Handout: Cultural competence

A short overview of cultural competence?

Cultural competence has been a feature of how we talk about effective health care in New Zealand for a long time.

There are different ways you can think about cultural competence. But there is general agreement that cultural competence involves health professionals/health coaches working effectively with all the people they provide health care for. This can mean treating each person differently. In addition, health organisations (and the health system) need to have values and operating principles that support organisations to respond to the different needs of their populations.

Dr Irihapeti Ramsden, a Māori nurse and midwife, developed an approach she called ‘cultural safety’ which has significantly contributed to the international literature and conversations about cultural competence.

Cultural safety is based on the idea that health professionals/health coaches need to understand themselves first, to recognise their own cultural preferences and biases. From this starting point health professionals/health coaches can acknowledge and appreciate the cultures of the people work with.

Why is cultural competence important?

Cultural competence helps to address the inequities (lack of fairness) in the health care system. For example, there is a lot of information that Māori and Pacific peoples have much worse health outcomes than other population groups, especially Pākehā. So cultural competence is one way of addressing those inequities (unfair and avoidable situations) which are caused by:

- the design of the health system
- prejudice by health care providers and health care professionals e.g. beliefs that different groups are not as able, motivated or interested in being as healthy as other groups such as Pākehā
- discrimination by health care providers and health care professionals e.g. actions such as not referring Māori people to rehab programmes or private healthcare.

In New Zealand, the Health Practitioners Competence Assurance Act 2003 requires that health practitioners observe standards of cultural competence that are set by responsible authorities – such as the Pharmacy Council, the Nursing Council or the Medical Council. These Councils require health professionals to achieve a certain level of continuing professional development points about cultural competence each year.

The Ministry of Health supports these authorities and the unregulated workforce (including health coaches) who are not covered by the Act, through an online cultural competency tool at: http://www.mauriora.co.nz/
What is culture?

Culture is a tricky concept to define. A lot of people believe that we belong to cultures based on ethnicity e.g. Māori, Samoan, Pākehā. However, culture is more complex than that.

One definition of culture is that it is a pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group.

So even if a group who have migrated to New Zealand and come from the same ethnicity they may be part of different cultures depending on how old they are, whether they migrated to New Zealand, or were born and educated here, whether they are fluent speakers of the language of their parents and grandparents.

And sometimes different regions within a country will have different cultures so even though they speak the same language they might have very different cultural practices including religious practices and food.

Health has its own culture where medical knowledge is defined as real knowledge because it is based on evidence compared to cultural knowledge which does not appear to be based on the same level of evidence.

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How has cultural competence changed?

Cultural competence is a complex idea to understand. All health professionals/health coaches are expected to provide culturally competent care to people and their whānau or families.

Trouble is, there are a number of different understandings of what cultural competence means. Initially, cultural competence was presented as the health professional/health coach learning certain things about different cultures so they can create a checklist if the health professional/health coach should do if they were working with a person from a different culture e.g. a Pākehā nurse working with a Māori person.

So, we have moved from this ...

Now, what are the five things I need to remember about working with Māori people?

... to this

I need to work out why I feel unsure when I am working with this person and what I need to find out about in order to best

However, nowadays people understand that cultural competence is much more complex than learning a few things about different cultures and so creating a checklist. Now we are asking health professionals/health coach to think about their own culture, and how they can best interact with people from other cultures to best meet their needs. Sometimes health professionals/health coach find this hard as they assume that their current way of interacting with people works for everyone. Research and experience tell us that this is not the case.

Researchers have described cultural competence as meaning the health professional/health coach have to:

- understand what assumptions they are making about the situation they are in and the person they are working with
- understand their own values, beliefs and biases that are making the health professional/health coach feel uncomfortable
- understand what is really going on for the person they are working with
- stand back and think:

Okay, what is going on here that makes me feel uncertain or uncomfortable. I need to find out so I can understand the situation and make sure I don’t blame the person I am working with.
What cultural competence is not

Sometimes it is easier to say what cultural competence isn’t instead of trying to describe what cultural competence is.

<table>
<thead>
<tr>
<th>Not cultural competence</th>
<th>Reasons</th>
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<tr>
<td>Treating everyone the same</td>
<td>People are never the same, even if they are all Māori, Samoan or New Zealand European. In fact, treating everyone the same can make health problems worse, not better.</td>
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<td>A checklist</td>
<td>There is no list of things to do when you visit a Māori whānau. Having a checklist means you are saying people are all the same.</td>
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<td>Learning about other cultures</td>
<td>This encourages assumptions and stereotypes - the health professional/health coach say they can know about their own culture as well as other people’s cultures.</td>
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<td>Coming from the same ethnic group</td>
<td>Just because the health professional/health coach is Māori and the person they are dealing with is Māori that is no guarantee that the health professional/health coach will give culturally competent care.</td>
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<td>Speaking the same first language</td>
<td>This is similar to the last one. The health professional/health coach and the person they are working with might both be speaking English but that is no guarantee that the person will get culturally competent care.</td>
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<td>Using words that suggest the person is to blame e.g. non-adherent, non-compliance, at risk</td>
<td>Using these sorts of words means we have automatically ‘blamed’ the person rather than tried to understand all the reasons why the person is not taking their medicines e.g. money, side effects, other priorities and beliefs about Western medicine..</td>
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Implicit bias

A bias is when you are prejudiced against a person or group in a way that is unfair.

From the time we are born, we learn and take on beliefs and values about the world. We get most of our beliefs and values from our family, friends and the media. If you believe that the Treaty of Waitangi happened a long time ago and should not affect what happens today, then you won’t be in favour of Treaty settlements, Māori seats in Parliament, Māori land rights and Māori rights over water.

Even well-meaning people who do not think of themselves as being racist have these biases as part of their upbringing.

