

TABLE 2
Guiding Questions for Critical Reflection

- In what ways do I dominate the conversation? In what ways do I allow space for patients to narrate their story through my words and body language?
- Am I listening enough? Observing enough? How do I listen and observe? What are my practices? How do patients and family members interact? How do they use language?
- How does the structure of the setting shape social interaction?
- In what ways do I consider my patients' unique circumstances? Do I lump them together and base my interaction on previous experiences with members from their cultural group(s)?
- In what ways do I oversimplify my patients' cultural experience and not notice intragroup differences? What are my experiences with other members from this cultural community?
- What other information do I need to gather about patients' background? Do I have the resources to communicate with all my patients?
- In what ways do I reflect on my practice after patients leave my office?
- In what ways do clinic, hospital, insurance, and state policies shape the care I provide?
- In what ways are clinic, hospital, insurance, and state policies enacting racism, classism, sexism, and other power relations?
- What opportunities exist to advocate for the cultural communities that I serve in my health care context, community, state, and nation? In what ways do these sociocultural factors have a hold on my patient's health?
- What are my own cultural experiences? How do they shape my practice? What do I know and don't I know about my cultural background? What do I want to know?

The reference for Table 2, Guiding Questions for Critical Reflection is:

Botelho, M., & Lima, C. (2020). From Cultural competence to cultural respect: A critical review of six models. Journal of Nursing Education, 59(6), 311-318.

Cultural Self-assessment Questionnaire

For each of the pairs of statements below, **choose either As or Bs** most representative of your attitudes.

- 1A** Although people may speak different languages and dress in different ways, beneath the surface everyone is the same.
- 1B** Beneath the surface, the values and assumptions held by diverse cultures may be very different from each other.
-
- 2A** Other people probably have the same basic beliefs and attitudes as I do.
- 2B** People in different cultures may well not have the same basic beliefs and attitudes as I do.
-
- 3A** I would find it relatively hard to identify a range of external influences (for example, profession, nationality and so on) on the way in which I think and behave.
- 3B** I would find it relatively easy to identify a range of external influences (for example, profession, nationality and so on) on the way in which I think and behave.
-
- 4A** It is not usually necessary to know too much about someone's background in order to come to an understanding of who they are.
- 4B** The only way to really know someone is to understand something about the cultures and social groups to which they belong.
-
- 5A** I think that first impressions are usually quite a good way of coming to a judgement about someone.
- 5B** I think that first impressions are rarely quite a good way of coming to a judgement about someone.
-
- 6A** I think that there is usually one best way of arriving at a decision.
- 6B** I think that different perspectives can contribute greatly to good decision-making.
-
- 7A** I think that diversity makes it harder for people to work together.
- 7B** I think that diversity makes a positive contribution to working together.
-
- 8A** I would find it quite hard to describe my basic values and beliefs, and the things that are most important to me as a person.
- 8B** I would find it quite easy to describe my basic values and beliefs, and the things that are most important to me as a person.
-
- 9A** I can rarely recognize when culture is having an impact on the effectiveness of my communication with people from different backgrounds.
- 9B** I can usually recognize when culture is having an impact on the effectiveness of my communication with people from different backgrounds.
-
- 10A** I find it easy to recognize when I am suffering from stress and anxiety.
- 10B** I find it difficult to recognize when I am suffering from stress and anxiety.

Count the number of A and B answers and write down the totals below:

Total As: _____ More As than Bs means being more culturally effective.

Total Bs: _____ More Bs than As means there is a need to develop more understanding of cultural implications

Adapted from *The Cross-Cultural Communication Trainer's Manual - Volume Two: Activities for Cross-Cultural Training*, John Cutler, Gower: Aldershot, 2005. Activity 3.

TABLE 3

Cross-Cultural Interview Questions Regarding Serious Illness and End-of-Life Care

“Some people want to know everything about their medical condition, and others do not. What is your preference?”

“Do you prefer to make medical decisions about future tests or treatments for yourself, or would you prefer that someone else make them for you?”

To patients who request that the physician discuss their condition with family members: “Would you be more comfortable if I spoke with your (brother, son, daughter) alone, or would you like to be present?” If the patient chooses not to be present: “If you change your mind at any point and would like more information, please let me know. I will answer any questions you have.” (This exchange should be documented in the medical record.)

When discussing medical issues with family members, particularly through a translator, it is often helpful to confirm their understanding: “I want to be sure that I am explaining your mother's treatment options accurately. Could you explain to me what you understand about your mother's condition and the treatment that we are recommending?”

“Is there anything that would be helpful for me to know about how your family/community/religious faith views serious illness and treatment?”

