Redefining Cultural Competence: Professional competence and cultural integrity

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Summary or teaser

- Cultural Competence
- Professional competence(s)
- Cultural integrity
- Professional integrity
- And/or
- Organisational Capacity?
Wikipedia says:

Cultural competence refers to an ability to interact effectively with people of different cultures. Cultural competence comprises four components:

- (a) Awareness of one's own cultural worldview,
- (b) Attitude towards cultural differences,
- (c) Knowledge of different cultural practices and worldviews, and
- (d) cross-cultural skills.

Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures. Is that enough?
Defining Diversity and Culture

- Race / Ethnicity
- Language / Religion / Culture
- Citizenship / Nationality
- CALD/NESB
- Black and Minority Ethnic / Migrant
- Asylum-Seeker / Refugee
- Roma / Traveller / Gypsy
- National Minorities
Factors identified by European studies affecting health equality in ‘migrants’

- refugees and asylum seekers,
- labour migrants
- "migrant-descended populations".
- i.e. these are all “vulnerable populations of migrant origins” – the effects and after-effects of migration such as:
  - Social exclusion
  - Newness
  - Lack of information accessibility
  - Poverty
  - Inappropriate services

- Questions of entitlement (and perspectives of providers, users and ‘society’)

“Institutions hate complexity” – Sandro Cattacin
Managing Diversity Complexity

- Denial / Refusal (‘Normalisation’)
- Assimilation
- Acceptance (maybe with simplification)
  - Business Case
  - Moral Imperative?
  - Insurance
- Risk Reduction Strategies – Training!
Alternative Formulations

- Racism Awareness Training (Katz 1978)
- Transcultural Nursing (Leininger)
- Cultural safety (NZ: Papps & Ramsden 1996)
- The ‘FactFile’ (criticised by Culley 2000)
- Culturally & Linguistically Appropriate (CLAS) practice (USA – see Diversity Rx; Like 2008)
- Racial Justice Approaches
- Anti-discriminatory Practice
- Cultural sensitivity ....
What is competence?

- Knowledge
- Skill(s)
- Attitudes
- Behaviours?
- Capacity?
- ……………………”Ability”

- Competences are measurable, ?required?
Types of CC / Diversity Training

- Information training
- Cultural awareness training
- Racism awareness training
- Anti-racism training (ART)
- Diversity (aka human rights) training

NB: ‘post-entry’/voluntary – or in primary occupational Formation ?????
Some Key Stages of developing Cultural Competence

- Cultural Awareness (Koskinen et al 2008)
- Cultural Hunger/Desire (Campinha Bacote 2003)
- Cultural Humility (or ‘Conscious Incompetence’) (Papadopoulos et al)
- Cultural Integrity (Johnson 2010!)
What Cultural Competence is – or is not

- Cultural Competence is not about memorizing cultural "facts"

- It is about knowing how to ask the right questions and respond to people in ways that elicit the information needed to develop appropriate treatment plans and support trusting, collaborative relationships to ensure the best possible health outcomes

- And it is about recognizing that everyone – ourselves included, starts from somewhere!
Professionalism

- Whilst the definition of professionalism is somewhat contested (Svensson 2006) it is generally accepted that in return for commitment to higher education and continued learning of arcane or advanced knowledge, and the principle of altruistic behaviour, members of a profession receive respect and a level of freedom to practice self-regulation and monopoly ...

- This implies / requires CPD .. Continued learning
Professional regulation in UK

- General Medical Council (Fitness to practice, Guidelines)
- Nursing & Midwifery Council (Registration)
- General Social Care Council
- Care Quality Commission (general oversight)
- Council for Healthcare Regulatory Excellence (CHRE) ([www.chre.org.uk](http://www.chre.org.uk)) has been formed to oversee and coordinate the actions of nine major professional bodies, including the Health Professions Council, which adds and regulates ‘new’ professions allied to healthcare

- Fill in for your own situation.......
Professional Competences

- Sundry Professional Syllabuses etc.
  - Health – Medicine, Nursing, AHPs etc...
  - Social Work, Other professions?

- Occupational Standards ....

- Knowledge & Skills Framework (UK NHS)

- CLAS Standards (US – OMHC: Like 2008)

NHS KSF: CORE DIMENSION 6: EQUALITY AND DIVERSITY

Core – this is a key aspect of all jobs and of everything that everyone does. It underpins all dimensions in the NHS KSF.

