Towards Health Care Quality for Asian American

Lin Wu MMH, RN

Topics

• Importance.

• Understanding Asian cultural health beliefs

• Challenges Asian cultural health beliefs present

• Closing the cultural gap.
Census Bureau, National Population Estimates Show:

- **AA population is third significant minority in US.**
  2008, Total U.S population was 308 million. AA was 13.4 million (4.4% of the total US population).

- **AA population are growing fast.**
  2000, Total U.S population was 281.4 million, AA was 10.3 million.
  2005, Total U.S population was 296.4 million, AA was 12.7 million
  2050, AA expected to make up 9% of the total US population.

---

**Importance**

**Asian Americans Report Greater Difficulty In Communicating with Their Doctor**

Percent of adults reporting one or more measures of poor communication*

Base: Adults with a health care visit in the past two years.  
* Doctor didn't listen to everything, patient didn't understand fully, or patient had questions but didn't ask.  
Importance

Asian Americans Less Likely to Report Positive Patient–Physician Interactions

Percent of adults reporting they had...

- **Great confidence in doctor**
  - Total Adults: 69%
  - English-Speaking Asian*: 54%
  - Non-English-Speaking Asian*: 48%

- **Been treated with respect by doctor**
  - Total Adults: 76%
  - English-Speaking Asian*: 50%
  - Non-English-Speaking Asian*: 53%

- **Been involved in decisions about health care**
  - Total Adults: 75%
  - English-Speaking Asian*: 58%
  - Non-English-Speaking Asian*: 51%

- **Spent enough time with doctor**
  - Total Adults: 68%
  - English-Speaking Asian*: 52%
  - Non-English-Speaking Asian*: 19%

Base: Adults with a health care visit in the past two years.

* As defined by language spoken at home.


Importance

Asian American (AA) rate PCP performance lower than whites, African-American and Latinos.
Cultural beliefs and differences in health care create barriers in obtaining quality healthcare for both non Asian American and Asian American.
Cultural Health Beliefs

Health Practice: Traditional Chinese Medicine is rooted in Yin-Yang

Yin

Yang

eight

Giving birth causes a loss of yang, or heat, which must be restored.

As a result yang is restored with eating yang food, rest, avoiding anything cold and any activity.
Cultural Health Beliefs

The family system

• The family functions as collective decision-maker. Autonomy becomes collective rather than individual.

• The Chinese family feels a strong obligation to protect the patient from unnecessary stress or worry.

Cultural Health Beliefs

Example

• Family make decision for patient’s cancer treatment plan.

• Family do not want to let patient know the diagnosis of cancer.
Cultural Health Beliefs

Circulating life energy that creates the balance of negative and positive forms in the body is believed to be essential for good health.

Blood is considered a non-renewable vital energy for the body and Qi.

Qi
The energy around us and in us.
Cultural Health Beliefs

Example

- The patients may resist to having lab tests that involves withdrawing blood or may resist donating blood.

- Patient also may request blood transfusion in the hopes of improving the Qi.

Cultural Health Beliefs

Ecchymosis

echymosis relieves congestion, thus allowing for the regulation of blood and energy.
Cultural Health Beliefs

For Example

It is common for people to rub the skin with an object such as a coin to produce ecchymosis in order to relieve congestion and increase circulation.

Cultural Health Beliefs

Self Control

It is believed that an individual should demonstrate inner stamina and strengths to tolerate crisis and pain.
Cultural Health Beliefs

example
• It is not unusual for the Asian patient to deny pain even if they are in excruciating pain.

• Report physical discomfort for mental problem

Cultural Health Beliefs

obey authority, respect knowledge, harmony

• we all hope for a good experience whether we are the healthcare providers or the patient.

• Education is the most priority in Asian Culture.
Cultural Health Beliefs

Example

Disagreement against harmony and disrespect to other.

Do not make other lost face.

Challenges

• 83 year old Chinese woman, mentally alter, found to have a lung mass with question of lung cancer..

• Three family members feel disclosure is important but fear the emotional stress.

• Other members feel patient should not be told the truth.
Challenges

• **Patient:** A Chinese woman, after given birth, only willing to provider minimal care to her baby, refused to do daily care and to eat hospital food.

• **Healthcare provider:** The nurse thought that patient had post-partum depression, may need to have PSY and social consult.

• **Consequences:** Patient upset. Nurse frustrated.

Challenge

• **Patient:** A Chinese student was transferred to MGH for LFT that was out of range.

• **Healthcare provider:** Doctors ordered more tests and medical treatments.

• **Consequence:** Patient complained ineffective treatment. Cost increased by unnecessary tests.
Challenges

• Patient: A Cambodian woman presented to PCP for 3 days nausea, vomiting and diarrhea, she was found to have multiple ecchymosis on her back.

Consequence
Confusion between provider and patient mis-diagnosis and even consequences for the family

Challenges

Communication is not only language but also culture for the Chinese

A Chinese patient refused pain medication following surgery. Patient appears to be in pain yet says he is not in pain

Consequence
Nurse confused with patient’s body language showed pain level, but patient answer “No pain”.

NO Pain = 不痛 (Chinese)
Suggestions

A System approach

Staying open.

Improving communication

Suggestions

A System approach structure is the key.

• Education, Committees, Seminars, organizational publications, train class/presentation.

• Encourage excellent cultural practice and share experiences

• Create Cultural consulting.

• Create Cultural quality of patient care managing.
Suggestions

Improving personal interactions

3 keys factors cross cultural communication

1. Language---vocabularies, pronunciations, formal/informal.
2. Attitude---do you willing to learn? To speak? To go out of comfort zone?
3. Knowledge---how much do you understand other cultures?

Suggestion

Staying open and be willing to understand

• Communication

• Harmony

• Collective decision making
suggestion

• Staying open and be willing to understand
• Self-control
• Education
• Language

Summary

• AA is third significant group and growing fastest in U.S.
• AA rate PCP performance lower than other Ethnic.
• Close cultural gap will increase quality and safety healthcare
• Provide quality of healthcare via system structure approaching and individual improving.
Reference

- Dora L. Hughes, MD. Quality of Health care for Asian American
- Population of the United States by Race and Hispanic/Latino Origin, Census 200 and July 1, 2005.
- Deborah A Tara, ScD, Dana Gelb Safran, ScD, Todd B Seto, MD, William H Rogers, PhD and colleagues, Asian-American Patient Ratings of Physician Primary Care performance
- Xian Wen Jin, MD, PhD, Jacqulyn Slomaka, PhD, RN, and Carol E. Blixen, PhD, RN, Cultural and Clinical issues in the care of Asian patients.
- American Psychiatric Association, Ignoring Asian Patients’ Values Jeopardizes Treatment Success.
- Marcia Carteret, Cultural values of Asian and Families.
- Cultural diversity in nursing, Transcultural Nursing.