Do you know me?

Understanding Cross-Cultural Differences in Healthcare

Presented by:
David B. Hunt, J.D.
President & CEO
Today’s Agenda

- Three Demographic Megatrends
- Implications - Cross-Cultural Healthcare
- Ten Core Cross-Cultural Differences
- Cultural Competence Model
- The Culturally Competent Provider
Three Key Demographic Megatrends
Three Demographic Megatrends

1. Race and Ethnicity
2. Immigration – Both Numbers and Patterns
3. New Cultural Influences Stemming From Immigration
   A. Religion
   B. Language
Cultural competence in health care is primarily concerned with three core issues:

1. Racial and Ethnic Disparities in the Quality of Health Care

2. Language Assistance to Limited English Proficient (LEP) Populations
   A. Quality/Safety Issues
   B. Legal/Civil Rights Issues

3. Medical Disparities resulting from Globally Mobile Populations
Cross-Cultural Differences
6 Stumbling Blocks in Intercultural Communication

1. Culture Shock
2. Assumption of Similarities
3. Language Differences
4. Nonverbal Misinterpretations
5. Preconceptions and Stereotypes
6. Tendency to Evaluate
Four Types of Human Behavior

- **Biological** – Small percentage. Example: 25% of hostage takers are paranoid schizophrenics.

- **Situational** – Most behavior is situational – based on our sensory perceptions of the social world. Key feature is that situational behavior is not patterned.

- **Personality** – Patterned behaviors that constitute idiosyncratic learned responses to our environment. Example: Myers/Briggs Indicators.

- **Cultural** – Ways of experiencing the world and acting in it are learned from the groups to which we belong. Patterns are shared within a group.
Ten Core Cross-Cultural Issues

1. Orientation: Individualistic vs. Collectivistic
2. Status: Achievement vs. Ascribed
3. Focus: Task vs. Relationship (Univ. Rules vs. Partic.)
4. Communication: High Context vs. Low Context
5. Time: Clock Time vs. Cyclical Time
6. Mental Processes: Linear vs. Lateral
7. Affect: Neutral vs. Emotional
8. Conflict Style: Harmony vs. Confrontation
9. Locus of Control: Internal vs. External (Fate)
10. Power: Egalitarian vs. Hierarchical
## Individualism vs. Collectivism

<table>
<thead>
<tr>
<th>Individualist</th>
<th>Collectivist</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Stand out from crowd.</td>
<td>4. Fit in with crowd.</td>
</tr>
<tr>
<td>5. Initiative valued.</td>
<td>5. Initiative tied to status.</td>
</tr>
</tbody>
</table>
Figure 2
A Display Adapted From Morris, Nisbett, and Peng (1995)

INTERNAL FORCE

EXTERNAL FORCE

Continuum – Individualism vs Collectivism

Individualist

Euro American
British/German
Scandinavia
India
Japan
Mexico
China
Pakistan
Guatemala

Collectivist
## Achievement vs. Ascription

<table>
<thead>
<tr>
<th>Achievement</th>
<th>Ascription</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. You are what you do.</td>
<td>1. You are who you are in relation to others in group.</td>
</tr>
<tr>
<td>2. Use of titles relevant to task.</td>
<td>2. Titles used to clarify status.</td>
</tr>
<tr>
<td>4. Respect based on achievement.</td>
<td>4. Respect based on status, age, other social factors.</td>
</tr>
<tr>
<td>6. Act how you see fit.</td>
<td>6. Act from tradition, loyalty.</td>
</tr>
</tbody>
</table>
Norway
USA
Australia
Ireland
Canada
New UK
Sweden
Nigeria
Denmark
Finland
Germany
Portugal
Kenya
India
Singapore
Thailand
Switzerland
Brazil
Philippines
Indonesia
Israel
Italy
France
Argentina
Mexico
Netherlands
Japan
China
Vietnam
South Korea
USA
UK
Canada
Australia
USA

