

Cultural and Religious Sensitivity

A Pocket Guide for
Health Care Professionals
Third, Expanded Edition



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Foreword by Michael S. Woods, MD



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Foreword

The World Is a Small Place

And the smaller it gets, the more important it is that we understand each other.

There's a reason *Cultural Sensitivity* is entering into its third edition and has been expanded to cover religion: The topic of sensitivity in patient-centered care is timeless. It's undeniable that understanding a patient's cultural practices and spiritual beliefs influences not only the delivery of health care in our global society, but also the individual's outcome and satisfaction.

As health care providers in the Western world, we probably understand that every ethnicity on the globe can be found in our major cities—Amsterdam, Berlin, Brussels, Chicago, London, Los Angeles, Madrid, New York, and Paris, to name a few. But what about everywhere else? And does it matter? The answer is an unqualified “absolutely.”

Garden City, Kansas, is a community of about 26,000 folks in the southwest part of the state. This small Midwestern town has a population that speaks 21 different languages, not counting English. Jennifer Ng, associate professor of educational leadership and policy studies, and Don Stull, professor emeritus, at the University of Kansas studied this small town and noted, “The very existence of a place like this defies our expectations of what a rural community is.” In commenting about the community's schools, Ng said it's



“a fascinating place to explore how these changes have mattered as they’re one of the few locations where the entire community comes together. They [the schools] are a place of opportunity for the community’s children.”*

These diverse peoples, regardless of living outside their place of origin, carry with them cultures, customs, and religious beliefs that affect their interpretation of their world, experiences, and relationships—and what they expect when seeking health and wellness.

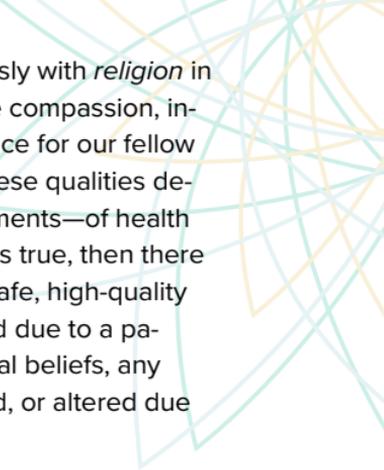
When it comes to health care, the Western world has great technology and dedicated, intelligent health care staff, but these advantages are lost if patients can’t understand the “why” and “what” of their care.

If a patient, because of a cultural or spiritual “disconnect,” can’t appreciate what is being prescribed or why it’s necessary, or if the information is delivered in a way that inadvertently frightens, offends, or confuses the patient, how can we fulfill our mission as health care providers?

Sensitivity is a necessary skill set for health care providers to avoid such disconnects, but even the most dedicated individual can never completely master the skill. **Awareness**—that is, knowledge—is the first step to successful navigation of our world. Once we are aware, we become **accountable** to consciously use or not use what we’ve learned to improve health care safety, quality, and outcomes for our patients.

The power of awareness and accountability is not limited to application of linear logic to diagnoses and treatments. Somewhat paradoxically, softer aspects of the human condition, such as ethnicity and spirituality, can play a surprisingly big role in a patient’s health and well-being—or illness. This then requires health care providers to purposefully educate themselves about these domains so that they can navigate the multicultural environment of their patient population with sensitivity for at least two critically important reasons: (1) It will naturally improve the patient–provider relationship, increasing the likelihood of a good health care outcome; and (2) It is respectful of each patient’s specific needs. In brief, paying attention to our patients’ ethnicity and spirituality and tailoring our healing approach to needs unveiled by a greater, more holistic understanding are simply good medicine.

**University of Kansas. Garden City Offers Lessons on Education Diverse Populations, Study Says. Nov 15, 2016. Accessed May 14, 2018. <https://news.ku.edu/2016/10/31/garden-city-offers-lessons-communities-nationwide-educating-diverse-populations-study>.*



All forms of spirituality (used synonymously with *religion* in this Foreword), lived authentically, exude compassion, inclusiveness, kindness, respect, and service for our fellow human beings. To my way of thinking, these qualities describe the goals—if not the core requirements—of health care delivery. If the reader accepts this as true, then there is no circumstance in which delivery of safe, high-quality care should be denied, limited, or altered due to a patient’s—or provider’s—religious or spiritual beliefs, any more than care should be denied, limited, or altered due to ethnicity.

How Do We Do This?

As health care providers, we must work within the laws governing our profession (such as HIPAA*), but we cannot hide behind laws or rigid personal beliefs, ignoring the well-accepted moral and ethical imperatives of the healing profession: *Primum non nocere*. “First, do no harm” applies holistically to our patients’ well-being—mind, body, culture, and spirit. People go to providers for help, and we need to help them however they show up, even if it means we need to help them find a provider who can deliver care within patients’ specific spiritual and cultural needs.

That will result in our patients feeling understood and respected, and they’ll be more likely to trust and comply with prescribed therapies and treatments. Safer, higher-quality health care with better outcomes will follow as a natural consequence of doing the right thing.

This third edition, now titled *Cultural and Religious Sensitivity: A Pocket Guide for Health Care Professionals*[†], has been expanded to include religion and is a wide-open door to the awareness health care providers need to understand their patients’ diverse cultural and spiritual perspectives and needs. The only requirement is for health care providers to walk through it, eyes and minds wide open, and be willing to hold themselves accountable for being sensitive to what they learn.

—Michael S. Woods, MD

[†]This expanded edition of the pocket guide is also available as an app from the App Store and Google Play.

A Word of Caution

GENERALIZATIONS SHOULD NOT BE MISTAKEN FOR STEREOTYPES.

If I meet Rosa, a Mexican woman, and say to myself, “Rosa is Mexican; she must have a large family,” I am stereotyping her. However, if I think, “Mexicans often have large families,” and then ask Rosa how many people are in her family, I am making a generalization.

A **stereotype** is an ending point. No attempt is made to learn whether the individual in question fits the statement. Given the tremendous variation within each culture and religion, stereotypes are often incorrect and can have negative results.

A **generalization** is a beginning point. It indicates common trends, but further information is needed to ascertain whether the statement is appropriate to an individual. Generalizations may be inaccurate when applied to specific individuals, but when applied broadly, they can indicate common behaviors and shared beliefs. They can be helpful in suggesting possible avenues to consider and questions to ask.

A FEW FUNDAMENTALS

Let’s look at some core causes for cultural “disconnects” between health care providers and patients, beginning with **values**. Simply put: Different cultures and religions promote different values.

Right now, Western culture values such things as money, freedom, independence, privacy, health and fitness, and physical appearance. But another culture—say, the Mbuti