“Sometimes people are uncomfortable discussing these issues with a doctor who is of a different race or cultural background. Are you comfortable with me treating you? Will you please let me know if there is anything about your background that would be helpful for me to know in working with you or your (mother, father, sister, brother)?”

Information from references 5, 19, and 25.

Copyright © 2005 by the American Academy of Family Physicians.

This content is owned by the AAFP. A person viewing it online may make one printout of the material and may use that printout only for his or her personal, non-commercial reference. This material may not otherwise be downloaded, copied, printed, stored, transmitted or reproduced in any medium, whether now known or later invented, except as authorized in writing by the AAFP. Contact afpserv@aafp.org for copyright questions and/or permission requests.

Scoring

Sum the numbers you circled on the questionnaire. This number is your cultural diversity awareness score.

Total Score

Cultural diversity awareness score: _____

Scoring Interpretation

This self-assessment is designed to measure your beliefs and behavior regarding cultural diversity and inclusion. A *higher score* on the assessment indicates that you are acutely aware of prejudice and bias, and that you are very aware of the impact of your behavior on others. Individuals who score high relate to others in ways that value diversity. A *lower score* on the assessment suggests that you are unaware of prejudice and bias, and that you are not fully aware of the impact of your biased behavior on others. Individuals who score low communicate with others in ways that do not value diversity.

If your score is 130–160, you are in the very high range. If your score is 100–129, you are in the high range.

If your score is 70–99, you are in the moderate range.

If your score is 40–69, you are in the low range.

If your score is 0–39, you are in the very low range.

Kagawa-Singer & Blackhall's ABCD Cultural Assessment Model

Kagawa-Singer and Blackhall developed a cultural assessment mnemonic approach to assess the degree of cultural adherence to help avoid stereotyping and decrease the risk of miscommunication (Kagawa-Singer & Blackhall, 2001).

The **ABCD** cultural assessment is outlined below:

Relevant Information	Questions and Strategies for the Health Care Provider
<p>Attitudes of parents and families:</p> <ul style="list-style-type: none"> • What attitudes does this ethnic /cultural group in general – and the patient and family in particular – have about truth telling with regard to diagnosis and prognosis? • What is their general attitude towards discussion of death and dying? • Do they have positive or negative attitudes about particular aspects of care? 	<ul style="list-style-type: none"> • Increase one's knowledge about the values, beliefs, and attitudes of the cultural group most frequently seen in your practice. • Determine the patient and family's perception of an illness: <i>"What does your illness/sickness mean to you?"</i> • Determine if the patient uses traditional healing practices and for what problems. • Determine if the patient or family has positive or negative attitudes about a particular aspect of care being addressed, such as advance directives.
<p>Beliefs:</p> <ul style="list-style-type: none"> • What are the patient's and family's religious and spiritual beliefs, especially relating to the meaning of death and dying, the afterlife, and miracles? 	<ul style="list-style-type: none"> • <i>"Spiritual or religious strength sustain many people in times of distress. What is important for me to know about your faith or spiritual needs?"</i> • <i>"How can we support your needs and practices?"</i> • <i>"Where do you find your strength to make sense of what is happening to you?"</i>
<p>Context:</p> <ul style="list-style-type: none"> • Determine the historical and political context of the patient's and family's lives, including place of birth, refugee or immigrant status, poverty, experience with discrimination, health disparities, languages spoken, and degree of integration within their ethnic community and the degree of assimilation into Western culture. 	<ul style="list-style-type: none"> • <i>"Where were you born and raised?"</i> • <i>"How long have you lived in the United States?" What has your experience been since coming to the U.S. (or the city)?"</i> • <i>"How has your life changed since coming to the U.S.?"</i> • <i>"What language are you most comfortable using when talking about your health care?"</i> • <i>"What were other important times in your life that might help us better understand your situation?"</i>
<p>Decision-making style:</p> <ul style="list-style-type: none"> • What is the general decision-making style of the cultural group and specifically of the patient and family? • Is the emphasis on the individual decision-making process or the family decision-making process? 	<ul style="list-style-type: none"> • <i>"How are decisions about health care made in your family?"</i> • <i>"Who is the head of the family?"</i> • <i>"Is there anyone else I should talk to in your family about your condition?"</i>

<p>Environment:</p> <ul style="list-style-type: none"> • What resources and support are available to the patient and family? • What resources are available to assist the health care provider to interpret the significance of the patient's culture? 	<ul style="list-style-type: none"> • <i>Identify community resources that may be of assistance to the health care provider and the patient and family, such as translators, health care workers from the same community as the patient, community associations, religious leaders, and healers.</i>
--	--

Kagawa-Singer, M., & Backhall, L. (2001). Negotiating cross-cultural issues at end of life. *Journal of American Medical Association*, 286(3001), 2993-.