







Do you know me?

# Understanding Cross-Cultural Differences in Healthcare



Presented by:

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# 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**



Cultural competence in health care is primarily concerned with three core issues:

- Racial and Ethnic Disparities in the Quality of Health Care
- Language Assistance to Limited English Proficient (LEP) Populations
  - A. Quality/Safety Issues
  - B. Legal/Civil Rights Issues
- Medical Disparities resulting from Globally Mobile Populations



# **Cross-Cultural Differences**

# 6 Stumbling Blocks in Intercultural Communication



- 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 (All)



- 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



#### <u>Individualist</u>

- "I" mentality.
- 2. Personal identity trumps group identity.
- 3. Patient is decision-maker
- 4. Stand out from crowd.
- 5. Initiative valued.
- 6. Speak your mind.

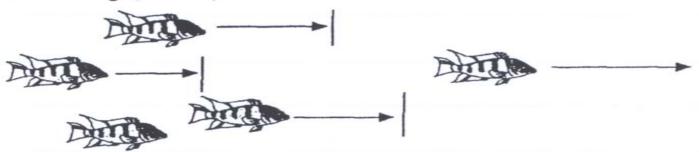
### **Collectivist**

- 1. "We" mentality.
- 2. Group identity trumps individual identity.
- 3. Group/elders may decide for patient.
- 4. Fit in with crowd.
- 5. Initiative tied to status.
- 6. Mind your speech. Group harmony valued above all.

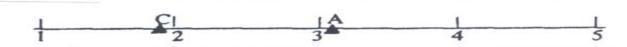
Figure 2

A Display Adapted From Morris, Nisbett, and Peng (1995)

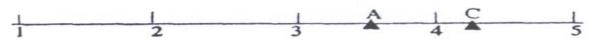




INTERNAL FORCE



**EXTERNAL FORCE** 



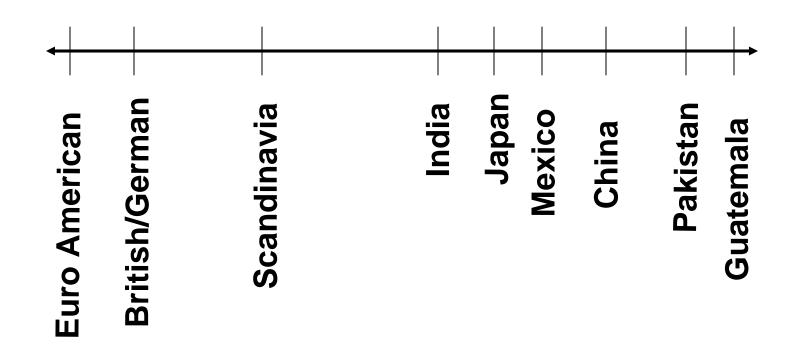
Note. Points A and C mark the mean American and Chinese ratings, respectively, on the internal and external attribution scales. From "Causal Attribution Across Domains and Cultures," by M. W. Morris, R. E. Nisbett, and K. Peng, 1995, in D. Sperber, D. Premack, and A. J. Premack, Causal Cognition: A Multidisciplinary Debate (pp. 577–612), Oxford, England: Clarendon Press. Copyright 1995 by Clarendon Press. Adapted with permission.

