Why Cultural Competence is Important

Scenario: Prior to escaping from a military dictatorship in Burma, a young man sustained a severe eye injury that threatened to make him blind. The young man and his family attempted to receive help at a clinic in the U.S. but they hit a major road block – all of the nurses, physicians, and healthcare managers were unable to communicate with them. The family then left the clinic without the young man receiving proper medical attention and did not return.

The scenario described above is real and unfortunately happens with frequency in the healthcare community. In this case, the young man was from the Karen ethnic group, which speaks a different dialect of Burmese from the majority of the country. A recurrent challenge for nurses and healthcare managers is to “provide culturally and linguistically appropriate services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients” (OMH, 2014).

In Maryland, 16.7 percent of the population speaks a language other than English at home. Montgomery County Public Schools have students from 157 countries that speak 138 languages. The number and diversity of languages spoken in Maryland will only continue to increase, therefore healthcare organizations need to prepare and meet these new populations with high quality services and care.

Culturally competent care is not simply referring to interpreter services, although having those resources is a tremendous start. To be culturally competent means the care delivered is in alignment with the mission, vision, and values of the organization. Additionally, the care is delivered with sensitivity to the religious, sexual orientation, geographic region, cultural, and social norms of the care recipient. The more culturally competent the staff is in an organization, the more effective the care. Presently, vulnerable populations suffer a disproportionate share of poor health outcomes. By focusing on cultural competence, the current disparities in the healthcare community can be addressed. A vital step in the right direction is employing educational efforts within healthcare organizations to help foster a culturally competent community. The following is the scenario retold with a culturally competent staff.
**Scenario reimagined:** Prior to escaping from a military dictatorship in Burma, a young man sustained a severe eye injury that threatened to make him blind. The young man and his family attempted to receive help at a clinic in the U.S. but they hit a major road block – all of the nurses, physicians, and healthcare managers were unable to communicate with them. The staff then engaged interpreter services who found assistance – both a Burmese and a Karen dialect interpreter. Through the interpreters, the clinic was able to successfully communicate the necessary medical information to the young man and his family. The young man was referred to an eye surgeon who also utilized the interpreters. The efforts of the clinic, interpreters, and eye surgeon enabled the young man to receive surgery and not lose his eyesight.

**A Different Perspective on Cultural Competence**

Upon reading the article, “Why Cultural Competence is Important” there are many assumptions that could be made about the family within the case study. For example, it could be assumed that all people from the same country speak the same language. Or it is possible to infer that because the family is unable to speak English, they did not have health insurance or the means to pay for medical care. These assumptions can sometimes be a clue to our own biases.

Over the past two decades, nursing has reflected upon the issues of providing healthcare in a diverse environment and has evolved from “cultural sensitivity… to cultural competency…to cultural humility,” (Miller, 92). While cultural competency is a fixed endpoint or goal, cultural humility is more of a framework for reflection on our responses to a diverse patient population. It calls on us to ask important internal questions about how and why we feel certain ways. When we acknowledge our feelings and biases we can then proceed to act in accordance with professional standards. There will always be preconceived notions, but by practicing cultural humility nurses have the ability to adjust their thinking in order to successfully provide patients and populations with safe, effective, and quality care.

The foundation for the current nursing curriculum provided by the American Association of Colleges of Nursing supports the need for an understanding of the health policy and population-care implications inherent in the standards. The documents used to build undergraduate and graduate curriculums, “The Essentials of Baccalaureate Education for Professional Nursing Practice” and “The Essential’s of Master’s Education in Nursing,” focus on cultural humility as the desirable outcome instead of cultural competency. Primarily, competencies in nursing refer to specific skills that can be learned, such as giving injections or changing dressings.

Therefore, to best meet the needs of patients, should nurses focus on becoming culturally competent? Or should they concentrate on constantly evolving their understanding of themselves and biases through cultural humility? The patient population no doubt has changed over the past 50 or even 20 years and will continue to evolve. This presents a challenge for healthcare providers to consistently learn about other cultures, reflect on the implications of their practice, and provide quality care for their patients and their families. Our organizations and the professionals who work within them have an obligation and the ability to meet these challenges.
The National CLAS Standards

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation’s increasingly diverse communities.

Principal Standard
1. Provide effective, equitable, 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.

Governance, Leadership, and Workforce
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership and workforce in culturally, and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance
5. 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.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations.
10. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.
11. 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.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

For more information, please visit http://minorityhealth.hhs.gov/

Are You Culturally Competent?

Find out if you are culturally competent by using the link below and taking this short quiz provided by the Office of Minority Health. The Office of Minority Health’s mission is to help eliminate health disparities by developing new health policies and programs that will ultimately improve the health of minority populations.

QUIZ: stevenson.edu/healthcare

Resources & References

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Resources


A Different Perspective on Cultural Competence

References
Stevenson University Healthcare Symposium

Closing the Gap: Healthcare Disparities

April 20, 2016 from 6:00 p.m.–8:00 p.m.
Stevenson University | Owings Mills Campus
Rockland Center

Join us to learn more about the health disparities that challenge our healthcare system and how we can combat them.

stevenson.edu/healthcare

Source: http://familiesusa.org/health-disparities

DID YOU KNOW?

African Americans are **40%** more likely to die from stroke.

Asian Americans & Pacific Islanders are **80%** more likely to die from liver cancer.

Latin Americans are **65%** more likely to be diabetic.

65% Latin Americans are more likely to be diabetic.

40% African Americans are more likely to die from stroke.

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