

Cultural Competency: Techniques for Health Care Professionals in Dealing with Internationals

(1) Communication

One of the first steps toward cultural competency is improving communication skills. Clearly specific and open communication between the physician and the patient is an essential clinical skill for medical compliance.

- Establish a therapeutic relationship gaining the patient's trust by making small talk. Showing interest in the patient, their country of origin and culture.
- Communicate important instructions in writing as well as verbally. In many cases, an International may have difficulty speaking English but may have a much greater competency in writing.
- Limit the use of colloquialisms and expressions.
- Don't assume the patient dislikes you, mistrusts you, or isn't listening to you because he or she avoids eye contact. In some cultures, direct eye contact is disrespectful (especially in female to male contact)
- Do not assume that the patient understands you and will follow your medical advice simply on the basis of his or her nod and a verbal "yes, yes" .In Asian cultures, the head nod and verbal "Yes, Yes" signifies a sign of respect for the professional. It does not necessarily indicate understanding or agreement with what has been said.

(2) Respect for cultural beliefs about illness and health care.

Many third world people believe in spiritual causes as the root of their illness. They may or may not tell you about this unless you ask Kleinman's defines five major core issues to improve the collection of data:

1. Etiology or cause of the problem,
2. Timing and onset of symptoms,
3. Description of the problem as a pathophysiological process,
4. Course of illness in terms of severity, acuteness, or chronicity,
5. Length and type of treatment.
6. The following questions are derived from Kleinman's five major explanatory model questions:
 - a. What do you think has caused your problem?
 - b. Why do you think it started when it did?
 - c. What do you think your sickness does to you?
 - d. How does it work?
 - e. Will it have a short or long course?
 - f. What kind of treatment do you think you need?
 - g. What are the most important results you hope to receive from this treatment?
 - h. What are the chief problems your sickness has caused for you? What do you fear most about your sickness? Keep in mind that many people have

different conceptualizations of illness and curing. Essentially there are three basic categories to keep in mind (natural, supernatural and religious).

Healthcare providers should understand the "world view" which determines what people from other countries believe regarding the cause of illness and appropriate cures.

(3) Compliance Issues Impacting Treatment:

A) Determine other resources and alternative methods the patient has used or continues to use while under your care.

- As with all patients, the financial ability to pay for a prescription impacts compliance. Some International patients feel shame in revealing their financial problems.
- Along with traditional medications prescribed by the physician, some Internationals may also practice "folk" medicine from their cultures. These may influence the efficacy of both methods.

B) Verify how the patient will take the medication or follow the treatment plan.

- Patients, particularly recent first generation immigrants, may have a completely different understanding how the instructions for taking medication.
 - Speak slowly
 - Give written instructions
- Many Asian-Americans are skeptical of western medicine because they believe physicians over prescribe medications, and consequently they do not comply with the physicians' instructions. They may take half of the medicine or none at all.

(4) Be aware of diseases and illnesses that are endemic to countries around the world. Children of recent immigrants may have been exposed to malaria or tuberculosis and may not have had a full complement of immunizations. Children are also susceptible to hepatitis A (HAV), which is highly endemic in the developing countries of Central and South America, Africa, and Asia. Typhoid fever, a serious systemic illness, is also common in developing countries such as Mexico, Peru, India, Pakistan, Chile, and Haiti. The problem of infectious disease is not necessarily restricted to when immigrants arrive, but also arises when they return to their homeland for visits and come back to the host country.

(5) The Use of Prayer

Dr. Larry Dorsey, after practicing medicine for many years, was amazed to discover scientific evidence of the healing power of prayer. In his research, he writes about the way prayer can be assessed in laboratory experiments, and examines which methods of prayer show the greatest potential for healing and how one's innate temperament and personality affect prayer style (Jacobs, 1995).

The etiology of illness can be divided into three categories:

1. Natural: Those illnesses that have natural causes. These causes can be a series of things: illness caused by damp cold; among the Chinese, the yin and yang being out of balance; or eating things that are poisonous or out of season.
2. Supernatural: The illness is caused by extraordinary powers (someone/thing/spirit) that is angry with you and puts (hexes, curses, and fixes) something on you. It can be caused by breaking or violating a taboo.
3. Religious/Spiritual: The illness is caused by thinking or doing evil, not praying enough, not having faith, lying, cheating, or not respecting your elders, the shaman, minister, other religious leaders, or God. Prayer is the most common method of treating illness.

(6) The Family Role

Most ethnic and cultural groups are extended family oriented whereas individuals from a white European American background are essentially nuclear family oriented. The families on the island of Puerto Rico, as well as on the mainland, use the extended family system in times of crisis. Consequently, when a Hispanic client presents symptoms to a physician, more than likely there will be family members worried about the patient and involved in his or her outcome. These family members may seek folk remedies, if appropriate, either prior to or in conjunction with medication. The same can be said for Asian Americans who turn to the acupuncturist, as well as to the shaman, for herbal treatment, while also keeping in mind the physician's medication.

(7) Other Issues need to be considered in medical compliance

- Side effects of medications with different ethnic cultural group maybe different.
- The patient's lifestyle, diet, or other habits that are valuable to them.
- The individual's experiences with medication and the adverse side effects

*Adopted and modified by Helena Guo and Jim Kendall from *Cultural competency in health, social, and human services : directions for the twenty-first century* by Pedro J. Lecca, Ivan Quervalú, Joao V. Nunes, and Hector F. Gonzales. New York : Garland, 1998.