

# CULTURAL CONSIDERATION

## Overview

The fact that patients are complex and dynamic is not a new notion to any clinician. Such things as religion, culture, and employment can play a part in their health and be an important component in understanding why they make certain choices. But in the hustle and bustle of the day, a clinician can sometimes deliver medical advice without fully understanding how health beliefs and cultural practices may influence how that advice is received. Learning about patients' ethnic backgrounds, cultures, and religions should not lead to stereotyping or assumptions, but should help clinicians deliver good patient-centered care.

## Purpose

To outline a perspective and offer resources to help clinicians avoid miscommunication in cross-cultural situations and foster more patient-centered relationships.

## Action

Learn about your patients' health beliefs and cultural practices.

The best way to learn about patients' health beliefs is to ask them.

## Tips How to Ask Your Patients About Their Health Beliefs and Customs

"I am not familiar with your cultures and beliefs. Can you teach me what I might need to know so I can better treat you?"

"What do you call your illness? What do you think caused your illness? How do you think it should be treated?"

"Do any traditional healers advise you about your health?"

Improve cross-cultural communication skills.

Continuing education courses can be helpful.

"Think Cultural Health: Bridging the Health Care Gap through Cultural Competency" has several options and is sponsored by Department of Health and Human Services.

"Unified Health Communication 101: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency" is a free on-line learning course broken down into five, 1-hour modules and offering continuing education credits.

## Considerations

If your practice includes a concentration of patients from a particular cultural background, it can be helpful to learn about their customs and beliefs.

**Health beliefs and customs:** Some patients have different beliefs about the causes of and treatment of specific diseases. For instance, in the Hispanic culture, some believe the cure for empacho (indigestion) is massage of the abdomen or pinching the skin until it pops.

**Ethnic customs:** Customs like fasting at particular times or the treatment of women by men are things that clinicians need to be aware of.

**Religious beliefs:** Practices based on religious beliefs, such as refusing contraception or blood transfusions, can be very important in treatment decisions.

**Dietary customs:** Food and diet are very important in helping people maintain a healthy lifestyle, and having knowledge of typical diets helps practitioners advise patients.

**Interpersonal customs:** Having knowledge of interpersonal customs can help develop a trusting and working relationship with patients. For instance, in some cultures it is impolite to make eye contact or touch a person casually during conversation.

Expectations: People develop expectations (high or low) based on experiences. For instance, imagine treating a middle-aged man whose parents did not live past age 50, or a woman who knows she carries the genes for breast cancer.

Web sites: The following Web sites have specific information about different cultures and beliefs. EthnoMed is a Web site containing information about cultural beliefs, medical issues, and other related issues pertinent to the health care of recent immigrants, many of whom are refugees fleeing war-torn parts of the world.

Culture Clues are one-page tip sheets that offer insight into the health care preferences and perceptions of patients from 10 different cultures and special needs groups (including the deaf and hard-of-hearing). It also covers end-of-life issues.

The “Cultural Competence Resources for Health Care Providers” Web site provides an exhaustive list of resources regarding cultural competence issues for specific ethnicities, religions, and special populations.

Avoid stereotyping.

Understand that each person is an individual and may or may not take on certain cultural beliefs or practices. For example, it would be inappropriate to assume that just because a person exhibits one cultural characteristic, like wearing a piece of religious jewelry or clothing that they also adhere to the dietary customs of that religion. Yet, ignorance of that potential connection between such practices can lead to ineffective medical care.

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