An introduction to Cultural Competence in Pharmacy

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“Culture is the water in which the fish swims”
Dr Paratene Ngata 1984
It is now mandatory for all NZ registered pharmacists to practice pharmacy in a culturally competent manner.

Definitions:

✓ **Competence**
  Competence is the skills, knowledge and experience to function in a particular way.

✓ **Culture**
  Culture is the sum total of ways of living built up by a group of human beings and transmitted from one generation to another. Culture is learned and acts like a template, shaping our behaviour and beliefs from generation to generation.
  
  Wells and Black 2000. Cultural competency for health professionals

*Culture influences and shapes our total way of living including our values, beliefs, linguistic expressions, patterns of thinking, behaviours and attitudes.*
Handout exercise
We can see:

**Appearance and behaviours**

We can’t see:

**The values and beliefs that shape those behaviours.**

We shouldn’t guess or assume:

**What is hidden beneath the surface**

http://27gen.blogspot.com/2011_02_01_archive.html
Where might these different values and beliefs come from?

✓ ethnicity
✓ age
✓ language
✓ health status
✓ experience
✓ education
✓ gender
✓ sexual orientation
✓ disability
✓ religious affiliation
✓ appearance
✓ geographical location
✓ etc

Range statement from Pharmacy Council:
Culture includes but is not restricted to age, gender, sexual orientation, race, socioeconomic status (including occupation), religion, physical, mental or other impairments, ethnicity and organisational culture.
Cultural competence

✅ Cultural competence is the ability of people to see beyond the boundaries of their own cultural interpretations; the ability to maintain objectivity when faced with persons from cultures different from their own; and the ability to interpret and understand the behaviours and intentions of persons from other cultures non-judgementally and without bias.

Walker 1991 - Rehabilitation service delivery to individuals with disabilities
...a question of cultural competence. OSERS News in Print IV (2).

✅ Cultural competence is the ability to interact effectively with people of different cultures.

✅ It is an evolving and developmental process that can never be completed.
Cultural competence has three components:

✔ An awareness of your own culture and attitude towards cultural differences (self-exploration).
  ✔ Understanding that different cultures have different rules

✔ Being knowledgeable and sensitive of different cultural practices.
  ✔ Being non-judgemental and having an enquiring attitude

✔ Ability to use cross-cultural skills to provide care to diverse populations.
Benefits of practicing pharmacy in a culturally competent manner

- Enhances the pharmacist – patient relationship
- Encourages collaborative management of the patients' illness
- Potential to improve patient health outcomes
- Potential to save health care dollars
- Potential to reduce disparities in health.
Competence Standard 1
Practice pharmacy in a professional and culturally competent manner

✓ This standard applies to all pharmacists regardless of their area of pharmacy practice.

✓ Cultural competence is the ability to interact respectfully and effectively with persons from a background which is different from your own.

✓ It goes beyond an awareness of or sensitivity to another culture to include the ability to use that knowledge in cross-cultural situations.
The Pharmacy Council expects that a culturally competent pharmacist recognises:

- That their own cultural identity will influence his or her professional practice and is willing to use that knowledge to mitigate any potential negative impact of that influence.

- That cultural competence is fundamental in assisting every person achieve their own optimal health outcomes.

- The status of Māori, Te Tiriti o Waitangi and the Treaty of Waitangi in the New Zealand health sector (including the impacts on health and access to health care and services).

- That New Zealand has a culturally diverse population and how that diversity impacts on healthcare access and delivery.

- That, within their workplace, systems should be developed and maintained to ensure equitable health outcomes in service delivery.
The Māori Health Strategy for the Pharmacy Profession

Vision: The pharmacy profession will achieve improvements in Māori well-being.

The strategy document has four goals and each goal is comprised of a number of strategies.

**Goal One**
The pharmacy profession’s lead organisations recognise Māori well-being as a priority.

**Goal Two**
A competent pharmacy workforce that supports Māori well-being.

**Goal Three**
Key relationships with Māori are strengthened and maintained across the pharmacy profession.

**Goal Four**
Pharmacy services will be innovative in improving Māori well-being.

2006 Census results showed the ethnic make-up of New Zealand continues to change.

More people identified with more than one ethnic group – 10.4 % in 2006, compared with 9.0 % in 2001.

Māori population increased by 39,048 (7.4 percent) to 565,329. With one in seven people identifying as being Māori.

Asian ethnic groups grew the fastest. The number of people identifying with the Asian ethnic groups has doubled since 1996, when it was 173,502.

Those identifying with Pacific peoples ethnic groups had the second-largest increase from the 2001 Census, up 14.7 percent to total 265,974.

European remains the largest ethnic group, totalling 2,610,000 (67.6 percent) in 2006.
Whatever group we belong to what we usually want from others is recognition, respect, understanding and empathy.
In any cultural encounter, there is always a temptation to feel that others have unlikeable characteristics or intentions, rather than to realize they are acting according to different rules.

Professor Geert Hofstede
To make responsible health care decisions providers must be conscious of how culture shapes not only their own but also their clients’ attitudes, values, behaviours and beliefs.

