CULTURAL COMPETENCE

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WHAT IS CULTURE?

- “An integrated pattern of human behavior including thought, communication, ways of interacting, roles & relationships, and expected behaviors, beliefs, values, practices and customs.”
  • Taylor 1996

- “The bearer of human wisdom that includes a wealth of human behaviors, beliefs, attitudes, values and experiences of immense worth.”
  • Nine-Curt (1984)
Cultural competence may also be associated with diversity (different cultures respecting each others differences).

Diversity must be prevalent and valued before one may be considered culturally competent or diversity competent organization.

Orbe & Spellers 2005
CULTURAL COMPETENCE

Comprises 4 Components

- **Awareness** of one's own culture / worldview
- **Attitudes** towards cultural differences
- **Knowledge** of different cultural practices
- **Skills** that are cross cultural
Developing cultural competence results in an ability to understand, communicate with and effectively interact with people across cultures.

Cultural Competence does not happen right away, it is a process that requires desire, intent and skill to develop over time.
Organizations that acknowledge & incorporate at all levels:

• The importance of culture
• The assessment of cross-cultural relations
• Appreciation of the dynamics that result from cultural differences
• The expansion of knowledge
• Adaptation of services to meet the culturally unique needs of the organization
Providing health care that meets the needs of ethnic groups requires the health care worker consider the following differences:

- Culture / Race
- Social
- Religious
- Linguistic
Healthcare workers need to understand & embrace that the U.S. is one of the most ethnically diverse nations in the world.

There is a need for cultural competence & understanding of the role of race & ethnicity in end-of-life issues.
ASIANCULTURAL BARRIERS IN HOSPICE CARE

Teneese Nguyen, MD
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ASIAN CULTURAL BARRIERS

- Asians make up approximately 11% of hospice enrollees and comprise 4.8% of population in United States.

- Compared to whites 81% and comprise 72.4% of United States population.

  - U.S. Census Bureau 2010
Factors that may affect one’s perceptions and beliefs about illnesses, suffering, pain, coping, dying, and death:

- Race
- Ethnicity
- Culture
- Religion
- Spirituality
- Family Dynamics
- Socioeconomic Status
- Education Level

Lack of familiarity with the health care system and language barrier
- Family prefers not to tell the patient his or her disease/illness even before death so that he/she can heal better.

- Greater involvement of extensive/large family lead to greater emotional impact (different decisions or beliefs resulting in major conflicts).

- For many Catholics, pain & suffering may be seen as God’s will and as a test of faith.

- Buddhists may refuse pain medications in order to remain mindful.
UNWILLINGNESS TO FOREGO LIFE-PROLONGING THERAPIES

- Perceptions of abandonment
- Belief in miracles of medicine and God
- Revoke or sign off hospice to go back to the hospital or receive more treatment.
AFRICAN AMERICAN BARRIERS IN HOSPICE CARE
PAIN, DEATH, AND DYING RESPONDENT WOULD:

- WANT TO KNOW IF DYING
- TELL OTHER I'M DYING
- TELL OTHER ABOUT PAIN
- ACCEPT THAT DYING

Kalish and Reynolds
PREFERRED LOCATION FOR DEATH

Kalish and Reynolds
8% of hospice enrollees in the U.S. were black, even though they made up 12% of the population

Whites compose 81% of hospice enrollees, make up 72.4% of population

This despite the statistics that blacks have higher death rates from cancer & heart disease, which happen to be the top 2 hospice diagnosis.

Dr. Kimberly Johnson, Geriatrician & Palliative Care Specialist / Duke University Medical Center  2006

U.S. Census Bureau  2010
Studies found that the following areas were the most common barriers to hospice care in the African American community:

1. Overall mistrust of health care system
2. Spiritual beliefs
3. Desire to continue with curative treatment

Worries about insurance & cost of care were also a factor

- Hospice is usually covered by insurance: Medicare, Medicaid, & other insurance plans
Common African American Barriers: Cultural Mistrust

- Cultural mistrust is a prominent barrier to the involvement of African Americans in hospice care.

- Despite government efforts at encouraging confidence in the health care system, including mandated health care initiatives – there continues to be an environment of general mistrust on the part of African Americans toward the health care system.
Healthcare decisions are usually a “family affair”

- General reluctance to go outside the family circle in making decisions about where to seek help with medical care-giving
- Hesitate to welcome strangers from hospice into their homes.
  - They are often viewed as ties to the mainstream health care system
Common African American Barriers: Lack of Knowledge

- General lack of knowledge about hospice services
- Use of Emergency Department at Hospital rather than private physician for health care needs
  - Medicare Hospice Conditions of Participation mandate a MD certify terminality for entry into hospice, however, many African Americans do not have a regular physician to certify them
Avoidance of death & palliative care vs. curative care
- Prefer curative care as a means to avoid certain death
- See longevity as intrinsic “good”
- Reluctant to discuss Advanced Directives
- Most reluctant of minority groups to agree to withdrawing of life prolonging measures:
  - Tube feeding, Tissue & Organ Donation, Palliative Care in the Hospice Setting
Barrier vs. Protective Mechanism

What may look like a barrier to hospice may actually be a protective strategy, or source of comfort & security from a different angle.