<table>
<thead>
<tr>
<th>Low Context</th>
<th>High Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Direct, explicit.</td>
<td>1. Indirect, implicit</td>
</tr>
<tr>
<td>3. Burden on speaker to communicate clearly.</td>
<td>3. Burden on listener to understand/interpret correctly.</td>
</tr>
<tr>
<td>4. Get to point first, elaborate as needed.</td>
<td>4. Give broad, elaborative info first, then make points.</td>
</tr>
<tr>
<td>5. Purpose of information is to complete task.</td>
<td>5. Purpose of information is to build/establish relationship.</td>
</tr>
<tr>
<td>7. Value talk, abhor silence.</td>
<td>7. Value listening, enjoy silence.</td>
</tr>
</tbody>
</table>
## Egalitarian vs. Hierarchical

<table>
<thead>
<tr>
<th><strong>Egalitarian</strong></th>
<th><strong>Hierarchical</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Ability counts most.</td>
<td>2. Status/title/class count most.</td>
</tr>
<tr>
<td>4. Individual initiative and responsibility valued.</td>
<td>4. Initiative belongs to those with power. Group responsibility.</td>
</tr>
<tr>
<td>5. Manager is objective, third-party neutral. (Resourceful democrat)</td>
<td>5. Manager is paternal head of workforce family. (Benevolent autocrat)</td>
</tr>
<tr>
<td>6. Consult subordinates</td>
<td>6. Tell subordinates</td>
</tr>
<tr>
<td>7. Challenge authority respect opinions.</td>
<td>7. Respect authority, keep opinions to self.</td>
</tr>
</tbody>
</table>
Continuum – Egalitarian vs. Hierarchical

Egalitarian

Hierarchical

Denmark | Ireland | U.K. | U.S. | Italy | China | Japan | Mexico | Philippines | India
### Monochronic vs. Polychronic

<table>
<thead>
<tr>
<th>Monochronic</th>
<th>Polychronic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Time is linear, exact.</td>
<td>1. Time is circular, inexact.</td>
</tr>
<tr>
<td>2. Time is for task.</td>
<td>2. Time is for people/relationships.</td>
</tr>
<tr>
<td>3. One task at a time.</td>
<td>3. Multi-tasking is the norm</td>
</tr>
<tr>
<td>4. Interruptions seen as frustrating.</td>
<td>4. Interruptions common and expected.</td>
</tr>
<tr>
<td>5. Arriving late to a meeting is rude.</td>
<td>5. Starting a meeting w/o people whose input is needed is rude.</td>
</tr>
<tr>
<td>6. Focus on task at hand.</td>
<td>6. Address tasks as they arise.</td>
</tr>
<tr>
<td>7. Short-term relationships.</td>
<td>7. Long-term relationships.</td>
</tr>
<tr>
<td>Monochronic</td>
<td>Polychronic</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>“Western”</td>
<td>“Eastern”</td>
</tr>
<tr>
<td>United States</td>
<td>Latin America</td>
</tr>
<tr>
<td>Canada</td>
<td>Arab World</td>
</tr>
<tr>
<td>NW Europe</td>
<td>North Asia</td>
</tr>
<tr>
<td></td>
<td>Eastern Europe</td>
</tr>
<tr>
<td>Universal</td>
<td>Particular</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>1. Apply rules consistently.</td>
<td>1. Apply rules situationally.</td>
</tr>
<tr>
<td>2. Rule application based on situation first, relationship second.</td>
<td>2. Rule application based on relationship first and situation second.</td>
</tr>
<tr>
<td>3. Search for similarity.</td>
<td>3. Search for exceptions</td>
</tr>
<tr>
<td>4. Impose rule of sameness</td>
<td>4. Impose rule of uniqueness.</td>
</tr>
<tr>
<td>5. Emphasis on general circumstances.</td>
<td>5. Emphasis on specific Circumstances.</td>
</tr>
</tbody>
</table>
Cultural Dilemma:

You are riding in a car driven by a close friend. He hits a pedestrian. You know he was going at least 35 miles per hour in an area of the city where the maximum speed is 20 miles per hour. There are no witnesses. His lawyer says that if you testify under oath that he was only driving 20 miles per hour it may save him from serious consequences.

