



Cultural Competence
(Cultural Awareness and Safety)

Working with
Culturally and Linguistically Diverse (CALD)
Populations

Asian Nutrition and Physical Activity Forum
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Sorrento in the Park
Presenter: Sue Lim (Service Manager – WDHB Asian Health Support Services)



Content

- Why the need for cultural competence
- Diversity of your community
- What is Culture
- What is cultural competence
- Elements of cultural competency
- Skills in Cross Cultural Interviewing/Engagement
- What to consider when working with migrants (Asians)
- What to consider when working with refugees
- Culturally Responsive Checklist



Why the need?

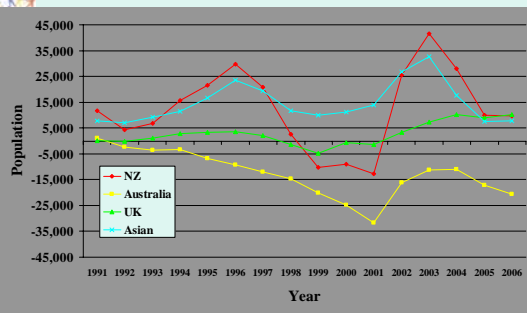
- Demographic changes in NZ
- Eliminate long-standing disparities
- Improve health outcomes
- Improve quality of services
- Decrease complaints



Diversity of your community

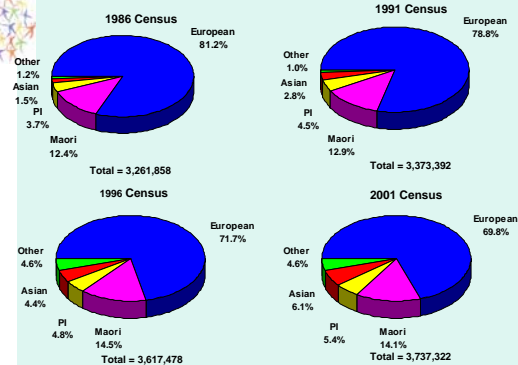


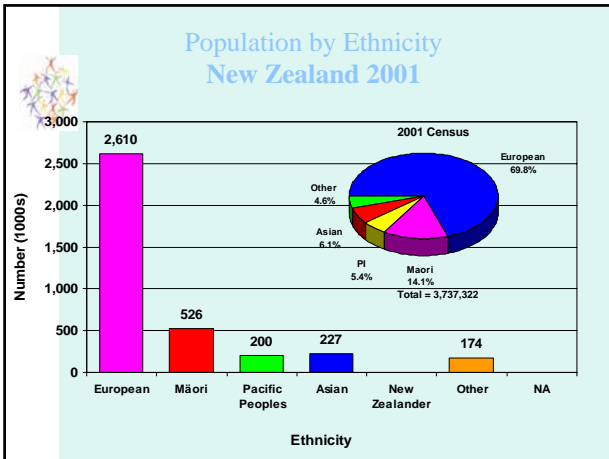
NZ Long Term Net Migration March Ending Year

