

**THE MANAGER'S ELECTRONIC RESOURCE CENTER**

The ERC is produced by Management Sciences for Health

[BACK](#)**QUALITY & CULTURE QUIZ** **Quality & Culture Quiz**

---

**Quality & Culture Quiz**

**1. Cross-cultural misunderstandings between providers and patients can lead to mistrust and frustration, but are unlikely to have an impact on objectively measured clinical outcomes.**

- a. True
- b. False

**2. When the patient and provider come from different cultural backgrounds, the medical history obtained may not be accurate.**

- a. True
- b. False

**3. When a provider expects that a patient will understand a condition and follow a regimen, the patient is more likely to do so than if the provider has doubts about the patient.**

- a. True
- b. False

**4. A really conscientious health provider can eliminate his or her own prejudices or negative assumptions about certain types of patients.**

- a. True
- b. False

**5. When taking a medical history from a patient with a limited ability to speak English, which of the following is LEAST useful?**

- a. Asking questions that require the patient to give a simple "yes" or "no" answer, such as "Do you have trouble breathing?" or "Does your knee hurt?"
- b. Encouraging the patient to give a description of her/his medical situation, and beliefs about health and illness.
- c. Asking the patient whether he or she would like to have a qualified interpreter for the medical visit.
- d. Asking the patient questions such as "How has your condition changed over the past two days?" or "What makes your condition get better or worse?"

**6. During a medical interview with a patient from a different cultural background, which is the LEAST useful technique?**

- a. Asking questions about what the patient believes about her or his illness - what caused the illness, how severe it is, and what type of treatment is needed.
- b. Gently explaining which beliefs about the illness are not correct.
- c. Explain the “Western” or “American” beliefs about the patient’s illness.
- d. Discussing differences in beliefs without being judgmental.

**7. When a patient is not adhering to a prescribed treatment after several visits, which of the following approaches is NOT likely to lead to adherence?**

- a. Involving family members.
- b. Repeating the instructions very loudly and several times to emphasize the importance of the treatment.
- c. Agreeing to a compromise in the timing or amount of treatment.
- d. Spending time listening to discussions of folk or alternative remedies.

**8. When a patient who has not adhered to a treatment regimen states that s/he cannot afford the medications prescribed, it is appropriate to assume that financial factors are indeed the real reasons and not explore the situation further.**

- a. True
- b. False

**9. Which of the following are the correct ways to communicate with a patient through an interpreter?**

- a. Making eye contact with the interpreter when you are speaking, then looking at the patient while the interpreter is telling the patient what you said.
- b. Speaking slowly, pausing between words.
- c. Asking the interpreter to further explain the patient’s statement in order to get a more complete picture of the patient’s condition.
- d. None of the above.

**10. If a family member speaks English as well as the patient’s native language, and is willing to act as interpreter, this is the best possible solution to the problem of interpreting.**

- a. True
- b. False

**11. Which of the following statements is TRUE?**

- a. People who speak the same language have the same culture.
- b. The people living on the African continent share the main features of African culture.
- c. Cultural background, diet, religious, and health practices, as well as language, can differ widely within a given country or part of a country.
- d. An alert provider can usually predict a patient’s health behaviors by knowing what country s/he comes from.

**12. Which of the following statements is NOT TRUE?**

- a. Friendly (non-sexual) physical contact is an important part of communication for many Latin American people.
- b. Many Asian people think it is disrespectful to ask questions of a health provider.
- c. Most African people are either Christian or follow a traditional religion.
- d. Eastern Europeans are highly diverse in terms of customs, language and religion.

**13. Which of the following statements is NOT TRUE?**

- a. The incidence of complications of diabetes, including lower-limb amputations and end-stage renal disease, among the African-American population is double that of European Americans.
- b. Japanese men who migrate to the US retain their low susceptibility to coronary heart disease.
- c. Hispanic women have a lower incidence of breast cancer than the majority population.
- d. Some Native Americans/American Indians and Pacific Islanders have the highest rate of type II diabetes mellitus in the world.