Questions: Cultural Dilemma

What right does your friend have to expect you to protect him?

1. My friend has a definite right as a friend to expect me to testify to the lower figure.

2. He has no right as a friend to expect me to testify to the lower figure.

Percentage of respondents opting for a universalist system

Tips on Cross-Cultural Communication
**Tips on Cross-Cultural Communication**

<table>
<thead>
<tr>
<th>Approaching Individualists</th>
<th>Approaching Collectivists</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Realize that business and personal life are separate.</td>
<td>1. Realize that business and personal life can't be separated.</td>
</tr>
<tr>
<td>2. Avoid depending on the group for answers. Express yourself. Take initiative.</td>
<td>2. Realize that family will take precedence over work.</td>
</tr>
<tr>
<td>3. Accept personal praise/recognition without embarrassment</td>
<td>3. Praise team members not individuals so as to avoid embarrassing people.</td>
</tr>
<tr>
<td>4. Accept rewards based on individual achievements.</td>
<td>4. Rewards based on seniority, loyalty and experience.</td>
</tr>
<tr>
<td>5. Expect quick decisions. minimal consultation.</td>
<td>5. Expect slow decisions. maximum consultation.</td>
</tr>
</tbody>
</table>

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### Tips on Cross-Cultural Communication

**Approaching Achievement**

1. Expect respect to be based on accomplishments.
2. Heed knowledge without regard to status.
3. What you know is more important than who you know.
4. OK to challenge decisions based on technical or functional grounds.
5. Use titles that reflect competency.

**Approaching Ascription**

1. Expect respect to be based on class/age/seniority.
2. Heed status without regard to knowledge.
3. Who you know more important than what you know.
4. OK to challenge decisions based on seniority.
5. Use titles that reflect organizational influence.
## Tips on Cross-Cultural Communication

<table>
<thead>
<tr>
<th>Approaching Low Context</th>
<th>Approaching High Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Integrate intentions and objectives in verbal messages.</td>
<td>1. Show disagreement through hesitation, suggestion and Implications (hints).</td>
</tr>
<tr>
<td>2. Take less time introducing ideas – get to point quickly.</td>
<td>2. Expect longer conversations and be patient.</td>
</tr>
<tr>
<td>3. Credibility based on verbal communication/ability.</td>
<td>3. Credibility based on trust, relationship.</td>
</tr>
<tr>
<td>4. Focus on task at hand and common business interests.</td>
<td>4. Focus on building trust, relationship first.</td>
</tr>
<tr>
<td>5. State your true ideas and reactions; say what you like &amp; dislike about ideas.</td>
<td>5. Avoid outright disagreement or identifying where someone is wrong at all costs.</td>
</tr>
<tr>
<td>Approaching Monochronic</td>
<td>Approaching Polychronic</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>2. Be punctual. Don’t keep people waiting.</td>
<td>2. Expect to wait, accept interruptions and delays.</td>
</tr>
<tr>
<td>3. Return calls and e-mails promptly; quickly respond to information requests.</td>
<td>3. Follow their lead in conversation, wait for them to “get down to business.”</td>
</tr>
<tr>
<td>4. Keep closely to plans, schedules, agendas.</td>
<td>4. Add additional time to tasks, reinforce absolute deadlines indirectly.</td>
</tr>
</tbody>
</table>
## Tips on Cross-Cultural Communication

