

## **Module: Culturally Competent Care**

### **Objectives:**

After completion of the module, students will be able to:

- Define and/or describe culture, diversity, cultural competence, and cultural diversity
- Identify steps towards cultural sensitivity
- Identify 6 primary organizational barriers that are most likely to inhibit the advancement of diverse groups
- Identify benefits of cultural diversity
- Specify strategies for communicating with patients more effectively
- List adaptations for quality healthcare of diverse populations

### **Definitions:**

- Culture- The beliefs, attitudes and values shared by a group of people. Our cultural concepts are most commonly formed by:
  - Country of origin
  - Rural or urban environment
  - Political and religious beliefs
  - Familial environment

It is important to remember that individuals vary within cultural groups.

- Diversity- A unique set of qualities that separate people as individuals , such as race, gender, religion, physical and mental abilities, geographic locals, economic status and many others.
- Cultural Diversity- A set of shared ideas about the way we live and behave towards others. It is an agreed upon set of rules about style, tradition, behavior, etiquette, etc., combined with the unique set of qualities that separate us as individuals.
- Cultural Competence- The ability to provide care to patients/consumers with diverse values beliefs and behaviors. Cultural competent care is achieved when:
  1. The patient/consumer receives care that is effective, respectful and understandable.
  2. The institution recruits, retains, and promotes a culturally diverse staff and leadership team.
  3. Staff receive continuous education/training in culturally and linguistically appropriate care.

### **Definitions of Race:**

The U.S. Census Bureau defines race as:

- A concept that reflects self-identification and is not scientific or anthropological in nature. It includes both racial and national-origin groups.
- The classifications used are:
  - American Indian and Alaska Native- Having origins with any of the original people of North, Central, or South America who maintain tribal affiliation.
  - Asian- Having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
  - Native Hawaiian and Other Pacific Islander- Having origins with any of the people of Hawaii, Guam, Samoa, or other Pacific Islands
  - Black or African American- Those having origins with any of the black racial groups of Africa. This includes people who indicate their race as Black, African American, Kenyan, Nigerian, and Haitian.
  - White- Includes people having origins with the people of Europe, the Middle East, and North Africa. Among those who self identify as white, there were Irish, German, Italian, Lebanese, Near Easterner, Arab, and Polish.

### **Descriptions of Spanish Speakers:**

- Spanish speakers may be White, Black, Amerindian or any other race.
- Hispanic is a word coined by the US Census department to classify people who speak Spanish as a primary language.
- Latino is sometimes used to indicate cultural background, even when Spanish is not spoken.
- Spanish refers to the language and people specifically from Spain.

### **Why Culturally Competent Care?**

- Title VI – Culturally and Linguistically Appropriate Services Standard 1 states that “Healthcare organizations should ensure that patients/consumers receive from all staff members, effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.”
- Changing demographics
- JCAHO compliance
- Quality healthcare
- IT IS THE RIGHT THING TO DO

### **Changing Demographics:**

The population of South Carolina is becoming more and more diverse. According to the Census data released in 2003, the Spanish-speaking population in the state of SC grew 13.9%.

### **Cultural Sensitivity:**

- Culturally competent care starts with cultural sensitivity.
- There are 4 steps to cultural sensitivity:
  1. Cultural Awareness
  2. Knowledge and understanding of other culture
  3. Respect for cultural and individual differences
  4. Adaptation of Care

### **Assessing Our Own View of Life:**

- We need to look at our own view of life (self-awareness)
- This includes acknowledging our ignorance, prejudices and the stereotypes we have come to believe.
  - Everyone has biases. Once they are acknowledged, we can begin to deal with them at a conscious level and choose our behavior.
  - We fear the unknown. When we have no knowledge of a different belief system or language, we may try to avoid dealing with “those” people.
  - We often believe in stereotypes which are formed by images we are exposed to through media or other outlets.

### **Cultural Knowledge:**

Cultural differences may include aspects such as:

- Family organization
- Personal Space needs
- Communication
- Beliefs about health/illness and healthcare practices
- Religions
- Traditions

### **Family Organization:**

- Family structure vary from culture to culture. Some cultures have extended families including grandparents, aunts, cousins and more. Other cultures consider the nuclear family—mother, father, and children—as the norm.
- The family organization determines who will be the decision maker and who is responsible for health care. In some cultures, family members are consulted on decisions regarding healthcare and have expectations that family and neighbors visit and are involved while they are patients.

### **Personal Space:**

- Personal space refers to the actual physical closeness that is comfortable for a person during social interaction with others.

(Edward T. Hall, *The Hidden Dimension*.)

Preferences vary from culture to culture with Caucasians, African-Americans, and Hispanics typically being more comfortable with personal closeness, including standing within 18 inches of each other, and sharing handshakes, regardless of gender. Other cultures may consider closeness an invasion of personal space.

### **Beliefs About Health/Illness and Healthcare Practices:**

- Beliefs will influence a person's feelings about illness and the kind of healthcare he or she will choose.
- Members of a culture share beliefs about the nature and cause of illness, types of healthcare practices and their relationship to a higher power.
- Illness may be attributed to supernatural forces, environmental agents or injury, infectious agents and the wear and tear of the body, or the belief that the mind and body must be in harmony to ensure health.

### **Religions:**

- Religious as well as cultural beliefs influence concepts of death and dying.
- Some religious beliefs may affect consent agreements from blood transfusions, or other procedures.
- Religious items and rituals must be treated with respect.
- The major religions of the U.S. include
  - Protestantism (various denominations)
  - Roman Catholicism
  - Judaism
  - Islam
  - Hinduism

### **Traditions:**

- Traditions are passed on from one generation to the next. Often, they are related to religious rituals and holiday celebrations.
- Foods are particularly traditional at holidays.
- Many tradition involve the coming to maturity of young people and are related to religious practice.

### **Adaptation for Culturally Competent Healthcare:**

- Show sensitivity to the individuality and cultural heritage of each patient, including being mindful of cultural practices, ie: food preferences, body language, etc.
- Learn more about different cultures of commonly seen patient populations and ways to show respect.
- Remember that although a person is identified with a specific culture, he or she must be recognized as an individual.

### **Organizational Barriers :**

There are 6 organizational barriers which are most likely to inhibit the advancement of diverse groups. Those are:

- Negative attitudes and discomfort with people different from ourselves
- Discrimination
- Prejudice
- Stereotyping
- Racism
- Bias

(source: <http://ncrve.berkeley.edu/>)

### **Benefits to Cultural Diversity:**

“The diversity debate has shifted from the moral obligation of affirmative action to a business imperative. CEOs, faced with intense competition in global markets, record numbers of mergers and acquisitions, and the global war for talent, are focusing on how to leverage diversity as their competitive differentiator.”

*(Dr. Vanessa J. Weaver, Business Week)*

- One of the benefits to having a diverse workplace can be seen in the following examples:
  - Petro-Canada’s site in Vancouver’s Chinese community posted signs in English and Mandarin to increase their presence in the community. This resulted in sales increases of 15%. Sales went from 2.7million liters of gasoline sold in 1994 to 3.1 million liters by 1997.
  - In 1980, Reebok listened to a group of women customers who complained about not having a quality shoe for aerobics. Within two years of creating this new line of shoe Reebok went from \$12 million a year to \$3 billion in sales.

Source - [www.profesionalpractice.asme.org](http://www.profesionalpractice.asme.org)

- Another benefit of a diverse workplace results in improved recruitment, retention, and promotion. Increased diversity in the workplace makes it easier to recruit and retain diverse candidates.