**14. Because Hispanics have a lower incidence of certain cancers than the majority of the US population, their mortality rate from these diseases is correspondingly lower.**

- a. True
- b. False

**15. Minority and immigrant patients in the US who go to traditional healers and use traditional medicines generally avoid conventional Western treatments.**

- a. True
- b. False

**16. Providers whose patients are mostly European-American, U.S.-born, and middle-class still need to know about health practices from different world cultures.**

- a. True
- b. False

**17. Which of the following is good advice for a provider attempting to use and interpret non-verbal communication?**

- a. The provider should recognize that a smile may express unhappiness or dissatisfaction in some cultures.
- b. To express sympathy, a health care provider can lightly touch a patient's arm or pat the patient on the back.
- c. If a patient will not make eye contact with a health care provider, it is likely that the patient is hiding the truth.
- d. When there is a language barrier, the provider can use hand gestures to bridge the gap.

**18. Some symbols—a positive nod of the head, a pointing finger, a “thumbs-up” sign—are universal and can help bridge the language gap.**

- a. True
- b. False

**19. Out of respect for a patient's privacy, the provider should always begin a relationship by seeing an adult patient alone and drawing the family in as needed.**

- a. True
- b. False

**20. In some cultures, it may be appropriate for female relatives to ask the husband of a pregnant woman to sign consent forms or to explain to him the suggested treatment options if the patient agrees and this is legally permissible.**

- a. True
- b. False

**21. Which of the following is NOT TRUE of an organization that values cultural competence:**

- a. The organization employs or has access to professional interpreters that speak all or at least most of the languages of its clients.
- b. The organization posts signs in different languages and has patient education materials in different languages.
- c. The organization tries to hire staff that mirror the ethnic and cultural mix of its clients.
- d. The organization assumes that professional medical staff do not need to be reminded to treat all patients with respect.

**22. A female Muslim patient may avoid eye contact and/or physical contact because:**

- a. She doesn't want to spread germs.
- b. Muslim women are taught to be submissive.
- c. Modesty is very important in Islamic tradition.
- d. She doesn't like the provider.

**23. Which of the following statements is NOT TRUE:**

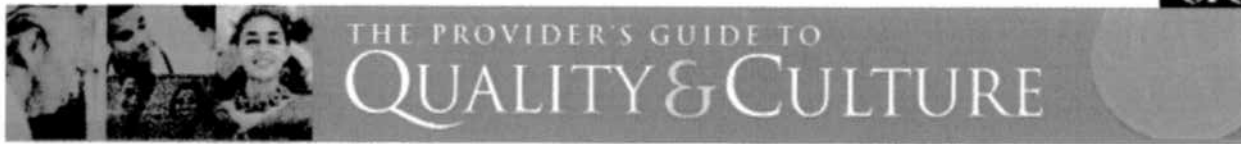
- a. Diet is an important part of both Islam and Hinduism.
- b. North African countries have health care systems that suffer because of political problems.
- c. Arab people have not historically had an impact on the medical field.

Proceed to the answers.

Return to the Provider's Guide to Quality & Culture - <http://erc.msh.org/quality&culture>

**THE MANAGER'S ELECTRONIC RESOURCE CENTER**

The ERC is produced by Management Sciences for Health

[BACK](#)**QUALITY & CULTURE QUIZ** **Quality & Culture Quiz Answers**

---

**Quality & Culture Quiz Answers**

**1. Cross-cultural misunderstandings between providers and patients can lead to mistrust and frustration, but are unlikely to have an impact on objectively measured clinical outcomes.**

(**False:** Low levels of cultural competence can impede the process of making an accurate diagnosis, cause the provider to order contraindicated medication, and reduce patient adherence to recommended treatment.)

**2. When the patient and provider come from different cultural backgrounds, the medical history obtained may not be accurate.**

(**True:** Because of language and cultural barriers, the patient may not understand the questions or may be reluctant to report symptoms; in turn, the provider may misunderstand the patient's description of symptoms.)

**3. When a provider expects that a patient will understand a condition and follow a regimen, the patient is more likely to do so than if the provider has doubts about the patient.**

(**True:** This is an adaptation of the "Pygmalion theory" which has proven that students generally live up—or down—to the expectations of their teachers. (Rosenthal and Jacobson 1968).

