

DIVERSITY, CULTURAL COMPETENCE AND THE NURSING STUDENT

By Rumay Alexander

To be properly understood, cultural competence should be viewed as a process and journey rather than a destination. It involves an ongoing expansion and updating of an individual's understanding of different cultures. Approaching all relationships, whether patient or collegial, with full respect for those cultural factors is not only critical but prudent, as culture exerts a strong influence on any kind of encounter.

The rationale for culturally competent health care has many facets. It includes:

- Eliminating disparities in the health status of people because of racial, ethnic, cultural, gender, or sexual orientation;
- Responding to demographic change;
- Improving the quality of services and outcomes;
- Meeting legislative, regulatory, and accreditation mandates;
- Gaining a competitive edge in the marketplace;
- Decreasing the likelihood of liability/malpractice claims;

It is equally important to remember that culture shapes behavior but does not predict it. A person's identification with a culture does not necessarily mean that the person agrees with all the dominant beliefs in that culture. In fact, cultural diversity involves not only differences between



cultures, but also within cultures.

Nurses need to recognize their own cultural values in seeking cultural competence. The expectations, attitudes, and behaviors of nurses are affected by their cultures just as surely as the expectations, attitudes, and behaviors of clients are influenced by their cultures. This can be a barrier to cultural competence if the nurse does not exhibit self-awareness and sensitivity to others. Cultural competence is a process, not an end point, and people in progress can be at any one of the following stages:

Unconscious incompetence: not being aware that one is lacking knowledge about another culture.

Conscious incompetence: being aware that one is lacking knowledge about another culture.

Conscious competence: learning about other cultures, verifying generalizations and giving culturally appropriate responses.

Unconscious competence: automatically providing culturally appropriate care, behaviors, etc. (Purnell, 2002)

Types of Diversity

Cultural diversity refers to the variations among groups of people with respect to the habits, values, preferences, beliefs, taboos, and rules of behavior determined to be appropriate for individual and societal interaction.

The *dimensions of human diversity* (how people are and how these factors characterize the experience of the individual) include: race, gender, physical ability/disability, marital/family status, ethnicity, and age.

The *dimensions of cultural diversity* (how people think) are characterized by fundamental beliefs, attitudes, assumptions, values, and personal characteristics and include: language, learning style, historical differences, cross cultural relationships and communication, religion, work style, classism/elitism, ethics/values, lifestyle, and family-friendly practices.

There are also *systems diversity dimensions* (how people prefer to do things) among them: teamwork, innovation, re-engineering, strategic alliances, empowerment, quality, education, and corporate acquisitions (Guillory, 2001).

Cultural dimensions not only pertain to the uniqueness of people but to organizations as well. “Corporate culture,” as it is called in the corporate world, is a way in which business is conducted, often codified in both written and unwritten rules. Metaphors like “this place is a circus,” “a minefield,” “a roller coaster,” “a puzzle,” “a rat race,” or “a zoo,” are often used to capture the nature of such cultures.

In the context of culture, “values and beliefs” encompass what deserves attention, what gets rewarded, what things mean, and which reactions are acceptable in a given situation and which are not. Our culture is a socially transmitted design for living and the

lens through which any of us view our world. A commonly ascribed notion (which in fact is a myth) is that **cultural competency and cultural diversity are two sides of the same coin**. They are not but they are intricately related. (See the side box for some of the most common myths regarding cultural competence).

The concept of cultural relativism requires that we do not judge, but consider actions, beliefs, or traits within their own cultural contexts in order to better understand them. It involves maintaining a sense of objectivity and an appreciation for the values of other cultures, not whether they are “good” or “bad” by external standards. (Loustaunau & Sobo, 1997).

Health Disparities

Over the past several decades there have been enormous advances and improvements in health care. No one has benefited more from those than Americans. But all Americans have not benefited equally. According to recent national health studies – including those conducted by the American Hospital Association, the Commonwealth Fund, the Health Resources and Service Administration (HRSA), and the Institute of Medicine (IOM) – ethnic and racial minorities have not shared the same positive health outcomes as the majority population. There is often a disconnect between values espoused – whether by individuals or companies/ organizations – and those that actually guide daily interaction, that is, between *de jure* and *de facto* cultures, between what the law says and what actually happens.

