

Double-Conscious Heart

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Abstract

African- Americans who often experience double consciousness in society are forced to be aware of both their race and nationality. This may have a direct impact on their health outcomes in several different ways such as prolonged exposure to psychosocial stress and racial discrimination. Americans are predisposed to many chronic diseases due to factors including diet, genetics, and lack of exercise. However, being Black in today's society increases the morbidity rate of certain conditions such as cardiovascular disease or postpartum complications. Racial discrimination and neglect in the healthcare field are prevalent and historical issues in American society. Through effective cultural sensitivity training of medical workers, many of these statistics could be improved. Cultural training provides an overall strengthening in the trust between

patients and providers, as well as improves overall patient compliance. This training is conducted through professional schooling or compliance training in the workplace.

Keywords: Cultural Competency, Cultural Sensitivity Training, Double Consciousness, Patient Satisfaction, Patient-provider trust

Introduction

America prides itself as being one of the main centers for multiculturalism and ethnic diversity. It is often described as a domain where freedom may become reality and dreams ultimately come to fruition. Factors found in other countries such as the appreciation of diverse cultures, languages, and history are a few of the reasons why people come to America, to be treated equally no matter what their unique differences or particular ways of life may be (Wee, 2019). The political state of a nation and the way in which its government is led determines how people who are not in the majority are legally allowed to be treated. The manner in which a governing body addresses the disparities brought down upon the minority ultimately supports the majority in regard to how they are able to treat people who are unlike them. This is directly associated with discrepancies in the healthcare field and can not only be applied to the healthcare system but also to other industries as well (Georgetown, 2003). There is an overall lack of cultural understanding and a prevalence of unconscious bias in the health care field

that is contributing to the poor health statistics of minority individuals in the United States. A concrete and effective mandatory training program is needed in order to prepare medical workers to handle “cross cultural situations” and to deliver the pinnacle of patient care (PCC Institute for Health Professionals, 2019).

According to George Town Heath Policy Institute (2003), “Diversity [...] brings [...] challenges for health care providers, health care systems, and policy makers to create and deliver culturally competent services”. America’s population currently consists of approximately 60 percent white, not Hispanic individuals, 18 percent Hispanic, 13.4 percent Black or African American, and 5.8 percent Asian individuals (U.S. Census Bureau, 2018). As a nation, this demographic is slowly pushing to minority-majority. The land of the free and its “melting pot” are more of a reality in today’s America. However, the system in which it was built upon was not designed to take these minority individuals’ well-being into consideration.

Cultural Sensitivity Training

W.E.B. Dubois coined the terms double consciousness, the veil, and the color line in his book titled “The Souls of Black Folk”. He wrote this book over 100 years ago with the mind set of allowing the majority to become aware of the terrifying truth of Black people in that era. Double consciousness is the idea that while being Black in America you are forced to be aware of both of your identities at once (Dubois, 1903). First, the individuals must be aware that they are Black before anything else. In this paper, Black

individuals will be referring to both Black Americans and African Immigrants in the United States. Regardless of title, wealth, assets, etc., an individual of color is to be conscious of their skin color in society first, as there are systematic forces that work against the success of Black people in this country. Second, they are to be aware of their nationality. He describes that no one besides Black people could understand this feeling. However, it can be applied to other minority groups in regard to the need for racial consciousness due to societal flaws accumulated over centuries of time. Double consciousness can contribute to supporting the need for cultural sensitivity training across all medical service providers, from the front desk clerk to the chief of surgery and administrators.

Georgetown University addresses the training as cultural competency training; however, according to Dubois, it is nearly impossible for someone who is not in the minority to be completely competent or conscious of the conditions which the minority live. For further reference, cultural competency training should be referred to as cultural sensitivity training. According to researchers at Penn State, cultural sensitivity can be described as “a set of skills that enables us to learn about and understand people who are different from ourselves, thereby becoming better able to serve them within their own communities”. An individual of the majority can only be sensitive to the disparities that minority individuals are affected by hence the change in the title.

