

Cultural Competence at

Carolina HealthCare System

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Organizations that actively accelerate the transformation of healthcare delivery are dedicated to fostering a work environment where people from diverse backgrounds work comfortably in teams. These organizations recognize that talent and ability are not limited, but enhanced, by the diversity and cultural expertise that teammates bring to the workplace. The purpose of this paper is to provide an overview of the position necessary to maintain a culturally competent workforce that is recognized nationally and chosen for the quality and value of services provided to a diverse patient population.

A young mother of Guatemalan descent accompanies her 19-month-old son to a children's hospital for his biweekly rehabilitation visit. Upon returning from the gift shop, she is distressed to find her child's shoes in a cubby, instead of on his feet. The last two times this happened, she explicitly told the physical therapist she wanted her son to wear shoes. As before, the therapist explained that going barefoot is ideal for a child who is relearning to walk. Where is the disconnect between the therapist and the mother, and is the intent of either party one of obstinacy or simply a lack of cultural competency?

The therapist is focused on improving the child's balance and physical control. The mother, on the other hand, recalls the condition of the soil in rural Guatemala and the dangers of walking without shoes because parasites in the soil could enter through the pores of bare feet and infect the body. Furthermore, a mother in her Guatemalan community would be viewed negatively by others for exposing her child to such risks if she allowed him to walk without shoes.

Communication between the two reflects differences in their individual belief systems. The therapist views the mother as resistant to important information about healthy development; the

mother believes the physical therapist to be ignorant about environmental dangers and social stigma (Olsen, Bhattacharya, and Scharf, 2006). In this case, the therapist and the mother misunderstand each others' intentions because of a lack of cultural competency and, in doing so, they both lose sight of their common goal – helping the child.

This story illustrates the cultural complexities inherent within the experience of both teammates and patients. Understanding these intricacies should be the foremost priority of any healthcare leader. Transformative healthcare organizations are committed to creating a culture in which the unique attributes of each person are understood, valued, respected and utilized. Such companies are *intentional* in their ongoing efforts to increase the capability to deliver culturally competent care to patients, recognizing that care needs may differ for individuals from diverse backgrounds. Key to providing culturally competent care is the ability to establish and retain a workforce whose composition reflects the demographic of patients and the service area population. A representative workforce allows organizations to avoid communication “blind spots” (Scharmer, 2009) or “schemas” (Haslanger, 2013) that otherwise go undetected by leaders and teammates because individual belief systems, born in cultural silos, are allowed to mature against the grain of potentially culture-rich social interactions.

What is Cultural Competence?

Today's patients represent an increasingly diverse American population that requires healthcare practitioners who are knowledgeable of many cultural nuances and their impact on health and wellness. But how can any one person know everything there is to know about every single patient population? What does it mean for large, complex systems, like Carolinas HealthCare System, to be culturally competent? For teammates and providers, it is an approach to learning, communicating, providing care and working respectfully with others who may look

or think differently or have a unique set of experiences that shape their beliefs and values. As such, the terms listed below will help establish a framework for the premise of this paper.

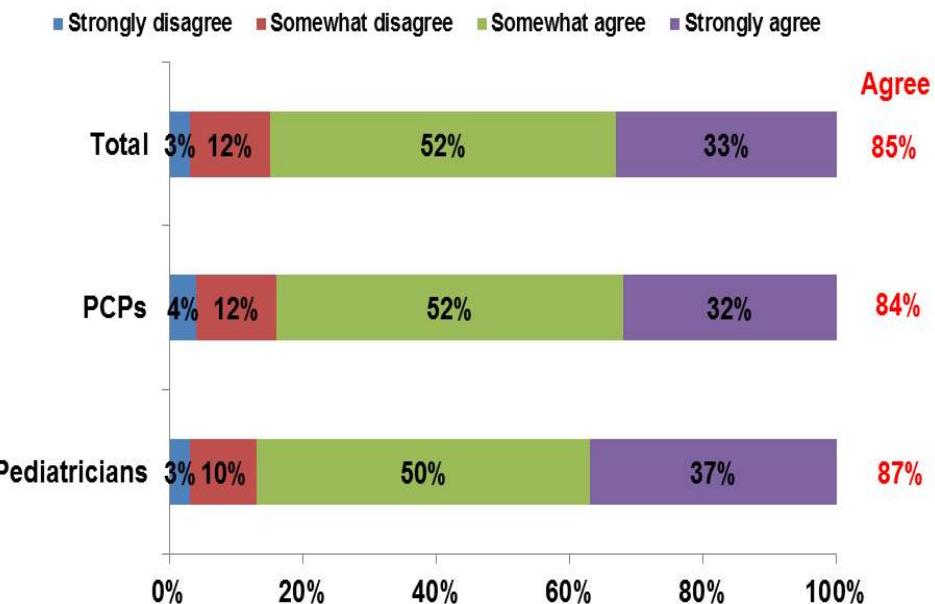
- *Culture* refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups.
- *Competence* implies having the capacity to function effectively as an individual and an organization within the context of cultural beliefs.
- *Cultural and linguistic competence* is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals. This enables effective work in cross-cultural situations, covering the spectrum of behaviors and needs presented by consumers and their communities (Cross, Bazron, Dennis, and Isaacs, 1989).
- *Cultural competency* underscores the ability to meet others where they are and to effectively work across cultures.

