Cultural competence

Giving culturally competent care another element in patient safety

A Laotian woman in her 50s came to a California Kaiser Permanente emergency room in cardiac distress. The attending cardiac surgeon recommended immediate surgery, but her family would not allow it because her older brother, who lived in Arizona, had to make the decision. Her brother was the designated head of the clan, which in their culture meant he was the one to decide all health matters.

The surgeon was frustrated, but the hospital’s medical interpreter brokered a deal. The family would consent to surgery immediately if the brother agreed. Hospital staff worked to get the brother there the next day. After the brother spent time alone with the family performing rituals and prayer, he told the surgeon, “My sister is ready. No matter what happens, it’s OK. She’s in God’s hands.”

“Can you imagine what would have happened if the outcome was not good, but we hadn’t respected the family’s tradition and cultural beliefs?” asks Gayle Tang, RN, MSN, director of Kaiser Permanente’s National Linguistic & Cultural Programs.

For Tang, institutionalizing understanding and respect of other cultures at Kaiser Permanente has been her life’s work. She began her career more than 2 decades ago as a postoperative nurse, and then moved into management in women’s health.

“I was seeing too many end-stage cancers that could have been prevented had these women, mostly minorities, received earlier care,” Tang says. “They either were afraid to ask for help, or didn’t know how to ask for help, or, in their culture, preventive medicine is unheard of, in the Western biomedical sense.”

Changing demographics

The need for cultural awareness and sensitivity in hospitals has never been greater because, according to Census Bureau statistics, US minority population growth is outpacing growth in the Caucasian population. Census data show nearly 1 in 2 Americans will be a member of a racial or ethnic minority by the year 2050.

Historically, minorities receive less care and a lower quality of care, as demonstrated in the Institute of Medicine’s 2003 report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. The Agency for Healthcare Research and Quality’s National Healthcare Disparities Report last year also showed that some ethnic minorities tend to be in poorer health than other Americans.

Experts believe cultural competency of health care providers is the key to closing quality gaps, especially for nurses, who are approximately 90% nonminority, says Guadalupe Pacheco, director of the Center for Linguistic and Cultural Competency in Healthcare. The center is part of the Office of Minority Health at the US Department of Health and Human Services.

“Cultural competence enables the health care system to take into account the cultural and linguistic issues of minority populations and to use that knowledge to prescribe the most appropriate treatment options,” Pacheco says.

His center is releasing a free online cultural competency course for family practice physicians at the beginning of 2005 that provides continuing medical education credits. A course for nurses should be available in 2006.

Other than Title VI of the Civil Rights Act, which requires recipients of federal funds to ensure meaningful access to their programs and services by limited English proficient persons, no federal laws or policies mandate cultural competency, says Pacheco.

However, the Office of Minority Health in 2001 issued the National Standards on Culturally and Linguistically Appropriate Services, also known as the CLAS standards. The 14 CLAS standards provide uniform definitions and guidance to providers to implement and develop cultural competency programs at their facilities, Pacheco says.
Accommodating cultures

Cultural competency professionals say a shift is needed to improve outcomes and reduce disparities in care for minority patients. That shift will be about understanding and accommodation.

Sandra Eliason, MD, co-director of the Center for Cross Cultural Health in Minneapolis, believes culturally based care is enhanced care.

“The old medical model is the Western disease model,” she says. “In the new medical model, we will need to practice medicine that is not only clinically proven but also accommodates cultural beliefs. This is actually better medicine because it brings in the patient's social, spiritual, and cultural beliefs. It allows the patient to understand medical care within the frame of reference of their cultural beliefs.”

Tang of Kaiser Permanente gives an example of this respectful care. “In some cultures, such as the Cambodian culture, patients believe they must wear a bracelet or necklace that has been blessed by a priest throughout their surgery,” Tang says.

“If they absolutely cannot wear it during surgery, you must ask first to take it off and how you should take it off, and then how you can best care for it.”

Tang, who is of Cantonese descent, carries a token in an envelope in her wallet that was blessed by the temple priest and given to her as a child by her mother. “I carry it with me all the time,” she says. “It's important to my mother to feel that I am protected, so it is important to me.”