## Continuum - Individualism vs Collectivism



**Individualist** 

**Collectivist** 



# **Achievement vs. Ascription**



#### <u>Achievement</u>

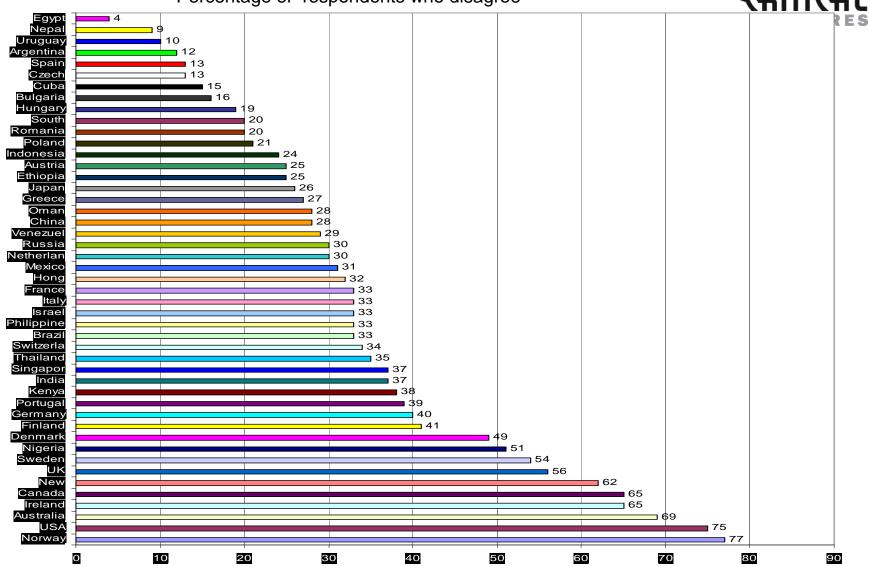
- 1. You are what you do.
- 2. Use of titles relevant to task.
- 3. Task oriented
- Respect based on achievement.
- Decisions challenged on technical grounds (not authority).
- 6. Act how you see fit.

### **Ascription**

- 1. You are who you are in relation to others in group.
- 2. Titles used to clarify status.
- 3. Relationship oriented.
- 4. Respect based on status, age, other social factors.
- 5. Decisions challenged on level of authority (not technical).
- 6. Act from tradition, loyalty.

#### Acting as suits you even if nothing is achieved

Percentage of respondents who disagree



Trompenaars, F. and Hampden-Turner, C., *Riding the Waves of Culture*, 2<sup>nd</sup> ed., McGraw-Hill 1998

# Low vs. High Context Communication &



#### **Low Context**

- Direct, explicit. 1.
- Meaning based on words.
- 3. Burden on speaker to communicate clearly.
- 4. as needed.
- 5. Purpose of information is to complete task.
- Business before pleasure. 6.
- Value talk, abhor silence.

### **High Context**

- 1. Indirect, implicit
- 2. Meaning based on context.
- 3. Burden on listener to understand/interpret correctly.
- Get to point first, elaborate 4. Give broad, elaborative info first, then make points.
  - 5. Purpose of information is to build/establish relationship.
  - 6. Relationship/trust before business.
  - 7. Value listening, enjoy silence.

# Low Context vs. High Context



#### **High Context Cultures**

Japanese

Chinese

Indian

Russian

Arab

Greek

Latin American

Spanish

Italian

French

English

**English Canadian** 

Australian

U.S. American

Scandinavian

German

**German Swiss** 

**Low Context Cultures** 

# Egalitarian vs. Hierarchical



### <u>Egalitarian</u>

- 1. Power shared widely.
- 2. Ability counts most.
- 3. Informality & first names
- 4. Individual initiative and responsibility valued.
- 5. Manager is objective, third-party neutral. (Resourceful democrat)
- 6. Consult subordinates
- 7. Challenge authority respect opinions.

#### **Hierarchical**

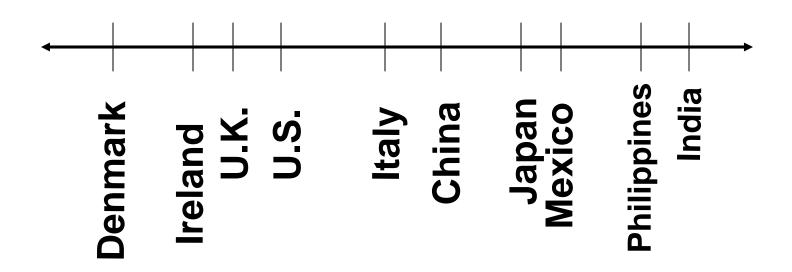
- 1. Power concentrated in few.
- 2. Status/title/class count most.
- 3. Formality and titles.
- 4. Initiative belongs to those with power. Group responsibility.
- 5. Manager is paternal head of workforce family.(Benevolent autocrat)
- 6. Tell subordinates
- 7. Respect authority, keep opinions to self.

