



Alliance for  
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# Alliance

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# A means to an end: Achieving Patient Satisfaction Through Culturally Sensitive Communication

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# Disclosure

- The presenters has no financial relationship to disclose





# Learning Objectives

- Recognize the importance of cultural diverse situations and challenges when working as healthcare teams and its impact on patient outcomes
- Address culturally sensitive challenges in communication with patients and their families
- Apply tactics that help address challenges when working with cultural diverse patients and their families



# Implications to Healthcare

Health care professionals are affected by the

- assumptions
- expectations
- experiences
- biases rooted in their cultures
- social context
- as much as their patients (Beagan, 2003)



# Impact on patient health

- different understandings of the relationships among illnesses, illness symptoms, etiology
- expectations about appropriate treatment
- Expectations of the process
- May be less likely to ask even clarifying questions
- May prefer traditional remedies
- Patients' inability to communicate lead to delays in care, fewer or missed appointments, medical error
- Patients non adherence to treatment
- Social norms, stigma and other influences



# Where should we be?

- All providers are culturally competent (sensitivity)
  - Positive health outcomes
  - Compliance, adherence
  - Engaged , empowered patient
  - Overall health and experience
    - Respect
    - Be genuine
    - Empathy, warmth
    - Support





# Cultural Competence (sensitivity) in Healthcare

- Culturally influenced beliefs and behaviors related to health and health care in both health care professionals and patients
- Impact areas of prevention, treatment-seeking, treatment recommendations, and treatment compliance (Freeman, 2009)
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- Awareness of how these culturally influences beliefs and behaviors impact medical outcomes (Freeman, 2009)



# Self-Assessment



# Self-assessment

Awareness		Never	Some-times	Fairly often Pretty well	Always Very well
Value diversity	I view human difference as positive and a cause for celebration.				
Know myself	I have a clear sense of my own ethnic, cultural, and racial identity.				
Share my culture	I am aware that in order to learn more about others I need to understand and be prepared to share my own culture.				



# Self-assessment

Awareness		Never	Some-times	Fairly often Pretty well	Always Very well
Be aware of areas of discomfort	I am aware of my discomfort when I encounter differences in race, color, religion, sexual orientation, language, and ethnicity.				
Check my assumptions	I am aware of the assumptions that I hold about people of cultures different from my own.				
Challenge my stereotypes	I am aware of my stereotypes as they arise and have developed personal strategies for reducing the harm they cause.				



# Self-assessment

Awareness		Never	Some-times	Fairly often Pretty well	Always Very well
Reflect on how my culture informs my judgment	I am aware of how my cultural perspective influences my judgment about what are "appropriate," "normal," or "superior" behaviors, values, and communication styles.				
Accept ambiguity	I accept that in cross-cultural situations there can be uncertainty and that uncertainty can make me anxious. It can also mean that I do not respond quickly and take the time needed to get more information				
Be curious	I take any opportunity to put myself I place where I can learn about differences and create relationships.				



# Your Experiences



# Case discussion

Four 65 year old patients with stage IV colon cancer present to the medical oncology clinic to discuss treatment options. All have extensive lung metastases and malignant pleural effusion causing shortness of breath. Their cancers have progressed despite extensive therapy

- Kuwaiti Muslim woman
- American Jewish woman
- US Vietnam Veteran
- African American Man



# Principles that can help

Everyone has a profound need to be heard and to be understood.

All people really care about is being cared about

Family is an extension of the patient.

Words can harm and words can heal

Physical touch is a powerful force that can be destructive or healing.

Non-verbal cues are powerful

Spirituality is important to nearly everyone.

Allow the patient and family as much control as possible.





# Fundamental Skills

- **P**reparation: establish the right frame of mind and plan before seeing the patient
- **R**espect: show respect, since patients are vulnerable and need our assistance
- **E**nvironment: create a comfortable setting for the patient and family
- **P**resentation: represent the profession and the work we do



# Key Take Home Messages

- Recognize the importance of communication when working with patients and their families to achieve patient satisfaction.
- Recognize the importance of cultural diverse situations and challenges when working as healthcare teams and its impact on patient outcomes
- Address culturally sensitive challenges in communication with patients and their families
- Appreciate the need to acknowledge cultural diversity among patients
- Apply tactics that help address challenges when working with cultural diverse patients and their families.



# References

- Epner, D.E & Baile W.F. (2012). Patient centered care: the key to cultural competence. *Annals of Oncology* 23, supplement 23, pages 33-42
- Beagan, B. (2003). Teaching social and cultural awareness to medical students: “It’s all very nice to talk about it in theory, but ultimately it makes no difference”. *Academic Medicine*, 78, 605-614. Retrieved from [http://journals.lww.com/academicmedicine/fulltext/2003/06000/teaching\\_social\\_and\\_cultural\\_awareness\\_to\\_medical.11.aspx](http://journals.lww.com/academicmedicine/fulltext/2003/06000/teaching_social_and_cultural_awareness_to_medical.11.aspx)
- Betancourt, J. R., Green, A. R., Carrillo, J. E., & Park, E. R. (2005). Cultural competence and health care disparities: Key perspectives and trends. *Health Affairs*, 24, 499-505. Retrieved from <http://content.healthaffairs.org/content/24/2/499.full>
- Clay, R. A. (2010, September). How do I become culturally competent? *American Psychological Association gradPSYCH*, p. 24. Retrieved from <http://www.apa.org/gradpsych/2010/09/culturally-competent.aspx>
- Freeman, L.W. (2009). *Mosby’s complementary & alternative medicine: A research-based approach (3rd ed.)*. St. Louis, MO: Mosby, Inc.
- Martin, M. & Vaughn, B. (2007). Cultural competence: The nuts and bolts of diversity and inclusion. *Strategic Diversity & Inclusion Management*, 1, 31-36. Retrieved from <http://diversityofficermagazine.com/>
- Office of Minority Health. (1999). *Assuring cultural competence in health care: Recommendations for national standards and an outcomes-focused research agenda* [Report]. U. S. Department of Health and Human Services (HHS). Retrieved from [http://minorityhealth.hhs.gov/Assets/pdf/checked/Assuring\\_Cultural\\_Competence\\_in\\_Health\\_Care-1999.pdf](http://minorityhealth.hhs.gov/Assets/pdf/checked/Assuring_Cultural_Competence_in_Health_Care-1999.pdf)
- Taylor, S. L., & Lurie, N. (2004). The role of culturally competent communication in reducing ethnic and racial healthcare disparities. *The American Journal of Managed Care*, 10, SP1-SP4. Retrieved from <http://www.ajmc.com/publications/issue/2004/2004-09-vol10-n1SP/Sep04-1875pSP001-SP00/3>

