

WRHA FRENCH LANGUAGE SERVICES RESEARCH TIDBITS

Issue 4

Linguistic & Cultural Competency

DEFINITIONS

Although there is no universally accepted definition of cultural and linguistic competency, a useful definition adopted by the Office of Minority Health (OMH) distinguishes between culture, competence and the relationship between the terms:

- ▶ "Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among health professionals that enables work in cross-cultural situations.
- ▶ Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.
- ▶ Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."

DID YOU KNOW?

Canadian researcher Sarah Bowen defines the concept of cultural and linguistic competency as: "A provision of health care that effectively responds to the needs of patients and their families, recognizing and taking into account the racial, cultural, linguistic, educational and socio-economic context in their community.

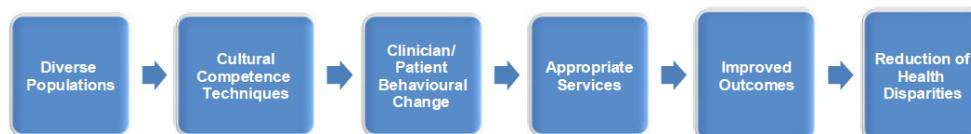
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By focusing on the patient and his context, rather than on the illness only, the patient-centered approach represents one of the most efficient and effective methods of solving issues and improving the quality of health care offered to minority populations. (Working Group on Certification Process, 2010).

FACTS & FIGURES

- ▶ Higher cultural competency scores predicted higher quality of care for children with asthma (*Lieu et al., 2004*)
- ▶ Physicians self-reporting more culturally competent behaviours had patients who reported higher levels of satisfaction and were more likely to share medical information (*Paez et al., 2009*)
- ▶ Understanding and providing culturally competent care is now seen as a strategy to reduce health disparities and enhance the health outcomes of many cultural groups. (*CNA, 2004*)
- ▶ Parental behaviours outside of one's own cultural framework can seem, strange or even dangerous. (*Suzuki, 1998*)

REDUCING DISPARITIES



(Brach & Fraser, 2002)

WHY IS LINGUISTIC AND CULTURAL COMPETENCY IMPORTANT?

The health of minority populations and linguistic/cultural accessibility to effective and safe health care services are concerns in today's society and represent a major issue for the health care system. (*Prata, 2011*) Linguistic and cultural competency in health care is needed to address the health needs of populations who speak limited English. The goal is to remove barriers and to enhance the ability of the health care system to effectively deliver linguistically appropriate and culturally competent health care to limited English-speaking populations. A patient-centered approach is one that considers the patient from all angles. It not only takes into account the patient's signs and symptoms, but also the patient's feelings, expectations and preferences, values and beliefs, and cultural background. To take charge of his own health, the patient must be an active partner in the development of a health plan. Such a relationship requires that he feels valued and is able to speak in his own language. Cultural competence forms part of the patient-centered approach and is indispensable to the development of a therapeutic relationship of trust and respect while ensuring safe and better quality care.

LINGUISTIC & CULTURAL COMPETENCY

The safe delivery of services requires that providers understand their clients' needs and communicate essential information for informed choices and effective treatment. Health and social service facilities that are culturally and linguistically competent have developed the ability to adapt to the characteristics of the communities they serve. They are able to ensure that services for minority communities are accessible and of quality. The concept of linguistic and cultural competency is an integral part of the quality of services and of the person-centered approach. At the very heart of this concept is communication between professional and client. When this communication is deficient, the quality of the interventions throughout a care episode suffers. (*Bowen, 2001*) The communities served by our member networks are diverse in nature and require customized solutions. However, an Active Offer is still expected to be the best solution for ensuring access to services, whatever these are, taking into account the needs and realities specific to each environment. (*SSF, 2016*)

IMPLEMENTATION OF LINGUISTIC & CULTURAL COMPETENCY

As it applies to communication, the patient-centered approach requires skills to obtain information from individuals about their specific preferences, needs and values. It has been shown that using these communication skills during health care encounters improves satisfaction, compliance and adherence to treatment regimes, provision of preventive services, and clinical outcomes. The command of a language that both the patient and the health professional share is essential to patient centeredness. It is not hard to understand that individuals with limited proficiency in the official language used by the health care professional are less likely to understand the information they receive. They are also less likely to receive preventive care and understand instructions related to treatment and medication.

ASSUMPTIONS

The following assumptions are the core tenets of providing care that is culturally appropriate.

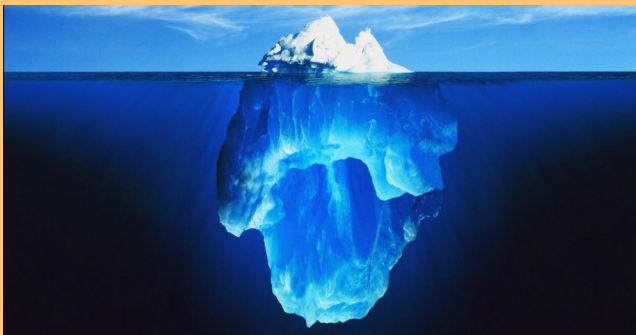
- ▶ Everyone has a culture;
- ▶ Culture is individual. Individual assessments are necessary to identify relevant cultural factors within the context of each situation for each client;
- ▶ An individual's culture is influenced by many factors, such as race, gender, religion, ethnicity, socio-economic status, sexual orientation and life experience;
- ▶ Culture is dynamic. It changes and evolves over time as individuals change over time;
- ▶ Reactions to cultural differences are automatic, often subconscious and influence the dynamics of the provider-client relationship;
- ▶ A providers's culture is influenced by personal beliefs as well as by the professional values;
- ▶ The provider is responsible for assessing and responding appropriately to the client's cultural expectations and needs.