Understanding your biases is a really important part of cultural competence. It is your biases which challenge your values and make you feel uncertain or uncomfortable in new or unfamiliar situations or when working with new people. If you understand that then you will be able to feel uncertain or uncomfortable and not react in a way that the person could perceive as negative.

Your implicit biases act like ‘shortcuts’ and affect your thinking and actions, especially in situations where:

- there are time pressures
- there are not enough resources
- there is not enough information
- you need to use high levels of critical thinking which is very common in healthcare

You need to meet expected outcomes e.g. at the end of the appointment I need to have documented at least one goal that is important to the person I am working with.

Even health professionals/health coaches who are really well meaning and would never mean to offend someone, can do harm. For example, sometimes a health professional/health coach might say to someone “what is your Christian name” as this is ‘normal’ in their culture. However, the person the health professional/health coach is speaking to does not belong to a Christian religious and so feels uncomfortable about how they are being treated.
Pharmacy Council’s statement on cultural competence

This statement from the Pharmacy Council of New Zealand recognises that:

- cultural competence is a process that can take a long time
- no health professional/health coach can ever really be fully culturally competent because you can never guess what situations you will find yourselves in
- thinking about who you are, including your attitudes and beliefs, are important to understanding cultural competence.

“The Pharmacy Council recognises that acquiring cultural awareness and competence is an accumulative process that occurs over many years, and many contexts. No health care practitioner can ever be fully conversant with the complete range of potential encounters with culturally diverse communities.”

The Pharmacy Council’s statement goes on to say “… reflection on one’s own cultural identity, history, attitudes and experiences is important in understanding the impact of professional practice and interactions with people from different cultures.”


The Medical Council of New Zealand - Cultural competencies for working with people and families

This list has been adapted from The Medical Council of New Zealand.

To work successfully with people and families from different cultural and linguistic backgrounds the health workforce needs to demonstrate appropriate attitudes, awareness, knowledge and skills including:

1. **Attitudes**
   a) Willing to understand your own cultural values and the influence these have on your interactions with people.
   b) Committed to the ongoing development of your own cultural awareness and practices.
   c) Not prepared to impose your own values on people and families.
   d) Willing to appropriately challenge the cultural bias of individual colleagues or systemic bias within health care services where this will have a negative impact on people.

2. **Awareness and knowledge**
   a) Aware of the limitations of your knowledge and openness to ongoing learning and development in partnership with people and families.
   b) Aware that general cultural information may not apply to specific people and families and that individual people should not be thought of as stereotypes.
c) Aware that cultural factors influence health and illness, including disease prevalence and response to treatment.

d) Respect for people and families and an understanding of their cultural beliefs, values and practices.

e) Understand that people’s cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with medical professionals and the health care system; and treatment preferences.

f) Understand that the concept of culture extends beyond ethnicity, and that people may identify with several cultural groupings.

g) Aware of the general beliefs, values, behaviours and health practices of particular cultural groups most often encountered by staff in health care settings, and knowledge of how this can be applied in health care settings.

3. Skills

a) Able to establish a rapport with people of other cultures.

b) Able to elicit a people’s cultural issues which might impact on the staff-person relationship.

c) Able to recognise when your actions might not be acceptable or might be offensive to people.

d) Able to use cultural information when making a diagnosis.

e) Able to work with people’s cultural beliefs, values and practices in developing a relevant management plan.

f) Able to include families in people’s health care when appropriate and wanted.

g) Able to work together with others in a person’s culture (both professionals and other community resource people) where this is desired by people and does not conflict with other clinical or ethical requirements.

h) Able to communicate effectively cross culturally and:

• recognise that the verbal and non-verbal communication styles of people may differ from your own, and adapt as required
• work effectively with interpreter when required
• seek assistance when necessary to better understand people’s cultural needs.

What can I do to be more culturally competent?

Start with yourself – get to know yourself, your culture(s), history and where you fit.

Be ready to challenge some of your biases, the conventions you use, the accepted rules and standard practices.

Undertake as many cultural competence learning opportunities as possible. To be culturally competent you need to be an active learner. You won’t become more culturally competent just by observing. After each learning experience commit to changing one thing.

If you think you have offended someone then apologise – “I am sorry I think I have said (or done) something that has upset you. I would like to apologise for upsetting you.”

Ask colleagues to give you feedback if they think you are not being culturally competent.

Cultural competence quiz

Please answer each of these questions.

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<tr>
<th>Question</th>
<th>Yes/No</th>
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<tr>
<td>1. It can take a very long time to be culturally competent.</td>
<td>Yes / No</td>
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<td>2. Cultural competence is about treating everyone the same.</td>
<td>Yes / No</td>
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<td>3. You always get cultural competence if the health professional/health coach comes from the same ethnic background as the patient e.g. both Māori.</td>
<td>Yes / No</td>
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<td>4. Cultural competence is based on learning all about different cultures.</td>
<td>Yes / No</td>
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<td>5. If the health professional/health coach can speak the same language as the patient e.g. Hindi then you will have cultural competence.</td>
<td>Yes / No</td>
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<td>6. Implicit or unconscious bias is about beliefs and values we have learnt over a long time from our families and friends, and the media.</td>
<td>Yes / No</td>
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<td>7. It is culturally competent to use terms such as ‘non-compliant’, ‘non-adherent’, ‘high risk population’ and so on.</td>
<td>Yes / No</td>
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<td>8. Cultural competence is complex.</td>
<td>Yes / No</td>
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<td>9. We are most likely to go back to our implicit or unconscious bias when we are really busy and stressed.</td>
<td>Yes / No</td>
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<td>10. Being culturally competent is being able to recognise when we feel uncertain or uncomfortable about things that are different from what we are used to.</td>
<td>Yes / No</td>
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