

Achieving Cultural Competency and Its Role in Pharmacy

Kelly J. Clark

Learning objectives: After completing this activity, the participant should be able to:

1. Define cultural competence
2. Understand the need for cultural competency in the practice of pharmacy
3. Identify personal cultural competency level through assessment
4. Identify barriers to cross-cultural communication
5. Describe methods and mnemonic models for overcoming cross-cultural communication barriers

ABSTRACT

Goal/Objective: To educate pharmacy professionals on the importance of cultural competency in providing effective patient care.

Summary: The population demographics of the United States are rapidly shifting, as are the demographics of student pharmacists. However, at the current pace of new graduates entering the market and replacing pharmacists from previous decades, the demographic makeup of practicing pharmacists will remain primarily Caucasian for many years to come. In order to continue providing effective communication with patients, pharmacists must learn to accurately assess their own level of cultural competency and develop methods to improve those skills. As a result, the need for culturally competent pharmacists is necessary in order to continue providing effective communication with patients. Ways to assess personal cultural competency levels will be addressed. In addition, methods to improve competency skills will be reviewed. Common barriers to cross-cultural communication are discussed, including tools available to pharmacists in order to overcome these barriers.

Conclusion: Cultural competency is a continual process. Pharmacists must continue to learn about different cultures and aspects of each. Being culturally competent can aid pharmacists in better, more effective communication with their patients.

Keywords: cultural competence, cross-cultural communication, barriers

INTRODUCTION

For centuries, the population of the United States (US) has been comprised of a multitude of ethnicities. However, even today the majority of the population remains Caucasian.¹ Regardless, the US population is ever changing; and within the past decade this change has been rapid. A simple review of the data provided in Table 1 illustrates the ethnicity shifts of the US population within recent years and future projections.

Table 1. Diversity of US Population 2006, 2011, 2060 (projected)

Ethnicity	2006(%)	2011(%)	2050 projected(%)
Caucasian (non-hispanic)	66.4	63.4	42.6
Hispanic/Latino	14.8	16.7	30.6
African American	12.8	13.1	13.2
Asian	4.4	5	7.9
Native American/ Alaskan native	1	1.2	0.7
Hawaiian/Pacific Islander	0.2	0.2	0.2

Abbreviations used: US, United States.

Source: References 1 and 2.

As the ethnicity percentages have shifted over time for the US population, so have the ethnicity percentages of pharmacy graduates. In 1980, the ethnicity percentages for graduates obtaining their first professional degree in pharmacy were 85.2% Caucasian, 3.4% African-American, 3.7% Hispanic/Latino, 3.9% Asian/Hawaiian/Pacific Islander and 0.1% American Indian/Alaskan Native.³ When compared to 2010 data in each category respectively of 59.9%, 6.5%, 4.3%, 21.4%, and 0.4%³, the shift in demographics is apparent especially in respect to the Caucasian and Asian/Hawaiian/Pacific Islander groups. This data is depicted below in Table 2.

Table 2. Comparison of ethnicity changes for first professional degree-obtaining graduates

Ethnicity	1980(%)	2010(%)
Caucasian	85.2	59.9
African-American	3.4	6.5
Hispanic/Latino	3.7	4.3
Asian/Hawaiian/Pacific Islander	3.9	21.4
American Indian/ Alaskan Native	0.1	0.4

Source: Reference 3.

Even with the increase in diversity of pharmacists in the recent past, the majority (upwards of 90%) of pharmacists practicing today are Caucasian.² Keeping all of these statistics in mind, it is important for all current and future practicing pharmacists to be culturally competent in order to be successful healthcare providers to an evolving population.

