"ADDRESSING CULTURAL COMPETENCE IN 21ST CENTURY HEALTHCARE ENVIRONMENTS"

INDIANA ASSOCIATION FOR CAREER AND TECHNICAL EDUCATION

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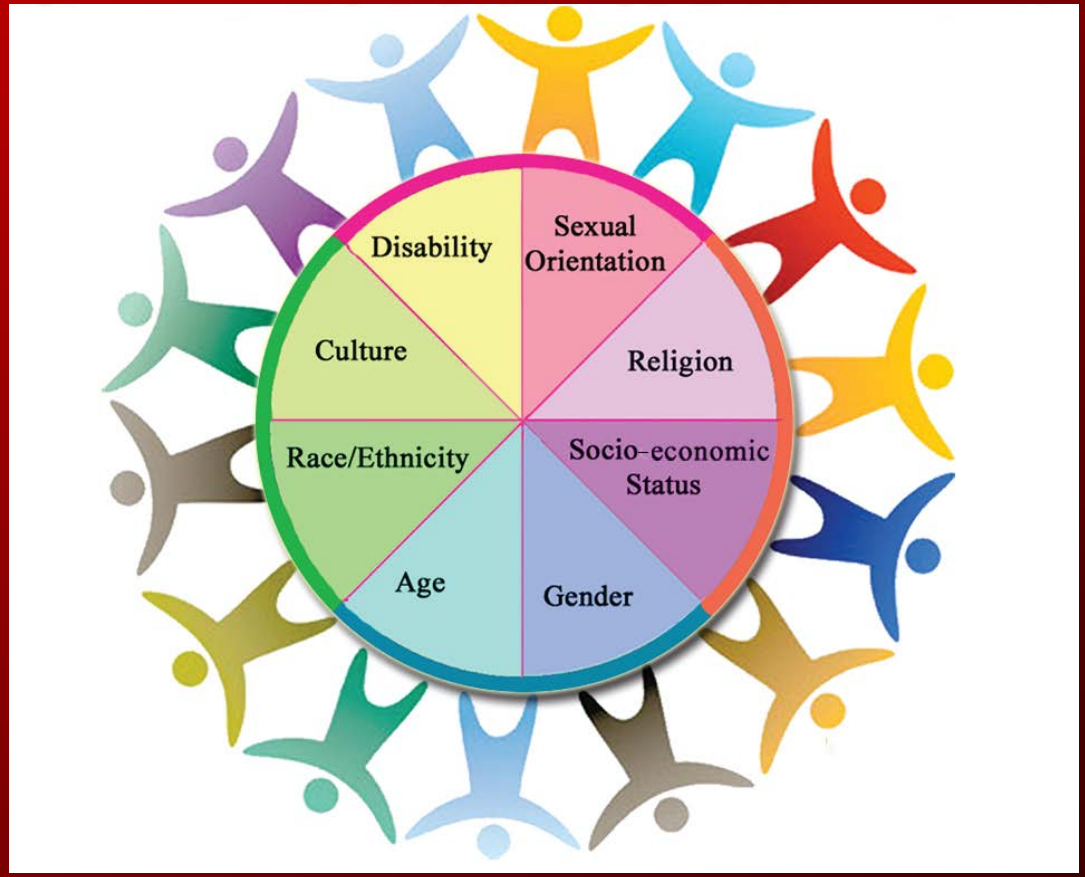
Objectives

1. Discuss cultural competence and the relationship to patient care in today's diverse health care environment
2. review culture competence related self-assessment tools
3. Discuss ways to incorporate cultural sensitivity in your practice

Question #1: Diversity

Does the word "Diversity" mean the same thing today as it did when you began your practice career?

