ORIGINAL ARTICLE

A checklist to facilitate cultural awareness and sensitivity

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United States of America demographic profiles illustrate a nation rich in cultural and racial diversity. Approximately 29% of the population are minorities and demographic projections indicate an increase to 50% by the year 2050. This creates a highly mobile and constantly changing environment, revealing the need for new levels of cultural awareness and sensitivity. These issues are particularly critical in the medical community where medical professionals must understand the impact cultural differences and barriers can have on evaluation, treatment, and rehabilitation. During times of stress, such as when injury strikes, problems associated with lack of cultural sensitivity are intensified. Cultural diversity is of particular concern when standard measures for diagnosis and prognosis are derived from established norms for responding, because culture defines norms. This paper details a ten point checklist designed to facilitate cultural awareness and sensitivity in medical settings to ensure maximum successful recovery and outcomes for all patients.

Cultural belief systems interact with all aspects of information processing. Indeed, culture provides the foundation for schemata used to process memories, form personality expression, and determine appropriate reactions to environmental stimuli. Thus, it is not surprising that culture also plays an integral role in the recovery process. "Culture is an organized group of learned responses, a system of ready-made solutions to the problems people face that is learned through interactions with others in society."[1] Thus, it is essential to consider culture's role when designing the best possible recovery programme. Like Amodeo and Jones, we agree that "culture shapes responses to illness and treatment".[2] These responses guide the level and progress of recovery. Knowledge of the patient's culture and sensitivity to its basic premises is imperative for quality treatment and recovery.

Cultural sensitivity for those working in health care can be viewed as being "sensitive to the ways in which community members' values and perceptions about health care differ from his or her own".[3] With the world population continually growing and the percentage of minorities steadily increasing, the importance of cultural sensitivity is in critical need of attention. Future doctors and nurses are currently being trained in the subject of diversity.[4] Yet, this diversity training is equally important for current practitioners. Gany and Thiel de Bocanegra emphasise that "even brief training in cultural sensitivity can improve continuity of care and patient satisfaction".[5]

Transcultural nursing is becoming better known among practitioners every day.[6] Though not without debate, attention has turned to the need for something more than the traditional Eurocentric physician-patient role many know. With the current emphasis on best-practice models and outcomes, research has revealed that there is more to recovery than simply providing a one-size-fits-all plan of care.[7] "Without understanding the cultural context on which the client builds his/her understandings of information, the managed care process will not succeed."[8]

Another term, *culturally competent health care,* requires that the health professional be sensitive to the differences between groups, to the differences in outward behaviour, and also to the attitudes and meanings attached to emotional events such as depression, pain, and disability.[9] This model is used to improve the quality of care by recognising culture's influence.

A person's culture and ethnicity determine how he/she perceives the world and its contents. Growth and development in a certain atmosphere set the stage for the values and beliefs someone will have throughout his or her life. These different environments give each person a unique "web". As used by Swendson and Windsor, the term *webs of significance* means each person has his/her own web in "which the everyday lives of individuals are embedded".[10] Within this web are the reasons people interpret the world differently and assign meaning to events and ideas that others would not. This web contributes to who people are as individuals. Not only does it consist of having a particular type of hair, eye shape, and skin colour, but includes experiences such as being comforted and feeling secure.

Labeling and generalising those who are different, based on global and ignorant stereotypes are major contributors to the problem of being culturally uneducated. One could argue that labelling assists in grouping people for sampling or organising, but when considering a person as an individual, it is inaccurate and largely unfair. We were recently amused to hear a person who had enrolled in a workshop focused on American Indian culture say that she was "going to learn about how Indians think". The world would be very simple indeed if a person could attend a single workshop and miraculously learn how all members of a particular group think. We are not suggesting that knowing something about a particular culture would result in knowing all about how a member of that culture thinks. Instead, we are encouraging health care providers to look more deeply at, and be more sensitive to, the range of factors that play a role in the recovery process.

Achieving cultural education is a team effort. Members of particular cultures and ethnic groups must be willing to share information while practising a great deal of patience. The patient and associated family members need to be encouraged to help educate their caregivers and vice versa. As an added bonus, the role of educator will assist in actively involving the patient and family in the recovery process while helping ameliorate the fear of the unknown, which can play an adverse role in recovery. Education may also help stabilise the patient's support group to better assist in the recovery process.

