# What Lies Beneath?

The Importance of Inclusivity and Diversity for the Nursing Profession

Cultural Competence In Healthcare

Victoria L. Rich, PhD, RN, FAAN
Associate Professor Nursing Administration
University of Pennsylvania School of Nursing
Pennsylvania Action Coalition, State Chairperson.

Teaching Diversity

We are the same on the inside!

KidsActivitiesBlog.com
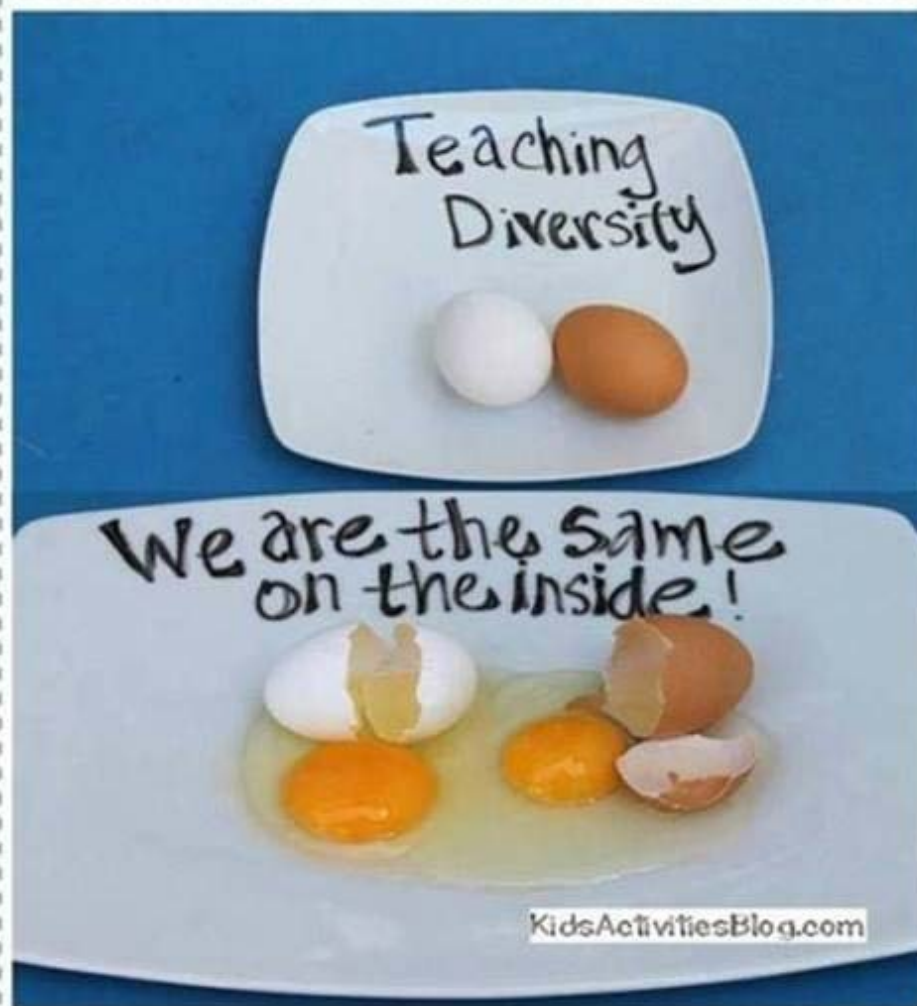
My daughter's kindergarten teacher did this on MLK Day for the kids. When my daughter came home from school and told me about it her exact words were, "Yep, brown skin people and white skin people are the same. We're all disgusting on the inside."

Objectives

❑Discuss the imperative for cultural competence in healthcare

❑Describe 'gracious space' and **cultural humility** as an effective framework to operationalize cultural competence in clinical settings

Overview…

The changing demographics of the United States present opportunities for health care providers and organizations

Consumers of health care services expect health care providers to appreciate and respect their unique and culturally diverse values

Diversity awareness and cultural competence education can strengthen the skills necessary for providers to better understand their patients' unique needs, partner with them to design appropriate care plans and interventions, increase adherence and improve quality and health outcomes, as well as patient satisfaction.

