

# ELABORATIONS

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## Cultural Competency: Understanding Diversity in Healthcare

by Linda Parisi, DOH/LQA

*The following article is adapted from a 2007 article titled "Cultural Competency in Medicine" from the American Medical Student Association.*

The United States has a very ethnically and culturally diverse population. In order to live and work together, there is a great need to understand the cultural differences and embrace them. In healthcare, estimates show that 40% of patients in a generalist physician practice are from minority cultures. It is essential for those of us who work in the healthcare industry to increase our cultural awareness and competency.

**What can we do?** First, we need to define culture and cultural competency.

- **Culture** is defined as the "integrated pattern of human behavior that includes communications, actions, customs, beliefs, values, and institutions of a racial, religious, or social group," and is a predominant force in shaping behavior, values, and institutions. Many cultures do not differentiate between religion and medicine. Traditional healers (like Hispanic curanderos, herbalists, shamans, or medicine men/women) are valued because they bridge the gap between the two.
- **Cultural competency** is "a set of academic and personal skills that allows us to increase our understanding and appreciation of cultural differences between

groups."

Cultural differences affect the healthcare delivery system. A culturally competent provider appreciates these differences and incorporates them into their practice.

Common Areas of Dissonance:

**Historical Distrusts:** Past injustices may cause minority patients to distrust the provider. Illegal aliens may be afraid to complete necessary paperwork due to fear of deportation.

**Interpretations of Disability:** Some cultures believe that disabilities are "spiritual" rather than physical.

continued on page 2

### Inside This Issue

- 2-3 Cultural Competency, cont'd
- 3 Your Input Needed for PHL Training Courses
- 4 15th Annual Conference/Calendar of Events

### Practice Guidelines

The following practice guidelines have been developed by the Clinical Laboratory Advisory Council. They can be accessed at the following website:  
[www.doh.wa.gov/lqa.htm](http://www.doh.wa.gov/lqa.htm)

Anemia	Lipid Screening
ANA	PAP Smear
Bioterrorism Event Mgmt	Point-of-Care Testing
Bleeding Disorders	PSA
Chlamydia	Rash Illness
Diabetes	Red Cell Transfusion
Group A Strep Pharyngitis	Renal Disease
Group B Streptococcus	STD
Hepatitis	Thyroid
HIV	Tuberculosis
Infectious Diarrhea	Urinalysis
Intestinal Parasites	Wellness

# Cultural Competency, continued from page 1

They may consider the disability a blessing or reward for ancestral tribulations.

**Concepts of Family Structure and Family Identity:** For many cultures, family extends to the community as well as the core family.

**Communication Styles and Views of Professional Roles:** Many cultures respect relationships with providers that encompass both the professional and personal roles.

**Incompatibility of Explanatory Models:** Many cultures do not relate to the epidemiological role in diagnosing illness. A provider must understand their views on the “evil eye” or “curses” as sources of disease.

**Disease Without Illness:** Some patients may not want to have medical treatment for illnesses such as hypertension, high cholesterol, and HIV because there are no symptoms.

**Illness With Disease:** Providers must be aware of common folk medicine beliefs and how these affect members of a cultural community. A combination of folk medicine and mainstream medicine may increase the treatment compliance.

**Misunderstanding of Terminology, Language, or Body Language:** Body language is a major issue between

cultures and can be easily misinterpreted. For example, a firm handshake in an Anglo-American culture is a symbol of strength. In some Native American groups, a limp handshake is a symbol of humility.

Here are some examples of the differences between cultures that a phlebotomist might encounter:

## In the Vietnamese Culture

- Women generally do not shake hands with each other or with men.
- It is disrespectful to touch another person’s head.
- A smile cannot automatically be interpreted as happiness or agreement.
- Speaking loud or with excessive gestures may be considered rude.
- People may avoid asking questions and may not voice disagreement or concern.

## In the Hispanic Culture

- A greeting may serve more purposes than a just a salutation or welcome. Sometimes the greeting serves the purpose of clarifying the patient’s identity. Using only a first name may convey disrespect.
- The caregiver is expected to show warmth to the patient and family.
- The mother is in charge of the family’s healthcare but when there is an illness, the entire family may become involved.
- Some people believe that people get sick because they are out of balance, either too much hot or cold. They believe that consumption of foods or herbs of the opposite quality will correct the balance.

