contact Jane Gressang, jane-gressang@uiowa.edu, 319-335-5822 for more information.

More Web Resources for Cross-cultural Healthcare Information

- Cultural Diversity in Health
  
  
  “The aim of this website is to provide health practitioners (particularly junior doctors working within the NSW hospital system) with information that will assist them in meeting the health needs of Australia’s diverse community.”

  Over 40 Community Profiles provide a range of information on specific cultures. These will include details on communication styles, traditional health practices, approach to and expectations of the health system and social customs. There is also information on some of the other issues that shape identity (Religion, Gender, Age and Torture and Trauma), and a set of links to other information and general guidelines for handling cultural diversity in healthcare.

- The Multi-Cultural Health Page (Queensland, Australia government)
  
  
  This site contains guides of questions healthcare providers can use to try to better understand patients from other cultural backgrounds, as well as links to other helpful resources. They also include profiles about the healthcare beliefs of the following groups: Bosnian Muslims, Cambodians, Chinese, Croatians, Greeks, Hmong, Italians, Latin Americans, Muslims from West Asia, Philippines, Samoans and Tongans, Serbians, Socialist Republic of Yugoslavia, and Vietnamese. They also have a guide specifically about working with Muslim patients, and links to many multilingual resources.

- Multi-Cultural Palliative Care Guidelines (Palliative Care Council of South Australia, Inc.)
  
  
  This group provides information on caring for dying patients in regards to general beliefs on family involvement, words to avoid when discussing death, burial customs, religion, attitudes towards pain relief, and more. The groups they provide information about are: Arabic, Bosnian, Chinese, Croatian, Greek, Hindi, Italian, Japanese, Khmer, Korean, Macedonian, Maltese, Persian, Polish, Portuguese, Russian, Serbian, Spanish, Turkish, and Vietnamese.

- The Rehabilitation Provider’s Guide to Cultures of the Foreign-Born (Center for International Rehabilitation Research Information and Exchange)
  
  [http://cirrie.buffalo.edu/mseries](http://cirrie.buffalo.edu/mseries)
  
  “Extensive profiles about helping rehabilitation patients from China, Cuba, Dominican Republic, El Salvador, India, Jamaica, Korea, Mexico, Philippines, Vietnam, and Haiti, plus a monograph on culture brokering. Each has a different author and the format varies somewhat. A typical monograph here might feature background information on the country of origin, immigration history, typical rehabilitation care in that country, family structure, religion, gender issues in service provision, food preferences and restriction, recommendations for service provision, and a reference list. These profiles’ appeal is not limited to rehabilitation.”
Frequently Asked Questions

What is Diversity and what is Culture?

by Dr. Ghafar Lakanwal (submitted) & the Diversity Training Group, Inc.

DIVERSITY:
Definitions range from the traditional "race, gender and disability" to a new, broader definition, which includes all dimensions and all differences between any persons; i.e.: "All the ways in which we differ."

ASPECTS OF DIVERSITY:
Race, gender, age physical ability, physical appearance, nationality, cultural heritage, personal background, life experience, mental and physical differences, economic status, religion, language, material status, education level, life style and sexual orientation, personality and skills.

Through the years, the word Diversity has been equated with Affirmative Action and EEO legislation. They may be compatible, but they are not identical. Diversity efforts have nothing to do with mandated quotas, the lowering of standards, or preferential treatment of particular groups.

CULTURE:
- The sum total of what human beings learn in common with other members of the group to which they belong.

- Culture is the complex whole which includes knowledge, beliefs, art, morals, law, customs and any other capabilities and habits acquired by an individual as a member of a society.

- Culture also includes elements of behavior patterns, values, language, symbols, expressions of creativity, institutions and other components of a given society.

MULTICULTURAL:
Refers to the diversity of society. In the most narrow interpretation, multicultural is limited to cultural diversity; in the broadest, the term includes gender and disability issues.

ETHNIC OR CULTURAL GROUP:
Is a group of people who are identified by a common national origin, language, culture and/or race. Membership in an ethnic group may be identified by how individuals define themselves or by how others define them.
ETHNIC OR CULTURAL GROUP IDENTITY:
Individuals may identify with one or more ethnic groups according to how they define themselves or how others assign them this identity. Even within groups, differences are apparent and discrimination or harassment may occur among group members due to attitudes held about factors such as social standing, skin color, dialect, national origin, or tribal affiliation. Everyone should be sensitive to the way group identity has been determined and to the way individuals accept or reject this identification.

PEOPLE OF COLOR:
This includes persons who identify themselves or are identified as African/Black American, American Indian/Alaskan Natives, Asian/Pacific American, or Hispanic American. They are persons who, historically, politically and socio-economically have been referred to as "minorities." Since people of color are, numerically, in the majority in both a global context and in many urban American contexts, the term "minority" is not accurate.

RACE:
Race is a group identity based upon physical characteristics. Originally a scientific designation, the definition of "race" has been expanded in popular usage to identify what more accurately would be called "ethnic group." The current connotation of "race" includes certain social, psychological and cultural attributes of a group.

CULTURAL DIVERSITY:
Refers to the differences in elements of culture between and among ethnic, racial or religious groups that live together in one society.

