Exploring the concept of Cultural Competence in the Context of Professional Health Care Practices

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Abstract

This paper discusses 'cultural competence' in the context of professional heath care practice and looks into how the concept has evolved. It especially, draws attention towards the relevance of this concept in the multicultural societies. While culture plays an important role in shaping attitudes, values, belief and behaviour of people and conceptualisation of cultural competence recognises why cultural knowledge is essential for professional practice. Thus, research in this field raises following questions. Firstly, is there a need for the practice of cultural competence in the professional areas involving interaction with people from diverse cultural, ethnic, national backgrounds? This calls for the issue e.g. how best to understand sensitivities and aspirations of culturally diverse people to be able to provide them the care in their own context. Secondly, is practice of cultural competence all about people management or beyond? In brief, the cultural competence model brings to the fore the need for the professionals to understand the people, their practices and beliefs that shape attitudes and behaviour in the diverse cultural contexts. The paper attempts to look at the notion of cultural competence drawing mainly from the review of relevant literature. While analysing its relevance in health care practices, the paper also explores the importance of such knowledge and skills across areas of praxis involving the interaction and participation of people in the contexts of cultural diversity. especially, in multicultural settings.

Keywords: *Health care practices, Cultural Knowledge, Multi cultural setting, People management*

Introduction

An attempt to understand the meaning of cultural competence by looking at these two terms i.e. "culture" and "competence" separately would be helpful in laying the contours of discussion. The term, culture in social sciences has been studied in various disciplines and so are its numerous definitions that come especially from disciplines like, sociology, anthropology, and psychology. However, let's focus on what E.B Tylor, an anthropologist put forth definition of culture (1871, p1) as "that complex whole which includes knowledge, belief, art, morals, law, custom and any other capabilities and habits acquired by man as a member of society". Many anthropologists and social theorists defined culture on the basis of Tylor's definition (1871). For instance, according to American Anthropologist, Ralph Linton (1952 p 50), "culture of a society is the way of life of its members; the collection of ideas and habits, which they learn, share and transmit from generation to generation." Another American anthropologist and social theorist, Clyde Kluckhohn(1952 p:51) defines culture to be " the distinctive way of life of a group of people, their complete design for living". According to him, culture acts as a set of guidelines for human beings to live life in particular way. So in an ethnically linguistically and culturally diverse society different groups of individuals follow different set of guidelines. Further, Slonim

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(1991 p:6) identifies five basic criteria for defining a culture: 1). language 2) dietary practices. 3) styles of dressing. 4) Process of socialization. 5) values and belief system."

Thus, one can term culture as a learned and symbolic behavior that guides a group of individuals collectively in a particular way of living and sharing values amongst themselves which makes them distinct from another group. In the context of learning, it means that individuals tend to learn from their group members. Cultural traits inherited from the cultural group / community is transferred from one generation to another. Language is considered one of the basic tools of a cultural entity. According to Streltzer and Tseng (2008 p:1,), "through language, a person communicates not only semantic meanings, but also underlying conceptions, values, and attitudes that can be very different among different cultural systems. Comprehending another person's culture through his or her language can therefore be quite challenging, particularly when that language is very different from one's own." Thus, a cultural entity encompasses certain activities distinctly different from those in the other cultural entities. Such actions and behaviors are governed by particular categories of rules, morals and values orienting the identity of an individual. Those beliefs are reflected through practices like-customs, rituals, taboos, and etiquettes and create attitudes towards life.

The word competence in cultural context refers to taking care of needs of diverse cultural groups efficiently. National Association of Social Workers of United States (2001 p:10) indicates that the word competence means, "Having the capacity to function effectively within the context of culturally integrated patterns of human behaviour defined by the group."

According to Harris (2010 p:28), cultural competence initially was defined 20 years ago as "a set of congruent behaviours, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations". Thereafter many definitions on cultural competence are offered by researchers.

In the following sections, we shall review various definitions of cultural competence from different perspectives. For instance, Pierce and Pierce (2007 p:82), defines cultural competence as "an agency's ability to carefully examine its philosophical orientation, policy and practice stance." His definition clearly indicates that an agency plays a major role in developing cultural competency. However, for Fong and Gibbs (1995) more than the agency it is the agent, which plays an important role in this respect. Thus, the importance is laid more on actors (individuals) rather than on the institution. Bernard and Moriah (2007 p:84) propose three strategies for facilitating cultural competence among workers- "1) using indigenous para-professionals, 2) hiring multicultural professionals, and 3) increasing sensitivity among human service students and providers". However, the limitation of above definitions is that these do not address institutional barriers in cultural competency. Thus other perspective of defining cultural competence are required to be looked at and expanded.