**4. A really conscientious health provider can eliminate his or her own prejudices or negative assumptions about certain types of patients.**

(**False:** Most of us harbor some assumptions about patients, based on race, ethnicity, culture, age, social and language skills, educational and economic status, gender, sexual orientation, disability/ability, and a host of other characteristics. These

assumptions are often unconscious and so deeply rooted that even when an individual patient behaves contrary to the assumptions, the provider views this as the exception to the rule. A conscientious provider will not allow prejudices to interfere with making an accurate diagnosis and designing an appropriate treatment plan.)

**5. When taking a medical history from a patient with a limited ability to speak English, which of the following is LEAST useful?**

- a. Asking questions that require the patient to give a simple “yes” or “no” answer, such as “Do you have trouble breathing?” or “Does your knee hurt?”
- b. Encouraging the patient to give a description of her/his medical situation, and beliefs about health and illness.
- c. Asking the patient whether he or she would like to have a qualified interpreter for the medical visit.
- d. Asking the patient questions such as “How has your condition changed over the past two days?” or “What makes your condition get better or worse?”

(**Answer: a.** While it may seem easier to ask questions that require a simple “yes” or “no” answer, this technique seriously limits the ability of the patient to communicate information that may be essential for an accurate history and diagnosis. The most effective way to put the patient at ease and to ensure that the patient provides essential information about his or her symptoms is to combine two types of questions: 1) open-ended questions such as “Tell me about the pain in your knee” and 2) more directed questions, such as “What makes the pain get better or worse?” Always get a qualified interpreter when possible.)

**6. During a medical interview with a patient from a different cultural background, which is the LEAST useful technique?**

- a. Asking questions about what the patient believes about her or his illness - what caused the illness, how severe it is, and what type of treatment is needed.
- b. Gently explaining which beliefs about the illness are not correct.
- c. Explain the “Western” or “American” beliefs about the patient’s illness.
- d. Discussing differences in beliefs without being judgmental.

(**Answer: b.** Although the provider may be tempted to correct the patient’s different beliefs about illness, this may lead the patient to simply withhold his/her thoughts in the future and interfere with building a trusting relationship. It is more effective to be nonjudgmental about differences in beliefs. The provider should keep in mind two goals: 1) the patient should reveal her/his medical history and symptoms to help the

provider make an accurate diagnosis, and 2) the patient should develop trust in the provider's medical advice and be willing and able to adhere to that advice. To accomplish these goals, it is essential to treat the patient with respect, openly discussing differences in health beliefs without specifying "correctness" or "incorrectness."

**7. When a patient is not adhering to a prescribed treatment after several visits, which of the following approaches is NOT likely to lead to adherence?**

- a. Involving family members.
- b. Repeating the instructions very loudly and several times to emphasize the importance of the treatment.
- c. Agreeing to a compromise in the timing or amount of treatment.
- d. Spending time listening to discussions of folk or alternative remedies.

(Answer: b. Non-adherence can be the result of many different factors that may require a variety of interventions. Simply repeating the instructions may not address the real issues that are keeping the patient from adhering to the regimen. In fact, repetition of instructions may be inappropriate and quite offensive if the patient has a communication disability. Family members can provide valuable support. It may also be necessary to set small, realistic goals in order to achieve long-term behavioral change. Finally, an understanding of the patient's beliefs about other remedies may offer valuable clues to her/his reluctance to adhere to treatment.)

**8. When a patient who has not adhered to a treatment regimen states that s/he cannot afford the medications prescribed, it is appropriate to assume that financial factors are indeed the real reasons and not explore the situation further**

(False: In addition to exploring payment options with the patient, it is important for the provider to inquire about cultural and psychological factors that may impede adherence to the prescribed treatment regimen.)

**9. Which of the following are the correct ways to communicate with a patient through an interpreter?**

- a. Making eye contact with the interpreter when you are speaking, then looking at the patient while the interpreter is telling the patient what you said.
- b. Speaking slowly, pausing between words.
- c. Asking the interpreter to further explain the patient's statement in order to get a more complete picture of the patient's condition.

d. None of the above.

