

# The quickest way to individualize patient education to any culture: The Kleinman Questions

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## **Culture**

- is the shared way of life that is passed on from generation to generation by learning alone
- is not biologically inherited
- includes what people think, what people do, and the material products they produce
- includes values, norms, beliefs, knowledge, learned behaviors, and social organization.

**Patient-centered care** is a philosophy of care that encourages:

- (a) shared control of the consultation, decisions about interventions or management of the health problems with the patient, and/or
- (b) a focus in the consultation on the patient as a whole person who has individual preferences situated within social contexts (in contrast to a focus in the consultation on a body part or disease).

Lewin, S. A., Skea, Z. C., Entwistle, V., Zwarenstein, M., & Dick, J. (2006). Interventions for providers to promote a patient-centred approach in clinical consultations. The Cochrane Database of Systematic Reviews (2), <http://www.cochrane.org/reviews/en/ab003267.html>

## **To provide patient-centered care**

Skills needed from clinicians are:

- listening skills
- professional sensitivity
- professional ability to negotiate decisions

Skills needed from patients are:

- ability to contribute to consultations
- questioning skills

McEwen, C., Flowers, R., & Trede, F. (2003). Learner-centred and culturally responsive patient education: Drawing on traditions of cultural development and popular education. Retrieved May 28, 2006, from <http://www.cpe.uts.edu.au>

<b>Clinician-centered vs. Patient-centered Approach</b>			
<b>Model</b>	<b>Medical</b>	<b>Negotiated</b>	<b>Emancipatory</b>
Approach	Illness model Clinician-centered	Wellness model Patient-centered	Capacity model Patient-centered
Action of patient	Comply	Participate	Liberate
Role of clinician	Teacher	Listener	Facilitator
Label for clinician	Task master	Coach	Critical companion
Power relations	Clinician has power	Clinician may share some power	Equal power sharing
Expectations by clinicians of patients	Not encouraged to think for themselves	Encouraged to think a bit for themselves	Learn to think for themselves
Patient power	Disempowered	Self-contained empowered self-development	Sustainable and collective empowerment in a way that can be passed on
Patient education content	Out of context, objective facts	Within personal-social context, subjective values	Within political context, subjective reflected values
Context of decision-making	Out of context	In psycho-cultural context (definitely not political)	In historic-political context
Clinician as helper	Helping to survive	Helping to cope	Helping to problem-solve
Clinicians' state of awareness of assumptions	Unreflective	Reflective with the aim to increase participation	Reflective with the aim to transform

Adapted from McEwen, C., Flowers, R., & Trede, F. (2003). *Learner-centred and culturally responsive patient education: Drawing on traditions of cultural development and popular education*. Retrieved May 28, 2006, from <http://www.cpe.uts.edu.au> Pages 18-19

**Comparative values between  
medical model and patient-centered  
approaches to patient education**

	<b>Medical Model</b>	<b>Patient-centered Model</b>
Interest	Eliminating uncertainty, Evidence-based practice, Efficiency	Acknowledging uncertainty, Promoting health, Effectiveness
Outcome/aim	Increase patients' technical knowledge	Build on patient's existing knowledge
Content	Technical and factual	Social and realistic
Strategies	Identifying best option	Identifying choices
Power relations	Professional power	Patient power
Evaluation	Amount of technical knowledge	Amount of holistic knowledge

Adapted from McEwen, C., Flowers, R., & Trede, F. (2003). *Learner-centred and culturally responsive patient education: Drawing on traditions of cultural development and popular education*. Retrieved May 28, 2006, from <http://www.cpe.uts.edu.au> Page 20.

"For many ethnic groups, spiritual and natural forces can cause illness, and treatment should be based on those beliefs. When these differences are not addressed in the clinical encounter, the consequences can be noncompliance and misunderstandings."

Taylor, R. (2005). Addressing barriers to cultural competence. *Journal for Nurses in Staff Development*, 21(4), 135-142; quiz 143-144. page 137

### **Kleinman's Questions**

1. What do you think caused the problem?
2. Why do you think it happened when it did?
3. What do you think your sickness does to you? How does it work?
4. How severe is your sickness? Will it have a short course?
5. What kind of treatment do you think you should receive?
6. What are the most important results you hope to receive from this treatment?
7. What are the chief problems your sickness has caused for you?
8. What do you fear most about your sickness?

Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine*, 88(2), 251-258.

### **Frustration**

is a red flag that indicates care is not being fully individualized.

You may feel frustration when the learner is distracted, not engaged, resistant, or upset. You may be presenting information that does not fit with the learner's understanding, or in a way that does not fit.