DEFINING CULTURAL COMPETENCE

Cultural competence can be defined in many ways. However, all definitions have a common theme. Simply defined, cultural competence is the attitudes, knowledge, and skills that allow integration and translation of knowledge about various cultures into the practice of pharmacy.² More specifically culture competence is having the ability to provide care to patients with diverse values, beliefs and behaviors and to tailor that care to patients' social, cultural, and linguistic needs.⁴ Additionally, cultural competence may be defined as a set of congruent behaviors, attitudes, and policies that come together in a system or agency, or among professionals, that enables effective work in cross-cultural situations.⁵ Being able to define cultural competence is one step in achieving cultural competency.

PERSONAL ASSESSMENT OF CULTURAL COMPETENCE

Before one can understand the cultural needs of others, self-assessment should occur. Therefore, an assessment of personal cultural competency is the next step in working toward competency. It should be noted the cultural competency is not something one achieves only one time in his or her life.. Cultural competency is a skill that is learned over time and evolves over time with the changing environment. Learning to evaluate cultural competency levels must be part of an ongoing effort to provide better health care⁶ Conversely, a lack of cultural competency may increase the cost of healthcare, discriminate against populations with disproportionately higher rates of diseases such as diabetes, cancer, and infant mortality; thus, potentially opening the door for malpractice suits.⁷ As a pharmacist, knowing your competency level (including limitations) will allow you to identify areas for growth and seek out opportunities to improve your cultural knowledge. Doing so will provide you with more tools and opportunities to deliver better patient care.⁶

Many resources are available to provide assessment of cultural competence, including books, articles and websites. The Quality of Culture quiz is available online, easy to access and free of charge. The quiz consists of 23 multiple choice and true/false questions.⁶ It takes about 10 minutes to complete and provides an explanation of questions missed after completion. The topics covered in the quiz are⁶:

- Clinical outcomes
- Prior assumptions and prejudices
- Medical history and diagnosis
- Patient compliance
- Working with an interpreter
- Backgrounds of cultural groups
- Common health problems

- Common beliefs and cultural practices
- Body language
- Relating to patients' families
- Culturally competent organizations

This quiz allows you to learn more about any of the topics providing reading and suggested activities post-assessment. Post-assessment activities include internal links to information found in the Provider's Guide of the quiz and external website links to provide resources and information on the topics allowing for further self-education

The Cultural Competence Health Practitioner Assessment (CCHPA) is an alternative self-assessment tool. It is also online and free of charge. The National Center for Cultural Competence has designed the CCHPA to promote cultural competence as an essential approach for practitioners in the elimination of health disparities among racial and ethnic groups.⁸

The self-assessments described above represent a very small sample of the assessments and tools available to pharmacists to determine personal cultural competency. Regardless of the assessment tools chosen, completing the self-assessment is an important step in the journey to being culturally competent.

METHODS TO IMPROVE CULTURAL COMPETENCY SKILLS

Once you have determined a personal competency level and identified limitations, improvement in certain skills will be necessary. The table below lists ways improvement can be achieved.

Table 3 Methods to Improve Cultural Competency Skills

▪ Immerse self in a community you would like to learn more about
▪ Work with culturally/ethically organized student groups, patient groups or community groups
▪ Read about culture-specific disease states and evidence-based intervention and practice
▪ Host a brown bag event focused on cultural competency by inviting a speaker or panel of speakers to discuss methodology and cultural beliefs
▪ Reach out to religious leaders or organizations
▪ Seek out traditional cultural healers
▪ Talk with patients from diverse backgrounds in your community
▪ Continue to learn: lifelong process/requires ongoing continuing education utilizing multiple modalities

Source: Reference 2.