ILLUSTRATIVE CASE STUDIES SUPPORTING THE NEED FOR CULTURAL SENSITIVITY

Like many others in the health care field, we paid little attention to patients' cultural background until we experienced two cases which profoundly emphasised the need for cultural awareness and sensitivity. Both involved severe traumatic

Table 1 Illustrative case studies

"M"	• Native American woman injured in an automobile accident. • Did not respond to environmental stimulation; appeared comatose. • Family performed a water ceremony to facilitate recovery. • Caregivers learned she viewed non-Native Americans as her enemies, thus she used an altered state of consciousness to prevent response to caregivers.
"J"	• Mexican migrant farm worker injured at work. • Family lived in Mexico, and he only spoke and understood a rural Spanish dialect. • He had no visitors; recovery was not progressing. • When his father was able to visit, caregivers learned that "J" believed in traditional Mexican healing practices and was certain he would not recover without them.

brain injury (TBI) where the patients were initially unable to speak for themselves as they were in comatose states.

One case was that of a member of the Shoshone Paiute tribe. This woman, "M", was involved in a serious automobile accident in which she sustained a TBI leaving her comatose. She had no visitors during her first two weeks in the intensive care unit (ICU). Little was known about her background. "M" seemed to be recovering from her injuries, but did not respond in any way to environmental stimulation or attempts to assess her level of consciousness. She appeared comatose despite brain images revealing no damage accounting for her continued comatose state. Near the end of her third week in ICU, "M's" mother and aunt visited. We learned that "M" came from a very traditional family, lived on a reservation, and had an abysmal view of "whites". We arduously formed a relationship with the aunt and mother, which led to the family asking permission to perform a water ceremony to facilitate "M's" recovery. We encouraged them to do so and "M's" mother graciously invited one of our authors to observe the ceremony. At the end of the ceremony, "M", in her native language, thanked her family for providing the ceremony. Needless to say, we were very surprised to hear "M" speak and to learn that she had not been in the comatose state traditional assessments indicated. She had been using an altered state of consciousness, induced by a counting technique, to prevent responding to the caregivers. Standard assessment procedures had failed to ascertain "M's" level of consciousness. "M's" views of whom she considered her enemies interfered with obtaining the best possible care. Once we understood "M's" perspective, we were able to better facilitate her recovery. By involving her family in the process, we provided a buffer for "M's" emotional reactions to our non-Native American staff. It is important to note that our goal was to provide the best possible health care—not to change "M's" worldview. Despite good intentions, many lose sight of the goals at hand in favour of attempting to change a person's perspective. We strongly recommend keeping these goals in clear focus. As with this case, we did not concern ourselves with trying to convince "M" to change her view of her perceived enemy. Instead, we maintained focus on providing her with the best possible health care.

Another case illustrating the importance of considering the powerful effects of culture was that of a Mexican migrant farm worker, "J", who sustained a severe TBI at work. His family was in Mexico and he spoke and understood only a very rural Spanish dialect. He had no visitors and his recovery was not progressing at an appropriate rate. "J" appeared uninterested in recovering; he made no effort to communicate or participate in the recovery process. In fact, he physically turned away from those who attempted to help him. As "J" appeared to wither away, his prognosis seemed increasingly grim. When "J's" father was finally able to visit, six weeks after the injury, we learned that "J" believed in traditional Mexican healing practices and was convinced that he would not recover without them. With the encouragement of his father, aided by *curanderismo*, folk healing that works at material, spiritual, and mental or levels,[11] "J's" recovery was achieved.

We believe these two cases are not particularly exceptional but instead represent a vast area of need. While discussing this issue, Ms Nakagawa, a member of our research team who is from Japan, further emphasised the need for cross-cultural awareness by describing issues important for understanding her culture.[12] She noted that Japanese people are potentially more shy and less expressive than many in the USA. Ms Nakagawa explained that growing up in a Japanese group-oriented society and educational system often carries with it the idea that being too expressive is impolite and conveys too much non-conformity. She pointed out that if hospitalised in the USA, Japanese patients and associated family would likely feel very shy and anxious when trying to express themselves in English. She further explained that despite most Japanese learning English in school, they have difficulty communicating in English because the English courses are grammar-oriented and there is a lack of opportunity to interact with native English speakers. Having resided in the USA for three and a half years, Ms Nakagawa expressed concern that many people she had encountered did not have the patience to listen to, or did not try to understand, foreign language speakers. She explained that this kind of experience has further increased her level of shyness and decreased her confidence in expressing herself in English. Clearly, these problems would be intensified in a medical setting where life and death decisions are required.

