



INTERCULTURAL COMMUNICATION.

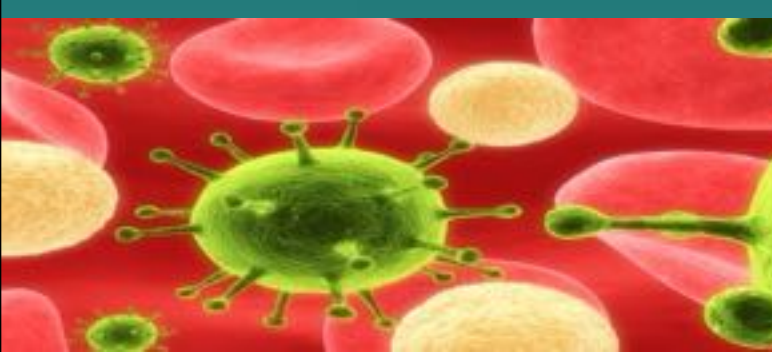
WEEK TEN THE HEALTH
CARE SETTING



◆ Chinese Healing

[http://www.youtube.com/watch?
v=fmMNI mn1DPc](http://www.youtube.com/watch?v=fmMNI mn1DPc)

1. Which health belief system is dominant in the West?



- ◆ A. biomedical
- ◆ B. diagnostic
- ◆ C. personalistic
- ◆ D. mystic



Scientific Biomedical Tradition



- ◆ **Belief** objective diagnosis &
- ◆ scientific explanation of disease Life a series of physical & biochemical processes to be studied & manipulated may lead to Western Biomedical ethnocentrism & derision of **alternative** medicine. **Causes** abnormal physical & chemical conditions of body Disease = deviation from biomedical norms
- ◆ **Treatment** surgery, medication, therapy

Health Care Belief Systems:



1. **Supernatural-Magico-Religious** Illness due supernatural forces

◆ **Causes** possession by evil spirits, punishment from God/gods, sorcery or magic eg. Hmong, Laos (loss 32 souls)
Vietnam (cao gio), Filipinos (sorcerer) ,
Latinos (God), evil eye, Cuba (Santeria & Orisha), Indigenous Aus., Haiti (voodoo)

Treatment shamans (animal & ancestor spirits invoked), cupping, folk healers, herbs, candles, baths, charms, chants, sacrifices

2. “Cupping” and “spooning” associated with which culture?

- ◆ A. Australian Aboriginal
- ◆ B. Latino
- ◆ C. Asian
- ◆ D. B & C

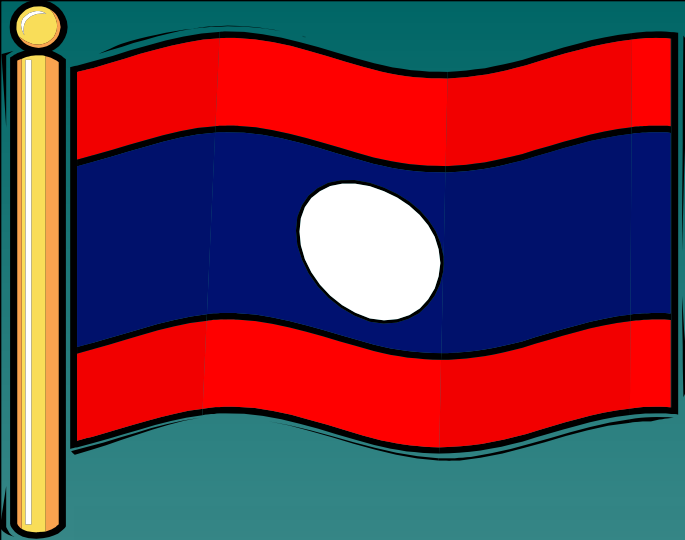


Cupping, spooning, coining



- ◆ To drive out evil influences and cure illnesses.
- ◆ 1. "Cupping" = heating a glass, placing it and removing it after cooling and vacuum formed.
- ◆ "Spoonining" = rubbing a spoon vigorously across back or neck.
- ◆ "Coining" = same with a coin.
- ◆ WHERE?
- ◆ Laos, Vietnam, Cuba, Puerto Rico, Brazil





