Cultural Competence in Person-Centred Care.

Geoff Currie

1Charles Sturt University, Wagga Wagga
2The Riverina Anglican College, Wagga Wagga

Introduction

Cultural competence is the capacity of the health workforce to respond to cultural diversity within the clinical environment. Culturally appropriate person-centred healthcare requires the health workforce, individually and collectively, to understand and respect variations in patient health beliefs, values, preferences, behaviours, symptom recognition, thresholds for seeking care, expectations of healthcare, compliance, and attitudes to imaging procedures. Cultural competence is also a key strategy for tackling healthcare inequities. Cultural competence alone is not consistent with person-centred care. Culture is the common thread within a group of people that represent a collective identity, beliefs and values (fig 1). It is an emotional acuity that allows awareness and sensitivity to individual nuances in beliefs and values to deliver person-centred care (fig 2).

Emotional Intelligence

• Higher emotional intelligence among healthcare professionals leads to better patient care.
• Emotional intelligence is the acuity associated with one’s own emotions and with those of others.
• Emotional intelligence is used to shape actions and guide motivations to produce productive interactions.
• For healthcare professionals, emotional intelligence creates situational awareness and the ability to adjust interactions to produce emotionally safe environments and more positive interactions.
• While emotional intelligence can be developed organically (inherent skills), emotional intelligence can also be learned, enhanced or engineered for a specific purpose.
• Higher order emotional taxonomies are achieved by careful attention to the training and development of the health practitioners (or students) insight into the dynamic of social interactions (fig 3).

Figure 1: Culture as the collective identity of a community.

Figure 2: The person is the individual identity within a collective community.

Figure 6: The healthcare equity pipeline

Figure 3: The emotional intelligence pipeline and learning taxonomies.

Figure 4: The cultural competence pipeline and learning taxonomies.

Figure 5: The healthcare equity pipeline

Figure 6 (above): The person-centred care framework including the three pillars and the reinforced support of cultural competence and emotional intelligence.

Figure 7 (left): The person-centred practitioner that encapsulates core professional capabilities driven by intrinsic and extrinsic enablers and informed by cultural and emotional competence.

Cultural Competence

The journey through cultural awareness to enlightenment and cultural competence is tortuous and requires institutional and workforce commitment and perseverance. The task for health professionals is to challenge the ways of knowing with the goal of ‘decolonising’ their individual and collective attitudes, beliefs, and actions (fig 4). There are challenges to confront as a result of historical injury or cultural incompatibilities.

• Culturally competent healthcare addresses social asymmetry.
• When cultural ignorance or lack of cultural safety are perceived, it drives lower uptake of health services.
• Developing culturally safe and appropriate healthcare spaces will increase utilisation of health services.
• Inclusive is the obligation to make careers in health attractive and achievable for a culturally diverse population.

Indigenous Cultural Competence

There are four key characteristics valued by Indigenous Australians:

- accessibility of services
- healthcare that is appropriate and responsive to their holistic needs and beliefs; a whole person approach
- culturally safe places where ethnicity and beliefs are respected
- equal power relationships and health equity.

These principles are transferable between Indigenous peoples and other cultural groups identifying based on ethnicity, religion, belief, age, gender, sexuality, disability, sociocultural status or geography, and can be used to drive the equity pipeline to address lack of vertical and horizontal diversity in health (fig 5).

Person-Centred Care

The three pillars of person-centred care put an emphasis on personhood (the individual identity, needs and expectations), partnership (respect, shared knowledge and trust), and a holistic framework (circumstances, principles, resources, enablers, regulations and needs). Patient-centred care emphasises the focus on the patient but tends to identify the patient as a function of their symptoms, disease or procedure. Person-centred care is not only a holistic focus on the person but is inclusive of family and carers. There are a number of person-centred care frameworks that share common components (fig 6):

• Structure includes the regulatory and institutional environment in which healthcare is provided. This includes health workforce and healthcare system sub-domains.
• Process is associated with healthcare provision and represents the interface between person-centred care policy / strategy and the improved outcomes associated with person-centred care delivery.
• Outcome is associated with the patient and their satisfaction with outcomes and individual identity.

References:

• Currie, J, Currie, G 2022, Emotional intelligence and productive relationships with patients and colleagues, Journal of Nuclear Medicine Technology, in press.

Scan the QR code for more advanced practice info.