Middle Eastern (Arab/Chaldean) Patient: A culturally relevant, culturally sensitive, and culturally competent approach

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Unit 1 – (Basic) Introduction of Culture and Patient Care

- Review history of Muslim people in the United States and Michigan.
- Examine how Islamic Law and the five pillars of Islamic faith impact personal beliefs and medical relevance.
- Compare how Western beliefs influence cross cultural understanding between Muslim/Middle Eastern patients and medical providers.
- Discuss patient-physician communication strategies, interactions, and understanding the Muslim/Middle Eastern family dynamic.
- Examine the expectations and perceptions Middle Eastern patients have of their health providers.
How many have heard of Title V1?

How many have heard of the CLAS Standards?
Interpretation of
Civil Rights Act, Title VI

- Language Access Services mandated by 1964 Civil Rights Act, Title VI:
  “No person in the United States shall on the ground of race, color, or national origin be excluded from the benefits of, or be subjected to discrimination under any program receiving federal financial assistance.”

- National Guidance Memorandum issued by the Office for Civil Rights, January 31, 1998
  Title VI Prohibition Against National Origin Discrimination-Persons with limited English Proficiency
Underserved Populations

  - Services are not accessible or acceptable.

- Healthy People 2010 Goals
  - Eliminate health & health care disparities
Changing Demographics

- 1970’s largest wave of immigration in history of U.S.
  - Impact of demographic shift was recognized by healthcare providers
- 1960’s & 1970’s, Focus was Diversity Training
  - How managers and employees could better understand each other
    - Business environment and not health care settings
    - Avoidance of ethnic characteristics
- Transcultural Nursingimmered
- Increase in the number of immigrants and refugees spurred the first waves of culturally – themed trainings in healthcare.
- The focus changed in the 1990’s to a more inclusive approach addressing broader group of ethnic and racial minorities and people with different sexual orientation.
- We know that in the year 2000, what had been described as minority groups now constitute a national majority.
### Year 2050 Projections

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<td>1%</td>
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<tr>
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[www.aaiusa.org](http://www.aaiusa.org)

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

- Published in the Federal Register: December 22, 2000 (Volume 65, Number 247); pages 80865-80879.
- Developed to address the growing minority and foreign-born populations and to eliminate racial and ethnic disparities.
CLAS Standards

- The 14 standards are organized by themes:
  - Culturally Competent Care (Standards 1-3)
  - Language Access Services (Standards 4-7)
  - Organizational Supports (Standards 8-14).

- Some are mandates (4, 5, 6, and 7), some are guidelines for adoption by accrediting agencies (1, 2, 3, 8, 9, 10, 11, 12, and 13) and some are recommendations for voluntary adoption (14).

- The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with communities being served.
Culturally Competent Care: Standards 1 - 3

1. Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
Language Access Services: Standards
4-7 (mandatory)

- 4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency (LEP) at all points of contact, in a timely manner during all hours of operation.

- 5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

- 6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

- 7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
Organizational Support for Cultural Competence: Standards 8-11

- **8.** Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

- **9.** Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

- **10.** Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

- **11.** Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
Organizational Support for Cultural Competence: Standards 12-14

12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS Standards and to provide public notice in their communities about the availability of this information.

How to implement: http://www.omhrc.gov/assets/pdf/checked/CLAS_a2z/pdf
It’s the Law!
California Endowment

American Medical News

October 15, 2003

Inside

HHS eases interpreter mandate but doctors must pay the bills

THINGS TO THINK ABOUT

- New guidance on serving patients with limited English ability grants physicians more flexibility.
- Doctors who have Medicare or CHIP must ensure that a professional interpreter is available to translate medical information.
- Proportion of patients with limited English proficiency.
- Importance of the services provided.

Identity crisis

- Stealing your credit card number is fine at the beginning. If it's a thief, they can also get your drug numbers.
- Medicare ID, even your name.
- Is there a protect yourself.