Influences of Culture, Language, and Community

Culture and language can influence perceptions of health, healing and wellness, as well as what it means to be ill and what causes illness. These beliefs often shape the behaviors of patients who are seeking healthcare and their attitudes toward health care providers. The delivery of services by the provider who looks at the world through his or her own limited set of values can compromise the quality of care delivery for patients from other cultures. The first step in understanding the influences of language and culture is to recognize that we are all working with a limited set of values. We all have much to learn from other cultures.

To fully understand the importance of cultural competence, we must also understand the impact of social determinants of health. Healthy people and communities depend on more than the care they receive through our medical offices and hospitals—good health starts where we live, work and play long before any clinical intervention is required to treat disease or injury. For too many individuals, environmental conditions limit choices; as a result, the opportunity to be healthy is also limited. Investing in communities is essential to improving the health of our diverse patient population today and controlling healthcare costs in the long run. To foster greater health equity, public health leaders must address underlying policies that shape inadequate community conditions and opportunities for good health. Leading national healthcare systems, like Carolinas HealthCare System, have supported community-driven efforts to address factors including public safety, educational attainment, access to healthy food and affordable housing that support the development of cultural competence within our communities.

Social Determinants of Health: *Most physicians believe addressing patients' social needs is as important as dealing with medical conditions*



Source: 2011 Physicians' Daily Life Report, Robert Wood Johnson Foundation and Harris Interactive, November 15, 2011

The provider and the patient each bring their individual learned patterns of culture to the healthcare experience which must be transcended to achieve quality care (American Association for Health Education, December 16, 2013). To ensure cultural competence, Carolinas HealthCare System continues to embrace opportunities to create and support equality in the communities it serves while also heightening teammate awareness of the role that community plays in the healthcare system.

The Carolinas HealthCare System Journey

As a culturally competent organization, Carolinas HealthCare System realizes the need for its teammates to meet their fellow coworkers, customers and patients where they are, recognizing

that individual needs are as unique as the people who have them. Carolinas HealthCare System has undertaken a bold approach to creating a diverse workforce that is often cited as an example of how successful such efforts can be in large organizations that show strong leadership and support for cultural competence:

- More than 80% of all teammates, roughly one-third of the executive team and nearly 40% of our physicians are women
- Blacks account for 4% of the physician labor market but make up more than 10% of our physician workforce
- Carolinas HealthCare System has one of the most diverse boards for an organization of its size—over 20% of the Board of Commissioners are people of color; over 20% are women
- In 1945, the organization hired its first female physician, and some years later, its first African American physician was appointed to the Visiting Medical and Dental Staff. These acts set industry precedence in equal employment opportunity and affirmative action.

Despite these efforts to respond to organizational needs while embracing shifting demographic trends, opportunities remain to create a consistent experience for all teammates and patients at Carolinas HealthCare System while leveraging cultural competence as a key organizational driver. Bass and Avolio (1993) note that organizational transformation occurs when we "transform people and organizations in a literal sense – to change them in mind and heart; enlarge vision, insight and understanding; clarify purposes; make behavior congruent with beliefs, principles or values; and bring about changes that are permanent, self-perpetuating and momentum-building." This process of organizational transformation is similar to that of

developing cultural competence; in this way, we are well positioned to embrace cultural competence as an opportunity to become a more successful enterprise.

