

Cross-Cultural Care and Tuberculosis (TB)

In 2017, 70 percent of newly diagnosed cases of TB in Pennsylvania were in individuals who were born in a country with a high incidence of TB. When seeking help to diagnose and treat their illness, they often face barriers to medical care including misconceptions and stigma about TB, fear of isolation, loss of community, and instability in securing food, housing and transportation.

Differences in the experience of illness across cultures can challenge effective communication between physician and patient. Cross-cultural care refers to the knowledge, self-awareness and interpersonal skills that enable health care providers to understand, appreciate and work with individuals from cultures other than their own.

As the cultural diversity of residents in Pennsylvania has increased over the past several decades, so too has the need to understand and practice cross-cultural care.

Dr. Laszlo Madaras – Proponent of Cross-Cultural Care

Dr. Madaras, TB clinician for Adams and Cumberland counties, is uniquely qualified to share his knowledge and experience practicing cross-cultural care. He was a young child when he came to the United States with his family and became a U.S. citizen at the age of 14. Dr. Madaras speaks seven languages and has practiced medicine in several locations in Africa – notably a refugee camp on the border between Congo and Rwanda during the 1994 Rwandan genocide. His varied and often difficult experiences forged his resolve to provide primary care to underserved populations.

The content of this article is based on a presentation by Dr. Madaras and provides background information and practical tips about the practice of cross-cultural care.



Laszlo Madaras, MD, MPH, SFHM

Key Terms in Cross-Cultural Care

There are important distinctions among the definitions for several key terms in cross-cultural care as defined below.

Culture is the characteristics and knowledge of a group of people, including language, ethnicity, religion, values, customs, social habits, food, music and arts.

Cultural bias is the tendency to interpret the actions and beliefs of someone from another culture through the lens of the observer's own culture.

Cultural Competency is the knowledge and interpersonal skills that enable health care providers to understand, appreciate and work with individuals from other cultures. It involves an awareness and acceptance of cultural differences, self-awareness, knowledge of the patient's culture and the use of observation, listening and problem-solving skills.

Cultural Knowledge is the familiarization with cultural characteristics, history, values, belief systems and behaviors of the members of another cultural group.

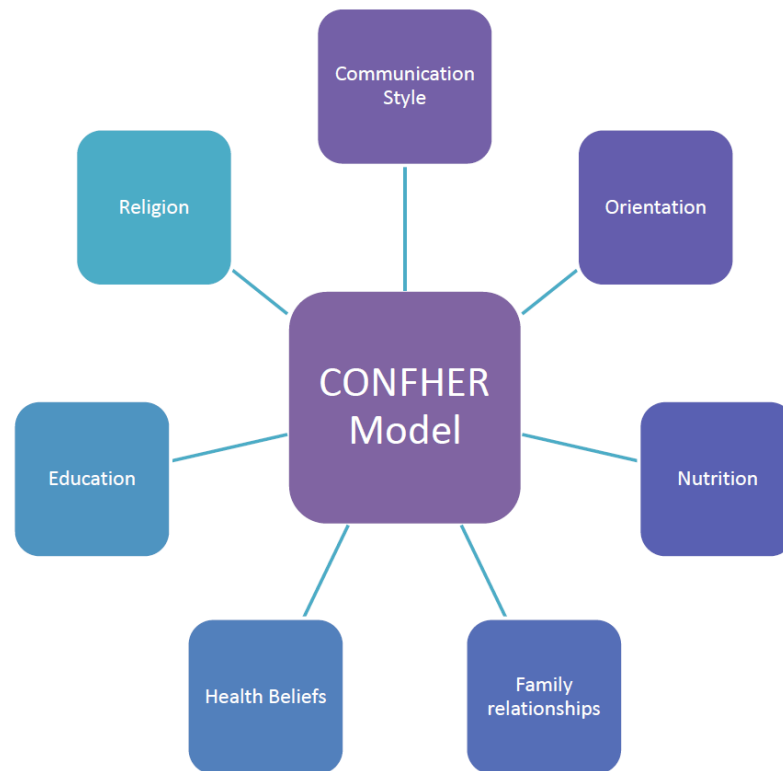
Cultural Awareness is developing sensitivity to and understanding of another ethnic group. This usually involves internal changes in a person's attitudes and values.

Cultural Sensitivity involves recognizing that differences and similarities exist between cultures – without assigning values to those differences.

It's also important to recognize that diversity among and between groups of people exists on two levels. Individual characteristics that cannot be changed, such as age, race and ethnicity are examples of primary diversity. Characteristics that can be influenced and can change over a person's lifetime, such as geographic location, marital status, religious beliefs, occupation and economic status are examples of secondary diversity.

The CONFHER Model

The CONFHER¹ model was designed as a tool to help clinicians apply cross-cultural concepts to patient care.



¹ Reference: Fong, C. M (1985). Ethnicity and nursing practice. Topics in Clinical Nursing, 7(3), 1-10.

The name of the model is an acronym, with each letter standing for the following:

Communication

Is the patient comfortable speaking English and can understand common health terms such as pain or fever? If not, use a professional medical interpreter.

Orientation

Does the patient identify with a specific group? Where were they born? How long have they lived in the U.S.?

Nutrition

What are the patient's preferred foods? Are there any food taboos in their culture?

Family Relationships

How is family defined and who is in the family? Who makes the decisions in the family? Is it important for family to be present when someone is sick?

Health and Health Beliefs

Some cultures believe illness is caused not by germs, but by evil spirits or something being out of balance.

Education

What is the person's educational level? Occupation?

Religion

Does the individual have any religious beliefs or restrictions that have an impact on healthcare and illness?

Here are some questions that you might ask a patient when using the CONFHER model as a guide:



Before meeting with a patient, try to determine whether they are comfortable speaking in English. If not, arrange for a professional medical interpreter who speaks the patient's primary language to be available in person or via phone. Avoid asking a family member or friend to interpret unless no other option is available.

Cross-Cultural Communication



- **DO** speak directly to the patient, even if using an interpreter.
- **DO** avoid using medical jargon.
- **DO** pay attention to nonverbal behavioral cues by the patient.
- **DO** encourage questions.
- **DO** respect the patient's privacy and modesty.
- **Don't** use family members – especially children – to interpret.
- **Don't** ignore cultural differences e.g., some cultures view looking at someone directly as a sign of aggression.
- **Don't** rely on brochures to communicate – they can reinforce your conversation but should not replace it.
- **Don't** shout – not being comfortable speaking English doesn't mean the person is hard of hearing.

Behavioral Cues

Be aware of the following behavioral cues when talking with a patient:

- If a patient shows signs of impatience or annoyance during your conversation, that may indicate intercultural misunderstanding.
- If a patient asks *you* personal questions, that may indicate a cultural need to establish trust and reassurance.
- Hesitation by the patient when talking with you may mean you've hit a cultural wall.
- Try to treat the patient the way he or she wants to be treated – not the way you like to be treated.
- If patients repeat your instructions exactly, it's possible they are repeating your words without understanding them. Rephrase your instructions and ask the patient to restate in his or her own words.

It's not possible for a clinician to be familiar with all cultures or with all aspects of any one culture. However, by striving to be open-minded, non-judgmental and genuinely interested in understanding the patient's cultural background and context, physicians can engender the trust and cooperation of patients from different cultures, ultimately resulting in a better health outcome for the patient.

If you have questions about cross-cultural care, contact the TB Program at 717-787-6267.