April

Inservice-Training

"Cultural Competency"

Section Four- Cultural Competency

A. Definition

1. **Cultural**- Socially transmitted (as opposed to genetically transmitted) behavior patterns, arts, beliefs, communications, actions, customs, and values or racial ethnic, religious, or social groups.
2. **Cultural Competency**- Cultural Competency is the genuine sensitivity and respect given to people regardless of their ethnicity, race, language, culture, or national origin. (E. Calahan, 2003) It enables professionals to work effectively in cross-cultural situations.
3. **Cultural Awareness**- Developing sensitivity and understanding of another ethnic group without assigning values such as better or worse, right or wrong. This usually involves internal changes in terms of attitudes and values. Awareness and sensitivity also refer to the qualities of openness and flexibility that people develop in relations to others.
4. **Cross Cultural**- Interaction between individuals from different cultures.
5. **Ethnicity-** Belonging to a common group with shared heritage, often linked by race, nationality, and language.
6. **Race**- a socially defined population that is derived from distinguishable physical characteristics that are genetically determined.

B. Awareness Of Cultural Differences

Cultural awareness and sensitivity are an important part of providing care to the people being served by DCWs. We need to respect other cultures and try to learn more about the different cultures for a better understanding of the individuals being served. Keep in mind: Not all people from one culture are the same. The following examples are generally true, but they may not apply to all people.

1. Examples of Cultural Differences:

Native American Culture

- Usually want a DCW from their own tribe
- Believe in non-traditional medicine

Asian Culture

- Prefer more space between speaker and listener
- Limited contact, no hugging or back slapping

Latino Culture

- Comfortable with close conversational distance
- More expressive

East Indian

- Believe the head is fragile and should not be touched

Muslim Culture

- Woman will not shake the hand of a man

Examples of some innocent gestures that could be misunderstood:

1. Use of the left hand to touch or hand something to a person. Some cultures use their left hand for personal hygiene and think of it as unclean.
2. Nodding the head up and down is considered a sign of understanding and agreeing, but among other cultures it is simply saying, “I hear you are speaking”.
3. Strong eye contact can be appreciated by one culture but by another it could be a sign of disrespect.

2. The Cultural Competency Continuum.

- Fear- Others are viewed with apprehension and contact is avoided.
- Denial- The existence of the other group is denied. This belief may reflect either physical or social isolation from people of different cultural backgrounds.
- Superiority- The other group exists but is considered inferior.
- Minimization- An individual acknowledges cultural differences but trivializes them. The person believes human similarities outweigh any differences.
- Acceptance- Differences are appreciated, noted, and valued.
- Adaptation- Individuals develop and improve skills for interacting and communicating with people of other cultures. This is the ability to look at the world with different eyes.
- Integration- Individuals in this stage value a variety of cultures. They are constantly defining their own identity and evaluating behavior and values in contrast to and in concert with a multitude of cultures.

A culturally competent person acknowledges and values diversity and accommodates differences by seeking a common vision (e.g. the need for assistance). **Diversity is viewed as strength.** Cultural competency encompasses more than race, gender, and ethnicity… it includes all those *differences* that make us unique. With adequate time, commitment, learning, and action, people and organizations can change, grow, improve… to become more *culturally competent.*

3. Perceptions

In order to become culturally competent. We need to understand our own culture and our own perception. Ask yourself these questions:

How have my experience and culture impact how I see and respond to others?

How do my perceptions of and response to others impact them?

As you consider your answers, keep the following in mind.

- No one is born with opinions or biases, rather they are learned.
- When children learn about the world, they learn both information and misinformation about people who are different from them and their families by virtue of gender, race, religion, sexual orientation, class, or in other ways.
- Some of this information is about stereotyping. This is where stereotyping takes root.

People we learned from were simply passing on to us messages that had been handed down to them. Besides our family and friends, we received some of the messages from society through media and our everyday surroundings such as television, textbooks, advertisements, etc. Sometimes, the messages were overt and sometimes they were subtle.

Example:

A. My mother would say, “Lock the door” when driving through a certain neighborhood.
B. Adults say, “Change the radio station” when certain topics were being discussed.

These influences in our lives basically have the effect of putting us on “automatic” When we encounter certain situations or people, we automatically respond (usually due to fear) rather than rationally thinking through the situations. **This process of being on automatic is stereotyping.**

As adults, most of us are still on automatic; we still form new "mental tapes" and respond with knee-jerk reactions to people who are different from us. Stereotyping is very difficult to undo. **We all do it!** Freeing ourselves of the tendency to stereotype allows us to work more positively and effectively with consumers and others who are culturally different from ourselves.

