

# Introduction to Cultural Competency

# FACULTY

## **AUTHORS:**

Celina Makowski, DHA, MBA, CHCP

## **CONTENT REVIEWER:**

Patricia D. Moore, PhD, RN

# Defining Culture

Culture is defined as:

- the customary beliefs, social forms, and material traits of a racial, religious, or social group
- the characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time
- the set of shared attitudes, values, goals, and practices that characterizes an institution or organization
- the set of values, conventions, or social practices associated with a particular field, activity, or societal characteristic

# Defining Culture (continued)

Each Individual belongs to different cultural groups that may include:



Race  
Ethnicity  
Nationality  
Language  
Gender  
Socioeconomic status  
Physical and mental ability  
Sexual orientation  
Occupation  
Faith  
Disability  
Geography

# Cultural Competence

*Cultural competence is defined as group of behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.*

# Cultural Competence

*'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.*

# Cultural Competence

*'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.*

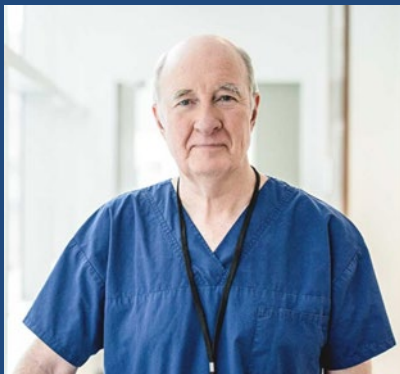
# Positive Outcomes Resulting from Cultural Competency





# Culture and the Healthcare Team

- Providers and other healthcare team members are also a part of a variety of cultural, ethnic, and professional backgrounds.
- Providers should make use of self-awareness and cultural competence to help build the trust and relationships needed to provide optimal care.



# Cultural Competency Barriers

## Beliefs

- Western vs Eastern medicine
- Technology
- Stereotypes

## Attitudes

- Approach to medicine
- Patriarch vs Collaborative Medical practice –patient compliance
- Behaviors
- EMR focus vs patient focus

## Medical jargon

- Time management
- Communication style

## Rituals


- Lack of social interaction with patient
- Lack of interaction with patient family

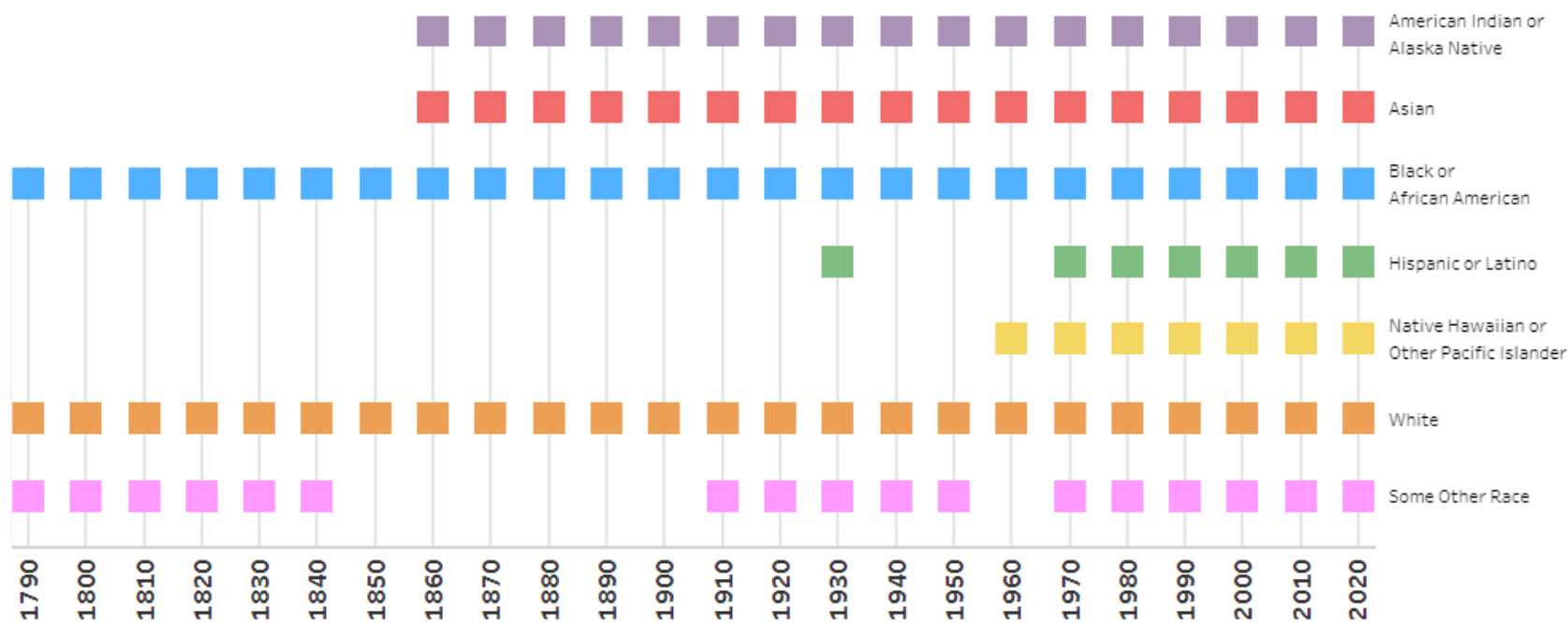
# UF Health St. Johns is part of a Global Environment



