



CDAPP Sweet Success

Guidelines

for Care

Chapter 10

Cultural
Competency



*Sweet
Success*

California Diabetes and Pregnancy Program

California Diabetes and Pregnancy Program Sweet Success Guidelines for Care

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INTRODUCTION

“The world in which you were born is just one model of reality. Other cultures are not failed attempts at being you; they are unique manifestations of the human spirit.”

Wade Davis

This section addresses the importance of understanding the influence of a woman’s culture on her health choices. It provides the LEARN Model (crafted by Berlin and Fowkes ©BMJ)¹ to guide health care providers to provide culturally sensitive care.

CULTURE, PREGNANCY AND DIABETES

People’s cultural background affects their health practices and their response to physiological changes and illness.² A pregnant woman with diabetes who comes from a cultural tradition different from those of the caregivers may have difficulty accepting medical interventions. This is especially true when these medical practices contradict or violate her cultural values and health beliefs.³ In times of stress, like the experience of diabetes during pregnancy, a patient may adhere fervently to early-learned nutritional, behavioral, and spiritual traditions, as they provide comfort for her to cope with anxiety and uncertainty.⁴

Since attitudes and beliefs about health protection and healing are essential components of cultural practices, the health beliefs among CDAPP Sweet Success patients vary. Learning about the many different cultures is challenging and requires providers to LEARN, as explained below.¹

As a provider, conversations with your patient will reveal her perceptions of the importance of health practices and any potential conflicts she might feel in following her plan of care. For example, she may feel that insulin will hurt her and the baby, rather than helping her to control her diabetes. In the patient’s culture, the family’s influence on her self-care and diabetes management might be greater than is assumed. To avoid misconceptions, ask the woman about her beliefs, and pay attention to her responses and those of her family members.

Acculturation

Acculturation refers to the extent of a person’s integration of her new culture with her culture of origin. In addition to their diverse cultural background, patients also differ in their process of acculturation. As a provider you want to teach your patient American ways of managing diabetes with respect for her cultural expectations and pregnancy needs.

You want to know how many of her cultural beliefs and practices have been adapted to American culture and its practice of medicine. Information regarding the following issues will give you a sense of her level of acculturation.⁵

Some questions which you may consider include:

- ❖ How often does she return to her country of origin?
- ❖ Does anyone from her country of origin live in the home with her?
- ❖ Who does her grocery shopping and food preparation?
- ❖ Is her community consistent with her ethnic background?
- ❖ Does obstetric care in this country differ from her country of origin?
- ❖ How is diabetes treated in her country of origin?
- ❖ What are her expectations of managing her diabetes in pregnancy?

By observing and listening to your patient, you will become aware of her ease in understanding and speaking English. If she is not fully comfortable with her ability to communicate in English, it is crucial to use interpreter services at every visit. Asking family members to translate is likely to cause emotional strain and conflict, and should be avoided.

UTILIZING AN INTERPRETER

Healthcare interpreters are trained to understand, communicate and translate language differences. They can often provide clarification of cultural beliefs, values, and traditions that may interact with the patient's ability to understand and adhere to her treatment. For women who are not fluent with English, these interpreter services are recommended during all appointments. The California Healthcare Interpreting Association website is:

- ✓ <http://www.chiaonline.org/>

The LEARN Model

Health care team members can utilize the **LEARN** model to assist them to improve their cross-cultural communication. This model was crafted by Berlin and Fowkes (©BMJ) and is as follows¹:

LEARN stands for:

- Listen
- Explain
- Acknowledge
- Recommend
- Negotiate

The LEARN model¹ is a useful technique that has been used in health care settings for over 30 years. This approach can assist team members to develop cultural sensitivity and competence, which are required skills for all team members.⁶ The following sections suggest how team members can LEARN about the patient's cultural values and beliefs about pregnancy and diabetes.¹

Listen

Listen for the patient's thoughts and feelings.

- ❖ What are the patient's beliefs about diabetes and treatment methods?⁷
- ❖ Do other family members have diabetes?
- ❖ How have they treated their diabetes and what have been their outcomes?
- ❖ What are the cultural expectations for a woman who is pregnant?

Cultures differ widely in their views about the value placed on exercise, requirements for food, rest and sleep, ingestion or injection of medications, and personal rituals during pregnancy.⁸ In addition, a family's division of labor between generations and male and female is often highly regulated and the patient may feel that she must respect those rules first and foremost.⁴ Do these cultural expectations conflict with the team's recommendations?⁸

- ❖ What do pregnant women eat in the patient's culture of origin? What foods are discouraged? What foods are encouraged as being wholesome for mother and for baby?
- ❖ Does she seem skeptical about the effects that certain food choices can have on blood glucose values and pregnancy outcome?
- ❖ Does she like to get her groceries in an ethnic grocery store where she may be expected to buy types and quantities of foods that are not part of her medical nutrition therapy plan?
- ❖ Is there a person of authority in the home who dictates food choices? Is this person involved with grocery shopping or cooking?

