Relating to and caring for people from diverse cultures

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GOALS AND OBJECTIVES

- To deepen the participants' awareness and understanding of the way culture shapes people's experience and interpretation of illness and pain;
- To help participants to understand the notion of culture code and how it shapes the way people view illness and their expectations of care;
- To develop new insights regarding the way cultural competence affects safe and quality care.
WHY A MULTICULTURAL PERSPECTIVE?

We humans are cultural beings: the creators of culture and a product of it;

- The USA has *de facto* become a multicultural and multi-religious society;
- The change in the country's official attitude and approach to diversity and immigration: from Assimilation, the”Melting Pot” and the notion of “Americanization” to the current notion of “Multi-culturalism” or “Cultural Pluralism”.

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DIVERSITY: U. S. A.

- One in four people is speaking a language other than English at home;
- About one million people are legally admitted to the U.S. every year; another million people come or stay here without the proper immigration papers;
- Every aspect of life, work and society is being affected;
- A new religious diversity is developing: Islam, Hinduism, Buddhism and other forms of religion
DIVERSITY: U.S.A. (2)

- People from Asia constitute the fastest growing segment of the population; some 40% of all immigrants;
- 35-40% of all patients come from a large variety of cultural and religious backgrounds;
- In medical care, diversity is a **two-way street**: one in four practicing physicians are foreign-born or foreign-trained; some 25% of all nurses, too, are foreign-born and/or foreign-trained (12% from Asia; 2.9% from Latin America; 9% African American; African 1.5%)
As a result of the unabated stream of immigrants from every major and minor culture area in the world, the American population consists of some 175 different ethno-cultural groups; each of these ethno-cultural groups is characterized by its own specific cultural code which shapes the way people experience and interpret illness, pain and death.
CULTURAL CODE

● A SET OF VALUES AND ASSUMPTIONS, NOTIONS AND BELIEFS THAT SHAPE THE WAY PEOPLE FROM DIVERSE CULTURES ACT AND THINK, RELATE AND COMMUNICATE; WHAT THEY CONSIDER RIGHT OR WRONG, GOOD OR BAD, RELIGIOUS OR PROFANE, IMPORTANT OR UNIMPORTANT.
CULTURAL COMPETENCE IN CARE GIVING

- Understand one's own cultural code and how it shapes the way we act and think, relate and communicate; interpret illness and quality care;

- Know the patient's cultural code and how it shapes his or her way of experiencing illness and pain, relating to care givers, expect of bedside manners and treatment;

- Develop a sense of humility, recognizing that the diverse cultures are ever so many ways of being human and of pursuing happiness;

- Become skilled in using other people's values and assumptions (code) in our care giving.
CULTURAL CODE AND RELIGION

- Cultural codes are rooted in or undergirded by religion
  - Islam: foods and fasting: alcohol, halal food; qibla, Ummah al Allah; Baraqa;
  - Buddhism: the notions of Dukkha, death and rebirth;
  - Feng Shui: the cosmic realities of wind and water; the flow of good and bad energy (chi);
WHEN PEOPLE FROM DIVERSE CULTURES MEET

- Seeing and judging others through one's own cultural lenses (cultural code);
- Eye-contact, touching; proxemics;
- Truth-telling versus developing warm personal relationships;
- getting the message across versus building trust;
- Guanxi, Wai; Pakikisama.
AMERICAN VALUES COMPARED

- Individualism versus collectivism
- Egalitarianism versus hierarchical thinking
- Task-and time orientation versus person-orientation
- Information sharing versus building relationships
- Informality versus formality
DIVERSITY NOT BIOPHYSICAL BUT CULTURAL

- Not color of the skin but values;
- Not external but internal
- Culture is learned behavior
- Treating all people the same means to treat them differently;
- the meaning of patient-centered care in a multi-cultural setting
- The case of the chief of the Potawatomi Indians
MODELS OF INTERPRETING DISEASE AND DEATH

- The **bio-medical model**: bio-physical or mechanical forces are seen as the cause of illness or death;

- The **holistic model**: pain and suffering, death and disease, addictions and failures are seen as part of a larger whole in which the whole universe participates: **Yin and Yang; hot and cold**.

- The **magico-religious model**:
THE MAGICO-RELIGIOUS MODEL

- It presupposes the existence of a reality other than the normally and physically perceptible one, a reality which is believed to interact with our human existence and which in turn is believed to be influenced by human action;

- God and the gods; angels, ancestors and spirits;

- Prayer, spells and curses;

- The “Evil eye”

- Transgressions and taboos
PAIN AND PAIN BEHAVIOR

- Pain is culture-bound;
- Involuntary and voluntary responses to pain
- Public and private expressions
- The notion of Dukkha;
- The concepts of guilt and shame
MEASURING THE INTENSITY OF PAIN

- The numerical scale
- The facial expression scale
- The color scale
- Color therapy
MEANING OF PAIN AND SUFFERING

- The transforming power of pain and suffering
- Pain's spiritual meaning
- Pain's social meaning: heroism, initiation, honor
- Prayer and pain
BODY IMAGE

- Beliefs about the optimal size and boundaries of the body
- Beliefs about the inner structure of the body
- Exposure of body parts
- Circumcision and clitoridectomy
- Breastfeeding: there and here
COMMUNICATING ACROSS CULTURAL BOUNDARIES

- **The Goal** of communication: information sharing versus creating and/or affirming a relationship; making people feel good;

- **The levels** of communication: cognitive level, relational level and evaluative level;

- **High context** versus **low context** forms of communication: abstract, analytical, verbal, technical, focused versus concrete, wholistic, inclusivistic; the role of parables and story telling.
COMMUNICATING ACROSS CULTURAL BOUNDARIES

- The **mode** of communication;
- Gestures and non-verbal communication
- Black and white modes compared
MANAGING THE MULTI-CULTURAL WORK PLACE

- AFFIRMATIVE ACTION
- CELEBATING DIVERSITY
- THE SYNERGISTIC MODEL:
  - DESCRIBE THE SITUATION;
  - WHAT VALUES DO EXPLAIN THE DIFFERENCES?
  - FIND OVERLAPS AND A SOLUTION
- THE D.I.E.S. APPROACH