# People from all over the World live in the United States (U.S.)

## U.S. Decennial Census Measurement of Race and Ethnicity Across the Decades: 1790–2020

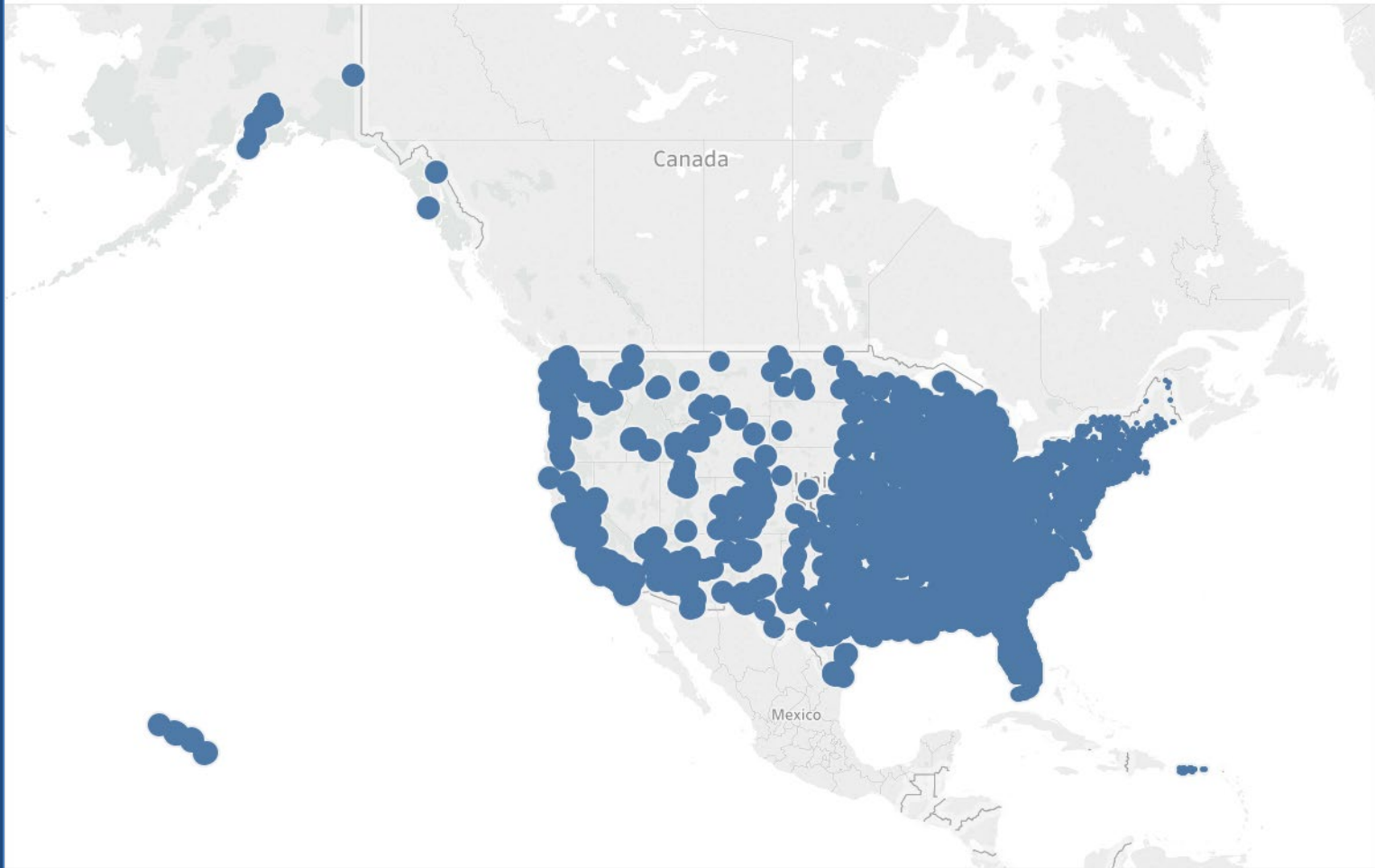
Mapped to U.S. Office of Management and Budget's 1997 Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity 