The woman may not have a support system from her country of origin and she may feel isolated from the help she needs to manage the diabetes and pregnancy on a daily basis.

- ❖ If she is foreign-born, listen for her feelings about giving birth outside of her native country.
- ❖ What support systems are available in her new location?
- ❖ Are there any problems related to legal or immigration status that may affect the woman's utilization of resources and her adherence with the CDAPP Sweet Success diabetes management program?

How to LISTEN:

- Give your patient your undivided attention using an attentive, open posture.⁷
- Refrain from taking notes.
- Allow moments of silence and aim for the patient to break the silence.
- Observe the patient's body language and whether it supports or contradicts her verbal language.
- Listen for both the content and emotion in what the client is saying.

Explain

Berlin and Fowkes explain that “Explanation or communication of a ‘Western medicine’ model is the next step.”¹ CDAPP Sweet Success providers must convey their reasoning and perception of the problem or of a particular diagnosis like diabetes to the patient and rationalize why their strategy would be beneficial for both the infant's wellbeing, but also the mother's overall health. How the health care team communicates these new findings and creates a treatment plan that involves the input of the patient is critical and impacts patient efforts. Communicate acceptance of the value that the woman places on maintaining her own traditional cultural practices.

- ❖ Communicate acceptance of the value that the woman places on maintaining her own traditional cultural practices. Many women experience sadness and grieve the loss of familiar family rituals and folkways that would have helped them during their pregnancy and in times of stress.
- ❖ Take extra time to articulate what the biomedical reasoning might be for a given issue which might help mitigate her own cultural rationale to *why* something bad is happening to her.
- ❖ Do not undermine her feelings, which may be tumultuous and contradictory.³
- ❖ Express empathy with the conflicts that a woman may experience in trying to comply with the diabetes program while at the same time her family expects her to cook and eat in traditional ways.

Once a woman feels that staff is genuinely interested and empathetic with her, she will likely become more trusting and more willing to make necessary modifications to her lifestyle to treat her diabetes. An ongoing trusting relationship between patient and provider, sensitive to the needs of the woman they serve, is critical.⁹

How to EXPLAIN:

- Communicate treatment needed in a way that doesn't undermine a women's cultural heritage, but explains what biomedical process can be improved if that treatment is met.
- Observe your own feelings in response to your client's disclosure.
- Note your intuitive responses to the patient's feelings and explain your perception of the issues faced by the patient in developing a treatment plan.

Acknowledge

- ❖ Acknowledge the value of the patient's cultural heritage as well as her expression of her culture's guidelines on health and healing.¹⁰
- ❖ Acknowledge the wisdom of mind-body tradition she may embrace.¹⁰ Patients can offer the staff a wealth of information about treating the whole person, including their cultural beliefs about pregnancy and diabetes management.
- ❖ Acknowledge that diabetes during pregnancy is different from diabetes for a woman who is not pregnant.
- ❖ Acknowledge the challenges she is facing in learning more ways to improve her health, using unfamiliar and often frightening modalities like glucose meters and syringes. She may feel overwhelmed by the new treatments and new and unknown terminology.
- ❖ Acknowledge that new things often seem frightening, for the patient as well as the family and friends.
- ❖ Acknowledge how her culture may have beliefs about the healing potential of certain foods. Promote two-way communication to gather information about food as medicine in different cultures.
- ❖ Acknowledge that an immigrant woman often has strong ties with family and friends in her native country that may be advising her about health and healing.⁸ A woman may frequently visit her native country to secure nutritional substances and medications believed to be helpful during pregnancy.
- ❖ If a woman is using any alternative health care approaches, advise her to discuss them with her physician, midwife, or nurse practitioner.^{7,8}
- ❖ Acknowledge that her family members may have to go through adjustments in adapting to American culture.
- ❖ Acknowledge that her knowledge is valuable and that her family will always benefit from her knowledge. Be an advocate for your client's medically safe traditions and wisdom.

How to ACKNOWLEDGE:

- Acknowledge what you heard, by restating or reflecting the patient's words.
- Acknowledge and clarify what you heard by asking open-ended questions.
- Acknowledge and advocate for your client's medically safe traditions and wisdom.

