A young female immigrant gets a job in a rural Mississippi eatery to help support her family. She holds out a plate of bacon to one of her coworkers and cries, “Is this toast? I need toast!”

Thrown into the American culture without adequate preparation, this woman is a walking example of how language and perception differences can impact the ability to function. She’ll require extensive clinical and social resources to help her protect her health and to ensure her ability to work and provide for her family. Is this the business of health care? Unequivocally, yes. Is this a familiar scenario, one that we encounter on a daily basis? More than likely, yes.

Language and perception barriers not only impact patient communication, but also discharge planning and the patient’s overall ability to maneuver through the health care system. Gender, age, ethnicity, race, sexual orientation, and disabilities create challenges for health care providers. We’re running into walls we didn’t even know existed, without tools or an understanding of these unforeseen obstacles. Addressing institutional racism remains fundamental to addressing organizational issues. But, before you can implement meaningful changes to your environment, you must better understand it.

By definition, cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.

Considering statistics
Let’s review the numbers:
♦ U.S. residents speak at least 329 languages.
♦ 44 million Americans don’t have health insurance.
♦ Latinos are twice as likely as other Americans to lack

Abstract: Address the visible and nonvisible components of multiculturalism to provide a culturally competent, appropriate care environment. [Nurse Manage 2002;33(10):30-34]
health care coverage.
♦ By 2030, the Hispanic population will increase 113% and the Asian American population by 132%.
♦ African Americans’ infant mortality rate is 2.5 times greater than that of Caucasians.
♦ African Americans’ death rate from HIV/AIDS is 7 times greater than that of Caucasians. Their homicide rate is 6 times greater.
♦ Native Americans are 2.5 times more likely than Caucasians to die from diabetes, and 3 times more likely to die of cirrhosis.
♦ Vietnamese women have a 5 times greater incidence of cervical cancer than Caucasian women.
♦ Less than 2% of health care CEOs and COOs are non-Caucasian.2

New technologies and worldwide epidemics bring us into a global spotlight. Our colleagues and patients come from all over the planet. Whether immigrants, refugees, or natural-born citizens, they require careful consideration and respectful treatment. To ensure an appropriate approach, the U.S. government instituted federal and state civil rights laws and Medicaid regulations that require patient access to medical information in their own language. The Joint Commission on Accreditation of Health Care Organizations (JCAHO) requires hospitals to document that patients and families receive, and demonstrate understanding of, linguistically appropriate explanations and instructions.

Tailoring treatment
Growing evidence indicates that treatment efficacy varies among different cultural populations, and that we must integrate these variations into quality measurements if we’re to provide culturally competent treatment.

To offer quality care for all patients, health care service and support systems should inherently recognize that:
♦ each culture defines the family as the primary support system and preferred intervention.
♦ most racial and ethnic minority populations speak more than one language and that this may create a unique set of mental health issues to which the system must be equipped to respond.
♦ patients and their families make different choices based on cultural forces.
multicultural management

♦ culturally preferred choices, not culturally blind or culturally free interventions, drive practice in the service delivery system.
♦ all cross-cultural interactions offer dynamics that require acknowledgment, adjustment, and acceptance.
♦ health care systems must sanction or mandate the inclusion of cultural knowledge into practice and policy making.3

An individual’s social status almost always hinges on his or her socioeconomic status. In fact, 90% of a person’s health status is determined by household income, not actual access to care.4 (See “The wealthier, the healthier?”)

Uncovering identities
Valuing diversity is the how-to of valuing and managing relationships, and valuing relationships is the heart of valuing and managing diversity: We can’t do one without the other. It’s that simple, yet that complex. Regardless of race, creed, color, ethnicity, age, or sexual orientation, health care’s essence is to take care of people no matter what their needs, which calls for cultural competence at all organization levels.

Help your facility foster an environment that values diversity every day in every department. Encourage staff to perform a cultural assessment when caring for diverse patients, which should include the following core components:
♦ cultural/racial/ethnic identity
♦ language/communication ability and style
♦ religious beliefs and practices
♦ illness and wellness behaviors
♦ healing beliefs and practices.