# Continuum – Egalitarian vs. Hierarchical



**Egalitarian** 

Hierarchical



# Monochronic vs. Polychronic



#### **Monochronic**

- 1. Time is linear, exact.
- 2. Time is for task.
- 3. One task at a time.
- 4. Interruptions seen as frustrating.
- 5. Arriving late to a meeting is rude.
- 6. Focus on task at hand.
- 7. Short-term relationships.
- 8. Schedules rigid. Plans fixed after details set.

### **Polychronic**

- 1. Time is circular, inexact.
- 2. Time is for people/relationships.
- 3. Multi-tasking is the norm
- 4. Interruptions common and expected.
- 5. Starting a meeting w/o people whose input is needed is rude.
- 6. Address tasks as they arise.
- 7. Long-term relationships.
- 8. Schedules flexible. Plans change often and easily.

# Time Orientation By Geographic Region [1][[][

# **Monochronic**

"Western"
United States
Canada
NW Europe

# <u>Polychronic</u>

"Eastern"
Latin America
Arab World
North Asia
Eastern Europe

# Universal Rules vs. Particular Circumstantes

### <u>Universal</u>

- 1. Apply rules consistently.
- Rule application based on situation first, relationship second.
- 3. Search for similarity.
- 4. Impose rule of sameness
- Emphasis on general circumstances.

#### <u>Particular</u>

- 1. Apply rules situationally.
- 2. Rule application based on relationship first and situation second.
- 3. Search for exceptions
- 4. Impose rule of uniqueness.
- 5. Emphasis on specific Circumstances.

# **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.

**Source**: Trompenaars, F. and Hampden-Turner, C., *Riding the Waves of Culture*, 2<sup>nd</sup> ed., McGraw-Hill 1998

# **Questions: Cultural Dilemma**



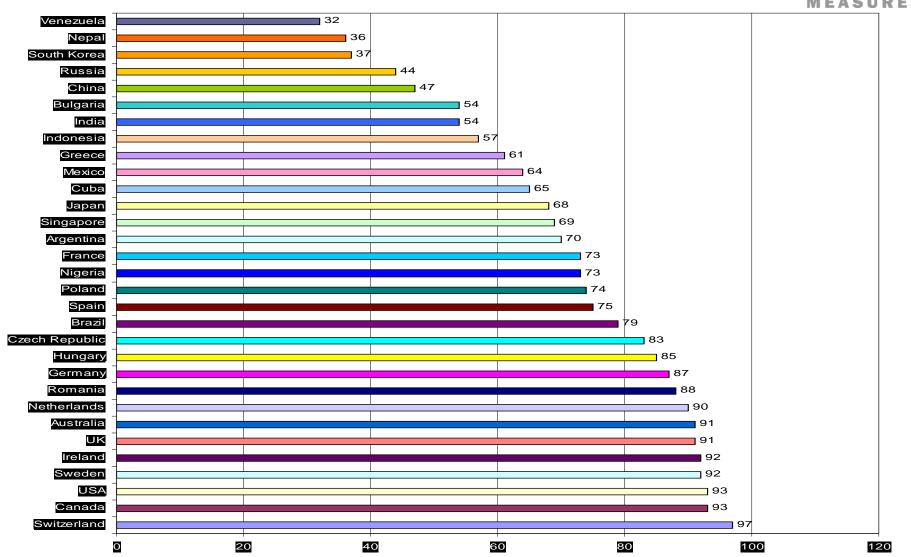
What right does your friend have to expect you to protect him?

- 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.

Source: Trompenaars, F. and Hampden-Turner, C., *Riding the Waves of Culture*, 2<sup>nd</sup> ed., McGraw-Hill 1998

#### Percentage of respondents opting for a universalist system





Trompenaars, F. and Hampden-Turner, C., *Riding the Waves of Culture*, 2<sup>nd</sup> ed., McGraw-Hill 1998



# Tips on Cross-Cultural Communication

# Tips on Cross-Cultural Communication()

### **Approaching Individualists**

- Realize that business and personal life are separate.
- Avoid depending on the group for answers. Express yourself. Take initiative.
- Accept personal praise/ recognition without embarrassment
- Accept rewards based on individual achievements.
- Expect quick decisions. 5. minimal consultation.
- 6.

