

*Clinical Cultural Competence:  
What can I do to promote  
culturally appropriate patient  
care?*

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## Objectives

- Participants will be able to:
  - Define cultural competence
  - List the cultural competencies.
  - Integrate elements of the cross cultural interview with current practice.

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## Why Cultural Competence?

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## Rationale for Cultural Competence

- Increased Societal Diversity
- It's the Law, and Now JCAHO
- Healthy People 2010: Eliminate Disparities
- Changes in Ways of Doing Business
- Increased Patient Satisfaction and Adherence

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## **CULTURAL COMPETENCE:**

*Professional Attitudes,  
Practice Skills, and System  
Savvy for Cross Cultural  
Situations*

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Nursing Education - uwcne.org Chrisman and Zimmer 2000

*Respect is an attitude toward others  
that is grounded theoretically in an  
acceptance of shared participation in a  
common moral community, or, at least,  
of a common humanity. . . A respectful  
attitude values the core of humanity in  
the 'other' without necessarily admiring  
or even approving of the beliefs or  
other differences.*

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Lenburg et al., 1995

## Cultural Competencies

- Cultural Assessment Skills, supported by respect and ethnocentrism reduction.
- Cultural Negotiation Skills, supported by the illness disease distinction.
- Interpreter Use Skills, supported by communication theory.
- Family Assessment Skills, supported by social network theory.
- Community Partnership Skills, supported by Community Organization practice.

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## Culture is:

- A system of symbols which acts to
- Establish powerful moods and motivations in humans by
- Formulating conceptions of existence and
- Clothing these conceptions with such an aura of factuality that
- The moods and motivations seem uniquely realistic

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## Culture vs. Cultures

- Culture: “the total lifeways of a human group. It consists of learned patterns of values, beliefs, customs, and behaviors that are shared by a group of interacting individuals...a set of rules or standards for behavior.” (Tripp-Reimer)
- Cultures: Groups of people who share a common culture.

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## Central Elements of Culture

- Customs, behavioral regularities related to the continuity of social relationships, that contribute meaning to life.
- Beliefs, propositions accepted as true.
- Values, standards to evaluate beliefs and behaviors.

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## Culture-Sensitive Care

- Knowledge: Of culture, of your practice, of yourself.
- Mutual respect: The challenge is to induce patients to respect you.
- Negotiation: Based on knowledge and respect

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## Ethnocentrism

- My Culture’s Way of Life is the Only Correct One
- Other Beliefs/Behaviors Are Wrong
- Barrier to Understanding
- Prevents Accurate Diagnosis

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## Ethnocentric Reactions

- Anger
- Laughter
- Shock

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## Cultural Relativism

- Understand Cultural Beliefs & Behaviors in Their Cultural Context
- Increased Understanding
- Enhances Accurate Diagnosis

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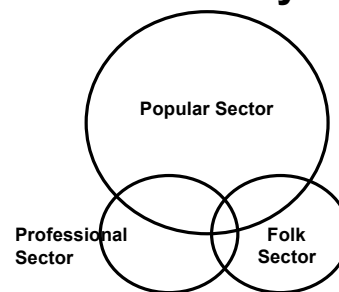
## Barriers to Listening for Cultural Perspectives

**World View influences how we perceive reality.**

- Scientific, Rational-Legal
- Naturalistic, Holistic
- Magical, Spiritual

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## Health Care System



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Kleinman, 1980

## Illness-Disease Distinction

- **Disease:** A professional view of sickness. Sickness seen as pathology of mind or body that can be verified with scientific techniques.

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## Illness-Disease Distinction

- **Illness:** The patient/family view of sickness. The experience, description, and explanation of sickness.

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## Sociocultural Assessment

- Describe illness meanings (Explanatory Model Interview).
- Describe network and support (Network Interview).
- Describe the social context (helping resources and other factors from the health seeking process).

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## Explanatory Model, A Description of Illness

- Onset, Cause, Process, Course, Treatment
- Main Problems
- What do you fear?

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## Explanatory Model Interview

- What do you call your problem?
- When did it start? Why then?
- What do you think caused the problem?
- How does it work in your body?

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## Explanatory Model Interview

- How long do you think it will last? Is it serious?
- What have you been doing for it so far? Who recommended that?
- What do you fear about this illness?
- What would you like me to do today?

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## Negotiation

- Listen: Use cultural relativism, value patient responses.
- Teach: Discuss your point of view using language appropriate for the patient.
- Compare: Explain similarities, dissimilarities.
- Compromise: retain positive and neutral treatments; create alternatives for harmful treatments.

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Chrisman 1991

## Culture-Sensitive Care

- Knowledge, Mutual Respect, Negotiation
- Reduce Ethnocentrism
- Explanatory Model Interview
- Negotiation Process