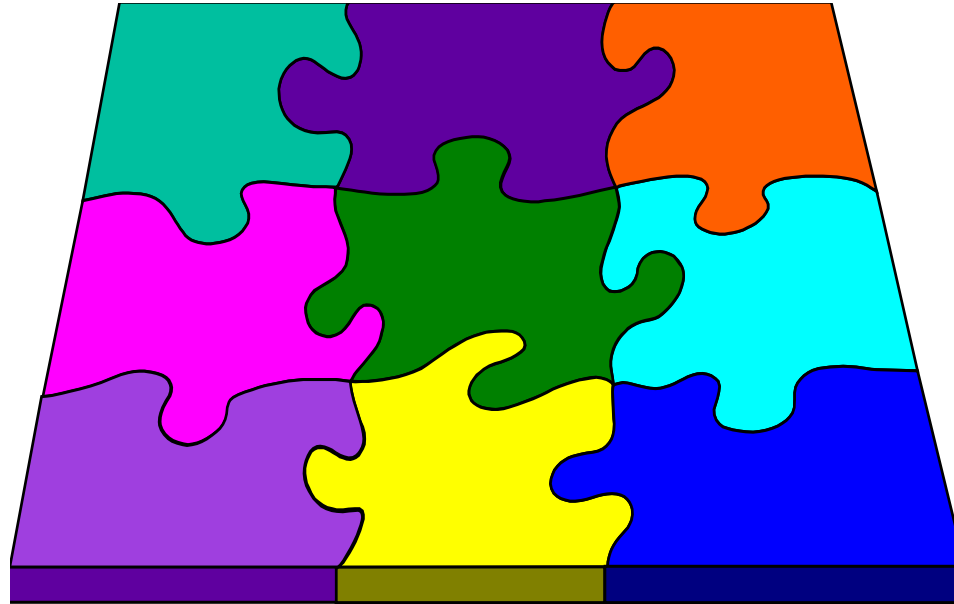


# Cross Cultural Communication in Medicine:

*Looking Within To See The Outside Better*



Jerry Johnson, MD

# Rationale

- Quantity and Quality of care
  - Decreasing disparity of care
  - Influencing health outcomes
    - Enhancing concordance
  - Decreasing errors in medicine
  - Decreasing medical malpractice
- Scientific Research
  - Generating scientific studies that are legitimately generalizable and represent population specific issues

# Objectives

- Define the concept of culture
- State several domains relevant to different cultures
- Describe several different world views and explanatory models
- Apply an approach to negotiating management across cultures

*Culture*  
*a*  
*Frame of Reference*  
*for*  
*Understanding the Meaning*  
*of Behavior*

# Definitions.....

- Diverse - Anyone Who is Not You
- Culture - A Learned Behavior
  - All things learned to do, believe, value and enjoy
  - Process of personal awareness of self and beliefs, values
- Cultural / Ethnic Identity - a Process
  - How do you see you?
  - May not be what others “see”
- Ethnicity - Shapes self
  - Who we are?                      Where we belong?
  - How do we behave?              May be hard to “see”

# Environmental Context

ASSIMILATION

melting pot theory



PLURALISM

Salad Bowl



# Finding Cultural Influence

- Can you define your culture?

# Whose Values Do You Hold On To or Adopt?

INCULTURATION

holding "IN"  
early learned traits

ACCULTURATION

adopting  
new traits

How do you find the out?  
ASK, don't assume.





# What does culture have to do with medicine?

Values, attitudes, beliefs,  
communication styles regarding  
health and illness vary

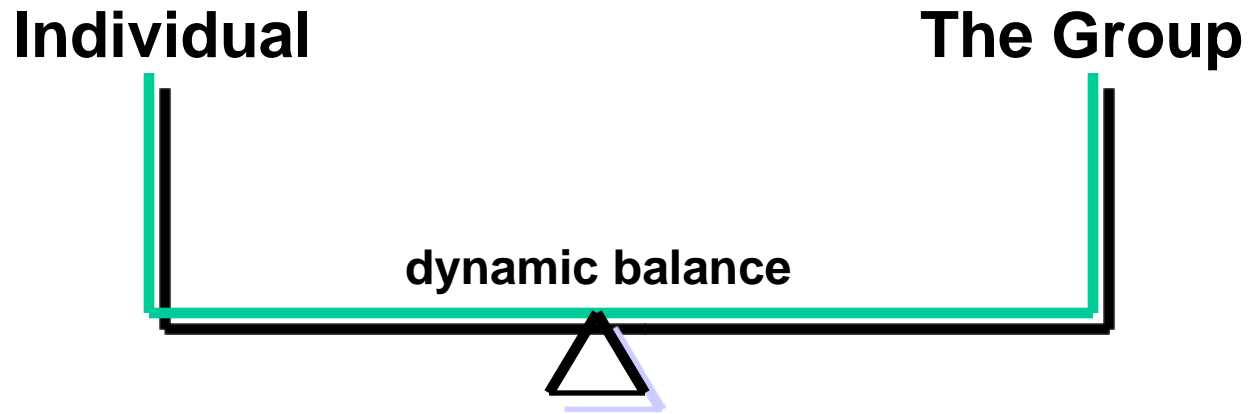
The Words...