Culture

Advancing Diversity Leadership Survey

- Question **asked of 466 healthcare leaders: What are the challenges to increase ethnically diverse leaders from white?**

- **Sample demographics: 18% white,55% black,10% Hispanic, 13% Asian and 4% other.**

Results of Survey (Witt/Kieffer, 2011)

Caucasian Response:

- **Lack of diverse candidates:** 80%

- **Lack of diverse candidates to promote from within:** 78%

- **Limited resources for diversity initiatives:** 50%

- **Lack of commitment by top management:** 43%

Survey Results Continued

Minority Respondents:

- **Lack of commitment by top management:** 85%

- **Lack of serious consideration of diversity candidates:** 78%

- **Lack of commitment by HR Departments:** 70%

- **Individual resistance to placing diverse candidates**: 66%

Racial microaggression in everyday life: Implications for clinical practice. Sue, D. et al. (2007) American Psychologist, 62(4), 271- 286.

- **<u>Diversity Norms</u>**

- "Don't bring up the concept of spirituality because you will be accused of promoting religion."

- "If you are gay or lesbian don't flaunt it, and will be ok with it.

Diversity Myths

- "Affirmative action discriminates against whites."

- "Asians are the model minority."

- "Teaching people about diversity only leads to conflict and disunity."

Microaggressions:

- "We already have one Black person on staff. Why do we need another one?"

- "Whites are being subjected to reverse discrimination."

- "We already have world history, why do we need Asian studies?"

Future of Nursing: Campaign for Action

- Racial and ethnic minorities make up approximately 30 percent of the U.S. population, but just under 15% of registered nurses, and just 7% of RNs are men. It is essential for the Future of Nursing that the nursing population evolves to reflect America's changing population.

- Campaignforaction.org/search/node/diversity

Competence…

- Competence stems from the Latin verb "*competere*" meaning to strive together

- Acquiring cultural competence is a journey

- It does not imply perfection

Cultural Competence?

Cultural competence is defined as "a set of congruent behaviors, attitudes and policies that come together as a system, agency or among professionals and enable that system, agency or those professionals to *work effectively in cross-cultural situations*".

Cross, et al. (1989).

The Imperatives

☐ Disparities

☐ Cost

☐ Quality

☐ Legal, regulatory and accreditations

☐ Market share

Disparities

☐ "Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States." **(National Institutes of Health, 1999)**

☐ "Unequal treatment of patients on the basis of race or ethnicity, and sometimes on the basis of gender and other patient characteristics"

(McGuire et al; 2006)

Disparities:Types

☐ **Heath Status Disparities (HSD)**

   HSD describes a higher burden of disease and/or illness among minorities, which may be due to genetic or societal factors

☐ **Health Care Disparities (HCD) refers to the presence of unequal treatment for individuals or groups based on certain characteristics- such as: race, ethnicity, gender, sexual orientation, social class, income level, etc.**

Disparities: Gender

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- Women are likely to receive suboptimal care for serious illness

- Only 31.1 of women needing dialysis got dialyzed compared to 37.3% of men

- Women pay more than men for the same health insurance

- Women receive less evidence-based medical care than men and have higher rates of death after AMI