Levels -
1: Act in ways that support equality and value diversity
2: Support equality and value diversity
3: Promote equality and value diversity
4: Develop a culture that promotes equality and values diversity
Level 1

- *The worker:*
  - a) acts in ways that are in accordance with legislation, policies, procedures and good practice
  - b) treats everyone with whom s/he comes into contact with dignity and respect
  - c) acknowledges others’ different perspectives
  - d) recognises that people are different and makes sure they do not discriminate against other people
  - e) recognises and reports behaviour that undermines equality and diversity
Level 4: Develop a culture that promotes equality and values diversity

- a) interprets legislation to inform individuals’ rights and responsibilities

- f) evaluates the effectiveness of equality and diversity policies and procedures within the service/agency and contributes to the development of good and best practice
  - e.g. focusing resources to deliver equitable outcomes
  - involving the local population in the development of services
And What is *Integrity*?

Integration?

Integrisme (French for Fundamentalism ... )

Integral

a.k.a.

Adherence to moral and ethical principles; soundness of moral character; honesty.

Mutual Respect and self-awareness
What is Cultural Integrity?

- Cultural integrity in service delivery describes a holistic service response that recognises the diverse cultural and linguistic needs of individual clients. Aspirational and developmental in nature, it is relevant in all settings from the bricks and mortar of hospital and community health centres to the less conventional approaches of outreach programs and health promotion. *Diversity 2010: Melbourne, Australia.*

- Mutual respect and joint working, ‘Co-production’
Integrated systems.... (2010)

- Competences PLUS Capacity (Eversley 2010 – Reggio Emilia Workshop!)
- Knowledge, Sensitivity, Attitudes & Skills, attention to Social Determinants and whole systems policies & approaches (Ingleby 2010, Reggio Emilia Workshop)
- “social workers ... highlighted organisational and system constraints that thwart their ability to practice in a culturally responsive manner ...” (Harrison & Turner 2010)
What might a Culturally Competent Organisation look like?

- a degree of respect for cultural traditions and diversity,
- a preparedness to work alongside community-based groups,
- and to learn about cultures, languages, religions and dietary restrictions
- having access to ‘expert’ knowledge from within the community (such as chaplaincy and interpreter support)
- and lists of contacts within those communities,
- an awareness of cultural calendars, so festivals and days of religious obligation could be recognised and when appropriate, celebrated together.

Hospitals and primary care teams would monitor their own activity and be aware when specific minority groups were disadvantaged or failing to receive particular services, so that action could be taken to remedy inequalities that were detected

Johnson M, Chirico S, Scott M, Pawar A 2000
Conclusion?

- Professionals cannot expect sameness in their practice: one of the benefits and challenges of the autonomy afforded to professionals is the expectation that they will be able to respond appropriately to situations for which their initial training may not have prepared them,

- ‘Life long learning’ and continual professional development and policy making must parallel and complement the changing nature of cultures and the needs and aspirations of people of diverse backgrounds as they too ‘integrate’ or develop within a society that does not merely tolerate, but actively encourages and celebrates, diversity as a resource to meet and overcome new challenges.

(Williams & Johnson 2010)
Key references

More key references


- Papadopoulos I, Tilki M, Lees S 2004 Promoting cultural competence in healthcare through a research-based intervention in the UK *DHC* 1,2 pp. 107-116
A few more references (DHC):

- Tozer R, Aubrey L, Gill PS, Jones C, Patel MG, Zaidi Q, Atkin K 2010 "Developing cultural competence across communities: a coronary heart disease training programme for health advocates and trainers" Diversity in Health & Care (DHC) 7,2 pp177-188

- Kelly F, Papadopoulos I 2009 Enhancing the cultural competence of healthcare professionals through an online course DHC 6,2 pp. 77-84


- Fortier, Julia Puebla 2008 Cultural and linguistic competence: a global issue DHC 5,2 pp. 87-88


- Qureshi A, Collazos F 2005 Cultural competence in the mental health treatment of immigrant and ethnic minority clients DHC 2,4 pp. 307-317

Some Useful Sources of Information!

- [www.jiscmail.ac.uk](http://www.jiscmail.ac.uk) – ‘join’ the discussion list: minority-ethnic-health
- NHS Evidence: [www.library.nhs.uk/ethnicity](http://www.library.nhs.uk/ethnicity)
- [www.ethnic-health.org.uk](http://www.ethnic-health.org.uk)
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