

Principles of Caregiving: Fundamentals

Chapter 4 – Cultural Competency

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OBJECTIVES

1. Define culture and give examples of different cultural concepts and practices.
2. Explain the importance of self-awareness and cultural competency.
3. Identify and describe potential barriers to communication due to cultural differences.
4. Identify, describe and explain the importance of appropriate methods for addressing cultural and religious diversity.

KEY TERMS

Bias

Culture

Cross-cultural communication

Platinum rule

Cultural competency

Stereotype

A. DEFINITIONS

- **Culture:** Behavior patterns, arts, beliefs, communications, actions, customs, and values. They are linked to racial, ethnic, religious, or social groups.
- **Cultural competency:** Sensitivity and respect given to people regardless of their ethnicity, race, language, culture or national origin. It enables professionals to work effectively in cross-cultural situations.
- **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 relation to others.
- **Cross cultural:** Interaction between individuals from different cultures.
- **Ethnicity:** Belonging to a common group with shared heritage, often linked by race, nationality, and language.
- **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. Then we can better understand 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 Culture Differences

a. Native American

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

b. Asian

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

c. Latino

- Comfortable with close conversational distance
- More expressive

d. East Indian

- Believe the head is fragile and should not be touched

e. Muslim

- Woman will not shake the hand of a man

Examples of some innocent gestures that could be misunderstood:

- 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 being unclean.
- 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.”
- 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 far 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 (for example, 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 perceptions. Ask yourself these questions:

- How have my experience and my culture impacted 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; 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. The differences can be gender, race, religion, sexual orientation, class, or 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 the media and our everyday surroundings such as television, textbooks, advertisements, etc. Sometimes the messages are overt, sometimes more subtle.

Examples:

- My mother would say, “*Lock the door*” when driving through a certain neighborhood.
- 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 situation. **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 people who are culturally different from ourselves.

Through self-awareness and efforts, it is possible to control the automatic response. We can become conscious of our reactions, and 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. We can 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 not to take the position. You talk with your supervisor and she informs you that the client 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.
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C. DIFFERENT CULTURES IN ARIZONA

1. Arizona Population

Arizona is a good example of a state with many cultures and ethnic groups. More than 10% (1 in 10) of the population was born in another country. One quarter of the people (1 in 4) speaks a language other than English at home. The U.S. Census Bureau breaks down the Arizona population by self-reported categories of race as follows:

Arizona Population 2008	
White persons	86.5%
Black persons	4.2%
American Indian and Alaska Native persons	4.9%
Asian persons	2.5%
Native Hawaiian and Other Pacific Islander	0.2%
Persons reporting two or more races	1.8%
Persons of Hispanic or Latino origin	30.1%

Source: <http://quickfacts.census.gov/qfd/states/04000.html>

Keep in mind that not all speakers of a language are the same. People may speak a language (for example, Spanish) but come from different countries. It is important to be aware that cultural differences exist. Also, you want to become comfortable with asking people about their preferences and customs. For more information see Section D, Cross-Cultural Communication, in this chapter.

2. Refugees in Arizona

Under United States law, a refugee is a person from another country who is persecuted for a reason such as race, religion, or political opinions. Refugees do not come here because of disasters or economic reasons.

Arizona has refugees mostly from these locations:

- Iraq
- Bhutan
- Somalia
- Burundi
- Cuba

Remember, that not all people from one country are the same. Some are from cities, others from the country. Education and work experience can be very different. They can speak different languages and have different religions.

Refugees have to adjust to life in this country. Challenges often include the following:

- Having no home and little money.
- Having to look for employment.
- Learning English.
- Transportation.
- Learning about the healthcare system.
- Learning about government bureaucracies.
- Adapting to American culture and values.
- Physical health—some have injuries.
- Mental health—many suffer from stress or fear.

D. 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. It often appears to be 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:

- **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 meat and vegetables.
- **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 polite and respectful.

- **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 (“*to Fed Ex a letter*”) or sports references (“*out in left field*”) 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 clients 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

a. 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.

b. Communication don’ts

- Don’t pretend to understand.
- Don’t always assume that you are being understood.
- Don’t 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.

c. Summary

There are many cultural differences with the people being served. The best way to work through these differences is communicating with your clients 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 (for example, 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 *they* 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.

Source: Adapted with permission from “Introduction to Cultural Competency”, Value Options 2004
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Did you know?

1. All people from one country share the same culture. True False
 2. Cultural differences affect how people think. True False
 3. It helps to know your own culture if you need to understand others. True False
 4. It is normal to feel confusion or fear when people do things in a different way..... True False
 5. 20% of Arizonans (1 in 5 people) were born outside of the U.S. True False
 6. A good way to treat people is:
 - a. The way you want to be treated. (Golden Rule)
 - b. The way they want to be treated. (Platinum Rule)
 7. You are providing services to Mr. Chang. He is usually quiet and does not look at you much.
 - a. He is not interested in talking to you. You are not sure he respects you.
 - b. In his culture, it is not polite to look directly at people for a long time.
 8. You do chores for Mrs. Green. Her apartment is often very warm and a little stuffy.
 - a. You open the windows when you get there.
 - b. You ask her if you can open the window to let cool air in.
 9. Mrs. Kim has been very ill. She says she will speak to her daughter and son-in-law about it.
 - a. She seems not interested in getting medical care.
 - b. She may prefer to make decisions together with her family.
- *Note: In any case, the DCW should inform the supervisor about the illness.

E. RESOURCES

- Cultural Profiles. Funded by Citizenship and Immigration Canada. Select from a long list of countries to learn about customs and beliefs. www.cp-pc.ca/english/
- University of Michigan, Program for Multicultural Health. Information on cultural competency, different cultures, and resources. www.med.umich.edu/multicultural/ccp/tools.htm
- National Center for Cultural Competence, Information on cultural awareness, teaching tips and links to more resources. www.ncccurrecula.info/awareness/index.html
- Cultural Diversity in Nursing. A list of cultural resources on different cultures. <http://www.culturediversity.org/links.htm>