Cultural Competence

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Cultural Competence

INTRODUCTION

Cultural competence is the ability of healthcare providers to understand and respond effectively to the cultural and language needs of all patients. Studies show that incorporating the concepts of cultural competence into healthcare can increase patient satisfaction and lead to better outcomes.

Patients representing many cultural groups – with diverse concepts of illness and healthcare – now reside in the United States. To deliver the best care possible, healthcare workers must acquire new knowledge and competencies to meet their needs.

What’s more, there is clear evidence of disparity in healthcare access and health status across racial and ethnic groups within the U.S. population. This serious situation calls for educating healthcare workers about the knowledge and skills necessary to provide quality care to a diverse population.

PURPOSE/OVERALL GOAL

This module outlines ways in which you as a healthcare worker can improve your awareness and understanding of various cultural factors that may influence healthcare delivery.

The goal of this module is to ensure that you have the knowledge you need to deliver the highest quality of care to diverse patient populations while respecting their traditions, beliefs, and values.

COURSE OBJECTIVES

After completing this module, the learner should be able to:
1. Define cultural competence
2. Demonstrate increased self-awareness and receptiveness to diverse patient populations
3. Describe how to manage cultural differences when delivering care
4. Demonstrate how to incorporate cultural understanding into care delivery
5. Explain how to overcome barriers posed by cultural diversity
CULTURAL DIVERSITY

As the United States becomes more ethnically and racially diverse, healthcare workers must understand and respect patients’ varied perspectives regarding health and wellness. The concept of “cultural competence” in healthcare has emerged to address factors that may contribute to racial or ethnic disparities in care delivery.

Cultural competence in healthcare describes the ability of workers to provide quality care to patients with diverse values, beliefs, and behaviors. In some cases, it may involve tailoring care delivery to meet the social, cultural, and language needs of patients.

Culture is defined as a pattern of learned beliefs and behaviors that are shared among groups. It includes:
- Thoughts and beliefs
- Styles of communicating and interacting
- Views on roles and relationships
- Values, practices, and customs

Culture is shaped by various influences, including:
- Race, ethnicity, nationality
- Language
- Gender
- Socioeconomic status
- Physical and mental ability
- Sexual orientation
- Occupation

Failing to understand and manage these sociocultural differences may have significant health consequences – for minority groups in particular.

According to The Joint Commission, five essential components of cultural competence for healthcare workers are:
1. Valuing diversity
2. Assessing one’s own cultural competence
3. Managing cultural differences
4. Incorporating cultural knowledge into care
5. Adapting to diversity

These five components are explained in the following sections.
VALUING DIVERSITY

As a healthcare worker, you must become aware of your personal attitudes and biases that may consciously or unconsciously influence your care of patients as well as your interactions with colleagues.

A “one size fits all” approach to the care of patients from diverse backgrounds is not useful – and it risks potentially dangerous stereotyping and overgeneralization.

To help you value diversity, keep the following in mind:
- There is no single way to treat any racial and ethnic group, due to the great diversity within each.
- Interventions should be evidence-based, ethical, and flexible enough to be tailored appropriately to each patient.
- Becoming more culturally aware can help eliminate racial and ethnic disparity in care delivery.
- Challenge and confront racism, sexism, classism, and other forms of prejudice and discrimination that may occur in clinical encounters as well as in the society at large.
ASSESSING ONE’S OWN CULTURAL COMPETENCY

As a healthcare worker, assessing your own cultural competence:
  • Involves an honest desire not to allow biases to keep you from treating every individual with respect
  • Requires an honest reflection on what your positive and negative assumptions are about others

This is not easy; no one wants to admit that they suffer from cultural ignorance or harbor negative stereotypes and prejudices. But learning to evaluate your own level of cultural competency must be part of your ongoing effort to provide better healthcare.

Assessing your unfounded assumptions and any prejudicial thoughts:
  • Helps you understand the impact of your unconscious or automatic thinking about others
  • Helps you create new mental models of your patients that will, in turn, contribute to the quality of the care you deliver
MANAGING CULTURAL DIFFERENCES

The key to a patient’s ability to adhere to treatment is effective communication. But when healthcare providers and patients come from different cultures and perhaps speak different languages, it can be difficult to communicate effectively.

