Workshop Objectives

- Understand the compelling reasons for the practice of cultural competence in End of Life Care
- Utilize case studies to identify barriers to effective communication across cultures in end of life care
- Enhance skills to navigate cross-cultural end of life encounters

Understanding Cultural Competence

“To be culturally competent doesn’t mean you are an authority in the values and beliefs of every culture. What it means is that you hold a deep respect for cultural differences and are eager to learn, and willing to accept, that there are many ways of viewing the world.”

- Okonkwo O. Udo

The Compelling Reasons for the Practice of Cultural Competence in End of Life Care

To respond to demographic changes.
To eliminate health disparities.
To understand the impact of individual and organizational culture.
To improve the quality of services and outcomes.
To enhance the workplace environment.
To meet legislative, regulatory & accreditation mandates.

Adapted from: National Center for Cultural Competence, Georgetown University

Visible and invisible diversity encompasses issues related to....

Small group exercise

Changing Demographics in the United States

Demographics have moved beyond black and white — to a complex mosaic of races & ethnicities.
18% of US residents over age 5 speak a language other than English at home
Most significant trend is the record growth of Hispanic/Latino Americans.
Dramatic rise in longevity will result in 1 in 5 people being over 65 by 2050
Exploring the Individual

• Given Names and one Story
• Ethnicities, Languages, Religions and Spiritual Beliefs
• Current Roles in Life

US Demographics: Adult Literacy Data

• 40 million Americans cannot read complex texts
• Half of all American adults have difficulty understanding and acting upon health information. (IOM, 2004)

Low health literacy may result in the inability to understand:
• written instructions on prescription drug bottles
• appointment slips
• medical education brochures
• doctor’s directions and consent forms
• ability to negotiate complex health care systems

Challenges

• Language
• Misunderstandings
• Differing values, meaning
• History
• Imposed relationships
• Underestimation of power of ritual

DVD: Health Literacy “Help your Patients Understand”

Weiss B.; et al.
American Medical Association
March 2003

As life becomes “increasingly multilingual, multicultural, and multi-faith,” learning the values and history of countless cultural beliefs and practices is challenging. Anthropological studies "support evidence that there is no one universally applicable view of grief.”
Federal and State Mandates and Guidelines

• Office of Minority Health (OMH) 14 Culturally and Linguistically Appropriate Services (CLAS) standards
• Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements
• Civil Rights Act Title VI

The Joint Commission (JCAHO)

The Joint Commission on Accreditation of Healthcare Organizations works to continuously improve the safety and quality of care provided to the public through the provision of health-care accreditation and related services that support performance improvement in health-care organizations. The Joint Commission has developed accreditation standards for hospitals that promote, facilitate, and advance the provision of culturally competent patient-centered care.

From the Joint Commission

“Linguistically and culturally appropriate care has a direct impact on quality and safety, and is a growing issue that is not going to go away.”

- Paul M. Schyve, M.D., senior vice president, The Joint Commission.

Barriers to Health

• Cultural Barriers: difference in culture that lead to dissimilar expectations and behavior
• Systemic Barriers: complexity of health care system

Understanding Culture

Individual culture is multifaceted and encompasses the following:

* Large group exercise

What is the Impact of Personal Culture on Communication?
All communication is cross cultural

- It draws on ways we have learned to speak and give nonverbal messages.
- Finally our current cultural realities govern the tone and quality of our communications

Where are Cultural Collisions Likely to occur in End of Life Care?

Death and Dying

- Truth telling will cause patient to lose hope.
- The family of the patient should be inside the room with the providers when they attempt to resuscitate a relative.
- Families are the mainstays of healthcare, the very core of someone’s existence.

Critical cultural perspectives

- In some cultures, sharing news of serious illness and death is disrespectful and impolite.
- Some Asians view sharing a cancer diagnosis as unnecessarily cruel;
- Out of respect for aging family members, discussions of serious illness are withheld to avoid unnecessary anxieties.
- An additional consideration is the reality of the spoken word in some non Western Cultures. Once a negative word is spoken, it is feared that the words will become self-fulfilling.

- Many cultural variations exist in the dying process, "in what is considered culturally meaningful, and in what constitutes a good death."