America's medical system has failed African Americans many times in the past with trends of ill treatment, negligence, and illegal experiments such as the Tuskegee experiment (Georgetown, 2003). While most of those things are now illegal, there is a need to fix these concerns on a more microlevel. Double consciousness may be used to explain the patient's perspective coming into a health care facility. While from the medical providers perspective, he or she may not understand the cultural ramifications that are to be taken into consideration when dealing with patients of color. The term double consciousness can apply to the disparities in healthcare treatment of minority individuals and continue to reinforce the need for a more proper cultural training. A patient may come into the hospital with their own personal biases and negative associations with the healthcare system due to the confounding effects of historically detrimental occurrences such modern slavery and racial discrimination.

Health Professionals Contribution to Health Disparities

For example, Blacks are less likely to have a door to balloon time in under 90 minutes in hospital waiting rooms which is crucial for survival especially for Black males (Brewer, Cooper, 2019). In this scenario individuals express their pain and concern but are less likely to be heard and cared for ultimately leading to their demise. Often times, physicians ignore the signs of potential complications because of preconceived racial biases that have not been addressed. Another example of this is the Kira Johnson Case, a Black mother who went into the hospital for what she believed to

be a routine c- section. Nearly 11 hours later she passed away from preventable complications during the surgery. Her husband Charles Johnson begged for help from staff for hours as he saw his wife's condition deteriorating but he was told that she was not a priority. He describes that he experienced double consciousness. He feared that if he raised his voice too loud or showed too much aggression he would be seen as a stereotypical Black male. This is exactly what Dubois discussed. Instead of solely needing to focus on his wife's condition, he was forced to be aware of his race and place in society at the same time. He now works to fight for better maternal health data and outcomes for all woman (House Gov., 2018). If the medical providers were more attentive to his wife, the poor statistics associated with maternal outcomes for Black woman, and to Charles' outcry this woman would be alive today.

The effectiveness and means for assessing cultural sensitivity training have been discussed by several researchers (Georgetown, 2003). The problem with this is that cultural sensitivity training should not be seen as the only means for improving health outcomes and interactions between patient and providers. Cultural sensitivity training is one factor of many others that will contribute to the overall betterment of treating a patient of color by increasing the patient's level of trust with their provider (Georgetown, 2003). This could also be applied to other communities such as other minority women, children, or elderly adults who often complain of mistreatment from

medical providers. The poor health statistics of these groups are rooted in systematic failures and will take multiple streams of change to be improved.

The healthcare administration and policy field are constantly changing and seeking options that will benefit the majority. However, they have failed to enforce the need for cultural training. Patients who come from historically disadvantaged backgrounds are to be treated with a certain sensitivity and respect. It is not in the sense that they are to need extra care but rather a respect for the things that have been brought upon them due to social and political shortcomings. Health policy needs to be reshaped and modernized not only in technological advancements but also in the way that it treats patients who may still be affected by historical tragedies (Georgetown, 2003). The responsibilities of health politicians and administrators are to keep the system afloat and provide the best medical care possible to as many people as possible (Maryville, 2019). However, more often times than not the medical system focuses on the business aspect and not on how it could truly help its patients (Georgetown, 2003). When a child is sick, and a mother cannot provide for them there is no logical reason why they shouldn't be treated if the resources are available. This applies to minority patients as well. Minority patients are the least likely to use medical services for routine visits and are the most likely to utilize medical services for severe emergency visits (Georgetown, 2003).