DIVERSITY IN HEALTHCARE



DEFINITIONS

- RACE--A GROUP OF PERSONS RELATED BY COMMON DESCENT OR HEREDITY; A SOCIALLY CONSTRUCTED CATEGORY OF IDENTIFICATION BASED ON PHYSICAL CHARACTERISTICS, ANCESTRY, HISTORICAL AFFILIATION, OR SHARED CULTURE
- ETHNIC--OF OR RELATING TO LARGE GROUPS OF PEOPLE CLASSED ACCORDING TO COMMON RACIAL, NATIONAL, TRIBAL, RELIGIOUS, LINGUISTIC, OR CULTURAL ORIGIN OR BACKGROUND
- CULTURE--THE INTEGRATED PATTERN OF HUMAN KNOWLEDGE, BELIEF, AND BEHAVIOR THAT DEPENDS UPON THE CAPACITY FOR LEARNING AND TRANSMITTING KNOWLEDGE TO SUCCEEDING GENERATIONS; MAY INCLUDE THE CUSTOMARY VALUES AND BELIEFS, SOCIAL NORMS, AND MATERIAL TRAITS OF A RACIAL, RELIGIOUS, OR SOCIAL GROUP
- COMPETENCE--HAVING SUITABLE OR SUFFICIENT SKILL, KNOWLEDGE, EXPERIENCE, ETC., FOR SOME PURPOSE; PROPERLY QUALIFIED

DIVERSITY IN THE UNITED STATES-FACTS

According to the U.S. Census Bureau, individuals from ethnic and racial minority groups accounted for more than one third of the U.S. population (37%) in 2012

Questions #2: Cultural Competence

1. Are you "culturally competent"? How do you know? Why is it important to strive to be culturally competent?
2. Are you "culturally competent" enough to take care of someone whose cultural background is different from yours?

CULTURE CARE THEORY

DR. MADELINE LEININGER'S CULTURE CARE THEORY FOCUSES ON ACQUIRING KNOWLEDGE OF CARE AND CULTURE CONSTRUCTS AS THEY RELATE TO HEALTH, WELLNESS, DYING, OR DISABILITIES.

TRANSCULTURAL NURSING

"A SUBSTANTIVE AREA OF STUDY AND PRACTICE FOCUSED ON COMPARATIVE CULTURAL CARE (CARING) VALUES, BELIEFS AND PRACTICES OF INDIVIDUALS OR GROUPS OF SIMILAR OR DIFFERENT CULTURES. TRANSCULTURAL NURSING'S GOAL IS TO PROVIDE CULTURE SPECIFIC AND UNIVERSAL NURSING CARE PRACTICES FOR THE HEALTH AND WELL-BEING OF PEOPLE OR TO HELP THEM FACE UNFAVORABLE HUMAN CONDITIONS, ILLNESS OR DEATH IN CULTURALLY MEANINGFUL WAYS."

TRANSCULTURAL NURSING

CULTURAL CARE THEORY AIMS TO PROVIDE CULTURALLY CONGRUENT NURSING CARE THROUGH "COGNITIVELY BASED ASSISTIVE, SUPPORTIVE, FACILITATIVE, OR ENABLING ACTS OR DECISIONS THAT ARE MOSTLY TAILOR-MADE TO FIT WITH INDIVIDUAL'S, GROUP'S, OR INSTITUTION'S CULTURAL VALUES, BELIEFS, AND LIFESTYLES"

Culture Care Theory

Three action modalities or decision modes necessary for providing culturally congruent nursing care:

- Culture care preservation and/or maintenance
- Culture care accommodation and/or negotiation
- Culture care re-patterning and/or restructuring

PRESERVATION AND/OR MAINTENANCE

CULTURE CARE PRESERVATION AND/OR MAINTENANCE REFER TO THOSE ASSISTIVE, SUPPORTING, FACILITATIVE, OR ENABLING PROFESSIONAL ACTS OR DECISIONS THAT HELP CULTURES TO RETAIN, PRESERVE OR MAINTAIN BENEFICIAL CARE BELIEFS AND VALUES OR TO FACE HANDICAPS AND DEATH.

