Professionals, caregivers and families: Understanding diversity and the delivery of culturally competent care

Karen Bullock, PhD, LCSW
Associate Professor
John A. Hartford Faculty Scholar
North Carolina State University, Department of Social Work

Lourdes Parra
Case Manager
Cancer Support Team

Westchester, NY
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Ethnic minorities comprise about 25% of the U.S. population

“Minorities” will be the majority of the population by 2050

Disparities in health care abound among racial minority groups.

Many of these can be attributed to barriers related to cultural issues.
It is important to understand Culture in the Caring relationship
Objectives

- Compare cultural beliefs, values and norms about illness and health
- Differentiate patterns, behavior and communication across cultures
- Discuss specific cultural issues in end-of-life care, including truth-telling, hope-preserving, autonomous decision-making vs. collective decision making and others
- Integrate concepts of cultural competence
Use of Hospice and Palliative Care

- **Ethnic/Racial Differences**
  - Of those who receive hospice care, 83% are White and 8% are Black; even fewer Latinos

- **Non-traditional family systems underrepresented**
  - Families not connected by marriage
  - Partnered/Same sex couples

- **Culture can have significant impact on decision-making and use such care**
What is Culture?

Shared values, traditions, norms, customs, lived experiences, and role of institutions of a group of people.

Patients’ values may not always be consistent with those of traditional Western-based medicine.
If conflicts between the value systems of health care provider and the patient arise, failure to deal with them properly may result in improper care or no care.

For many patients, family is the prevailing determinant in patient outcomes.
Every culture defines “health” for its members and prescribes methods for maintaining health, dealing with illness and death.
An individual’s beliefs, value systems, interpretations of what they are told by a caregiver, and the expectations about what care may entail may vary greatly.
Cultural Competence

- Enables you to evaluate decision-making and caregiving behaviors in the context of cultural norms, values, and beliefs.
It is impossible to know everything about every cultural group, but we can be culturally competent in recognizing factors that influence differences in preference for and decisions about end-of-life care.
Important Concepts
Diversity

- Attributes that are not easily subsumed in the larger culture; may differ by socioeconomic status, gender, sexual orientation, age and differential ability
Race

- Concept first appeared in the English language 300 years ago.
- Has no biological significance, but has tremendous social and political significance.
- Can be defined as a subgroup possessing a definite combination of physical characteristics of a genetic origin.
Ethnicity

- A group classification in which members share a unique social cultural heritage/origin/nationality passed on from one generation to the next.

- Not the same as race (ex. African American, Caribbean, Haitian, African American)
Factors that influence culture

- Race/ Ethnicity
- Gender
- Age/generational
- Sexual orientation
- Religion/spirituality
- Socioeconomic
- Indigenous heritage
- Years in this country
Health Disparities

- People of color (Blacks, Latinos, and American Indians) are disproportionately affected by chronic illness

- Have higher rates of morbidity and mortality than Anglo Whites

- USDHHS, 2010
Areas of Concern

- Utilization of health care services

- Adequate assessment of patients’ preference for treatment

- Appropriate communication regarding prognosis and treatment plans
Challenges

How do we as work effectively with individuals and family members from diverse cultures?
A recent studies has asserted that effective cross-cultural interactions positively influence caregiving outcomes.

This requires providers to integrate multiple cultures into the clinical encounter:

- The practitioner’s own culture
- That of the individual and family (MSN)
- The health care institution
Professionals, Caregivers & Families

- **Individual**
  - The ability to work effectively across cultural differences

- **Institution/Organization**
  - Practice skills, attitudes, policies, and structures that are joined in a system or group of professionals to work across differences
Professionals, Caregivers & Families

- **Individual**
  - Awareness and acceptance of difference
  - Awareness of one’s own cultural values
  - Understanding the dynamics of differences
  - Ability to adapt practice skills to fit the cultural context of the patient’s structure

- **Organization**
  - Values diversity (staff, policies, respect)
  - Institution (integrate diversity into structure)

- **Process**
  - An ongoing, requiring continuing education
Hospice and Palliative Care

- The goal is to provide seriously ill and/or terminally ill individuals with the best possible quality of life, which promotes dignity, comfort and freedom from pain.

- It also offers emotional and spiritual support, while respecting cultures & traditions.
Guiding Principles of Care

- Respect the goals, the wishes, and choices of our patients
- Attend to medical, emotional, social and spiritual needs
- Support family members’ needs
- Help gain access to needed health care providers and appropriate care settings
- Provide optimal, holistic care at the end of life
Consider Culture

- Understand the values, attitudes and behaviors of our patients and members of support network

- Avoid stereotypes and biases that can undermine our professional efforts

- Bridge gaps in the development and delivery of care that are responsive to the needs of diverse care recipients
Recommendations

■ Communicate with patients in ways that invite and welcome preferences and opinions

■ Speak on their level
  ■ (low literacy or translation; avoid condescendence)

■ Ask about significant others
  ■ (think outside the box; broaden definition of family)

■ Express warmth, empathy, and genuineness
Recommendations

- Include members of their social support network in care plan discussion
Recommendations

- Consider social, emotional, and spiritual needs in the treatment approach
Recommendations

- Incorporate their strengths instead of weakness
Guidelines for Cultural Competence

- Gain knowledge about the family structure and function as can influence health behaviors as well as practices, values, and attitudes toward the health care system.
Guidelines for Cultural Competence

- Assess communication style in the decision-making processes, acculturation and degree of integration into the larger community.
Guidelines for Cultural Competence

- Evaluate the capacity of the patient and members of the informal support network to navigate the health care system and cope with the disease or illness in a culturally acceptable manner.
Culturally Congruent Behaviors

Respect for Cultural Differences

Cultural Competence

Core Fundamental Expressions: Empathy and Genuineness
References