8. According to Dresser examining the yolk of an egg will tell a Laotian

- ◆ A. the exact cause of an illness
- ◆ B. the appropriate cure for an illness
- ◆ C. what spirits to eradicate
- ◆ D. all of the above





2. Holistic Tradition:



- ◆ Introducing Tony Meggitt Here's to Life, Cleveland
- ◆ **Belief** in a connective relationship between the body, mind & spirit. Need take responsibility for own wellness.
- ◆ **Causes** Lack of harmony with nature. Need to adapt to changes in environment (not control with drugs & surgery) eg. E & SE Asians, Mexicans & Puerto Ricans, Africa, Caribbean, Native Americans, Indig Aus-treat Earth with respect, some African-Americans
- ◆ **Treatment** Balance yin-yang with 1000 yo
- ◆ eggs, needles, moxibustion, herbs, tai-chi, fortune tellers, curanderos, yerberos, sobadors,
- ◆ S.A. sangomas, rainmakers

5. To restore the yin-yang balance



- ◆ Chinese medical practitioners
- ◆ use all methods except.....
- ◆ A. moxibustion (heat
- ◆ & herbs)
- ◆ B. acupuncture
- ◆ C. chanting
- ◆ D. herbal remedies





Yin-yang balance



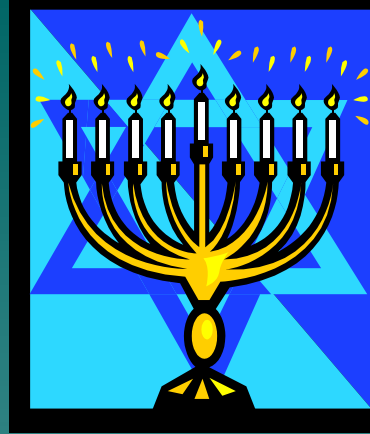
- ◆ Taoist good & evil forces need to be in balance or illness develops
- ◆ “yin” = negative, inactive, feminine principle, solid organs, cold
- ◆ “yang” = positive, active, masculine force, hollow organs, hot

3. Why might an East Indian Hindu woman

- ◆ refuse to answer questions
- ◆ in front of
- ◆ husband?
- ◆ A. He = primary spokesperson
- ◆ on all family matters
- ◆ B. Husband's duty intermediary between world and family
- ◆ C. Answering for herself shows disrespect for husband
- ◆ D. All above.

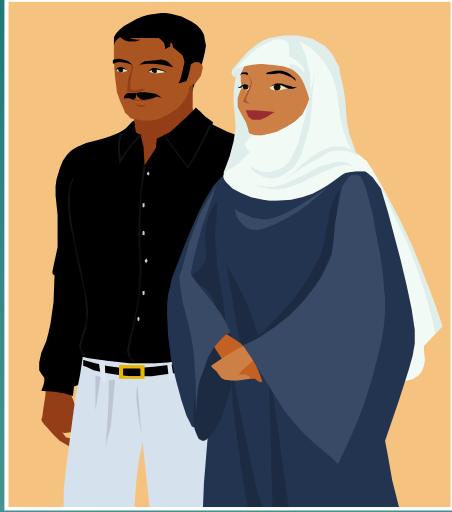


4. Child-bearing among Orthodox Jews



- ◆ is primarily valued because
 - ◆ A. A woman's status derives from the number of children she bears
 - ◆ B. Having boys ensures the family name will be carried on
 - ◆ C. Bearing children obeys biblical law to multiply and be fruitful
 - ◆ D. Children provide labour and contribute to income