A Case study: Marilyn and Miriam

- Illness and dying often involve concepts which are eternally significant to the family involved.
- Becoming aware of these beliefs, especially with regard to sacred symbols, can avoid misunderstandings.
Dealing with Issues of Truth Telling

- Statement of respect
- Why has this request been made?
- Where does the patient stand?
- Statement of own values
- Prepare/permission to negotiate
- Set ground rules
- Talk with patient

Case Study

It was a brief yet memorable encounter. The patient, a 47-year-old Mexican-American migrant worker, lay dying, surrounded by numerous family members of all ages. The elderly mother clung to her profound Catholic faith, petitioning God on her son’s behalf. In an effort to reposition the patient, the staff approached the bedside. The staff had worked diligently to gain the trust of the family, which was nearly crushed with one quick action. Petite and elderly, but clearly the family matriarch, the patient’s mother had placed a Catholic rosary with the patient. In a task-oriented mindset, a member of staff had nearly plucked the rosary from the patient’s hands and placed it unceremoniously on the bedside table.

Questions:
- What could have been the consequences and why?
- How would you resolve the issues?

Self Awareness

- Understanding one's self is fundamental in understanding how to relate to others; that "personal self-reflection and self-critique are required to explore how different life experiences influence interactions with patients."

Self Awareness Exercise

*Bigby*
The Impact of the Family

Case Study: Individual or Family
A hospice nurse facilitated a hospital-based hospice admission with an older Hispanic-American man, whose illness prevented him from making his own healthcare decisions. The discharge planning interview actively involved the extended family: a Hispanic former wife, an African-American current wife, all eight adult children, and the compadrazgo, the best friend and children’s godparent. This clinical example illustrates a nursing approach consistent with the lifestyle and cultural needs of the hospice unit-of-care, where the extended family is emphasized over the individual.

Defining Cultural Competence in Hospice Care

"Learning about, understanding, and respecting the values and beliefs of others" is a basic definition of cultural competence. It is not a stagnant entity, but a dynamic process.

Communication

What is communication?
- All behavior spoken or unspoken is communication
- Process where one person affects another
- An important tool for managing health
- Means by which culture is communicated

To be effective in communication one needs to have not only a working knowledge of communication with individuals of the same culture but also a thorough awareness of racial, cultural and social factors that may affect communication with persons from other cultures.

Functions of Communication:
- Discloses information
- Interaction with people
- Interpersonal functions
Non verbal Communication

Significant communication cues are received from:
- voice quality
- intonation
- rhythm
- speed
- pronunciation used

Communication Strategies

Several authors stress giving patients the chance to participate in discussions, rather than imposing Western ways.

A specific intervention might include the following questions:
1. "Some people want to know everything about their medical condition, and others do not. What is your preference?"
2. "Do you prefer to make medical decisions about tests and treatments for yourself, or would you prefer that someone else make them for you?" Practitioners must recall that many view illness as a family event, not as an individual occurrence.

Cross-Cultural Communication

The key to effective cross-cultural communication is knowledge

How do you build relationships across cultures?

What do you do when things are going badly?

Ask the question: What could be going on here?

Questions about Dying and Death

- How do people communicate about death and dying?
- What preparation is made for death?
- How are symptoms such as pain understood, expressed and addressed?
- Food, feeding considerations?

Discussing Death Related Practices

- Special concerns or fears
- How could professional be most helpful to the patient and family
- Reaffirm intent to help
- Ask to be informed of professional’s inadvertent mistakes

Discussing Death Related Practices

- Statement of respect/desire to learn about the other culture
- What is important to the patient and family
- Are there important things that we should know NOT to do?
Keys to Cross-Cultural Communication

• Skills
• Attitude
• Personal Beliefs

Language barriers can arise when...

Medical professionals use:
- Technical terms
- Idioms, jargon
- Complex procedures

Patients have:
- Linguistic and dialectical differences
- Low literacy in the health care professional’s language
- Anxiety about diagnosis

Untrained Interpreters

Cross-Cultural Communication

• Patience is key
• Respond carefully
• Don’t jump to conclusions
• Use active listening skills
• Be mindful of the use of different wording between languages and cultural groups
• What is appropriate in one culture may not be appropriate in another.

Skills that make a difference:

• Realize our viewpoint may not be the only one
• Strive to be non-judgmental
• Question your assumptions constantly
• Understand what others feel
• Be more flexible...less resistant
• Celebrate/honor differences

Closing

The experience of dying brings together issues at the heart of our identities. Our faith, customs, traditions, and core values all play a part in our confrontation with mortality. At the same time we and our loved ones must deal with both physical and psychological pain. In this context, quality health care and social service support are essential.

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