**(Answer: d.** Although it may seem natural to look at the interpreter when you are speaking, you want the patient to feel that you are speaking to her/him, so you should look directly at her/him, just as you would if you were able to speak her/his language. It is best to speak in a normal tone of voice, at a normal pace, rather than pausing between words. Because of differences in grammar and syntax, the interpreter may have to wait until the end of your sentence before beginning to interpret. Do pause after one or two sentences to allow the interpreter to speak. When you need further information, or need to clarify what the patient has said, clearly tell the interpreter what you want asked of the patient. Although you may ask the interpreter to add his or her opinion of what the patient really meant, try to get as close as possible to the patient's actual words and intent.

**10. If a family member speaks English as well as the patient's native language, and is willing to act as interpreter, this is the best possible solution to the problem of interpreting.**

**(False:** This is an inappropriate responsibility for families to take on and may actually place the provider in violation of the Civil Rights Act of 1964 and the August 30, 2000 Office for Civil Rights (OCR) Policy Guidance. The rationale for using professional interpreters is clear. Professional interpreters have been trained to provide accurate, sensitive two-way communication and uncover areas of uncertainty or discomfort. Family members are often too emotionally involved to tell the patient's story fully and objectively, or lack the technical knowledge to convey the provider's message accurately.)

**11. Which of the following statements is TRUE?**

- a. People who speak the same language have the same culture.
- b. The people living on the African continent share the main features of African culture.
- c. Cultural background, diet, religious, and health practices, as well as language, can differ widely within a given country or part of a country.
- d. An alert provider can usually predict a patient's health behaviors by knowing what country s/he comes from.

**(Answer: c.** The only assured similarity among people from around the world who come to you for care is the fact that they are your patients and they hope to be treated with respect and with concern for their individual health needs. As a health care practitioner, it is important to have a basic understanding of your patients' cultures—and to recognize the similarities and differences among people from the same region of the world and

the same country. Differences in cultures within a region can be pronounced. Each patient is the product of many cultural forces. People from the same continent, the same country, the same part of the country, and even the same city, may have major differences in cultural heritage, traditions, and language, as well as differences in socioeconomic status, education, religion, and sexual orientation. It is the combination of all of these factors that make up a person's "culture.")

**12. Which of the following statements is NOT TRUE?**

- a. Friendly (non-sexual) physical contact is an important part of communication for many Latin American people.
- b. Many Asian people think it is disrespectful to ask questions of a health provider.
- c. Most African people are either Christian or follow a traditional religion.
- d. Eastern Europeans are highly diverse in terms of customs, language and religion.

(Answer: c. A large percentage of Africans are Muslims, most of them living in North and West Africa, but there are also many Muslims in East Africa.)

**13. Which of the following statements is NOT TRUE?**

- a. The incidence of complications of diabetes, including lower-limb amputations and end-stage renal disease, among the African-American population is double that of European Americans.
- b. Japanese men who migrate to the US retain their low susceptibility to coronary heart disease.
- c. Hispanic women have a lower incidence of breast cancer than the majority population.
- d. Some Native Americans/American Indians and Pacific Islanders have the highest rate of type II diabetes mellitus in the world.

(Answer: b. The longitudinal NI-HON-SAN study and Honolulu Heart Program showed that dietary changes contributed to a significant increase in coronary heart disease among Japanese men who migrated to Hawaii and California. It highlighted the role that environmental factors can play in counteracting predispositions to disease.)

**14. Because Hispanics have a lower incidence of certain cancers than the majority of the US population, their mortality rate from these diseases is correspondingly lower.**

(False: Despite the lower rate of breast, oral cavity, colorectal, and urinary bladder cancers among Hispanics, their mortality rate from these cancers is just as high as that of the rest of the

population.)

**15. Minority and immigrant patients in the US who go to traditional healers and use traditional medicines generally avoid conventional Western treatments.**

(**False:** In the US, some individuals from minority and immigrant groups use traditional treatments before turning to conventional Western medicine, or use both concurrently.)

**16. Providers whose patients are mostly European-American, U.S.-born, and middle-class still need to know about health practices from different world cultures.**

(**True:** A growing number of people from majority U.S. cultures are turning to traditional medicines as part of their health care strategies. Providers should be aware of any such practices that may affect their patients' health.)