6. Many Muslims rely on what to protect them from illness and heal the sick.....

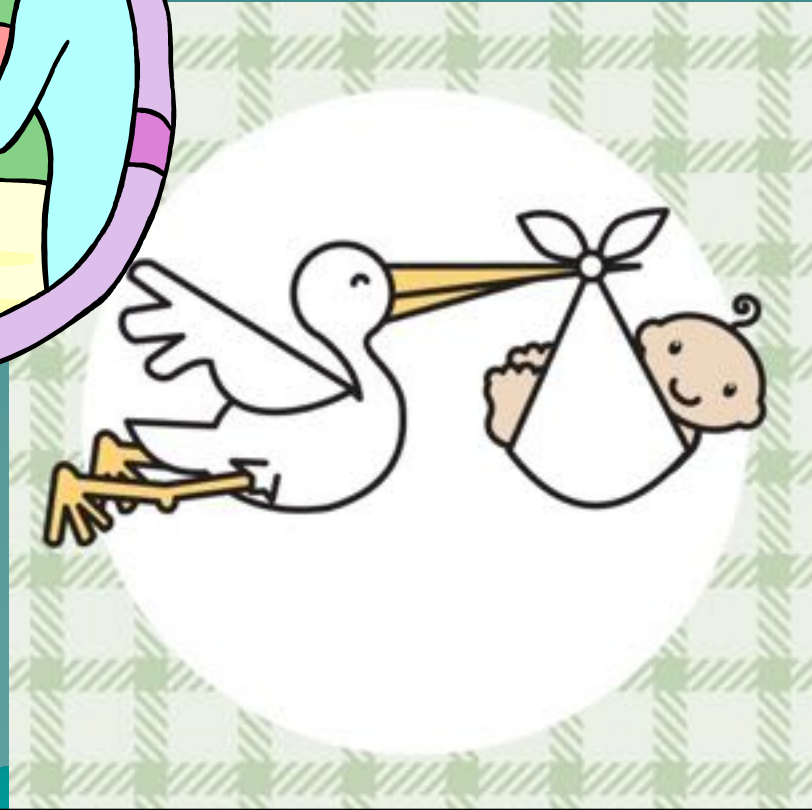


- ◆ A. the Baci ceremony
- ◆ B. the family amulet or charm
- ◆ C. verses from the Koran
- ◆ D. none of the above

7. In which culture is it customary for the woman's mother to accompany her during childbirth?



- ◆ A. Asian
- ◆ B. Australian
- ◆ C. Mexican
- ◆ D. Arab





Topics and Activities:



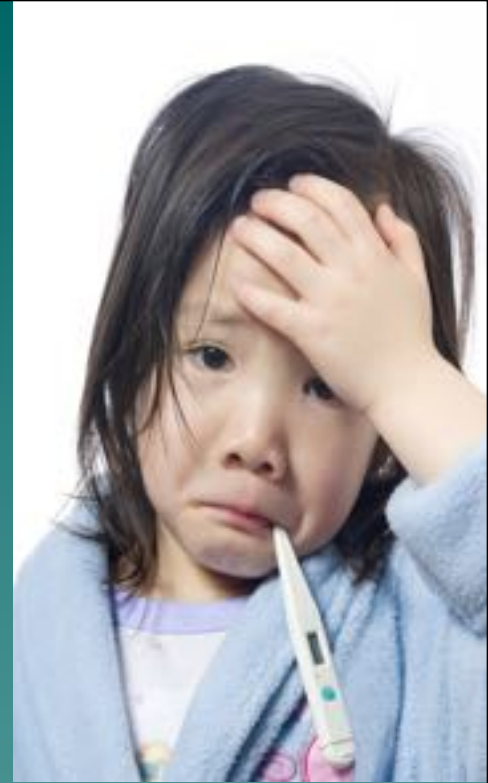
- ◆ 1. Your health care experiences here and at home.
- ◆ 2. Case Studies: Mexico, Latinos , Chinese, Cherokee
- ◆ 3. Role-play Intercultural Health Care
- ◆ 4. Critical Incidents: The Confused Nurse, & Opening a New Office
- ◆ 5. Case Study (Singapore) Judy Evans and Mrs. Mamoud.
- ◆ 6. Strategies for Culturally-Appropriate Care
- ◆ 7. Next week: Chapter 11. "Intercultural Challenges." pp311-337



Role-play

I.C. Health Care:

- ◆ Groups of 2. One plays health
- ◆ care provider, other cult. diff.
- ◆ patient. You will present your
- ◆ role play to class.
- ◆ 1. Health care worker explains
- ◆ proper use nose-drops to non-English
- ◆ speaker never seen such a thing before.
- ◆ 2. HCW explains why patient must
- ◆ undress for examination, from culture
- ◆ highly values modesty and only husband
- ◆ allowed see her undergarments and body.





