

Breaking Through the Glass Walls

Part II

Cultural Competence in Today's Healthcare World

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Definition I

Cultural competence = the ability to understand, communicate and effectively interact with people across varied cultures. **Cultural competence** encompasses the awareness of one's own world view, developing positive attitudes toward **cultural** differences and gaining knowledge of different **cultural** practices and world views.

Definition II

Cultural competency in healthcare describes the ability of systems to provide care to residents with diverse values, beliefs and behaviors, including the tailoring of **healthcare** delivery to meet residents' social, **cultural** and linguistic needs. (Quality of Life and Care; F675 & 684)

Setting the Stage

I began researching and then writing this article with some apprehension since cultural competence is a “hot topic” in today’s healthcare world. Specifically, I am the first-born son of an Italian immigrant to the United States of America. My mother traveled with her entire family from Rome, Italy to Ellis Island, NYC at the age of 11 in search of a better quality of life. Opportunity and safety were top priorities in my grandfather’s mind as he paved the way for a promising future for his family. Eight years later, my mother fell in love marrying an Italian man (my father) and settled into the American lifestyle as a young married bride and soon-to-be mother of three children. All the customs, festivities and celebrations from Italy were proudly observed in the Vicari home; Wednesday evening pasta dinners, church on Sunday followed by a family dinner with pasta, meats, salads and of course a host of Italian desserts! Holidays were most important in our homes as we honored our faith and enjoyed a ‘grand feast’ with family and friends. My neighborhood schoolmates always asked what my mother was cooking for dinner and if they could possibly stay over and eat with us! Things however were not always happy times. We moved from our familiar New York City environment to a suburb down south; city and state withheld. This happened during the difficult times of the 1960’s and our family’s cultural differences were most definitely exposed in this new environment. I will never forget the day we moved into our new home and the entire neighborhood came over to supposedly welcome my family. The first thing that came out of their mouths was this comment; “We are so glad that an Italian family from up North moved into the neighborhood. We’ve always wanted to know how you people live!” My family looked at our new neighbors in a stunned way. We felt as if we were on display for the neighborhood to see and judge. In addition, cultural slurs and name-calling were prevalent throughout our time down south, especially in school.

My classmates would bring bologna and cheese, tuna fish and peanut butter and jelly sandwiches for lunch (all good things) while my brother, sister and I enjoyed sausage and peppers, Italian meats and cheeses, and other leftovers from our evening dinners. The hurtful teasing and mean-spirited laughing are hard to forget, even to this day.

Thesis

It is literally impossible to know each thing about every single person's individual culture and background. Nor are we as Recreation/Activity Professionals expected to know all the intricacies at the onset of a resident's move into our healthcare communities? Training approaches that focus *only* on facts are limited and are *best combined* with approaches that provide skills that are more universal. Specifically, skills such as communication and initial history-taking techniques can be applied to a wide diversity of clientele (483.20 Resident Assessments). Curiosity, empathy, respect, and humility are also basic attitudes that have the potential to help the resident-healthcare team relationship yielding useful information about everyone's beliefs and preferences. Therefore, a systematic and thorough approach (483.21 Comprehensive Resident Centered Care Plans) which focuses on inquiry, reflection, and analysis throughout the interview process is most useful for acknowledging that resident's specific culture, beliefs and practices.

Research

Today's healthcare professionals are presented with many unique challenges each day they step into their perspective healthcare communities. Cultural competence is just one of these unique challenges. As Recreation/Activity Professionals we must *fully* embrace each aspect of diversity amongst our residents; age, gender, race, ethnicity, language, spiritual beliefs, and

mental/physical abilities. We can no longer rest on history and outdated practices especially when we as Interdisciplinary Teams deliver Quality of Life/Care services to all residents.

Furthermore, Recreation/Activity Teams that enable *all* their residents to flourish and openly practice their native heritage, traditions and beliefs encourage the entire healthcare community to join with family members and other community entities; a win-win all the way around! (Hughes, Joanna; Why is Cultural Competence in Healthcare So Important; healthcarestudies.com; March 2016).

