

Cultural Competence in the Workplace

Lesson 1: Objectives

At the completion of this course you will be able to:

- ❖ Define culture, cultural awareness, cultural imposition, cultural sensitivity, and cultural competence;
- ❖ Describe the Culturally and Linguistically Appropriate Services (CLAS) Standards;
- ❖ Provide examples of different cultural views and practices;
- ❖ Describe methods to provide effective care to individuals from various cultural backgrounds;
- ❖ Identify methods to improve communication across language barriers; and
- ❖ Recognize the benefits of a culturally competent workplace.

Introduction

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 understanding one's values and attitudes as well as the ability to reflect on how these can affect one's interactions with others. Without cultural awareness you may force your values and patterns of behavior onto another individual, referred to as *cultural imposition*. *Cultural sensitivity* is experienced when language and actions reflect sensitivity and appreciation for the diversity of others. It simply means that you are aware that people are not all the same and that you recognize that your culture is no better than any other culture. *Cultural competence* in healthcare is defined as the ability of providers and organizations to effectively deliver health care services that meet social, cultural, and language needs to those in their care. A culturally competent organization can help improve health outcomes and quality of care and contribute to the elimination of racial and ethnic health inequalities.

Lesson 2: Becoming Culturally Competent

A set of national standards for Culturally and Linguistically Appropriate Services in Health and Health Care, otherwise known as the CLAS Standards, were issued by the U.S. Department of Health and Human Services' Office of Minority Health. The CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and healthcare organizations.

Standard 1 states that healthcare organizations must provide effective, fair, and impartial, understandable, and respectful quality care and services that are responsive

to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Standard 1 is the Principal Standard because the aim in applying the remaining Standards is to achieve Standard 1.

Quiz Question:

Drag and drop the words to their places.

The Culturally and Linguistically Appropriate Services Standards are intended to advance ***health equity**, improve ***quality**, and help eliminate ***health care disparities** by establishing a blueprint for health and healthcare organizations.

Lesson 3: Understanding Cultural Views and Practices

There are many different cultural views and practices. No one can know all cultures but having a basic knowledge can help you interact successfully with individuals from various groups.

Attitudes to time can differ between different cultures in significant ways. For example, being late for an appointment is the accepted norm in most Mediterranean and Arab countries. Such habits, though, are undesired in punctuality-conscious US, Japan, England, and Switzerland. In these countries time is scheduled, arranged and managed. Individuals from Latin America, Africa, Asia and Arab cultures have a much less formal perception of time and are not ruled by precise calendars and schedules. Even within a country, different sub-cultures may regard time differently. In the US, Mexican Americans differentiate between “hora inglesa” (the actual time on the clock) and “hora Mexicana” (which treats time considerably more casually) and Native Americans often distinguish between “Indian time” and regular time.

Cultural differences can be found in the use of personal space. Individuals from Northern Europe, the US, and Asia prefer to stand farther apart and touch less than individuals from South America, the Middle East, and Southern Europe.

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. Gender roles may even affect whether a woman can receive treatment without a male family member being present or 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. Hispanic cultures view family relationships as vital, treat authority figures (such as parents, elders, and priests) with upmost respect, and desire a personal interest in relationships.

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.

Quiz Question:

Select the correct statements regarding cultural views and practices. (Select all that apply)

Cultural differences can be found in...

- a. ***the use of personal space.**
- b. ***gender roles.**
- c. ***the value of time.**
- d. ***the relationship of man to nature.**
- e. ***the view of human beings to other human beings.**
- f. ***the importance of ancestors and the environment.**
- g. ***the degree of materialism.**
- h. ***the importance of work.**

Lesson 4: Cultural Practices and Healthcare

The influence of culture on health is limitless. It affects perceptions of health, illness and death, beliefs about causes of disease, approaches to health promotion, how illness and pain are experienced and expressed, where individuals seek help, and the types of treatment preferred. The healthcare provider must understand and respond effectively to the cultural needs brought by the individual to the healthcare encounter.

Persons with chronic diseases who believe in fatalism (or predetermined fate) often do not follow treatment plans because they believe that medical intervention cannot affect their outcomes. Worldviews and religious beliefs also affect how individuals view the connection to disease. Some see illness as having not only physical but also spiritual causes.