3. HCW explains to patient



- ◆ who believes power of herbs that these herbs are making him/her very sick.
- ◆ 4. Explain to patient who believes they can only get well if family in the room that they are not allowed visitors.
- ◆ 5. Explain AIDS to a patient who has never heard of genes, cells or germs and never looked into a microscope.
- ◆ 6. Explain the benefits of birth control to a member of a culture that values large families.



Discussion Questions:

- ◆ 1. How would you characterize the intercultural challenges facing health care providers?
- ◆ 2. How would you characterize the intercultural challenges facing patients?
- ◆ 3. What skills do health care providers seem to need in order to communicate health issues across cultures?

Critical Incident: The Confused Nurse



- ◆ Molly, an aboriginal mother from Arnhem Land brought her very sick 5 year old to the local hospital.
- ◆ The nurse on duty washed him and put him to bed.
- ◆ She then went to talk to Molly but she had already left.
- ◆ Two days later she returned with two very young and disruptive infants. She stayed only a few minutes and disappeared again.



Later that day she returned



- ◆ she would be going home on the truck and to tell the nurse would not be back for a while.
- ◆ The nurse tried to persuade her to stay, saying her son was very young and would obviously need her.
- ◆ Molly refused and the nurse grew angry and told her she was a bad and uncaring mother. *How would you explain Molly's behaviour to the nurse?*



1. Molly is frightened of hospitals
wants to leave early?
- ◆ 2. Aboriginal mothers are lazy
and indifferent to the welfare of their
kids?
- ◆ 3. Molly thinks it's the nurses
responsibility to protect and care for
the child?
- ◆ 4. Molly believes the child has been
made sick by supernatural forces and
wants as little to do with it as
possible?

The Best Explanation



- ◆ In many less technologically
- ◆ developed countries infants are
- ◆ initially given very close and
- ◆ indulgent attention, but once the
- ◆ child is able to walk and talk
- ◆ freely, the protection and emotional bond of the parent lessen considerably. The child is then left to the care of peers and other caretakers of the extended family or group. It quickly develops independence



and resourcefulness for survival in a



- ◆ harsh environment. It also frees the mother from the burden of constant child care to participate in food collecting, production etc (like medieval Europe). The long period of parental control in the West is fairly recent. The mother often leaves the child in the care of others especially when she can do nothing to assist or cure the child.

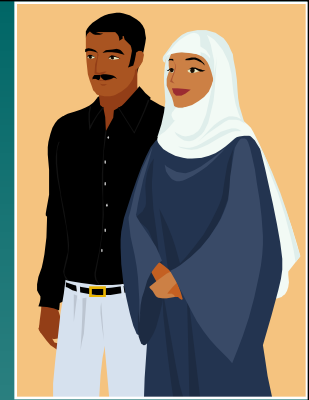
What appears to the nurse as rejection is normal here.



- ◆ The danger is to consider child-rearing behaviours as instinctive and universal. One should be cautious in attributing apparently indifferent attitudes of other cultures to cruel or abnormal practices on the part of the parent.
- ◆ (This interpretation is due to ETHNOCENTRISM.)



Opening A Medical Office:



- ◆ Dr. Tom McBain from NYC, was sent to practice in an urban centre in Saudi Arabia. Many of the residents were recent arrivals from rural areas. Because Western medicine was something new to them he decided to hold a meeting at the local school to introduce himself and his services. His presentation went well because it included some locals



Who spoke positively about Western Medicine.

Some of his staff made appointments for the locals for opening day which was soon booked solid.