According to another perspective (Gallegos, 2008), when both the agent and the agency jointly address needs of people, only then the cultural competence works best. In this regard, the paper looks into definition provided by National Association of Social Workers of United States(2001). Here, cultural competence refers "to the process by which individuals and system respond respectfully and effectively to people of all culture comprising of languages, classes, races, ethnic backgrounds, religions and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities ; the

process also protects and preserves the dignity of each"(Jutlla). However, the Lancet Commission on Health and culture on the basis of literature on best meanings and applications of cultural competence, offered a very apt definition appropriate across professions. The Lancet commission of Health and Culture (2014) defines the cultural competence "as awareness of the cultural factors that influence another's views and attitudes and an assimilation of that awareness into professional practices". This definition reflects how cultural factors play a key role in health practices and aid development of health care sector. At the same time, this definition reflects the scope of cultural competence model for better understanding of human behaviour and people management in organisations other than health care practice, where people of diverse cultural background come to interact with each other and engage themselves. Thus, cultural competence is about relating effectively to people who think, act and behave differently from one's own cultural expectations and understanding them better and working effectively with them. It is more than just recognizing and appreciating / accepting cultural diversity.

Emergence of Cultural Competence in Health Care Practices

This section will investigate how culture competence as the concept has been introduced in the health care practices. According to Beach and Cooper (2006), "it was after the patient-centeredness approach that the issue of cultural competence in health care emerged". This term was first introduced during 1990s in the field of health care research. Many health care practitioners and educators were concerned about the cultural gap enlarging between the health care provider and the receiver. This cultural and linguistic gap obstructed effective delivery of health care services. Beach and Cooper while referring to United States (2006 p:6) indicate that in late 1980's and 1990's, the concept of cultural competence expanded in three ways . "First, the populations expanded from primarily immigrants to all people of color, latter group was particularly most affected by racial disparities in the quality of health care. Second, the conceptual purview was expanded to include issues such as prejudice, stereotyping, and social determinants of health. Finally, as with patient-centeredness, the scope of cultural competence expanded beyond the interpersonal domain of cross-cultural care to include health care systems and communities".

Another major reason observed by Beach and Cooper (2006) was that the need for cultural competence in United States expanded due to racial disparity. Non-Whites suffered not only in terms of their health status but also even in terms of the quality of health care they received. The Department of Health and Human Services Secretary's report (1985) in the USA on Black and Minority Health reported that the treatment received by White people differed from the way Non-White people received their treatment. It was thus, felt that the practice of cultural competence would lead to health care facilities available equally for all and would help eradicate the practice of differentiated services provided among different cultural groups. The underlying assumption was that mere awareness of the culturally diverse practices, beliefs, attitudes, values would inculcate a sense of empathy among the health professionals and influence their behaviour positively towards racially and marginally discriminated groups. Awareness would translate into providing healthcare services in ways that would find resonance with local cultural practices or at least find acceptance in local culture.

Cultural Competence and Conflicting Ethics

In the preceding section, on the basis of cultural competence model, the analysis focuses on how a professional behaves in a racially and culturally

prejudiced society to provide efficient services, free of any discriminatory and unequal practices and in cultural acceptable ways. However, such assumptions, at times, create situations of dilemma and conflicts for the participants. The problem may arise when the conflict occurs between the ethics of the professional and the cultural ethics of the other.

Another problematic area could be that culture is not static; it keeps on changing as stated by Klienman (2006) in the process of inter community interactions, education and local conditions. A group of people, say, of the same religion but living in different places does not have the same kind of cultural traits. For example, an orthodox Brahmin of Banaras is different from Brahmin residing in Tamil Nadu. In this context, we see how the local culture plays an important role in cultural orientation. In addition, within culture also there are sub-cultures. For example, a Bengali, a Punjabi, a Marathi, etc are all Hindus but have different cultural attitudes and belief systems. Moreover, according to Knipper (2013), the idea of cultural competence was evolved in the context of rise in number of migrants in the USA, resulting in racial discrimination between whites and non-whites and thereafter the civil rights movements of 1960's and 70's gave momentum to the idea of culturally competent practice in realms of professional practices. However, Knipper (2013) suggested that in other European countries like Germany, the idea of cultural competence was not relevant as per statistics provided by their governments. In European countries, there were not many migrants as compared to the United States of America. Such situations necessitate appreciation of the variability in the practice of cultural competence from the society to the society depending upon their ethnic composition as well as history of the nation. Thus, it comes to the fore that the idea of cultural competence is highly determined by local cultural history.

Cultural Competence and Dominant Practices in Health care

Does cultural competence promote certain practices or is it truly about understanding the other, appreciating the diverse cultural practices and applying effective practices in socially and culturally acceptable ways for wellbeing of the people coming from diverse cultural backgrounds? Is it about help eliminate racial, ethic, and other socially induced marginalizations and discriminations in the society? In the case of healthcare practice, the model of cultural competence is used largely to further the practice of biomedicine. Even though attempt is made to incorporate practices of other cultures in order to cater to the needs of patients, but applications of cultural competence somehow lead to strengthening the hegemony of biomedicine over the other systems of health care services. To be precise, cultural competence model on one end is catering to the healthcare needs of people from diverse background and on the other end, this model is also being used as a business strategy to attract customers for the purpose of profit making. According to Chin (2000 p:26), "mainstream institutions are increasingly partnering with community-based organizations to gain access to minority consumers; these partnerships are attractive because they pair the resources of large institutions with access to minority consumers. At the same time, the growing dominance of mega providers has threatened the viability of small community-based organizations that have historically targeted specific ethnic communities. Cultural competence has a very different meaning for organizations dedicated to serving culturally specific populations than for those dedicated to serving all populations." Hence, one gets to understand two perspectives of cultural competence, first, it tries to aid in strengthening certain practices through local culturally acceptable ways and beneath lies the agenda of furthering certain business interests.