SELF-REFLECTION

These suggestions have been developed to assist providers in understanding their individual cultures. Carefully consider the question before answering. As well, consider how someone from another culture might respond to the same question.

- ▶ What would you describe as your culture?
- ▶ How would you rank the following in order of importance: ethnicity, family, work, the future, diet and religion? Do you believe that your clients have the same priorities?
- ▶ Do you believe it is appropriate to discuss health issues with a client's family and friends? Why? What about discussing health issues such as menstruation, pregnancy and sexually transmitted disease with members of the opposite sex?
- ▶ What does your body language say about you? How might a client from another culture interpret your posture, eye contact and the tone of your voice? Could your body language be communicating something different from your words?
- ▶ As an individual, how do you value personal independence, family, freedom, meaningful work, spirituality, etc.? How does this have an impact on your relationships with clients?

THE ICEBERG METAPHOR



Like an iceberg, nine-tenths of culture is out of conscious awareness. This "hidden" part of culture has been termed "deep culture".

Aspects above surface: explicit and visible; these include tangible things such as clothing, food, language, etc.

Non-visible aspects: habits, assumptions, values and judgments - things we know but often can't or don't articulate. The more unconscious the rule, often the more intense the emotion attached to it.

QUOTES & NOTES

"While the patient-centred approach to communication is a valuable way to improve relationships and interactions with all populations that an organization services, it is particularly useful for communicating with populations that may be at risk for experiencing communication gaps. Communicating effectively about health care relies on understanding three factors – the audience's culture, language and health literacy skills.

Therefore, populations whose members have limited or no English proficiency, a culture that is not well understood by personnel in the organization and/or limited health literacy skills are referred to as communication-vulnerable populations." (*American Medical Association*)

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"With the gift of listening comes the gift of healing." (*De Hueck Doherty, 2011*)

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"What you are speaking so loudly, I can't hear what you are saying." (*Ralph Waldo Emerson*)

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"Cultural competence is more than just a concept, an approach to problem solving, a communication technique or a goal. It is a continuous process that requires a fundamental change in our way of thinking, understanding, and interacting with those around us." (*Nova Scotia Department of Health, 2010*).

BEST PRACTICE

The task of identifying appropriate tools in order to deliver culturally competent and linguistically appropriate services is difficult and time-consuming. Providers are sensitive to their client's attitudes, beliefs, and behaviors, many of which are shaped by their direct experience. As a result, individual health care professionals and organizations seeking to overcome cultural and linguistic barriers to care have adopted a wide variety and/or combination of approaches including:

- ▶ Provision of staff training, sometimes referred to as cultural sensitivity or diversity training;
- ▶ Utilization of bilingual providers;
- ▶ Utilization of bilingual family members and support staff;
- ▶ Utilization of professional medical interpreters;
- ▶ Utilization of telephonic interpretation services;

STANDARDS

Culturally Competent Care:

Standard 1 – The health care professional recognizes the patient as an active participant in health care delivery and involves him in the decision-making process.

Standard 2 – The health care professional optimizes health care outcomes by adopting an approach that takes into account the patient's language and culture without violating practice standards.

Standard 3 – The health care professional identifies the needs, the pre-existing attitudes, the language abilities and any other information that could have an impact on the patient's health and medical history.

Standard 4 – The health care professional guarantees to individuals with limited knowledge of the majority's language and those with low literacy levels or who are illiterate, equal access to quality and safe health care.



OUR COMMITMENT

The Winnipeg Health Region and all its service providers aim to:

- ▶ Improve access to health services in French, including primary health care;
- ▶ Ensure there are an appropriate number of organizations able to provide health services in French, consistent with Ministry standards;
- ▶ Ensure an adequate distribution of health professionals who are able to provide care in French;
- ▶ Provide information and resources in French;
- ▶ Respond to issues of interest and concern;
- ▶ Focus on the Active Offer of services in French;
- ▶ Increase staff awareness about needs of the French-speaking community;
- ▶ Collaborate with Francophone community representatives, and;
- ▶ Facilitate changes to improve the quality of services provided.



RESOURCES

The Winnipeg Regional Health Authority French Language Services mandate is:

To assist the WRHA in promoting and providing health services in French in accordance with its French Language Services policies, the Government of Manitoba French Language Services Policy, and regulations established under the legislation governing the Regional Health Authorities of Manitoba.

VIDEO - The importance of Active Offer



VIDEO - What is an Active Offer and why is it so important?



CONTACT US

WRHA FRENCH LANGUAGE SERVICES

A1153 - 409 Taché Avenue

Winnipeg, MB R2H 2A6

Tel: (204) 235-3986

E-mail: flsfeedback-retroactionslf@sbgh.mb.ca