<table>
<thead>
<tr>
<th>Approaching Universalists</th>
<th>Approaching Particularists</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Expect rules to trump relationships.</td>
<td>1. Expect relationships to trump rules</td>
</tr>
<tr>
<td>2. Expect trust to be extended automatically.</td>
<td>2. Expect trust to be earned.</td>
</tr>
<tr>
<td>3. Prepare legal groundwork for bargaining position.</td>
<td>3. Consider social implications of “getting legal” on relationship &amp; interpersonal trust.</td>
</tr>
<tr>
<td>4. Search for similarity and impose rule of sameness.</td>
<td>4. Search for differences and impose rule of exception.</td>
</tr>
<tr>
<td>5. Emphasize generalization of circumstances.</td>
<td>5. Emphasize specificity of Circumstances.</td>
</tr>
</tbody>
</table>
Egalitarian Cultures:

- value equality in power distribution, rights and relations
- rewards and punishments are based on performance
- many contributors to the decision-making but typically, one final decision-maker
- input is considered valid when it comes from many sources throughout an organization
- flatter structure equalizes individual responsibility and opportunity
Hierarchical Cultures:

• value status and rank
• those at the top are not challenged or questioned
• those at the top are responsible for outcomes
• those at the top often have a responsibility for nurturing those below
• rewards and punishments are based on age, rank, status, title and seniority.
Low Context vs. High Context

• Low context cultures value directness in communication. Verbal clarity and specificity are required because speakers are responsible for communicating their own thoughts. The speaker is responsible for conveying meaning clearly. Language is seen as separate from nonverbal signals, gestures, and facial expressions. Thought patterns are linear and fact-based.

• High context cultures value indirectness in communication. A high context orientation stresses the integration of language, nonverbal behaviors, and contextual factors such as the age, rank, prestige, gender and the occupations of the participants. In high context cultures the responsibility for uncovering meaning falls on the listener. Thought patterns are frequently non-linear with stories, parables and metaphors used to convey the message.
High/Low Context - Application

• U.S. American classrooms generally reward low-context analytical thinking in teaching and learning. Analytical learning requires the student to know how to study a problem by breaking it into various parts. Objective truth or knowledge (that which can be independently verified) is seen as superior to and separate from personal subjective experience. Students are taught to rely on empirical observation and measurement and to look for primary causal factors to explain events.

• High context cultures stress a more holistic and abstract approach. Theories and concepts tend to be less concrete and more intuitive – needing less “proof” to establish their validity. High context cultures do not separate personal experience from facts as subjective truths are just as valuable as other forms of truth. Such cultures resist separating parts from their larger context and view U.S. problem-solving techniques as overly simplistic – ignoring complex social, historical and political trends.
Cross-Cultural Healthcare Issues
Cultural Issues Affecting the Clinical Encounter

- **Communication** – Verbal, Nonverbal, Use of Interpreters
- **Pain Styles** - Stoic vs. Expressive, Shots vs. Pills
- **Religious Beliefs & Customs** – Prayer, Blood Beliefs, Shaman
- **Dietary Practices** – Ramadan, Fasting, Kosher Foods, Hot & Cold
- **Family** – Visitation, Role in Care, Decision-Making Authority, As Interpreter, Domestic Partners, Demanding Families, Gifts.
- **Gender Roles** - Male Dominance, Gender Roles, Female Purity/Modesty
Pascasie Havugimana, an interpreter at Maine Medical Center, models a newly-designed hospital gown, known as a "Johnny" on Aug. 3, 2004, in Portland, Maine.
Cultural Issues Affecting the Clinical Encounter

- **Expectations** - Diagnosis vs. Symptoms Relief
- **Death** – Tell patient?, Life Support Decisions, Post-Mortem Matters
- **Conflict/Loss of Face** - Patient unable/unwilling to confront M.D.
- **Mental Health** – Non-acceptance of Psychiatry, Shame, Spirits
- **Folk Medicine** – Coining, Cupping, Herbal Remedies, Curandero
The Culturally Competent Health Care Provider
Culturally Competent Leaders

Cultural Knowledge
- Cultural World Views
- Theoretical & Conceptual Frameworks

Cultural Skills
- Assessment Tools

Cultural Awareness
- Cultural Sensitivity
- Cultural Biases

Cultural Encounter
- Cultural Exposure
- Cultural Practice

Cultural Competence

Culturally Competent Leaders
What Activates Our Biases?