### **Approaching Collectivists**

- Realize that business and personal life can't be separated.
- 2. Realize that family will take precedence over work.
- 3. Praise team members not. individuals so as to avoid embarrassing people.
- 4. Rewards based on seniority, loyalty and experience.
- 5. Expect slow decisions. maximum consultation.
- People work independently 6. People work interdependently.

# Tips on Cross-Cultural Communication()

#### **Approaching Achievement Approaching Ascription**

- on accomplishments.
- Heed knowledge without regard to status.
- What you know is more 3. important than who you know.
- OK to challenge decisions based on technical or functional grounds
- Use titles that reflect competency.

- Expect respect to be based 1. Expect respect to be based on class/age/seniority.
  - 2. Heed status without regard to 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

### **Approaching Low Context**

- Integrate intentions and objectives in verbal messages.
- 2. Take less time introducing ideas get to point quickly.
- 3. Credibility based on verbal 3. communication/ability.
- 4. Focus on task at hand and 4. common business interests.
- 5. State your true ideas and reactions; say what you like & dislike about ideas.

### **Approaching High Context**

- Show disagreement through hesitation, suggestion and Implications (hints).
- 2. Expect longer conversations and be patient.
- 3. Credibility based on trust, relationship.
- 4. Focus on building trust, relationship first.
- 5. Avoid outright disagreement or identifying where someone is wrong at all costs.

# Tips on Cross-Cultural Communication

### Approaching Monochronic

- Be patient with singlemindedness.
- 2. Be punctual. Don't keep people waiting.
- 3. Return calls and e-mails promptly; quickly respond to information requests.
- Keep closely to plans, schedules, agendas.

### Approaching Polychronic

- 1. Be patient with multi-tasking.
- 2. Expect to wait, accept interruptions and delays.
- 3. Follow their lead in conversation, wait for them to "get down to business."
- 4. Add additional time to tasks, reinforce absolute deadlines indirectly.

# Tips on Cross-Cultural Communication()[[[(]][

### **Approaching Universalists**

- Expect rules to trump relationships.
- 2. Expect trust to be extended automatically.
- 3. Prepare legal groundwork for bargaining position.
- 4. Search for similarity and impose rule of sameness.
- 5. Emphasize generalization of circumstances.

## **Approaching Particularists**

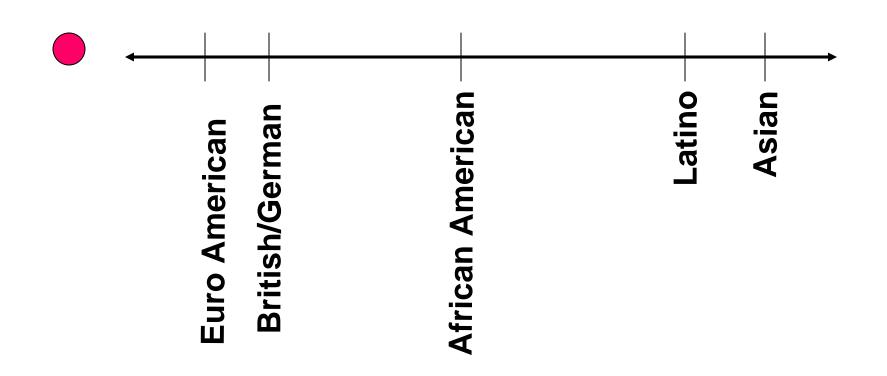
- Expect relationships to trump rules
- 2. Expect trust to be earned.
- 3. Consider social implications of "getting legal" on relationship & interpersonal trust.
- 4. Search for differences and impose rule of exception.
- 5. Emphasize specificity of Circumstances.

