

CROSS-CULTURAL COMPETENCY IN THE WORK PLACE

**A Seminar on Caring for People
from diverse cultures, prepared for the
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By

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CARING FOR PEOPLE FROM DIVERSE CULTURES

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Introduction:

The United States of America has *de facto* become a multi-ethnic, multi-cultural and multi-religious society. It is the result of two main factors:

1. the unabated stream of immigrants which for the last forty years has been coming into the countr; and,
2. the changed attitude towards immigrants and diversity: from the traditional notions of Assimilation, "Melting Pot" and "Americanization " to the concept of Multi-Culturalism or Cultural Pluralism.

Every year, the USA is legally admitting about one million new immigrants. Another million people come here or stay here illegally every year. The result is an enormous shift in the American population, the effects of which are felt in every aspect of our life and work. Already one in four people is speaking a language other than English at home. Between 40 and 45% of all students in K – 12 comes from cultures that differ from that of their teachers. In our medical institutions, some 35 – 40% of all patients differ culturally from their care givers. The work force is changing, and so are our institutions and places of work. Temples and Mosques are now taking their place besides Churches and Synagogues.

Three aspects of the new immigration pattern stand out very clearly:

1. the very large numbers of people involved: the largest ever in our history;
2. the relatively high level of education and socio-economic status of many of these new immigrants : some 55% of all legal immigrants from Asia have college education or more, while for the total group of legal immigrants that percentage is 38, compared to just 24% for the American population as a whole. The Asian immigrant population also has the highest per capita income of all ethno-cultural groups.
3. the enormous diversity: In the past, the vast majority of immigrants came only from one or two major culture areas : until 1965 from Europe, and after that from Mexico and Inter-America . Today, people come from every major and minor culture area in the world, the largest percentage from the continent of Asia (nearly 40%). Whereas in the late 1960's. the Kerner Report stated that "America is developing into two nations: one Black and one White; separate and unequal", today, the Latino population has surpassed the African-American population by some 8-9 million people; and they continue to grow much faster both as a result of continuing immigration and higher natural birth rates. Instead, therefore, of developing into two nations or three or four, the American population today consists of some 175 different ethno-cultural groups.

Here's the challenge: each of these ethno-cultural groups is characterized by its own specific cultural code. That's the key term: **cultural code: a set of values and assumptions, notions and beliefs that shape the way people from diverse cultures act and think, relate and communicate; what they consider right or wrong, good or bad, sacred or profane, important or unimportant.** It is this cultural code that shapes the way people relate to pregnancy and parenting, how they understand and interpret disease and death, experience and respond to pain, interpret body image, relate to medications and food, see the role of families, and a host of other factors related to illness and death.

Competency in care giving in a multi-cultural setting, therefore, demands four main abilities:

1. an understanding of one's own cultural code and how it has shaped our own ways of thinking and caring for patients;
2. a knowledge of our patients' and foreign colleagues' values and beliefs and the ways they shape their attitudes towards illness and death, pregnancy and pain;
3. a sense of humility that recognizes that all cultures are ever so many different ways of being human, ways of pursuing happiness; and, that there is not one culture in the world, not even our own, that has discovered the only and in all things the best way of being human or of pursuing happiness;
4. an ability not only to know about other people's cultural code, but the ability to use those other values and beliefs for a more effective form of care giving.