Folk medicine is the treatment of disease or injury based on tradition rather than on modern scientific practice and often uses native plants as remedies. Treatments or medicines that are considered folk medicine in the US are part of standard care in other countries. Root medicine is an African healing tradition common in the southern US in which healers or “root doctors” use spells to lift curses and heal the mind and body. Witchcraft and “fixing” (such as, casting spells to cause illness) are widely accepted but seldom discussed openly. Some Asian therapies, such as coining and cupping, may cause bruises and acupuncture is sometimes combined with smoldering herbs which may cause scars. Mongolian spots, common in Asian, Hispanic, and black infants,

resemble bruises and must not be mistaken with abuse. Religious faith and prayer remain powerful influences within the black Christian community. Religious healing is often the first resort for devout black Christians, and church involvement is associated with improved health and social well-being. Asian and Hispanic cultures believe that a “hot-cold” balance is necessary for health. In both cultures, hot conditions should be managed with cold therapies and vice versa, and any hot-cold imbalance is thought to promote disease.

The experience of birth and death involve rituals in every culture. The strong modesty norms of Muslims make issues that are related to reproductive health embarrassing. Most Dutch, German and Japanese women strive to give birth without the use of painkillers. In Orthodox Jewish culture the husband is typically not present in the room with his laboring wife because she is considered “unclean” at that time. The end-of-life process is a significant area for cultural differences. Some people 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. It is important to assess culturally diverse diets to ensure adequate nutrition.

Different cultures have different views of the causes of developmental disabilities. Traditional Confucian beliefs see the birth of a child with a developmental disability as a punishment for parental violations of traditional teachings. Individuals from South-East Asian cultures may believe that disabilities are caused by “mistakes” made by parents or ancestors. In other cultures, the will of God or Allah, karma, evil spirits, black magic or punishment for sins may be seen as causes of disability.

Quiz Question:

Select the correct statements regarding cultural practices and healthcare. (Select all that apply)

Cultural differences can be found in...

- a. ***birth rituals.**
- b. ***death rituals.**
- c. ***diet and nutrition.**
- d. ***the perception of health.**
- e. ***views related to the causes of developmental disabilities.**

Lesson 5: 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 US and European cultures, it is a sign of respect; however, in Asian and Muslim cultures, it may be a sign of disrespect. There are also gender differences regarding eye contact.

In the US, the gesture of shaking hands upon greeting is considered the norm. In fact, in America, to refuse a handshake is considered very rude. Pious Muslim men may not shake hands with women and Pious Muslim women do not shake the hands or touch men who are not in their families. The "thumbs up" sign in the US means things are good, but in Slovakia, China, East Asia, Malaysia, Singapore, the Philippines, and many other parts of the world it is a rude gesture.

Many Asians are comfortable with a minute or two of silence and consider it polite to pause for a few seconds before answering a question to show that you have reflected upon the question and your response. In contrast to this are many Western countries where silence is viewed as a void that must be filled.

Tips to improve communication:

- Ask the individual how they would like to be addressed.
- Ask them their preferred language and arrange for an interpreter or provide printed/multimedia materials in that language.
- Offer materials in Braille or read out loud to individuals with limited or no vision.
- Use video/audio media or offer to read out loud for individuals with poor reading skills.
- Speak slowly and avoid slang. Modify your pace, speak clearly and pronounce your words properly. Break your sentences into short, definable sections and give your listener time to digest your words as you go.
- Practice active listening. Restate or summarize what the other person has said to ensure that you have understood them correctly.
- Take turns to talk and ask open-ended questions.
- Be careful with humor and avoid gestures.
- Document the individual's needs and inform others as appropriate.

Quiz Question:

Select the correct statements regarding communication. (Select all that apply)

Cultural differences can be found in the use of...

- a. *eye contact.**
- b. *gestures.**

c. ***silence.**

Lesson 6: Meeting the Standards for Language Assistance Resources

Healthcare organizations that receive federal financial assistance must provide services consistent with Standards 5 through 8. Failure to do so can result in a violation of Title VI of the Civil Rights Act of 1964. These Standards include:

Standard 5: Healthcare organizations must offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Standard 6: Healthcare organizations must inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Standard 7: Healthcare organizations must ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Standard 8: Healthcare organizations must provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Tips when using interpreter services:

- Speak directly to the person in your care, not the interpreter.
- Be precise and try not to string questions together.
- Speak clearly and in a normal tone.
- Avoid using medical jargon or slang.
- If dealing with a highly technical situation, consider scheduling a longer appointment or pre-session.
- Make arrangements so the interpreter can be in place at the time of the health care encounter.
- Use an American Sign Language interpreter for the hearing impaired.