# Patients from around the country seek care at UF Health Flagler Hospital

(2013-2017)

Sheet 4



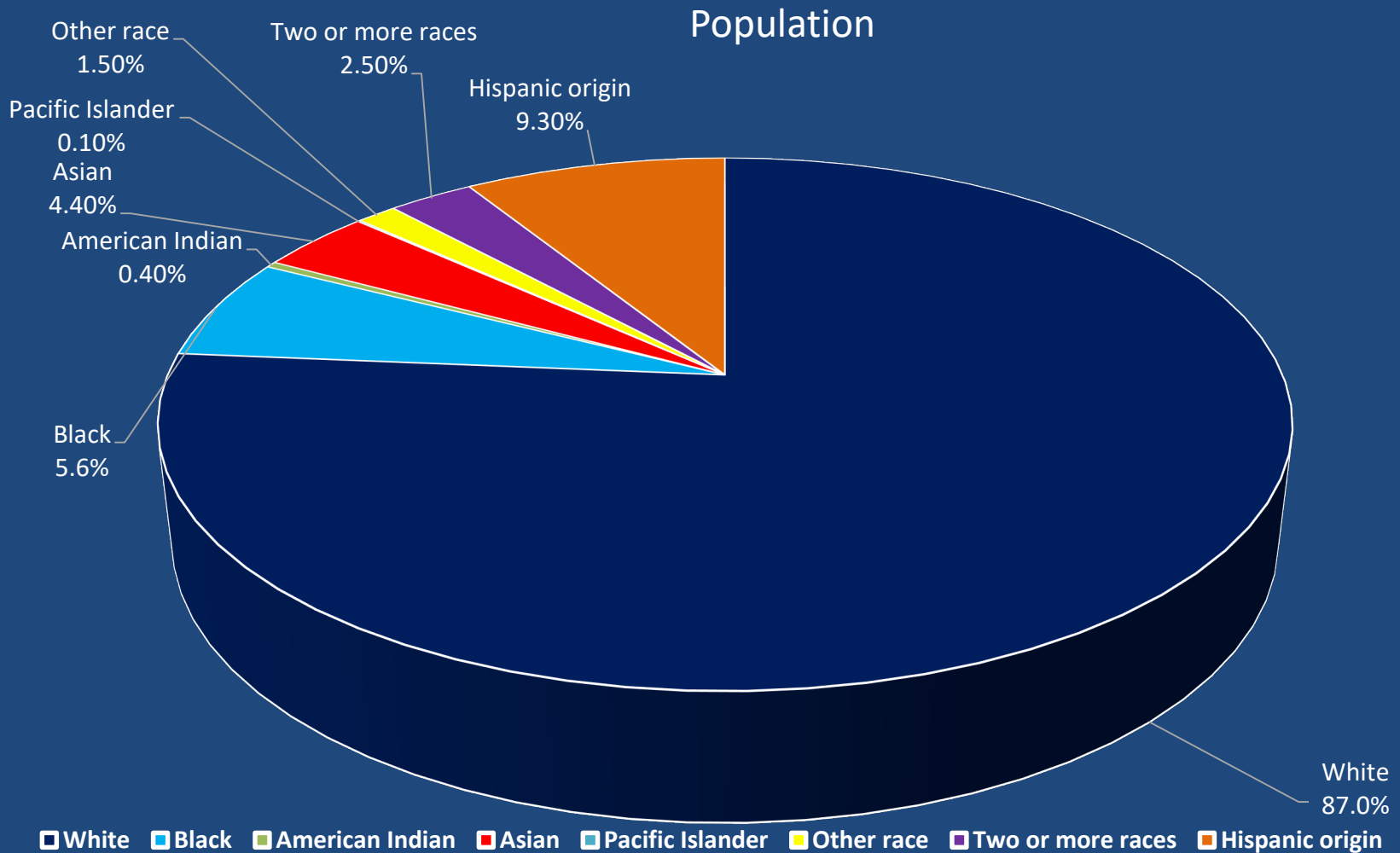
Map based on Longitude (generated) and Latitude (generated). Size shows details about Patient Zip Code. The data is filtered on Patient State and Discharge Date Time Year. The Patient State filter excludes Null. The Discharge Date Time Year filter keeps FY 2013, FY 2014, FY 2015, FY 2016 and FY 2017.