- ◆ When opening day finally arrived, Tom was anxious to greet his first patients. Thirty minutes passes and no one had come. He began to worry. What is causing this situation?



Explanation?1. Although the presentation



- ◆ was successful, people only made appointments so as not to hurt his feelings. They had no intention of using Western medical treatments.
- ◆ 2. Given the time lag, they had simply changed their minds.
- ◆ 3. Units of time differ between Arabs and Americans. For Tom they were very late but for them they were on time.

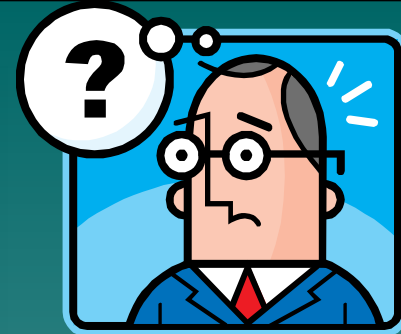


4. Tom's patients were their
seeing own traditional

- ◆ healers. After that they could go on to see this new doctor.



Best Explanation?



- ◆ 1. It is unlikely people would sign-up to please a newcomer.
- ◆ 2. If there is a long time-lag between decision & action, they may change their minds but no indication here.
- ◆ 3. To a Westerner 5 mins. is a long time & 15 mins. significant. To an urban arab 5mins= 15 mins so, when he is late by 30mins, he is not even late by his standards. They may still arrive.
- ◆ 4. They may see their own healers but not always in this sequence.



CASE STUDY: Judy in Singapore



- ◆ It was my first day at hospital.
- ◆ The morning had gone well.
- ◆ I met the staff, did a tour of the outpatients' clinic, and got an overview of physiotherapy services, where I work. I was impressed with staff techniques and the sophisticated technology. The clinic was like many back home (in the UK). The staff from the West





also Hong Kong, China,
Malaysia & India.

- ◆ The senior physio had qualified in England and talked of her “international family”. They all wanted to know more about me. After lunch I was comfortable and eager to meet my patients. I was aware of heavy caseloads and determined not to ask for help. The senior physio told me I would have an assistant. I said that would not be necessary.



She smiled&wished me good luck.



- ◆ My first patient was Alya Mamoud, 32, with a painful right knee from a car accident. Treatment: assess & mobilise. I called her. She did not come. I think she speaks no English. I walked over to her. She was dressed in black and only her eyes were visible. I panicked. I'm sure she noticed. How will I communicate in a culturally-sensitive way?



Discussion Questions:

- ◆ 1. What are the main issues in this story?
- ◆ Which have a cultural bias? Why?
- ◆ 2. Was Judy culturally-sensitive? Was the senior physio culturally-sensitive?
- ◆ 3. What can Judy do next? What must she do to carry out a cultural and clinically-apt assessment?
- ◆ What are Mrs. M's needs?





Strategies for culturally-sensitive health care:



- ◆ 1. How does the client/family identify?
- ◆ 2. Are your questions answered by client or family member?
- ◆ 3. Which family member always speaks first?
- ◆ 4. Does the client/family speak to you in English & each other in another lang?
- ◆ 5. Will you need an interpreter?
- ◆ 6. How should respect be shown with first name? title?

7. Is eye contact respectful?

8. What are their food choices?

Are ethnic dishes possible?

Medical needs?



- ◆ 9. Gender issues- who should be present during interview/treatment?
- ◆ 10. Practise non-judgmental responses
- ◆ 11. What religion is practised? How will religious needs affect treatment? Euthanasia, autopsy, organ donation, amputations, burial, prolonging life?



Next Week:



- ◆ Intercultural Challenges !
- ◆ Stereotyping, Prejudice, Racism,
- ◆ Ethnocentrism, Culture Shock
- ◆ Textbook: Chapters 1 & 7
- ◆ & Reader: Chapters 7 & 8
- ◆ TEVALS on-line next week?
- ◆ Bring along your stories about any of these concepts and enjoy diversity,
- ◆ Peter M.