- Issues related to a perceived social injustice
- Societal disparities
- Institutions that were supposed to protect rather than harm
- “Go down fighting” if death is part of a perceived pattern of social injustice
Results of Barriers to Hospice African American

- Reluctance to face death & associated preparations
- Resistance to hospice, an institution that deals in the business of death
- High probability that hospice will be under utilized & therefore not a benefit at the time of patient & family need
HISPANIC BARRIERS IN HOSPICE CARE

Maria Rebecca Garcia
Recipient of “Woman of Distinction Award” 2012
Soroptimist Club / Apple Valley
“It is best to keep the truth from people who are very sick” – Denial

“There is always hope”

“The doctors do not know everything”

“God is the only one who knows when you are going to die”
Hispanic Cultural Consideration

ROLES – Very Important

- Religion
  - Forgiveness of Sins
  - Person has to be right with God

- Spiritual Healer
  - Mystic beliefs regarding the cause of the disease

- Homemade Remedies
  - Herbs
  - Potions
  - Advice from family and neighbors
Isolation of the Sick Bed – Family is unwelcoming of strangers in the home
- Mistrust of people other than family members taking care of the patient
- Feeling that strangers will speak badly about the patient/family when they leave the house
- Fear of being seen as “sick” – not looking well to others

Strong desire by the family for the patient not to be told that he/she is dying
Hispanic Community Benefits From Culturally Competent Care

- Spiritual Healing / Liberation of the soul
- Children attend funeral of loved ones
- Education regarding the difference of a disease taking its natural course & the patient choosing to die
- Value of being home with family instead of in a hospital
Hispanic Community Benefits From Culturally Competent Care

- Autopsy only if death was suspicious
- Do not pressure family for organ donation of their loved one
  - Respect belief of some that the body must be able to go back to their maker intact; same as when born
- Understanding of desire to bury in ground – no cremation (for many Hispanics)
- Rituals to remember the dead
  - Candles, leave food, pictures, water
  - To help the spirit reach its destiny
Hope for a Positive Outcome – Culturally Competent Care

- Encourage Life Review
  - Shows Respect for the Patient & Family

- Educate Regarding the Benefits of Hospice
  - Home vs. Hospital Environment
    - Family present & welcome any time
    - No doctors, nurses and staff coming in & out of room
    - No loud voices, call lights, equipment beeping
    - Patient can have peace in knowing they are dying at their own home, in their own bed with their loved ones
    - Able to hold a loved one's hand, pray, cry and say goodbye in a peaceful surrounding
HISPANIC BARRIERS IN HOSPICE CARE

Jorge Rivero, MD
Gerontology / Internal Medicine
Medical Director
Hospice Care of the West
Hospice Steps to Improve Access to Minority Populations

- Hire & train culturally competent staff, and recruit minority volunteers
- Ensure that key family members & friends are involved in the decisions pertaining to the care & end of life issues for the patient
- Respect cultural differences regarding medical treatment preferences
Hospice Steps to Improve Access to Minority Populations

- Conduct public education campaigns, TV, Community Festivals or local organizations & church presentations

- Involve pastors of specific cultures in a capacity that helps build a bridge of trust

- Avoid making promises that you are not able to keep. “Promise only what you can deliver, & deliver everything you promised”

- These steps will improve trust . . . Therefore, willingness to accept hospice when the needs arises and the time is right.
Cultural Education
Health Care Workers

- Know Thy Self!
  - Acknowledging & appreciating one’s own culture helps one recognize its importance in others.

- Gain knowledge of other cultures
  - History
  - Traditions
  - Values
Culture Competence is dynamic – Not a state of accomplished expertise!

On-going process in which we continuously strive to achieve the ability to work effectively within a community’s cultural context.

Cultural Competency
- Speak other languages
- Immerse oneself in other cultures
- Understand Norms – History, Food, Lifestyle, Traditions
Learn Other Languages

- Not just the words!
- Become acquainted with the “nuances” & non-verbal communication
- Takes time & dedication to acquire full competency
Improving Access – Compliance with Government Initiatives

- Be aware of government initiatives to improve access and education to patients/families by healthcare institutions:
  - Provide written info to patients about rights to refuse treatment
  - Ask about Advanced Directives & document responses
  - Provide education to staff on these issues
  - Ensure compliance with the existing state laws
Emulate Organizations That Are Doing It Right!

- Harlem Palliative Care Network
  (Services African American & Hispanic Communities)
  - Broad based Advisory Board
  - Community Education Program (especially churches)
  - Hire staff reflective of the racial make-up of patients & families served by the agency
  - Incorporate clergy (Ie: Volunteer or Spiritual Care Coordinator)
  - Bereavement support after the patient’s death (cards, symbolic packages, follow-up letters, etc.)
Innovative approach to identify unique needs for patient & family population of agency

- Minority Volunteer Survey
  - Surveyed the minority population in the community & gathered data. Information was put in a booklet for hospice workers.
  - Hospice workers “opened their personal windows” & became more comfortable in dealing with foreign cultures.
Hospice nurse commented –

“Ethnic clarity no longer is a primary issue. The experience of dying is the primary issue. Just like when everyone is in an earthquake together . . . Everyone looks the same.”
Ideally we think that anybody of any race can help someone if you relate to each other as a competent health professional & as a human being.

However, it is naïve not to acknowledge that the health care population should be representative of the communities that they serve.

- Ethnic & racial diversity of healthcare providers makes a difference!
CONCLUSION

- We as physicians need to continue educating patients and families regarding Hospice/Palliative care for the terminal and end-stage diseases.

- Since Hospice is Palliative, not Curative, and requires recognizing that death is near and unavoidable, hospice could be seen as not fighting to live.
Improving Access to Hospice

- Increasing public awareness of end of life care options & making them more accessible can help to minimize the racial gap.
To the extent that minorities do not participate in hospice care, they are being excluded from an important health care opportunity.
Questions / Discussion