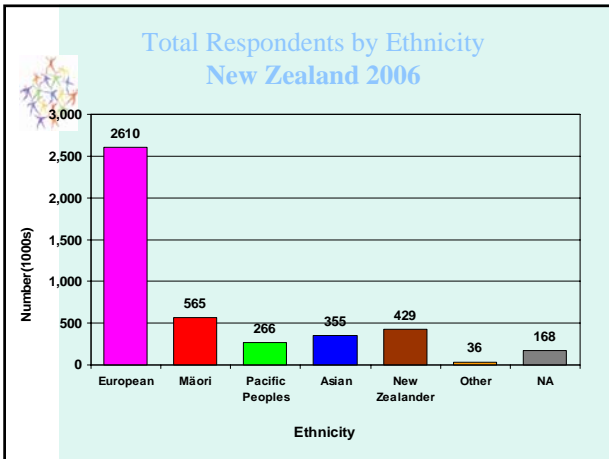


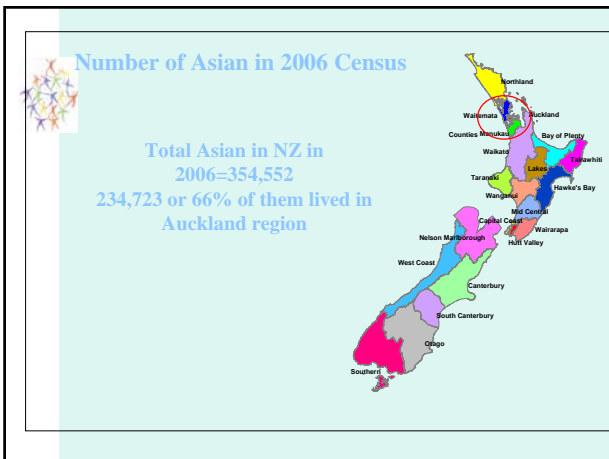
Source: Statistics New Zealand

New Zealand









Terms used

Ethnic (Office of Ethnic Affairs, Ethnic Perspectives Policy, 2003)

- Ethnic group affiliation is self-determined. Ethnicity is a broad concept that includes elements of race, language, religion, customs and traditions as well as geographic, tribal or national identity
- The term "Ethnic" is used to mean that group of people whose ethnic heritage distinguishes them from the majority of other people in NZ, including Maori and Pacific people.
- The definition includes people from well established ethnic communities, recent migrants, refugees and those people born in NZ who identify with their ethnic heritage

Terms Used

- An **immigrant** (also referred to as "**migrant**") is a person born overseas who entered New Zealand under an immigration programme (www.immigration.govt.nz website). Immigration programmes comprise of Skilled/Business, Family Sponsored and International/Humanitarian streams. Asian migration usually refers to the movement of Asian peoples to New Zealand from other countries rather than internal migration within New Zealand.
- A **Refugee** is defined as "any person who, owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable, or owing to such fear, is unwilling to avail himself / herself of the protection of that country" (United Nations Convention 1951, and the 1967 Protocol Relating to the Status of Refugees). In 1967 the protocol relating to the status of refugees extended this definition to include displaced people who are seeking temporary refuge to escape political and social disruptions.

Terms Used

- **Asian** is commonly used to refer to people who comes from Asia, including people coming from West Asia including countries like Afghanistan, Nepal, to South Asia, covering the Indian sub-continent, East Asia covering China, North and South Korea, Taiwan, Hong Kong, Japan and South East Asia, consisting of countries like Singapore, Malaysia, Phillipines, Vietnam, Thailand, Myanmar, Laos, and Kampuchea, (Statistics NZ 1995, 1999, 2003).
- The term 'Asian' is not an ethnic category, but is commonly used to define the collective set of Asian ethnic groups, who share certain value orientations but can be characterised by its diversity in culture, language, education and migration experiences.
- It includes Asian families who have been in NZ for generations. The term is sometimes incorrectly used to include Eastern European and even Pacific Island groups.



What is culture



Common Aspects of culture?

- Food
- Clothing
- Language
- Values, moral codes, religion
- Song and dance
- Rituals e.g. marriage rituals
- Relationships



Rarely Listed Aspects of Culture

- History of people
- Shapes and styles of housing, buildings
- Farming e.g. animals farmed, crops, fences



Cultures are Marsella (2005)

Shared, learned behaviours and meanings that are socially transferred in life-activity settings

Culture can be

- Transitory or enduring
- Dynamic
- Internally or externally represented
- Pathogenic or salutogenic

Culture shapes and constructs our realities



Dimensions of Culture

1. Individualism - Collectivism
2. Power distance
3. Uncertainty avoidance
4. Masculinity - Femininity

(Hofstede, 1980)



Individualism

In individualistic cultures a well-adjusted person

- Is independent
- Makes decisions without reference to others
- Moves freely from one group to another
- Communicates in direct and open manner



