BATES COUNTY MEMORIAL HOSPITAL
Butler, Missouri

TRAINING MODULE: CULTURAL COMPETENCE IN THE WORKPLACE

Cultural competence in healthcare is the ability to interact successfully with patients from various ethnic and/or cultural groups. This involves understanding and respecting each patient's cultural identity; effective cross-cultural communication, including the availability of health-related language resources; and the ability of both the healthcare provider and the patient to access additional cultural support services when needed. In other words, it is the ability of healthcare providers and healthcare organizations to understand and respond effectively to the cultural and language needs brought by the patient to the healthcare encounter.

- Culture is a learned, patterned behavioral response gained over time. It includes beliefs, attitudes, values, customs, norms, taboos, arts and life ways accepted by a community of people.
- Cultural awareness is being conscious and understanding one's own thoughts, feelings and sensations, as well as the ability to reflect on how these can affect one's interactions with others.
- It is not required to agree with everyone's cultural practices, but as a healthcare provider you are expected to treat people with respect and utilize understanding in your treatment methods.
- When treatment is given without consideration of cultural differences cultural imposition can occur and the patient response to treatment and their outcomes may be affected.
- Cultural sensitivity is experienced when language and actions reflect sensitivity and appreciation for the diversity of others.

BECOMING CULTURALLY COMPETENT

In 2001, The Office of Minority Health, a division of the United States Department of Health and Human Services, published a set of national standards for Culturally and Linguistically Appropriate Services, otherwise known as the CLAS standards. CLAS Standard 1 states that healthcare organizations should ensure that patients receive from all staff effective, understandable, and respectful care that is provided in a manner well-matched with their cultural health beliefs, practices, and preferred language. To meet this standard, there are various methods and models that can be used, such as a cultural assessment. Every patient has values, beliefs and practices that must be considered when providing healthcare services; therefore, cultural assessments should not be limited to specific ethnic groups, but rather carried out with each patient. No individual can know all cultures, but having a basic knowledge of the various cultural or folk beliefs is beneficial as these rituals and beliefs may influence the patients' health. It may also be beneficial to develop relationships with individuals who can serve as cultural references, people whom you can question about the culture and verify your perceptions or you may wish to attend cultural events in your community.

UNDERSTANDING CULTURAL VIEWS AND PRACTICES

There are many different cultural views and practices. As mentioned previously no one can know all cultures, but having a basic knowledge will help you interact successfully with patients from various ethnic and/or cultural groups.

- Cultures are often set apart by how closely they follow a schedule or value time. Individuals in "clock-time" cultures may stress punctuality.
- Some cultures, including American Indian and Hispanic, are more event-oriented and may put emphasis on the completion of one event (no matter how long it takes) before beginning another. Issues can arise when patients from event-oriented cultures do not stick to appointment schedules or respond vaguely when asked questions about events where things unfold over a specific and timed sequence.
- Cultural differences can be found in the use of personal space.
- Asians prefer a greater conversational distance than Americans, who, in turn, may feel uncomfortable with the closeness of individuals from other cultures. This may affect the comfort level of an individual when talking with healthcare providers in treatment settings.

- Gender roles vary greatly across cultures and influence access to education, ownership, and choice of profession. In many cultures, it is the male who makes decisions for a female.
- For individuals from certain Middle Eastern countries, gender roles may even affect whether a woman can receive treatment without a male family member being present. These gender roles also can affect the degree to which a woman's body can be exposed during a clinical examination.
- Cultural differences can be found in the view of the relationship of man to nature and human beings to other human beings, the importance of ancestors and the environment, and the degree of materialism. To a Hispanic patient family relationships are vital, authority figures (parents, elders, priests) should be treated with respect, and a personal interest in relationships is desired.

The importance of work also varies with culture. Americans are defined by their work. People in many other cultures are defined by the groups to which they belong and their role in the community. This should be considered when creating treatment goals or functional activities and addressing the impact of loss of work.

CULTURAL PRACTICES AND HEALTHCARE

Cultural imposition can lead to mistrust and misunderstandings between healthcare providers and their patients. The healthcare provider must understand and respond effectively to the cultural needs brought by the patient to the healthcare encounter.

