

# CULTURAL COMPETENCE IN HEALTH CARE

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## PURPOSE

The purpose of this study was to determine how health care organizations can support nurses in the delivery of culturally competent care.

## Background

- Culturally competent care not yet a reality
- Health care providers:
  - Lack Knowledge and awareness
  - Experience communication difficulties
  - Lack organizational support

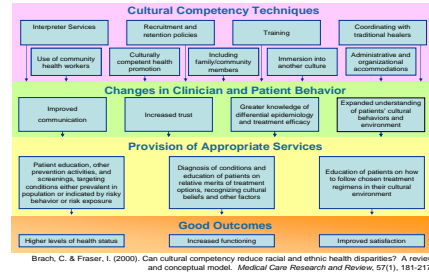
## Significance

- Gap in literature on organizational performance in relation to culturally competent care
- No former studies on nurses' views of organizational support for c.c. care
- Validation for CLAS as essential for nurses
- Potential to enhance nursing practice

## Specific Research Questions

- What challenges do nurses face when caring for culturally and linguistically diverse clients?
- How do nurses view the organizational supports for c.c. care that already exist?
- What additional supports are needed from the organization in facilitating the delivery of culturally competent care?

## Brach and Fraser's Conceptual Model of Cultural Competency Techniques



## Gilbert's Behavior Engineering Model

	Information	Instrumentation	Motivation
Environmental Supports	<ul style="list-style-type: none"> <li>• Data</li> <li>• Expectations</li> <li>• Feedback</li> <li>• Guides</li> </ul>	<ul style="list-style-type: none"> <li>• Instruments</li> <li>• Tools designed for humans</li> <li>• People resources</li> <li>• Material resources</li> <li>• Environmental supports</li> </ul>	<ul style="list-style-type: none"> <li>• Incentives</li> <li>• Contingent on performance</li> <li>• Recognition of exemplary behavior</li> <li>• Career development</li> </ul>
Person's Repertory of Behavior	<ul style="list-style-type: none"> <li>• Knowledge</li> <li>• Well designed training congruent with desired performance</li> <li>• Placement</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity</li> <li>• Skills</li> <li>• Capabilities</li> <li>• Selection/placement</li> <li>• Flexible scheduling</li> </ul>	<ul style="list-style-type: none"> <li>• Motives</li> <li>• Assessment of work motives</li> <li>• Selection/placement</li> </ul>

## Research Design

- Qualitative design
- Case study approach
- Data sources:
  - Face-to-face interviews (23 RNs)
  - Document analysis
  - Review of critical incidents

## Study Results: Document Review

<b>Interpreter Services</b> <ul style="list-style-type: none"> <li>• 11 full-time Interpreters</li> <li>• 24-hour language line</li> <li>• Translation of educational materials for patients</li> </ul>	<b>Recruitment and Retention</b> <ul style="list-style-type: none"> <li>• Ethnic staff main strength</li> </ul>	<b>Training</b> <ul style="list-style-type: none"> <li>• Two voluntary workshops per year</li> <li>• Brief CBT as part of annual mandatory education</li> <li>• No mention in orientation</li> </ul>
<b>Community Needs</b> <ul style="list-style-type: none"> <li>• Weekly health fairs</li> <li>• Collaborative relationships with community-based organizations</li> <li>• Operation of 29 outlying health centers (includes 16 SBCs)</li> </ul>	<b>Administrative and organizational accommodations</b> <ul style="list-style-type: none"> <li>• 300 titles of patient education materials available in three languages</li> </ul>	