Health Disparities

Dubois believes that the lack of racial consciousness in America began with the trans-Atlantic slave trade (Dubois, 1903). Slavery has a deep-rooted history that dates back thousands of years. On a global level, he states that when “the ‘Color Line’ began to pay dividends’ through the colonization and exploitation of Africa and Africans beginning in the fifteenth century, race became central to world history” (Dubois, 1903). The effects of the color line run deep across the world. Mistreatment and discrimination in the health field are prominent concerns in areas across the globe. Economic disparities due to generational setbacks are also a contributing factor to these poor health outcomes. Nationally, institutional racism has allowed health professionals the opportunity to dishonor their vow to treat patients properly (Georgetown, 2003). It has allowed medical workers to remain dismissive with how they take their patients history into consideration. Black women are 243% more likely to suffer from maternal death when compared to a white woman (Martin et.al, 2017). Black men are far more likely to be incarcerated and be refused or given subpar medical treatment in jail than any other group (Prison Policy, 2010). These rates are alarming, yet they give plausible reason as to why an African- American person would not trust medical providers or the government. On a state and metropolitan level, the day to day micro- level concerns are what build up the frustration of minority patients. Things like not being understood, having providers who are not trained and/or willing to understand your culture, and

treat you as an individual are all common reasons why patients do not trust medical providers, nurses, and other staff (Georgetown, 2003).

When comparing different racial/ethnic groups by observing the proportion of individuals that are 50 years of age or older who had multiple chronic conditions, there was alarming evidence found that highlights the major differences in African-Americans and other groups (Georgetown, 2003). It is reported that 77 percent of African-Americans over the age of 50 suffer from chronic conditions. The report shows that they have one or more of the following most expensive conditions to have in America. Those chronic diseases consist of asthma, cancer, heart disease, high blood pressure, obesity, and/or anxiety/depression (Georgetown, 2003). Latinos also have a significant number of individuals suffering with 68 percent of their population suffering from one or more of those conditions.

As the population becomes increasingly more diverse, the U.S. population will consist of nearly 50 percent minorities. Latinos will average to about 25 percent of the country's population, African Americans will become about 13.6 of the nation's population, and Asian/Pacific Islanders will be more than 8.2 percent of America's population (Georgetown, 2003). Unfortunately, Latinos are the largest population by race/ethnicity to not have a usual source of care or are uninsured. The percentage of those that do not have a usual source of medical care are 30 percent and those who are uninsured in the Latino population are 35 percent (Georgetown, 2003). Language

barriers, economic disparities, and racial discrimination are some of the causes for why African Americans and Latinos share such high rates of chronic illnesses and lack of access to proper care. According to Georgetown (2003), approximately 15 percent of all African Americans believed that if they were a different race and/or ethnicity they would receive better treatment, about 13 percent of Latinos feel that way, and about 11 percent of Asian- Americans reported feeling that way as well. However, only 1 percent of White- Americans reported feeling that they would be treated better if they were not white. That evidence proves that there is a major disparity between the treatment of minority individuals and the majority.

Implementation of Cultural Sensitivity Training

There are several theories that can be used to describe the training that all medical staff will need to successfully initiate the process of becoming more culturally sensitive to minority patients. The transtheoretical model is particularly interesting because it follows each individual through 6 stages of change, beginning with the precontemplation stage all the way to the termination stage. This model “focuses on the decision- making of the individual and is a model of intentional change” (Behavior Change Models, 2018). While both the patient and provider need to trust each other in order for the best possible health outcome to occur, this particular model will focus on the medical staff and not the patient. The ultimate goal is to remove any racial bias or misunderstanding from the medical staff to better increase the patient’s rate of survival.

In this instance it is being used as a training tool for medical staff to use to better treat their patients from the moment they walk into the clinic or hospital to the moment that they walk out.

Cultural sensitivity training could be provided as a mandatory class in professional schooling or in the form of a mandatory compliance training that is completed every few years. The compliance version would have to be condensed into much smaller modules, but it will still remain effective. The training would be a yearlong or two semester long course that would follow students through the different stages. It is to be noted that the transtheoretical model process takes at least six months. The students would go through several different forms of training that equip them to be more sensitive to populations that they may not understand or be able to relate to. Cultural sensitivity training will be conducted by way of a combination of three different types of assessment: diagnostic, formative, and interim. Diagnostic assessments will allow the facilitator of the classroom environment to test their students' abilities coming into the course. The transtheoretical model seeks to see change in a poor health behavior. It is proven that racial discrimination is associated with poor health outcomes which ultimately makes it a poor health behavior (Georgetown, 2003). This training will teach people that all though they may have known or unknown personal biases they can continue to learn about their patients and treat them the best way possible, taking all of their cultural history into consideration.