- Many people use folk medicine or a combination of modern medicine and folk medicine for some or all illnesses. Treatments or medicines that are considered folk medicine or herbals in the United States are part of standard care in other countries. Asking a patient if they use unusual herbs may result in a negative response when in fact they are using herbals.
- The patient does not see this as unusual and will respond as so. Asking a patient if they use treatments that have to be purchased from a healer or are hard to find in local stores may result in a more accurate response. The experience of birth and death involve rituals in every culture.
- In the Arab American culture preventative health practices are uncommon. As a result, many women do not receive adequate prenatal care.
- In Orthodox Jewish culture the husband is typically not present in the room with his laboring wife because she is considered "unclean" at this time. Similarly, in Arab cultures, the husband's mother or sister usually accompanies the laboring woman, not her husband.
- And Hispanic and Asian women typically prefer that their mothers attend to them in labor. The end-of-life process is a significant area for cultural differences as well. Some patients believe that suffering and death are a natural part of the process while others may believe in prayer and shy away from any discussion or formal acceptance of death.
- Diet and nutrition provide another opportunity for encompassing different cultural views and beliefs. Asian and Hispanic cultures practice a system of cold/hot body balance.
- Hot conditions include pregnancy and high blood pressure, and cold conditions include pneumonia and menstrual cramps. Hot conditions are treated with cold therapy and cold conditions are treated with hot therapy. These cultures believe the body is out of balance and do not want to worsen the condition. It is important to assess culturally diverse diets to ensure that patients receive adequate nutrition. Pregnant women from hot/cold-balance cultures may refuse to take vitamins and iron supplements because they are viewed as hot. Suggesting foods that are rich in protein and not considered hot or taking the vitamins with a cold drink to balance the hot and cold may improve the patient outcome.
- Cultures also differ in the ways disabilities are viewed. In many cultures, it is believed illness occurs when an individual is out of harmony with nature or the universe.
- Native Americans may view individuals with disabilities as special, or as Images of the Holy People, or as bewitched. Among certain Native American people, a person who suffers a stroke is thought to have been "hit by the wind".
- The Asian healing practices of cupping and coining may leave red marks on the patient's skin and are at times mistaken as signs of abuse. Coining involves rubbing coins on the affected area and cupping entails placing a heated glass jar directly on the patient's skin.
- Healthcare providers must avoid assessing these practices as abuse and instead include these in the patient's plan of care.

Communication

Communication is the product of a verbal code and non-verbal acts. Culturally competent healthcare providers are aware of both the verbal and nonverbal part of the communication exchange.

- Eye contact varies among cultures. In American and European cultures, it is a sign of respect. However, in Asian and Muslim cultures, it may be a sign of disrespect. There may also be gender differences with regard to eye contact.
- In America, the gesture of shaking hands upon greeting is considered the norm when doing a person-to-person introduction. In fact in America, to refuse a handshake is considered very rude. In Saudi Arabia, you can shake a man's hand after meeting him but you cannot shake a woman's hand at all in greeting.
- Under the Sharia Laws, it is immoral for a woman to greet any man in public other than her husband. The "thumbs up" sign in America means things are good, but in Islamic and Asian countries, it is considered an insult.
- Touching is embraced by the American and Hispanic populations but may be unacceptable in the Asian, Muslim and Orthodox Jewish populations.
- The Asian culture values silence, as it allows for reflection and more careful thinking.
- Among Native American children, silence in response to a question may be a sign of respect rather than an inability to answer the question.
- Americans like to talk and tend to be uncomfortable when there is a gap of silence in the conversation. Patients may speak English as their second language and therefore information should be given through a qualified interpreter or translated written information. For patients who are blind, Braille may be used. For patients with limited or no vision, oral methods can be used.
- For patients who have difficulty reading, videos or pictures can be used to assist them in understanding the information.

Tips to improve communication

- Ask the patient how they would like to be addressed. Many older people expect to be addressed formally.
- Ask the patient their preferred language and arrange for an interpreter if needed. Inform patients of their rights in a language they can understand.
- Modify the consent process to meet the patient needs.
- For hearing impaired patients, remove background noise and speak slower.
- Modify your speech pattern to match up with the patients.
- Don't be offended if the patient interrupts frequently, this is customary in many cultures.
- Allow the patient time to express their thoughts and concerns. Many cultures answer questions in a narrative method and do not respond well to questions and answers.
- Never force a patient to make eye contact with you, sitting next to them may help the conversation.
- Follow your patient's lead on physical touching and distance. Ask permission before touching a patient.
- Avoid gestures.
- Do not base a patient's feelings on facial expression. Many cultures do not allow expression of pain or other emotions.
- Ask open-ended questions that require more than a "yes" or "no" answer. If you ask a patient, "do you understand?" most will answer "yes" regardless of culture.
- Ask the patient to repeat back their understanding of the information.
- Document the patient's language needs in the medical record and inform others during report.
- Use video and audio media or offer to read out loud for patients with poor reading skills.
- Have brochures and healthcare information available in multiple languages to ensure that patients leave with written information that they can refer to in the future.

Meeting the Standards for Language Assistance Resources

Four of the CLAS Standards are requirements that must be met for organizations receiving federal funding, such as Medicare and Medicaid, involve methods to ensure clear communication with their patients. They are as follows: Standard 5: Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient with limited English proficiency. These services should be provided at all points of contact and in a timely manner during all hours of operation. Standard 6: Health care organizations must provide to patients in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Health care organizations must assure the competence of language assistance provided to limited English proficient patients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient).

Health care organizations must make available easily understood patient related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Tips when using interpreter services

- Speak directly to the patient rather than via the interpreter.
- Be precise and try not to string questions together.
- Avoid using medical jargon or slang.
- If dealing with a highly technical situation consider scheduling a longer appointment or pre-session.
- Make arrangements in advance so an interpreter can be in place at the time of the healthcare encounter.
- Use an American Sign Language interpreter for the hearing impaired.
- Use health information available in Braille for the visually impaired.