**17. Which of the following is good advice for a provider attempting to use and interpret non-verbal communication?**

- a. The provider should recognize that a smile may express unhappiness or dissatisfaction in some cultures.
- b. To express sympathy, a health care provider can lightly touch a patient's arm or pat the patient on the back.
- c. If a patient will not make eye contact with a health care provider, it is likely that the patient is hiding the truth.
- d. When there is a language barrier, the provider can use hand gestures to bridge the gap.

(**Answer: a.** Although smiling is an expression of happiness in most cultures, it can also signify other emotions. Some Chinese, for example, may smile when they are discussing something sad or uncomfortable. The other pieces of advice are incorrect. The use and interpretation of body language depends entirely on the patient's culture and personal preferences. What is appropriate in one culture may be embarrassing or offensive in another culture. Interpersonal greeting behaviors, for example, vary widely from one culture to another. Beliefs about touching are also highly variable, with some cultures placing a high value on physical contact, and others believing that physical contact of any kind is a sign of intimacy. Similarly, some cultures perceive direct eye contact as a sign of respect, while in other cultures, eye contact with elders and authority figures is to be avoided. Hand gestures in particular can lead to serious misunderstandings. For example, the "ok" sign, widely used in the US, is the symbol for coins or money in Japan. In several other cultures, the gesture represents a bodily orifice and is highly offensive.)

**18. Some symbols—a positive nod of the head, a pointing finger, a “thumbs-up” sign—are universal and can help bridge the language gap.**

(**False:** Each of these symbols has a very different meaning in different cultures, and may be offensive.)

**19. Out of respect for a patient’s privacy, the provider should always begin a relationship by seeing an adult patient alone and drawing the family in as needed.**

(**False:** In many of the world’s cultures, an individual’s health problems are also considered the family’s problems, and it is considered threatening to exclude family members from any medical interaction. The provider should ask the patient whether she/he would prefer to be seen alone or with the family. It should be the provider’s goal to help the patient to express her/his true preference about this - without offending any family members. The provider might ease any tension around this issue by assuring family members that they will be asked to return to the examining room in a short time.)

**20. In some cultures, it may be appropriate for female relatives to ask the husband of a pregnant woman to sign consent forms or to explain to him the suggested treatment options if the patient agrees and this is legally permissible.**

(**True:** In many cultures, men are not involved in the activities surrounding pregnancy or childbirth. Yet they maintain the responsibility for making decisions and giving permission for treatment, medication, and hospital stays. A female relative may have to intervene between the provider and the husband.

**21. Which of the following is NOT TRUE of an organization that values cultural competence:**

- a. The organization employs or has access to professional interpreters that speak all or at least most of the languages of its clients.
- b. The organization posts signs in different languages and has patient education materials in different languages.
- c. The organization tries to hire staff that mirror the ethnic and cultural mix of its clients.
- d. The organization assumes that professional medical staff do not need to be reminded to treat all patients with respect.

(**Answer: d.** Even the most conscientious, committed staff who have been trained in cultural competence may need periodic reminders. In a busy practice, it is easy for providers to seek shortcuts, slipping into assumptions about the diverse populations they serve and failing to take the time needed to

fully understand the health beliefs and values of each patient.)

**22. A female Muslim patient may avoid eye contact and/or physical contact because:**

- a. She doesn't want to spread germs.
- b. Muslim women are taught to be submissive.
- c. Modesty is very important in Islamic tradition.
- d. She doesn't like the provider.

(**Answer: c.** Modesty is a very important aspect of a Muslim's life. Handshakes between unrelated men and women are inappropriate according to Islamic norms. In addition, eye contact will often be avoided, especially in mixed-gender situations.)

**23. Which of the following statements is NOT TRUE:**

- a. Diet is an important part of both Islam and Hinduism.
- b. North African countries have health care systems that suffer because of political problems.
- c. Arab people have not historically had an impact on the medical field.

(**Answer: c.** Health and healing has been a part of Arab tradition since the earliest historical recordings. Not only has Arab medicine been in existence for over one thousand years, but Arab medical texts and practices were very influential in the development of Western medical tradition.)

[Return to the questions.](#)

[Return to the Provider's Guide to Quality & Culture -](#)  
<http://erc.msh.org/quality&culture>