



## STATEMENT ON CULTURAL COMPETENCE AND THE DEVELOPMENT AND MAINTENANCE OF CULTURALLY COMPETENT PRACTICES IN EMERGENCY MEDICINE

### Introduction

*All Australians and New Zealanders have the right to access health care that meets their needs. In our culturally and linguistically diverse society, this right can only be upheld if cultural issues are core business at every level of the health system—systemic, organisational, professional and individual.*<sup>1</sup>

This document has been developed by the Australasian College for Emergency Medicine to provide a framework for the development and implementation of culturally competent practices in emergency medicine. It is intended to identify the underlying principles and philosophies supporting emergency health care provision in Australasia and to support and guide practitioners in developing and/or maintaining individual and organisational cultural competence.

This statement is aligned to the Australasian College for Emergency Medicine's Statement on the Health of Indigenous Peoples of Australia and New Zealand (S49).

### 1. Definition of culture

Culture is essentially a shared, learned system of beliefs, values and attitudes that shape and influence a person's perception and behaviour. It describes the ways in which members of a group interact with each other, often operating at an 'unconscious' level which is the result of shared understanding and commonality of experiences.

A person's culture may be an influence of ethnicity, religion, sexual orientation, upbringing or age. Culture should not be viewed too narrowly as a person's beliefs and values may arise from many different aspects of their life and origins.

Different cultures can have variable approaches to accessing, understanding and accepting health care. It is also the case that patients can belong to multiple cultures simultaneously<sup>2</sup>. The main points to remember when considering cultural competence:

- Australia and New Zealand have a culturally diverse population
- A doctor's culture and belief systems influence his or her interactions with patients and this may impact on the doctor-patient relationship.
- A positive patient outcome is achieved when a doctor and a patient have mutual respect and understanding<sup>2</sup>.

### 2. Historical Perspective

This statement aims to look to the future to ensure practitioners in Emergency Medicine are aware of cultural issues and avoid the mistakes of the past. Much of the current cultural environment is influenced by past insensitivities and hardships inflicted due to ignorance. It is not possible in this College statement to give adequate acknowledgment of the historical perspective to the many diverse cultural issues that have affected

Australia and New Zealand in recent times. The reader is pointed to the reference section for more depth in this area.

### **3. What is cultural competence/cultural safety?**

#### **3.1 Definition of cultural competence**

Cultural competence is a set of attitudes, skills and knowledge that allow an individual to interact effectively in cross-cultural situations. It is more than an awareness of cultural differences as it requires the ability to:

- Value diversity
  - Engage in cultural self-assessment
  - Be aware of the dynamics that occur when cultures interact
  - Adapt service delivery so that it reflects an understanding of the diversity between and within cultures <sup>4</sup>
- a) The development of cultural competence begins with an honest and insightful inquiry into one's own feelings, beliefs and values <sup>5</sup>. Each individual emergency practitioner has their own cultural heritage. They bring with them attitudes, values and beliefs which have been learned throughout a lifetime and which are often difficult to reflect upon objectively. Becoming 'culturally competent' means developing a heightened understanding of and respect for those from culturally diverse backgrounds which in turn enables us to better communicate and provide improved outcomes for those in our care.

#### **3.2 Definition of cultural safety**

Cultural safety is a term which was originated by Māori nurses and means '*there is no assault on a person's identity*' <sup>6</sup>. Cultural safety refers to an environment where there is shared respect, shared meaning and shared knowledge. Those best equipped to provide a culturally safe atmosphere are people from the same culture, but for the emergency practitioner, the issues to consider include:

- Respect for culture, knowledge, experience obligations
- Treating patients with dignity
- Culturally appropriate environment which acknowledges distinctive customs, traditions, procedures and practices.
- Recognition that there is more than one way of doing things
- Debunking the myth that all Indigenous people are the same <sup>7</sup>.

### **4. Why is cultural competence important?**

#### **4.1 Society**

Australia and New Zealand are countries of extreme diversity with approximately 23% of our population born overseas. Whilst our multicultural heritage has enriched our society immeasurably, it has also brought with it the challenges of meeting the health needs of a linguistically and culturally diverse population.