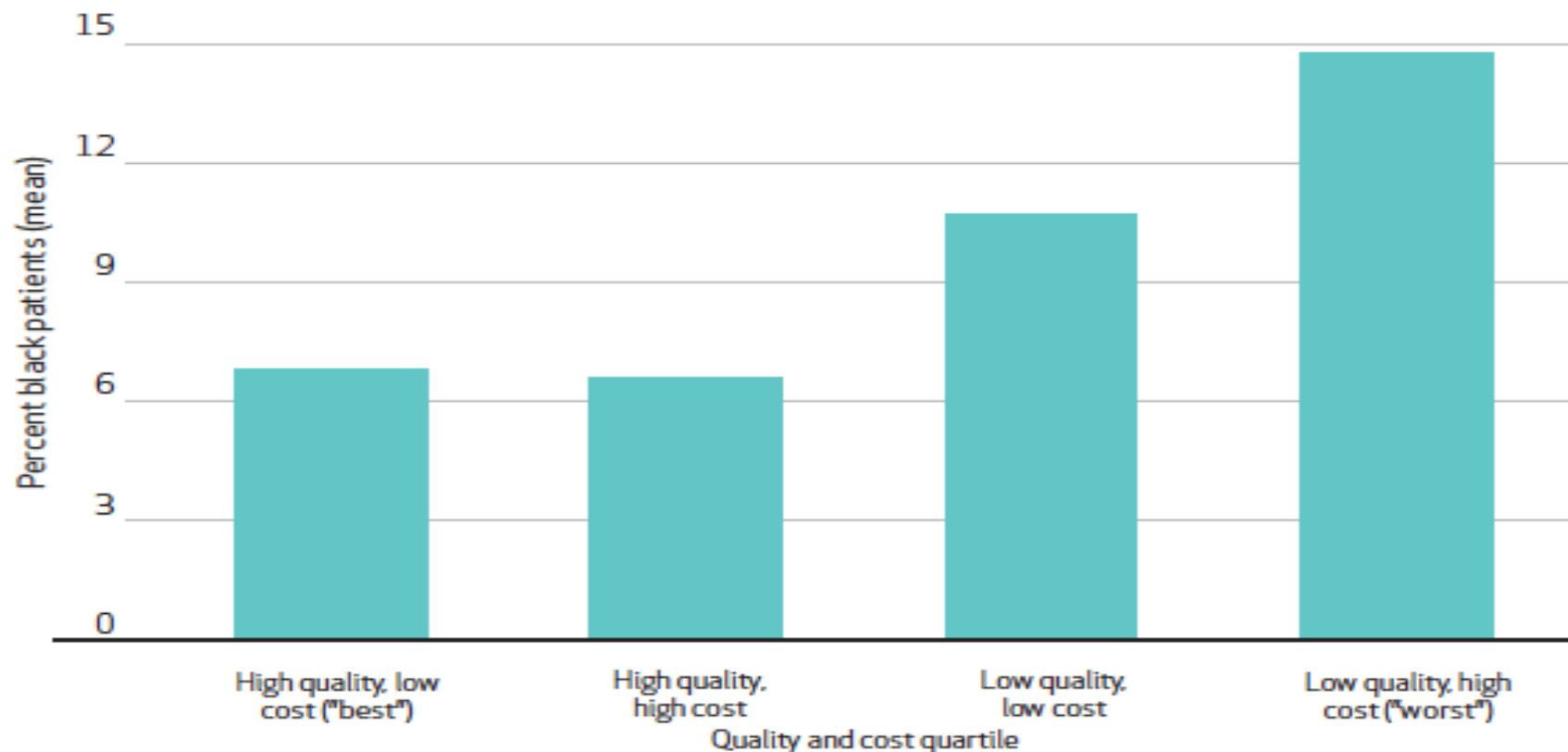- Women are less likely to be included in medical research

(Bierman, 2007; Jneid et al.; 2008; Gochfeld, 2010; Pear, 2012;

Disparities: LGBT

❑ LGBT youth are 2 to 3 times more likely to attempt suicide

❑ LGBT youth are more likely to be homeless

❑ Lesbians are less likely to receive preventive services for cancer

❑ Gay men are at higher risk of HIV and other STDs, worse for communities of color

❑ LGBT populations have the highest rates of tobacco, alcohol, and other drug use.

(McLaughlin et al.; 2010; Krehely, 2009; Johnson, Mimiaga, & Bradford, 2008)

Disparities: Racial and Ethnic

O Minorities received less preventive care in 30% of quality measures

O 50% Hispanics and more than 25% African Americans do not have a regular doctor, compared 20% of Whites

O Racial and ethnic minorities experienced less safe care in 40% of quality measures

O Hypertension is more prevalent in non-Hispanic Blacks (42%) compared to Whites (28%)

O African Americans have higher mortality rate and poorer health status than any other racial-ethnic group