Collectivism

In collectivist cultures a well-adjusted person

- Is interdependent
- Takes account of the well-being of others in the group when making decisions
- Has strong connection to one group
- Communicates in a more indirect manner
- Is concerned for the maintenance of the group, avoids open conflict and disagreement



Power Distance

High power distance cultures

- Large gap in status between powerful and less powerful
- Arrogance expressed by authority figures
- Humility expressed by subordinates
- Associated with collectivism



Low Power Distance

- Less status gap
- More egalitarian
- Associated with individualism



Uncertainty Avoidance

High uncertainty avoidance

- People are uncomfortable if rules are unclear
- Job stability valued
- Individuals often experience higher stress
- Associated with high Masculinity



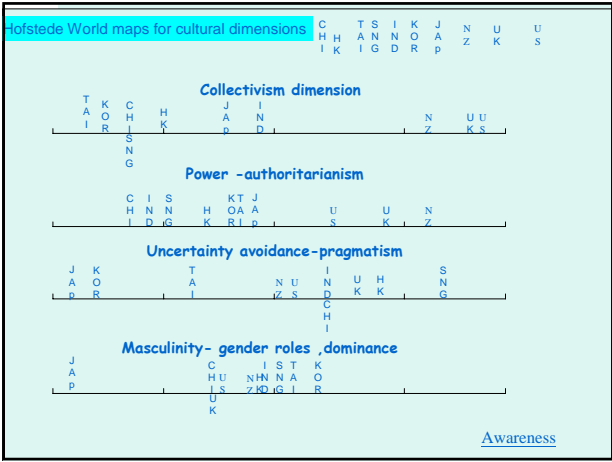
Uncertainty Avoidance


- Low uncertainty avoidance (more tolerance of ambiguity)
- More relaxed when rules are unclear
- More able to move from one job to another



Masculinity - Femininity

- In '*masculine*' cultures material success, money, being strong, competitive and assertive are valued
- Boys and girls study different subjects, boys don't cry, girls do
- '*Feminine*' societies are opposite. They are more relationship focused






What is cultural competence (1)

- **Cultural competence** is a set of behaviours and attitudes and a culture within the business or operation of a system that respects and takes into account the person's cultural background, cultural beliefs and their values, and incorporates it into the way healthcare is delivered to that individual
- **Competence** implies having the capacity to function effectively.

Betancourt Green and Carillo (2002)



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What is cultural competence (2)

- **A culturally competent system of care** acknowledges and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs

Cross, T.L., Bazron, B.J., Dennis, K.W., & Isaacs, M.R. 1989.



What is cultural competence (3)

- Cultural competency is an ongoing developmental process towards which individual and agencies strive.
- Individuals and organisations gradually learn the skills and knowledge to advance along the cultural competency continuum

Cross, T.L., Bazron, B.J., Dennis, K.W., & Isaacs, M.R. 1989.



What is cultural competence (4)

- Basic cultural competency is characterised by acceptance and respect for cultural differences and a continuing self-assessment against policies and practices.
- Advanced cultural competency is characterised by an organisation operating at a level at which cultural knowledge is high and policies and practices are in place that have produced positive results and satisfaction from the culturally diverse client

Cross, T.L., Bazron, B.J., Dennis, K.W., & Isaacs, M.R. 1989.



Elements of cultural competency

- Awareness
- Sensitivity
- Knowledge
- Skills



Cultural Competency is NOT Necessarily:

- Changing your culture or your values
- Liking another culture or person's values
- Agreeing with other cultures' values
- Knowing everything about another culture



Stereotyping and Ethnocentricity

Stereotyping

Belief that a statement is true of all individuals from a particular group

Generalization

Indicates common trends, but further information needed to ascertain appropriateness of a statement to a particular individual. May be inaccurate when applied to specific individuals

Ethnocentrism

The view that one's culture's way of doing things is the right and natural way, and that all other ways are inferior, unnatural, perhaps even barbaric

Cultural Relativism

The attitude that other ways of doing things are *different* but equally valid. Attempt to understand the behavior in its cultural context



Knowledge

When working with CALD clients

Pre-interview checklist

- Do you know what *culture* your client is from?
- Do you know what *language and/or dialect* they speak?
- Can you *greet* your client in their language?
- Do you need an *interpreter*?