In Indian context, the idea of cultural competence can be understood from another perspective. NRHM (National Rural Health Mission) and NUHM (National Urban Health Mission) are the two programs initiated by the Indian government for improving the quality of health care for the people of low income groups particularly their women and children in rural and urban areas. Along with improving the quality, the mission of the government is also to provide easy accessibility of affordable health care. Through these two missions, we get to see that how health care needs of the people are addressed in view of their background- class, gender, language, locality, etc. For instance, in ASHA (Accredited social health activists), a female worker is appointed to meet the healthcare needs of a pregnant lady in rural and inaccessible localities. ASHA workers maintain interpersonal communication with the beneficiary families and individuals to promote the desired health seeking behaviour. An important thing to note is that an ASHA workers are women belonging to the same community they are serving. ASHA workers are mostly part of strategies like- promotion of access to improved health care at household level through community based groups, maternal health, etc. This gives female patients a sense of comfort. They (patients) are able to share their anxiety and problems more easily with ASHA workers. Being of the same community ASHA workers are known to their work area and hence local people have an idea whom to contact in case of emergency. In such cases, there is no language barrier and gender barrier. In addition, ASHA workers also provide post-natal care to the child and the mother. They not only provide motherly care to children, she/ he is also provided with home remedies in case of need. This in a way provides a sense of comfort to both the family and the child as the child is provided treatment according to his/her culture. The health policy formulation and implementation in India seeks to address the health care needs of her culturally, socially, linguistically and economically diverse population in innovative and effective ways. The public health policy also encourages practice of different systems of medicine ranging from biomedicine to Ayurveda, Unani, Siddha and Homeopathy among others. Realising the effectiveness of AYUSH, Ministry of Health Care in India has framed policies to promote multiple systems of healthcare practices to recognise the practice of diverse systems of healing on one hand and to respond to the health beliefs of people on the other hand.

The practice of AYUSH systems is traditional, and yet it is based on the scientific system of professional health practice that take care the problem of soico- cultural barriers; these systems provide health care in culturally familiar and acceptable ways to those people who believe in such systems of healing and health care. But what remains unaddressed is the need for making available health facilities adequately in both rural as well as urban areas to meet the health needs of people from diverse backgrounds, especially tribal people and those living below poverty line across states. It is observed that culturally competent healthcare faculties are still inadequate in both rural and urban areas . Tribal areas of India also needs to be provided such facilities through culturally competence model.

Conclusion

Cultural competence as one of the important social skills in people management especially, when it comes to providing care and fulfilling needs of people coming from diverse cultural, ethnic, linguistic and social backgrounds. Healthcare practices in India show that cultural competence in professional practice provided to people belonging to diverse backgrounds is a highly desirable social skill. In the human resource management

of business organizations and multinational corporate, the focus remains on emotional and social intelligence competencies . However, there is a need to reflect on whether to go for cultural competence model or not and does it lead to better understanding of people, their behaviour, actions and needs? Can it help facilitate effective people management in organizations? Cultural quotient needs to be fore grounded emphasising that praxis should not be on learning difference rather living with diverse cultural attitudes. The engagement of people who are culturally competent in initiatives and activities that seek participation of culturally diverse individuals in fulfilment of organisational goals and help in providing services effectively is a must in organisations composing of diverse workforce. The perspective of appreciating diversity may be more helpful than making people aware about disparity and train them in some ways to manage people. The appreciation and acceptance of diversity may lead to sustainable and effective practices of bridging the gaps and reducing the socio cultural barriers leading to improved relations and further reduction in disparity. Research shows that the cultural competence model used by business organisations for maximising economic profit as well as values of employees with diverse cultural backgrounds at workplace, makes 'good business sense' rather than merely to capture market share (Beth Israel Deacons Medical centre, 1997). The discussions on cultural competence in health care largely have focussed on linguistic and cultural barriers. However, the focus of cultural competence has to be, not merely on sensitivity towards the culture or language barrier rather on building a social skill that translates into cultural competence and helps organisations and institutions in fulfilling their stated objectives and maximise the benefits of their policies and programs for the stakeholders. The cultural competence as a social skill has huge potential in diverse organisational settings with the sole purpose of facilitating management of people coming from culturally diverse backgrounds and help in sustaining and optimisng organisational performance.

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