The National Center for Cultural Competence (NCCC) at Georgetown University highlights the following bullet points as key elements found in culturally-competent healthcare environments:

- Defined values and principles working alongside behaviors, attitudes and policies; working toward effective cross-cultural interactions.
- Capacity to value diversity, manage differences, acquire and disseminate cultural knowledge, adapt to diversity within dynamic cultural context, and utilize self-assessments.
- Integrate all of the factors above into organizational policy-making and practices.



By federal mandate from the Centers for Medicare and Medicaid Services, we, in long-term care, are **required** to follow *Culturally and Linguistically Appropriate Services (CLAS)* standards: (CMS) regulations (i.e., 45 CFR 155.215(c)). Cultural competency is key to professional competence and offers extensive benefits to healthcare organizations, including:

- Improved patient care and satisfaction (Quality of Care, F684 and Quality of Life, F675)

- Enhanced operational efficiency (Administration, F835)

- Increased compliance with State and Federal regulations (Quality Assurance and Performance Improvement, F865)

- Reduction in health disparities (Quality of Care, F684)

Additionally, the definition of cultural competence comprises four key components:

- A). Awareness of one's own cultural worldview
- B). Attitude toward cultural differences
- C). Knowledge of different cultural practices
- D). Cross-cultural skills

As Quality of Life Champions, we must stand united about learning as much as we can regarding the histories, cultures, languages, and traditions of our residents. A major part of our job duties and responsibilities is to honor and value each resident's different abilities and capacities, thus respecting the unique differences in each person's life. Our world continues to thrive with increased diversity. This brings both opportunities and challenges for all of us as we create and develop culturally competent standards and services.

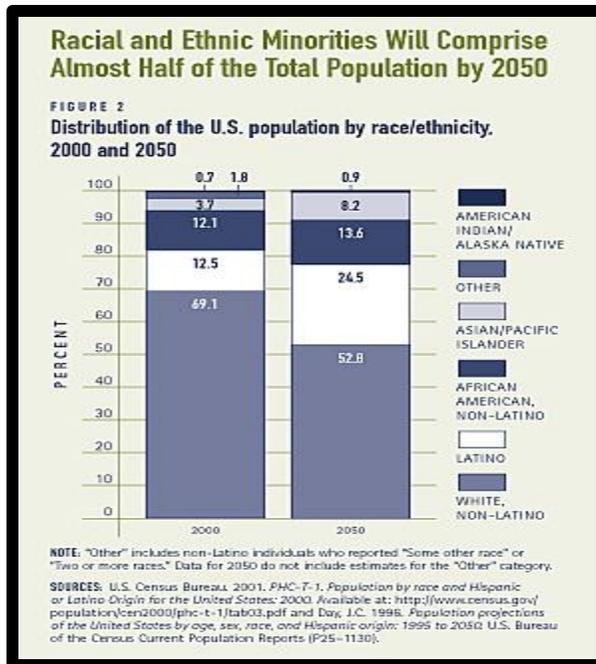


Central to our planning as Recreation/Activity Professionals, we should consider this mandate:

Meeting the social, cultural and linguistic needs of our residents, thus creating a healthcare community that promotes cultural competence for all...Specifically,

- *Helping contribute to the elimination of racial and ethnic health disparities.*

The below-listed graph (U.S. Census Bureau) cites racial and ethnic minority distributions in the United States by the year 2050. This graph alone should ‘sound alarms’ in all our heads to move our current approaches and systems toward relevant trainings regarding cultural competence helping us to seriously begin studying, researching and creating relevant policies and procedures that will make significant and positive differences with our residents’ Quality of Lives and Care.



I. Where Do We Begin?

Let us start by reviewing two other definitions of competency:

A). The capability to apply or use a set of related knowledge, skills, and abilities required to successfully perform "critical work functions" or tasks in our defined work setting; healthcare.

