

# **Common Denominators of Culture (or “Cultural Universals”)**

- **age-grading**
- **art: theatre, drama, visual arts, music**
- **bodily adornment**
- **child rearing**
- **cooperative labor**
- **courtship and dating**
- **dancing**
- **death and dying**
- **education**
- **ethics**
- **etiquette**
- **family feasts and celebrations**
- **folklore**
- **food: customs, taboos, meal times**
- **funeral rites**
- **games**
- **gender roles**
- **gestures**
- **greetings**
- **holidays**
- **hospitality**
- **housing**
- **hygiene, health, cleanliness**
- **joking**

# **Common Denominators of Culture (continued)** **(or “Cultural Universals”)**

- **kinship: relations among relatives**
- **language, slang**
- **law, authority, punishment, prison terms**
- **literacy: aural and written**
- **marriage**
- **medicine, medical providers, healers**
- **mind-altering substances**
- **modesty; privacy about the body**
- **music**
- **personal and family names**
- **pregnancy and labor**
- **pre- and postnatal care**
- **problem-solving**
- **property rights**
- **puberty customs**
- **religious beliefs and rituals**
- **sexual customs, roles, and restrictions**
- **social organizations**
- **sports**
- **status differentiation, prestige, credibility**
- **trade, economics, money, barter**
- **visiting, socializing**

***Can you think of any more?***

# Cultural Identification

## Primary Cultural Identity

1. Age
2. Ethnicity / race
3. Gender
4. Language
5. Physical abilities and qualities
6. Sexual and affectional orientation
7. Childhood experiences and family factors  
(family religion, place of birth and household location, family social class, parents' occupations, etc.)

# Cultural Identification

## Secondary Cultural Identity

1. Education
2. Geographic location
3. Income
4. Marital/relationship status and history
5. Military experience
6. Parental status and history
7. Religion
8. Work experience
9. Current social class and class status history
10. Political affiliation and perspective

# Cultural Identification

## Tertiary Cultural Identity

1. Experiences with immigration, exile, refugees, etc.
2. Lifestyle (e.g., gay culture, new age)
3. Degree of acculturation/assimilation
4. Degree of recovery
5. Recreational drug use
6. Health consciousness
7. Gender identification; change in gender

# Using an Interpreter

## A. Potential problems with interpreters

1. May not state accurately what health care worker and/or patient have said
2. Might add their own ideas of what has been said
3. Might have difficulty translating effectively to and from the English language
4. Patient might be uncomfortable talking about personal information with interpreter present

# Using an Interpreter (continued)

## B. Guidelines for interpreters

1. Ask patient's permission to use an interpreter
2. Meet with interpreter before seeing the patient to give instructions and guidance
3. Remind interpreter that all information discussed is confidential
4. Ask interpreter not to add his/her own comments
5. Ask interpreter to interpret patient's and health care worker's words as exactly as possible; add nothing, omit nothing, change nothing

# Using an Interpreter (continued)

## B. Guidelines for interpreters

6. Arrange to sit or stand so the health care worker is facing and talking to the patient, not the interpreter
7. Ask interpreter to explain questions or answers that are not clear
8. Keep messages simple and factual; use short phrases and focus on one topic at a time
9. Give interpreter time to interpret each phrase before continuing; do not interrupt
10. Give patient enough time to answer questions
11. Ask interpreter to use the first person



# Using an Interpreter (continued)

## C. Who should interpret?

1. Trained medical interpreters
2. Other health care workers who speak patient's language
3. A community or family member of the patient
  - Potential problems with confidentiality and unfamiliarity with medical terms
  - If a family member must be used to interpret, do not use children; they will hear personal information and may be asked to interpret things that the family believes children should not discuss

# Using an Interpreter (continued)

## D. Guidelines for providing DOT when an interpreter is not available

1. Call the office for interpretation over the telephone
2. If available and approved by program management, use a commercial telephone interpretation service
3. Learn and use a few greetings and key TB words in the patient's language
4. Use materials/instructions written in the patient's language
5. Other ideas:

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# Review Questions

1. What are five ways that people can culturally identify themselves?
2. What are four ways to learn more about a patient's culture and health beliefs?
3. What are three guidelines for using an interpreter when providing DOT to a non-English-speaking patient?
4. What are three guidelines for providing DOT to non-English-speaking patients without the assistance of an interpreter?