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Diversity & Cultural Competency in Health Care Settings

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Knowledge of cultural customs enables health care providers to offer better care and help avoid misunderstandings.

CULTURAL COMPETENCY DEFINED

Cultural competency is at the core of high quality, patient-centered care, and it directly impacts how care is delivered and received. According to the Institute of Medicine's report, Unequal Treatment Confronting Racial and Ethnic Disparities in Healthcare, a consistent body of research indicates a lack of culturally competent care directly contributes to poor patient outcomes, reduced patient compliance, and increased health disparities, regardless of the quality of services and systems available. In addition to improving care quality and patient satisfaction, delivering culturally competent care increases job satisfaction and contributes to staff retention.

Multiple definitions of cultural competence abound in health care literature. Culture refers to "the learned patterns of behavior and range of beliefs attributed to a specific group that are passed on through generations. It includes ways of life, norms and values, social institutions, and a shared construction of the physical world." Competence is used to describe behaviors that reflect appropriate application of knowledge and attitudes. A health care professional who has learned cultural competence engages in assistive, supportive, facilitative, or enabling acts that are tailor-made to fit with individual, group, or institutional cultural values, beliefs, and lifeways in order to provide quality health care. In other words, they demonstrate attitudes and behaviors that enable them to effectively work with individuals with diverse backgrounds. Integrating skills in culturally competent care meets six aims for quality of health care: safe, effective, patient-centered, timely, efficient, and equitable. Most important, care that is patient-centered means that all care providers truly "know" the patient and take into account cultural differences, knowledge level, and preferences.

Theorist Dr. Josepha Campinha-Bacote developed the Culturally Competent Model of Care, which identifies five constructs of cultural competence: cultural awareness (a self-reflection of one's own biases), cultural knowledge (obtaining information about different cultures), cultural skill (conducting an assessment of cultural data of the patient), cultural encounters (personal experiences with patients of different backgrounds), and cultural desire (the process of wanting to be culturally competent). Campinha-Bacote referred to cultural competence as a process, meaning that the health care provider should continually strive to effectively work within the cultural context of each client.

Researchers argue that, although the field of cultural competence is in its preliminary stages, there is much promise for continued success in the impact it can have on health outcomes and well-being.

WHY A CULTURALLY COMPETENT HEALTH CARE WORKFORCE IS NEEDED

Facing a rapidly aging nation, the U.S. government seeks to develop the cultural competence of health care providers in order to reduce health disparities. The growing older adult population represents a cultural entity unto itself. The proportion of older adults from ethnic and racial minority groups is projected to increase exponentially by 2050, with the largest growth rates being among Hispanics, followed by Asian-Pacific Islanders, American Indians, and African-Americans. In 2006, the U.S. Census Bureau indicated that 19% of the U.S. population age 65 years and older was minority. By 2050, 39% of the nation's older adults will be represented by minority groups.

In health care settings, cultural awareness, sensitivity, and competence behaviors are necessary because even such concepts as health, illness, suffering, and care mean different things to different people. Knowledge of cultural customs enables health care providers to provide better care and help avoid misunderstandings among staff, residents/patients, and families.

CULTURALLY COMPETENT HEALTH CARE: THE BENEFITS

Researchers posit that culturally competent health care has many benefits: more successful resident/patient education; increases in health care-seeking behavior; more appropriate testing and screening; fewer diagnostic errors; avoidance of drug complications; greater adherence to medical advice; and expanded choices and access to high-quality clinicians. Researchers conclude that although the field is in its preliminary stages, there is much promise for continued successes in the impact of cultural competence on health outcomes and well-being.

Health care providers trained in cultural competency:

- Demonstrate greater understanding of the central role of culture in health care
- Recognize common barriers to cultural understanding among providers, staff, and residents/patients
- Identify characteristics of cultural competence in health care settings
- Interpret and respond effectively to diverse older adults' verbal and nonverbal communication cues
- Assess and respond to differences in values, beliefs, and health behaviors among diverse populations and older adults
- Demonstrate commitment to culturally and linguistically appropriate services
- Work more effectively with diverse health care staff
- Act as leaders, mentors, and role models for other health care providers

CULTURALLY COMPETENT HEALTH CARE IN YOUR

Once you get past interpreters and other language services, you find very little about cultural competence training, and what exists is mostly for physicians.

