



Cultural Competence Practice and Training: Overview

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Why is Cultural Competence Important for Health Professionals?

This section will focus on strategies and practices that can enhance cultural competency for the individual health care professional. For those interested in organizational cultural competency, please see [] for information on organizational strategies and programs.

Lack of awareness about cultural differences can make it difficult for both providers and patients to achieve the best, most appropriate care. Despite all our similarities, fundamental differences among people arise from nationality, ethnicity, and culture, as well as from family background and individual experiences. These differences affect health beliefs, practices, and behavior on the part of both patient and provider, and also influence the expectations that patient and provider have of each other.

Often in the medical community (and the community in general) there is lack of awareness of these differences and their impact. This most likely results from a combination of factors that may include:

- **Lack of knowledge** - resulting in an inability to recognize the differences
- **Self-protection/denial** - leading to an attitude that these differences are not significant, or that our common humanity transcends our differences
- **Fear of the unknown or the new** - because it is challenging and perhaps intimidating to get to understand something that is new, that does not fit into one's world view
- **Feeling of pressure due to time constraints** - which can lead to feeling rushed and unable to look in depth at an individual patient's needs

The consequences of this lack of cultural awareness may be multiple. Patient-provider relationships are affected when understanding of each other's expectations is missing. Miscommunication results. The provider may not understand why

the patient does not follow instructions: for example, why the patient takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the patient, makes important decisions about the patient's health care (because in the patient's culture, major decisions are made by the family as a group). Likewise, the patient may reject the provider (and the entire system) even before any one-on-one interaction occurs because of non-verbal cues that do not fit expectations. For example, "The doctor is not wearing a white coat - maybe he's not really a doctor; or, "The doctor smiles too much. Doesn't she take me seriously?"

What constitutes cultural competence is up for debate. Some use the terms cultural sensitivity and cultural awareness as synonyms, while others believe these are steps along the road to cultural competence. In this section, you will find definitions of cultural competence, discussions of how it can be achieved, and tools and resources to aid in striving for greater cultural competence.

Individual providers may want to determine where they are along the continuum of cultural competence in order to choose what steps to take next in their professional development. Some things to consider if you work directly with patients:

1. How do you react when confronted with a "new" patient situation that does not fit your expectations? Does the situation provoke feelings of anxiety and discomfort? Are you able to assess what is going on within yourself as well as within the patient?
2. Do you have strategies to use to gain clarification of a puzzling situation, and to enhance both your own and your patient's understanding?
3. Are you able to support and help patients to understand that they are impacted by the same factors as you, regarding cultural differences in beliefs, expectations, behaviors?

Questions for the reader:

1. Is there a providers' group or faculty in your institution/area that are working on these kinds of issues?
2. What do you think providers need in order to become culturally competent?
3. What do you think patients who are recent arrivals need in order to utilize/understand the American medical system better?

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Definitions, Tools and Assessments

- 1. [L-E-A-R-N Model Encounter Guidelines](#)
- 2. [Eliciting health beliefs](#)
- 3. [Guidelines for clinical encounters](#)

Curricula and Training Programs

[Family Medicine curricula guidelines](#)

Resources

[Kaiser Permanente handbooks](#)

[Cross Cultural Communication videos](#)



As with the rest of Diversity Rx, this section is a work in progress and we welcome information on other efforts, programs, and reports that will expand upon the information offered here. [Please let us know](#) if you have other examples to include here.

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