Transformation is an urgent industry requirement, and cultural competency is fundamental to that transformation. Developing integrated strategies to level the playing field across cultures with metrics such as teammate engagement, patient satisfaction, quality outcomes, and retention and termination rates will be instrumental to accelerating the development of a culturally proficient organization.

Guiding Principles for Carolinas HealthCare System

Following these guiding principles will set the foundation for Carolinas HealthCare System and its transformation into a fully-realized culturally competent organization.

- Culturally competent teammates at all levels can help ensure that we have the knowledge, critical thinking, productivity and innovation required of a leader in the transformation of healthcare delivery
- Dramatic epidemiological variations exist across cultural groups in terms of vulnerability and health risks, as well as incidence and prevalence rates of a variety of clinical conditions
- Culturally competent knowledge of these differences in patient populations will enhance our opportunities to deliver higher quality care, implement primary prevention programs and design more cost-effective interventions
- Shifting demographic trends are forcing healthcare delivery systems to assess their marketing, service and product delivery, and human resource strategies to remain competitive in the changing labor and consumer markets

- Developing cultural competence to respond appropriately to the increasing demands of state and federal efforts aimed at the Affordable Care Act, thereby facilitating compliance and reducing legal liability
- Challenging economics cannot be the determinant of our commitment to cultural competence; otherwise, progress toward institutionalizing proactive strategies erode and revive with the ebb and flow of economic dynamics

Conceptual Model

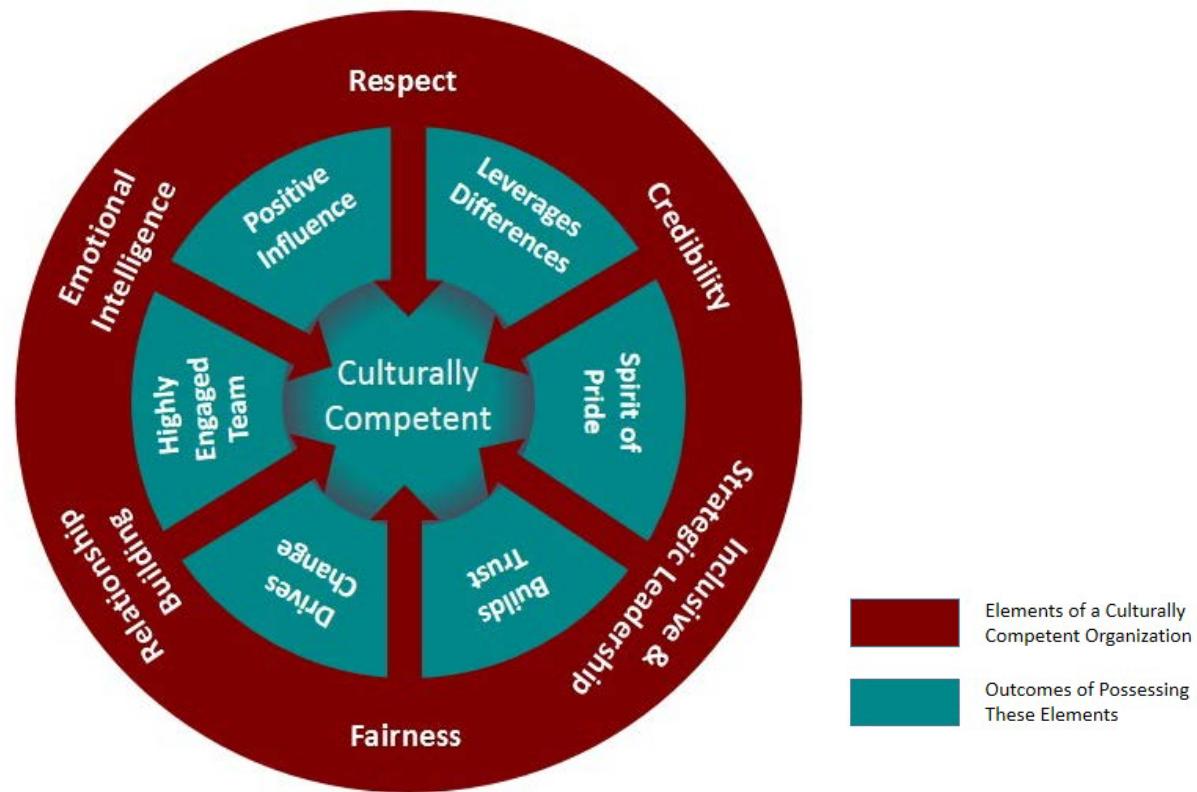
The conceptual model (see Figure) outlines the essential elements of a culturally competent organization, including expected outcomes when these practices are integrated into daily operations. The operational gateway to cultural competence is active listening, an imperative among organizational members that demonstrates self-awareness, self-respect and respect for others. According to Scharmer (2009), listening is not only a foundational attribute for individuals, but it creates a competent space for transformative cultures to evolve. Mutual *respect* and a sense of *fairness* for all teammates, our patients and families, as well as external customers, are necessary to foster the types of relationships that must exist within a culturally competent organization. Recognizing and valuing differences as relationships are *built* enhances a diverse community led by those who understand the value of *inclusiveness* and the impact it has on teammates with whom we work and patients we serve. When *credible* teammates and leaders with *emotional intelligence* thrive in such a culture, it becomes contagious and their attitudes can permeate the entire organization, enhancing both the teammate and patient experience.

