

Gaining Insights into Your Patient's Perspective

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“Country Guides”



Cultural Competency and Tuberculosis Control: A Practical Guide for Health Professionals Working with Foreign-born Clients

- The SNTC, in collaboration with the Lung Health Center at the University of Alabama at Birmingham, developed a series of TB-specific cultural competency guides.
- **Original content developed by Joan M. Mangan, PhD, MST**
 - Centers for Disease Control and Prevention, Division of TB Elimination
 - Formerly of the University of Florida and the University of Alabama at Birmingham



Gain Insight



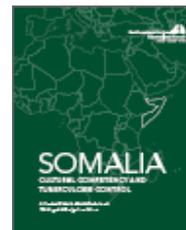
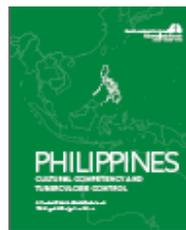
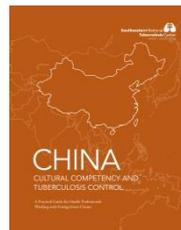
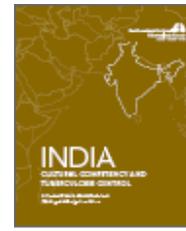
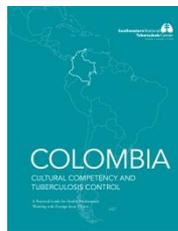
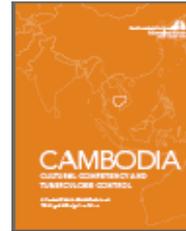
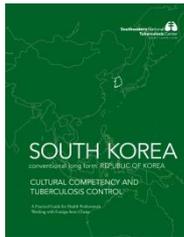
- Regarding patient's attitudes, beliefs and perspectives – and how these may influence what the patient may or may not do.
- Patient-centered care focus
- Country Guides can guide the manner in which you approach, interact, educate and provide support to patients, their family or caregivers, and their contacts.

The Aim



- Assist healthcare professionals working with foreign-born persons to employ a more culturally relativistic approach to:
 - Client interviews
 - TB contact investigations
 - Diagnostic procedures
 - Client and family education and counseling

19 Country Guides Available



The Guides Are Divided Into 7 Sections:

1. Country Background
2. Epidemiology (TB and HIV)
3. Common Misperceptions, Beliefs, Attitudes, and Stigmatizing Practices Related to **TB**
4. Common Misperceptions, Beliefs, Attitudes, and Stigmatizing Practices Related to **HIV/AIDS**
5. General Practices and Cultural Courtesies
 - Polite greetings to use when meeting a person from the country, verbal and non-verbal communication, naming customs, cultural values, nicknames for TB
6. Translated Educational Materials
7. References

Information for each Guide gathered from:

- Existing databases compiled by:
 - Central Intelligence Agency (CIA The World Factbook)
 - U.S. State Department
 - U.S. Department of Homeland Security, Citizenship and Immigration Canada & Euro stat
 - WHO
 - CDC
- Peer-reviewed journal articles
- Ethnographic studies conducted by the CDC

Information for each Guide gathered from:

- TB and HIV related reports for individual countries published by:
 - WHO
 - Pan American Health Organization
 - US Agency for International Development
 - The United Nations Development Program
 - National Tuberculosis Programs and Ministries of Health
- Information has also been collected/reviewed through personal communications with staff working with:
 - Non-governmental organizations (NGOs)
 - The United Nations Development Program
 - WHO
 - National Tuberculosis Programs (NTP) who oversee TB control activities within individual countries

A Starting Point

- The information provided may or may not pertain to your client.
- The Guides are meant to be a **starting point only** to help you begin to establish a rapport with a client.



Common Misperceptions: Etiology of Tuberculosis

Mexico, India, Vietnam, Philippines

- Smoking
- Drinking alcohol
- Not eating nutritious foods / malnutrition
- Physical exertion or hard work
- Disruptions in the body's hot / cold balance
(causes vary)

India, Vietnam, Philippines

- Excessive Stress / Worry / Anxiety
- Genetic inheritance / passed through generations of families
- Poor sanitation or hygiene / dirty housing

Mexico, Philippines

- A cough (due to a cold or bronchitis) that was not treated and developed into a serious disease

Note: While TB is associated with malnutrition, poverty/overcrowded living conditions, individuals view these factors as the direct cause (or etiological agent) of TB disease.

