

Hospitals take cultural sensitivity seriously

Staffs learn about various customs to keep patients happy



Patient Young Cho, of Glenview, talks with Ann Cho, a nurse practitioner and concierge for Korean patients at Advocate Lutheran General Hospital in Park Ridge. Ann Cho is serving as a cultural liaison between the hospital and the area's growing Korean community. (Keri Wiginton/Chicago Tribune)

By Mike Helfgot, Special to the Tribune

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In 20 years as a nurse practitioner, Ann Cho found herself preventing a false child-abuse claim — because a bruise on a baby was a "Mongolian spot" common to Asian babies — and explaining to health care workers why a new mother wouldn't take a shower — because of a Korean belief that teeth and bones are weak after childbirth.

Routinely, she would inform doctors and fellow health care workers at Advocate Lutheran General Hospital in Park Ridge, where she now works, and at other area hospitals about customs and beliefs unique to Koreans.

"Anybody that needed help with a language problem or clinical problem, I would do the troubleshooting," Cho said. "Any Korean patient that would come in for surgery, I would explain the procedures, the pre-op, post-op ... alleviate the fear."

It wasn't her job then, but now it officially is. Last month, Cho became the first of four cultural concierges

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Lutheran General plans to hire as part of an initiative to forge a better link between the hospital and the large Korean, Polish, Russian and Hispanic populations in the north and northwest suburbs.

Hospitals across the region are seeing more people with different languages, cultural sensitivities and religions that can confound doctors, nurses and caregivers and hinder patients' best possible care. Interpreters have been deployed by many hospitals, but more expansive measures now are being considered inside the hospital and to communities with large ethnic populations.

Cho, while continuing as a nurse practitioner and an advocate for Korean patients, will educate hospital staff on cultural sensitivities and reach out to members of the Korean community who may be wary of American hospitals.

Other hospitals have worked to bridge the cultural gap. Weiss Memorial Hospital in Chicago has advocates for its large contingents of Russian, Polish and Vietnamese patients. Central DuPage Hospital in Winfield has guidelines for dealing with patients and families from more than 20 ethnic groups.

At Lutheran General, the integration committee in 2008 determined that the hospital could do a better job satisfying one of its core values: equality. It called for a review by the National Center for Cultural Competence, which identified four large and rapidly growing minority groups — Koreans, Poles, Latinos and Russians — who could be served better by the hospital.

"We wanted to know what, as a committee, we can do to educate the hospital on cultural sensitivity and competence and how to reach out (to ethnic groups) and invite them in," said Kathie Bender Schwich, Lutheran General's senior vice president in charge of mission and spiritual care. "We didn't want to invite them in without people who know their language and concerns.

"Some of it was around language and translation, and some was with navigating the hospital system, which even English-speaking people have trouble with. Some of it is cultural practices, which our Korean concierge has been really helpful with.

"We learned Korean women after birth are supposed to eat a special Korean soup, so we researched into that soup and it is on our menu. We learned that Korean women are supposed to wait a month to shower (they can take sponge baths). We had to teach our nursing staff not to turn up their nose at this. This is a cultural thing, and we're going to respect it."

Such programs make good business sense.

In 2001, Weiss Memorial concluded that its patient base did not reflect the diverse Uptown neighborhood it is meant to serve.

"The key activator was that patients were traveling outside their communities," said Caren Perlmutter, Weiss' vice president of community relations. "A hospital has to reflect the community it is in, and we are in an extraordinarily diverse community."

The answer Weiss came up with was a community outreach program. Weiss has three full-time advocates

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to act as a bridge between the hospital and Uptown's Russian, Polish and Vietnamese communities.

"When I started 10 years ago, there were no Russian-speaking specialists, and most people went to other hospitals," said Katya Kapelnikova, a Russian immigrant who has been an advocate from the program's beginning. "Less than 1 percent of the patients in the hospital were Russian. I don't know the exact number now, but it is hard to find time for lunch."

One conflict Kapelnikova frequently deals with is really no conflict at all — and that's exactly what she explains to non-Russian patients unnerved by what can appear to be heated exchanges among Russian patients and their families.

"We talk loud," she said. "We're loud people. Other people in the hospital think, 'Why are they arguing?' They are not arguing. It is how we express ourselves. But we are nice people."

Those hospitals that don't have full-time staff members to deal with specific ethnic groups often educate their employees on cultural sensitivity issues, rely on interpreters and have administrators who identify potential issues and those that unexpectedly arise.

"Cultural differences vary not only by culture but also by individuals within a culture," said Kate Clarke-Pascente, manager of patient relations/interpreter services at Central DuPage Hospital.

She said the hospital has a "Guide to Culturally Competent Health Care" that is accessible to all staff. It describes, for nearly 30 cultures, common communication style, family roles, even views on nutrition.

"We (also) have an interpreter focused on language rehabilitation who recently contacted me because they were seeing a lot of young children from East Indian families coming through the feeding clinic ... because they were not getting the nutrition they need," Clarke-Pascente said.

"We did a little research and found there is a belief that you shouldn't touch foods with your hands. That clued us into what to look for and what to talk about with the family. You can't help if you don't understand," she said.

Translators are considered members of the caregiving team at NorthShore University HealthSystem, said Dr. Elaine Lee Wade, an oncologist at the Kellogg Cancer Center, and are invaluable even when somebody close to a patient speaks fluent English.

"It is more about the family member not having to play the role of communicating the information," Wade said. "It is an awkward position for a friend or a family member to be in. ... To be able to just listen is a relief you really appreciate. That is the most important thing."

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