Becoming culturally sensitive is a lifelong task and these trainings will help jumpstart the process to improve overall patient satisfaction and trust.

During the precontemplation stage, students will be asked to conduct a series of surveys and simulations that analyze their ability to treat a patient without any biases in regard to race, language, or culture. This stage is all about the unknown and will act as a pre-assessment. The precontemplation stage can also be for those who are unwilling to change their behavior. This could be a nurse who does not believe that he/she treats their patients any differently than they should be treated, and he/she is not willing to learn. Also, in this stage, there could be a medical student that is aware that he has biases that need to be addressed and has yet to act on them. This program will need all participants to be willing to change for it to ultimately be effective. The next stage following that is the contemplation stage. During the contemplation stage, the individual has the desire to change. In this case the medical provider sees how important it is to be open to learning about the history of its patients, languages, culture, etc. Depending on the setting whether this training is in a classroom format or a consultant comes in for compliance training this precontemplation and contemplation will be the assessment stage.

Following the contemplation stage would be the preparation stage where individuals are preparing to take immediate action. At this point, the students should have already been in the class and are already committed. The cultural sensitivity

training would be for all students whether they are minority students or not.

Additionally, the training would be for all medical professionals regardless of already graduating from professional schooling already or not. By this time the student will become aware of that the benefits to this program will outweigh any negative aspects of it. Many may believe that this program is a waste of time because they do not treat patients with bias. However, the statistics of patients who feel unwelcomed in a healthcare facility are the reason why this is needed (Georgetown, 2003).

The preparation stage is one of the most important in this process. Throughout this stage the students or professionals will work to create a plan for their course with their facilitator. This plan will be in the form of a research project, volunteer service in a community with history of discrimination of some form, as well as a language training. The students will choose what community they'd want to work with. The training requires that they choose a community that they don't particularly feel that they belong to. For example, if a student is African- American he/she should not choose an African- American community to work with. The point of this is to get the students outside of their comfort zone and learn to be in spaces where they can treat patients of cultures and/or backgrounds that they are not familiar with.

Stage four is the action stage. In this stage, students are working in their chosen community and are becoming more aware of their biases. This will be evaluated by using a formative assessment method requiring students to have weekly discussions

with their classmates and being observed by their facilitator. An example of growth in this stage would be a scenario like so, a Mexican patient comes into a clinic needing to be treated for diabetes. He expresses to a physician that his traditional diet consists of tortillas, rice, beans, and some form of meat. However, he understands that some of those things are the reason why his sugar readings have spiked. If the doctor tells the patient to completely erase his cultural diet and begin eating salads, it is very unlikely that the patient will follow the treatment plan. It is important to take into consideration a patient's culture to move forward with their treatment plans. An alternative would be to tell the patient to cut back, limit to a certain day, or finding a healthier option that is similar to the patient's current diet.

By the maintenance stage, the students should be maintaining the things that they have learned for at least six months and have been regularly evaluated by the use of interim assessments that would occur every quarter of the class. The last stage is termination. By this stage, students and professionals have gone through months of training and have presented their research on the communities they worked with and believe that they are able to continue to treat patients with the proper care that is needed. The individuals also believe at this stage that they won't relapse and return back to their old ways. While a patient of color may have to deal with double consciousness outside of the clinic or hospital in their day to day life, it would be very beneficial for them to know that while being treated in a medical institution the people

working there are only there to help them get better. It is also to be understood that medical professionals may not be able to become fully competent in the history of all minority groups; however, in this training they will learn ways to not be passive with treatments and respectfully ask the proper the questions to guide their patient to the best health outcomes.