(Jneid et al, 2008; Gochfeld, 2010; NHDR,2011; Adler, & Rehkopf,2008).
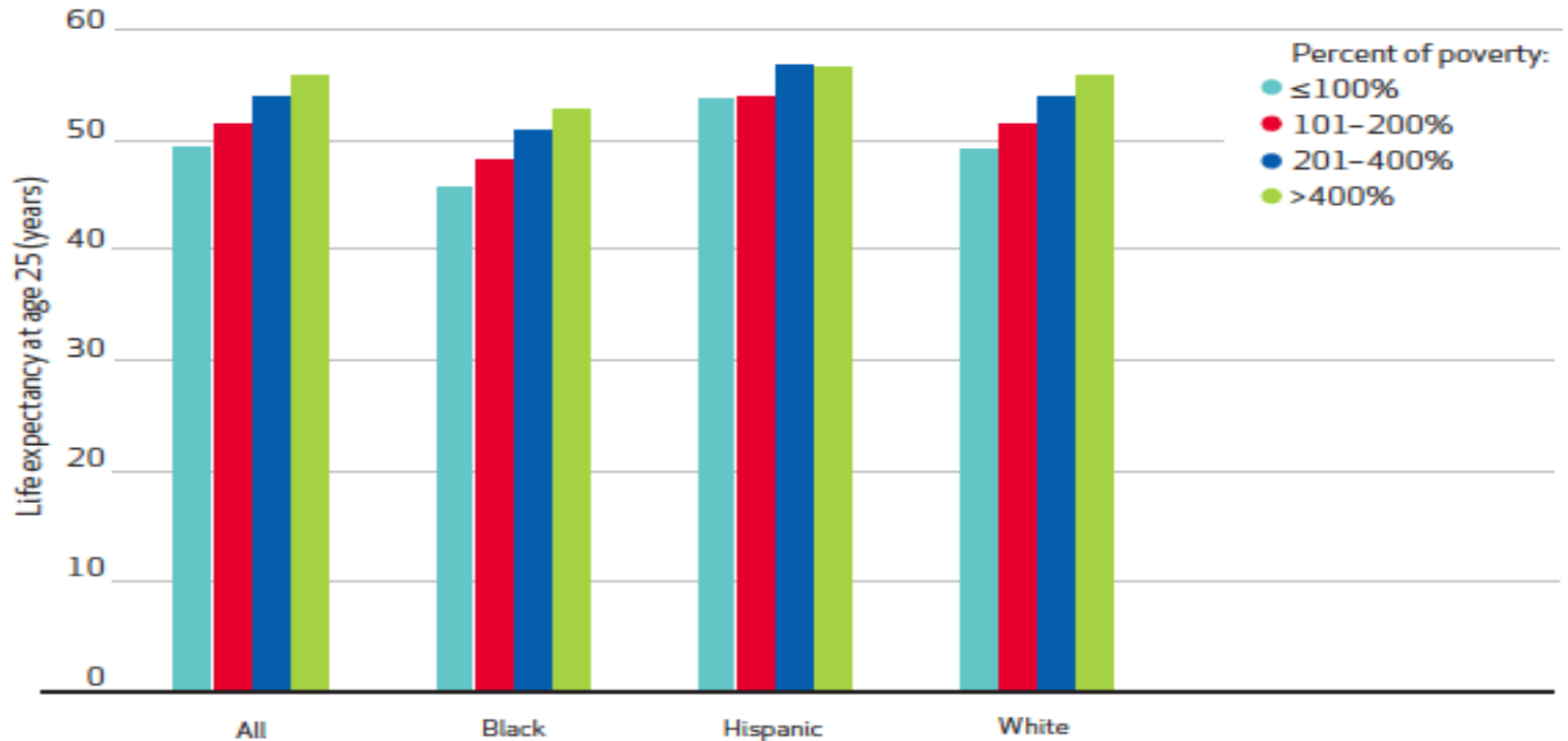
EXHIBIT 2

Percentage of Elderly Black Patients in Hospitals, By Quality and Cost Quartile

"**Achieving Equity in Health,**" *Health Affairs*, **October 6, 2011**
http://www.healthaffairs.org/healthpolicybriefs/

EXHIBIT 1

Disparities in US Life Expectancy at Age 25, By Income and Race or Ethnicity

SOURCE Analysis by the Robert Wood Johnson Commission to Build a Healthier America's research staff of data from the National Longitudinal Mortality Study, 1988–98. **NOTE** Life expectancy is the number of years an average 25-year-old could expect to live, based on family income relative to the federal poverty level.

"Achieving Equity in Health," *Health Affairs*, October 6, 2011
http://www.healthaffairs.org/healthpolicybriefs/

Causes and Contributing Factors

Individual Level-Causes

❑ Knowledge/Attitudes

❑ Skills/Behavior

❑ Biological and Genetic risks

Environmental/Societal Causes

❑ Physical and Social-Economic

❑ Community and Geographical

❑ Racism, Discrimination, Bias

Structural and System Causes

❑ Lack of system approach to the issues

❑ Lack of commitment/resources from healthcare organizations and leaders

❑ Providers' Cultural Incompetence

Individual

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○ Several individual level factors contribute to disparities, although the specific roles of some factors remain unclear

○ Examples:

  ○ Behavior
  ○ Genetic/biological
  ○ Gender

Structural and Systemic

- Structural and systemic barriers contribute to inequalities and inequity and disparities

- Opportunities for systems and organizations include:

  - Equal access
  - Inclusive resources
  - Policies that embrace diversity
  - Provider education

Environmental and Societal

- Minorities and individuals who are socio-economically disadvantaged are less likely to have insurance coverage, more likely to suffer discrimination, experience greater disease morbidity and mortality rates, and live in less desirable neighborhoods

- There is greater risk of exposure to ambient hazards in disadvantaged communities

Bridging the Gaps….

