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Medical Anthropology (5)

Cultural competence in health care (source: Winkelman M, "Culture and Health", Chapter 3, pp.83-120, Jossey-Bass, 2009)

- Differences between providers and clients may sometimes interfere with clinical consultation and treatment, program development and disease prevention.
- How can the barriers and problems produced by such difference be addressed with the development of cultural competence (based in the abilities to apply cultural knowledge and intercultural skills to effectively address the impacts of culture on social relations)?
  - Effective adaptation to other cultures' health realities requires personal development by:
    - Developing awareness of the impact of cultural values and social processes on personal characteristics
    - Improving intercultural interactions
    - Acquiring models of culture for analysis of culture and health relations
- Personal/Interpersonal skills related to intercultural encounters
  - Personal cultural awareness (shown as Exhibit 3.1) is a prerequisite for managing cross-cultural differences

Cited from Winkelman M (2009) Chapter 3, EXHIBIT 3.1. "Values Assessment Exercise" Assess how important each of the following factors is to you on the following scale: 1=Very important, 2=Important, 3=Little importance, 4=Not important

	Importance of values			
	High			Low
Cleanliness	1	2	3	4
Satisfying others' needs	1	2	3	4
Respect for elderly	1	2	3	4
Past traditions	1	2	3	4
Premarital virginity	1	2	3	4
Social equality	1	2	3	4
Family honor	1	2	3	4
Education	1	2	3	4
Self-interest	1	2	3	4
Independence from authority	1	2	3	4
Personal relationships	1	2	3	4
Directions in communication	1	2	3	4
Having many children	1	2	3	4
Punctuality	1	2	3	4
Being loyal to my manager	1	2	3	4
Being given orders by managers	1	2	3	4
Close friendships with coworkers	1	2	3	4
Having independent responsibility	1	2	3	4
Being liked by subordinates	1	2	3	4
Planning well in advance	1	2	3	4
Noncompetitive work environment	1	2	3	4
Sharing ideas with superiors	1	2	3	4
Separate roles for men and women	1	2	3	4
Formal standards for behavior	1	2	3	4
Improving social status	1	2	3	4

Which of these values produce conflict for you at work? Why?
Which of these values are emphasized in your workplace?
Which of these values are rejected in your workplace?
Which of these values do you associate with specific cultural groups?
How do values affect health and health behaviors?
How do values affect the way providers interact with clients?

  - Intercultural skills help overcome cultural communication gaps and facilitate adaptations to cultural factors that affect client's reality.
- Cultural awareness, sensitivity, competence, responsiveness and proficiency
  - **Cultural awareness**: an understanding of the importance of cultural differences
  - **Cultural sensitivity**: going beyond awareness to provide an appropriate response to cultural differences: eg, knowing that people from some cultures don't like to look directly into another's eyes
  - **Cultural competence**: having further capabilities to deal with differences effectively: the ability or function effectively in the context of everyday life of a culture. Involving personal, interpersonal, organizational skills including behaviors, attitudes, policies that enable people to work effectively with the various cultural groups
    - Composed of several dimensions like knowledge of general dynamics of culture and cross-cultural relations, general skills in intercultural relations, specialty-specific skills for professional relations, and culture-specific knowledge of behaviors and beliefs of specific groups
  - **Cultural responsiveness**: falling between sensitivity and competence. In nursing care, the ability to respond to a patient's care needs in a way that is congruent with the patient's cultural expectations
  - **Cultural proficiency**: the ability to transfer cultural knowledge and skills to others, providing others with the skills to effectively manage cultural differences.
- Levels of cross-cultural competence (dislike and misunderstanding of out-groups => varying levels of appreciation of the nature and significance of cultural differences)
  - Ethnocentrism: People begin in an ethnocentric condition, ignorant of the relation of culture to behavior and self, no competency in understanding cross-cultural issues, no appreciation of the effects of historical and contemporary racism.

