Culture Clues™: Communicating With Your Latino Patient

Culture Clues™ is designed to increase awareness about concepts and preferences of patients from the diverse cultures served by UWMC. Every person is unique; always consider the individual's beliefs, needs and concerns. Use *Culture Clues*™ and information from the patient and family to guide your communication and your patient care.

❖ **perception of illness** ❖ **patterns of kinship and decision making** ❖ **comfort with touch**

1. How does the Latino culture deal with illness?

A. Explaining the causes of illness and disease

- Your patient may see illness as an imbalance. The imbalance may be between an internal and external sources (for example, hot and cold, natural vs. supernatural, the soul is separate from the body).
  - ***Ask your patient "Can you tell me what caused your illness?"***
- There are folk-defined diseases such as *empacho* (stomach ailment) and standard western medically defined diseases such as measles, asthma, and TB.
- Many patients seek medical care from *curanderos* or other folk healers.
  - ***Ask about use of pharmaceuticals or home therapies such as herbal remedies or certain foods. Screen for possible patient use of injectables, especially antibiotics or vitamins. Ask if you can see the home treatment if your patient cannot identify the substance.***

B. Helping your patient take an active role in care and recovery

- Your patient may believe that God determines the outcome of illness.
  - ***Consider the impact religion will have in your patient's active participation in health care recovery. You can validate your patient's belief by asking "Will God be served by taking the best care of yourself?"***
- The patient is seen as an innocent victim, and will be expected to be passive when ill.
  - ***Help your patient take an active role in his or her recovery.***

C. Helping your patient feel comfortable with UWMC

- Remember to find out if this is your patient's first visit to UWMC.
  - ***Keep in mind that patients who are new to the system may not be aware of the role of the Primary Care Team or the process for getting a referral to a specialist.***

D. Understanding concerns about depression

- Depression may not be seen as an illness. It is often seen as a weakness and an embarrassment to family.
  - ***Treat these issues with respect. You may want to also offer the services of a clergy member.***

2. How are medical decisions made in the Latino culture?

A. Making decisions about health care

- The mother determines when a family member requires medical care; the male head of the household gives permission to go to the medical center.
- Head of household, often oldest adult male, is the decision-maker, but important decisions often involve the whole family. The family spokesperson is usually the father or oldest male.
  - ***Ask your patient about whom they want to be included in medical decisions. If the patient does not want to make medical decisions for themselves, let them know they need to prepare a Durable Power of Attorney for health care.***
  - ***When possible, engage the whole family in discussions that involve decisions about care.***

B. MANAGING MEDICAL NEWS

- The family would prefer to hear about bad medical news before the patient is informed. The family spokesperson usually delivers information about the severity of illness. The family may want to shield the patient from the bad news.
  - ***If your patient consents, meet with the identified persons to strategize how to communicate medical news.***

C. GAINING FAMILY SUPPORT

- La Familia–the family is an important source of emotional support during recovery. Patients like to be able to see and embrace their family members.
  - ***Be aware of the importance of this and consider extending visiting hours. Explain the visitation policy at the time the patient is admitted or before a surgery, so that the family knows what to expect.***
- The family may want to allow the patient to remain passive during recovery while they provide complete support for activities of daily living.
  - ***Educate family members about the importance of the patient's active participation during recovery.***

3. What are the Latino culture's norms about touch?

A. UNDERSTANDING RELATIONSHIPS

- Your patients value relationships. They prefer a polite and friendly encounter before a therapeutic relation.
  - ***Take time to develop relationships. Shake hands and greet your patient by name, or ask the patient what they prefer to be called. An older patient may prefer to be called Señor (Mr.) or Señora (Mrs.).***

B. UNDERSTANDING NORMS ABOUT EYE CONTACT AND BODY LANGUAGE

- Eye contact with health care professionals or people of authority may be avoided as a sign of respect.
- For some patients, eye contact may be related to evil spirits. An illness may be attributed to receiving an evil eye or *mal ojo*.
- Another example of evil eye is the belief that if you admire a child by looking without actually touching him or her, the child can become very ill.
- When your patient nods his or her head, it does not necessarily signify agreement, but that he or she is listening to you. Silence is more likely a sign of not understanding or disagreement.
  - ***To ensure understanding, ask open-ended questions and encourage the patient to ask questions.***

C. UNDERSTANDING NORMS ABOUT TOUCH, MODESTY AND BODY LANGUAGE

- Consider the modesty of women and girls; having a female provider may be helpful.
  - ***Ask your patient about her gender preference for providers. Consider having a female attendant present when a male provider is examining a female patient.***

What is unique about this patient and family that you will not learn from tips or information about their culture?

Country of origin, education, and income level make a difference about how your patient perceives illness and makes health decisions. What are the questions you want to ask to learn more about this patient and their family?

Check out this resource to learn more about health care and Latino culture

✓ **Culture and Nursing Care, A Pocket Guide,** J.G. Lipson, S.L. Dibble, P.A. Minarik, 1997, pp. 203-215 (available at the Learning Resource Center cc420)

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Culture Clues™ is a project of the Staff Development Workgroup,
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