

## Component 2: The Culture of Health Care

### Unit 1: Introduction to the Culture of Health Care Lecture 2

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### Why Learn About Health Care Culture? Survey of Informatics Alumni in Practice

**1. What is the most important thing for non-health professionals to understand about clinical practice?**

- How clinical practices operate -- the bureaucratic, political, and hierarchical structures of the organization and the way people are expected to relate to each other
- If I am designing or implementing a system... it's imperative that I spend time in every setting that I can, to get a feel for what each clinician does in the course of his or her day
- Only by understanding what the clinician experience is, can you meet technology needs
- They need to understand the user - how they work, how they think, what their challenges/frustrations are and how you can help them.
- Having an understanding of the basic roles, responsibilities, approaches and workflows of members of the healthcare team.

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### Why Learn About Health Care Culture? Survey of Informatics Alumni in Practice

**5. Any other comments or suggestions about teaching non health professionals to work with H. I T. in clinical settings?**

- Expose students to a variety of settings .... push students to probe more deeply when getting feedback from clinicians.
- Team work - not just between you and clinicians, but the whole healthcare team including admin, vendors, patients, researchers, etc. You just might be the piece that pulls/holds everyone together
- Always shadow the intended user many times before attempting an HIT intervention.
- Give them as much exposure as possible to a variety of clinicians and clinical settings to remove some of the mystery.
- Suggest they volunteer. -Not so much on the clinical level, but staff, admin, and patient/visitor. In my field most jobs want experience in certain applications. It was helpful to at least see how these work

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## How Can We Learn More About the Culture of Health Care



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## Defining Terms: Culture

- **Culture** refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. (US DHHS)
- **Health care culture:** language, thought processes, styles of communication, customs, beliefs, institutions that characterize the profession of nurses (or doctors, allied health workers, clinic managers etc.)
- Learned in part through participation in customs, rituals, rules of conduct, often not formal or explicit

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## Updating the Concept of Culture

- Culture - concept developed by expanding Western civilizations for physically isolated groups of people
- Presumes the observer's culture is 'normal'
- Taken to mean static, "closed, coherent system of meaning and action in which an individual only and always participates"
- The concept is outdated
  - global communication, transportation, migration
  - not closed, not single, not constant, not static

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## Culture is Relative

- Any description of a given culture is grounded in the language and culture of the observer
  - Agar calls this *Langua-Culture*
- So the description of a culture depends on the people observed *and* on the observer
  - We don't produce a description of a culture, but a description of the difference between two cultures
  - Like *velocity* – the velocity of a body in motion is always relative to a reference point, not absolute
  - Any description of a culture is always relative to some reference culture (one's own)

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## Culture is Plural and Partial

- For any particular kind of person, group, or situation more than one culture will always be in play.
- No single cultural tradition or reference defines or explains behaviors or interaction
- The patient is a middle aged nurse from Texas
  - gender? religion? education? other?
- We have to think of the plural, cultures, for a full understanding of any observation

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## Ethnography

- Ethnography: anthropologist's description of what life is like in a "local world," a specific setting in a society—usually different from that of the anthropologist
- Ethnographer visits a foreign place, learns the language, and, systematically, describes social patterns in a particular village, neighborhood, or network
- Great importance placed on understanding the native's point of view
- Ethnography emphasizes engagement with people and with the practices they undertake in their local worlds.

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## Rich Points

- Behaviors that highlight cultural differences
- Consider names used in different departments:
  - doctors & others: "patient"
  - counselors, others "client"
  - business office "customer"
  - medical library "patron"
  - IT department "user"
- Imply assumptions about status, goals, relationship
- May have negative connotations from a different cultural reference point: "chief complaint"

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## Chasing Rich Points

- Exposed to other cultures, we notice "rich points"
- The job is to chase "rich points" that help translate meaning from one culture to another
- Culture is not a property of them or us, it is a translation between the two. And it is never a complete translation, always partial.
- This applies to traditional cultural translation, e.g. traditional medicine to Western medicine
- It also applies to professional cultural translation: health professional to HIT professional

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## Challenges to Cultural Competence for Medical Students

- Resistance
  - "I didn't come to medical school to learn *this*"
  - "we have more important things to worry about"
- Ethnocentrism or denial of own culture/bias
- Stereotyping and oversimplifying
  - Culture not monolithic but is relative, plural, partial
- Othering
  - Group defined as different from 'norm' group
  - labeled, marginalized, excluded

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## Challenges to Cultural Competence for Informatics Students?

- Resistance
  - “I didn’t come to informatics school to learn *this*”
  - “we have more important things to worry about”
- Ethnocentrism or denial of own culture/bias
- Stereotyping and oversimplifying
  - Culture not monolithic but is relative, plural, partial
- Othering
  - Group defined as different from ‘norm’ group
  - labeled, marginalized, excluded (‘users’)

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## Where to Look

- People in Health Care
  - Health Professionals
  - Everyone else
- Places of health care
  - Clinics, hospitals, etc.
- Processes and practices
  - What do they do? Why?
- Values
  - written and unwritten
- Interaction with technology
- symbols – (white coats)
- language – ‘medical talk’
- values - e.g. nursing to put “patient at ease”
- norms – often in heuristics: “treat the patient, not the lab”
- folklore – stories convey implicit values
- ideology – explicit values
- mass media – public perception

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## Cultural Assumptions May Hinder Practical Understanding

- modern anthropology rejects the idea of isolated society with fixed set of beliefs
- leads to stereotyping – may get in the way of solving the problem
- translate this to HIT and health professional interaction- reject the idea of an isolated society with a fixed set of beliefs
- focus on issues, not cultural stereotypes (professional culture or otherwise)

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## Field Studies to Support HIT Design and Evaluation - Examples

Workstation design based on ethnography of work practices	Falchamps 1991 Forsythe 1992
Computer supported cooperative work, collaborative sense making and information use in critical care, emergency care	Forsythe 1999 Ho 2007 Paul 2010
Bar code medication technology impact, side effects	Patterson 2002
Informal information sharing in critical care	Vuckovic 2004
Computerized order entry impact on doctor nurse cooperation, cognitive analysis	Beuscart-Zephir 2005,
Physician patient interaction with exam room computers, video ethnography	Ventres 2006
Language differences among physicians	Bruzzi 2006

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## Take Home Points

- Effective HIT requires understanding of health care culture: clinical settings, processes, and people
- Modern concept of cultures as always plural, always partial, always relational depending on both observer and observed
- Rich points are behaviors that highlight cultural differences – differences in language, for example
- Cultural competence important for health informatics - avoiding stereotypes, ethnocentrism, 'othering'
- Rich insights can inform design and evaluation of HIT in clinical settings

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