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# Humanizing Intercultural Healthcare: On Integrating Cultural Components into a Medical Spanish Course

## **Cover Page Footnote**

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# Humanizing Intercultural Healthcare: On Integrating Cultural Components into a Medical Spanish Course

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Human lives are woven with interlaced threads of feeling and perception, risk and situation, decision and fate: these factors lead us all towards infinitely diverse futures and states of being. Where we live, how we speak and think, what happens to us and what we and others do about it, are determined by countless interwoven dynamics. Human lives crisscross endlessly: we depend on each other for almost everything, including communication and healthcare. It is challenging to perform good healthcare without precise communication, part of which is language-based, another part cultural. Though a variety of foreign languages are vital to healthcare practices in the United States, this article will focus specifically on the Spanish language and its corresponding cultures.

In the introduction to *Caring for Patients from Different Cultures*, Geri-Ann Galanti writes of the provider-patient relationship: “Good communication is a key to developing trust. And understanding the patient’s perspective – often influenced by their culture – can go a long way toward achieving a positive outcome” (2). As the need for and popularity of Professional Spanish courses grow in the United States, so too does the number and variety of Spanish courses related to Healthcare. Elisa Sobo states: “Considering the multicultural nature of the U.S. population, and demographic projections for increasing multiculturalization, cultural sensitivity is a key prerequisite for effective treatment” (169). Karol Hardin adds that, given the growing population of Spanish-speaking individuals in the U.S., “it is imperative for health care workers to become more proficient in Spanish and also to complement the role of interpreters” (640). This article proposes that cultural components integrated into a Spanish for Healthcare<sup>1</sup> course can serve as a supplement

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<sup>1</sup> Also known as Medical Spanish, Spanish for the Healthcare Professions, ...for the Health Professions, ...for the Medical Professions, etc.

to linguistic knowledge and humanize the subject matter in the absence of clinical experience.

This paper explores how both fact-based and artistic cultural components such as literature, advertising, film, television, podcasts, art, music, recipes, and others serve as humanizing elements in a course that could be dry with primarily vocabulary-based content. In a college-level language course, opportunities for interaction with patients will be absent or limited. Cultural components can contribute something of the intercultural human experience without direct interaction, theoretically preparing future healthcare workers to be aware of and work with cultural differences in patients. Ideally, a Medical Spanish course like this would be a starting point for undergraduates who plan to enter a healthcare field, not only to prepare them to use Spanish, but also to gain intercultural communication competence (a term discussed below). Integrating cultural content into a healthcare-centered language course will promote intercultural awareness and, potentially, a more holistic and humanistic approach to both teaching, learning, and using Spanish for Healthcare.

This pedagogical and philosophical reflection is based partly on my experiences teaching Medical Spanish at two vastly different institutions: one large research university and one small liberal arts college (neither of which are my current institution). In addition to a Spanish major, the large research university offered a specialized “Spanish for the Professions” minor for which Healthcare was a track option. The small liberal arts college offered a Spanish major and minor, but only a single Medical Spanish course focused mainly on translation. At both institutions, my groups of undergraduates were at an intermediate to advanced level in terms of essential language skills. Both courses integrated translation and interpreting exercises, alongside discussion based on cultural content and exercises utilizing healthcare terminology.

One interesting difference between these groups was that the students at the large university were generally very sure of the professions in which they planned to be employed in the future: heart surgeon, physical therapist, athletic trainer, counselor, psychologist, veterinarian, and so on. A few students at the liberal arts college had a specific future profession in mind (generally, medical doctor or nurse), though most were just interested in a more technical or science-based Spanish course

(several were environmental science majors). These differences in focus and career path could be attributed partly to the type of institution, characteristics of the major or minor, and the range of courses offered that were related to the Health Professions. It is also relevant that most of my students at the large university were juniors and seniors, while at the liberal arts college, I had larger numbers of freshmen and sophomores. These two class groups offer some insight into how different types of institutions and their program offerings attract students of different mindsets or goals and foster their futures in dissimilar ways.