## Results Organized around Brach and Fraser's Model

<b>Interpreter Services</b> <ul style="list-style-type: none"> <li>• Frustration of not being able to communicate</li> <li>• Waiting for Interpreter</li> <li>• Concern about the content</li> <li>• Respect with patient missing</li> <li>• Problems for bi-lingual staff</li> </ul>	<b>Recruitment and Retention Practices</b> <ul style="list-style-type: none"> <li>• Ethnic staff main resource used</li> <li>• Hire more Spanish-speaking and Creole-speaking nurses</li> <li>• Move staff to match needs</li> </ul>	<b>Training</b> <ul style="list-style-type: none"> <li>• Training not adequate</li> <li>• Start in orientation</li> <li>• Make it mandatory</li> <li>• Make it ongoing</li> <li>• Offer culture-specific training</li> <li>• Provide disease-specific training</li> </ul>
<b>Community Needs</b> <ul style="list-style-type: none"> <li>• Education on:                             <ul style="list-style-type: none"> <li>◦ Available resources (Holistic)</li> </ul> </li> <li>• Continuity of care</li> <li>• Easier access</li> <li>• Transportation</li> <li>• Specialty clinics</li> </ul>	<b>Administrative and organizational accommodations</b> <ul style="list-style-type: none"> <li>• 300 patient education titles available in three languages</li> </ul>	

## Study Results

### Organized Around Gilbert's Dimensions

	Information	Instrumentation	Motivation
Environmental (External)	<b>Data/Expectations</b> <ul style="list-style-type: none"> <li>• Mission statement (equal treatment)</li> <li>• Standards of Excellence</li> <li>• Part of quality care</li> </ul>	<b>Resources and Tools</b> <ul style="list-style-type: none"> <li>• Coworkers as resources</li> <li>• Lack of time</li> <li>• Emotional needs not a priority</li> <li>• Lack of adequate patient education materials</li> </ul>	<b>Incentives</b> <ul style="list-style-type: none"> <li>• Lack of administrative support</li> <li>• Lack of recognition of need by management</li> <li>• Rewards</li> <li>• Appreciation from patients</li> </ul>
Person's Repertory of Behavior (Internal)	<b>Knowledge</b> <ul style="list-style-type: none"> <li>• Lack of knowledge of cultural differences</li> <li>• Lack of adequate training</li> </ul>	<b>Capacity</b> <ul style="list-style-type: none"> <li>• Lack of tolerance of differences</li> <li>• Living in Miami and previous experience helpful</li> <li>• Being from a different culture</li> </ul>	<b>Motives</b> <ul style="list-style-type: none"> <li>• Professional expectations</li> <li>• Caring</li> <li>• Learning</li> <li>• No choice</li> </ul>

## Implications for Organizational Policy

- Provide expectations, tools, resources, and incentives
- Provide adequate language services
- Match ethnicity of patients with ethnicity of staff
- Training on language issues, use of interpreters
- Make training mandatory
- Assess nurses' needs
- Make rounds

## Implications for National Policy

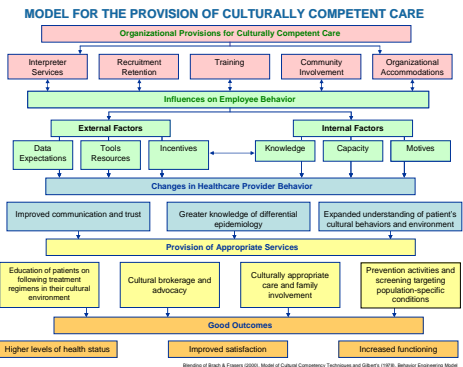
- JCAHO requirement
- Culturally competent care mandatory
- Make CLAS mandatory
- Schools of Nursing to enhance cultural competence content

## Implications for Practice

- Avoid use of bi-lingual co-workers
- Do not try to "wing it"
- Use trained interpreters
- Inform patients of language services
- Use audio visual aids
- Pursue training on cultural competence
- Voice concerns to managers
- Educate administration on relevant policies such as CLAS
- Prove the business case to administration

## Implications for Theory

- First use of Gilbert's Model in nursing research
- Validates components of CLAS
- Changes the focus from caregiver to organization
- Adds to the gap in the literature on organizational competence
- Gives nurses a voice in their needs



## Recommendations for Future Research

- Test blended model
- Studies on language issues in health care
- Develop and test a quantitative instrument
- Incorporate Gilbert's model into nursing research