
Cultural Competency:

Bridging the gap between cultural awareness and
better outcomes



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What do we expect of a culturally competent health care system? We want it to contribute to the elimination of racial and ethnic health disparities. More than that, we want it to improve health outcomes and quality of care generally. And for the health system to create better outcomes generally it must work personally—it must deliver successful outcomes for each person. One at a time, if need be.

That brings us to question of how to equip practitioners to contribute to successful outcomes, especially given the different cultural values, beliefs, and practices they encounter.

This brief will focus on the interaction between the patient and provider. We'll review the stakes and incentives for providing culturally competent care. We'll cover a variety of approaches to equip healers to provide care that takes the patient's values, beliefs, and practices into account. And we'll identify why empathy skills are a crucial and highly leveraged part of that mix that help healers

- promote better health outcomes
- increase patient satisfaction
- decrease costs, and
- decrease liability

The Need for Cultural Competency

According to the U.S. Census Bureau, minority populations represented 16 percent of the elderly population in 1998; by 2030, they will represent 25 percent of the population.¹ The Children's Defense Fund estimates that the past decade has seen the addition of 5.5 million more Latino children, 2.6 million more African-American children, 1.5 million more children of other races and 6.2 million fewer white, non-Latino children in the United States. The US foreign-born population comprises a larger segment than at any time in the past five decades. And this trend is expected to continue.²

Health and treatment disparities are tragic and real. People of diverse racial, ethnic, and cultural heritage suffer disproportionately from cardiovascular disease, diabetes, HIV/AIDS and every form of cancer. In addition, their infant mortality rates are generally higher, and their childhood immunization rates are lower.³ And minorities receive measurably poorer care. The Institute of Medicine reports minorities are given lower quality health care than whites even when they make just as much money and have the same insurance.⁴

Significant Payoff for Cultural Competency

An effective program of cultural competency holds out the promise of a variety of benefits for both the purchasers and providers of medical care.

1. Better health outcomes. Skills that enhance a healer's ability to recognize different cultural values, beliefs, and practices and to address these factors in intervention are likely to lead to more successful treatment outcomes.⁵
2. More satisfied patients. African Americans and other ethnic minorities currently report less partnership with physicians, less participation in medical decisions, and lower levels of satisfaction with care.⁶ Hispanics and blacks are three times more likely than whites to feel minorities receive a lower level of care.⁷ The quality of patient-physician interactions is lower among non-white patients, particularly Latinos and Asian Americans. Lower quality interactions between patient and physician are associated with lower overall satisfaction with health care.⁸ Studies show that although patients prefer to work with same-race care givers, that preference is only marginal. What patients want most is an experience of caring.⁹ And care givers can take an active role in cultivating

confidence in their relationship with patients by improving their communication skills and providing the information patients want.¹⁰

3. Lower costs. The U.S. Department of Health and Human Services has identified five ways that cultural competence may reduce the cost of care¹¹:
 - It allows the provider to obtain more specific and complete information to make a more appropriate diagnosis.
 - It facilitates the development of treatment plans that are followed by the patient and supported by the family.
 - It reduces delays in seeking care and allows for more use of health services.
 - It enhances overall communication and the clinical interaction between provider and patient.
 - It enhances the compatibility between Western health practices and traditional cultural health practices.
4. Lower liability and less likelihood of malpractice claims. Not just poor cultural competence but lack of awareness about cultural differences may result in liability. Providers may discover that they are liable for damages as a result of treatment in the absence of informed consent. Also, standards of care in some states mandate that health care organizations demonstrate an understanding of the health beliefs, practices, and behavior of the patients they treat. In some states, failure to follow instructions because they conflict with values and beliefs may raise a presumption of negligence on the part of the provider.¹²

And finally, of course, the Federal government has provided explicit guidance on the kind of care it considers culturally and linguistically competent.¹³

Many popular approaches to competence lack the emphasis on practices that create better outcomes

Fact-based approaches are popular in the industry. And they're indispensable. They provide clinicians with a critical starting place for interacting with people from diverse cultures. Staffs need to know that members of some cultures are at greater risk for certain diseases, or are unlikely to take them seriously unless they're wearing a white coat, or will be reluctant to disclose some information such as symptoms of sexual diseases they may be experiencing.

Training approaches that focus only on facts though leave healers unprepared.

- It's unlikely that we can give care givers all the information they need about every culture. Many if not all cultures, are categories, composites of subcultures. The category. "African American", or "black", "Mexican". "Hispanic" and even "white" include people from various generations, communities, and experiences.
- All cultures change over time, and healers need to know how a patient is responding in the present moment to work with them most effectively.
- Finally, a fact-centered approach risks replacing one stereotype with another. The new stereotype may be more positive but still fail to capture the complex nature of an individual's culture.

Fact-based approaches work best when combined with approaches that provide skills that are more universal.¹⁴ Now and in the future, healers need skills they can apply in face-to-face interactions.

