

## **Cultural Competence for Health Practitioners**

One of the additional provisions for health regulatory authorities introduced under the Health Practitioners Competence Assurance Act 2003 (HPCAA) [www.moh.govt.nz/hpca](http://www.moh.govt.nz/hpca) is that of setting the standards of cultural competence to be observed by health practitioners. This is included under section 118(i) of the Act.

The concept of 'cultural competence' was developed in health care to better meet the needs of increasingly culturally diverse populations, and in response to the growing evidence of disparities in the health of ethnic minority groups (Betancourt et al., 2003; Brach & Fraser, 2002). In New Zealand, the interpretation of the meaning of "cultural competence" is complicated by the fact that the Health Practitioner's Competence Assurance Act does not give a clear definition of the term. Professional registration bodies for the health and disability workforce in New Zealand have each defined cultural competence in different ways by the various professional registration bodies:

- **The Medical Council of New Zealand**  
[www.mcnz.org.nz](http://www.mcnz.org.nz)
- **The Royal New Zealand College of General Practitioners**  
[www.rnzcgp.org.nz](http://www.rnzcgp.org.nz)
- **Nursing Council of New Zealand**  
[www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)
- **The Aotearoa New Zealand Association of Social Workers (ANZASW)**  
[www.anzasw.org.nz](http://www.anzasw.org.nz)
- **Auckland Region Allied/Public Health/Technical MECA**  
<http://www.psa.org.nz/YourWorkplace/HospitalsAndHealthServices/HealthAPT.aspx>
- **Occupational Therapy Board of New Zealand**  
[www.otboard.org.nz](http://www.otboard.org.nz)
- **Physiotherapy Board of New Zealand**  
[www.physioboard.org.nz](http://www.physioboard.org.nz)
- **New Zealand Psychologists Board**  
[www.psychologistsboard.org.nz](http://www.psychologistsboard.org.nz)

## The Medical Council of New Zealand

[www.mcnz.org.nz](http://www.mcnz.org.nz)

"Cultural competence requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a doctor has the attitudes, skills and knowledge needed to achieve this. A culturally competent doctor will acknowledge:

- That New Zealand has a culturally diverse population
- That a doctor's culture and belief systems influence his or her interactions with patients and accepts this may impact on the doctor-patient relationship
- That a positive patient outcome is achieved when a doctor and patient have mutual respect and understanding."

(2006)

To work successfully with patients of different cultural backgrounds, a doctor needs to demonstrate the appropriate attitudes, awareness, knowledge and skills:

### Attitudes

- A willingness to understand your own cultural values and the influence these have on your interactions with patients
- A commitment to the ongoing development of your own cultural awareness and practices and those of your colleagues and staff
- A preparedness not to impose your own values on patients
- A willingness to appropriately challenge the cultural bias of individual colleagues or systemic bias within health care services where this will have a negative impact on patients

### Awareness and knowledge

- An awareness of the limitations of your knowledge and openness to ongoing learning and development in partnership with patients
- An awareness that general cultural information may not apply to specific patients and that individual patients should not be thought of as stereotypes
- An awareness that cultural factors influence health and illness, including disease prevalence and response to treatment
- A respect for your patients and an understanding of their cultural beliefs, values and practices
- An understanding that patients' cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with medical professionals and the health care system; and treatment preferences
- An understanding that the concept of culture extends beyond ethnicity, and that patients may identify with several cultural groupings
- An awareness of the general beliefs, values, behaviours and health practices of particular cultural groups most often encountered by the practitioner, and knowledge of how this can be applied in the clinical situation

### Skills

- The ability to establish a rapport with patients of other cultures.
- The ability to elicit a patient's cultural issues which might impact on the doctor-patient relationship
- The ability to recognise when your actions might not be acceptable or might be offensive to patients
- The ability to use cultural information when making a diagnosis
- The ability to work with the patient's cultural beliefs, values and practices in developing a relevant management plan
- The ability to include the patient's family in their health care when appropriate
- The ability to work cooperatively with others in a patient's culture (both professionals and other community resource people) where this is desired by the patient and does not conflict with other clinical or ethical requirements
- The ability to communicate effectively cross culturally and:
  - Recognise that the verbal and nonverbal communication styles of patients may differ from your own and adapt as required.