Also consider determining the patient’s:
♦ typical nutritional regimen
♦ family system functions (identifying the chief decision maker)
♦ lifestyle and habits.

The word culture implies an integrated pattern of human behavior that includes thoughts, communications, actions, and customs. Keep in mind that, regardless of race or ethnicity, certain cultural phenomena apply to every individual, even those of the dominant culture. These factors include: communication, spatial needs, time considerations, social organization, environmental control (fate vs. controlling your own destiny), and biological variations (skin color, disease propensity). (See “Cultural competency benefits.”)

Step back and view culture from a broad perspective, exploring popular U.S. health care assumptions and what these may entail for culturally diverse patient populations. Because our culture emphasizes individual rights, we strive to keep our patients as “in the loop” as possible. But other cultures may believe that a patient should be protected from treatment specifics. These families may work to keep the patient as unaware of treatment details as possible.

Other popular U.S. assumptions regarding health care include:
♦ Moral obligations and medical ethics are based on Judeo-Christian beliefs.
♦ Health care providers maintain the obligation to tell the truth and to give all information to the competent patient or her surrogate.
♦ Every patient receives the facility’s written bill of rights upon admission.
♦ Informed consent doesn’t include family unless the patient is legally unable to make her own decisions.5

Relating to others
Experts recognize four cultural syndromes that contain patterns and beliefs centered on identifiable themes: complexity, individualism, collectivism, and tightness.
1. Complexity: the measure of how many distinctions are made among objects and events in the environment. Examples: the number of occupations from which an individual has to choose or the number of roles an individual within a culture must transition between.
2. Individualism: the dominance of individual versus group within a culture. People in individualistic cultures, such as the United States, give priority to their own goals.
3. Collectivism: the dominance of group versus individual within a culture. People in collectivist cultures, such as Arabic, eastern European, Latin American, and Japanese, give priority to group goals, defining self in terms of the group. The more homogenous a culture, the more likely it’s collectivist. It’s important to note that environmental conditions lead to individualism and collectivism—neither has an advantage over the other. An individualist culture in a threatening situation from an outside force will galvanize and become more collectivist because of the need to band together for survival. Personal relationships or rapport in working relationships is important in collectivist cultures, yet group needs take precedence over individual ones.
4. Tightness: the degree to which a culture tolerates deviation from cultural norms. U.S. residents enjoy flexibility and not a great deal of tightness. Population density, low contact with other cultures, and cultural similarity are typically found in tighter cultures.

A cultural group consciously or unconsciously shares these identifiable values and norms, and transmits them from one generation to another. A firm understanding of cultural syndromes will enable caregivers to give the same meanings to words and actions as the patient with whom they’re communicating.6

To increase awareness of complexity, individualism, collectivism, and tightness, encourage staff to ask questions in a manner that elicits the most appro-
Cultural competency benefits
A culturally competent management and staff yield:
♦ products/services consistent with patient population needs
♦ increased customer recruitment, satisfaction, retention, and care access
♦ maximum use of limited resources
♦ improved overall health outcomes.

Source: Creative Teaching for Nursing Educators, by Alexander, G. Rumay.

Rising to another level
From policymaking to administration and practice, culturally competent facilities value diversity, offer cultural self-assessments, remain aware of the inherent dynamics when cultures interact, institutionalize cultural knowledge, and adapt service delivery to reflect an understanding of diversity.

Degrees of acceptance
The developmental stages of diversity include:

Knowledge: A move from stereotypes to information: The extent to which an individual possesses information about others from diverse backgrounds and cultures.

Understanding: A move from awareness to empathy: The extent to which an individual comprehends how others feel and why they behave as such.

Acceptance: A move from tolerance to respect: The extent to which an individual respects and values diverse characteristics and behaviors of others.

Behavior: A move from self-awareness to interpersonal skills: The extent to which an individual is able to interact effectively with others different from herself.

(See “Degrees of acceptance.”)

References

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