The principles of "Cultural Humility" and "Gracious Space" can help to bridge the gap between providers' and patients' cultural values

SenGupta (2002)

Doc McStuffins: Concepts of

Self-categorization and othering

Cross Cultural Communication

- Context
- Roles
- Verbal and non-verbal
- Language
- Degree of directness
- Touch
- Loudness
- Silence

Penn Medicine Framework

Center for Nursing Excellence

Global Nurse Program

TIENS

Haiti Initiative

Circle of Women

Botswana

HNCCC

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Gracious Space

Gracious Space is

- "a spirit and a setting where we invite the 'stranger' and embrace learning in public"

- Welcomes diverse perspectives that create multiple alternatives

- Fosters compassion, curiosity and understanding

(Hughes, 2004)

Operationalizing Gracious Space

○ Practice flexible thinking

○ See difference as strength instead of weakness

○ Avoid judging (prejudice and/or stereotypes)

○ Create safe, non-judgmental patient-provider relationship

○ See unfamiliar or different situations/emotions as interesting, rather than annoying

Cultural Humility

Cultural humility involves:

▸ Self-reflection and critique to understand one's own assumptions and biases

▸ Conscious decision to be respectful of others' culture

▸ Learning more about the culture and social context of patients and communities

▸ Recognizing the patient is the expert in his/her culture "Power–Balance"

Operationalizing Cultural Humility

- Allow the patients to be the teacher of their culture

- Use open-ended questions during cultural assessment

- See the opportunity to care for people from diverse cultural groups as a privilege

- Seek to understand one's own personal bias and show respect for the values of others

- Practice flexible thinking

Organizational Best Practices

- ❑ Conduct cultural assessment on all patients

- ❑ Learn patients' explanatory model of illness

- ❑ Participate in ongoing cultural competence educational opportunities

- ❑ Modify care plan/interventions to be congruent with patient health care values

- ❑ Create environment that allows for courageous, honest, and respectful dialogue

Providers' Best Practices

- ❑ Commit to ongoing self-assessment, reflection & critique

- ❑ Appreciate and leverage the strengths found in diversity

- ❑ Think flexibly, having the desire to learn from patients

- ❑ Identify knowledge gaps and seek necessary education

- ❑ Obtain and utilize resources for cultural competence

Cultural Competency is a Journey

❏ Understand cultural competency is a Journey…

❏ Embrace diversity in its broader sense

❏ Recognize that illness and health are inextricably linked to culture

❏ Seek opportunities to care for culturally diverse patients

❏ Communicate effectively and utilize certified interpreters for Limited English Proficiency Patients (LEP)

❏ Consider the patient literacy level in providing instructions

❏ Every patient needs culturally competent care- it is a quality issue

Vision…

We envision a health care that honors each individual patient and family, offering voice, control, choice, skills in self-care, and total transparency, and that can and does adapt readily to individual and family circumstances and differing cultures, languages and social backgrounds

National Priorities Partnership 2008

Food for Thought

The illiterates of the 21st century will <u>not</u> be those who cannot read & write.
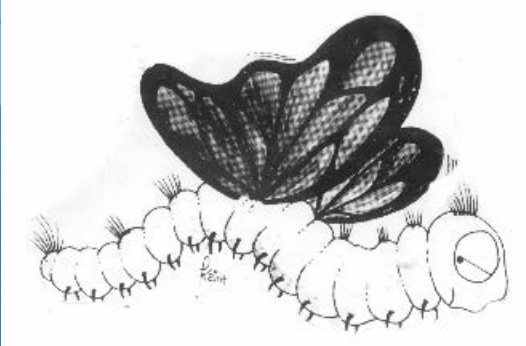
They will be those who refuse to:

Continue to learn,

Re-learn &

Un-learn

Have You Been Transformed?

Butterflies are not created by pasting wings on caterpillars…
This only creates dysfunctional caterpillars

…Butterflies are created through Transformation

Stephanie Pace Marshall

Personal Thank You!!!!

Rita Adeniran

- **Rita K. Adeniran, DrNP, RN, CMAC, NEA-BC**
  Robert Wood Johnson Executive Nurse Fellow
  Director, Office of Diversity and Inclusion
  Hospital of the University of Pennsylvania

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