

Cultural Adaptation: The Ambiguity Toward This Notion in Healthcare

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"Cultural Adaptation of Services" or "Culturally Sensitive Care"

An Ambiguous Concept

- What are we talking about?
- Who must adapt to whom and to what?
- Up to what point must the healthcare system provide culturally adapted services?
- What are the limits for practitioners in their ability to be culturally sensitive?

The Clinical Encounter in an Intercultural Context : First Studies

- *The clinical encounter between patients and doctors within a cultural context of difference.* (Guibert, et al., 1997-1999)
 - Semi-structured interviews: 25 doctors (private and public practice; 12 men and 13 women; 15 Canadian born; 10 immigrants).
- *Homecare workers: training, ethnicity and institutional trajectory* (Meintel et al., 1999-2002)
 - Semi-structured interviews: 40 homecare workers (private agencies and public services; 28 women and 12 men; 23 immigrants and 17 Canadian born).

Culture in the Clinical Encounter

Initial Findings

2 Opposite yet Coexistent Views of Culture

Positive Form

A source

- Enrichment
- Openness toward the world
- Learning new models
- Mediation tool in the construction of a successful relationship

A resource to be exploited

Negative Form

A source of problems

- Inability to take care of themselves or their children
- Misunderstanding of the healthcare system
- Resistance toward norms and values of Canadian society
- Instrument of domination

An obstacle to be eliminated

Inter / Intra Group Differences

Doctors

**Homecare
workers**

Clear sense of professional identity, role and mission

Conceptions of health/illness and treatment grounded in a solid value system

"Patient" must adapt to health system

Weak professional identity

Weak professional models of reference and practice

Health system must adapt to "client"

Immigrants / Non Immigrants

The Practice of Nurses : Between Professional and Cultural Models (Cognet et al, 2002-2005)

- Three sectors of practice in Montreal (Quebec):
 - Public sector (CLSC : 6 local, primary health and social services centers)
 - Private for profit sector (18 agencies)
 - Non profit private sector (2 associations)
- Questionnaire (n=260)
- Semi-structured interviews (n=45)
 - Agencies, CLSC, Associations; Women, Men; Immigrants, Non immigrants; Education training (bachelor, college)

Adaptation : A continuum of representations

The
immigrant
must adapt,
be educated,
“normalised”

Intervention
practice,
values, system
must adapt



“it was necessary (to show her), how to organise herself, how to manage a budget (ugh) how to take care of a newborn, because of the way she was taking care of the baby, let’s just say that it wasn’t normal, it was necessary that she adapt to our way of doing things... Her behaviour was not normal. She was open to learning, open to trying new things, but she needed help. ”

“One must really understand the perceptions people have of different illnesses. According to their origin, religion, they perceive illness differently and treatment differently too. We have to take this into account, and sometimes we have to adapt a lot ...”

The Canadian Health System

Superiority of
the Western
Medical Model



Relativism of the
Western Medical
Model

«I will adapt, I will try to find another solution, as long as it respects the norms of healthcare and the rules of healthcare in order to assure the quality of care. This is not a question of tolerance. It is a question of being a professional and respecting... We see things like that, false beliefs, and we must work hard since – no – I will not adapt to something like that.»

“They have a panoply of knowledge. (...) They first treat themselves according to how they know and when this doesn't work, they come to the clinic. And often both things happen at the same time. They ask for antibiotics and at the same time they use their herbal medicine. I feel this is wonderful. I agree with that : It's functional!”

Portraits of Immigrants

Recipient of
goods and
services \ Abuser



Carrier of
knowledge and
resources

« These people arrive here, over there they don't have anything, okay, you don't work, you don't eat, it's the way things work over there. But they come here, we offer all kinds of services. These people are really well taken care of here. They have here what they never had at home. »

