SECTION III: CULTURAL CONSIDERATIONS IN HEALTH CARE

Culture is a crucial component in both how the clinician delivers medical care and how the patient responds to medical interventions. Delivering culturally appropriate medical care requires becoming familiar with the many aspects of culture that influence patients' health values, beliefs, behaviors and expectations for treatment. This section of the Toolkit provides summary information on cultural factors that can affect the clinical encounter.

Impact of Culture on Health Behaviors

While data on disparities provide tangible facts on outcomes of care, the dimension of culture lends insight on the complex behaviors that may influence those outcomes. Culture provides the system of information that dictates beliefs and patterns of behavior within any given environment. Some fundamental differences that influence health values, communication and interaction styles between American/Western and Non-Western cultures are summarized in Table 1 below.

Table 1:
Cultural Dynamics Influencing the Clinical Encounter

American/Western Cultures	Concepts	Non-Western Cultures
•Health is absence of disease. •Seeks medical system to prevent disease & treat illness. •Seeks specialty practitioners (e.g., physicians, nurses, psychiatrists, surgeons, etc.). •Prevention is practiced to avoid disease in future. •Foods used to affect biological functioning.	Core Health Beliefs and Practices	•Health is a state of harmony within body, mind, spirit. •Seeks medical system when in acute stage of illness. •Seeks herbalists, midwives, santiguadoras, curanderos, priests, shamans, espiritistas, voodoo priests, etc. •Prevention of disease is not a recognized concept. •Foods used to restore imbalances (hot/cold; ying/yang).
•Values individualism: focus on self-reliance & autonomy. •Values independence and freedom. •Values youth over elderly status. •Personal control over environment & destiny. •Future oriented. •Efficiency: time is important; tardiness viewed as impolite.	Cultural Values, Norms, Customs	•Values collectivism: reliance on other & group acceptance. •Values interdependence with family and community. •Values respect for authority and elderly status. •Fate controls environment & destiny. •Present oriented: here and now. •Efficiency: time is flexible; viewed as impolite/insulting.
•Greeting on first name basis denotes informality to build rapport. •Being direct avoids miscommunication. •Eye contact signifies respect and attentiveness. •Personal distance denotes professionalism & objectivity. •Gestures have universal meaning.	Communication Styles	•Greeting on first-name basis denotes disrespect. •Being direct denotes conflict. •Eye contact is considered disrespectful. •Close personal space valued to building rapport. •Gestures have taboo meanings depending on cultural subgroups.
•Individual interests are valued and encouraged. •Individual is the focus of health care decision-making. •Reliance on nuclear family bonds.	Family Dynamics	•Individual interests are subordinate to family needs. •Family is the focus of health care decision-making. •Reliance on nuclear & extended family networks.

Table 1 on the previous page summarizes the common views on health beliefs/practices, norms for interpersonal interaction, communication styles and family dynamics across various ethnic minority group cultures. These beliefs and concepts inform the actions for seeking health care, a proper relationship between physician-patient, decision-making processes and expectations for care.

While the information in Table 1 can be helpful, caution must be exercised in making generalizations during a cross-cultural encounter as this risks stereotyping.

Instead, this information can be viewed in the context of a continuum where each end represents the extreme on the spectrum of beliefs/values while being aware that many patients may fall in the middle or somewhere between both ends.

Core Cultural Concepts

The core beliefs and concepts highlighted in Table 1 inform the actions for seeking health care, a proper relationship between physician-patient, decision making processes and expectations for care.

- ***Core Health Beliefs/Practices***: Culture influences core health values. Many ethnic minority groups may share a holistic view of health, illness and treatment that integrates body, mind and spirit, whereas American/Western approaches treat these dimensions separately. For example: illness is defined as being out of balance with body, mind and spirit rather than as a disease. These beliefs often dictate health- seeking behaviors and the types of practitioners sought to treat illness or condition.

- ***Cultural Norms, Values, Customs***: Some ethnic minority groups may also share approaches to health/illness behaviors that rely on group support and interdependence (collectivism), whereas American/Western approaches focus on patient autonomy and independence (individualism). Cultural values about respect, deference to authority, control over fate or environment and time orientation will often dictate proper physician-patient interaction during the encounter.

- ***Communication Styles***: The nature of the physician-patient interaction relies on recognizing and understanding the basic norms, mannerisms and tools for communication that are acceptable to both parties (Yu, 1999). Differences in values for direct (verbal) and indirect (non-verbal) communication can also influence physician-patient relationship and outcomes of care. For example, eye contact with physicians is viewed as disrespectful and consistent with norms for deference to authority figures among African American, Hispanic, Asian and some immigrant cultural groups. Physicians who expect ethnic minority patients to speak up or be direct about their concerns may miss the essence of what is being communicated.

- ***Family Dynamics***: Culture also influences the family structure and interaction dynamics. A shared value across many ethnic minority groups is the strong identification and reliance on immediate and extended family members for emotional and material support. Family members become active participants in making all medical decisions, which differs from American/Western values where cultural norms of individualism and patient autonomy are central to the decision-making process. Physicians should be aware that patients may delay crucial medical treatment decisions to permit consideration and input of the family.

Delivering patient care that does not take into consideration how culture influences health beliefs, health seeking practices, norms for communication and interaction or family role dynamics can limit the efficacy of therapeutic interventions and treatment adherence. Physicians are encouraged to reflect on how culture influences their own core beliefs, professional behaviors and their practice environment, as well as to learn about the particular subgroups served by their practices.

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