Terminology in Cross-Cultural  
Medicine



# The Framework

# A Balanced Focus



# Content Areas of Cross-cultural Interactions

- Self awareness
- World view
- Causation or explanatory models
- Spirituality
- Complementary alternative medicine
- Help-seeking behavior (community and family)
- Language and health literacy
- Historical, social and economic factors

# Understanding World View and Causation

# World View Dimensions

- People to Nature and to Environment
  - Mastery Over vs Harmony With
- Time Orientation
  - Future - Present or Past-Present
- People Relations
  - Individual vs Collateral
- Preferred Mode of Activity
  - Doing vs Being or In-Becoming
- Nature of Humans
  - Good vs Good or Bad
- Locus of Control

# Contrasting World Views

- Spiritual forces rule
- Equilibrium rules
- Human/environs equal
- Nothing by chance
- Time is cyclical
- Group decision making
- Physical forces
- Linear explanations
- Human superiority
- Chance events
- Time is linear
- Individual decision making

Physics, religion, philosophy, medicine intertwined



# Influence of World View on Illness Behavior

- Some cultures encourage expression of illness while others discourage it.
- Some cultures view good health as a gift of God
- Some cultures believe prayer during illness will hasten health.
- Some cultures view health as a spiritual, intuitive, global - not scientific or compartmentalized.

# Is Being Sick Good? Or Bad?

*What Made Me Ill?*

- Illness and Disease
- Explanatory Models of Illness

# Explanatory Models

- Why the illness occurred
- Gives personal and social meaning to the disorder. They guide personal expectations about what will happen and what therapeutic goals to expect.
- May be difficult to explain, inconsistent and can be self-contradicting.
- Patients are often reluctant to disclose their models.

# Examples

- Yin, yang balance
- Free flow of chi or xi
- Humors
- Hexes and spirits
- Healing/cleansing

# Explanatory Models\*

- What do you think is the cause of your illness? - etiology
- Why do you think it started when it did? and How did this start? - onset of illness
- What do you think your sickness does to you? or How does it work? - pathophysiology
- How severe is your sickness? and Will it have a short or long course? (including sick role, acute, chronic, impaired, severity of illness)
- What have you done about your illness? or what type of treatment do you think you need?
- What do you fear most about your illness?

\*Kleinman A. The Illness Narratives: Suffering, Healing & the Human Condition. Basic Books; 1988:284.

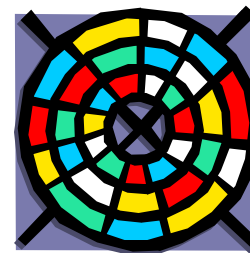
# Applying the Cultural Lens



Skills of A Culturally Effective Provider

# AWARENESS OF DIFFERENCE

- **Acknowledging Difference EXISTS**
- **Understanding:**
  - *YOUR* Cultural Values,
  - Medical Cultural Values
  - and Understanding Others Values
- ***GAINING COMFORT* With UNCOMFORTABLE Issues**



# Skills of A Culturally Effective Provider



## UNDERSTANDING WORLD VIEWS

- Knowledge of  
**Issues, Barriers, Perspectives**
- Knowledge of  
**the CULTURE,  
Sociocultural Variance  
and  
Different World Views**





## Skills of A Culturally Effective Provider

# SKILLS

- Communication and Learning
  - Enhancing Your **Range and VARIETY of NONVERBAL and VERBAL Responses**
  - Increasing your **ACCURACY in TRANSMITTING and RECEIVING MESSAGES**