### Continuum - Individualism vs Collectivism



**Individualist** 

**Collectivist** 





# **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

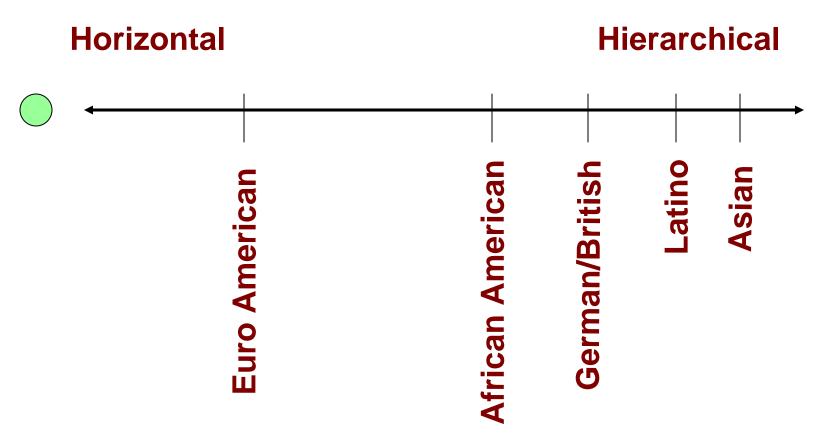


# Egalitarian vs. Hierarchical

#### **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

### New Hospital Gown Gives Muslim Women Comfort



Robert F. Bukaty / AP file

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

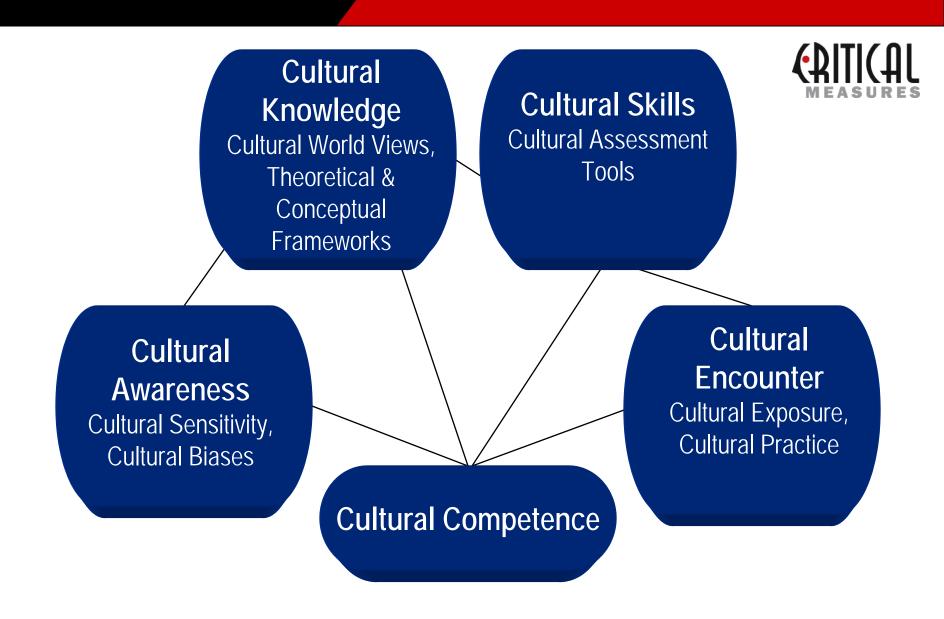


- Expectations Diagnosis vs. Symptoms Relief
- Death Tell patient?, Life Support Decisions, Post-Mortem Matters
- Conflict/Loss of Face Patient unable/unwilling to confront M.D.
- Mental Health Non-acceptance of Psychiatry, Shame,
   Spirits
- Folk Medicine Coining, Cupping, Herbal Remedies, Curandero





# The Culturally Competent Health Care Provider



**Culturally Competent Leaders** 

#### **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:

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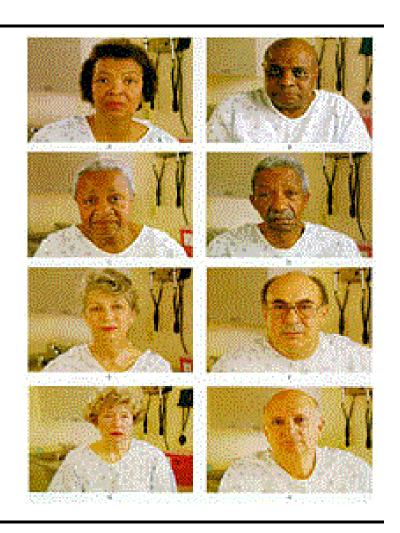
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Project Implicit Information Site