More culturally sensitive gowns

At Maine Medical Center in Portland, interpreters were reporting high no-show rates for appointments with Somali women. They learned these women, whose Muslim culture requires modesty, were uncomfortable wearing hospital gowns, especially if they had to wear the gowns in public areas.

The hospital's linen services department redesigned the gown to snap or tie on the side so the women's backs were not exposed. In addition, the staff created a sarong that covers the women from their waist to their ankles and is acceptable to the women and their husbands, says Dana Gaya, manager of interpreter and cross-cultural services.

OR nurses at Banner Good Samaritan Medical Center in Phoenix, which serves a large American Indian population, save cut or shaved hair to return to American Indians who have had brain surgery. In addition, amputated limbs are retrieved as requested by American Indians who wish to bury them at their home or reservation, says Diane Currier, RN, director of perioperative services.

The medical center also is seeing greater numbers of Asian and Eastern European patients, Currier says.

“It’s difficult for the nurses to have a clear understanding of the background of each ethnicity,” she says. “We still need to do more to learn about each culture.”

Creating a respectful environment

How do health care facilities create a culturally competent climate that is open to and respectful of the practices of diverse racial, ethnic, religious, or social groups?

“While there is little known about the best approaches to operationalize cultural competency, there are a lot of incremental, positive steps that we can start to take on that journey toward cultural competence,” Tang says. “Opening to learning and adapting at individual and systems levels are part of that journey.”

Dr. Eliason and colleagues at the Center for Cross Cultural Health are working with health care facilities to bring about systems change, which is “more than just writing a training manual that may just sit on a shelf,” she says.

“Cultural awareness training just touches the surface for a few days or maybe a few weeks. When we evaluate an organization, we look at all the human resource policies, all the ways patients are met and cared for, and help create a sustainable atmosphere of respect and acceptance of patients and staff.”

For instance, Dr. Eliason poses these questions to employers about demographic shifts in the workforce: “What are you as an employer going to do when you have an employee whose holy day is Friday and not Sunday? Or when your team member needs a prayer break 5 times a day? Or when wearing a headdress is required in the employee’s culture but is not the type that is worn in the OR?”
Good business

A culturally and linguistically competent environment is good business, says Tang of Kaiser Permanente.

“We cannot provide high-quality care if we cannot fundamentally communicate with patients,” she says. “And costs are greater when care is poor because patients are not comfortable with the system and have waited until they are sicker to get help. It behooves us to do it right from the beginning.”

Kaiser Permanente senior management has endorsed culturally responsive care and weaves it into the system’s guiding principles and strategic and business planning.

“Cultural and linguistic competence has to be everywhere,” Tang says, “even in the business office when a limited-English-proficient-patient needs help understanding a charge on his bill, or a housekeeper cleaning a hospital room where the patient may have different ‘good luck’ charms adorning the bedside that may seem to get in the way.”

Tang’s program produces a national diversity conference annually that many Kaiser Permanente facilities attend to share progress and best practices.

At Kaiser Permanente’s West Los Angeles Medical Center, which has an African American population of about 45%, cultural competency training began with physicians.

“They are leaders in providing culturally responsive care, and patients value their relationship with their physicians,” says Amy Brotzman, RD, who is responsible for cultural diversity at the center.

Physicians attend weekly continuing education presentations at the center. Incorporated into their education sessions is a diversity program titled “Promoting Personalized Care: An Educational Series Utilizing a Cultural Approach.” These sessions include speakers, interactive sessions, hospital actors for role-playing, and bioethical discussions that link disease management with cultural aspects of care.

The same approach was attempted with nursing and ancillary staff but was poorly attended because it was held during lunch or after hours and was not mandatory, Brotzman says.

Instead, the center disseminates short lessons through e-mail, including tips about various cultures, CLAS standards, how to use interpreter services, and patients’ rights. Because the California population is anticipated to have a Latino majority by 2040, Kaiser Permanente has developed “Spanish for Rookies” lessons, also available electronically, to help employees relate to and assist patients of Latino descent, Brotzman says.

A cultural fair

West Los Angeles Medical Center hosts an annual cultural fair with singing, dancing, and a fashion show of employees wearing clothing of their native cultures. The fair also links culture with workforce issues. For example, employees in the fashion show display appropriate and inappropriate work attire from the perspective of their culture, Brotzman says.

Culture goes beyond race, religion, or ethnicity, she adds.

