University of Leicester

Delivering appropriate care to culturally diverse families

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Presentation plan

Defining the meaning of children, family, culture, diversity
Relevance of diversity education
Effectiveness of diversity training
Educational models
Staff and patient perspectives
Training needs

Meaning of family and meaning of culture

Define the term family

Define the term culture

Culture and services

Service presentation influenced by:
How the family view childhood/adolescence
How the family understand the problem?
How the family view the potential services?
Issues of access (overplayed); experience of service use; visibility of services

What does cultural diversity actually mean?

Many definitions of culture – not value free

The concept of culture, cultural identity or belonging to a cultural group involves active engagement

Dynamic process.

Problematic to assign cultural categories externally on single characteristics.

Identity draws from culture but is not simply formed by it.

Association of American Medical Colleges (AAMC):

"Culture is defined by each person in relationship to the group or groups with whom he or she identifies. An individual's cultural identity may be based on heritage as well as individual circumstances and personal choice. Cultural identity may be affected by such factors as race, ethnicity, age, language, country of origin, acculturation, sexual orientation, gender, socioeconomic status, religious/spiritual beliefs, physical abilities, occupation, among others. These factors may impact behaviours such as communication styles, diet preferences, health beliefs, family roles, lifestyle, rituals and decision-making processes. All of these beliefs and practices, in turn can influence how patients and health care professionals perceive health and illness and how they interact with one another" (AAMC, 1999: 25).

Association of American Medical Colleges (AAMC):

Culture is defined by each person in relationship to the group or groups with whom he or she identifies

Based on heritage as well as individual circumstances and personal choice.

Cultural identity may be affected many factors

These beliefs and practices influence how patients and heath care professionals perceive health and illness and how they interact with one another (AAMC, 1999: 25).

Why this definition?

- Patient-centred/individual-centred clinically applicable
- Through interplay of external and internal meanings construct a sense of identity and unique culture.
- Patients define which aspect of their cultural belonging is relevant at any particular point
- Dynamic definition allowing for change in clinical contexts, at different life stages and on the clinical presentation itself
- Patient and professional acknowledged to have culture

Diversity

- **Diversity – imprecise and inconsistent use**
- **May mean diversity of ethnicity for which the term 'multiculturalism' is often used (e.g. Culhane-Pera *et al* 1997, Loudon *et al*, 2001).**
- **Much broader range of difference relating to individual characteristics beyond ethnicity.**

Why is diversity important to health care delivery and other service provision?

There are several key reasons, which include:

- Increasing diversity of populations (patients and workforce)
- Increasing albeit limited evidence that taking a patient-centred approach improves outcomes
- Huge disparities in care accessed
- Disparities beyond the point of access
- Differential outcomes
- Legislative frameworks

Problems that may arise

- Lack of knowledge – resulting in an inability to recognise the differences
- Self-protection/denial – leading to an attitude that these differences are not significant, or that our common humanity transcends our differences
- Fear of the unknown or the new – because this is challenging and perhaps intimidating to understand something new that does not fit into one's worldview
- Feeling of pressure due to time constraints – which can lead to feeling rushed and unable to look in depth at an individual patient's needs

In turn may lead to

- Patient-provider relationships are affected when understanding of each other's expectations is missing
- Miscommunication
- Non-compliance and not understanding patient perspective
- Rejection of the healthcare provider
- Conflict or isolation within staff groups

Published evidence

Very few programmes have been subject to evaluation beyond subjective student feedback. Some exceptions

All used pre- and post-teaching questionnaires.

All reported some degree of ‘positive’ changes in student perspectives but there was little follow up

Little convincing evidence that training improves clinical care or health outcomes (Anderson et al, 2003, Beach et al, 2005, Dogra & Pokras Carter, 2006)

Ideal types for cultural expertise and cultural sensibility

Cultural expertise:

Expert skill, knowledge or judgement, with expert being defined as having special skill at a task or knowledge in a subject.

