

The Facilitator's Guide

Course I

*Delivering Culturally Competent
Nursing Care*



www.ThinkCulturalHealth.hhs.gov



Course 1 is based on CLAS Standards 1-3, which focus on culturally competent care

Standard 1: *Health care organizations should ensure patients receive effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.*

Standard 2: *Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.*

Standard 3: *Health care organizations should ensure that staff receive ongoing education and training in culturally and linguistically appropriate service delivery.*

Course I Learning Objectives

At the end of this session, you should be able to:

- *Define cultural competence*
- *Identify factors that affect your ability to provide culturally competent care*
- *Examine the effect of your assumptions, biases, and stereotypes on delivering culturally competent care*
- *Select appropriate cultural competency development models for working with diverse populations*
- *Elicit a patient's understanding of illness to inform culturally appropriate treatment*
- *Participants should be able to define patient-centered care and provide examples of patient-centered care practices*
- *Assess the role of knowledge-centered and skill-centered approaches in your interaction with patients*

Thinking About Culture

- *What does the term “**culture**” mean to you?*
- *What are examples of “**culture**?”*
- *How do you define “**competence**?”*

Important Terms to Understand

- *Bias*
- *Stereotype*
- *Prejudice*
- *Race*
- *Ethnicity*
- *Assumption*
- *Discrimination*

Factors That May Affect Culturally Competent Care

- *Ethnocentrism*
- *Essentialism*
- *Power Differences*



Vida Zahari Case Study

- *Vida Zahari*
 - *Presents at emergency room*
 - *Iranian, Muslim Patient*
 - *Limited English Proficient*



Recap and Reflection

- *Understanding culture can help us develop knowledge of how to interact with other groups and avoid prejudice, stereotypes, and biases*
- *Awareness of factors that may negatively impact cultural competence is important as biases may be unconscious*

*Take a moment to reflect on what we have covered so far.
What are your most important insights?*

Need for Self-Awareness

- *Nurses may project their own culturally based values onto patients whose beliefs about health may be different*
- *Spector suggested that health professionals have been socialized into a “provider culture” that may conflict with patients’ differing cultural beliefs*
- *Minority patients may have experienced discrimination, lack of quality care, or successful treatment with nontraditional medical approaches that their nurses may not share*

Self Assessment Exercise

Self-Assessment Checklist: Promoting Cultural Diversity and Cultural Competence

Instructions: For each item listed below, enter A, B, or C in the right column.

- A = Things I do frequently
B = Things I do occasionally
C = Things I do rarely or never

Communication Styles

- | | | | | |
|----|--|-----------------------|-----------------------|-----------------------|
| 1. | For limited English proficiency (LEP) patients, I attempt to learn and use key words in their language so that I am better able to communicate with them during a medical encounter. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | A | B | C |
| 2. | I use trained interpreters during clinical encounters with LEP patients. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | A | B | C |
| 3. | When interacting with LEP patients, I always keep in mind that: | | | |
| a. | Limitation in English proficiency is in no way a reflection of their level of intellectual functioning. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | A | B | C |
| b. | Their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their preferred language. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | A | B | C |
| c. | They may or may not be literate in their preferred language or English. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | A | B | C |
| 4. | When possible, I ensure that all notices and communications to patients are written in their preferred language. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | A | B | C |

Dissolving Stereotypes

Handout I-3: Dissolving Stereotypes

- Anglo Americans (are)
 - Always...
 - Never...
 - Sometimes...
 - Like...
 - Don't like...
- African Americans (are)
 - Always...
 - Never...
 - Sometimes...
 - Like...
 - Don't like...
- Asian Americans (are)
 - Always...
 - Never...
 - Sometimes...
 - Like...
 - Don't like...
- Hispanic Americans (are)
 - Always...
 - Never...
 - Sometimes...
 - Like...
 - Don't like...

From Fantini, 1997

Story From the Front Line: The Medicine Bundle

- *What is going on in this scenario?*
- *What steps could the nurse have taken to prevent the situation?*
- *What kind of questions could the nurse have asked the family to better understand their health beliefs?*



Recap and Reflect

- *To be culturally competent, it is important to be aware of your own stereotypes and biases. Stereotypes and biases are closely related to your own beliefs and the provider culture.*
- *To effectively communicate with patients across cultural lines, you need to critically examine your own beliefs and assumptions and continually monitor them.*
- *Self-awareness of your assumptions and beliefs can help you alleviate differential treatment of your patients.*

*Take a moment to reflect on what we have covered so far.
What are your most important insights?*

Cultural Competency Development Is...