The model also shows what return can be expected when investing in culturally competent practices. *Trust*, a sense of *pride*, and a highly *engaged* workforce can be the result of this

culture. These outcomes allow leaders to positively *influence* their teams in a manner that yields high-quality patient care and a great place to work. Leaders not only *leverage the differences* that a diverse culture provides, but they can also drive *change*—rich with the experiences of all within the Carolinas HealthCare System community.

This model of cultural competence outlines an expectation of all leaders and teammates across the organization. It serves to better us as a team, and to strengthen us as One.

The Model in Practice



The Dangers of Cultural Incompetence: A Final Thought

Michael is a 26-year-old male with severe developmental disabilities. He does not speak in a way that anyone except those closest to him can understand. He is hospitalized for the removal

of a large kidney stone. The procedure is successful, but Michael goes into shock after surgery, requires blood, and his bed must be tilted to maintain blood flow to his brain. His receives medication to support his blood pressure. He is found to be anemic, but this was not discovered during the pre-operative exam. Any experienced clinician would immediately ask why this was not discovered in the pre-op. The answer is simple – cultural competency. The resident physician assumed Michael’s developmental disability might cause him to become agitated if asked to provide a pre-operative blood sample. As a result of the resident’s assumption, the source of the anemia was not discovered until three weeks post-operative when Michael began vomiting blood at home due to severe GERD and esophageal erosion.

The story continues. During a follow-up MRI, the technician did not remove the t-shirt hiding EKG pads on Michael’s chest. Because Michael was unable to inform the technician or read the warnings posted around the radiology department, he received third degree burns from the MRI magnet. In short, Michael was given reprehensible care because of a lack of cultural competency.

Michael’s story and the story of the concerned mother from Guatemala can be told across many organizations from any service-related industry; however, such experiences can be particularly painful for healthcare customers – our patients. Experiences like these cause embarrassment; occasionally are explosive; and at times go unrecognized as anything more than a lack of connection (Olsen, Bhattacharya, and Scharf, 2006). In the worst cases, however, they often lead to lawsuits, physical harm, and death.

The absence of cultural competence often yields an uncomfortable situation for both the healthcare teammate and the patient in need. Indeed, the potential for medical errors is greater when a lack of cultural competence exists. If we do not understand the person, the delivery of

care can be inconsistent, fragmented, and difficult to obtain. So often, unfortunately, this is exactly the kind of care that patients receive. For some systems, the current healthcare model focuses simply on delivering service and receiving payment for services rather than developing and maintaining a clear understanding of the patient's true needs and striving to meet those needs. This current model is transactional rather than transformational, and organizations that follow this model often fail to meet the needs of the patients they exist to serve.

Conclusion

Cultural competence is a core belief of Carolinas HealthCare System as a mission-driven organization. It is not possible for the organization to improve the health status of the communities it serves without knowing and supporting the rich diversity in those communities. At Carolinas HealthCare System, teammates are constantly learning more about the link between culture, teammate engagement and health care outcomes to inform care delivery practices. An equally important element of culturally competence at Carolinas HealthCare System is acquiring the expertise to look for, diagnosis and treat illnesses, like diabetes, that are known to have a higher incidence in a given population. Knowing that some treatments affect individuals differently depending on culture and background, the organization's challenge is to continue to learn about these connectors and lead the nation in providing the best care—culturally competent care—aimed at eliminating health inequalities.

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