We recognise that it is neither possible nor necessary for health care providers to know every detail about every patient. We are convinced, however, that heightened cultural sensitivity and awareness can advance best treatment modalities for all concerned. Accordingly, we developed, tested, and refined a checklist to facilitate this process.

CONSTRUCTING THE CULTURAL SENSITIVITY AND AWARENESS CHECKLIST

We began by assembling a team who had expertise in the area of culture and culture-specific healing practices. Based upon this combined expertise and with the assistance of relevant literature, we derived a list of critical factors. The next step involved circulating the list in various ethnic communities for comment. We refined the list again, and then tested it by applying it to patient cases in a regional medical centre. In addition, one of our authors presented the checklist at an international health care conference and solicited comments. A theme encountered at each level of analysis is that communication is the essential foundation for any type of educational advancement. This is particularly critical in health care settings where stress frequently intensifies the need for clear communication. Patients and family members must understand treatment options and recommendations along with what is required of them to comply with the treatment plan. Otherwise, the best possible outcomes cannot be realised.[13] Accordingly, multidimensional communication is the vital thread for our checklist.

THE CULTURAL SENSITIVITY AND AWARENESS CHECKLIST

1. Communication method: Identify the patient's preferred method of communication. Make necessary arrangements if translators are needed.

Miscommunication occurs frequently between health care professionals and patients,[14] a problem that is intensified by language barriers. About 14% of the USA population do not speak English at home.[15] Of the people who speak a language

Table 2 Cultural sensitivity and awareness checklist

Focus	Instructions
1. Communication method	Identify the patient's preferred method of communication. Make necessary arrangements if translators are needed.
2. Language barriers	Identify potential language barriers (verbal and non-verbal). List possible compensations.
3. Cultural identification	Identify the patient's culture. Contact your organisation's culturally specific support team (CSST) for assistance.
4. Comprehension	Double-check: Does the patient and/or family comprehend the situation at hand?
5. Beliefs	Identify religious/spiritual beliefs. Make appropriate support contacts.
6. Trust	Double-check: Does the patient and/or family appear to trust the caregivers? Remember to watch for both verbal and non-verbal cues. If not, seek advice from the CSST.
7. Recovery	Double-check: Does the patient and/or family have misconceptions or unrealistic views about the caregivers, treatment, or recovery process? Make necessary adjustments.
8. Diet	Address culture-specific dietary considerations.
9. Assessments	Conduct assessments with cultural sensitivity in mind. Watch for inaccuracies.
10. Health care provider bias	Always remember, we all have biases and prejudices. Examine and recognise yours.

other than English at home, 47% say they have difficulty speaking English.[16] Assuring information is conveyed and received as intended must consistently be a top priority. Translators are commonly utilised in the health care profession. A potential problem associated with use of translators is, " . . . that respondents often experienced communication as one-way rather than two-way".[17] Care should be taken to compensate for this effect. The Brain Injury Rehabilitation Service (BIRS) recommends " . . . a continual two-way process of sharing information, hopes and fears. It involves the continual checking of how the other person has heard or understood what has been said."[17] Considering dialects in addition to basic language types whenever possible is essential. Understanding "a little" is not adequate for communication as important as that which occurs in medical settings.

2. Language barriers: Identify potential language barriers (verbal and nonverbal). List possible compensations.

Non-verbal communication plays an essential role when people are exchanging information.[18] Like the old adage indicates: *you cannot, not communicate*. Communication experts routinely emphasise the significance of understanding the intricacies of non-verbal communication. Most of what we understand is conveyed by non-verbal cues—it is not what we say but how we say it. All of us use these cues to aid clarification during complicated situations. We should all learn how *we* convey information non-verbally to avoid expressing personal biases.

3. Cultural identification: Identify the patient's culture. Contact your organisation's culturally specific support team (CSST) for assistance.