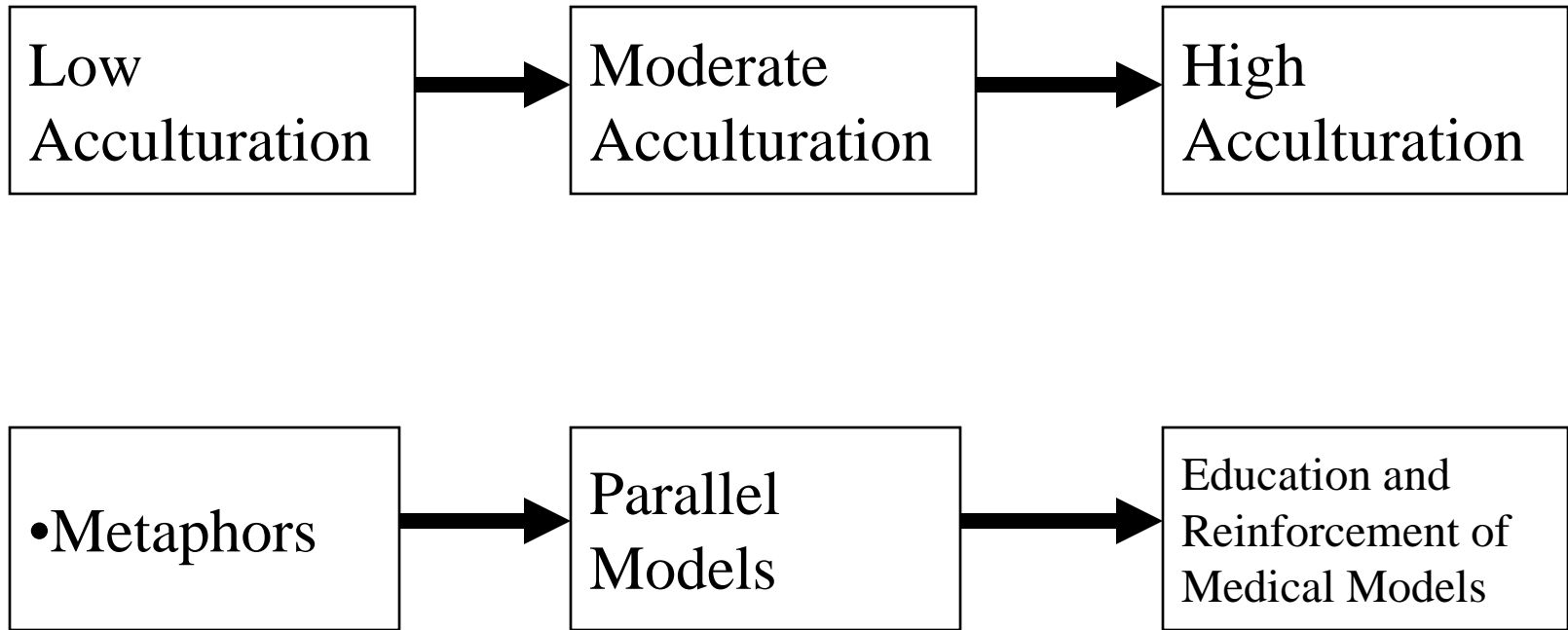
# Detecting Health Beliefs and Behaviors

- Family Background
- Health beliefs
  - Theory of health
  - Theory of illness
  - Health maintenance and disease prevention practices
  - Home remedies
  - Decision-maker
  - Health-care resources, alternatives to medical system