Mexico	India	Vietnam	The Philippines
<ul style="list-style-type: none"> ● Inhaling ashes, dust or smoke ● Bewitchment 	<ul style="list-style-type: none"> ● Sexual promiscuity ● Fate or karma ● God's curse ● An evil soul or evil spirit 	<ul style="list-style-type: none"> ● Polluted / dusty environments ● Supernatural causes ● Contaminated water ● Lack of sleep/fatigue ● God's Decision 	<ul style="list-style-type: none"> ● Frequent pregnancies

Common Misperceptions: Transmission of Tuberculosis

Mexico, India, Vietnam, Philippines

- Sharing items with a TB patient.

Examples: Eating utensils, blankets, bed sheets, towels or drinking from the same bottle or glass.

Mexico	India	Vietnam	The Philippines
<ul style="list-style-type: none">• Shaking hands with a TB patient.• Sexual relations with an infected person.	<ul style="list-style-type: none">• Social contact• Heredity	<ul style="list-style-type: none">• Spitting• From mother to child during pregnancy• Bad genes	<ul style="list-style-type: none">• Touching a person with TB• Sexual Intercourse• Blood Transfusion• Drinking Water• Children cannot have TB, the illness only affects adults.

Common Misperceptions: Diagnostic Testing

Mexico	India	Vietnam	The Philippines
<ul style="list-style-type: none">● Routine blood draws can drain a person of energy	<p><i>No misperceptions found in the literature (yet)</i></p>	<ul style="list-style-type: none">● X-rays kill blood cells and causes a patient to become tired or turns the skin yellow.● The body has a finite amount of blood, and the withdrawal of blood causes an irreversible decrease in the body's supply.	<ul style="list-style-type: none">● X-rays will cause a person to become sterile or develop cancer.● The results of an x-ray can be affected by a person's diet. <p>Examples:</p> <ul style="list-style-type: none">● Drinking a cup of milk will result in a "negative" chest x-ray● Drinking vinegar will cause an x-ray to be blurry.

There's more...

Quick Reference Guides – 7 Countries

- Mexico
- Philippines
- India
- Vietnam
- China
- Guatemala
- Haiti

QUICK REFERENCE GUIDE
CHINA
CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL



The information here is from the China Cultural Competency and Tuberculosis Control Country Guide. For more information and a full reference please see the complete guide available at www.tbcenter.org.

THE INFORMATION PROVIDED IS AN INTRODUCTION ONLY AND DOES NOT CHARACTERIZE ALL INDIVIDUALS FROM THIS COUNTRY.

OFFICIAL LANGUAGE

- The Chinese language is a family of related dialect groups. The dialects share a written language of traditional and simplified Chinese characters. The characters are pronounced differently according to dialect rules.
- **Official spoken language/dialect:** Mandarin Chinese
- **Other spoken Chinese languages/dialects:** Wu (or Shanghaiese), Minbei (Fuzhou), Minnan (Hokkien-Taiwanese), Yue (Cantonese), Xiang (Sichuan), Hakka (Hak)

CULTURAL COURTESIES TO OBSERVE

- Greetings are always formal. It is a group of family members are present, greet the oldest person first.
 - Many Chinese persons will bow towards the ground when greeting another person.
- When saying hello, it is polite to give a slight nod of the head, with the chin curving down towards the neck. The word for hello in Mandarin is *hi* (see in English, this sounds like "nose how").
- Handshakes are a common form of greeting. Wait for the Chinese person to initiate the handshake.
- When addressing a Chinese person, use his or her title and surname, as titles are important.
 - Female: "Madam [Last name]"
 - Male: "Mister [Last name]" or "Li [Last name]" (Hokkien title), e.g. *Mr. Deputy Manager*
- It is impolite to call someone by any name other than their last name, unless he or she is a close friend or relative. Ask a person from China how he or she wishes to be addressed.
- Some Chinese persons change their name order, so that their family name is placed after their first name. Traditionally, the family name is placed before the given name.
 - In China, married women do not use their husband's last name.
- In China, the following topics are considered taboo or too personal for public discussion: sex, family planning, female reproductive health, mental health.
 - Unlike Westerners, persons from China might casually talk about personal matters such as age, weight, marital status, family, and salary with new acquaintances.

Note: There is a need to match client and provider by gender. Most Chinese women are uncomfortable being touched by male healthcare providers.

- Chinese persons do not like to be touched by strangers, including healthcare providers. If touch is necessary during a medical appointment, be sure to explain why and where the patient will be touched.
 - Before beginning a physical exam, explain to the patient what will be done and their privacy will be "well" secured and safe."
 - If feasible, avoid using a male interpreter for an older female patient during clinical exams due to modesty issues.