“Kaiser takes cultural awareness further and includes persons with disabilities; women and men; adults and children; lesbian, gay, bisexual and trans-gendered people; doctors and patients; and doctors and staff, or anyone who may have different perspectives,” she says. “We want to treat all people with dignity and respect.”

Tang concludes that when it comes to cultural competence, the Golden Rule of “do unto others as you would have them do unto you” does not apply. “In health care you shouldn’t treat people the way you would want to be treated—you should treat people the way they want to be treated.”

—Leslie Flowers

Leslie Flowers is a freelance writer in Indianapolis.
‘Our differences are our strengths’

At Shands HealthCare at the University of Florida in Gainesville, the process of developing a more culturally sensitive environment began in the OR, with staff learning to respect other staff, says Gail Avigne, BA, RN, CNOR, nurse manager of perioperative services.

“We needed to do something,” Avigne says. “There was a lot of misunderstanding among ethnic groups and in job status.”

About 15 OR staff meet once a month to “talk about the ‘untalkables,’” she says. “We find out what’s going on under the surface. It isn’t always about race; often it’s about position.”

For instance, at times patient care assistants expressed feeling ostracized by nurses, and surgical technologists said they didn’t feel supported by nurses or surgeons.

“At these meetings, I get a heads up on conflicts before they become management issues,” Avigne says.

The OR group began taking steps to improve cross-cultural understanding, which have spread to the rest of the hospital:

Created a diversity bulletin board
Each month a different OR staff member is highlighted with a picture and answers to questions, such as, what is important in your culture? What do you think is positive? What are you proud of? What would you like to see changed?

These questions also are woven into orientation for new OR employees, “so they get an idea of the open attitude we expect on the unit,” Avigne says.

Developed cultural celebrations
Celebrations in the OR correspond with hospital observances of Black Heritage Month, Asian Pacific Heritage Month, Hispanic Heritage Month, and American Indian Heritage Month.

After a year, hospital administrators took note and asked Avigne to help lead a hospitalwide diversity initiative.

The hospital now has 4 festivals a year to celebrate different cultures. A different task force plans each festival, which includes ethnic music and food, poetry readings, and staff dressed in traditional garb.

T-shirts and coffee mugs are sold for each celebration on the hospital’s “Diversity Store” web site. Proceeds go back into next year’s festival, Avigne says.

Created a cultural awareness course
The hospital diversity team created an interactive 4-hour course on cultural awareness that all staff must attend. “It’s an awesome experience,” Avigne says. “We learn about our assumptions and prejudices and how to set them aside.”

Designed a diversity motto
Shands HealthCare created a diversity motto, “Our Differences Are Our Strengths,” and a diversity logo. The logo is similar to the Olympic logo, but instead of rings, has 5 hands of different colors touching. A banner with the motto and logo hangs in the hospital lobby.

In the OR, the efforts to improve the work environment have paid off in retention. Avigne says she has a waiting list of nurses who want to work there.

“I believe the key has been getting staff to tell you the things that are making them unhappy or uncomfortable in their work environment instead of looking for another job and leaving,” Avigne says.

—Leslie Flowers
Cultural and linguistic resources

Transcultural Nursing Society
www.tcns.org

The Center for Linguistic and Cultural Competency in Healthcare, Office of Minority Health
www.cultureandhealth.org

Standards for Culturally and Linguistically Appropriate Health Care Services (CLAS Standards)
www.omhrc.gov/wwwroot/clas/finalcultural1a.htm

Office of Minority Health Resource Center, Health Resources and Services Administration
Provides publications and resources on minority health issues
www.omhrc.gov

HHS Office for Civil Rights, Limited English Proficient Fact Sheet
www.hhs.gov/ocr/lep/fact.html

The Center for Cross Cultural Health
www.crosshealth.com

Kaiser Permanente’s National Linguistic & Cultural Programs
510/271-6828

The Cross Cultural Health Care Program
Information on language issues, training, interpretation
www.xculture.org

Diversity Rx
www.diversityrx.org

EthnoMed - Ethnic Medicine Guide
www.ethnomed.org

Hablamos Juntos Resource Center
Provide models, approaches, tools, and grant info from the Robert Wood Johnson Foundation
www.hablamosjuntos.org

National Council on Interpreting in Health Care
www.ncihc.org