Adherence depends on:
- A patient’s acceptance of information about the health threat itself
- The provider’s ability to educate the patient on the benefits of a particular treatment
- The patient’s perception of the provider’s credibility, empathy, and concern

Five activities can contribute greatly to effective communication:
1. Asking nonjudgmental questions
2. Listening carefully
3. Setting realistic goals for behavior change
4. Solving problems together
5. Working with an interpreter

These activities are described in the following sections.
MANAGING CULTURAL DIFFERENCES: ASKING NONJUDGMENTAL QUESTIONS

To accomplish this:
- Be empathetic regarding your patient’s viewpoints, values, daily responsibilities, and problems.
- Encourage patients to be honest and open with you about their beliefs and concerns.
- Keep in mind that cultures place different values on time. For some, acting hurried or impatient can seem like a sign of disrespect.
- Take time to ask questions and listen. A patient who feels respected will be more likely to respond honestly and completely.

Here are examples of the kinds of questions that may help you gain important insights:
- What do you think caused your illness?
- What kind of impact has it had on your life?
- What remedies have you tried?
- What do you hope to get out of this visit?
- Is money a concern, and should we consider less expensive treatment options first?
- Is your illness having an impact on your family?
- Do you have friends or relatives who can help you adhere to treatments, such as watching your children when you buy medicine or attend follow-up visits?
- Will you be able to read the directions on the medicine bottle, and if not, is there a responsible person in your family who can read it for you?
MANAGING CULTURAL DIFFERENCES: LISTENING CAREFULLY

Keep in mind these tips to help you listen carefully to patients of all cultures:

- Listen to the patient without interrupting or letting your mind wander.
- Show your genuine interest in the patient’s replies.
- Be still; don’t fidget or sigh.
- Take notes but don’t doodle.
- Show that you have been listening by rephrasing your patients’ comments. This will give patients an opportunity to understand what you heard them say, and to explain again if what you understood is not what they meant.

Misunderstandings are common even when the patient and provider come from the same culture. When a patient and practitioner come from different cultures, the likelihood of miscommunication is greatly increased.
MANAGING CULTURAL DIFFERENCES:
SETTING REALISTIC GOALS FOR BEHAVIOR CHANGE

Changing behaviors is a challenge for most people, and it could be even more so when cultural differences come into play. Patient compliance may improve if you consider the social and family context when discussing lifestyle changes.

Dietary changes are among the most difficult, because food and diet are closely related to culture. A patient care plan often includes a change in diet, yet a patient’s culture may include dietary stipulations or restrictions.

- Some cultures have strict beliefs about what women can eat during pregnancy or if she has recently given birth.
- Some cultures follow food guidelines based on religious beliefs.

To help patients find ways to gradually change dietary patterns that may be harmful, you should first:

- Show respect and understanding for the patient and for the cultural tradition
- Ask about beliefs and traditions so you can learn more about them

Some Examples:

Reducing fat in the diet can be a major challenge for some.

- Is it realistic for patients to significantly reduce fat in their diet if the family’s culturally appropriate diet is rich in fats?
- Ask your patient if obesity is a problem for several family members and, if so, would it be appropriate to make fat reduction a family goal rather than a personal one?
- Perhaps this could begin by reducing the level of oil or fat in three dinners per week instead of every meal.

Reducing sugar intake also can be a problem in some families.

- Do they eat dessert with every dinner, or with every lunch and dinner?
- Will the family feel deprived if they change this habit?
- Will they be supportive of a family member who needs to reduce her intake of sweets?
- Maybe they would consider having desserts only on weekends instead of every day – or at one meal a day instead of two.

Salt intake is another example.

- If a family is accustomed to using soy sauce with most meals, it is probably unrealistic to expect them to eliminate soy sauce from their diet.
- Would they be willing to use a reduced-salt soy sauce?

Working with patients to set these types of smaller goals may lead to greater success with behavior change in the long term.
MANAGING CULTURAL DIFFERENCES: SOLVING PROBLEMS TOGETHER

For many adults, a lecture – whether from a provider, boss, family member, or teacher – is not the most effective way to receive and act on a health message.

