

Enhance Patient Care Through Better Cultural Awareness

When you understand a patient’s cultural background, it can improve communication and care delivery.

Getting to know your patient is a big part of patient care. But the pandemic has changed some of the basics of patient communication. For example, caregivers might not go with patients to visits. Also, telemedicine platforms have limited some non-verbal feedback from patients that you could use to confirm a shared understanding.

One way to adapt to limitations like these is to improve your understanding of how a patient’s cultural background shapes their understanding and the information they will share with you.

Let’s review some key definitions related to cultural awareness. This will help you better know how culture impacts patient care.

What is culture?



- It is shared values, behaviors, customs, courtesies, roles and beliefs.
- It shapes how we see the world, how others see us, our expectations for behavior, and each person’s views of health and wellness.
- Becoming culturally aware is one way to improve patient health outcomes and reduce health disparities.

How does culture affect health care?



- It defines the health care concepts people have and actions people take for health, healing and wellness.
- Patients report increased trust and confidence in their providers when they can connect through cultural understanding.
- Practicing cultural awareness strengthens patient-centered care in a way that patients find meaningful and worthwhile.

What is cultural awareness?



- It is defined as being cognizant, observant and conscious of similarities and differences among and between cultural groups.¹
- Practicing cultural awareness allows you to better understand patients’ perspectives on their health care needs.

How can we use cultural awareness to improve patient care?

Not every approach works for every patient or every provider. New modes of delivering patient care, such as telemedicine, can limit the non-verbal aspect of communication. This impacts our ability to understand spoken communication. To help you overcome issues like these, below are examples that you can build on or adapt to fit your communication style and the needs of your patient. Each is drawn from an actual patient encounter:

PATIENT ENCOUNTER A

Ask an open-ended question if you are okay with talking about other options to manage symptoms.

Many people use supplemental or alternative approaches to address symptoms or help manage their health. You might not know which patient might be using or is open to using alternative approaches to health care.



Doctor: “Are you open to using over-the-counter or other approaches to help relieve some of your symptoms?”

Patient: “Yes, I’d prefer to use herbal teas or plant-based remedies that have fewer side effects.”

Doctor: “Sometimes they take longer to work. Are you willing to be patient for the responses to be effective?”

(continued)

¹Jean Gilbert, Tawara D. Goode, Clare Dunne, “National Center for Cultural Competency Curricula Enhancement Module”, National Center for Cultural Competence, June 2007. Washington, DC. <https://nccc.georgetown.edu/curricula/documents/awareness.pdf>.

PATIENT ENCOUNTER B

Does your patient prefer non-Western approaches to health care, like healing ceremonies or non-Western health care practitioners? Consider asking with a standard question on your patient intake forms.



A Hmong patient kept deferring needed surgery without offering a reason why. The patient needed the assurance that a soul calling ceremony would be done before consenting to surgery. The Hmong shaman that the family preferred had not been available. The family found it hard to explain that they were waiting on the availability of the shaman before scheduling surgery, which led to a delay.

PATIENT ENCOUNTER C

Use interpreters trained in medical interpreting when talking with patients who have Limited English Proficiency. Professionally trained interpreters can act as culture brokers to navigate complex information, sensitive situations and assure full understanding.



A mother's complaint to a regulator: *"I took my daughter to the emergency room. They couldn't tell me why my daughter was sick because I don't speak English. They tried to call my brother because he speaks English, but he drives a truck and was not able to talk with the doctors. My daughter didn't come home. To this day, I don't know why my daughter died."*

PATIENT ENCOUNTER D

Use language that is simple and precise. Be sure that you and your patient have a shared understanding of your recommendations. Ask for confirmation using teach-back techniques.²



During a dialysis patient's progress evaluation, the nurse asked the 68-year-old patient how he was doing at managing his new dietary changes. His response was *"I'm doing well. I don't eat red meat anymore. I make sure it's cooked all the way through now. But I'm having trouble finding something labeled 'poultry' in the market."* A follow-up discussion with the nurse found that she had not considered the patient's cultural background and experiences when using terms she thought were widely shared and understood.

Questions?

For more information and resources, contact Cultural.and.Linguistic.Services@healthnet.com.

²www.ahrq.gov/patient-safety/reports/engage/interventions/teachback.html#:~:text=Teach%2Dback%20is%20a%20technique,several%20materials%20to%20support%20adoption.

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