Regardless of these differences, both institutions illustrated that they value Spanish as both a professional and cultural tool, exemplified in the courses they offered. I mention these cases because they represent two groups of students who might respond differently to the two types of cultural texts described below (fact-based and artistic). At first, one might assume that the professionally-minded students at the large university would react more favorably to fact-based cultural components, while the small-college liberal arts students might gravitate towards the artistic cultural texts. In reality, I found that integrating both types of cultural texts can offer a rich, enjoyable experience for both students and instructors in any given class.

My students at the large university truly enjoyed the fictional dramatic video series that accompanied our textbook, but also were interested in discussing written testimonials of healthcare workers who had experienced important cultural revelations with real patients. The liberal arts students enjoyed presenting and discussing fact-based topics such as *el curanderismo*, the “evil eye,” and the medicinal uses of various plants in Hispanic cultures, however, they also reacted strongly when discussing or analyzing films and literary texts. Carol Maier writes that many of her students “have said that they far preferred the literary readings because the requirements in their major permitted them very few electives and they rarely had the opportunity to study literature” (717). Maier’s statement, along with my own observations, led me to re-think the assumptions I had made about students who will take future Spanish for Healthcare courses with me.

Below, I will discuss certain cultural components that an instructor could integrate into a Spanish for Healthcare course, as well as certain related activities and assignments that may be effective given the level

and type of course. These potential course elements are intended ideally for intermediate to advanced undergraduate students of Spanish and/or native speakers who have an interest in healthcare terminology and Hispanic cultures in relation to medicine (though cultural components can be included in any course and at any level). Knowledge of the Spanish language and Hispanic cultures can be an integral part of a healthcare professional's education. Ultimately, this knowledge can lead to more empathetic, compassionate, and culturally precise methods of caring for Hispanic and Spanish-speaking patients in the U.S. and abroad.

### **Intercultural Communication Competence<sup>2</sup> (ICC)**

Teaching and learning intercultural communication competence allegorizes a kind of healing, having the potential to mend ruptures in communication between people from diverse cultures. One of the ways in which medical providers, staff, and students can endeavor to humanize interpersonal interactions in healthcare is by developing relevant cultural knowledge. Intercultural communication competence – “the ability to communicate effectively and appropriately with people from other language and cultural backgrounds” (Sun) – is both a skill and knowledge base, as well as “a journey, not an end point” (Galanti 2). Additionally, cultivating ICC is a step towards forming genuine connections with people and demonstrating care in the emotional sense, not just the physical. As Koester and Lustig observe, “ICC is a concern both internationally and among domestic cultures residing within a multicultural nation,” such as the United States (21).

Gibson and Zhong state that “Communicative misunderstandings between patient and provider can lead to simple dissatisfaction, misdiagnosis, lack of any medical care, or even death. Ineffective intercultural communication can also lead to stress for health care providers, causing anxiety and job dissatisfaction” (622). Healthcare workers’ (including interpreters) knowledge of languages other than the dominant one in a given region may help alleviate the emotional and physical dangers of miscommunication in healthcare settings.

Fortunately, additions to Section 1557 of the Patient Protection and Affordable Care Act in 2016 have upgraded significantly the obligations of

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<sup>2</sup> Also known as cultural competency, cultural sensitivity, cultural awareness, etc.

federally-funded healthcare facilities to patients of limited English proficiency (LEP) (“Section 1557”). Section 1557 expands upon Title VI of the Civil Rights Act of 1964 (among other laws enacted since then), which “prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance” (“Title VI”). Specifically, Section 1557 instated a rule that healthcare facilities must utilize “qualified” interpreters and translators, and defines these terms in the following ways:

*Qualified interpreter for an individual with limited English proficiency* means an interpreter who via a remote interpreting service or an on-site appearance:

- (1) Adheres to generally accepted interpreter ethics principles, including client confidentiality;
- (2) has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language; and
- (3) is able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.

*Qualified translator* means a translator who:

- (1) Adheres to generally accepted translator ethics principles, including client confidentiality;
- (2) has demonstrated proficiency in writing and understanding both written English and at least one other written non-English language; and
- (3) is able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.