“Intervention” skills bridge the gap between cultural awareness and better outcomes

When we talk to staffs about what they need to work better with diverse cultures, they usually ask for two things. They ask for greater awareness, certainly, and they also ask for effective practices. The National Association of School Psychologists draws this distinction: cultural awareness is “sensitivity and understanding toward members of other ethnic groups”. Cultural competency, on the other hand, is “the ability to operate effectively within different cultural contexts.” The National Technical Assistance Center for State Mental Health Planning (NTAC) breaks out the components of cultural competency in more detail. We’ll depict it this way:

<p><u>Knowledge</u> about individuals and groups of people</p>	<p>Is integrated and transformed into</p> <ul style="list-style-type: none"> • Standards, policies, <u>practices</u>, and attitudes • <u>Used</u> in appropriate cultural settings • <u>To increase</u> the quality of <u>services</u> 	<p>Resulting in <u>better outcomes</u></p>
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We like to say, “knowledge is power”. But there’s an intervening step. In order to translate knowledge into better outcomes, you need policies and practices. When staffs aren’t equipped to put knowledge to use, they can become frustrated and less effective. Here are examples of what we see:

- Often, information taught as cultural awareness isn’t as generalizable as it seems

- Asians, for example, are deferential...except when they aren't. We've created training scenarios based on Asian men who act quite aggressively.
- Some cultural characterizations have become stereotypes.
- Often, each family constitutes its own culture.
- Oftentimes charging staff with respecting cultural norms puts them in a dilemma. Staff don't know what to do, for instance, when:
 - They ask an African American man to be quiet in a quiet zone and he tells them that raising his voice is part of his heritage.
 - The hospital is tight on staff and a Native American won't allow a therapist into the room because he doesn't have a positive spirit.
- The information they receive is often not actionable
 - It may be true that male nurses appear overbearing in groups. But the information doesn't tell staff what to do about it.
 - A social worker knows that the grandfather in a family views authority more hierarchically than does his granddaughter. But the knowledge doesn't help him work out their differences

The main problem in all these examples is that staffs become more sensitive but not more effective. Information and insight are valuable to the extent that staff can translate them into actions that provide better service.

Empathy is the core skill in interventions

Three critical practices bridge cultural insight and better outcomes:

1. making powerful connections with patients quickly
2. gathering culturally relevant information
3. working with patients (negotiating) to form strategies that meet the needs of the patient, the healer, and the medical practice

The list above would seem to lead us back to a discussion of cultural sensitivity and awareness. But it doesn't. Awareness and sensitivity by themselves fall short. We'll use "patient-physician communication about out-of-pocket medication costs" as an example.

About 2/3rds of patients want to talk to physicians about their out-of-pocket costs. And about 80% of physicians know they do. Yet only 35% of physicians report *ever* having had the discussion. When you ask physicians what blocks the discussion, the most common answers are insufficient time, patient discomfort, and not being in the habit.¹⁵ In the trainings Interplay conducts, we're accustomed to hearing these reasons as covers for lack of skills and confidence in face-to-face interactions.

In our experience, findings like these can be generalized to any delicate conversation. Care givers are highly skilled at conversations that center on diagnosis. They often have difficulty discussing personal issues. In fact, our experience delivering training confirms research on the topic. A care giver confronted with emotional issues typically redirects the conversation back to the diagnostic interview.¹⁶ We see many discussions that entail cultural competence that follow this dynamic.

The critical skills for these sensitive conversations are the ability to connect, to ask, and to negotiate. And the core of these skills is the ability to demonstrate empathy in ways patients can see.

Culturally relevant information can best be gathered using methods that emphasize empathy, intense listening, and curiosity.¹⁷ Although time and other constraints are factors, empathetic questioning can provide meaningful data regarding the patient's culture and current health situation. It can also provide insights that allow care givers to "articulate and enter into the (client's) subjective worldview"¹⁸

Moreover, empathy in itself is therapeutic. The essence of empathic communication is accurately understanding the patient's feelings and

effectively communicating that understanding back to the patient. The feeling of being understood by another person is intrinsically therapeutic: it bridges the “isolation of illness”¹⁹ and helps to restore the sense of connectedness that patients need to feel whole.²⁰

As effective as they are in creating better patient experiences, it should come as no surprise that patients value these skills over shared ethnic background or updated technical knowledge. Demographics play only a marginal role in how much a person trusts a doctor.²¹ Adults want a doctor to be respectful, listen carefully to health care concerns and questions, and be easy to talk to, take their concerns seriously, and truly care about them and their health. Patients see these qualities as more important than medical judgment or current training and far more important than sharing race or ethnic background.²²

If the bridge from awareness to cultural competency is anchored by knowledge about diverse cultures, its span is the ability to demonstrate curiosity, empathy, respect, and humility in ways that patients can see. A curious and empathetic communication style makes it possible for healers to collect culturally relevant information and negotiate behaviors that meet the needs of patients and the hospital. The payoff is enormous, both for patients and for health care organizations:

- lower cost of care for the provider and the buyer,
- greater satisfaction and probably better outcomes, and
- the decreased liability that comes from patients who are secure in the knowledge that they are receiving a higher standard of care.

Your staff can learn to make their empathy visible to patients and to negotiate compassionately

A demonstration of empathy is a powerful gift to a patient and a powerful tool for your organization. Your staff doesn't need to become compassionate.

They already are. Showing compassion isn't a matter of having a good day, or being in the right mood, or having the right personality. But it requires you to draw patients out when they are most vulnerable. That's difficult and intimidating. Demonstrating empathy *in a way patients can see* is a skill—especially with patients from diverse cultures who may have sensitive issues. Your staff can learn how. What they need is a process and language they can use to give themselves the permission, confidence, and a way to make their compassion plain.

About Interplay

Interplay, Inc. specializes in training healers to make their compassion *visible* to patients, especially in moments of crisis. Empathy skills can help you increase revenue, lower liability, and deliver *visibly* better care. Our staff has trained nurses to work effectively with patients from other cultures, mental health specialists to work with “unreachable” patients, chaplains to work with families deeply in grief, and therapists to work with patients who believe they are dying.

End Notes

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