



TIP SHEET #3 – CULTURAL COMPETENCY & LIMITED ENGLISH PROFICIENCY

Our country is becoming more culturally diverse all the time. In fact the US Census Bureau predicts that within the next 50 years nearly half of the nation's population will be from cultures other than non-Hispanic White. Take a moment and think about your patient population. How many cultures are represented? How does the culture(s) of your staff differ from your patient population?

Cultural factors that influence the quality of patient/provider communication include:

- ✓ Personal biases
- ✓ Nonverbal communication
- ✓ Patients' families
- ✓ Cultural values and beliefs

Cultural competence is a developmental process that takes place over time. As caregivers, learning culture specific information about your patient population, such as cultural concepts of illness, gender roles, family structure, religious beliefs, and verbal and non-verbal communication will increase your cultural competence. ***In addition to learning culture specific information, developing cultural competence includes expanding your awareness and sensitivity through self-reflection on your experiences with people from other cultures.***

A self-assessment of your assumptions and biases is an important element of understanding your current level of cultural competence. Do you tend to have positive or negative feelings about a particular culture? Are your feelings based on personal experience, assumptions, what you've seen in the media, read or heard about a culture? Do you tend to generalize your feelings towards a specific cultural group based on limited or no direct contact with anyone from that culture? An important way to evaluate your current level of cultural competency is to pay attention to what you're thinking and feeling during an interaction with a patient. What are you automatically thinking? What are you feeling? An honest self-assessment can help guide you toward obtaining knowledge and changing how you relate to individuals from other cultures.

[A note of caution: a risk of increasing cultural competence is stereotyping! Not everyone from the same cultural background expresses his or her culture in exactly the same way. Just as you wouldn't want others to stereotype you based on your culture, you must be careful to not judge others based on your own assumptions – both positive and negative – about their culture.]

Cultural competence as a dialysis caregiver requires self-assessment and reflection, learning culture-specific information and then developing an understanding of your patient's cultural perspective and how it impacts issues such as adjustment to ESRD, compliance with treatment, communication, and relationship with health care providers. For example, you may want to ask your patient:

- ❑ Is there any cultural/spiritual practice that would occasionally require flexibility in scheduling dialysis treatments or that would impact diet and nutrition?
- ❑ Will cultural issues impact transplant referral?

- ❑ How does he or she express concerns or complaints? Does someone else in the family have this role?
- ❑ Ask the patient to tell you how you will know when he or she is in pain.

How does your facility communicate with patients who have limited or no English proficiency?

Patients can't fully exercise their rights as patients or actively participate in their care when they don't receive information in ways they can understand or have opportunities to communicate directly with the staff. Ways to effectively communicate with these patients include providing translated written materials, using pictures or graphic materials, and interpretation services. Additionally, be aware that some patients may not be literate in English or their native language so translated written materials are not helpful in these situations.

Did you know that the ability to speak two languages doesn't mean the person is an effective interpreter? Key issues in effective interpretation are making sure the message is interpreted correctly, in the speaker's own words and not edited in any way, is clearly understood by the receiver, and that transparency is utilized in every interpreted conversation. *Transparency is maintained when everything said by any party present, including the interpreter speaking for him/herself, is interpreted into a language that others participating in the conversation can understand.* For example, if you are interpreting on behalf of the doctor to a Spanish-speaking patient and you make a comment in English to the doctor, you must make that same comment in Spanish to the patient. And if you and the doctor are discussing something about this patient as part of this encounter, the discussion needs to be interpreted to the patient. Many facilities effectively use staff as interpreters with patients. It is best not to use a family member or another patient for interpretation, especially in situations that require a conversation and decision making about medical and treatment issues, and never use children in this capacity. There is an increased risk of having the message edited and the family member or patient interpreter may not fully understand him/herself the message they are supposed to be interpreting. Both of these scenarios could be detrimental to the patient. In the absence of staff or community-based interpreters in your area, there are telephonic interpretation services available, such as Language Line.

TOOLS/INTERVENTIONS

- ❑ Review the tools/interventions from Tip sheet #2 on health literacy. Many of them apply to the subject of cultural competency.
- ❑ Participate in cultural competency trainings. (*See next page.*)
- ❑ Recognize your own biases.
- ❑ Acknowledge and respect cultural differences related to illness, disease, disability and death.
- ❑ Take an active interest in learning about a patient's culture by asking him/her questions. This can help create a relationship of trust and respect.
- ❑ Nonverbal communication such as eye contact, facial expressions, hand and arm gestures, personal space, touching, physical postures, can be easily misinterpreted. It is best to learn about culture specific non-verbal communication styles and openly discuss them with patients.
- ❑ Be aware of available translation and interpretation services.
- ❑ When a staff person is acting as an interpreter, maintaining transparency will enhance the effectiveness of the communication.
- ❑ Never use children for interpretation purposes.
- ❑ Intervene in an appropriate way when you see other staff or patients engaging in behaviors that show cultural insensitivity, bias, or prejudice.

RESOURCES

CULTURE SPECIFIC INFORMATION AND SELF-ASSESSMENT TOOLS

- Health Resources and Services Administration. U.S. Department of Health and Human Services. www.hrsa.gov/culturalcompetence
- “The Provider’s Guide to Quality & Culture”. U.S. Department of Health and Human Services, Health Resources Services Administration, Bureau of Primary Health Care, and Management Sciences for Health. <http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English> .
- National Center for Cultural Competence. Georgetown University Center for Child and Human Development. <http://www11.georgetown.edu/research/gucchd/nccc/>.

INTERPRETATION AND TRANSLATION SERVICES

- American Translators Association. www.atanet.org.

Telephonic Language Interpretation services available through resources such as:

- Language Line – for information go to www.languageline.com or 800-752-6096
- LLE-LINK – for information go to www.lle-inc.com or 888-464-8553

CONTINUING EDUCATION FOR NURSES (9 CNEs/ No cost)

- “Culturally Competent Nursing Care: A Cornerstone of Caring”. Office of Minority Health. U.S. Department of Health and Human Services. <http://www.omhrc.gov/> . (under cultural competency tab)

REFERENCES

“Cultural Competency in Healthcare: A Clinical Review and Video Vignettes from the National Medical Association”. Melissa E. Clarke, MD; Christopher N. DeGannes, MD, FACP. Medscape. April, 2008.

National Center for Cultural Competence. Georgetown University Center for Child and Human Development. <http://www11.georgetown.edu/research/gucchd/nccc/>.

“The Provider’s Guide to Quality & Culture”. U.S. Department of Health and Human Services, Health Resources Services Administration, Bureau of Primary Health Care, and Management Sciences for Health. <http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English> .

“Unified Health Communication: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency”. Health Resources and Services Administration. U.S. Department of Health and Human Services.