# St. Johns County Demographics

- St. Johns County is itself home to **320,110** people, **29,130.01 (9.1%)** of whom are foreign born



# St. Johns County Demographics (continued)



# Culture and Health

- Culture has significant impact on health, not necessarily limited to diet or other habits
- Culture extends into communication and interaction norms, and many other key components of care





# Culture and Health Infographic



# Components of Cultural Competency

- Cultural Humility
- Global Exposure
- Openness to New Cultures
- Active Learning
- Collaborative Attitude



Photo credit: <http://media.beam.usnews.com/0b/81/828f0f1e4a22aa583a5e8aec11f7/161012-waitingroom-stock.jpg>

# Cultural Humility

- Understanding how the history of an individual's own culture has influenced that individual's cultural perspective is the keystone to building cultural competency.
- Without an understanding of one's own cultural origins, it is very difficult to appreciate how culture influences perspective.

# Global Exposure and Openness to New Cultures

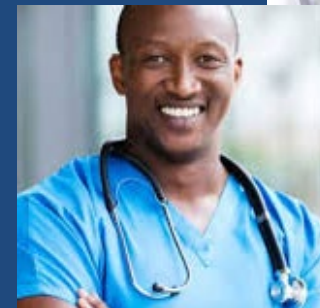
- Exposure and openness to new cultures allows individuals to appreciate the benefit and validity of diverse cultures.
- Experience with and receptivity to cultures outside of one's own are essential.
- Without this global exposure, understanding the variety of cultures present in the world will remain theoretical.

# Active Learning and Collaborative Attitude

- Actively seeking new experiences and information about diverse cultures builds cultural competency.
- Increased knowledge coupled with a collaborative attitude toward people from diverse cultures allows providers to rapidly and effectively build trust and effective relationships in the care setting with patients, families, and all members of the healthcare team.

# Providing Intercultural Care

- Patients and health professionals come from all over the world
- The many cultural perspectives they bring to the health care setting can be enriching
- If ignored or neglected, cultural differences can have a negative impact on care



# Case Study

- A Muslim patient complained that while staying in the hospital, the halal meals served lacked variety. Even though the patient's dietary needs were met nutritionally, a greater variety of halal meals could have been provided.