VERBAL AND NONVERBAL COMMUNICATION PATTERNS

- **Note:** In China, to be polite and respectful of others is of utmost importance. The value placed on a person's honor, respect, or reputation is referred to as "face." It influences verbal and nonverbal communication.
- Chinese people are typically not socially assertive and tend to be non-confrontational, especially when interacting with authority figures. In medical situations patients do not often express their concerns to healthcare providers, or they may do so indirectly and with restraint.
 - Instead of saying "no" outright, they may say they "will think about it" or they "will see." They may also nod politely when there is a disagreement.
 - To show displeasure, Chinese persons may scratch their cheeks with their index finger.
 - They may smile politely and say "no big problem" or "the problem is not serious" when problems exist.
- **Note:** A Chinese person's silence may be difficult to interpret, as it may convey respect, disagreement, or lack of understanding.
- In Chinese culture, self-control is valued. A person who displays pain or discomfort is considered to have a weak character. Thus, patients may avoid reporting symptoms or medication side effects.
 - Healthcare professionals need to be aware of the ways in which clients portray illness or blame discomfort on external causes.
- Facial expression, tone of voice, and posture are important ways to communicate feelings. Many Chinese are purposefully expressions to avoid appearing to be in disagreement. Limiting is limited in formal situations. Among family and friends, facial expressions are used more extensively.
- The Chinese tend to avoid eye contact as an act of respect. Direct eye contact is common in conversation, but some may feel uncomfortable with it.

CHINA • QUICK REFERENCE GUIDE

Southeastern National Tuberculosis Center



Cultural Competency and Tuberculosis Control

COUNTRY SPECIFIC QUICK REFERENCE GUIDES

FOR HEALTH PROFESSIONALS WORKING WITH FOREIGN-BORN CLIENTS



“Country Snapshots” for 7 countries

QUICK REFERENCE GUIDE

HAITI

CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL



The information below is from the Haiti Cultural Competency and Tuberculosis Control Country Guide. For more information and a list of references please see the complete guide, available at no cost, online at: <http://ntc.medicare.ufl.edu/Products.aspx>.

THE INFORMATION PROVIDED IS AN INTRODUCTION ONLY AND DOES NOT CHARACTERIZE ALL INDIVIDUALS FROM THIS COUNTRY.

OFFICIAL LANGUAGE

- **Official languages:** French and Creole
- These two languages are linguistically distinct: understanding of one does not guarantee comprehension of the other.
- The majority of Haitians speak Haitian Creole; the grammar is African in origin with an extensive vocabulary originating from the French language.

Note: The ability to speak, read, and write in French is considered a social marker. Ask clients in which language they would prefer to receive educational materials.

CULTURAL COURTESIES TO OBSERVE

- Shaking hands is a customary greeting.
- Haitians kiss on both cheeks when greeting a friend (but not a stranger); during greetings, children kiss one cheek of an adult.

CULTURAL VALUES

- Individuals from Haiti expect healthcare professionals to be warm and attentive to emotional and spiritual issues.
- Healthcare professionals who demonstrate respect for traditional health beliefs may elicit more respect and greater cooperation from Haitian patients and family members. Rejection of Haitians' beliefs may result in mistrust of healthcare professionals and rejection or non-adherence to recommended treatments.
- Punctuality is not an important value in Haiti; healthcare professionals may want to discuss time schedules at the start of treatment/therapy.

VERBAL AND NONVERBAL COMMUNICATION PATTERNS

- Haitians tend to be expressive with their emotions during conversation and frequently use touch when speaking to ensure the listener is aware that they are being spoken to.
- Some Haitians report that they find touch from healthcare professionals to be supportive, comforting, and reassuring.
- It is customary to maintain eye contact with everyone except authority figures and the poor.

Note: Approximately 80% of the Haitian population is poor. Thus, patients may not establish eye contact with healthcare providers, or expect eye contact.

GENERAL PERCEPTIONS OF HEALTH AND ILLNESS

- In Haiti, illness is believed to be caused by magic and/or germs. These beliefs are often elaborately intertwined and may be revised over time based on experiences, education, and counseling.
- An illness may also be considered a “natural” disease or *maladi Bondye* (God's illness or disease of the Lord), or a “supernatural” disease (disease of Satan).
- If a person from Haiti believes that an illness is natural, they may be more inclined to use medication to treat their condition. “Natural” diseases include those that are caused by a microbe, malnutrition, overexertion, a hot/cold imbalance, and *maladi Bondye* (God's illness).
- Haitians may believe that supernatural/unnatural illnesses cannot be transmitted to other persons.
- Individuals who perceive an illness or sickness to have a supernatural or magical origin may believe that the illness can only be treated with Vodou medicine.