Knowledge

Essentials for Communicating Clearly during the CALD interview

- **Explain your role** to your client
- **Do not assume** English proficiency
- **Speak clearly** and **slowly**
- **Avoid jargon**
- **Simplify** the form of the sentence or question
- **Pause** and take time to explore any issues that need clarifying to ensure you are understood before continuing



Knowledge

- **Periodically summarize** and encourage feedback to check understanding
- **Note differences in meanings** of words (e.g. "Yes")
- Be aware of **client's level of understanding**
- **Respect** others' beliefs and attitudes
- Take note of **non-verbal language**



Knowledge

- **Engage interpreters** where there is low English proficiency and utilize their role as cultural advisors to assist the communication process
- Be sure to **address the client appropriately**
- Find out whether **eye contact** is acceptable or not
- Find out what kind of **physical touch and examination** is expected and acceptable



Skills in Cross-cultural Interviewing/Engagement

- Know the values of your own culture
- Be non-judgemental, avoid stereotyping and ethnocentrism
- Listen and observe
- Be aware of own tendency to 'project'
- Tolerate difference
- Respect differences
- Be flexible
- Be empathic
- Use available tools effectively



What to consider when working with Migrants (Asians)



Understanding the Culture Stress and Challenges of Migrating

- New language, people and religions, protocols
- Financial strain (unemployment, re-location costs)
- Loss of status and networks
- Astronaut family / role conflicts or reversals
- Discrimination
- Loss of community / extended family
- Acculturative stress / homesickness

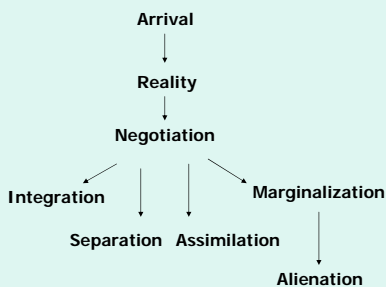


Cultural Stress can result in:

- Isolation / withdrawal
- Health issues
- Mental health issues (including drug and alcohol use)
- Domestic violence
- Family separation
- Sense of failure and not belonging



Phases of Settlement





Explanatory Models of Health

- *Scientific / Western biomedical* beliefs in disease causation
- *Humoural / balance* (earth, air, fire, water)
- *Supernatural* (ancestors, stars, spirits, environment, karma)
- *Religious / spiritual* (ill deeds, karma, fate, neglect in practice)



Accommodating Other Cultures' Health Beliefs in Practice

- Respect client's beliefs / knowledge framework
- Introduce new ideas by linking them to client's beliefs / framework
- Check understanding of new framework
- Check compliance with health regime



What to consider when working with Refugees



Pre-migration challenges

- War
- Rape
- Physical Injuries
- No safety
- Living in fear
- Imprisonment and torture
- Family separation and disappearances
- Country of first asylum: Refugee Camps



Pre-migration challenges (cont.)

- Refugee camp life with daily struggle for survival
- Disempowerment
- Lack of justice
- Suffer violence and witness atrocities
- Extreme poverty and deprivation



Re-settlement challenges

- New culture (language, people, religion, traditions)
- Loss of control
- No foundations
- Separation from loved ones
- No extended family for support
- Authority issues, fear of being sent back
- Feeling shameful, confused
- Loss of confidence, dignity
- Loss of lifestyle and career
- PTSD symptoms start ('continuous' TSD - STARRTS)



Some differences between migrants and refugees

Migrants

- Choices
- Plans for migrating
- Travel documents
- Say farewell
- Continued contact with family
- Free to return or visit
- Managing finance
- Have education
- Have employment

Refugees

- Disempowerment
- Escape trauma, lack of safety
- No travel documents
- Leave secretly, flee
- Loss of contact with family
- Unlikely to return or visit
- Often dependent on social benefits
- Sometimes illiterate/disrupted education
- Loss of career for many