Accordingly, cultural competency can always be improved by further integrating culturally diverse diets into the hospital menu.



# Cultural Perspectives Applied in Medicine



Photo credit: [http://www.macleans.ca/wp-content/uploads/2015/11/DAILY\\_GULLI\\_POST01.jpg](http://www.macleans.ca/wp-content/uploads/2015/11/DAILY_GULLI_POST01.jpg)

- Culture influences the way each provider applies the art and science of medicine
- Providers' and patients' cultural perspectives both introduce subjectivity into the healing process and in combination, influence care outcomes.



# Case Study

- When weighing treatment options, a Jehovah's Witness patient states that under no circumstances are they to receive blood transfusions.
- Although blood transfusions are a medically sound practice, it is important for providers to respect the beliefs of Jehovah's Witnesses.
- Failure to comply with the aforementioned religious practice can result in physicians being sued for assault and battery.



# Cultural Perspectives on the Healing Process

All cultures have various perspectives regarding disease and healing

- For example:
  - Viewing preventative care as a low priority
  - Using only limited foods, places, or objects to treat symptoms
  - Viewing illness as punishment for which a patient must make amends in order to heal

# Case Study

- A woman from southeast Asia routinely missed prenatal care. Upon inquiry, she indicated that this was because she saw health care as purely curative, and therefore didn't schedule routine provider visits when she was well.
- It is critical to inform this patient regarding the importance of routinely visiting her obstetrician throughout a healthy pregnancy. This key information can be overlooked because of a provider's assumption that patients share a western perspective of care.



# Culture and Communication

- Differences in communication styles occur across cultures, and unless awareness of these differences is developed and applied by providers, communication breakdowns ensue, preventing effective collaboration between people.



Photo credit: <https://www.linkedin.com/pulse/cross-cultural-communication-business-manufacturing-sami-bandara>

# Verbal Communication Factors

Verbal Communication is effected by many factors

- Language Fluency
- Familiarity with medical language
- Accents/regional dialects
- Speech/hearing impediments



# Cultural Verbal Customs

Even when linguistic understanding is present, cultural influence over verbal customs varies widely.

- Western culture favors direct, unadorned usage of language
- Other cultures favor an indirect approach, in that patients from these cultures may need more time and questioning to ensure that providers obtain the most accurate information
  - For Example, assessing pain levels or sexual history may require more sensitivity to verbal customs of a particular culture

# Nonverbal Communication Factors

Nonverbal Communication has significant impact on the message being conveyed, often more than actual words used.

## Components of Nonverbal Communication:

- Tone
- Volume
- Speed of speech
- Eye contact
- Body language/gestures



# Nonverbal Communication Video

**Click Link:**

**[https://www.youtube.com/watch?v=vpPX70V\\_zlY](https://www.youtube.com/watch?v=vpPX70V_zlY)**

**\* If link is not working, copy and past address into separate window browser.**



# Health Literacy Barriers to Communication

**Definition:** “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”<sup>1</sup>



1. National Library of Medicine. (n.d.) Health Literacy. Retrieved from <https://nnlm.gov/priorities/topics/health-literacy>

# Health Literacy Barriers to Communication

(continued)

Health literacy communication barriers result in <sup>1</sup>:

- Medical and drug nonadherence
- Increased utilization of healthcare services
- Increased potential for error through miscommunication
  - Incorrect prescription label language
  - Increased miscommunication/misinterpretation of prescription or other directions
  - Incorrect or misinterpreted discharge instructions

1. Davis, T. et al. (2006). Literacy and misunderstanding prescription drug labels. *Annals of Internal Medicine*. PMID 17135578

# Health Literacy Research

## Study Question to Patients:

395 primary care patients in 3 states were asked “how would you take this medicine?”