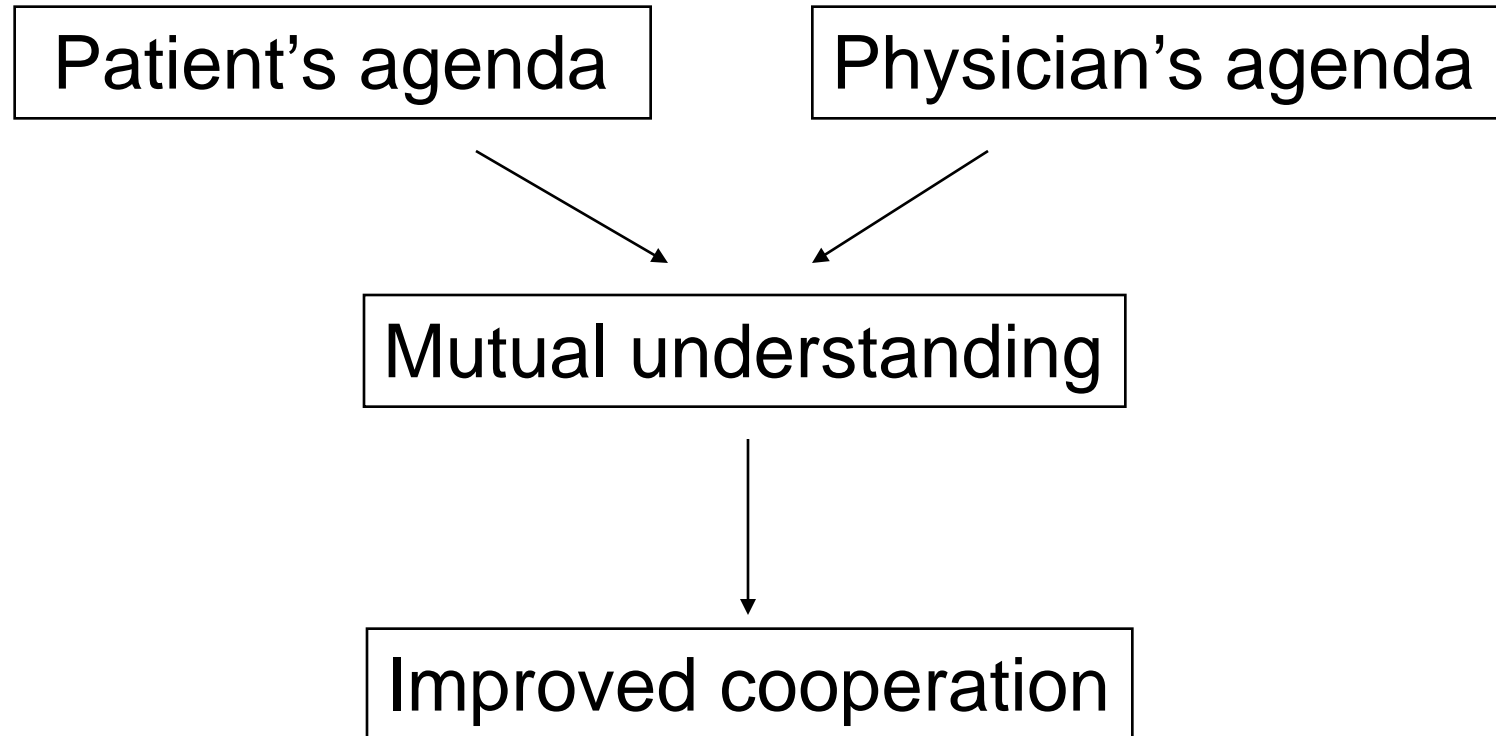


# NEGOTIATION

# Cross-Cultural Negotiation Strategies



# Negotiating management options: striving for cooperation



# The Skill of Cultural Competence



Shifting the Frame"  
Augments Accurate  
Assessment and  
Effective  
Communication

# References and Materials

- Full Curricula
  - UCSF: Culture and communication in health care, a curriculum
  - TACCT: Tool for assessing cultural competence training : a project initially privately funded, now adopted by the AAMC

# References and Materials

- Doorway Thoughts-AGS
- Ham and Sloan: Cased Based Primary Care Geriatrics, chapters on Ethnic and Cultural Aspects of Geriatrics (4<sup>th</sup> and 5<sup>th</sup> editions). Jerry Johnson
- Betancourt JR. Cross cultural medical education: conceptual approaches and frameworks for evaluation. *Academic Medicine*. 2003; 78: 560
- Yeo G. How will the US Healthcare system meet the challenge of the ethnogeriatric imperative? *JAGS* 57:1278, 2009



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- Carrillo JE, Green AR, Betancourt JR. Cross-Cultural Primary Care: A Patient-Based Curriculum. Ann Intern Med. 1999; 130:829-834.
- Green AR, Carrillo JE, Betancourt JR. Integrating Social Factors into Cross-Cultural Medical Education. Academic Medicine. March 2002, Vol 77, No. 3, pp 193-197.
- Green AR, Carrillo JE, Betancourt JR. Why The Disease-Based Model of Medicine Fails Our Patients. Western Journal of Medicine, 2002, Vol. 176 pp. 141-143.

# E-Resources

- Stanford: [stanford.edu/group/ethnoger](http://stanford.edu/group/ethnoger)
- HRSA website: cultural and linguistic competence education:  
[www.hrsa.gov/culturalcompetence/curriculumguide](http://www.hrsa.gov/culturalcompetence/curriculumguide)
- The California Endowment website
- Kaiser Foundation website
- Manager's electronic resource center (ERC) a cultural competence quiz produced by Management Sciences for Health