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

- People's perceptions of the severity of TB vary. Some Haitians describe TB as “not serious,” while others note its severity and danger.

Misperceptions Related to Disease Etiology/Cause

- Rapid chilling of the body
- Physical or psychological stress
- Sorcery
- Mystical involvement may be suspected if a person continually has the symptoms of a cold without an apparent cause.
- TB is viewed by some Haitians to be a natural disease, while others consider it a supernatural disease.

Misperceptions Related to Diagnostic Procedures

- BCG vaccinated individuals “will always test positive for TB but are not sick.”

Cures/Treatments That May Be Used

- Herbal remedies, prayer, Vodou medicine, or a combination of these approaches may be used to treat TB.

HAITI • QUICK REFERENCE GUIDE

- Two-page guide
- Essential background information, epidemiology, common misperceptions and beliefs about TB and HIV/AIDS, general practices and cultural courtesies

http://sntc.medicine.ufl.edu/Products.aspx

Available:

- Online
- SNTC's Mobile App
- Mail paper guides

The screenshot shows the website for the Southeastern National Tuberculosis Center. The header includes the center's name and logo, a search bar, and contact information: 800.4TB.info - 24-Hour Hotline (professional use only), 888.265.SNTC - SNTC Office, and a Spanish language option. A navigation menu on the left lists: HOME, TRAINING & EDUCATION, MEDICAL CONSULTATION SERVICE, SPECIAL POPULATIONS, INTERNATIONAL INITIATIVES, PRODUCTS / RESOURCES, PRODUCTS, RESOURCES, FREQUENTLY ASKED QUESTIONS, NEWSLETTER, and ABOUT SNTC. The main content area is titled 'SNTC Products' and contains a search filter for 'mexico' with 3 products returned. The first product is 'Country Guide - Mexico - UPDATED!' with a 'Free Download' link. The description states that these guides support the provider-foreign-born client relationship by providing country-specific background information, epidemiological data, common misperceptions and beliefs about TB and HIV/AIDS, and general health practices, cultural beliefs, and courtesies to observe. An image of the guide cover is shown, featuring a map of Mexico and the text 'MEXICO Cultural Competency and Medical Assistance'. Below the product, it says '-OR- Shipped to you Free of Charge'. The footer of the page includes the University of Florida logo and the slogan 'SHARE • LEARN • CURE'.

Southeastern National Tuberculosis Center

800.4TB.info - 24-Hour Hotline
professional use only
888.265.SNTC - SNTC Office
Se Habla Español
sntc@medicine.ufl.edu

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SNTC Products

These products were developed by SNTC to support you with TB training and education. Most of these products can be downloaded. A few will need to be mailed to you. Either way, they're free. If you don't see the product you need in this list, go to the complete list of products available from each of the [Regional Training and Medical Consultation Centers \(RTMCCs\)](#).

3 products returned

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Product	Description	Image
Country Guide - Mexico - UPDATED! Free Download	Individualized Country Guides support the provider-foreign-born client relationship by giving country-specific background information, epidemiological data, common misperceptions and beliefs about TB and HIV/AIDS, as well as information about general health practices, cultural beliefs and courtesies to observe.	
-OR- Shipped to you Free of Charge		

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Generalizations

- The Guides attempt to provide generalizations
 - A common trend that can explain beliefs and behaviors that may be shared by a group
- When generalizations might not apply:
 - Length of time in the United States
 - Age at the time a person entered the U.S.
 - Desire to assimilate
 - Live in an ethnic community or an “American” community
 - Level of education

LIMITATION



Some Country Guides are more detailed than others

- Data availability about the country
 - Countries with stronger TB control activities may have more published technical reports, journal articles, data that can be included in the guides.
 - Published literature and data also influenced by incidence of TB, a history of political instability or war, weaker MOH or NTP infrastructures, etc.

Note: Reviewers help us overcome this limitation.

LIMITATION



- Country populations are diverse with respect to education, socio-economic status, culture and language.
- Misperceptions, beliefs, practices listed in a Guide may be restricted to a particular region or among special populations.
 - Studies that have been done and reported in the literature tend to focus on disadvantaged communities.

YOU CAN HELP

- Your comments and suggestions for enhancing these guides are welcome!
- If you are aware of potential reviewers, resources, or information we encourage you to share this information.

SNTC@medicine.ufl.edu

888-265-SNTC