Being open-minded, showing true empathy, and accepting responsibility are essential to fostering a sense of partnership among multicultural patients.

Communication is essential when a patient presents—from the moment the patient walks in, he or she is trying to convey his or her situation to healthcare personnel. When the patient does not speak English or subscribe to the beliefs of Western medicine, the task of providing quality healthcare can be difficult. To overcome the hurdles, hospitals across the country are employing interpreters, requiring diversity training, and changing the one-language, one-culture mentality.

In 2003, the U.S. Census Bureau reported that 11.7%, or 33.5 million, U.S. inhabitants were foreign-born. Of those, more than 53% were born in Latin America. With such an upsurge in America’s already diverse population, the healthcare industry has been quick to realize the need to address multiculturalism and diversity awareness. Healthcare professionals are realizing that by providing care tailored to the different cultures they serve, they are providing better care.

“There has always been a need for a cultural impact in healthcare and with the United States seeing a tangential growth in immigration from the 1990s, we must change the way we approach healthcare to provide the best care,” says Howard Ross, president of Cook Ross, a consulting and training firm in Silver Spring, Md. Finding better ways to communicate with the culturally diverse population is essential, he adds.

To that end, there has been an explosion of diversity training and awareness in hospitals across the country. At the Albert Einstein Healthcare Network in Philadelphia, residents are required to complete a three-year cultural competence program, according to Harriet Bernstein, director of language and cultural services.

Scripps Mercy Hospital in Chula Vista, Calif., has a cultural competency program that is designed to “improve cultural competency and awareness through education and professional development by ensuring access to quality interpretation services for limited-English-proficient patients,” explains Tanya McCann, Scripps’ cultural competency coordinator.

Cook Ross has developed CultureVision, an extensive database that provides the “knowledge necessary for healthcare professionals to overcome the uncertainty associated with cultural differences. It enables them to care for people of varying backgrounds and assist, support, and facilitate the patient’s ability to regain or maintain the highest levels of independence and wellness,” according to the company Web site.

Despite the programs and services offered by each of these organizations, they agree that there is a common edict, reflected in this statement by Ross: “Knowing what questions to ask is paramount. Realizing that each culture is different and has a particular system in which they prefer to be treated is far better than setting up stereotypes…”

In addition, Elsa Batica, manager of the Cross Cultural Health Development Training program at Children’s Hospitals and Clinics in Minneapolis, says, “It is important for healthcare professionals to make the patient comfortable by fostering a partnership rather than establishing a power differential.” Keeping an open mind and owning up to any mistakes rather than blaming the non-English-speaking patient is imperative to establishing trust, she adds.

**Multiculturalism Across the Country**

Interpreters are now an integral part of the healthcare workforce, joining hospital staffs either through outside agencies or as full-time employees.

At Sutter Medical Center in Sacramento, Calif., there is a full-time certified Spanish interpreter on staff who can also assist patients with hearing impairments who use sign language. Barbara Berry, manager of the Interpreter Services Program, established the Interpreter Services Program four years ago to provide interpreters for
the ethnically diverse population served by Sutter. Although the largest cultural group served is Hispanic, there is also a growing population of Russian, Ukrainian, and Hmong immigrants.

At Scripps Mercy Hospital, the cultural competency program offers training and educational opportunities to Scripps health professionals and physicians. To entice the staff to participate, nurses are offered continuing education units while physicians can earn continuing medical education units. The only current mandatory training teaches participants the importance of providing appropriate interpretation services and how to use the Cyracom phone system—a dual-phone translation service available 24 hours a day—when an interpreter is not available. “There is discussion and plans to incorporate cultural sensitivity and language training into overall Scripps and department orientations,” McCann says. “There is some discussion to include cultural sensitivity and language into job descriptions as well.”

Despite the lack of mandatory training at Scripps, McCann says, “In cultural competency trainings it is emphasized that there is a ‘platinum rule.’ Rather than treating people the way we want to be treated, we treat our patients the way they want to be treated. They are the customers and we are here to serve their needs. This means accommodating their cultural and language preferences.”

“Our bottom line is to serve our patients within their cultural preference,” says Albert Einstein’s Bernstein. “In doing so, we are providing good medical care, good supportive care, and we are establishing trust by communicating in their language and respecting the nuances of their culture.” To make this vision a reality, Albert Einstein employs nine staff interpreters fluent in Spanish, Korean, Russian, and Vietnamese. There are also an additional 50 employees on staff that are trained as volunteer medical interpreters.

**Listening, Understanding, Accepting**

The Vietnamese culture subscribes to a hot/cold therapy for healthcare. For example, when a woman is pregnant and approaching labor, it is considered a “hot therapy” time in her life and she avoids cold drinks, according to Ross. The belief in hot and cold therapy is not a part of Western medicine and nurses tending to a pregnant woman in labor in the United States will likely offer cold water or ice chips to the woman, he explains.

After conducting research, Ross and a colleague deduced that a significant number of Vietnamese women in labor were suffering from signs of dehydration. “We realized that altering the temperature of the water that was offered to a pregnant Vietnamese woman significantly reduced the signs of dehydration,” he says.

By questioning why the woman was not drinking the water and finding out that in her culture cold foods are avoided during labor and delivery, the nurse would have offered water that was the appropriate temperature for the woman. “Something as simple as the temperature of water can make a huge difference in the quality of care that our now culturally diverse population receives,” Ross says.

In other instances, healthcare providers can balance the needs of the culture the person is accustomed to with the needs of Western medicine without compromising either. Bernstein explains that when a highly educated woman in her 50s was to receive care, her culture demanded that all decisions be made by the eldest male of the family. “By speaking in private with the patient first to determine how she wished to proceed with her care then convening with the elder of the family, the staff navigated both cultures to provide the best care for both the patient and her family,” she says.

Although Hispanics comprise the largest foreign-born population in the United States, the number of Hmong is expanding across the country. In the early 1980s, the United States assisted a large Hmong population living in refugee camps in Thailand to come to these shores. It is estimated that nearly 150,000 Hmong live in the United States with one-half of this population living in Minnesota, according to research by the Children’s Hospitals and Clinics of Minnesota Web site.

Among Hmong medical traditions, there is a focus on traditional herbal treatments both alone and as a complement to Western medical treatments.
Additionally, Hmong have different concepts of illness than Western physicians. For that reason, healthcare professionals may have a difficult time gaining the confidence of Hmong patients to provide care, according to research.

To both better serve and understand this growing ethnic population, Children’s Hospitals and Clinics of Minnesota offers an integrative medicine department to address the medical and social differences in which the Hmong approach Western medical care. Integrative medicine is “an approach that draws on a variety of healing traditions, blending the best of conventional and complementary therapies in a personalized plan that best fits each child and family,” according to the hospital Web site.

**Unified Healthcare through Multiculturalism**

With so many initiatives underway across the United States responding to the increasing numbers of non–English-speaking immigrants, it is important to recognize that everyone is different, Ross explains. “Realizing that diversity training and multiculturalism in healthcare is not just a fly-by-night proposition is crucial to the success of our healthcare system,” he says.

Without the interpreters at Albert Einstein or the cultural competency program at Scripps, large populations of people would be receiving subpar healthcare. Looking at the numbers of people coming to the United States from around the globe, it is obvious that they hope for a better life for themselves and their loved ones. Multiculturalism and diversity training is making this hope one step closer to becoming a reality.

— Kim M. Norton is a freelance writer/journalist.

**Article Online**


**Resources**

American Medical Student Association
www.amsa.org/programs/gpit/cultural.cfm

U.S. Census Bureau
www.census.gov/population/www/socdemo/foreign.html