## Results:

- **\*46.3%** of patients misunderstood  $\geq 1$  prescription labels
- **\*38%** with adequate literacy missed at least 1 label

# Culture and Physical Interaction

Cultures have different rules about physical interaction.

When a provider needs to touch a patient during an exam, the purpose and procedure of the exam should be explained and patient consent obtained before performing the exam.

## Examples:

- In Middle Eastern and Orthodox Jewish cultures, touching between members of the opposite sex is to be avoided.
- In French and Italian cultures, people continually touch as they talk, while in the British culture people prefer not to touch as they talk.

# Case Study

A woman accompanied by her husband declines to be examined by a male doctor. Her husband explains that it would be inappropriate for her to be seen by an unrelated man, and requests a female physician.



Photo Credit: wordpress.com

# Culture and Hand Gestures

Hand gestures are often used to express feelings.

When providers communicate with people of different cultures, they should minimize use of hand gestures.

A positive gesture in one culture could be considered a negative, offensive gesture in a different culture. For example:

- The thumbs up sign has a negative meaning in parts of West Africa, Iran, Greece, Russia, and Sardinia.
- Pointing, in most cultures should be used only for indicating objects, never for indicating persons

# Culture and Eye Contact

The eyes are an integral part of facial expressions, especially when observing or conveying non-verbal information. However there is cultural variation, for example:

- In the U.S. and European cultures eye contact is a sign of attentiveness, honesty, confidence, and respect for the other person.
- In contrast, most Native American, Latin, Asian and African cultures consider eye contact impertinent, confrontational and aggressive.

# Hearing Impaired Individuals

Hearing impaired individuals, as a culture, have their own preferred method(s) of communication, including:

- Lip-reading (speech reading)
- SimCom (Simultaneous Communication)
- Sign Language
- Finger Spelling
- Cued Speech
- Writing/typing

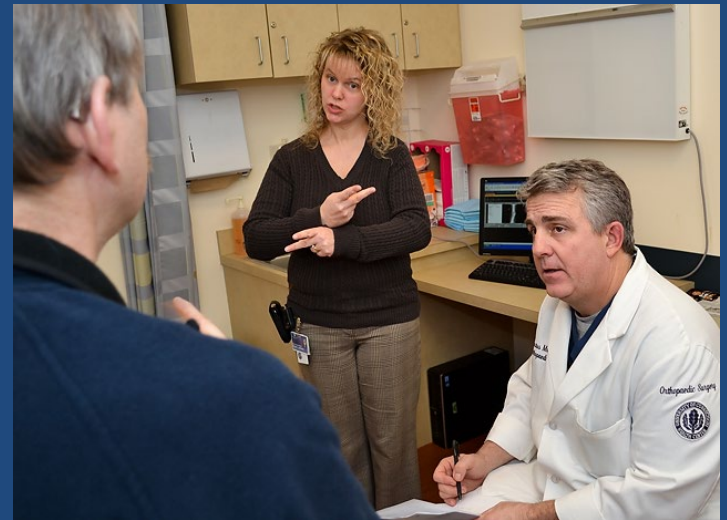


Photo credit: [http://uconn-today.universityofconn.netdna-cdn.com/wp-content/uploads/2012/02/20120224\\_0699.jpg](http://uconn-today.universityofconn.netdna-cdn.com/wp-content/uploads/2012/02/20120224_0699.jpg)