These demographic changes have also exposed that in the land that boasts that “all men are created equal,” not everyone is equal, after all. There is evidence of racial and ethnic disparities in health care, an area that should be a safe haven for all people. Phrases like “disproportionate burden, prevalence rates, and access to quality care” are becoming increasingly familiar as we seek to understand the relationship between

Myths in our Midst

Treating everyone the same is treating everyone equally. You can be legal and still not be fair. Racism — a system of advantage for those in the majority which operates on its own momentum — perpetuates unequal treatment in a system which supposedly treats everyone the same. (Mainly because it does not right wrongs first).

Cause and effect equal correlation. While statistically speaking there is a relationship between what “happens” and what “causes” something, when it comes to cultural beliefs, this can vary. That is, values and beliefs can shape a person’s culture, but they may not necessarily reflect the culture itself.

When it comes to issues of cultural competence, **unintentional acts do not harm as much as intentional ones.** Intentions do not matter - it is the actions and their outcomes that are of significance.

Only white people can be biased or prejudiced. We all have and use biases, prejudices and stereotypes.

Conformity is a good thing. If everything is the same, there is no diversity. Both cognitive and physical diversity bring creativity and innovation.

Building diversity is affirmative action in disguise. Building diversity is more than a numbers game. Affirmative action starts the conversation, but it does not fix the problems related to inequities.

being a minority, and suffering from chronic illness, and dying young.

The complexities of this issue have become abundantly clear. Health disparities are a legislative issue, a social issue, a care-delivery issue, a patient-driven issue, a healthcare systems, issue and a health care provider issue. In examining these issues, we see four cultures operating simultaneously: the patient’s culture, the clinician’s culture,

the organizational culture, and the American culture. Given that each of these cultures possesses unique and distinct dimensions, it is not surprising that the cultures clash and many times crash.

Nurses do not typically get to choose their patients so better preparing as students to care for what will be, by all predictions, a more demographically diverse patient population is not only wise but professionally prudent and ethical. Here are a few suggestions to get you started.

1. Give your best and assume personal leadership in your professional patient encounters by asking yourself these four transformation questions (Quinn, 2005):

- Am I results centered? (Am I willing to leave my comfort zone to make things happen?)
- Am I internally directed? (Am I behaving according to my values rather than bending to social or political pressures?)
- Am I other focused? (Am I putting the collective good above my own needs?)
- Am I externally open? (Am I receptive to outside stimuli that may signal the need for change?)

When we can answer these questions in the affirmative, we're prepared to lead from a fundamental leadership state (when you are your best as a leader). We adopt this when we are in a crisis or facing a significant challenge: promotion; the risk of professional failure; divorce; a serious illness; or the death of a loved one, for example.

2. Challenge your assumptions and get rid of your own stereotypes by adopting a mental state of curiosity. In the movie "The Polar Express," Tom Hanks plays five roles and he does so by utilizing a technique he describes as "performance capture," creating a likeness not limited by

gender, race, weight, etc. This is, in fact, what we are seeking to foster in our diverse, inclusive efforts: to create an environment – at the professional or collegial levels – that is limited neither by gender, race, ethnicity, etc.

3. Become an existential detective. In order to help another, a person must understand how others experience life - in other words, gain their view point.

4. Review these points about cross-cultural relationships often:

- What seems to be logical, sensible, important and reasonable to a person in one culture may seem, stupid, irrational, and unimportant to an outsider.
- Feelings of apprehension, loneliness, and lack of confidence are common when visiting another culture.
- When people talk about other cultures, they tend to describe the differences and not the similarities.
- Differences between cultures are generally seen as threatening and described in negative terms.
- Personal observations and reports of other cultures should be regarded with skepticism.
- It requires experience as well as study to understand the many subtleties of another culture.
- Understanding another culture is a continuous and not a discrete process.
- Stereotyping is probably inevitable in the absence of frequent contact or study.
- The feelings that people have for their own language are often not evident until they encounter another language.
- People often feel that their own language is superior to other languages.
- It is probably necessary to know the language of a foreign culture to understand the culture in depth. (Taylor, 1997).

5. Give yourself permission to learn. View patient and colleague diversity as educational enhancements.

6. Travel... is fatal to prejudice. (Mark Twain)

7. Take risks and if you make a mistake or offend another, sincerely apologize. Remember the three R's of apology: Regret; Responsibility and Remedy. ☺

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