Cultural competence encompasses a desire to not allow biases and in turn treat every individual with respect. For most people cultural competence takes consistent individual practice over time.⁶

CROSS-CULTURAL COMMUNICATION BARRIERS

Part of continuing to learn to improve cultural competency involves identifying cross-cultural communication barriers and methods to overcome these barriers. This knowledge will allow you to be a more effective communicator. Cross-cultural communication barriers can be broken down into 8 categories: Lack of knowledge, fear and distrust, stereotyping, assumed similarity, nonverbal communication, authority, physical touch/contact and verbal languages and styles. Table 3 details how Halbur and Halbur describe each of the 8 barriers.²

Table 4. Cross-Cultural Communication Barriers

Barrier	Explanation/example
Lack of knowledge	Health care providers who are not knowledgeable about cultural differences risk misinterpreting patients' attempts to communicate
Fear and distrust	People from different cultures are often suspicious of each other's actions and motives because they lack information. Pharmacists must take extra time to build trust with their patients
Stereotyping	Making assumptions that cannot be substantiated about all people from a particular group
Assumed similarity	Individuals involved in a conversation share the same definitions and meanings of both verbal and nonverbal communication. In reality, meanings of both verbal and nonverbal communication differ across cultures
Nonverbal communication	Uses of nonverbal cues and the meanings they express vary greatly within and across cultures. Eye contact may be considered rude or intimidating in some cultures
Authority	Demonstrating respect for authority is important in some cultures
Physical contact/touch	Varies greatly within and across cultures. Even though some pharmacists may not provide care that involves significant physical touch, it's

	important to understand how patient's view it
Verbal languages and styles	Pacing and timing of language can be associated with communication breakdowns

Source: Reference 2.

CROSS CULTURAL COMMUNICATION TOOLS

There are many methods and models available for pharmacists to use to communicate effectively in cross-cultural situations as well. Effective communication (verbal and nonverbal), as well as active listening, are imperative for patient understanding in cross-cultural interactions with the pharmacist. Tools available to aid the pharmacist in communication and active listening include interpreters, Kleinman's questions, and several mnemonic models.

Interpreters play a major role in cross-cultural communication in many situations, as their use can result in better patient care.² For example, an interpreter is vital to the pharmacist-patient relationship when needing to overcome limited English proficiency.² Professional interpreters should be used when there is a need to overcome limited proficiency of a patient to speak English versus family members or friends. Family members and friends may edit or distort information to protect the patient from bad news.² Additionally, using family members or friends as interpreters could be viewed as a direct violation of a patient's confidentiality. A culturally competent pharmacist should be able to recognize when an interpreter would be helpful or necessary.

Many times pharmacists are in a situation where they need to elicit patients' health beliefs. The Kleinman questions provide an excellent means to obtain the patient's health beliefs in an appropriate manner.² The questions are:⁹

1. What do you think caused your problem?
2. Why do you think your problem/sickness started when it did?
3. What do you think your sickness does to you? How does it work?
4. How severe is your sickness? Will it have a short or long course?
5. What kind of treatment should you receive?
6. What are the most important results you hope to receive from this treatment?
7. What are the chief problems your sickness has caused you?
8. What do you fear most about your sickness?

Kleinman's questions put the initial assessment into the hands of the patient. This allows the pharmacist an opportunity to decide how to approach the cross-cultural situation.

Several mnemonic methods exist to assist in cross-cultural communication barrier situations. A few of the most common include: LEARN, SOLER, ETHNIC and BATHE. LEARN stands for **l**isten, **e**xplain, **a**cknowledge, **r**ecommend treatment(s) and