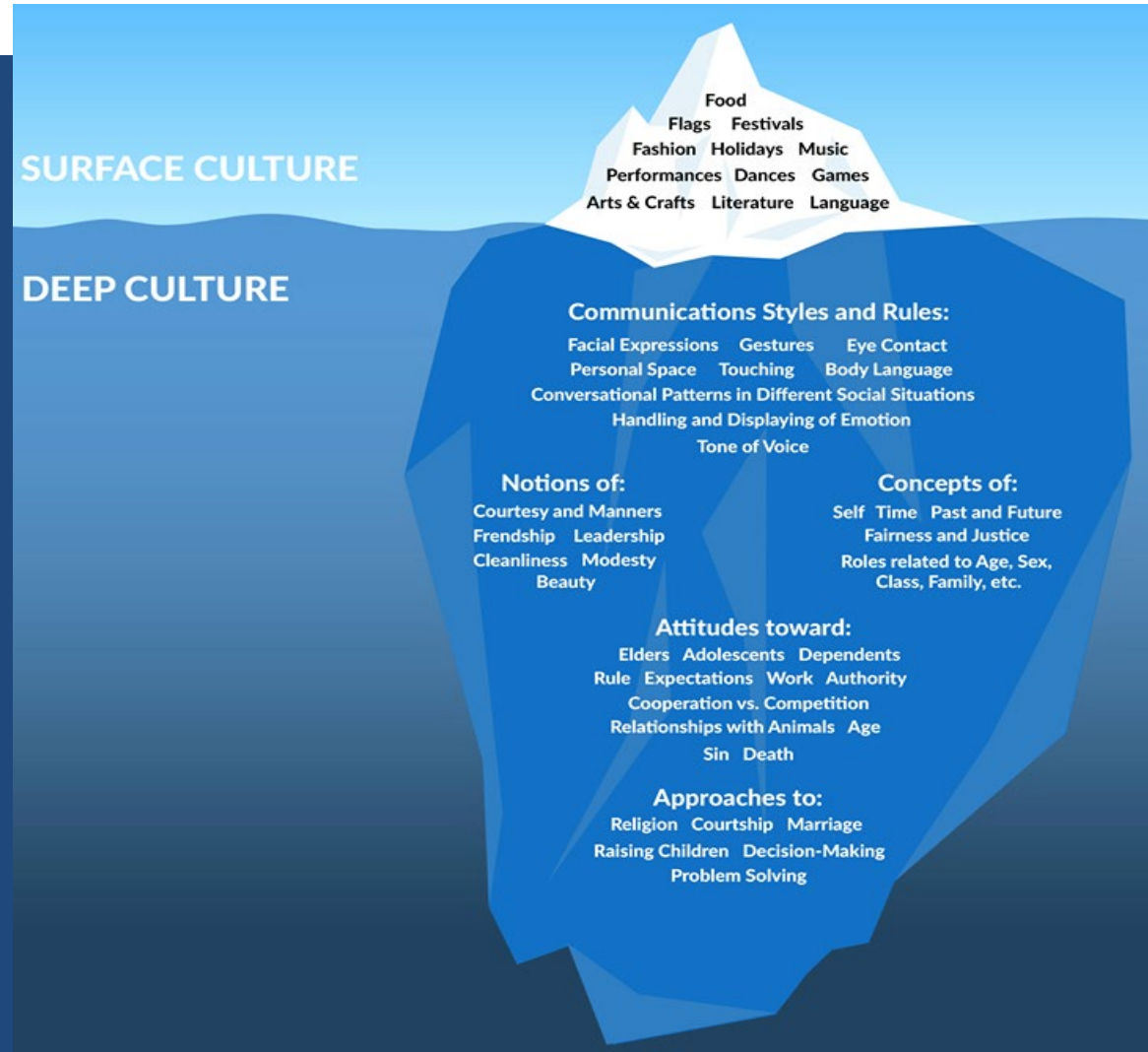
# Hearing Impaired Patients (continued)

## Key Strategies for effective cultural communication:

- Physically enter the patient's room and get visual recognition before starting to communicate
- Do not obscure your mouth with your hands.
- Do not chew while talking.
- Look at patient, not interpreter while speaking. Remember facial expressions are important clues to feelings.
- Do not become impatient, remain positive and relaxed.
- Ask what can be done to enhance communication.

# Understanding Individuals and Culture

When forging a new relationship, particularly with people from an outside culture, it is important to understand the many layers that make individuals who they are.