Government & Medicine

Push for drug reimportation continues [PAGE 6]

Professional issues

Are patients safe yet? [PAGE 11]

Business

E-prescribing network rolls out [PAGE 22]
Cultural Competence is a Journey, Not a Destination.

- Cultural competence in an individual involves attitude, knowledge and behaviors.
- Cultural competence does not mean endorsing another’s beliefs, but simply making room in your world for that person to hold their beliefs.
- Cultural Competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations.

Culture is not limited to Race (color) and ethnicity!

- gender/age
- religion/spirituality
- socioeconomic class
- education
- sexual orientation (GLBT)
- Environmental factors
- differing abilities/disabilities

Culture is a shared set of belief systems, values, practices and assumptions which determine how we interpret and interact with the world.
Rationale for Culturally and Linguistically Appropriate Services

- Respond to the demographic changes
- Improve quality of services and patient outcomes
- Increase market share
- Increase patient satisfaction
- Eliminate health/health care disparities
- Meet legislative, regulatory, accreditation requirements and standards
  - Title VI Office of Civil Rights (ORC), CLAS Standards, JCAHO standard RI.2.10 & HR.2.10, NCQA)
  - State laws (26 states and increasing)
- Decrease liability/Risk management
- Cost savings in the long run
The Arab American Community

Origins of Arab-Americans—Arabs immigrated to or arrived as refugees in the United States. In 1880’s and early 1900’s centuries from Lebanon and Syria (Christians). 1950s, from Egypt, Palestine, Yemen and Iraq (Muslim Arabs)

Population in U.S

- Approximately 3 million Arabs live in the U.S.
- Arab American community leaders estimate 500,000 Arab Americans in Michigan
- The fastest growing population in the world
Generalization vs. Stereotyping

- **Generalization:**
  - Starting point
  - Most people/many people
  - More neutral

- **Stereotyping:**
  - End point
  - Assumptions that all people/everyone
  - Negative
Ancestry of Arab Americans by Primary Identification Based on U.S. Census 2000 data

- Excludes persons who identify as Chaldeans, Assyrians or other Christian minorities from Iraq.
- Includes those from Algeria, Bahrain, Comoros Islands, Djibouti, Kuwait, Libya, Oman, Qatar, Saudi Arabia, Tunisia, the United Arab Emirates, and Yemen. Does not include persons from Sudan, Somalia, or Mauritania.
Religious Affiliations of Arab Americans  Based on Zogby International Survey (2002)

- Eastern Catholic includes: Roman Catholic, Maronite, and Melkite (Greek Catholic) rites.
- Muslim includes: Sunni, Shi’a, and Druze. 7 Million Muslims in U.S.
- Eastern Orthodox includes: Antiochian, Syrian, Greek and Coptic rites.

![Pie chart showing religious affiliations: Roman/Eastern Catholic 35%, Muslim 24%, Eastern Orthodox 18%, Protestant 10%, Other Religion/No Affiliation 13%]
Chaldean or Arab

- Chaldean’s are from what is now the Arab nation of Iraq and are considered part of the larger Arab-American community.
- They are linguistically and religiously distinct from other Arabs.
- Most Chaldeans trace their origins to a village in northern Iraq called Telkaif and speak the modern dialect of Aramaic, the language spoken by Jesus Christ.
- Many Chaldean’s learn Arabic, the predominant language in Iraq and other Arab countries.
- They belong to the Chaldean Rite of the Roman Catholic Church.
Top Ten States of Arab American Concentration

### Belief and Value Systems

#### Western Values
- Individualistic
- Independence, Self-reliance
- **Autonomous decision-making**
- Truth-telling
- Possessions
- Technology
- Reason & logic
- Doing & active
- Mastery over nature
- "**Master of my fate**"
- Future orientation
- "**Clock time**" & punctuality
- Equality
- Youth & physical beauty

#### Arab Culture Values
- Collectivist
- Interdependence of family
- **Family decision-making**
- Hope-maintaining
- Relationships
- Tradition
- Meditation & intuition
- Being & receptive
- Harmony with nature
- "**Fate is my master**"
- Present or past orientation
- "**People time**" - time is flexible
- Hierarchy
- Age & wisdom
ISLAM