(“Nondiscrimination”)

This rule does not require certification, however, the term “qualified” and its corresponding definitions certainly have raised the bar on who can interpret and translate in a healthcare facility. Recent laws unquestionably have improved the requirements for the quality of

language accessibility for LEP patients.<sup>3</sup> Beyond basic language issues, however, still exists the question of cultural differences, which may be as important as the words themselves. Interpreters often demonstrate cultural awareness, which is in fact one of the objectives listed in the document “Standards of Practice for Interpreters in Health Care” published by the National Council for Interpreting in Health Care (NCIHC): “14. The interpreter strives to understand the cultures associated with the languages he or she interprets, including biomedical culture. [...] 15. The interpreter alerts all parties to any significant cultural misunderstanding that arises” (7).<sup>4</sup>

It is important that interpreters have and share this linguistic and cultural knowledge, nevertheless, it is vital for other healthcare workers to develop it as well. Healthcare providers with advanced Spanish-speaking skills (and appropriate qualifications or certification) may not always need to call interpreters, thus saving time that could be vital in diagnosing or treating a health problem. Even providers with intermediate language skills can improve the experience for a patient while waiting for an interpreter. In emergency situations, immediately available language skills may be of vital importance.

### **Spanish for Healthcare: A Course in Development**

As mentioned above, Spanish courses designed for the Professions, especially the Healthcare Professions, are on the rise in U.S. higher education. These courses are, however, not new by any means. Pioneers such as Carol Maier, who details her experience in the article “Fitting It All in One Semester: An Intensive Introductory Course for Health-Care Personnel,” have been designing and teaching such courses since the mid-1970s or earlier (715). Courses teaching Spanish for the Healthcare

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<sup>3</sup> Another difficulty is healthcare facilities’ frequent use of interpreters by phone or video, which can be an added barrier that depersonalizes and inhibits the patients’ communication experience.

<sup>4</sup> This is an appropriate document to introduce students to the standards and ethics of interpreting, and the behaviors of professional interpreters. I have used it successfully in several courses. One helpful activity is to review the standards one by one as a class, and sight-translate them into Spanish as you go. Instructors might also consider basing interpreting quizzes on not only the accuracy of the language, but also on appropriate behavior as indicated in the “Standards of Practice.”



Professions today may include content on intercultural competence in order to introduce to students the understanding of varied cultural elements, such as beliefs, practices, and behavior relevant to Healthcare. Culture, however, has not always been a central component of such courses. For the purposes of this study, culture is defined as “the customs, arts, social institutions, and achievements of a particular nation, people, or other social group,” including “attitudes and behavior” (DeMello 3). Maier explains that she began her first such course with a heavy dose of vocabulary, but slowly backed off over the years in favor of a more complete basic grammatical review and cultural components, recognizing that “the omission of cultural material would be far more reprehensible than the cursory treatment [she] can grant it in fourteen weeks” (716). Melanie Bloom writes that her Spanish course for nurses stressed comprehension, the skills to compensate for misunderstandings, and cultural topics. Rosario Caminero dedicates four pages to “The Role of Culture in Curriculum Planning,” and stresses that cultural sensitivity fosters “vastly more effective” treatment on the part of healthcare personnel (41). As language teachers, we are always negotiating the balance of reading, writing, listening, speaking, and culture in the classroom. We can also determine specific cultural content to match the learning needs of our students.

Geri-Ann Galanti’s book *Caring for Patients from Different Cultures* cites hundreds of real healthcare scenarios in which cultural information was imperative for understanding and resolving a given situation. For example, the author narrates several situations in which patients were initially not allowed to possess symbolically important religious objects (such as a rosary, scapular, and statues) in the surgery room or hospital suite. In each of these situations, nurses or other hospital staff talked with the patients to ask why they wanted these objects present, discovering their symbolic meaning and the significance of these items according to the patients’ religious beliefs (85-87). In these three scenarios, cultural sensitivity made the hospital a more welcoming and comfortable environment for patients. This book is an exceptional resource for anyone studying any aspect of healthcare and could serve as a textbook or supplementary text in a course that emphasizes intercultural competence.