The need to develop cultural competence is also predicated by:

- a) 'Closing the gap between indigenous and non-indigenous Australians' – A Council of Australian Governments initiative to overcome disadvantage and address inequities in health services.
- b) Legislative requirements: Anti-discrimination and equal opportunity legislation in Australia requires service providers to ensure that clients are not discriminated against in any way due to cultural or linguistic diversity. In New Zealand, the Code of Health and Disability Services Consumers' Rights 1996 guarantees to patients the right to services by a health professional 'that takes into account the needs, values and beliefs of different cultural, religious, social and ethnic groups'<sup>2</sup>
- c) The Treaty of Waitangi 1840: The New Zealand Health Strategy acknowledges 'the special relationship between Māori and the Crown under the Treaty of Waitangi' and is concerned with eliminating health disparities between Māori and non-Māori and safeguarding Māori cultural concepts, values and practices in health care<sup>8</sup>

## **4.2 Australasian College for Emergency Medicine**

Patients' cultures affect the ways they understand health and illness, how they access health care, and how they respond to healthcare interventions. The purpose of cultural competence is to improve the quality of health care services and outcomes for patients<sup>3</sup>.

## **4.3 Emergency Practitioners**

Benefits of appreciating and understanding cultural issues in the doctor-patient relationship include:

- Developing a trusting relationship
- Gaining increased information from patients
- Improving communication with patients
- Helping negotiate differences
- Increasing compliance with treatments and ensuring better patient outcomes
- Increased patient satisfaction<sup>3</sup>

## **4.4 Patients**

Patients are more likely to feel safe in a culturally sensitive environment. Misinterpretation of history or clinical signs is less likely if the patient and family are listened to with full recognition of their culture.

### **Achieving Cultural Competence**

This statement sets out the Colleges' aims in achieving cultural competence in emergency medicine. The first requirement is for knowledge and the second is for application. The Australasian College for Emergency Medicine is committed to ensuring all Trainees and Fellows are culturally competent. This will be achieved by postgraduate training and continued professional development. Directors of Emergency Medicine Training will be instructed to ensure cultural awareness is a component of emergency medicine training programs. Cultural competence will be

assessed in Fellows by peer review and ongoing Maintenance of Professional Standards.

## **5. How to achieve a Culturally competent practice in Emergency Medicine**

### **5.1 Barriers and difficulties**

Maintain an environment that is welcoming and accommodating to all cultures. Use interpreters when language may be a barrier. Understand the need for families to be present in certain situations and establish the family relationships.

### **5.2 Knowledge**

As much as possible the emergency medicine practitioner needs to be aware of local customs and practices as they apply to health interactions. Knowledge of family structure in certain cultures is important to avoid insult and to understand who best to ask for information.

### **5.3 Communication Skills**

- There is nowhere in emergency medicine where good communication skills is more important than in the interaction with different cultures.
- Make every effort to establish the name of the patient and pronounce correctly. This simple act shows respect.
- Involve the family when and where appropriate – understand that in some cultures family/whanau hold supreme importance.
- Show an interest in cultures other than your own as a sign of respect
- Learn to interpret non vocal communications
- Understand that direct eye contact is not appropriate for all cultures and do not force your behaviours on those of other cultures
- Silence in some cultures is not considered time wasted and allow patients to reply in their own time

### **5.6 Behaviours**

It is important for emergency practitioners to recognise patients' personal space and understand the different approach to touching in different cultures. If in doubt it is best to ask permission of the patient before touching them.

## **6. Summary**

The Australasian College for Emergency Medicine intends, through this document, to better inform Emergency Physicians and trainees in Emergency Medicine of the importance of Cultural Competence and Safety. The College is committed to improving awareness of Cultural issues and intends for these principles to permeate through all aspects of College business and practice.

## References

1. Cultural Competence in Health: A guide for policy, partnerships and participation. Canberra: Commonwealth of Australia, 2005.
2. RNZCGP. Cultural Competence: Advice for GPs to create and maintain culturally competent general practices in New Zealand. The Royal New Zealand College of General Practitioners, 2007.
3. Statement on Cultural Competence. Medical Council of New Zealand, August 2006.
4. RACP. An Introduction to Cultural Competency. 2004.
5. Cone DC, Richardson LD, Todd KH, Betancourt JR, Lowe RA. Health Care Disparities in Emergency Medicine. *Academic Emergency Medicine*. 2003;10(11):1176-83.
6. Ramsden IM. Cultural safety in nursing education in Aotearoa. Year of Indigenous Peoples Conference. Brisbane, 1992.
7. Williams R. 'Cultural Safety - What does it mean for our work practice?'. *Australian and New Zealand Journal of Public Health*. 1999;23(2):213-24.
8. Jackson M. The Crown, the Treaty and usurpation of Maori Rights. Proceedings of Aotearoa New Zealand and Human Rights in the Pacific and Asia Region: A Policy Conference, 1989.