ORGANIZATION

The National Center for Cultural Competence at Georgetown University states that cultural competence requires that organizations:

- Have a defined set of values and principles and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally
- Have the capacity to 1) value diversity; 2) conduct self-assessment; 3) manage the dynamics of difference; 4) acquire and institutionalize cultural knowledge; 5) adapt to the diversity and cultural contexts of the communities they serve
- Incorporate the above into all aspects of policymaking, administration, practice, and service delivery and systematically involve consumers, key stakeholders, and communities

Use the following checklists to evaluate your organization's cultural competency. By checking the items that best describe your organization, you will gain a clearer picture of your current strengths and, most important, areas of opportunity. After the three checklists have been completed and reviewed, you will be in a better position to determine the course of action needed to achieve cultural competency in your workplace and workforce.

The three checklists included are:

- Areas of your organization's culture that can negatively impact quality of care (areas of opportunity)
- Barriers to cultural competency
- Recommendations for culturally competent care

Numerous sources were used to develop the checklists (see References). Primary sources were Spector and Christensen Community Consulting.

CHECKLIST: DIVERSITY & CULTURAL COMPETENCY IN HEALTH CARE SETTINGS

Aspects of the health care provider's culture that can negatively impact quality of care

Beliefs

__ Staff holds different beliefs about the nature of health and illness
__ Staff believes in the omnipotence of Western medicine
__ Staff believes in the omnipotence of technology
__ Staff stereotypes culture groups
__ Staff's misconceptions about the nature and quality of residents'/patients' health care practice
__ Staff's general interpretation of the cause of illness
__ Staff assumes health professional knows best

There is a lack of consensus on which racial ethnic groups should be studied by nurses, a contributing factor to inadequate cultural competence education.

Attitudes

__ Staff expects promptness
__ Staff expects compliance
__ Staff takes paternal approach
__ Staff disrespects non-traditional healing practices
__ Staff does not consider residents'/patients' conflict regarding familiar belief systems and current practices
__ Staff does not keep an open mind

Behaviors

__ Staff does not adjust approach to coincide with the needs of the resident/patient
__ Staff relies on technology/procedures to identify problem
__ Staff limits time with residents/patients
__ Staff uses jargon
__ Staff limits communications with family
__ Staff tries to force use of Western medicine
__ Staff does not agree on type and quality of care
__ Staff miscommunicates

Rituals

__ Staff does not consider residents'/patients' attitudes and beliefs regarding the physical examination
__ Staff does not greet residents/patients in a culturally appropriate way

Checklist: Diversity & Cultural Competency in Health Care Settings
Barriers to Cultural Competency in Organizations

Residents

__ Many residents/patients lose their capacity to communicate in their secondary language and revert to their first language.
__ There is a move in immigrant communities toward professionalized care for frail seniors.
__ Seniors who have been living with their adult children often expect the same level of individualized and personalized service when they enter a long-term care home. Their high expectations frequently cannot be met both because of regulatory requirements (e.g., food service regulations) and available resources/funding.
__ Residents/patients who need assistance in completing their washing ritual before prayers may find that staff is not available to help them.
__ Residents/patients from different cultures are not used to the food they are served and find it difficult to adapt to a change in diet later in life.
__ The availability of physical care is linked to spiritual support and care. For

example, a resident/patient may not be able to pray if s/he has been incontinent and his/her continent briefs are wet or soiled and/or if s/he has been unable to wash.

Complete cultural awareness, sensitivity, and competence behaviors related to health care are necessary because even general ideas of health, illness, suffering, and care mean different things to different groups of older adult patients.

