

Cultural Responsivity and Dysphagia

CLD

The term culturally and linguistically diverse (CLD) is used to refer to populations originating from diverse ethnic or linguistic backgrounds who have values and beliefs that may be dissimilar to that of North American culture.



Dysphagia

Dysphagia is a swallowing impairment or difficulty. In order to manage this impairment, many speech language pathologists will modify textures of foods.

Culture and Dysphagia

Culture and food are very intertwined. Food and mealtime practices can play a large role in the identity of a culture as well as a person's individual identity (Kenny, 2015).



Barriers to Cultural Responsivity

A. Lack of in-person interpreters - many hospitals utilize phone translation services or have limited access to interpreters and translators overall

B. Time constraints - productivity requirements and variable caseloads limit the amount of time SLPs can spend with each individual patient and limits their ability to provide culturally responsive services.

C. Limited training - many SLPs have not had any formal training or education on working with CLD populations in a hospital setting, leaving them to figure it out on their own with limited resources or research to back them up.

D. Focusing solely on the swallow function - many SLPs primarily focus on the swallow function, without taking into account how the full mealtime experience may impact a patient's ability and/or willingness to eat or try strategies.

E. Biases and assumptions - everyone has biases and it is human nature to make assumptions, consciously or unconsciously, based on those biases.

Adaptations to Overcome Barriers

A. Interpreters: Advocate to administrators for more access to in person interpreters. Provide information and research focusing on how interpreters can assist when patients are confused and can provide non-verbal information to the patient.

B. Time constraints: Advocate for more time and altering productivity standards. Time constraints are a significant, systemic barrier to working with CLD populations that is well-documented throughout healthcare literature (see Gittlen, 2017; McColl, et al., 1998; McKenna et al., 2004; Tsigas, et al., 2013).

C. Training: Look for opportunities to participate and promote research in the area of cultural responsiveness and dysphagia management. Advocate for more access to CEUs and training opportunities in the area. Participate in CEU opportunities such as Issues in Dysphagia Management: Diversity, Culture, & Ethics (Hall, 2020) from Northern Speech Services to further personal education.

D. Full mealtime: Remember that dysphagia is more than just the physiological ability to swallow, it impacts the entire mealtime experience. One must not solely focus on changing the actual food. Studies show more holistic considerations are needed (Wu & Barker, 2008). Consider the ways culture can and does influence ADLs and mealtimes (preparation, consumption style, time of day, etc.) (Riquelme, 2004).

E. Biases and assumptions: Learn about and explore your own personal biases. Gain a better understanding of them and how they may come out in your clinical practice. Read up on cultural humility and focus on an open minded, curious, and honest approach to interacting with individuals who have different cultures from your own (Hall & Johnson, 2020).

References

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