This requirement for greater cross-cultural competency in our multi-cultural places of work has a two-fold aspect. Unless in education, where this growing diversity is a one-way street: it's the students who come from different cultures whereas the vast majority of the teachers – some 94% - comes from a White-Anglo and mostly mono-cultural back ground. In Medical care, the diversity is a two-way street: not only the patients are increasingly coming from different ethnic and cultural and religious back grounds. This applies also to the care givers themselves. Already one in four practicing physicians is foreign- born or foreign-trained.: some 70% from the continent of Asia. Many of them are Hindu, Muslim or Buddhist. Among the nurses, some 4.5 percent are African-American, 2.9% come from a Latino back ground, while some 30% already comes from the continent of Asia (The Philippines; India, and other areas). Though well-trained and medically qualified, their thinking and many of their actions and attitudes are steeped in the cultural codes of their countries and religions of origin. As a result, misunderstandings develop between patients and care givers, as well as tensions between colleagues and administrators. These apply in particular to bedside manners and ways of communicating. To overcome such misunderstandings and tensions, solve them, and/or prevent them from happening, it is suggested a training program be developed which centers on diverse people's cultural codes and how they shape their understanding, attitudes and responses to illness, and, how to communicate with people from diverse cultures.

Goal and Objectives:

The overall **goal** of the proposed training is to develop among administrators, care givers and staff a cross-cultural competency for the specific purpose of sustaining a more efficient level of care giving in a rapidly developing multi-cultural work place.

Among the **objectives** of the training program are::

- to make participants more aware of and knowledgeable about patients' and colleagues' cultural codes and how they affect care giving and interpersonal relationships;
- to develop among the participants the ability to communicate across cultural boundaries; and,
- to assist care givers in developing an ability to use other people's values, assumptions and beliefs in order to make care giving more effective and satisfactory to both patients and care givers..

Methods:

A variety of methods will be used to accomplish this goal and these objectives: interactive lectures with discussions; the use of case studies and critical incidents; audio-visual aids, (small) group discussions; and the use of handouts for greater participant-participation.

Outcome:

Based on many such training programs conducted in and for other organizations and institutions, the following outcome may be expected:

- higher patient satisfaction rates;
- a lessening of frustrations felt among care givers unfamiliar with the needs and expectations of patients and colleagues from other cultures and religions;
- a greater efficiency in care giving in a multi-cultural setting;
- an increase in patients from a larger diversity of cultures and religions, with a corresponding increase in income for the institution..

Contents of the Program:

First an overview will be given of the dramatic demographic changes in the country and in the state and how they affect health care. The participants will be introduced then to the notion of cultural code: a set of values and assumptions, notions and beliefs that shape the way people from diverse cultures act and think, relate and communicate; what they consider right or wrong, good or bad, sacred or profane, important or unimportant. Each of the some 175 ethno-cultural groups in the country has its own specific cultural code which shapes the way people view pregnancy and parenthood; the way they experience and respond to pain; how they interpret disease and death, expect of bedside manners, see the role of family and food, medical interventions and relationships between care giver and patient. Since people's cultural codes are rooted in their religion, special attention will be given to the role of religion in the way people from diverse cultures act and think, their values and assumptions. A comparison will be made between core American values and those of other cultures and how they affect health and disease. The discussion will then focus on the different ways people interpret disease and death and how these affect care giving, on the meaning of pain and pain behavior, and different views of body image across cultures.

In the second part of the training program, the insights gained and principles discussed will be applied to two specific issues in health care and patient-care giver relationships. The first one will focus on perinatal events and how they are shaped by people's diverse cultures. Te second one will deal with communicating and establishing relationships across cultural boundaries for the specific purpose of developing a more effective patient-centered care

Tentative time schedule:

9:00 A.M. - 10:40 A.M.

Cross-cultural competency I

**Diversity USA
Culture, health and illness
Cultural code
Cultural code and religion
American values compared
Interpreting disease and death
VIDEO: Beyond the vital signs**

10:40 A.M. – 11:00 A.M.

BREAK

11:00 A.M. - 12:00 NOON

**Cross-cultural competency II
Pain and pain behavior: a multi-
cultural perspective
Case studies with discussion**

1:40 P.M. - 2:40 P.M.

Perinatal events: a multi-cultural perspective

2:40 P.M. - 3:00 P.M.

BREAK

3:00 P.M. - 4:30 P.M.

Communicating and building relationships across cultural boundaries

Avoiding and resolving cross-cultural conflicts

Case studies with discussion