Recommend

- ❖ Recommend a treatment plan that emphasizes the goal of staying healthy for herself and the baby.
- ❖ Recommend ways to communicate with family members and friends who may question or undermine her use of regular glucose testing and insulin injection. The staff may use role playing to facilitate communication.
- ❖ Recommend ways to communicate with persons of authority such as the woman's employer or family members who may question her need to adhere to medical nutrition therapy. Staff may offer assistance as a medical contact for employers. A woman who is a recent immigrant may lack the confidence to request appropriate break times for glucose testing and food intake. Offering to role play the patient addressing this situation and allowing her to “practice” may be helpful. In addition, she may need assistance regarding occupational safety in terms of avoiding heavy lifting or exposure to toxins.
- ❖ Recommend incorporating as many ethnic foods and meal patterns as possible within the nutritional guidelines.
- ❖ Recommend that the woman communicate with her doctor about herbs and nutritional supplements if these are important to the patient.⁷

How to RECOMMEND:

- Develop SMART goals (Specific, Measurable, Attainable, Realistic, Timely).
- Be respectful of her conflicting feelings.
- Be respectful of the possible lack of support in her home life.
- Praise even the slightest progress.
- Instill hope.

Negotiate

Negotiation is an ongoing process. Each woman differs in her ability to adapt and to compromise. Staff continues to negotiate with her at each visit while trying to implement her diabetes care plan, in a culturally sensitive manner. For example, her goal for this pregnancy may be for a big baby, based on her family's values. This is in conflict with the staff's goal. Through negotiation, the staff and patient may resolve the difference.

- ❖ Through negotiation, alternative meal plans can still connect a woman with her cultural identity and heritage.
- ❖ Once a woman's fears of criticism or judgmental attitudes about her cultural heritage are allayed, she is more likely to become aware of staff compassion and respect. This can set the stage for the woman to be open to receive support and guidance while coping with a pregnancy that is complicated by diabetes.

HOW TO NEGOTIATE:

- Be creative in coming up with choices to be negotiated.
- Ask ethnic community liaisons for advice.
- Include logistical issues in the negotiation process such as living in ethnic enclaves or trying to straddle different cultures.
- Be sensitive to the patient's sense of betraying her cultural heritage and allow her time to adjust.

**POSTPARTUM CARE
WITH CULTURAL
CONSIDERATIONS**

In the post-partum period, the team should listen with empathy and respect for culture-based expectations and beliefs regarding recovery from childbirth and attachment to the infant. They should observe for signs of depression and the need for treatment.

Some beliefs and feelings to listen for include:

- ❖ What does your patient expect in the postpartum period?
- ❖ Do cultural traditions conflict with her present cultural surroundings?
- ❖ What are her fears and who and what comforts her?
- ❖ How can you engage her to seek help if needed?

The expectations of postpartum care may vary depending on the culture. Some new mothers expect a special time of rest (e.g. cuarentena) with nurturing and loving care from family and friends. Studies in China, Malaysia, and Taiwan have shown that women who receive traditional postpartum rest periods have less postpartum depression. These periods of postpartum resting do not necessarily mean that new mothers are isolated from family activities.

While American ways may be admired in diverse ethnic groups, there may also be strong fears about invasive medical technology resulting in vulnerability. This is particularly true if the mother or newborn's health requires special medical testing and treatments. In this country, medical practitioners generally assume that it takes six weeks for women to regain internal organ and tissue function after giving birth.¹¹ Rest is commonly accepted as aiding in the healing process. Family, neighbors, and friends can do a great deal to help a new mother to find some time for rest thus joining ancient wisdom and modern science.

**CULTURAL DIVERSITY
IN BREASTFEEDING**

Cultural norms, values, beliefs, and level of acculturation influence a woman's decision on whether or not she will breastfeed her baby. Experiences with breast feeding in her own extended family also affect a woman's choice¹², especially if she still has close ties to her mother, sisters, or aunts.

Her level of acculturation affects breastfeeding choices as much as it affects other health-related choices. Again, the LEARN model¹ will be helpful to understand the patient's beliefs about breastfeeding. Many cultures have strong traditions about skin-to-skin contact for mother and baby to initiate breastfeeding. Babies are more likely to be breastfed and for a longer time if they are allowed early skin-to-skin contact and are also more likely to have a good early relationship with their mothers.¹³

SUMMARY

For all its positive accomplishments, western medicine often ignores perinatal traditions of other cultures. Many non-western cultures do not accept the cause and effect explanations used by western medicine. The talking points suggested in this chapter are designed to help the health care team improve their communication with their clients. Once the caregiver understands the client's cultural value and beliefs for healing practices, her choices concerning healthcare are usually logical. Using the LEARN model¹, each team member can play an essential role in providing culturally sensitive care. Providers can use these tools to broaden their own views about health and healing.

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