If your organisation does not already have one, form a culturally specific support team. The CSST is composed of people who are able to represent various cultures and ethnic groups, preferably people who are actually members of the specific groups. This is not always possible, and when it is not, the next best thing is to have someone who is familiar with and sensitive to the culture or ethnic group and its customs. This group's role is to help educate caregivers about the target culture's customs and possible associated needs that will play a role in recovery. For example, a culture's beliefs about modesty and dress may need to be addressed throughout the recovery process. Many Asian and Muslim women may feel uncomfortable wearing hospital attire.[19] The CSST can assist health care professionals in finding alternative ways to respect people's modesty and cultural beliefs. The CSST also helps to ensure understanding in essential interactions with patients and families. The CSST collects and provides information about community resources that might be useful for a particular culture or ethnic group's needs. Translators are usually an integral part of this team. Education is another important CSST role. Education can help reduce prejudice that could interfere with optimum health care. Remember to consider potential healing practices such as *curanderismo* and ethnic healing ceremonies when appropriate.

4. Comprehension: Double-check: Does the patient and/or family comprehend the situation at hand?

Remember, nodding and indicating some type of affirmative response does not necessarily guarantee understanding has been achieved. Re-explaining is useful and facilitates comprehension, particularly during times of stress. Effective communication launches effective care. One useful technique is to gently ask the patient or family member to convey the information, in his/her own words, before concluding that he/she understands.[20]

5. Beliefs: Identify religious/spiritual beliefs. Make appropriate support contacts.

Religious/spiritual beliefs play an important and powerful role in recovery. We found in our study of superior recovery that religion/spirituality is one of the characteristics that contributes to a successful recovery.[21] Patients and families often attribute successful recovery, as well as survival, to these types of beliefs.[22] Contact community resources appropriate for the identified belief system.

6. Trust: Double-check: Does the patient and/or family appear to trust the caregivers? Remember to watch for both verbal and non-verbal cues. If not, seek advice from the CSST.

A study by the brain injury rehabilitation unit (BIRU) at Liverpool Hospital in Australia found that "good communication leading to the establishment of trust"[17] seemed to be more important to the participants than the expertise of the professional. "A good professional is one you can trust."[17] Lack of trust can impede achieving the best possible outcomes because the patient and family might withhold essential health-related information. Another trust-related impediment occurs when patients and families fail to follow crucial instructions or do not believe recovery can be achieved.

7. Recovery: Double-check: Does the patient and/or family have misconceptions or unrealistic views about the caregivers, treatment, or recovery process? Make necessary adjustments.

Give those involved enough time to process information received and to gain familiarity with the situation. Later, allow more time to for any questions that will help clarify the circumstances. Patients and their families routinely experience misconceptions or form unrealistic expectations that can impair the ability to make the wisest decisions. Help guide appropriate conceptions.

8. Diet: Address culture-specific dietary considerations.

Certain cultures and ethnic groups include very specific dietary regulations. As nutritionists have long stressed, appropriate nutrition is vital to optimum recovery. Simple dietary modifications can be made that will respond to these needs. As an added bonus, this action will convey respect for the particular culture or ethnic group, thus raising comfort level and trust.

9. Assessments: Conduct assessments with cultural sensitivity in mind. Watch for inaccuracies.

Be aware of potential differences in culturally accepted emotional expression and verbalisations of private information. For cognitive assessments, tests must be analysed to identify culturally specific questions and modified accordingly. Even subtle differences can profoundly influence assessments. Ask the CSST to review both medical and cognitive assessment practices.

10. Health care provider bias: We have biases and prejudices. Examine and recognise yours.

It is a fact of life that prejudice and bias exist. Those who deny it are most afflicted. Identifying and recognising this will help control its expression. To accomplish cultural awareness effectively "the health care professional must first understand his or her own cultural background and explore possible biases or prejudices toward other cultures".[23] Upon close examination of prejudice, bias, and their sources, it appears that fear is the foundation. Work to overcome these fears; education will facilitate the process.

DISCUSSION

As illustrated by the cases we encountered and the broad scope of the checklist, cultural sensitivity and awareness is a multifaceted undertaking. The primary theme revealed throughout our findings is, however, the significance of effective communication. Remembering that verbal language is only one component of communication is vital. Attention to body language is equally imperative. Another dilemma we encountered was the common, almost automatic, approach of attempting to change the patient's perspective instead of focusing on the goal at hand—expediting recovery by altering care to accommodate the patient's needs. We are not suggesting that health care professionals be well versed in every aspect of every culture, as this would be an impossible task. Instead we are emphasising the critical need to understand that cultural differences play an integral role in the recovery process. Our goal in creating the checklist is to facilitate the process of cultural sensitivity and awareness and thus advance the best possible outcomes for all patients.

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