Notion that through learning knowledge about 'other' cultures, one can develop '*cultural expertise*'

Cultural sensibility

Sensibility is openness to emotional impressions, susceptibility, and sensitiveness. It relates to a person's moral, emotional or aesthetic ideas or standards.

Cultural sensitivity is the quality or degree of being sensitive which is more limited than sensibility

If one is open to the outside, one might reflect and change because of that experience.

Item	Cultural expertise	Cultural sensibility
Conception of culture	Culture is an externally recognised characteristic	Culture is an internally constructed sense of self
	Static One-dimensional Race/ethnicity emphasised	Dynamic/fluid Multidimensional Race is one aspect

Item	Cultural competence	Cultural sensibility
Perception of individual's relationship to society		
Identity formation	Individuals are shaped by their social world	Individuals construct and accomplish their own social world
Individual's relationship with society	In defining culture relationship is between groups	In defining culture relationship is between an individual and others

Item	Cultural competence	Cultural sensibility
	Dialogue re culture takes place between groups	Dialogue re culture takes place between individuals
	Individuals remain as defined by their culture irrespective of the context	Individuals bring their own meanings and histories to different contexts i.e. the meanings may change dependent on the context

Item	Cultural expertise	Cultural sensibility
Educational process		
Learning process	Acquisition of knowledge	Acquisition of principles (method)
Cultural focus	Majority view of other cultures dominant Majority Whites need to consider needs of minorities	No focus on particular groups – all individuals need to consider needs of others

Item	Cultural expertise	Cultural sensibility
Role of experts	There are those who are experts on understanding cultural perspectives of certain groups	No one individual has ownership of expertise of others with respect to identification of cultural belonging

Case example

A Pakistani father suggests to you that it is inappropriate for you to spend part of the assessment alone with his 15 year old daughter?

What’s the right thing to do?

What do healthcare providers and patients think about diversity training?

Richardson et al (2005) oncology staff

Dogra et al (in press) CAMHS professionals

Shapiro et al (2002) focus groups with patients and faculty

Dogra (2004) patients as medical education stakeholders

Dogra et al (2007) Guajarati adolescents and their families (not patients)

Perceptions of diversity

Majority had a fairly traditional positivist view of culture

A greater emphasis on race/ethnicity over other factors

Just under a quarter related diversity to individual sense of self.

What is your perspective?

Training issues

Majority of staff had been trained

Minority found it useful

Race assumed to be most important factor

Often reinforced or created stereotypes.

Not felt to be engaging

Training needs

Majority identified needing more information about ‘specific groups’ such as Muslims or Blacks.

Internal inconsistency in that viewed diversity as related to individuals but wanted information about groups.

Generally staff demonstrated little clarity or certainty about training needs - reflects the confusion in this area.

Policy

Most policy in this area is not evidence based

Political agendas and not educational agendas foremost

Policy may be difficult to implement in any meaningful way

(Dogra and Williams, 2006)

Summary

Do we need to change the way we think about culture and diversity?

Do we need to change the way we think about providing services?

What is it that we are trying to achieve?

How will what we are doing make things better and how will we know?

What's your service doing but even more important, what are you doing?

Training outcomes

Group 1

First contact pre-assessment: Introduction to service/what we provide/things for the family to consider/introduction and awareness of individual culture

How: Leaflet for patient at appointment or pre-assessment. Minimum of paragraph in letter, tie in with audit.

To provide a sensitive and respectful service acknowledging cultural need and belief

How: History taking, tick-box checklist re sociocultural dynamics.

To respect cultural individuality whilst maintaining patient-centred curiosity

How: Care planning and/or cultural information sharing

Training outcomes

Group 2

Formulation of cultural needs post assessment and audit as was done with substance misuse

Introduce prompt sheets/standardised assessment tools to include cultural needs (again as we did with substance misuse)

Team case discussion – ensure culture raised, asked and recorded.

At end of assessment ask if we have met their needs

Keep a written record of reflective process demonstrating recognition of cultural needs/ beliefs/perception?

Basic information (including welcome)

Finding out of anyone has defined what actually a culturally sensible service is.