If you are trying to explain a treatment and find a patient looking away, stirring restlessly, or sighing, it may be a sign that you have lost the patient’s attention. Most adults are better able to pay attention and remember instructions if they are involved in identifying their problems and seeking practical solutions.

For example:
- You have a patient who is not supposed to drink alcohol.
- Ask him what he would do if he were at a family or work event where alcoholic beverages were provided for everyone.
- Your patient’s answer may reveal that he is more concerned with offending other family members or his boss than he is with following your advice.
- You may be able to offer him a way out of his dilemma, such as a tactful humorous remark, or a glass of club soda that looks like an alcoholic drink.

You also might try role play:
- Ask the patient to pretend that he is explaining his health problems and the necessary care to family members.
- This can reveal how well he understands his illness and treatment, and can help to clear up any misconceptions.
MANAGING CULTURAL DIFFERENCES: WORKING WITH AN INTERPRETER

Professional interpreters:
- Must be proficient in at least two languages
- Must be able to convey complex messages using words and grammar that are appropriate to both providers and patients
- Must be able to convey messages without interjecting their own opinions, beliefs, and prejudices
- Must know their role, limitations, and responsibilities as an interpreter for others

Keep in mind that in their effort to be helpful, family members, friends, and other “informal” interpreters are more likely to modify what a patient has actually said.
- Relying on these types of interpreters may mean that a health organization or individual provider is violating Title VI of the Civil Rights Act of 1964.
- Title VI and its supporting regulations guarantee individuals with limited English proficiency (LEP) any language assistance they need to guarantee “meaningful access” to health and social services that receive any form of federal funding.

Therefore, you must make a diligent effort to find professionally trained, qualified interpreters. Qualified medical interpreters have additional skills that enable them to work effectively in health settings:
- They have studied the basics of anatomy and physiology.
- They may know the meanings of medical terms, diseases, and procedures and should be able to make complex medical terminology understandable in the everyday language of patients.
- They know words that may be “taboo” in the language or culture of the patient and the euphemisms that may be used instead.
- They are familiar with the common health beliefs and practices of the cultures whose languages they speak.
- They understand and have been taught to handle the “triadic” relationship, which is the dynamics introduced by having a third person added to a medical encounter.

Keep the following in mind regarding interpreters:
- Simply being bilingual in English and another language does not qualify an individual as an interpreter.
- Don’t depend on children or other relatives and friends, or nonmedical staff, to interpret.
- Nonmedical staff members should not be asked to interpret unless it is a dire emergency and more qualified professionals are not available.
- Follow your organization’s policies and procedures for finding an interpreter appropriate for the situation; many institutions use an interpreter service for all language translation needs.
INCORPORATING CULTURAL KNOWLEDGE INTO CARE

Incorporating cultural knowledge into care involves understanding how certain movements and customs can mean different things to different people. The U.S. Department of Health and Human Services has developed the following list of nonverbal communications to keep in mind.

Facial Expressions
- 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.
- Winking has very different connotations in different cultures. In some Latin American cultures, winking is a romantic or sexual invitation. In Nigeria, Yorubas may wink at their children if they want them to leave the room. Many Chinese consider winking to be rude.
- In Hong Kong, it is important not to blink one’s eyes conspicuously, as this may be seen as a sign of disrespect and boredom.
- Some Filipinos will point to an object by shifting their eyes toward it or pursing their lips and point with their mouth, rather than using their hands.
- Some Venezuelans may use their lips to point at something, because pointing with a finger is impolite.
- Expressions of pain or discomfort such as crying are also specific to various cultures. Some cultures may value being stoic, while others may encourage more emotion.

Head Movements
- In Lebanon, the signal for “yes” may be a nod of the head. To signal “no,” a Lebanese may point his or her head sharply upward and raise the eyebrows.
- Saudis may signal “yes” by swiveling their head from side to side. They may signal “no” by tipping their head backward and clicking their tongue.

