

# Health Care Field Leads the Way in Cultural Competence

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By Pamela Babcock

For those in the health care field, cultural competence is not just something nice to strive for, it can make a real difference in patient outcomes. Non-health care organizations can learn from their experiences.

The U.S. Department of Health & Human Services Office of Minority Health (OMH) says that cultural and linguistic competence is "a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."

"Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups, according to the OMH. And "competence" means the capacity to function effectively within the context of diverse cultural beliefs, behaviors and needs.

"Becoming aware that our cultural assumptions are just that ... assumptions rather than absolute truths—is a big step in becoming culturally aware," noted David A. Kravitz, a professor in the School of Management at George Mason University in Fairfax, Va., who organizes an annual diversity conference presented by the university.

"Unless you possess the ability to connect with your patient and get them to buy into a treatment plan, you will not be very successful," said Christopher Hanifin, a physician assistant in the emergency department at Morristown Memorial Hospital in New Jersey. He said communication or cultural problems can squander "those precious minutes" many clinicians have with most patients.

And yet, on any day, health care workers face myriad issues that can test their ability to connect, such as a devout Muslim woman who forbids a male doctor to touch her or a Spanish translator who tries to explain discharge instructions to someone whose native language is Portuguese.

Some say the field is at the forefront in teaching employees how to provide care that is respectful of and responsive to the beliefs, practices and cultural and linguistic needs of patients.

"In my experience, I think the health care industry actually does a better job than many other industries in preparing nurses and front-line workers for working with an increasingly diverse population and workforce," said Susan Lill, SPHR, an international HR consultant with Align HR, a Greenville, S.C.-based cultural awareness and diversity training firm.

She said many hospitals in the U.S. have adopted **Culturally-Appropriate Linguistic Standards**, published by OMH, to address translation and interpretation services, appropriate signage and employee training to "sensitize" front-line health care practitioners about key needs and differences among various nationalities, ethnicities and races.

And many offer everything from nondenominational spiritual reflection areas to kosher foods in the cafeteria. Language translators are available on-site or via telephone translation services.

At Highmark Inc., a Pittsburgh-based Blue Cross and Blue Shield Association insurer, developing cultural competency among providers is part of its 2010-2012 corporate strategic plan. Through a

program provided by Manhattan Cross Cultural Group in Marshfield Hills, Mass., they learn to identify cross-cultural issues, conduct a culturally competent medical history and medical exam, work effectively with interpreter services, identify the impact of cultural issues on medical decision-making and explain diagnoses and negotiate management options effectively across cultures, according to Rhonda Johnson, M.D., a medical director who heads Highmark Health Equity & Quality Services.

### **Know Your Customers**

Denice Soyering-Higman, RN, BSN, MSN, founder and president of Soyering Consulting, a St. Petersburg, Fla.-based clinical health care consulting company, said it pays to evaluate “any and all cultures” in the community surrounding a hospital to find out if there are cultural norms that need to be taken into consideration when it comes to patient care.

The same goes for a new immigrant group that might “come in and change this dynamic,” said Soyering-Higman. She has seen hospitals with large, rural African immigrant populations deal with patients who consult with religious or tribal leaders, instead of just family, before moving forward with medical treatment.

She said HR professionals should make “a concerted effort” to hire patient care providers from predominant community cultures, even if it means hiring non-medical employees and training them about basic medical care so they can then be on hand to communicate patient needs to other staff.

Hanifin, an instructor in Seton Hall University’s Physician Assistant Program in South Orange, N.J., teaches the cultural competence portion of a first-year introductory course.

In the course, students role-play using a game called BaFa’ BaFa’. After an initial briefing, two hypothetical cultures are created. Participants learn the rules of their culture and begin living it. Later, they switch sides and address stereotyping and misunderstandings.

In addition, incoming students read Anne Fadiman’s *The Spirit Catches You and You Fall Down* (Farrar, Straus and Giroux, 1998), a well-known book about the experiences an Asian immigrant family have while trying to navigate the American health care system.

“The ultimate result is a disaster,” Hanifin tells students. “It’s a good—and scary—read.”

### **Never Generalize**

Krista Sauvageau, director of employment services at Women & Infants Hospital in Providence, R.I., recognizes that health care practitioners can’t know every aspect of every culture, but she said “they can be sensitive by asking questions, being respectful and trying to incorporate the cultural and spiritual needs of the patient into the plan of care.”

“We make sure we never generalize, because sometimes when someone comes from a particular country, they don’t necessarily follow those practices, so it’s always best to check with the patient,” she added.

The 3,100-employee hospital emphasizes the need for cultural competence during new employee, resident, fellow and physician orientation sessions and provides guidance through seminars, in-service programs, a mandatory NetLearning segment conducted every two years and an intranet-based resource manual.

Lill said that the best-run cultural competence programs involve the individual and the organization.

"The HR person has to be an organizational architect to create opportunities for the gentle collision of differences to create new awareness and learning," she said. Among her recommendations:

- Don't make assumptions that you should treat other people as you'd like to be treated.
- Make culture competence a core competence. "Leaders, in particular, should be able to define what such competence looks like for their business and to operationalize it by putting behavioral definitions around it and taking action to proactively train and promote cultural competence in their leadership group," Lill said.
- Train everyone from entry-level workers to the CEO. "It should be bottom up, top down and sideways," Lill said.

*Pamela Babcock is a freelance writer in the New York City area.*

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