- *A journey—not a goal*

- *A process of self-reflection*



- *Series of stages that begins with self-assessment of one's own behaviors, attitudes, biases, and beliefs*
- *Knowing what we bring to a clinical encounter*

Campinha-Bacote's Model:

The Process of Cultural Competence in the Diversity of Health Care Services

- *Helps health care professionals to see cultural competence as a process that focuses on: Awareness of your biases and the presence of racism and other "isms"*
- *Skills to conduct a cultural assessment in a sensitive manner*
- *Knowledge about different cultures' worldview and the field of bio-cultural ecology*
- *Encounters—face-to-face interactions and other encounters you have had with people from cultures different from yours*
- *Desire to become culturally competent*

Vu Nguyen Case Study

- *Vu Nguyen 17-year-old Vietnamese male*
 - *HIV positive*
 - *Chooses to use herbal medicine*



Recap and Reflect

- *Cultural competence is a process, not a specific achievement*
- *Cultural competency development models can help nurses measure and enhance their knowledge and skills for addressing cultural issues with patients and colleagues*

Think back to the Campinha-Bacote model and questions. Where do you need to focus to improve your cultural competency development?

Disease vs. Illness

- *Disease = physiological and psychological process*
- *Illness = psychosocial meaning and experience of the perceived disease Illness has cultural, social, and psychological influences and is subjective*



As a culturally competent nurse, you must address both a patient's disease and his/her illness.

Understanding Health-Related Experience

Cultural and social factors may influence a patient's experience of illness, including:

- *Socioeconomic status*
- *Immigration status*
- *Language*
- *Religious traditions*
- *Worldview*
- *Family relationships*
- *Beliefs about the supernatural world*
- *Fatalism*
- *Environmental impacts*
- *Food intake*
- *Understanding of the causation of illness*

Complimentary and Alternative Health Care

- *Health care providers who want to provide culturally competent care should attempt to integrate traditional care approaches with evidence-based medicine when appropriate*
- *When treatment plans balance a patient's traditions with Western medicine, patients may be more compliant with treatment, or more satisfied with their care*

Eliciting a patient's understanding of illness can encourage them to become a partner in their own care.

Story From the Front Line: The Medicine Bundle

- *How does the nurse in this story view illness and disease?*
- *How would you have tried to negotiate treatment that included Mrs. Birdsong's traditional health beliefs and Western medicine?*
- *What questions would you ask?*



Recap and Reflect

- *You can enhance culturally competent care when you view patients holistically and recognize cultural beliefs and behaviors that affect their perception of illness and its treatment.*
- *You need to understand the psychosocial meaning and experience that your patients bring to their medical condition and help integrate your patients' traditional care approaches with conventional medical practices.*
- *You must address both a patient's illness and his or her disease, and be aware of the cultural and social factors that influence your patients' interpretation of illness and treatment approaches.*

*Take a moment to reflect on what we have covered so far.
What are your most important insights?*

Patient-Centered Care

“Patient-centered care establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients’ wants, needs, and preferences and solicit patients’ input on the education and support they need to make decisions and participate in their own care.”

Institute of Medicine, 2001

Transcultural Communication Techniques

- *Approach new patients slowly*
- *Greet patients respectfully*
- *Provide patients with a quiet setting*
- *Sit a comfortable distance away and lean slightly toward the patient*



Every Encounter is Cross-Cultural

Every encounter is cross-cultural. Never make the assumption that patients who look like you share your beliefs and practices.