Hand and Arm Gestures
- The “OK” sign is interpreted in Japan as the symbol for money, because the circular shape of the index finger and thumb together suggest the shape of a coin. In Argentina, Belgium, France, Portugal, Italy, Greece, and Zimbabwe, the sign means “zero” or “nothing.” In some Eastern European countries, the gesture indicates a bodily orifice and is highly offensive.
- In some parts of the U.S., to hold up crossed fingers is to wish good luck, but to hold crossed fingers behind your back negates whatever pledge or statement you’re thinking. In Russia, this is a way of rudely rejecting or denying something. In Argentina and Spain, this sign is made to ward away bad luck. In China, it signifies the number ten.
- The “thumbs-up” gesture has a vulgar connotation in Iran.
- In Colombia, tapping the underside of the elbow with the fingers of the other hand suggests that someone is stingy.
- Many Chinese people point with their entire hand; using the forefinger to point is viewed as rude. Similarly, in India one may use a full hand to point, but never just a single finger.
- In Latin America, a shrug with the palms facing skyward may be interpreted as a vulgar gesture.
Personal Space

- Compared to most people in the U.S., Latin Americans are accustomed to standing and sitting close to people who are not well known to them. Even within the majority population in the U.S., there are important variations in the size of the personal space comfort zone.
- People from the Middle East may stand quite close when talking with each other.
- In some Muslim cultures, a woman may be alarmed if a man, even a male physician, stands or sits too close to her.

Touching

- In some cultures, light touching of the arm or a light kiss to the cheek is very common, even among people who have just met. People from Latin America and Eastern Europe may be very comfortable with this kind of touching, whereas people from many Asian cultures may prefer less physical contact with acquaintances.
- Touching another person’s head is considered offensive by some people from Asia and the Middle East. It is therefore inappropriate to pat a child on the head.
- Some Chinese may be uncomfortable with physical contact early in a relationship. Although many Chinese will use a handshake to greet a Westerner, any other contact may be considered inappropriate. This is especially important to remember when dealing with older people or those in positions of authority.
- Men in Egypt tend to be more touch-oriented; a handshake may be accompanied by a gentle touching of the recipient’s elbow with the fingers of the left hand.
- A strong, warm handshake is the traditional greeting between men in Latin America. However, because most Latin Americans show affection easily, male friends, like female friends, may embrace. Women may lightly brush their cheeks together.
- Throughout most of the Middle East, it is the custom to reserve the left hand for bodily hygiene. For this reason, one should never offer the left hand to shake hands or accept a gift. This is also true of some African cultures.
- A Western woman should not initiate a handshake with a man in India. Many Indian women will shake hands with a foreign woman, but not a foreign man.
- To many Indians, it is considered rather offensive to (even accidentally) step on someone’s foot. Apologies should be made immediately.

Eye Contact

- Making direct eye contact is a sign of disrespect in some cultures. In other cultures, refusing to make direct eye contact is a sign of disrespect. Many Asians may be reluctant to make eye contact with an authority figure. For example, when greeting a Chinese, it is best to avoid prolonged eye contact as a sign of respect and deference.
- Many Middle Easterners have what North Americans and Europeans consider “languid eyes.” It may appear that the person’s eyes are half closed, but this does not express disinterest or disrespect.
- In Ghana, young children are taught not to look adults in the eye because to do so would be considered an act of defiance.
- In Latin America, good eye contact is important in both social and business situations.
Physical Postures

- In many cultures throughout the world, it is impolite to show the bottom of the shoe, which is often dirty. Therefore, one should not sit with the foot resting on the opposite knee.
- In Argentina, standing with the hands on the hips suggests anger, or a challenge.
- In many cultures, slouching or poor posture is considered to be disrespectful. For example, good posture is important in Taiwan, with Taiwanese men usually sitting with both feet firmly fixed to the floor.

Family Interaction

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.

For these patients, providers must address the individual’s health problem in the context of his or her family. Family members can provide valuable information regarding the patient’s diet, health behavior, daily activities, and types of alternative medications used. Their involvement in a treatment plan may be vital to a patient’s ability to adhere to the recommended treatment.

At the same time, it is not always culturally appropriate to involve family members, and the provider must be sensitive about when this may NOT be appropriate.

