Culturally sensitive care

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Case

Wahiddullah (24) and his wife Habiba (20) fled Afghanistan one and a half years ago.

They have been married for five years and have no children. They are officially recognised refugees and live in a local reception initiative. Both of them are taking Dutch lessons and now speak reasonable Dutch. Wahidullah has trouble sleeping and has a lot of nightmares; Habiba suffers from headaches and general weakness - the doctors have no explanation for these symptoms. She often cries when she is alone. She would rather skip Dutch class because she's too tired. She feels that she has failed as a woman because she is not yet pregnant.

General

- Support workers are increasingly faced with clients whose personal histories involve migration or flight. This poses certain challenges. The first barrier is often the language: the complete or even partial lack of a common language makes the support process much more difficult. The fact sheet on language support contains information on how to overcome this language barrier. Cultural barriers present another problem.
- Some decades ago, when migration numbers were still quite low, we were able to ascertain the specific customs and practices of certain groups: who can I shake hands with and who can't I? What culturally-determined explanatory models are there for people from Turkey, for instance? This is called a culturally specific approach.
- Nowadays, people migrate from all corners of the globe. Considering the exceptionally high degree of diversity that is evolving in our society, it is impossible as a support worker to know every aspect of every patient's cultural background.
- Culturally sensitive care means that support workers are aware of the possible influence of a patient's cultural background. For example, this influence may manifest itself in the way someone expresses themselves or in the request for assistance.
- The aim of culturally sensitive care is to take into consideration the cultural factors whilst working towards mutual understanding and equal care. In this way, we approach our relationship with the client in an open and curious manner, without falling into the trap of stereotypes and prejudices.

In practice

Attitudes

1. Cultural awareness

- We too are the result of a culturally-determined upbringing and surroundings.
- As support workers, we too apply certain learned values and standards to the consultation process.

In Belgium, the average age to become a mother is 28.5 years. In Afghanistan, it's much younger. Is that a cultural thing? Or is it determined by society? Does it have to do with access to and awareness of contraception?

2. Reflexivity

- Reflexivity refers to the awareness that there is a range of possible worthwhile solutions to one problem. It concerns the ability to consider a thought or behaviour, which you believe to be self-explanatory or normal, as just one of a number of different solutions.

Wahidullah decides that he wants to work as soon as possible, the reason being that, as a proper man, he must be able to provide financially for his wife, so she can stay at home. He also wants to support his family back home.

- We use the three-step method from Pinto. This is a method of reflection applied to an imminent misunderstanding or conflict. You go through the three steps or phases before resorting to action:

patient x is often late to his appointments. One puts this down to culture. It leads to resentment. This recently caused a conflict because he was no longer able to have his appointment.

Step 1: familiarise yourself with your own (culturally-bound) standards and values.

What rules and codes influence the way you think, act and communicate?

Being punctual is very important here in Belgium. Arriving late is perceived as an inconvenience. One arrives on time to appointments, unless there is a good reason not to.

Step 2: familiarise yourself with the standards, values and codes of conduct of others.

Separate opinions about the behaviour of others from the facts. Research what the 'strange' behaviour of others means.

In the patient x's home country, arriving on time is a fluid concept. For example, if a lecture is planned for 9am, it generally starts around 10am. Sometimes illiteracy or social factors may play a role, for example with single mothers. The unwelcome behaviour can thus not always be attributed to culture.

Step 3: determine how you deal with the differences in standards and values.

Then decide where your boundaries lie: how much can you accept from the other person? To what extent can you adapt? Make these boundaries clear to the client.

Convey clear, understandable information about the appointment system. What are the specific consequences of not being punctual? Why? Check if the client has understood. Give him/her time to adjust.

The aims of this model are:

- eliminate prejudices

- improve your understanding of the standards and values of others and your own, and respect them
- make your own boundaries clear to others
- avoid confusion and misunderstandings, but also an exaggerated form of tolerance

3. An open attitude and respectful curiosity

Adopt an open attitude with regards to your questions: why is the other person doing what he/he is doing? What is determined by culture, what is contextual, what is social, what is individual?

Knowledge

Knowing the context surrounding your client is the foundation of a good relationship. This is often very complex. Factors from many different parts of life may have an impact on the client's well-being or state of health. How can you familiarise yourself with the context? A few tools for achieving this:

1. A thorough assessment

- What is the country and region of origin? Education, language knowledge, work? The current status in the asylum procedure? The family context: here or in the country of origin? Did some people stay behind? Has the client lost any loved ones: in the home country or en route?
- What is the client's story?
- What is the client's current living situation? How does he/she feel? What are his/her opportunities, restrictions, perspectives?

2. Intersectionality

- This refers to intersections of the various societal and personal spheres within a person.
- They are always present and in a constant state of exchange.
- This provides us with a kaleidoscopic view of who we are: individuals are not determined by a single aspect of their background or culture.
- Try to map the complex influences of nationality, gender, ethnicity, sexual preference and religion.

3. A relationship of trust

Many refugees are living in complex context. This poses a significant challenge to support workers when it comes to providing efficient care. Often, there is a long previous history of care. Working towards a long-lasting relationship of trust can enhance the quality of care. To achieve this, a number of factors are essential:

- Dedicate sufficient time.
- Emphasise confidentiality.
- Explain what you are doing and why you are doing it.
- Ask for permission.
- Involve the client in the care process.

Skills

1. Communication with regards to cultural differences

Do you suspect that certain cultural standards and values are having an impact on the therapy or the doctor-patient relationship? Explore these factors:

- Locate the 'patient train of thought': what does the patient him/herself think of their illness? What explanations does the patient have for it? What are his or her expectations? What questions, concerns,
- fears does the patient have? What is the request for help?
- Show the patient that you are interested in his or her (cultural) background and context. Be open.
- Be patient-centred: explore the patient and his or her context. Apply this information during different phases of the consultation process. “Health care that meets and responds to patients’ wants, needs and preferences and where patients are autonomous and able to decide for themselves.”

2. Shared decision making

- The faith that the patient has in the therapy increases if he/she agrees with the proposed treatment plan. Set joint, reachable goals. Divide the goals into smaller targets.
- Make sure that the patient is actively involved in drawing up a treatment plan: check that he/she understands everything. Are there any comments or questions? What does the patient think of the plan? It is achievable considering his/her context?
- In the event of a lack of faith in the therapy process: ask the patient to actively participate in the search for a solution/a treatment plan that fits his/her personal context. Call on the patient to take responsibility for him/herself: if the patient feels actively involved, he/she will present their own suggestions, with a greater chance of ensuring faith in the therapy process.