We must learn how to see things in different ways.
And not make assumptions......
Stereotyping

http://www.albany.edu/sph/coned/t2b2communicating.htm
Exploring different cultures:

- Helps people to learn about new ways of interpreting reality.
- Increases their understanding of other people.
- Enhances their experiences.

Demonstrating respect and interest in the cultural perspectives of others serves as a foundation for developing supportive and cooperative relationships with persons from different cultures.
I do not want my house to be walled in on all sides and my windows to be stuffed. I want the cultures of all the lands to be blown about my house as freely as possible. But I refuse to be blown off my feet by any.

Mahatma Gandhi
A major source of cultural misunderstanding and conflict lies in the clash of deeply rooted, conditioned perceptions of reality.

Wells and Black 2000. Cultural competency for health professionals

This is how it is! ........................

Or is it?

“Why do I think that? Could there be another explanation or another way of doing this or seeing this?”
Pharmacists need to understand and communicate effectively (openly and non judgementally) with culturally diverse populations.

People don’t get along because they fear each other. People fear each other because they don’t know each other. They don’t know each other because they have not properly communicated with each other.

Dr Martin Luther King Jr.
“For many ethnic groups, spiritual and natural forces can cause illness, and treatment should be based on those beliefs. When these differences are not addressed in the clinical encounter, the consequences can be noncompliance and misunderstandings.”


An example of this is recounted in the book: The Spirit Catches You and You Fall Down. A Hmong Child, Her American Doctors, and the Collision of Two Cultures by Anne Fadiman. Farrar, Straus and Giroux Paperbacks, September 1998
The culturally competent pharmacist is:

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✓ Is aware of and sensitive to their own culture

✓ Is aware of and willing to explore their own biases and values

✓ Is respectful of and sensitive to diversity among individuals

✓ Is knowledgeable about another’s culture

✓ Is skilled in selecting and using culturally sensitive intervention strategies
Attributes of a culturally competent pharmacist

✓ Understands health-related values, perspectives, and behavioural patterns of diverse populations.

✓ Has the ability to **avoid** applying a cookbook approach to all persons associated with a population or diverse group. i.e. compiling a list of information on the beliefs, values, attitudes and behaviours characteristic of a society or population and then assuming this information applies to all persons associated with that society or population, ignoring all the diversity within a population.

✓ Has the ability to use, send, and interpret a variety of communication skills (verbal and nonverbal) to facilitate the therapist-client interaction.

A multicultural education and resource guide for occupational therapy educators and practitioners pages 19 – 20, by S A Wells, 1994
How can I begin the journey towards cultural competence?

- Valuing differences
- Engaging in self evaluation
- Understanding the dynamics of relationships
- and communication
- Building cultural knowledge
- Adapting practices
Explore your biases using the Implicit Association Test

https://implicit.harvard.edu/implicit/
Communication

Kleinman's Questions

1. What do you think caused the problem?
2. Why do you think it happened when it did?
3. What do you think your sickness does to you? How does it work?
4. How severe is your sickness? Will it have a short course?
5. What kind of treatment do you think you should receive?
6. What are the most important results you hope to receive from this treatment?
7. What are the chief problems your sickness has caused for you?
8. What do you fear most about your sickness?

Communication frameworks

The LEARN Model

L  Listen to the patient's perspective

E  Explain and share one's own perspective

A  Acknowledge differences and similarities between these two perspectives

R  Recommend a treatment plan

N  Negotiate a mutually agreed-on treatment plan

Communication frameworks

E Explanation (How do you explain your illness?)
T Treatment (What treatment have you tried?)
H Healers (Have you sought any advice from any other types of healers?)
N Negotiate (mutually acceptable options)
I (Agree on) Intervention
C Collaboration (with patient, family, and healers)

Dr. Camphina-Bacote

Describes her practice model of cultural competence as a volcano

“At the base there must be a true desire to be culturally competent. Once this desire is developed it wells up and finally erupts pervading all decisions made as a healthcare provider.”
Developmental Model of Intercultural Sensitivity (DMIS) Milton Bennett 1986

Denial
Minimisation
Defensive
Acceptance
Adaptation
Integration
Culturally sensitive
Culturally insensitive
**Denial** – Your culture is the only culture that exists. You have no interest in cultural differences.

**Defensive** – Your culture is the only good culture. Cultural differences exist but are threatening. You use stereotypes to defend yourself.

**Minimisation** – You experience elements of your culture as universal. You minimise differences between cultures and believe that human similarities outweigh any differences. “Treat everyone the same”

**Acceptance** – You recognise and value cultural differences, without judging. You are curious about different cultures.

**Adaptation** – You experience other cultures by yeilding to perceptions and behaviours acceptable to that culture. You change your behaviour to communicate more effectively with different cultures.

**Integration** – You value a variety of cultures and continuously define your own identity in contrast and in conjunction with a number of cultures. You move easily in and out of varying worldviews.

*Developmental Model of Intercultural Sensitivity (DMIS) Milton Bennett 1986*
Start your journey towards cultural competence and humility by reading this article published in the NZ Herald Jan 2010 and written by Adam Awad, a former refugee from Somalia.

Think about how you as a practising pharmacist could develop skills and knowledge to help you optimise health outcomes of refugees resettled in New Zealand.

What would you need to know in order to be effective? How would you go about finding out this information?