Pregnancy and Childbirth

In many cultures, men are not involved in the activities surrounding pregnancy or childbirth. Despite this apparent exclusion, husbands are responsible for making decisions and giving permission for treatment, medication, and hospital stay.

A provider needs to be ready to involve the mother, mother-in-law, sister, and/or aunt (rather than the husband) in the development of a patient care plan during pregnancy and after childbirth in families that follow this tradition.

Female relatives may also be the most appropriate persons to take care of such tasks as having the husband sign the necessary consent forms or explaining suggested treatment options.
ADAPTING TO DIVERSITY

As a healthcare provider, you may find that adapting patient care to cultural diversity is often necessary. Doing this effectively involves certain cultural considerations:

- Gender and taboos
- Food
- Alternative medicine

Gender and Taboos
The roles of men and women, and the issues that they are able to discuss openly together, vary greatly from one culture to another. For example, in some cultures:

- A son should not converse with his mother’s obstetrician about her care
- A wife should not converse with her husband’s urologist, or even his cardiologist

Food: An Important Factor in Culture
The food normally served in U.S. hospitals tends to cater to what is seen as a “typical” bland American diet. This poses a significant problem for patients whose standard diet may be significantly different.

Providers should engage the patient’s family in this issue.

- Can the family bring food to the hospital?
- Does the family know that certain foods will be beneficial and that others may be less beneficial?

By involving the family in designing an appropriate diet for the patient, the provider will ensure that the family will bring food that is beneficial and will help ensure that the patient will have a healthy diet after discharge.

Alternative Medicine
Many patients may be taking other medications, some prescribed by another provider and some by a traditional healthcare provider. Often the patient’s family is a valuable source of information about all medications the patient is taking, particularly alternative medications with which the provider may be unfamiliar.

By discussing concerns openly and respectfully with the patient and family:

- The provider can explore the possible consequences of taking certain alternative medicines along with the prescribed medications
- Avoid potentially dangerous interactions between Western medicines and traditional herbs
BARRIERS TO CULTURALLY COMPETENT CARE

Certain barriers can make it difficult to deliver culturally competent care. These barriers include:

- A lack of diversity in a healthcare organization’s leadership and workforce
- Systems of care that are poorly designed to meet the needs of a diverse patient population
- Poor communication between providers and patients of different racial, ethnic, or cultural backgrounds

Some ways in which these barriers may be overcome include:

- Establishing and strengthening programs to develop minority healthcare leadership, to produce a core of professionals who may assume influential positions
- Hiring and promoting minorities in the healthcare workforce
- Involving community representatives in a healthcare organization’s planning and quality improvement meetings
CLINICAL OUTCOMES

Cultural competence can have a significant impact on clinical outcomes. But ignoring culture can lead to negative health consequences in a number of ways:

- Patients may choose not to seek needed services for fear of being misunderstood or disrespected.
- Patients may not take medical advice because they do not understand or do not trust the provider.
- Providers may miss opportunities for screening because they are not familiar with conditions that may be prevalent among certain racial or ethnic groups.
- Providers may fail to take into account differing responses to medication.
- Providers may lack knowledge about traditional remedies used by certain cultures, leading to harmful drug interactions.
- Providers may make diagnostic errors resulting from miscommunication.
- Providers may not order appropriate diagnostic tests because they may not understand the patient’s description of symptoms.

On the other hand, healthcare experts make a clear connection between cultural competence, quality improvement, and the elimination of racial or ethnic disparities.
CONCLUSION

It is the responsibility of all healthcare workers to deliver culturally competent healthcare. You must ensure that patients of various cultures, especially those with limited English proficiency, do not face barriers when accessing healthcare and getting appropriate treatment.

When you deliver culturally competent healthcare, you could see:

- More successful patient education
- More patients seeking the healthcare they need
- More appropriate testing and screening
- Fewer diagnostic errors
- Fewer complications from prescription drugs interacting with traditional remedies used by patients
- Greater adherence to medical advice
- Expanded healthcare choices and access, if patients feel they are no longer restricted to a small pool of clinicians who share their language and culture

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