- The Qur'an is the sacred book of Islam.
- A practitioner (believer) of Islam is a Muslim.
- It was revealed to the Prophet Muhammad by the Angel Gabriel on numerous occasions between the years 610 and Muhammad's death in 632 (1400+ years ago).
- Islam is a way of life for all Muslims. It is a guide for all aspects of life including religious practices, morality, family, social relationships, marriage, divorce, economics, and politics.
- There is only one God. Mohammad is his last messenger.
- Allah is the English translation of “God”
- The whole of this life constitutes a trial and a test for the human by means of which his final destiny is determined.
Background

- Islam is a monotheistic faith
- Only 20% of Muslims in the world are Arabs
- In the U.S., only 12% of Muslims are of Arab descent
- 50% of U.S. Muslims are African Americans who have converted to Islam
- The world's largest Muslim community is in Indonesia
5 Pillars of Islam

- The declaration of faith (Shahada)
- Prayer (Salat)
- Fasting (Sawm)
- Charity (Zakat)
- Pilgrimage to Mecca (Hajj)
Salat

- 5 times a day preceded by ablution
  - Fajr (before dawn)
  - Zuhr (noon)
  - Asr (afternoon)
  - Maghrib (after sunset)
  - Isha’ (night)

- Illness & Salat
Sawm/Fasting Month of Ramadan

- Abstinence from smoking, eating and drinking from before sunrise to after sunset.
- Obligatory during the month of Ramadan
- Optional any other time (Monday, Thursday)
- Followed by Eid Al Fitr Holiday
- Implications to smoking cessation & medication regimen
HAJJ ...............  
Pilgrimage to Mecca

- Pilgrimage to Mekka, Saudi Arabia
- Once in a person’s lifetime if physically and financially able
- About 3-4 million Muslims perform Hajj every year at the same time
- Overcrowded conditions raise concerns for health status
  - Climb Mount Arafat, site of Muhammad’s last sermon
  - Immunizations, masks …
  - Medication prescriptions
- Followed by Eid Al Adha Holiday
Preserving Modesty

- Modesty is one of the core values which is expressed by both genders.
- This is by far one of the most important concepts to keep in mind, especially on an OB floor and during radiation or surgery.
- Some Muslim women will only reveal their face and hands.
- Some Muslims do not shake hands or hug with members of the opposite sex.
- Implications for hospital stay:
  - Knock on the door, announce your arrival.
  - Same gender providers.
Death & Dying

- When a Muslim is near death, those around him or her are called upon to give comfort, and remind him of God's mercy and forgiveness.

- They may recite verses from the Qur'an, give physical comfort, and encourage the dying one to recite words of remembrance and prayer.

- Face bed to the North East direction

- Suicide, euthanasia, and the denial of nutrition or hydration are prohibited.

- The basis of the Islamic faith is the total submission of the self to the will of Allah. Only Allah (God) can decide when someone is to die, and medical support must be given for as long as possible.

- Mercy killing is also forbidden in Islamic Law. Visit http://www.Islamset.com.ethics

- Autopsies are not usually performed unless required by law.

- Burial takes place as soon as possible after death, to avoid the need for embalming or disturbing the body of the deceased.

- The belief in life after death not only guarantees success in the Hereafter, but also makes this world full of peace and happiness.
Cultural/Religious Traditions

- Greeting
- Touch
- Dignity and Honor
  - Everything one does reflects on family honor of past, present, and future generations
  - Reputation is critical
- Personal space
- Eye contact
- Respect (elderly)
- Implications for nursing homes & elder care
Respecting Religious Diversity

- Have you ever had a healthcare experience in which cultural or religious differences led to difficulties?
Changes in Habits Since Sept. 11
Based on AAIF Commissioned Survey

Feel comfortable speaking Arabic around non-Arabs

Engage in discussions about events in the Middle East

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<td>Do not speak Arabic</td>
<td>47%</td>
<td>35%</td>
<td>10%</td>
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<td>Engage in discussions about events in the Middle East</td>
<td>43%</td>
<td>42%</td>
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Personal/Social Consideration