- *Take a moment to reflect on the above statement*
- *Have you ever made assumptions about how a patient would view or handle their illness and been surprised when they demonstrated different health beliefs or practices?*
- *How could patient-centered care or transcultural communication practices have helped in that situation?*

Recap and Reflect

- *Patient-centered care involves being aware of the role of cultural health beliefs and practices in a person's health-seeking behavior and being able to collaborate with patients and negotiate treatment options appropriately and in a culturally sensitive way*
- *Transcultural techniques that you can use include slowly approaching your patients, greeting them respectfully, providing them with quiet setting and sufficient personal space*
- *It is also important to remember that every encounter is cross-cultural*

*Take a moment to reflect on what we have covered so far.
What are your most important insights?*

Cultural Competency Development

Balance fact-centered and attitude/skill-centered approaches.

The fact-centered approach teaches cultural information about specific ethnic groups



The attitude/skill centered approach enhances communication skills and emphasizes the sociocultural context of individuals

Examples of Knowledge-Centered Information about Cultural Beliefs

- *Causes of illness*
- *Religious beliefs*
- *Historical influences*
- *Role of family*
- *Treatment*

Skill-Centered Approaches to Culturally Competent Care

The road to cultural competence involves working to adopt the following principles:

- *Reflecting on personal beliefs about cultural competence*
- *Understanding how race, ethnicity, gender, spirituality, and other issues play a role in delivery and perceptions of health care*
- *Understanding the community served and the different cultures within the community*
- *Examining family beliefs, roles, and constructs of the community*
- *Developing cultural humility*
- *Practicing cultural etiquette*

Story From the Front Line: Suzy Lee

- *How was the application of the knowledge-centered approach inappropriate in this case?*
- *What elements of the skill-centered approach would you use to provide effective care to Suzy Lee?*
- *What questions would you ask Suzy Lee to understand her perceptions of what is going on?*



Course 1 Summary, Part I

- *To be culturally competent means being able to manage your own beliefs and understand your patients' behavior based on their cultural context.*
- *The first step in cultural competency development is self-awareness and assessment of your own behaviors, beliefs, and biases.*
- *To effectively deliver culturally competent care, you need to understand the psychosocial meaning and experience that your patients bring to their medical condition.*

Course 1 Summary, Part II

- *Integration of your patients' traditional care approaches with conventional medical practices can improve satisfaction and compliance with care and treatment.*
- *It is important to balance the knowledge-centered approach with strong communication skills aimed at understanding the cultural context of your patients' experiences.*

Posttest and Certificate

U.S. Department of Health & Human Services www.hhs.gov

Office of Minority Health minorityhealth.hhs.gov

OMH U.S. Department of Health and Human Services Office of Minority Health

Culturally Competent Nursing Care: A Cornerstone of Caring

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Welcome to the DVD Test Center

Welcome to *Culturally Competent Nursing Care: A Cornerstone of Caring* at HHS OMH's Think Cultural Health. Each of the programs featured on Think Cultural Health (TCH) are founded on the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).

In April 2013, the National CLAS Standards were re-released after undergoing a two-year enhancement initiative. This program, along with others featured on TCH, is scheduled to be under annual review for accreditation purposes and will be updated to reflect the National CLAS Standards enhancements.

To assist you during this transition, we recommend that you reference this [crosswalk](#) (PDF - 115 KB) and [fact sheet](#) (PDF - 59 KB) which will assist in understanding the numbering and organization of the re-released National CLAS Standards.

Nurses spend more time in direct patient care than other groups of health professionals and are employed in a variety of settings. Increasingly diverse racial, ethnic, and sociocultural backgrounds of patients, colleagues, and staff may present challenges to you as you strive to provide care. Cultural and language differences may engender misunderstanding, a lack of compliance, or other factors that negatively influence clinical situations and impact patient health outcomes. The Culturally Competent Nursing Modules (CCNMs) were developed to effectively equip you with awareness, knowledge, and skills to better treat your increasingly diverse patient population.

Register today to complete the Course Pretests before your facilitated group session, or log in with your username and password to complete the Course Posttests and Evaluations if you have already attended your session.

Nurses can earn up to 9 continuing nursing education units (CNEs) and social workers can earn up to 9 continuing education units (CEUs).

This continuing education activity is jointly sponsored by Cine-Med, Inc, SRA International, and Astute Technology. Supported through unrestricted monies from the Office of Minority Health at the United States Department of Health and Human Services.

To access the Test Center, please log in or complete the registration form. Once your registration is complete, you will be presented with the accrediting information, instructions, and a status checklist.