The case studies on teaching Medical Spanish cited here agree that culture has been an often overlooked, yet vital part of learning to use a

foreign language in a healthcare setting (Maier, Bloom, Caminero). Below, several ways of organizing cultural components and, later, two categories of cultural material appropriate for a Medical Spanish course are proposed. Activities are also suggested throughout this section. Cultural components, whether fact-based or artistic, are tools that can humanize, or put a human face and presence into, the course content. Though in most cases language instructors cannot involve real patients in a course, it is our responsibility to connect course content to the people who speak the language and the places where it thrives (whether in the U.S. or elsewhere).

How to coordinate the cultural components in a Spanish for Healthcare course depends largely on the instructor's goals. Of all Spanish-speaking regions in the world, on which ones should you focus your course's cultural content? The answer to this question depends on the type of course, students' goals, and even the region and type of institution where the course is offered. Consider the following suggestions as a starting point to guide the selection of cultural components:

<b>GOAL:</b>	<b>FOCUS ON:</b>
To prepare for a localized study abroad or service learning experience,	one specific country or region.
To explore a broad cultural panorama,	a different country each week.
To familiarize students with local Spanish-speaking populations,	the regions from which local residents have emigrated.
To help students prepare for using Spanish in their future careers (if they are unlikely to work locally),	developing research projects that explore the population demographics of regions where they hope to work.

To include effective and interesting cultural components, reflect on the information that will likely be most useful and relevant to the students, especially regarding their professional futures.

In one category, fact-based cultural texts tend to be more common components of a Medical Spanish course, while on the other hand, artistic cultural texts may be less likely to be included. These two types of cultural

content are based in different disciplines (sciences and social sciences v. arts and humanities) and serve distinct purposes. Several factors can influence an instructor’s choice to include one or both types of cultural content, including the students’ language proficiency level, the type of course (minor or major course, elective, Professional or Spanish for Healthcare track, etc.), and even the type of institution where the course is offered. Below are some suggestions for the two proposed categories of cultural components that are relevant to healthcare:

ARTISTIC CULTURAL TEXTS	FACT-BASED CULTURAL TEXTS
literature, music, visual & plastic arts, architecture, film/ tv, prayer (formal), electronic art, etc.	advertising (multimedia), health-care pamphlets, recipes, websites, interviews, documentaries, news articles, testimonials (oral or written), (auto)biographies, podcasts, case studies, etc.

Integrating fact-based content meant to develop intercultural communication competence is a valuable contribution to a future healthcare provider’s awareness of the many diverse cultural components of healthcare. This type of content comprises factual, authentic, and research-based topics related to health and the global Spanish-speaking community and/or cultural texts or artifacts that are used by speakers of the target language (examples in chart above). By studying a variety of these fact-based texts, ICC learners can begin to understand and engage with multiple facets of the whole person. These texts help students build knowledge about “the values, modes of interaction, [and] family structure, [as well as] views on illness, health-related disasters, old age and death” held by specific cultures (Caminero 35). In addition, these components are essential for understanding the differences and similarities that exist between students’ own belief systems and those of potential future patients (Caminero 35). Given that science-based majors and medical programs are fundamentally fact-based, cultural knowledge and competence in this form can help form more balanced medical personnel.

Maier also draws attention to “the plural nature of Spanish as it is spoken in the United States” and the “unity and diversity that characterize the Latino population” in this country (716-717). Pointing out these pluralities to students underscores that they will learn about not just one community, but a multitude of complex communities united by language. An in-class activity might include a PowerPoint or handout that requires students to fill in the blanks in phrases that state demographic or geographical facts. Giving part of the information, but not all, can heighten student engagement, as it asks them to contribute or guess content, and then evaluate their own knowledge and assumptions. Melanie Bloom, author of an article on developing a Spanish for nursing course in Texas, emphasizes that “maintaining relevant [...] curricula” must take into account local “client and community needs, as well as demographics,” all of which are in constant flux (271).<sup>5</sup> In addition to all this, we should also consider the individuality of the patient, who in reality is the primary concern: “When we talk about cultural differences, we are usually referring to differences in national cultures. And in maintaining this position, we tend to ignore the fact that every person is an amalgam of many ‘cultures’” (Kealey 15).