Policy Issues. There are not many cultural sensitivity trainings in the health field currently but there are a few mandatory cultural competency training courses being implemented into health professions schools. According to Galen School of Nursing (2019), students are required to take a cultural diversity course where they learn about things like various religions, gender, sex, and forms of discrimination. Institutions that make courses like this mandatory are setting the tone for other schools that allow diversity training to be optional. The assessment and evaluation process are what has given many of these programs along with cultural competency programs a bad name in the industry. It is hard to assess in an efficient and effective manner how someone's train of thought and own biases have truthfully been eliminated. The question at hand is usually whether or not it improves medical outcomes. However, it is important to understand that with this type of training it is used to build trust between medical staff and patients to ultimately perfect their treatment plans and make them more comfortable with the system.

Conclusion. Double consciousness is a reality of many minority individuals in America. Patients who are seen as inferior or subpar and judged simply by the color of their skin and not by their character or virtue creates a realm of problems that are not only health concerns. However, the health concerns that come about due to racial discrimination or due to the lack of sensitivity to explore a patient's history will continue to aid these poor statistics if major corporations and governing bodies do not make cultural sensitivity training mandatory. While the transtheoretical model may be time consuming it is most effective. Moreover, there are other forms of training and assessment that can take place in a less lengthy manner to encourage all medical staff to participate in some form of cultural training. Further research and assessment of different types of cultural training is also needed. As a provider, treatment is far less effective without a patient's dedicated commitment to follow through and maintain their health plan. Cultural sensitivity training is one factor contributing to the overall improvement of health outcomes for minority individuals. However, eliminating distrust and building effective relationships between patients and staff is needed at this time.