Our biases are most likely to be activated by four key conditions. They are:

- stress
- time constraints
- multi-tasking
- need for closure
Project Implicit

Demonstration
The demonstration site for the Implicit Association Test. Click this button to learn more about implicit associations and try out some sample tasks. Or, go directly to the featured task: Presidential Candidates IAT.

Research
The research site for Project Implicit. Click this button to participate in on-going research measuring implicit associations for a variety of topics.

Languages:
- 中文 (China)
- Deutsch (Germany)
- English (Australia, Canada, India, South Africa, U.K., Español (Mexico), Français (Canada, France, Switzerland), Magyar (Hungary), ייִדיש (Israel), Italiano (Italy), 日本語 (Japan), 한국어 (South Korea), Nederlands (Netherlands), Norwegian (Norway), Polski (Poland), Português (Portugal), Română (Romania), Svenska (Sweden), Türkçe (Turkey)

Project Implicit Information Site

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The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization

- 720 physicians viewed recorded interviews
- Reviewed data about hypothetical patient
- The physicians then made recommendations about patient's care

Source: Schulman et al. NEJM 1999;340:618.
New Study Finds Unconscious Bias in M.D. Decision-making

- Emergency room doctors in the study were told two men, one white and one African-American, were each 50 years old and complained of chest pain. The patients were not actually real people, but rather computer-generated images seen by the doctors only on a monitor.

- After the doctors in the study evaluated the two simulated patients, they were then given an implicit association test examining unconscious racial biases.

- The result was most of the doctors were more likely to prescribe a potentially life-saving, clot-busting treatment for the white patients than for the African-American patient.

- The study, by the Disparities Solutions Center, affiliated with Harvard University and Massachusetts General Hospital, is the first to deal with unconscious racial bias and how it can lead to inferior care for African-American patients. It was published in the online edition of the Journal of General Internal Medicine in June, 2007.
New Skills for the Clinically Competent Global Physician

1. How to conduct a culturally competent patient examination/history using the LEARN Model (Listen, Explain, Acknowledge, Recommend, Negotiate)

2. How lack of knowledge of epidemiological and pathophysiological differences may lead to unintended iatrogenic consequences.

3. How to work with patients using qualified medical interpreters

4. Understanding the Law of Language Access (implications for informed consent and other legal issues)

5. Given the increase in globally mobile populations, physicians should know their patients national origin and travel history and be mindful of diseases endemic to other parts of the world that might share symptoms with diseases commonly seen in the U.S.

6. Health care providers should be aware of at least the five most common infectious diseases most commonly encountered in refugee populations.
New Skills for the Clinically Competent: Global Physician

7. Cross-Cultural Medical Ethics (examples: cultural differences around death and dying, blood beliefs, surgery, organ transplants, mental health etc.)

8. Ethnopharmacology and its implications for current clinical practice

9. Managing Unconscious or Implicit Biases to assure that they do not affect optimal patient care.
How Might Implicit Biases Impact Clinical Objectivity?

- Taking a sexual history (presumptions of heterosexuality, monogamy)
- Incidence of HIV
- Travel history
- Country of Origin
- Health literacy – use of the “teachback” method
- Making the unusual into the common and vice versa
- Race
- Religion – Mr. Kochi’s Case
Intercultural Development Continuum

- Monocultural Mindset
- Denial
- Polarization
- Minimization
- Acceptance
- Adaptation
- Intercultural Mindset
INTERCULTURAL CONFLICT STYLES

1. DISCUSSION
2. ENGAGEMENT
3. ACCOMMODATION
4. DYNAMIC

DIRECT

INDIRECT

EMOTIONAL RESTRAINT

EMOTIONAL EXPRESSIVENESS
For Additional Information, Contact

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