Some additional activities that involve fact-based texts include: translating texts for the school or community (for service or practice), asking students to find such texts to translate, bringing foods or drinks to class to try (such as teas or *mate*), inviting local Spanish-speaking healthcare providers or interpreters to speak with the class, discussing and debating articles from foreign or local newspapers, completing listening comprehension exercises based on podcasts (such as those on *Radio Ambulante*), creating or editing advertisements to be more culturally sensitive, researching and presenting on a cultural topic related to health, and assigning students to read medical case studies and use these as the basis for role play or interpreting scenes. These possibilities overlap with the activities that are based on interacting with artistic cultural texts.

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<sup>5</sup> For a previous course project in a general Spanish for the Professions course, my students researched the demographics and community needs for Spanish speakers in a region where they would like to work in the future. The U.S. Census Bureau website is a good starting point or this type of project.

## Artistic Cultural Texts

In this section I will expand further upon the variety of roles that artistic texts can play in a Medical Spanish course, as this is the less explored category. As mentioned previously, artistic works can elicit emotional reactions and engagement in a different way than fact-based content. Students generally take a special approach to artistic texts because they have been taught to treat them differently from facts or scientific information. Literary, artistic, or cinematic cultural components can function as an alternative or addition to fact-based cultural content in a Spanish for Healthcare course. I recommend trying both types to see how students react to them.

Artistic cultural texts with health-related themes can open up more possibilities for the discussion of emotion and empathy. It may also be easier for students to discuss the illnesses, injuries, and problems of fictional characters rather than real people, though these can overlap (as in the case of Frida Kahlo's paintings). Longer artistic texts such as novels or full-length films may also offer opportunities to observe a complete story, including the cause of a health problem, treatment, and solution. As a Peninsularist, I've based discussion and activities on recent films such as *Hable con ella*, *Mar adentro*, *Gordos*, *Te doy mis ojos* and *La piel que habito*.<sup>6</sup> These films involve complex medical situations as well as psychological implications that can lead to interesting discussions and debates, while also allowing students to integrate new vocabulary into related activities and assignments. Film-related activities or assignments can include observing, identifying, and describing symptoms, diseases and conditions, treatments, and the actions of medical professionals or patients. Students can also base different forms of role play (translating a scene, interpreting live, acting) on dramatic scenes, or invent one of their own based on a film. In a previous course, my students created dramatic scenes in which both linguistic and cultural misunderstandings took place, resulting in possibly serious clinical consequences.

In a different course, I organized each week's assignments and activities around a specific healthcare topic and vocabulary set, to which

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<sup>6</sup> The course that included these films was designed around weekly healthcare topics (e.g. maternity, mental health, domestic violence) and used the films to elicit practice with specific vocabulary. If I were to redesign this course, I would include a wider variety of films and other texts from different countries and regions.

the assigned cultural texts were related. (It is helpful to assign comprehension exercises to be completed before class in conjunction with longer texts or films, and to provide some additional relevant vocabulary from a film if necessary.) The film *Hable con ella* (2002), for example, is an appropriate pairing with a chapter on neurology, assault, pregnancy, or psychology. *Mar adentro* (2004) is based on a true story; this film addresses neurological disorders and degenerative disease, as well as the debate over assisted suicide. *Gordos* (2009) is a lesser known dark comedy that deals with nutrition as well as the social and psychological complexities of eating disorders. *Te doy mis ojos* (2003) focuses on a case of domestic violence. And finally, *La piel que habito* (2011) is useful for addressing topics related to dermatology, plastic surgery, psychology, medical ethics, or even transgender health. Federico García Lorca's (Spain) surrealist screenplay "Viaje a la luna" can be presented either as a literary text or short film to spark discussions on internal anatomy, illness, symptoms, traumatic injury, and interpersonal violence. Short films (*cortometrajes*) can be especially useful, as they can be viewed both in and outside of class time and are easier for less advanced students to process.