Organization

__ Increasing levels of care put pressure on available staff and resources.
__ The diversity of linguistic, cultural, and spiritual groups makes it difficult for any single health care setting to recruit staff that reflects that diversity.
__ Operational logistics make it difficult to provide linguistically, culturally, and spiritually appropriate care.
__ There is a need to engage families and communities in a mutual learning process that informs program development and supports the organization's capacity to tailor services to residents'/patients' needs.
__ Stereotyping and misdiagnosis may lead to misinterpretation of behaviors as hostility or agitation.
__ If clinicians do not understand the appropriate linguistic descriptors, they may fail to elicit the correct information about symptoms or may misconstrue them.
__ Cultural differences between health care workers themselves and within organizations can cause potential conflict in the workplace and can create barriers to providing quality care.
__ If information is not available to residents and their families because of the language barrier, effective communication is impossible.
__ It is difficult to accommodate small groups speaking different languages that may also need translation.
__ Language barriers and ethno-specific issues cannot be addressed as long as the sector depends on personal support workers who have minimal training and possibly limited
English language skills.
__ Poor communication can lead to a lack of respect for persons whose cultural values are different from one's own.
__ The extent of ethno-cultural diversity in some organizations complicates the process of developing programs and services suitable for everyone's specific needs.
__ Many long-term organizations assign residents to units within the home according to their health and social needs and/or type of accommodation (private, semi-private); thus, it may not be possible to place every resident from specific ethno-cultural
communities in the same unit or even on the same floor.
__ Large ethnic, linguistic, and spiritual communities are not monolithic, which complicates programming and service delivery.
__ Staff may see residents/patients from the perspective of providing health care (the "medical model"), rather than from the perspective of providing holistic care within a comfortable home environment.
__ Food service regulations define how and when meals are served. For some

Many Black Americans view receiving health care as a degrading, demeaning, or humiliating experience, and have a feeling of powerlessness and alienation in the system.

groups, the way in which food is served and meal times are not culturally sensitive or religiously appropriate.

__ The pressure to fill beds in long-term care organizations creates some difficulty in establishing and maintaining specific units for ethno-cultural and religious groups.

__ It is difficult to compare ethnic foods and spices with dietary guidelines.

__ Compliance requirements prohibit flexibility and adaptability in providing diets in accordance with dietary laws (e.g., kosher foods).

Family

__ Families may not know the right questions to ask regarding services offered within the organization, limits on what the organization can do for the residents/patients, resources that are available, or how to engage those resources.

__ Families do not or cannot—for cultural or linguistic reasons—discuss their expectations with the organization.

__ Families may find it hard to visit and participate in programs with residents, especially if they do not have access to transportation.

__ Volunteerism is not part of the value system in some ethno-cultural communities, and adult children may not be interested in participating in social and cultural activities with residents.

Community

__ Without the encouragement and support of community partners, organizations face challenges in meeting the needs of residents from recently arrived or smaller ethno-cultural or religious groups.

__ Regulatory requirements may restrict the degree to which organizations can adapt their current practices to accommodate ethnic groups with different perspectives and backgrounds.

RECOMMENDATIONS: CULTURAL COMPETENCY IN SENIOR LIVING COMMUNITIES

Cultural Awareness

__ Decrease ethnocentrism by being aware of one's own cultural values and biases.

__ Be aware of the various myths and stereotypes related to older people.

__ Recognize that ageism, like racism, affects all aspects of society, including health professions, and can adversely affect optimal care of residents.

__ Understand that there may be racist attitudes and beliefs among families and residents.

__ Learn how to communicate more effectively to decrease racist attitudes.[1]

__ Identify ethnic groups, not just race.

Many Chinese find some aspects of Western medicine (e.g., diagnostic tests) distasteful. Some are upset by the drawing of blood.

__ Identify immigration level (i.e., first generation or later).
__ Assess English competency.
__ Identify help-seeking behavior patterns through health education and open communication.
__ Understand mistrust of senior living communities and other health care organizations by some minority families.
__ Be aware of cultural differences in attitudes toward illness and acceptance of help.
__ Staff should let residents know that they understand their views toward illness and medical treatment.
__ Staff can encourage participation of other staff members of the same race/ethnicity/religion or a "local healer" (including clergy).
__ Involve family or key supports from the resident's social network.
__ Ask community-based key informants who are knowledgeable about the ethnic minorities being served to act as "culture brokers." This person, who ideally is also familiar with the operating and regulatory environment defining long-term care homes, could facilitate the design of culturally appropriate programs and services.
__ Employ bilingual staff, rather than a family member or paid translator, who may be more comfortable for the resident because they have more extended contact with them.
__ Use culturally specific phrasing and patterns of expression to gain resident compliance.
__ Be aware of cultural variants in the expression of psychological distress.
__ Encourage staff to see themselves working in each resident's home rather than seeing them as people who happen to live in the staff's work environment.
__ Involve everyone in the organization—staff, residents, family members, board members, community partners, and volunteers—in assessing their perceptions of cultural problems and conflicts, and plan how they should be fixed. This opens up issues for communication that may have been suppressed.