ACCOMMODATION AND/OR NEGOTIATION

CULTURE CARE ACCOMMODATION AND/OR NEGOTIATION REFER TO THOSE ASSISTIVE, ACCOMMODATING, FACILITATIVE, OR ENABLING CREATIVE PROVIDER CARE ACTIONS OR DECISIONS THAT HELP CULTURES ADAPT TO OR NEGOTIATE WITH OTHERS FOR CULTURALLY CONGRUENT, SAFE AND EFFECTIVE CARE FOR THEIR HEALTH, WELLBEING, OR TO DEAL WITH ILLNESS OR DYING.

RE-PATTERNING AND/OR RESTRUCTURING

CULTURE CARE RE-PATTERNING AND/OR RESTRUCTURING REFER TO THOSE ASSISTIVE, SUPPORTIVE, FACILITATIVE, OR ENABLING PROFESSIONAL ACTIONS AND MUTUAL DECISIONS THAT WOULD HELP PEOPLE TO REORDER, CHANGE, MODIFY OR RESTRUCTURE THEIR LIFESTYLE AND INSTITUTIONS FOR BETTER (OR MORE BENEFICIAL) HEALTH CARE PATTERNS, PRACTICES OR OUTCOMES.

Cultural competence definition

According to **Dr. Campinha-Bacote**, "Cultural competence is "the process in which the healthcare professional continually strives to achieve the ability and availability to effectively work within the cultural context of a client" (family, individual or community). It is a process of becoming culturally competent, ***NOT*** being culturally competent."

CULTURALLY CONSCIOUS MODEL OF CARE

5 CONSTRUCTS OF CULTURAL COMPETENCE

CULTURAL **AWARENESS**, CULTURAL **KNOWLEDGE**, CULTURAL **SKILL**, CULTURAL **ENCOUNTERS** AND CULTURAL **DESIRE**

CULTURAL AWARENESS

CULTURAL AWARENESS IS DEFINED AS THE PROCESS OF CONDUCTING A SELF-EXAMINATION OF ONE'S OWN BIASES TOWARDS OTHER CULTURES AND THE IN-DEPTH EXPLORATION OF ONE'S CULTURAL AND PROFESSIONAL BACKGROUND. CULTURAL AWARENESS ALSO INVOLVES BEING AWARE OF THE EXISTENCE OF DOCUMENTED RACISM AND OTHER "ISMS" IN HEALTHCARE DELIVERY

CULTURAL KNOWLEDGE

CULTURAL KNOWLEDGE IS DEFINED AS THE PROCESS IN WHICH THE HEALTHCARE PROFESSIONAL SEEKS AND OBTAINS A SOUND EDUCATIONAL BASE ABOUT CULTURALLY DIVERSE GROUPS.

CULTURAL SKILL

CULTURAL SKILL IS THE ABILITY TO CONDUCT A CULTURAL ASSESSMENT TO COLLECT RELEVANT CULTURAL DATA REGARDING THE CLIENT'S PRESENTING PROBLEM AS WELL AS ACCURATELY CONDUCTING A CULTURALLY-BASED PHYSICAL ASSESSMENT

CULTURAL ENCOUNTERS

CULTURAL ENCOUNTERS IS THE PROCESS WHICH ENCOURAGES THE HEALTHCARE PROFESSIONAL TO DIRECTLY ENGAGE IN FACE-TO-FACE CULTURAL INTERACTIONS AND OTHER TYPES OF ENCOUNTERS WITH CLIENTS FROM CULTURALLY DIVERSE BACKGROUNDS IN ORDER TO MODIFY EXISTING BELIEFS ABOUT A CULTURAL GROUP AND TO PREVENT POSSIBLE STEREOTYPING

CULTURAL DESIRE

CULTURAL DESIRE IS THE MOTIVATION OF THE HEALTHCARE PROFESSIONAL TO "WANT TO" ENGAGE IN THE PROCESS OF BECOMING CULTURALLY AWARE, CULTURALLY KNOWLEDGEABLE, AND CULTURALLY SKILLFUL.

SEEK CULTURAL ENCOUNTERS BECAUSE YOU WANT TO; NOT BECAUSE YOU "HAVE TO."

IT'S A JOURNEY….