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## The Effect of Race and Sex on Physician [A][](I)[Recommendations for Cardiac Catheterization

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



# New Study Finds Unconscious Bias in MEASURES 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 Masschusetts 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

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

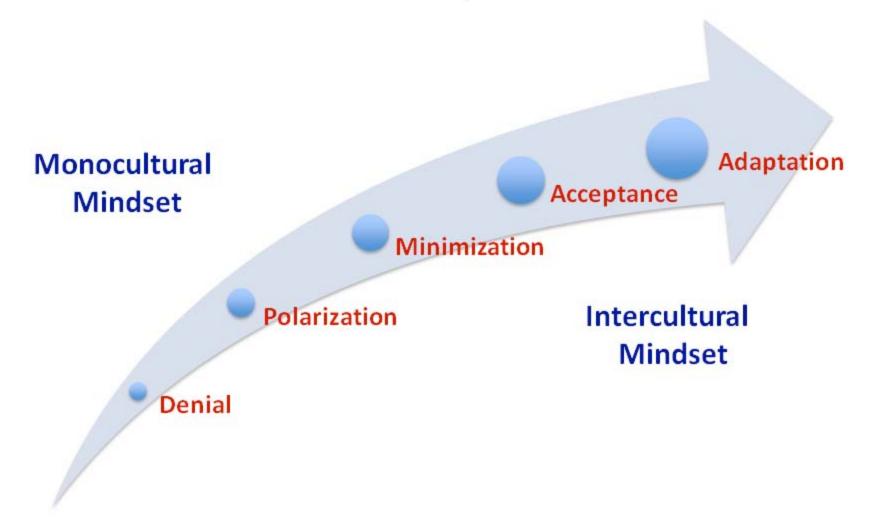
- 7. Cross-Cultural Medical Ethics (examples: cultural differences around death and dying, blood beliefs, surgery, organ transplants, mental health etc.)
- 8. Ethnopharmacology and its implications for current clinical practice
- 9. Managing Unconscious or Implicit Biases to assure that they do not affect 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

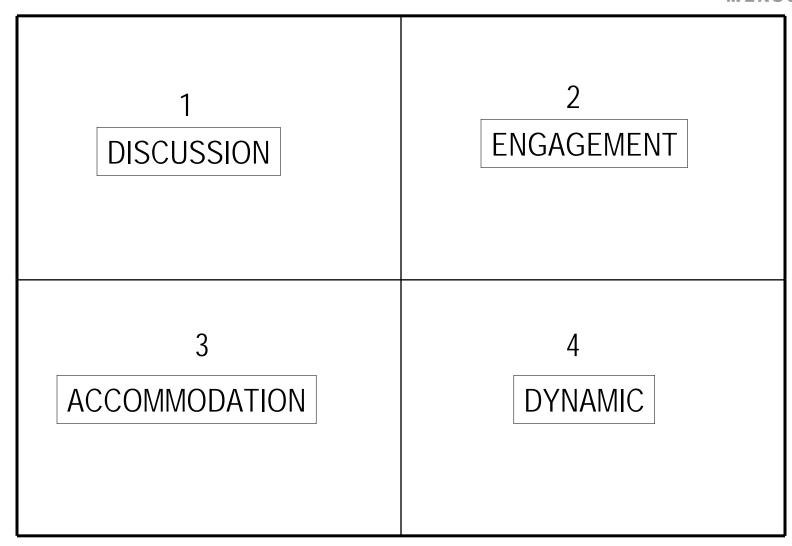


### INTERCULTURAL CONFLICT STYLES (III)



**JIRECT** 

NDIRECT



**EMOTIONAL RESTRAINT** 

**EMOTIONAL EXPRESSIVENESS** 



#### For Additional Information, Contact

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