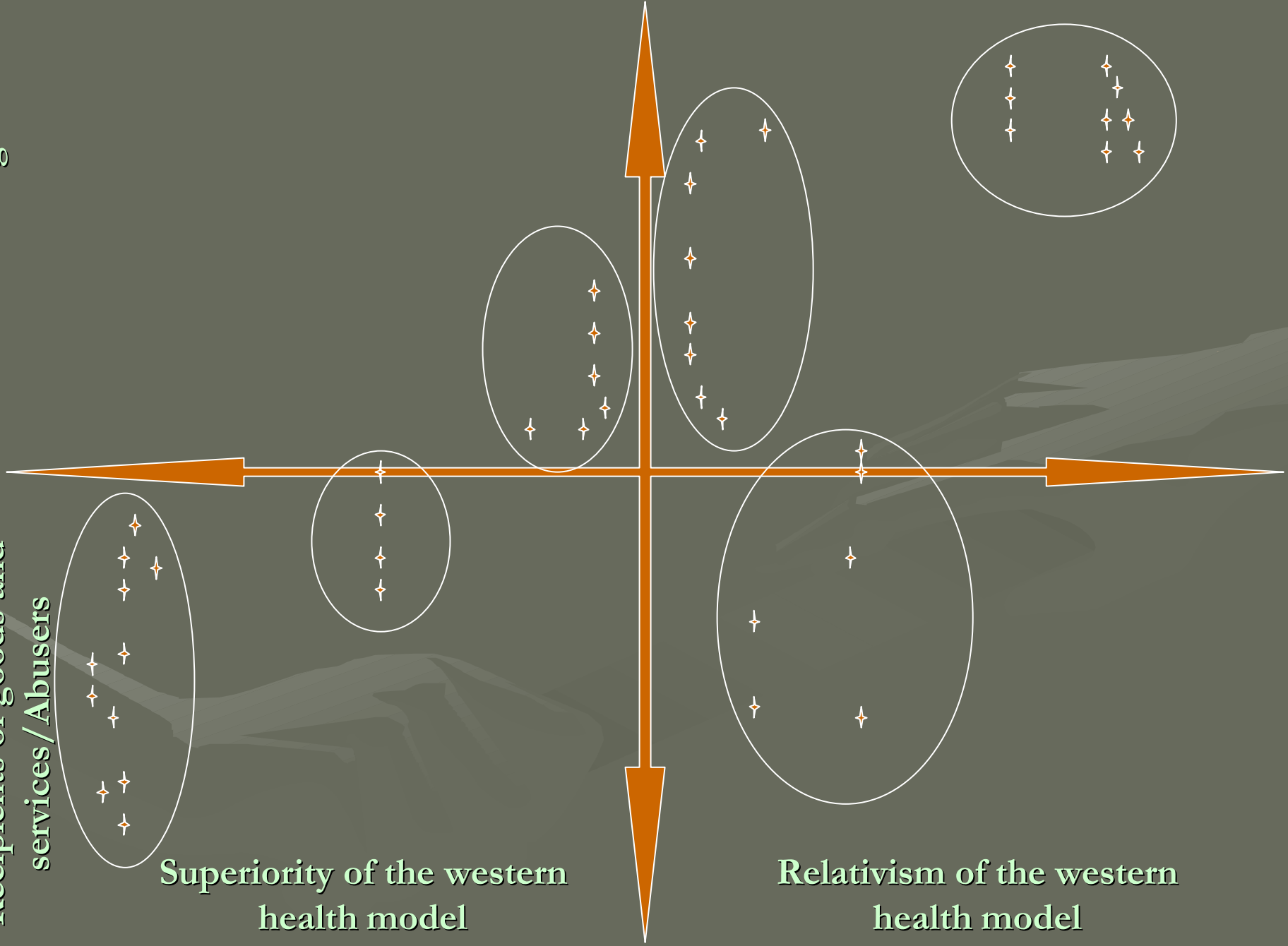
«One must never act as an expert and act as if they know nothing... it is not true, these people have a life behind them, they have experiences that may be different, but they also know a lot of things and we can also learn from others... »

Carrier of knowledge and skills

Recipients of goods and services / Abusers

Superiority of the western health model

Relativism of the western health model



Conclusion

Individual
biographical and
personal dimensions

Political context of
interethnic relations
in society

Varying models of cultural
adaptation in healthcare and
services

The diagram consists of three text blocks on a dark gray background. At the top center is the word 'Conclusion' in a light green, serif font. Below it, on the left, is the text 'Individual biographical and personal dimensions' in a yellow, serif font. On the right is the text 'Political context of interethnic relations in society' in the same yellow, serif font. At the bottom center is the text 'Varying models of cultural adaptation in healthcare and services' in a green, serif font. Two large, orange, curved arrows with white outlines connect the top two blocks to the bottom block. One arrow starts from the left side of the 'Individual...' block and points towards the 'Varying models...' block. The other arrow starts from the right side of the 'Political context...' block and points towards the 'Varying models...' block.