IT IS ONLY THROUGH **CONTINUOUS CULTURAL ENCOUNTERS** THAT ONE ACQUIRES CULTURAL AWARENESS, CULTURAL KNOWLEDGE, CULTURAL SKILL AND CULTURAL DESIRE

FROM THIS PERSPECTIVE, CULTURAL COMPETENCE CAN BE VIEWED AS AN ONGOING JOURNEY OF UNREMITTING CULTURAL ENCOUNTERS

HAVE YOU A.S.K.E.D. THE RIGHT QUESTIONS?

A-AWARENESS-ARE YOU AWARE OF YOUR BIASES?
S-SENSITIVE-DO YOU KNOW HOW TO CONDUCT A CULTURAL ASSESSMENT, IN A SENSITIVE MANNER?
K-KNOW-DO YOU KNOW ABOUT DIFFERENT CULTURES AROUND THE WORLD?
E-ENCOUNTER-DO YOU HAVE SACRED ENCOUNTERS WITH PEOPLES FROM CULTURES DIFFERENT THAN YOUR OWN?
D-DO-YOU WANT TO BECOME CULTURALLY COMPETENT?

IMPLICIT ASSOCIATION TEST (IAT)

THE IMPLICIT ASSOCIATION TEST (IAT) IS INTENDED TO MEASURE INDIVIDUALS' ATTITUDES AND BELIEFS THAT MAY BE IMPLIED. INDIVIDUALS MAY BE UNAWARE OR UNWILLING TO RECOGNIZE FORMS OF EMBEDDED BIASES THAT MAY EXIST

HTTPS://IMPLICIT.HARVARD.EDU/IMPLICIT/DEMO/

THE PROVIDER'S GUIDE TO QUALITY AND CULTURE QUIZ

THIS QUIZ OFFERS HEALTHCARE PROFESSIONALS AN OPPORTUNITY TO SELF-ASSESS THEIR PREPAREDNESS FOR COMMUNICATING WITH PATIENTS AND FAMILIES WHO COME FROM DIFFERENT CULTURAL BACKGROUNDS.

HTTP://ERC.MSH.ORG/MAINPAGE.CFM

Which of the following statements is true?

A. People who speak the same language have the same culture.

B. The people living on the African continent share the main features of African culture.

C. Cultural background, diet, religious, and health practices, as well as language, can differ widely within a given country or part of a country.

D. An alert provider can usually predict a patient's health behaviors by knowing what country s/he comes from.

During a medical interview with a patient from a different cultural background, which is the least useful technique:

A. Asking questions about what the patient believes about her or his illness – what caused the illness, how severe it is, and what type of treatment is needed.

B. Gently explain which beliefs about the illness are not correct.

C. Explain the "Western" or "American" beliefs about the patient illness

D. Discuss differences in beliefs without being judgmental.

When taking a medical history from a patient with a limited ability to speak English, which of the following is least useful?

A. Ask questions that require the patient to give a simple "yes" or "no" answer, such as "Do you have trouble breathing?" or "Does you knee hurt?"

B. Encourage the patient to give a description of her/his medical situation, and beliefs about health and illness.

C. Ask the patient whether he or she would like to have a qualified interpreter for the medical visit.

D. Ask the patient questions such as "How has your condition changed over the past two days?" or "What makes your condition get better or worse?"

CULTURAL SENSITIVITY

WHAT WAYS CAN YOU INCORPORATE CULTURAL SENSITIVITY IN YOUR DAILY NURSING PRACTICE?

WHAT CAN YOU/WE DO?

EACH OF US HAS A RESPONSIBILITY TO DO OUR PART TO INCREASE OUR KNOWLEDGE ABOUT OTHER CULTURES

1. ASK QUESTIONS AND HAVE SAFE AND SENSITIVE DISCUSSIONS
2. READ, READ, READ ABOUT OTHER CULTURES
3. DON'T PRETEND THAT YOU KNOW EVERYTHING, NO ONE DOES
4. ENCOURAGE A MORE DIVERSE NURSING WORKFORCE

THANK YOU!

BELLTL@UINDY.EDU

ANY QUESTIONS?


DIVERSITY MATTERS

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