Leadership

__ The Department of Health and Human Services Culturally and Linguistically Appropriate Services (CLAS) standards recommend the recruitment, retention, and promotion of a diverse staff and leadership at all levels of the organization.
__ Leadership at the top, as opposed to good practices by individual staff members who may leave the organization, is critical to creating a consistent, sustainable environment characterized by good practices.
__ Making a business case for cultural competency is a critical element for change.
__ Share knowledge and lessons learned with other organizations.

Some American Indian family members and communities minimize memory loss and dementia and may not consent to treatment unless physical function is impaired.

Workplace Practices

__ Show compassion for the families of the residents and the difficulties they face.
__ Observe religious holidays and provide a place of worship that is respectful of residents' spiritual beliefs. Refrain from installing permanent symbols that may be offensive to other faiths. Consider moveable adornments for worship.
__ Accommodate individual needs if possible (e.g., setting up a small Hindu shrine in the resident's room).
__ Offer culturally appropriate meal choices. Learn about these choices from the cultural community.
__ Allow cultural décor and signage to personalize rooms.
__ If the resident agrees, encourage groupings with others of similar cultural, linguistic, or religious backgrounds (e.g., at meals).
__ Provide television and radio programming that is culturally and linguistically appropriate.
__ Using a communication board (e.g., pictures plus words in the resident's language) to facilitate staff-resident communication.
__ Post activities and programs in different languages.
__ Offer greater flexibility in family and caregiver visiting hours.
__ Offer flexibility in scheduling dressing, bathing, and meal times.
__ Help staff develop flexibility in communicating with each other across cultural or language divides. Help them apply these skills in their work with residents who are different from them.
__ Wherever possible, arrange to have someone who speaks the language and/or is familiar with or part of the same culture to greet the new resident and ease the transition. The "greeter" could be another resident, a staff member, or a volunteer.
__ Explore the feasibility of English as a Second Language lessons for residents who are able to participate.
__ Translate brochures, signage, and key documents/information materials (consent forms, handbooks) into other languages. Have individuals from the group you are trying to reach review any materials you plan to use for outreach.
__ Avoid literal translations of existing material as they lose their meaning when syntax and vocabulary are not within cultural contexts.
__ Convene a family support group for those whose family members are residents of long-term care communities.
__ Provide internships for diverse health profession students to gain insight from their perspectives.
__ Measure and track cultural competence as part of the effort to deliver high-quality care.
__ In addition to cultural assessment tools, organizations can conduct focus groups with or administer satisfaction surveys to family members of residents.

__ Have meaningful processes for community representation and feedback, including focus groups, advisory committees, and/or board representation.
__ Employ a patient advocate from the ethnic community who can serve as the bridge in
bringing health care services to the residents.

Training & Education

__ Offer cultural sensitivity training on a regular basis to address issues associated with literacy, language barriers, family support, the need for respect, traditions, and alternative health and illness remedies.
__ Provide "Lunch 'n' Learn" opportunities for staff. Invite speakers from diverse communities to talk about their ethnic group, or invite representatives from organizations to talk about their best practices working with a diverse group of people.
__ Provide basic language classes for staff.
__ Encourage individual staff members to learn a few phrases in several languages spoken by residents.
__ Recruit staff who are open-minded and view training as a learning opportunity.
__ Exhibit information on cultural competence and provide opportunities for staff to attend professional meetings and conferences.
__ Obtain resources such as poetry, books, religious texts, and music from an ethnic community.
__ Administer a cultural competency assessment.

Community Outreach

__ Learn who are the most effective resource people in ethnic communities (e.g., local neighborhood government advisory group representatives, church committee chairs, local business owners, funeral planners, teachers) and enlist their support for your program.
__ Anticipate the need for partnerships so that when residents arrive, the organization is prepared to provide relevant services.
__ Reach out to ethno-cultural and religious communities to engage trainers (e.g., spiritual leaders) who understand the cultural background of residents and train staff in the nuances of working with residents to demonstrate respect.
__ Seek information from experts (e.g., professors, graduate students, cultural organizations/associations, and other organizations) with a history of serving diverse ethnic groups.
__ Recruit bilingual and minority volunteers from churches and established volunteer organizations such as AmeriCorps and Retired Seniors Volunteer Program (RSVP).
__ Encourage families to bring friends and community members as friendly visitors as often as possible.