Through self-awareness and sustained efforts, it is possible to control the automatic, become conscious of our reactions to difference, make-choices about how we wish to behave, and begin to respond to differences in a clear-headed, rational manner without fear and apprehension. We may not be able to undo our stereotypes, but we can begin to manage them (to become more culturally competent).

Example:

You walk into a home and you see photos from a different country and objects you don't recognize. You also hear people speaking in a language you don't understand. Your first thought is to not take the position. You talk with your supervisor and she informs you that the consumer is from India. She has only one son who lives in the same town. It is important to her to remember her home country. Speaking her native language with her son feels natural to her.

Now you know a little more about the situation. You can understand that it is important to stay in touch with one's culture. You can learn about the culture. You now are in a position to really make a difference in this individual's life.

Awareness is the key to attaining cultural competency.

C. Cross-Cultural Communication

1. Potential Barriers

To work effectively in a culturally diverse environment, we need to have an understanding of some of the potential barriers to effective cross-cultural communication and interaction.

When communication between people breaks down, it is frustrating and often appears to be due to a difference in communication style. However, the more fundamental cause is often a difference in values, which are shaped by culture and experiences.

How is communication influenced or shaped by our individual culture and experiences? Examples are tone of voice, regional accents, gestures, showing emotions (affect), formality, and personal distance.

Watch out for:

A. **Assumed similarity-** We assume that words and gestures have a set meaning if we speak the same language, but they may be different. For example, when you talk about supper, some people may think of a meal of bread and cold cuts. Others envision a warm dinner with meats and vegetables.
B. **Non-Verbal Communication-** Approximately 70% to 90% of our communication is affected by non-verbal cues. This includes smiling, silence, gestures, nodding, eye contact, body language, and touch. Because non-verbal cues mean different things to different cultures, we need to be cautious of the interpretations we attach to these behaviors. For example, not making eye contact can be seen as being passive and untrustworthy, but to others making eye contact may appear as rude and aggressive.
C. **Verbal Language- The most obvious barrier.** Slang and idioms can be hard to understand. Phrases such as "run that by me" or "cut the check" may be unfamiliar to some people. Also, technical jargon like "to Fed Ex a letter" or getting one's "tubes tied" are not always clear.

2. Cultural Diversity and Health

Direct care workers need to know that people have different views of health and illness depending on their cultural background and upbringing. This can affect how consumers feel about receiving help from others. Some prefer family members to provide assistance; others have strong preferences about working only with a male or female DCW.

There are different views of dealing with illness or disability. Here are some examples:

- Traditional remedies vs. modern medicine and technology
- Aggressive treatment vs. gentle, mild treatments
- Acceptance (a wait-and-see approach) vs. taking action

3. Communication Tips

Communication Do's

- Learn and use the correct pronunciation of a person's name.
- Give examples to illustrate a point.
- Look at the situation from the other person's perspective.
- Simplify or rephrase what is said.
- Use language that is inclusive.
- Pause between sentences.
- Ask for clarification.
- Remain aware of biases and assumptions.
- Be Patient.

Communication Don'ts

- Don't pretend to understand.
- Don't always assume that you're being understood.
- Don't always rush or shout.
- Don't laugh at misused words or phrases.
- Don't overuse idioms and slang (e.g.,"pay the piper" or "beat around the bush")
- Don't assume that using first names is appropriate
- **Don't assume that limited language proficiency means limited intelligence.**

In Summary:

There are many cultural differences with the people being served. The best way to work through these differences is communicating with your consumers and learning from them about their customs, traditions, etc. and how that impacts the assistance you are providing.

- Take the time to learn about an individual's needs, strengths, and preferences.
- Do not assume that you know what is best.
- The manner in which you support individuals should reflect their needs, strengths, and preferences, not yours (e.g., giving choices and showing respect).

The old rule was the Golden Rule: Treat others the way you would want to be treated.
The new rule is the Platinum Rule: Treat others as <u>they</u> want to be treated.

What do you do when you are preparing to provide care to a person from a culture other than yours?

- Do not be judgmental.
- Talk to the person (or family members) being served about his/her customs, so you do not unintentionally offend him/her.
- Avoid body language that can be offensive.
- Avoid clothing that can be offensive.

Now that you've read through the

April In-Service review, please return to

the previous page, and complete the

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online form for submission.