An Introduction to Cultural Competency

Introduction[1]

- Cultural competence and cultural safety go far beyond notions of cultural awareness and cultural sensitivity.
- Cultural competence finds legitimacy in the positive experience of the patient and improved health outcomes, and
- Cultural competence must be integrated in the delivery of health services in order to reduce the institutionalised racism that maintains current Indigenous health standards.

Definitions

Cultural Competence refers to the relationship between the helper and the person being helped, in a cross-cultural context. While cultural safety centres on the experiences of the patient, cultural competence focuses on the capacity of the health worker to improve health status by integrating culture into the clinical context. This last point is important, and demonstrates the importance of moving beyond cultural awareness. Recognition of culture is not by itself sufficient rationale for requiring cultural competence; instead the point of the exercise is to maximise gains from a health intervention where the parties are from different cultures.[2]

Cultural competence is defined as a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross–cultural situations.[3] Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of health services; thereby producing better health outcomes. [4]Cultural competence is an important vehicle to increasing access to quality care for all patient populations, by tailoring delivery to meet patients' social, cultural, and linguistic needs.[5]

Cultural safety is based on the experience of the recipient of care, rather than from the perspective of the medical practitioner. It involves the effective care of a person or family from another culture by a medical practitioner who has undertaken a process of reflection on their own cultural identity and recognises the impact their culture has on their own medical practice.

Cultural safety aims to enhance the delivery of health services by identifying the power relationship between the medical practitioner and the patient, and empowering the patient to take full advantage of the health care service offered. Unsafe cultural practice is any action that diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. Patients who feel unsafe and who are unable to express degrees of felt risk may subsequently require expensive and often dramatic medical treatment. Cultural safety gives Aboriginal people the power to comment on the care provided, leading to reinforcement of positive experiences. It also enables them to be involved in changes in any service experienced as negative.[6]

Cultural safety recognises that inequalities within health care interactions represent in microcosm the inequalities in health that have prevailed through history and within our nation more generally. It accepts the legitimacy of difference and diversity in human behaviour and social structure. It recognises that the attitudes and beliefs, policies and practices of medical practitioners can act as barriers to service access, and is concerned with quality improvement in service delivery and consumer rights.

Rationale
Australian society has developed and maintained a social distance from Indigenous Australians. Frequently Indigenous Australians are confronted with a very negative looking glass from others who have considerable potential power over them, including doctors. Consequently there is considerable insecurity about Indigenous Australian's perception of self, traditions and their background in relation to health services and to the wider society. This is exemplified in the poor health statistics for Aboriginals and Torres Strait Islanders.[7]

The Service System
There are five essential elements that contribute to a service system's ability to become more culturally competent.

The system should:

- Value diversity
- Have the capacity for cultural self–assessment
- Be conscious of the "dynamics" inherent when cultures interact
- Institutionalise cultural knowledge, and
- Develop adaptations to service delivery reflecting an understanding of diversity between and within cultures[8]

These five elements must be present in every level of the service delivery system. They should be reflected in attitudes, structures, policies, and services.[9]

Framework for Cultural Competence Training[10]

Cultural competence embraces many variables and a twelve-point framework can be configured as a four-part construct. The four parts are:

- An over-arching aim
- Four domains of cultural impact
- Four applications to medical practice
- Three implications for the medical profession

The overarching aim of cultural competence is to ***maximise health gains*** *from an intervention where the parties are from different cultures.* Within this aim, cultural impacts are recognised as important for the achievement of best health outcomes.

The **domains** of cultural impact have been identified as:

- Different health perspectives
- Values
- Symptom hierarchies
- Variations in community capacity

Corresponding **applications** to medical practice embrace:

- Conceptual understanding
- Professional practice
- Clinical acumen
- Treatment and care

Finally, three **implications** for the medical profession to consider are:

- The role of the doctor
- Workforce composition
- Registration and ongoing medical education

Conclusion

The current situation in Aboriginal health is becoming increasingly difficult to ignore. Indigenous life expectancies in Australia stand at 20 years below that of non-Indigenous, with a median age of death of 51 years.[11] Although important in their own right, increased cultural awareness and sensitivity have not significantly improved health standards for Indigenous Australians. The integration of cultural competence and cultural safety goes beyond recognising cultural difference, and aims to reduce barriers to health services experienced by Indigenous people. Most importantly, cultural competence is only achieved when health gains are maximised, requiring an evidence-base that shows actual improvements in Indigenous health. Culturally safe Indigenous medical services here and overseas that focus on the positive experience of the patient have improved both access to health services and health standards. Building cultural competence begins with individual medical practitioners undertaking a process of reflection on their own cultural identity, and recognising the impact their culture has on their own medical practice. Policies and practises that meet patients' social, cultural, and linguistic needs can then be implemented to improve Indigenous health outcomes.

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1. This paper was developed for the Aboriginal and Torres Strait Islander Mentoring Program of the Australian Indigenous Doctors Association (AIDA) and the Royal Australasian College of Physicians (RACP). Accordingly while it draws on international research, it includes Australian examples. It is an introductory paper and not exhaustive.

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