The best response to frustration is to return to assessment.

What are you missing?

How can you better individualize care?

How can you better engage and involve the patient in his or her own care?

"Cultural competence requires health care providers to make a shift from authority figure to learner in cross-cultural interactions."

Taylor, R. (2005). Addressing barriers to cultural competence. *Journal for Nurses in Staff Development*, 21(4), 135-142; quiz 143-144. page 137

## **If you want to learn more:**

Botelho, R. (2004). *Motivational practice: Promoting healthy habits and self-care of chronic illnesses*. Rochester, NY: MHH Publications.

Fadiman, A. (1997). *The spirit catches you and you fall down: A Hmong child, her American doctors, and the collision of two cultures*. New York: The Noonday Press.

George, M. (2001). The challenge of culturally competent health care: applications for asthma. *Heart and Lung: The Journal of Acute and Critical Care*, 30(5), 392-400.

Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine*, 88(2), 251-258.

Lewin, S. A., Skea, Z. C., Entwistle, V., Zwarenstein, M., & Dick, J. (2006). Interventions for providers to promote a patient-centred approach in clinical consultations. *The Cochrane Database of Systematic Reviews* (2), <http://www.cochrane.org/reviews/en/ab003267.html>.

McEwen, C., Flowers, R., & Trede, F. (2003). Learner-centred and culturally responsive patient education: Drawing on traditions of cultural development and popular education. Retrieved May 28, 2006, from <http://www.cpe.uts.edu.au>

Norris, J. (2003). *From telling to teaching: A dialogue approach to adult learning*. North Myrtle Beach, SC: Learning by Dialogue.

Payne, R. K. (2005). *A framework for understanding poverty* (4th revised ed.). Highlands, TX: Aha! Process Inc.

Taylor, R. (2005). Addressing barriers to cultural competence. *Journal for Nurses in Staff Development*, 21(4), 135-142; quiz 143-144. page 137.

Vella, J. (2002). *Learning to listen, learning to teach: The power of dialogue in educating adults* (Revised ed.). New York: Jossey-Bass.

## **Many of these websites have links to other resources:**

American Public Health Association: <http://www.apha.org/ppp/red/>

Checklists for Cultural Assessment: <http://www.health.qld.gov.au/multicultural/checklists/default.asp>

Country Studies: <http://lcweb2.loc.gov/frd/cs/cshome.html>

Cross Cultural Resources: <http://medicine.ucsf.edu/resources/guidelines/culture.html>

Cultural Medicine: <http://www.geocities.com/SoHo/Study/8276/CulturalMed.html>

Culture Clues: <http://depts.washington.edu/pfes/cultureclues.html>

Culture Health and Literacy: [http://www.worlded.org/us/health/docs/culture/matl\\_websites.html](http://www.worlded.org/us/health/docs/culture/matl_websites.html)

CulturedMed: <http://culturedmed.sunyit.edu/>

Diversity in Health and Illness: <http://www.culturediversity.org/index.html>

Diversity Rx: <http://www.diversityrx.org>

EthnoMed: <http://ethnomed.org/>

Food and Nutrition Culture and Ethnic Resources:

[http://riley.nal.usda.gov/nal\\_display/index.php?info\\_center=4&tax\\_level=2&tax\\_subject=270&topic\\_id=1339&placement\\_default=0](http://riley.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=2&tax_subject=270&topic_id=1339&placement_default=0)

Health and Culture: <http://health.csuohio.edu/healthculture/sitemap.htm>

Health Care Communication: <http://www.health-disciplines.ubc.ca/DHCC/resources.htm>

How to Work with a Foreign Language Interpreter

<http://www.med.umich.edu/pteducation/intrepret.htm>

Minority Health Special Collection: <http://library.ncahec.net/minorityhealth.cfm>

Multicultural Health Generalizations: <http://med.umich.edu/multicultural/ccp/culture.htm>

National Center for Cultural Competence: <http://gucchd.georgetown.edu/nccc/>

National Center for Cultural Healing: <http://www.culturalhealing.com/index.htm>

Office of Minority Health: <http://www.omhrc.gov/>

Provider's Guide to Quality and Culture:

<http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>

Racial and Ethnic Differences in the Health of Older Americans:

<http://www.nap.edu/books/0309054893/html/index.html>

Test yourself for hidden bias: [http://www.tolerance.org/hidden\\_bias/](http://www.tolerance.org/hidden_bias/)

Transcultural and Multicultural Health Links: <http://web.nmsu.edu/%7Eebosman/trannurs/index.shtml>