- Work effectively with interpreters when required
- Seek assistance when necessary to better understand the patient's cultural needs

### **The Royal New Zealand College of General Practitioners**

[www.rnzcgp.org.nz](http://www.rnzcgp.org.nz)

'An awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. A culturally competent doctor will acknowledge:

- That New Zealand has a culturally diverse population.
- That a doctor's culture and belief systems influence his or her interactions with patients and accepts this may impact on the doctor. patient relationship.
- That a positive patient outcome is achieved when a doctor and patient have mutual respect and Understanding.'

(2007)

To work successfully with patients of different cultural backgrounds, a doctor needs to demonstrate the appropriate attitudes, awareness, knowledge and skills:

*Refer to Medical Council of NZ Cultural Competence Standards for Attitudes, Awareness and knowledge and Skills.*

### **Nursing Council of New Zealand**

[www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

The Nursing Council of New Zealand, (2002) *Guidelines for cultural safety, the Treaty of Waitangi, and Maori health in nursing and midwifery education and practice* serve as the basis for the indicators of competence related to the practice of cultural safety for all ethnic groups in New Zealand.

The 2007 *Competencies for registered nurses* provide the indicators that nurses are expected to demonstrate when practising "in a manner that the client determines as being culturally safe" (NZNC, 2007, p. 9).

The competencies include the nurse's ability to:

- apply the principles of cultural safety to nursing practice;
- recognise the impact of the culture of nursing on client care and endeavour to protect the client's wellbeing within this culture;
- practise in a way that respects each client's identity and right to hold personal beliefs, values and goals;
- assist the client to gain appropriate support and representation from those who understand the client's culture, needs and preferences;
- consult with members of cultural and other groups as requested and approved by the client;
- reflect on his/her own practice and values that impact on nursing care in relation to the client's ethnicity, culture and beliefs;
- avoid imposing prejudice on others and provide advocacy when prejudice is apparent

## **The Aotearoa New Zealand Association of Social Workers (ANZASW)**

[www.anzasw.org.nz](http://www.anzasw.org.nz)

The cultural competencies required by registered social workers are described in the

- The Auckland Region Allied/Public Health/Technical MECA and;
- The ANZASW Standards of Practice

The ANZASW is the professional body which provides the structure for accountability of social workers to their profession. The ANZASW sets ten practice standards for the assessment of practitioner competency. The following standards of practice pertain to cultural competence:

### **Standard 3**

*The social worker establishes an appropriate and purposeful working relationship with clients, taking into account individual differences and the cultural and social context of the client's situation.*

This standard is met when the social worker;

- Uses cultural and gender appropriate verbal and non-verbal communication
- Is able to work with a variety of individuals and groups and when the social worker demonstrates a knowledge of:
- The concepts of culture, class, race, ethnicity, spirituality, sex, age and disability and understands the impact of racism, poverty and sexism at a personal and institutional level

### **Standard 7**

*The social worker has knowledge about social work methods, social policies, social services, resources and opportunities and acts to ensure access for clients.*

This standard is met when the social worker demonstrates a knowledge of:

- I. Social work practice with Pakeha, Maori and Pacific Islands peoples and other ethnic groups, including the following aspects:
  - Communication processes
  - Planned, purposeful social work processes
  - Groups processes
  - Change strategies
  - Preventative strategies
  - Social planning, social action
  - Community work and community development
  - Power and authority issues
  - Privacy and confidentiality
  - Empowerment strategies
- II. Social services, including the following aspects:
  - The role of government
  - The role of non-governmental organisations (NGOs)
  - The role of volunteers
  - Teamwork and multidisciplinary processes
  - Organisation and management practice
  - Research principles and practice
- III. Social policies including the following aspects:
  - Policy issues for people who may be disadvantaged on the grounds of race, gender, economic status, disability, sexual orientation and age
  - Contemporary social policy directions
  - Strategies for influencing policy
  - Strategies for the promotion of informed participation
- IV. Resources and opportunities including the following aspects:
  - The identification of needs including gaps in existing services
  - The expansion and promotion of a range of choices and opportunities
  - The use of networks to support clients, colleagues and communities in meeting social needs
  - The availability of funding sources and procedures for obtaining funds
  - The significance of culturally appropriate resources and personnel

This standard is met when the social worker supervisor demonstrates knowledge of: social work and supervision practice with Tangata Whenua and Tauwiwi, including Pacifica peoples and other ethnic groups, including the following aspects:

- Communication processes
- Planned, purposeful social work processes
- Groups processes
- Change strategies
- Preventative strategies
- Social planning, social action
- Community work and community development
- Power and authority issues
- Privacy and confidentiality
- Empowerment strategies

### Cultural Responsiveness

This practice domain advances the competencies for practitioners regarding cultural competence for Pacific cultures or for people from other cultures that you interact with in your clinical/professional practice. Cultural responsiveness requires an awareness of cultural diversity and the ability to function effectively and respectfully when working with people from different cultural backgrounds. It also requires awareness of the practitioner's own identity and values, as well as an understanding of how these relate to practice. Cultural mores are not restricted to ethnicity but also include (but are not limited to) those related to gender, spiritual beliefs, sexual orientation, abilities, lifestyle, beliefs, age, social status, or received economic worth. The development of objectives based on the themes identified below relies on maintaining key relationships to ensure oversight, direction, leadership and guidance from the appropriate people within local organisations and the community.

<i>Theme</i>	<i>Example of Activities</i>
<p><b>Demonstrates alignment of clinical/professional practice and appropriateness with policies related to other cultural population groups represented in your DHB</b></p>	<ul style="list-style-type: none"> <li>- Develops and maintains relationships with groups representing and identified culture</li> <li>- Demonstrates a working relationship with relevant community resources</li> <li>- Demonstrates an understanding and analysis of current issues in specific client groups</li> <li>- Links DHB Strategic plan with clinical practice in key target areas</li> </ul>
<p><b>Develops and in-depth understanding of and identified cultural group within your DHB</b></p>	<ul style="list-style-type: none"> <li>- Researches into an identified culture, its wider environmental context, leadership structure and its interplay with clinical practice</li> <li>- Researches DHB vision and values and that culture's population groups principles of health, linking this to own role and responsibilities</li> <li>- Researches disparities in the DHB population and links this to own service</li> </ul>
<p><b>Leads and supports an aspect of cultural responsiveness within own service area</b></p>	<ul style="list-style-type: none"> <li>- Demonstrates leadership and role modelling in both clinical and professional practice and service delivery</li> <li>- Challenges culturally inappropriate practices and supports staff to make changes</li> <li>- Is actively involved in developing cultural policies within own service</li> <li>- Develops needs assessment of cultural requirements for staff</li> <li>- Cultural knowledge and appropriateness is applied to clinical and professional practice</li> <li>- Demonstrates an understanding of own issues regarding cultural intervention</li> <li>- Demonstrates a working relationship with relevant community groups</li> <li>- Develops understanding and analysis of current issues in specific client groups</li> <li>- Leads the DHB Strategic Plan with clinical practice in key target areas</li> </ul>

## **Occupational Therapy Board of New Zealand**

[www.otboard.org.nz](http://www.otboard.org.nz)

To provide a service that takes into account the socio-cultural values of the client/tangata whaiora, family/whanau and significant others.  
and the experience of trauma as dimensions of culture.

1. Demonstrate understanding of the complexity of culture
2. Recognise the multiple realities and identities that people bring to the practice context e.g. Gender, ethnicity, religious belief, sexual orientation, ability, life stage.
3. Demonstrate understanding of power dynamics in therapeutic contexts, and foster opportunities for clients/tangata whaiora to maximise self advocacy skills
4. Demonstrate awareness of the cultures of occupational therapy and their potential impact on the person
5. Identify personal significant cultural values, beliefs, attitudes, and prejudices, and understand their potential impact.
6. Recognise own level of cultural safety, consult, and refer on where indicated
7. Identify and safely respond to client/tangata whaiora values, beliefs, attitudes and practices
8. Recognise and respect the uniqueness of the individual in the context of their community
9. In consultation with the client/tangata whaiora, identify and work in partnership with resources of family/whanau, community and significant others.
10. Ensure intervention is guided by reflective practice
11. Action treaty of waitangi partnership responsibilities, liaising and developing relationships with local iwi and maaori health, welfare and education workers
12. Respond appropriately where cultural difference may be an issue.

## **Physiotherapy Board of New Zealand**

[www.physioboard.org.nz](http://www.physioboard.org.nz)

The Physiotherapy Board of New Zealand (2009) *Physiotherapy competencies for physiotherapy practice in New Zealand* include cultural competency in Competency 1: "Analyse and discuss the biomedical, behavioural and social science bases of physiotherapy and integrate bases into physiotherapy practice".