A short poem that would be appropriate at any level is "Meciendo" by Gabriela Mistral (Chile), which presents the emotional side of motherhood, and could complement a chapter on infants and maternity. Several poems by F. G. Lorca describe or allude to anatomy, political violence, and injury: "Romance sonámbulo," "Martirio de Santa Olalla," and "Romance de la Guardia Civil," for example. Pablo Neruda's (Chile) "Oda al hígado," among his many other odes, can start a conversation about the functions of the internal organs. The famous short story "Las medias rojas" by Emilia Pardo Bazán (Spain, 19<sup>th</sup> century) details physical appearance, domestic abuse, symptoms, and injuries. Songs are a type of popular poetry that can be appealing to students, and they often come accompanied by a music video. The song "Niágara en bicicleta" by Juan Luis Guerra (Dominican Republic), for example, prompts dialogue about the function of and flaws in the healthcare systems of the Dominican Republic and worldwide.

Maier includes in her list of literature many texts by Chicano authors, some who write in English and some in Spanglish (717). In this way, instructors can deepen discussions on such cultural texts and topics with lower-level students who may only have time for a one-semester

crash course. Chicano artists are especially relevant, as they call attention to topics relevant to both Mexico and the U.S., and the millions of people in the U.S. who live somewhere between these two worlds. It might at first glance seem counterproductive to include texts in English (perhaps even in translation) in a Spanish course. If cultural understanding is a principal goal in an elementary language course, however, this is a worthwhile option that may serve to increase cultural understanding between care providers and patients. Some of Maier's suggestions for novels (excerpts) are Sandra Cisneros's *The House on Mango Street* and Rudolfo Anaya's *Bless Me, Última*. For poetry, she lists "Visit to the Dentist" by Myrtha Chabrán and "Refugee Ship" by Lorna Dee Cervantes, among others (717).

Visual or plastic art can serve as the basis for studying anatomy, identifying injuries and illness, and analyzing states of mind. The self-portraits by Frida Kahlo (Mexico), for example, contain representations of illness, injury, trauma from a transportation accident, and medical devices. Some drawings by Lorca portray internal anatomy, specifically the circulatory and nervous systems, and injury. Francisco Oller's (Puerto Rico, 19<sup>th</sup>-20<sup>th</sup> centuries) paintings relate to topics such as children's health, nutrition, and rural health.<sup>7</sup> Some paintings by Fernando Botero (Colombia) could spark debates about anatomy, self-image, and nutrition.

The above examples are a start to a virtually endless list of health-related topics within Hispanic artistic texts. Any instructor who wishes to undertake a Spanish for the Health Professions course won't have a problem finding artistic cultural texts to fit the needs of a specific course and group of students. Consulting with colleagues and reading pedagogical articles such as Maier's can be especially helpful in developing a list of diverse cultural components. To further enrich the content, instructors might also ask students to find and contribute additional artistic works to share with the class, once they already have worked with some.

### **Humanizing Intercultural Healthcare**

When it is impossible to include authentic clinical experiences or observation in a Medical Spanish course – which is usually the case in an

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<sup>7</sup> See Oller's paintings "El velorio" (1893) and "La escuela del maestro Rafael" (1892), among others.

undergraduate classroom – cultural components are an engaging and productive way to humanize the subject matter and at the same time engage students with other disciplines. Artistic components in particular offer a unique lens into humanity, as we are conditioned to react to art in a different way than to factual texts. This conditioning can promote compassion and intercultural competence among future healthcare workers to benefit the real people who live the cultures and languages that we study. Some students may even form a special bond with a culture due to learning about certain cultural texts, which can encourage international experiences.

Instructors of Medical Spanish can bring together their own multiple facets of teacher, scholar, and student to bridge the perceived gaps between disciplines, ideally finding a way to help students see knowledge as a holistic process and ever-changing state, rather than segregated, static disciplines. By using culture in the classroom as a means to promote interpersonal understanding, we can all work to bring the humanities and medical sciences closer together in order to serve effectively a wider population of students and, ultimately, of patients.

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