B). Competencies often serve as the basis for skill standards that specify the level of knowledge, skills, and abilities required for success in the workplace as well as potential measurement criteria for assessing competency attainment.

Specific to the healthcare world, each competency must define the applied skills and knowledge that enable team members to successfully perform their work. Competencies are relevant to a team member's job duties and skill set. Listed below is an excellent example of a competency that is currently being used in our healthcare world:

Team Members utilize appropriate methods for interacting sensitively, effectively, and professionally with residents from diverse cultural, socioeconomic, educational, racial, ethnic

and professional backgrounds, and persons of all ages and lifestyle preferences (Council on Linkages Between Academia and Public Health Practice).

II. Pushing Boundaries

Individual team member's values, beliefs, and behaviors about the health and well-being of residents are shaped by various factors:

- ❖ Race
- ❖ Ethnicity
- ❖ Nationality
- ❖ Language
- ❖ Gender
- ❖ Socioeconomic status
- ❖ Physical and mental ability
- ❖ Sexual orientation
- ❖ Occupation

Always remember that the goal of culturally competent healthcare services is to provide the highest Quality of Life and Care to every resident, regardless of race, ethnicity, cultural background, English proficiency or literacy. Here are some proven common strategies for improving the resident-provider interaction and institutionalizing changes in today's healthcare system:

1. Provide interpreter services
2. Recruit and retain team members of all ethnicities
3. Provide training to increase cultural awareness, knowledge, and skills
4. Incorporate culture-specific attitudes and values into health promotion tools
5. Include family and community members in healthcare decision making
6. Locate clinics in geographic areas that are easily accessible for certain populations

7. Provide linguistic competency that extends beyond the clinical encounter – from the concierge desk to all other written materials, i.e. calendars, newsletters, pamphlets, etc.

Several organizations have already established and instituted cultural competence guidelines for their membership. For example, based on ten years of work, the Society of Teachers of Family Medicine has developed guidelines for curriculum material to teach cultural sensitivity and competence to family medicine residents and other health professionals. These guidelines should be reviewed by us and help us focus our thinking on enhancing attitudes in the following areas:

- Awareness of the influences that sociocultural factors have on residents, team members, and the resident-team member relationship.
- Acceptance of the team member's responsibility to understand the cultural aspects of health and illness.
- Willingness to make healthcare settings more accessible to residents.
- Recognition of personal biases against people of different cultures.
- Respect and tolerance for cultural differences.
- Acceptance of the responsibility to combat racism, classism, ageism, sexism, homophobia, and other kinds of biases and discrimination that occur in healthcare settings.

Resources

1. U.S. Department of Health and Human Services

National Standards for Culturally and Linguistically Appropriate Services (CLAS)

<https://www.thinkculturalhealth.hhs.gov>

2. Georgetown University National Center for Cultural Competence

Online self-assessment and educational activity

<https://nccc.georgetown.edu>

3. The Joint Commission

Cultural Competence Roadmap for Hospitals

Advancing Effective Communication, Cultural Competence, and Patient-Family Centered Care

<https://www.jointcommission.org/assets>

4. Providing Oral Linguistic Services: A Guide for Managed Care Plans and Planning Culturally and Linguistically Appropriate Services: A Guide for Managed Care Plans.

www.cms.gov/healthplans/quality/project03.asp

Conclusion

Cultural competence is certainly not a single isolated aspect of healthcare. It is and should be an on-going learning process for every single healthcare team member. It is a critical component of overall excellence in today's delivery of Quality of Life and Care services. One important aspect to remember is that cultural competence is a process rather than a goal. It is often developed in stages by building upon previous knowledge and experience. Issues of exemplary services are of concern for all residents.

Finally, concerted efforts to improve cultural competence among healthcare professionals and organizations would greatly contribute to improving the overall delivery of healthcare for every single person.



“Not everyone thinks the way you think, knows the things you know, believes the things you believe, nor acts the way you would act. Remember this and you will go a long way in getting along with people.”

~ Arthur Forman

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