# Culture and Health Care Practice

The surest way to be culturally competent with patients is by starting a respectful dialogue. Asking questions about patients' cultural practices helps build trust by showing genuine interest and care for patients' unique cultural perspectives

# Avoiding Cultural Stereotypes

Definition of stereotype:

“to believe unfairly that all people or things with a particular characteristic are the same”<sup>1</sup>

Membership in a particular group usually influences individuals' choices, stereotyping is never appropriate or helpful; therefore, it is important to consider culture and individuality when interacting with someone new <sup>2</sup>

1. Merriam-Webster Learner's Dictionary. (n.d.). Stereotype. Retrieved from <http://www.learnersdictionary.com/definition/stereotype>

2. Ball, J.W., Dains, J.E., Flynn, J.A., Solomon, B.S., Stewart, R.W. (2015). Cultural competency. In *Seidel's Guide to Physical Examination*, Eighth Edition (2). Retrieved from [www.ClinicalKey.com](http://www.ClinicalKey.com)

# Case Study

A Hispanic stroke patient was very demanding with the nursing staff, and refused to perform independent tasks. The providers and staff discussed the importance of performing independent tasks in regaining strength and coordination with the patient and family.

However, it is critical that they incorporate the Hispanic cultural belief that family or friends should take care of the sick into their care plan.



# Cultural Competency Opportunities in First Line of Care Practice Areas

For example,

Many marginalized groups (the poor, illegal immigrants, etc.) use the ED because their options for primary care may be limited through lack of resources, or lack of understanding of how the health care system works.

ED physicians are in a key position to provide culturally sensitive care and information.



photo credit: New York Times, June, 2016

# Culture and Federal Policy

## Nondiscrimination in Health Programs and Activities:

- Section 1557 of the Affordable Care Act (2010) went into effect on July 18, 2016.
- This section requires health care facilities to provide free, accurate, timely, and private interpreting service to Limited English Proficiency patients.

# Culture and Hospital Policy

In keeping with the cultural diversity of the patient population, please refer to:

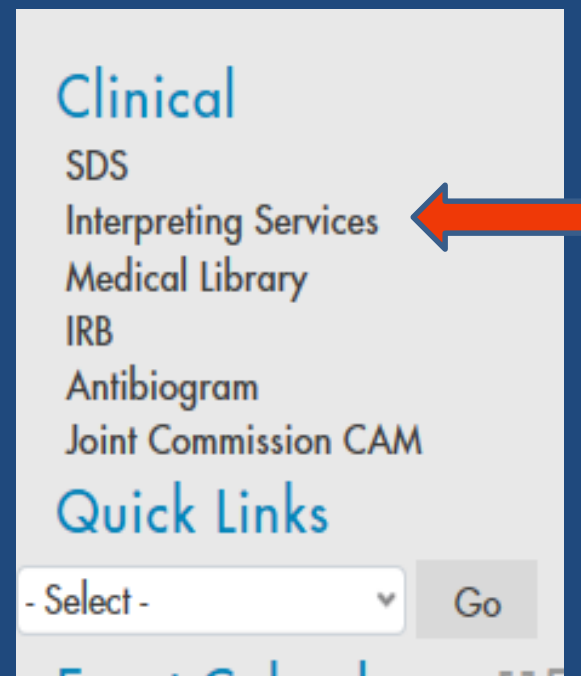
- UF Health Flagler Health Policy # E-QM: Language Interpreting Services: Patient-centered Communication
- UF Health Flagler Health Policy # E-QM: Non-Discrimination



# Culture and Hospital Policy

When necessary, only officially designated interpreters must be used in any situation where there are language barriers to ensure clear and effective communication. Family members may not be asked to interpret.

Accessing UF Health Flagler Hospital  
Interpretive Services:  
UF Health Flagler Hospital Intranet Portal->  
Clinical Links header-> Interpreting Services



# For Further In depth Cultural Competency Provider Training

## Refer to:

- U.S. Department of Health & Human Services, Office of Minority Health, Think Cultural Health
- A Physicians' Practical Guide to Cultural Competent Care (*AMA PRA Category 1 Credits* <sup>TM</sup> accredited)
- Link: <https://cccm.thinkculturalhealth.hhs.gov/>