Tables

Table 1

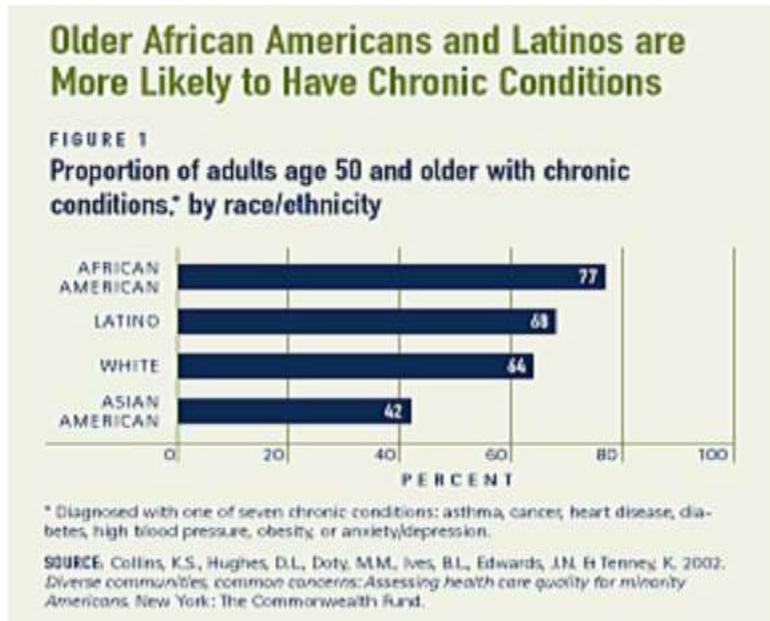


Table 2

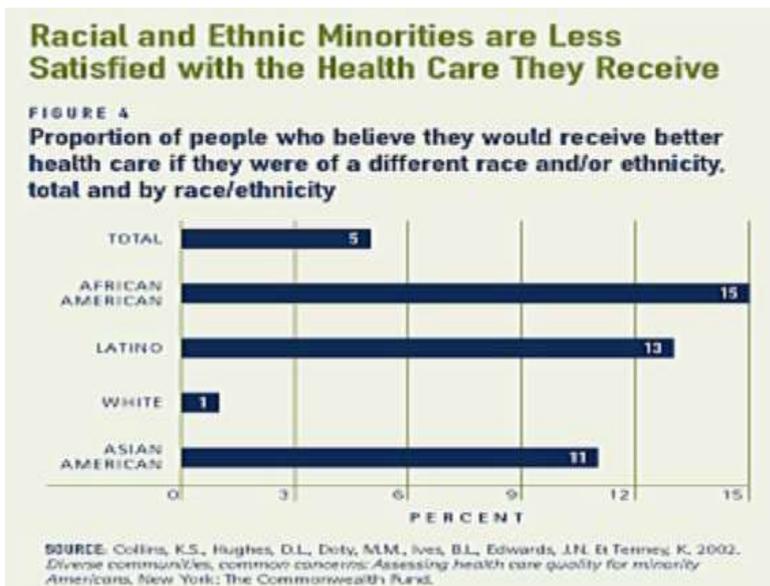
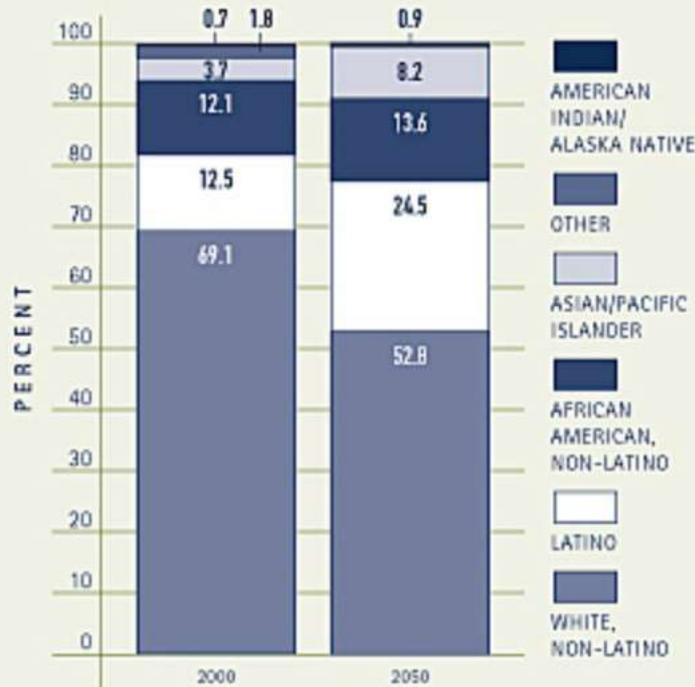


Table 3

Racial and Ethnic Minorities Will Comprise Almost Half of the Total Population by 2050