Section 1.9 requires the physiotherapist to:

- Explain the principles of the Treaty of Waitangi from an historical perspective
- Explain the relevance of the Treaty of Waitangi to a physiotherapist
- Describe the cultural differences of the current population in New Zealand in relation to health

Understand the complexities of giving and receiving a therapeutic intervention such as cultures, beliefs, behaviours, age, gender and social structure.

Cultural competence is defined by the NZ Psychologists Board as having the awareness, knowledge and skill necessary to perform a myriad of psychological tasks that recognise the diverse worldviews and practices of oneself and of clients from different ethnic/cultural backgrounds. Competence is focussed on the understanding of self as a cultural-bearer; and wellbeing whether pertaining to individuals, peoples, organisations or communities and the development of relationships that engender trust and respect. Cultural competence includes an informed appreciation of the cultural basis of psychological theories, models and practices and a commitment to modify practice accordingly.

1. Awareness

- (a) Awareness of how one's own and the client's cultural heritage, gender, class, ethnic-racial identity, sexual orientation, institutional or organisational affiliation, practice orientation, disability and age-cohort help shape personal values, assumptions, judgements and biases related to identified groups.

2. Knowledge

- (b) Knowledge of how psychological theory, methods of inquiry, research paradigms and professional practices are historically and culturally embedded and how they have changed over time as society values and political priorities shift
- (c) Knowledge of the history and manifestation of oppression, prejudice and discrimination in home country, and that of the client and their psychological sequelae.
- (d) Knowledge of socio-political influences (e.g., poverty, stereotyping, stigmatisation, land and language loss, and marginalisation) that impinge on the lives of identified groups (e.g. identify information, development outcomes, and manifestations of mental illness)
- (e) Knowledge of cultural-specific diagnostic categories, and the dangers of using psychometric tests on populations that differ from the normative group.
- (f) Knowledge of such issues as normative values and about illness, help-seeking behaviour, interactional styles, community orientation, and worldview of the main groups that the psychologist is likely to encounter professionally
- (g) Knowledge of culture-specific assessment procedures tools and their empirical (or lack of) background.
- (h) Knowledge of family structures, iwi, hapu and other inter-tribal relations, gender roles, values, educational systems (kura kaupapa, kohanga reo) beliefs and worldviews and how they differ across identified groups along with their impact on identity formation, development outcomes and manifestations of mental illness.
- (i) Knowledge of the NZ/Aotearoa Code of Ethics (2002), knowledge of the Treaty of Waitangi and its application to psychological practice and knowledge of legislation governing psychologists in NZ.

3. Skills

- (j) Ability to accurately evaluate emic (culture-specific) and etic (universal) hypotheses related to clients from identified groups and to develop accurate research findings and/or clinical conceptualisations, including awareness of when issues involve cultural dimensions and when theoretical orientation needs to be adapted for more effective work with members of identified groups.
- (k) Ability to accurately assess one's own cultural competence, including knowing when circumstances (e.g., personal biases; stage of ethnicity identify; lack of requisite knowledge, skills, or language fluency; socio-political influences) are negatively influencing professional activities and adapting accordingly (e.g., professional development, supervision, obtaining required information, or referring to a more qualified provider – emphasis there is on professional development).
- (l) Ability to modify (where appropriate) assessment tools; or to forego assessment tools and quality conclusions appropriately (including empirical support where available) for use with identified groups (culture-specific models)
- (m) Ability to design and implement non-biased, effective treatment plans and interventions for clients from identified groups, including the following:
  - i. Ability to assess such issues as clients' level of acculturation, ethnic-identity status, acculturative stress, gay and lesbian issues, (see point 1) (whanau groups)

- ii. Ability to ascertain effects of therapist-client language difference (including use of translations or cultural advisors) on psychological assessment and intervention;
  - iii. Ability to establish rapport and convey empathy in culturally sensitive ways (e.g., taking into account culture-bound interpretations of verbal and non-verbal cues, personal space, eye-contact, communication style);
  - iv. Ability to initiate and explore issues of difference between the psychologist and the client, when appropriate and to incorporate these issues into effective treatment planning.
- (n) Ability to conduct supervision in a culturally competent manner (for the benefit of the client and the supervisee, and supervisor) taking into account the factors above.