32



2. Health issues for refugees: common *physical* symptoms

- Pains in different parts of body
- Headaches/dizziness
- Heart palpitations
- Heightened state of arousal
- Hypertension
- Breathing difficulties
- Sleep problems
- Tremors, numbness, weakness, fainting, sweating
- Digestive disorders (diarrhoea and constipation, nausea, ulcers, stomach disorders)
- Specific sequelae from torture



Health issues for refugees: common *mental health* symptoms

- Social withdrawal
- Irritability, aggressiveness, anger
- Impulsiveness
- Suicide attempts
- Sexual dysfunction (severe)
- Fear, anxiety, panic
- Confusion, disorientation
- Memory disturbances
- Loss of concentration
- Rumination
- Lack of motivation
- Attention blocking
- CTSD



Working with interpreters



Roles of Interpreters

- **Conduit** – to process the spoken language accurately, with meaning, so that the **exact equivalent** is provided in the target language, with no omissions, additions or editing
- **Clarifier** – to interpret underlying and metaphorical meanings within the cultural context
- **Cultural Clarifier** – to provide a cultural framework as necessary for the message being interpreted. The interpreter would inform either party about relevant cultural practices and expectations, ethics and etiquette when there is either apparent or potential misunderstanding, and assist in maintaining a good therapeutic relationship through mutual cultural respect and understanding



How to Work with an Interpreter

- Have a *pre-briefing* before the session
- *Structure* the session and clarify '*ground rules*'
- Have a *de-briefing* after the session



Pre-briefing

- The clinician needs to brief the interpreter about the case
- The clinician needs to clarify objectives/purpose of the session
- The clinician needs to obtain cultural background information from the interpreter if necessary
- The mode of interpreting - *consecutive* versus *simultaneous* interpreting, needs to be established
- The interpreter needs to confirm with the practitioner that the *1st person* will be used throughout by both parties
- The interpreter and clinician need to ensure that seating is correct (an equilateral triangle with client and interpreter facing the clinician)
- The pre-briefing provides an opportunity, albeit brief, to establish a necessary *alliance* between the professionals for effective therapeutic intervention



Structuring Session (ground rules)

- Introduce interpreter and explain your and their role to client (include fact that everything said in the session will be interpreted i.e. no private discussions between parties)
- Ensure client of confidentiality with all parties (interpreter also bound by a Code of Ethics)
- Establish ground rules of speaking **through** the interpreter, not **to** (i.e. use 1st person singular)
- Expect the interpreter to use the 1st person singular when interpreting
- Maintain eye contact with your client (if appropriate) not the interpreter
- Direct questions / statements to the client or family, not directly to the interpreter



Structuring Session cont.

- **Do not** enter into direct conversation with the interpreter
- **Do not** ask the interpreter for their opinion (only for cultural clarification)
- Pause at regular intervals for the interpreter to assimilate and interpret
- Allow interpreter to interpret after every 3-5 sentences
- Allow enough time for the interpreter to convey information (it may only take you 3 words to explain but it may take more time for the interpreter to convey the information in their language)
- Use short sentences
- Check with interpreter about any cultural contexts for information provided by patient (if necessary)



De-briefing

- Summarise session and discuss whether objectives were met (there may be language or cultural reasons if objectives were not met)
- Clarify diagnostic / treatment issues where necessary
- Clarify any cultural issues, interpretation of words or concepts
- If the session involved traumatic material, check whether the interpreter has had personal material triggered, if so offer some de-briefing
- Confirm follow-up procedure / appointments as appropriate



Cultural Responsive Checklist

- Is your service delivery flexible?
- Do you employ culturally competent staff?
- Do you have clinical staff of other cultures?
- Do you have access to clinical cultural advice if there is no appropriate cultural staff member?
- Do you include cultural education as part of professional development?
- Do you provide staff with resources about other cultures' beliefs and practices?
- Do you provide information to your clients in a form that they can understand?
- Do you have access to translations in various languages on common illnesses and treatments?
- Do you get feedback from clients about your service?
- Do you use/have access to interpreters?