    - Universalism: It rejects fundamental differences across cultures and emphasizes human similarities. "Everybody's basically same" view. It's naive regarding cultural differences (ignores the fact that one's perspective about human universality is based on the one's own cultural assumptions). Often embodied in religious universalism: A single god is believed to have created all humans (thus *equality under the god* is assumed). Conventional biomedical view is a kind of universalism because it applies standard dose per body weight or normal ranges of weight for height to all humans regardless with genetic and/or environmental conditions.
    - Cultural awareness and acceptance: Awareness (incl. self-awareness of cultural values) of the "importance of cultural differences" and "knowledge of their influences on behavior" => Reduce cross-cultural misunderstanding
    - Adaptation (=cultural sensitivity): Ability to accommodate to cultural differences <= making appropriate adjustments for interactions with people from other cultures by adjusting behavior and communication.
    - Cultural competence: Ability to work effectively with clients from a different cultural group from one's own, based on understanding of cultural values, beliefs, behaviors. Incl. ability to use culturally relevant communication skills, motivational strategies, organizational approaches.
    - (Marginalization and biculturalism): Biculturalism refers an individual having internalized two different culture's expectations. Some bicultural persons are marginalized (feeling a lack of cultural identity), some others are intermediaries, functioning effectively in two cultural groups.
    - Integration: Transcedenting the limitations of the previous cultural self, producing a new identity that incorporates the other culture. In other words, redefining one's identity in relation to multicultural contexts.
    - Cultural proficiency: The ability to teach and direct others effectively in their development of culturally sensitive and competent approaches.
- Concepts of **culture**
    - Culture and emic perspectives: "Culture" as a fundamental tool to overcome cross-cultural conflicts, requiring "emic" perspectives to understand that members of a culture have about themselves – insider's view (eg. Kansai-jin's characteristics identified by Kansai area natives)
    - Cultural relativism（文化相対主義）: According to the emic perspective, behavior is related to an actor's culture; the context in which that behavior is meaningful and rational. Knowledge of cultural patterns and values enables providers to transform problems, conflicts, and paradoxes into meaningful behavior.
    - Cross-cultural or etic perspectives: Specific pattern of human behavior is one of the general patterns of cross-cultural variation. eg. We recognize specific cultural behaviors such as possession as the cultural manifestation of illness behavior and the sick role, rather than a psychotic delusion.
    - Cultural characterizations versus stereotypes: Cultural features <= member's of specific groups? Or it's stereotyping (All who belong to one culture are same) ? Cultures provide common patterns of behavior that characterize their members and intracultural variation in self, personality, and social roles. Complex societies have greater variation within the culture.
    - Racial concepts: The application of the "race" concept to inter-group differences is misleading. Racial concepts reflect racist traditions rather than genetic differences.
    - Social versus cultural effects: Social influences are different from cultural influences. Characteristics of minority groups in a multicultural society may be the consequence of economic and political relationships with other groups.
- Effective cross-cultural adaptations
    - Culture shock adaptation: Cross-cultural contact => stress, emotional reactions, resistance to learning and accepting.
    - Personal change and transformation: Developing cultural competence requires an effort to change personality.
    - Cultural self-awareness: Recognize one's own cultural characteristics and influences (particularly values, prejudices, beliefs and their effects on behaviors and attitudes). Start from knowledge on one's own culture and its effects on one's self, identity, preferences, patterns of behavior, and characteristics of one's professional practice (eg. nursing professional cultures may differ by countries).
    - Cognitive reorganization: Cross-cultural effectiveness requires cognitive changes ~ reconsider habitual cultural assumptions about what is normal, and so on ("self-reference criteria"). => interpersonal intercultural skills
- Interpersonal skills for intercultural relations
    - Achieving communication competence: overcoming language barriers, listening and attending
      (see, language barrier for EPA nurses [http://ajw.asahi.com/article/behind_news/social_affairs/AJ201303220086])
    - Adjusting to another culture's behavioral expectations (eg. bedside manners, good will, compassion)
    - Developing and maintaining interpersonal relationships
    - Developing interpersonal skills for expressing empathy and cultural understanding (eg. nonverbal cultural norms like eye contact, interpersonal space, tone of voice, timing).
      => eg. What is necessary for EPA nurses to adapt Japanese culture besides language barriers?

<No debate on 21 May 2026. Instead, 5 minutes-talks (so-called "lightening talks") with 1 page presentation, one by one>

- Please explain your experience of cultural gap in health-related issue and how to adapt.