FIGURE 2
Distribution of the U.S. population by race/ethnicity, 2000 and 2050

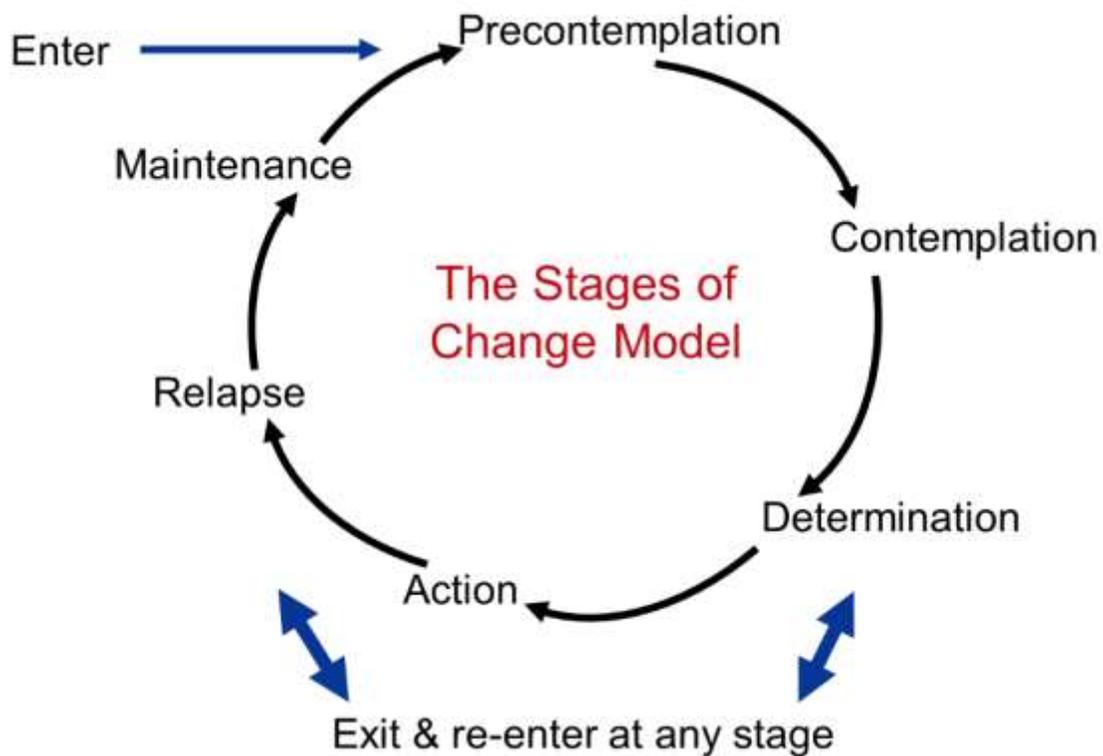


NOTE: "Other" includes non-Latino individuals who reported "Some other race" or "Two or more races." Data for 2050 do not include estimates for the "Other" category.

SOURCES: U.S. Census Bureau. 2001. *PHC-T-1. Population by race and Hispanic or Latino Origin for the United States: 2000*. Available at: <http://www.census.gov/population/cen2000/phc-t-1/tab03.pdf> and Day, J.C. 1996. *Population projections of the United States by age, sex, race, and Hispanic origin: 1995 to 2050*. U.S. Bureau of the Census Current Population Reports (P25-1130).

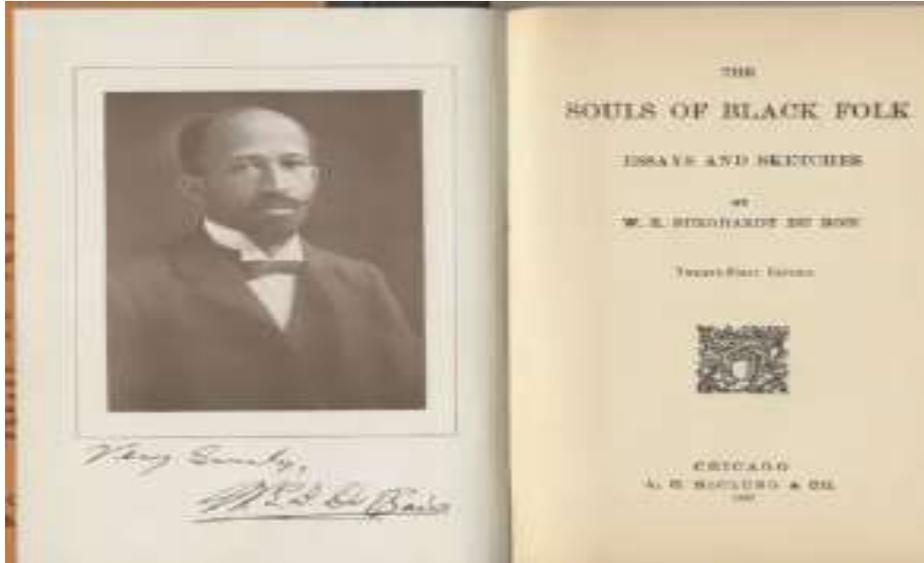
Note: Tables 1-3 are from the Health Policy Institute that works to prove the need for cultural competency training. The data provided suggests alarming rates of morbidity and dissatisfaction of health care service for minority patients. The tables also support the idea that the nations minority population is constantly increasing and will make up nearly half of the demographic.

Figure 1



Note: This figure is from the Boston University School of Public Health which illustrates the process of the transtheoretical model which is being used as a guiding theory for the Cultural Sensitivity Training that is being proposed.

Image 1



Note: This is an image of the book “The Souls of Black Folk” written by W.E.B. DuBois. This book is utilized to explain the perspective of African Americans living in the United States.

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