CULTURAL PLURALISM:
A society characterized by cultural pluralism is one in which different cultures or ethnic groups live together in harmony and mutual respect, each retaining some of its cultural identity. There is cooperation of the various groups in the civic and economic institutions of the society and a peaceful co-existence of diverse lifestyles, folkways, manners, language patterns, religious beliefs and practices, and family structures.

In defining diversity, it may also be useful to understand WHAT DIVERSITY IS NOT.

Seven Myths about Diversity:
1. Diversity is a problem.
No, it is an opportunity. Diversity lies for many people beyond what they don't know in an area I refer to as what you don't know you don't know. Seizing the opportunity to understand diversity will take you into a new and better realm of doing business.
2. Diversity is our Human Resources department's responsibility. No, it is my responsibility. Too many people tell me, "That's not my problem; our personnel people have to handle the diversity issues." Wrong. We all (employees, supervisors, managers) play a significant role.

3. Diversity is just about race and gender. No, it is much broader than that. It used to be called cultural diversity but the conversation has become more inclusive. Read on.

4. Diversity is about minorities and women in the workplace. No, diversity is about your internal (employees) and external (prospective clients) customers. The approach you take to the diversity in your employee and customer ranks can make or break your company. Multicultural marketing, a relatively recent development in the diversity field, focuses on evaluating your customer base and addressing all your customers' needs.

5. Diversity is exclusive. No, it is inclusive. In other words, diversity is about all of us. If you feel diversity is about attacking the white male, you are mistaken. Diversity is not about getting "them" into your corporate culture (assimilation). Diversity is about creating a culture where each individual can thrive and contribute to the organization (integration/multiculturalism).

6. Diversity is another fad. If you think it is, good luck. Look at your workforce today and compare it to five and ten years ago. Then try to imagine it five and ten years into the future. Do the same analyses for your customer base. Have you seen the demographic projections for the future? The changes we see happening now will continue for the foreseeable future.

7. Diversity is another version of Equal Employment Opportunity/Affirmative Action. No, it is very different from EEO/AA. Briefly, the major differences between EEO/AA and Diversity are presented below*.

EEO/AA versus DIVERSITY
Government Initiated v. Voluntary (Company Driven)
Legally Driven v. Productivity Driven
Quantitative v. Qualitative
Problem Focused v. Opportunity Focused
Assumes Assimilation v. Assumes Integration
Internally Focused v. Internally & Externally Focused
Reactive v. Proactive

The nation’s Hispanic and Asian populations would triple over the next half century and non-Hispanic whites would represent about one-half of the total population by 2050, according to interim population projections released today by the U.S. Census Bureau.

Overall, the country’s population would continue to grow, increasing from 282.1 million in 2000 to 419.9 million in 2050. However, after 2030 the rate of increase might be the slowest since the Great Depression of the 1930s as the size of the “baby boom” population continues to decline.

Still, the nation’s projected 49 percent population increase during the next 50 years would be in sharp contrast to most European countries, whose populations are expected to decline by mid-century.

(Statements on race groups in this news release are limited to the single-race white, black, and Asian populations and do not cover other single-race groups or the population of two or more races.) The federal government treats Hispanic origin and race as distinct concepts. (See U.S. Census Bureau Guidance on the Presentation and Comparison of Race and Hispanic Origin Data.)
From 2000 to 2050, the non-Hispanic, white population would increase from 195.7 million to 210.3 million, an increase of 14.6 million or 7 percent. This group is projected to actually lose population in the 2040s and would comprise just 50.1 percent of the total population in 2050, compared with 69.4 percent in 2000. (See Table 1 [Excel].)

Nearly 67 million people of Hispanic origin (who may be of any race) would be added to the nation’s population between 2000 and 2050. Their numbers are projected to grow from 35.6 million to 102.6 million, an increase of 188 percent. Their share of the nation’s population would nearly double, from 12.6 percent to 24.4 percent.

The Asian population is projected to grow 213 percent, from 10.7 million to 33.4 million. Their share of the nation’s population would double, from 3.8 percent to 8 percent.

The black population is projected to rise from 35.8 million to 61.4 million in 2050, an increase of about 26 million or 71 percent. That would raise their share of the country’s population from 12.7 percent to 14.6 percent.

The country’s population also is expected to become older. Childbearing rates are expected to remain low while baby-boomers — people born between 1946 and 1964 — begin to turn 65 in 2011. By 2030, about 1-in-5 people would be 65 or over.

The female population is projected to continue to outnumber the male population, going from a numerical difference of 5.3 million in 2000 (143.7 million females and 138.4 million males) to 6.9 million (213.4 million females and 206.5 million males) by mid-century. (See Table 2 [Excel].)

The projections for the resident population of the United States are by age, sex, race (including the categories white, black, Asian and “all other races”) and Hispanic origin. They are based on Census 2000 results and assumptions about future childbearing, mortality and international migration.

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[PDF] or [denotes a file in Adobe’s Portable Document Format. To view the file, you will need the Adobe Acrobat Reader available free from Adobe. This symbol indicates a link to a non-government web site. Our linking to these sites does not constitute an endorsement of any products, services or the information found on them. Once you link to another site you are subject to the policies of the new site.]

Source: U.S. Census Bureau | Public Information Office | Last Revised: December 16, 2009