- Extended families
  - Rely on family/friends, ensures harmonious society
  - Language (family traditionally served as interpreters)
- Subcultures within cultures (not everyone adheres to cultural norms and practices)
- Gender to Gender care
- Culture vs. Faith
- Hospitality is a way of life
  - Their home is your home
  - Very open, friendly and inviting
- Time; Expectations and punctuality  View time as “our servant, not our master”
- Taboo Topics
  - Depression/Posttraumatic Stress Disorder
Arabic Food Pyramid

Grains
- Couscous
- Millet
- Pita
- Rice
- Bulgur

Fruits
- Figs
- Apples
- Apricots
- Plums
- Grapes
- Bananas
- Cantaloupe
- Watermelon
- Tangerines

Vegetables
- Onion
- Cauliflower
- Spinach
- Cucumber
- Artichokes
- Potato
- Green Beans
- Cabbage
- Eggplant
- Okra
- Squash

Milk
- Yogurt
- Lebneh
- Jabneh
- Goat's Milk

Meats
- Beef
- Chicken
- Lamb
- Lentils
- Garbonzo Beans
- Pistachios
- Pine Nuts
- Almonds

Others
- Honey
- Olives
- Tahini
- Olive Oil

Servings
- 6-11 servings: Grains
- 2-4 servings: Fruits
- 2-3 servings: Meats, Milk
- Eat sparingly: Others
- 3-5 servings: Vegetables
- 2-3 servings: Milk
Challenges

- **Language and communication**
  - Language barriers require use of medical interpreters

- **Value conflict**

- **Lack of familiarity with the provider culture**

- **Issues related to spiritual practices**
  - Strong belief in God or Allah- “In sha Allah”
  - Cancer fatalism
  - Communicating good and bad news
  - Via oldest son or family if case is terminal
  - Respect
  - Honor and Shame
  - Present orientation

- **Stereotyping and discrimination**
  - View culture as a problem.
  - Believe that if culture can be suppressed or destroyed, they would be better off
  - Believe that people should be more like the “mainstream”
  - Assume that one culture is superior and should eradicate
Recommendations……

- Be aware of the uniqueness of others and their needs
- Identify your largest ethnic workforce
- Identify your ethnic community and consumers and target community
- Consider diverse recruitment efforts
- Avoid employees serving as interpreters for other employees
- Document all interventions and name of interpreter
- Recognize how your values, beliefs and behaviors may affect others
- Observe facial expressions (body language), positions and other cues
- Bilingual business cards
- Bilingual advertisements
- Training staff about cultural competence
- Integrate all holidays at work sites
- Use medical competent and fluent interpreters
- Bilingual voice menu options
- Never make assumptions and be patient
Remember

- Be respectful
- Non-judgmental
- Ask how **YOU** can make **THEIR** experience more comfortable and congruent with their culture and religion
- Just because a person identifies as a member of an ethnic, religious or demographic community **DOES NOT** mean they value the entire cultural perspective. **ASK**
- **APOLOGIZE** for cultural mistakes

“Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.” Martin Luther King, Jr.
Unit 2 Extensive Training,
3 – 4 hours planned for October

- Review Unit 1 Introduction and Topics
- Provide physician’s self-assessment on current understanding of Muslim/Middle Eastern cultural beliefs and practices in order to administer a culturally sensitive health assessment.
- Discuss similarities and conflicts between traditional Islamic values and ethical perspectives vs. Western culture and Christianity: How do these conflicts/similarities influence treatment and patient care?
- Explore appropriate Muslim patient - physician interaction and communications (individual, family, and group).
- Review various real-life patient scenarios for discussion and provide recommended strategies of intervention when encountering sensitive Muslim/Middle Eastern medical or ethical issues.
- Examine self-practices and beliefs in interacting with Muslim/Middle Eastern patients, and how to recover from cultural mistakes.
Questions?

Thank You!