## In the Somali Culture

- The common way to greet someone is to say “Salam Alechem” (roughly translated as God bless you) and to shake their hand. Women shake women’s hands and men shake men’s hands.
- The right hand is considered clean and polite to use for daily tasks, eating, writing, and greeting people.
- Married women are expected to cover their bodies.
- A female’s status is enhanced the more children she bears.
- Birthdays are not celebrated.
- Females may prefer to work with a female professional.

## Tips for Improving Caregiver/Patient Relations Between Cultures

- Do not treat the patient the same way that you would want to be treated. The culture determines the role of

continued on page 3

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**DOH home page:** <http://www.doh.wa.gov>  
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**PHL home page:**  
<http://www.doh.wa.gov/EHSPHL/PHL/default.htm>

## Cultural Competency, continued from page 2

the caregiver/provider.

- Begin with a more formal approach.
- Do not be insulted if the patient does not look at you. In many cultures, it is disrespectful to look directly at another person.
- Do not make assumptions about the patient's ideas about the way they want to maintain health, the cause of illness, or the means to prevent or cure illness.
- Allow the patient to be honest and open, and even discuss their beliefs in alternative medicine or folk healers.
- Do not discount the possible effects of beliefs in the supernatural.
- Inquire directly about the patient's beliefs in the supernatural or nontraditional cures.
- Ascertain the value of involving the entire family in the treatment of illness.
- Be restrained in relating bad news. The "need to know" is an American trait.
- Incorporate the treatment plan with the patient's folk beliefs whenever possible.

Meeting and working with people of different cultures helps to dispel stereotypes and increases understanding of contradictions with academic knowledge. Although it is crucial to gather cultural knowledge, it is equally important to be humble enough to let go of stereotypes and remain open to all cultural differences.

## Your Input Needed for 2009 Training Calendar

by Laura Kentala and Shelley Lankford, DOH/PHL

The Public Health Laboratories (PHL) Training Program continues to expand its course offerings to provide laboratory training courses you want and need. The classes we offer are designed to help you tune-up laboratory skills, provide new information in the field of laboratory medicine, help resolve issues in areas where you may have problems, and provide insight into reporting and laboratory quality assurance.

Please take this opportunity to provide input on which courses you would like us to offer on the 2009 training schedule. We especially welcome your input regarding our Microbiology series of classes. Below is a list of classes under consideration. The new courses take time and effort to develop so we would like to focus our efforts on courses the laboratory community will attend. We would like to know if there is interest in adding these courses to our current set of course offerings or if you have suggestions for other courses. Please send your suggestions and comments to the PHL Training Program via email to: [margaret.hoff@doh.wa.gov](mailto:margaret.hoff@doh.wa.gov).

### Courses Under consideration include:

- Gram Positive Bacteria
- Lab Safety – Biosafety and Biosecurity
- Quality Assurance for Microbiology Labs
- Mycology
- Urine Culture
- Anaerobes

Check out the current PHL Training Course Calendar at the following website:

<http://www.doh.wa.gov/EHSPHL/PHL/Training/train.htm>.

# 15th Annual Clinical Laboratory Conference

November 10, 2008  
8:00 a.m. - 4:30 p.m.

Doubletree Hotel at SeaTac  
International Airport

Mark your calendars and plan to attend!

Program flyers will be mailed in September.

The program will also be available from the LQA website at:  
[http://www.doh.wa.gov/hsqa/fsl/lqa\\_updates.htm](http://www.doh.wa.gov/hsqa/fsl/lqa_updates.htm).

## Calendar of Events

**PHL Training Classes:**  
(<http://www.doh.wa.gov/ehsphi/phl/training/train.htm>)

**Basic Microscopy**  
August 6                      Shoreline

**Northwest Medical Laboratory Symposium**  
October 15-18              Portland

**15th Annual Clinical Laboratory Conference**  
November 2008              Seattle

**2009 ASCLS-WA Spring Meeting**  
April 2009                      Spokane

Contact information for the events listed above can be found on page 2. The Calendar of Events is a list of upcoming conferences, deadlines, and other dates of interest to the clinical laboratory community. If you have events that you would like to have included, please mail them to ELABORATIONS at the address on page 2. Information must be received at least one month before the scheduled event. The editor reserves the right to make final decisions on inclusion.

For persons with disabilities, this document is available upon request in other formats. To submit a request, please call 1-800-525-0127. (TTY/TDD 1-800-833-6388).



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