PROMOTING SAFETY & QUALITY OF CARE

CLAS, Office of Minority Health:

- CLAS is a tool that promotes cultural and linguistic competence.
- CLAS standards are primarily directed at health care organizations; however, individuals also are encouraged to use the standards to make their practices more culturally and linguistically accessible.
- The principles and activities of culturally and linguistically appropriate services are integrated throughout an organization and undertaken in partnership with the community served.

JCAHO now The Joint Commission (a nonprofit formed in 1951):

- Mission: to improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.
- Policy: views the delivery of services in a culturally and linguistically appropriate manner as an important health care safety and quality issue.
- For general information on standards related to cultural competency, contact hlc-info@jointcommission.org.

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Mather LifeWays is a unique nonprofit organization that enhances the lives of older adults by creating Ways to Age Well.℠ For more information about our senior living residences, community initiatives, or award-winning research, please visit www.matherlifeways.com or call (847) 492.7500.

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Promising Practices for Patient-Centered Communication with Vulnerable Populations: Examples from Eight Hospitals (August 2006). Matthew Wynia and Jennifer Matiasek.

Providing Language Services in Small Health Care Provider Settings: Examples from the Field (April 2005). Mara Youdelman and Jane Perkins.

Taking Cultural Competency from Theory to Action (October 2006). Ellen Wu and Martin Martinez.

LINKS

Administration on Aging (AoA) fact sheets: Serving Our African American Elders; Serving Our Hispanic American Elders; American Indian, Alaska Native & Native Hawaiian Program, Serving Our Asian American & Pacific Islander Elders; Lesbian, Gay, Bisexual & Transgender Older Persons; Caregiver Diversity; Cultural Competency

www.aoa.gov/may2001/factsheets

African-American Elders

http://www.stanford.edu/group/ethnoger/african.html

American Geriatrics Society

Position paper on Ethnogeriatrics.

http://www.americangeriatrics.org/products/positionpapers/ethno_committee.shtml

Bibliography in Ethnogerontology

http://www.sunyit.edu/library/html/culturedmed/bib/ ethnogerontology/index.html

Chinese-American Elders

http://www.stanford.edu/group/ethnoger/japanese.html

Cultural Competencies To Serve Older Americans

http://www.apha.org/tnh/index.cfm?fa=Adetail&ID=739

Curriculum in Ethnogeriatrics

Stanford University has developed ethnic Specific Modules (African Americans, American Indian, Alaskan Native, Hispanic/Latino, Asian Indian, Chinese, Pakistani, Southeast Asian, Korean, Filipino, Japanese, Native Hawaiian/ Pacific Islander)

http://www.stanford.edu/group/ethnoger

Ethnic Elders Care

http://www.ethnicelderscare.net

Ethnogeriatrics
Florida State University Department of Geriatrics
http://www.med.fsu.edu/geriatrics/ethnogeriatric/default.asp

Filipino-American Elders
http://www.stanford.edu/group/ethnoger/filipino.html

Health Management For Older Adults III
Select Model #6: Ethnogeriatrics: Knowing the Difference
http://medinfo.ufl.edu/~gec/hmoa3/mods.html

Hispanic Elders
http://www.stanford.edu/group/ethnoger/hispaniclatino.html

Japanese-American Elders
http://www.stanford.edu/group/ethnoger/japanese.html

National Asian Pacific Center on Aging
www.napca.org

National Caucus and Center on Black Aged, Inc.
www.ncba-blackaged.org

National Hispanic Council on Aging, Inc.
www.nhcoa.org

National Indian Council on Aging
www.nicoa.org

Native American/Alaska Native Elders
http://www.stanford.edu/group/ethnoger/americanindian.html

Native Hawaiian and Pacific Islander Elders

http://www.stanford.edu/group/ethnoger/nativehawaiian.html

Pioneer Network (Advocates for culture change in aging)

www.pioneernetwork.net

Working with Elderly Patients from Minority Groups

The University of Kansas School of Medicine – Wichita has a Web site on health care concerns for elders from such minority groups as African-Americans and Hispanics.

http://wichita.kumc.edu/fcm/interp/elders.html