Quiz Question:

Select the best practices for using interpreter services: (Select all that apply)

- a. Speak directly to the interpreter.
- b. *Be precise.**
- c. Speak loudly.
- d. *Avoid using medical jargon.**

- e. ***If dealing with a highly technical situation, consider scheduling a longer appointment or pre-session.**
- f. ***Make arrangements so the interpreter can be in place at the time of the health care encounter.**
- g. Use a member of the individual's family to interpret for the hearing impaired.

Lesson 7: Diversity in the Workplace

An organization that truly embraces and practices cultural awareness applies these principles to their employees as well as individuals in their care. Discrimination against employees must not be tolerated. Hiring, firing, compensating and promoting should be based on merit and achievements, not on culture, race, sex or religion.

Standards 2, 3 and 4 address the need to recruit, promote, and support a diverse staff, promote CLAS and health equity, and ensure ongoing education and training.

Standards 9, 10, 12, and 13 encourages the organization to establish culturally and linguistically appropriate goals, policies and management accountability, and to infuse these into the organization's planning and operations, conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities, conduct regular assessments of community health assets and needs and use the data to plan and implement services, and partner with the community to design, implement, and evaluate policies, practice, and services to ensure appropriateness.

Standard 11 encourages the healthcare organization collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Standards 14 and 15 address conflict and grievance resolution processes that are culturally and linguistically appropriate and communication of the organization's progress in CLAS.

Lesson 8: Conclusion

(NOTE: You may wish to display the contact information for the appropriate personnel within your organization.)

Building culturally competent healthcare organizations means changing how people think about other cultures, how they communicate, and how they operate. It means that the structure, leadership, and activities of an organization must reflect many values, perspectives, styles, and priorities. It emphasizes the advantages of cultural diversity, celebrates the contributions of each culture, encourages the positive outcomes of

interacting with many cultures, and supports the sharing of power among people from different cultures. If you have any questions regarding cultural competence, please contact the appropriate individual within your organization for guidance and assistance.

Test Questions (10 questions Pre-Test or 5 questions Post-Test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. Cultural differences can be found in:
 - a. Use of personal space
 - b. Gender roles
 - c. Value of time
 - d. All of the above

2. Cultural differences can be found in:
 - a. Birth rituals
 - b. Death rituals
 - c. Diet and nutrition
 - d. All of the above

3. Cultural differences can be found in:
 - a. Eye contact
 - b. Gestures
 - c. Use of silence
 - d. All of the above

4. Hiring, firing, compensation, and promotions should be based on which of the following?
 - a. Merit and achievements
 - b. Cultural and religious practices
 - c. Age and length of service
 - d. Health and gender

5. A newly immigrated individual is noted as always late for her appointments and often needs more time than is allotted. Which of the following is the best explanation for this behavior?
 - a. The individual is not respectful of the organization's policies.
 - b. The individual has not bothered to read the posted signs.
 - c. The individual needs more attention than others.
 - d. The individual may come from a culture that is more "event" oriented.

6. Communication can be enhanced by which of the following?
 - a. Asking the individual their preferred language and arranging for an interpreter as needed.
 - b. Speaking louder and using gestures so they can understand you.
 - c. Using one of the family members to interpret for the individual.

d. Touching the individual's hand when speaking to them.

7. One of the first steps in cultural awareness is to examine one's own thoughts and feelings. Which of the following best explains this process?

- a. To help identify beliefs and bias's one may have.
- b. To meet professional obligations.
- c. To identify good and bad stereotypes.
- d. To identify why certain traditions are not useful at work.

Pool 2 (4 or 2 questions)

TRUE/FALSE

8. Cultural assessments only need to be performed on specific ethnic groups.

9. Healthcare organizations must provide language assistance services at no cost to each patient with limited English proficiency.

10. Discrimination against employees must not be tolerated.

11. Recruiting diverse staff members is sufficient in developing cultural competency.

12. Once you learn how to communicate with a certain culture you can use the same method for all encounters with someone of that culture.

13. Once an employee is hired they need to conform to the organization's practices and avoid maintaining their cultural differences.

14. Rituals surrounding birth and death are the same in all cultures.

15. Anyone with vision problems should receive their information in Braille.