negotiate treatment(s).¹⁰ When listening, the pharmacist should do so with empathy and understanding to the patient's perception of the problem. Next, the pharmacist should explain their perceptions of the problem, followed by acknowledging/discussing the differences and similarities of both perceptions. The pharmacist then recommends treatment, all while maintaining patient involvement. Finally, a negotiation of treatment occurs, which should be a combination of ideas coming from both the pharmacist and the patient.¹⁰ The LEARN model is intended to be used as a supplement to history taking. This mnemonic allows pharmacists to build trust, open communication and negotiate treatment with patients. Both parties involved have the opportunity to discuss the problem, sharing similarities and differences. In the end, the pharmacist and the patient negotiate therapy.² SOLER is defined as **s**quarely face the patient, use **o**pen posture, **l**ean toward the patient, maintain **e**ye contact, and **r**elax while communicating with the patient.¹¹ It is recommended to sit at the 5 o'clock position in order to avoid staring at the patient. An open posture simply means not crossing your arms or legs so that you don't appear defensive. The pharmacist should slightly lean towards the patient, looking genuinely interested. Maintain eye contact, being cognizant not to stare. Finally, the pharmacist should relax, in turn helping the patient relax.¹¹ The SOLER method allows pharmacists to convey a sense of respect to their patients and foster their trust; in other words, it is a mechanism to establish rapport with the patient.² SOLER should be used as an integral part of active listening. Next ETHNIC, or **e**xplanation, **t**reatment, **h**ealers, **n**egotiate, **i**ntervention agreement, and **c**ollaboration,¹² allows pharmacists to address folk healers and spirituality.² Pharmacists can use ETHNIC to have patients describe their illness, which treatments they have tried, and whether or not they have sought advice or help from folk healers.¹² Both the pharmacist and the patient work congruently to encompass the patient, family and traditional healers. Finally, BATHE stands for **b**ackground, **a**ffect, **t**rouble, **h**andling, and **e**mpathy.¹³ The pharmacist can ask the following questions to elicit information needed from the mnemonic: "What is going on in your life right now?" (background), "How do you feel about that?" (affect), "What is troubling you most?" (trouble), "How are you handling this?" (handling). Then the pharmacist should provide empathy regarding the situation by stating something like "I understand how this may make you feel". This mnemonic method allows pharmacists to provide brief counseling interventions, addressing psychosocial issues surrounding the problem.² BATHE assesses the problem and supports the patient's needs and feelings at the same time.²

Many situations will require using more than one of the tools available to provide effective cross-cultural communication. Through practice, a pharmacist will learn which tools are more effective in certain settings and which tools work better for them personally.

SUMMARY

The need for pharmacists to be culturally competent is evident with the ethnicity changes our nation is experiencing. It is important for pharmacists of all ages and from all walks of life to be able to define cultural competency and assess personal

competency. Pharmacists should remember that cultural competency is an ongoing process. Being knowledgeable about ways to improve cultural competency skills, as well as the methods available to better communicate in such situations, are tools that provide pharmacists the opportunity to improve health outcomes for diverse patient populations.

RESOURCES

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Assessment Questions

1. **Which population subset has the greatest projected % increase in the US by year 2050 compared to 2011 data?**
 - a. Caucasian
 - b. Hispanic/Latino
 - c. African American
 - d. Asian
2. **Cultural competency is achieved over time and evolves with the changing environment, meaning it is a continuous process of evaluating and learning.**
 - a. True
 - b. False
3. **Which of the following is not a recommended method to improve cultural competency skills?**
 - a. Reach out to religious leaders or organizations
 - b. Seek out traditional healers
 - c. Immerse self in a community you would like to learn more about
 - d. Read only about disease states based on your culture
4. **Which of the following would not be considered a cross-cultural communication barrier?**
 - a. Knowledge of cultural differences
 - b. Stereotyping
 - c. Authority
 - d. Nonverbal communication
5. **The first step in communication using the SOLER model requires the pharmacist to:**
 - a. Sleep well before interacting with the patient
 - b. Simply explain the treatment options to the patient
 - c. Squarely face the patient
 - d. Seek more information from the patient's family or friends concerning the religious and ethical views of the patient
6. **Which of the following cross cultural communication tools would be most appropriate when dealing with patients who have strong beliefs in folk healing and spirituality?**
 - a. Professional interpreter
 - b. BATHE
 - c. Kleinman's questions
 - d. ETHNIC
7. **Which of the following is a true statement?**
 - a. Uses of nonverbal cues and the meanings they express do not vary greatly within and across cultures.
 - b. Demonstrating respect for authority is important in all cultures
 - c. Learning to evaluate cultural competency levels must be part of an ongoing effort to provide better healthcare

- d. Unfortunately, there are not many resources available to provide assessment of cultural competence and the ones available are not easily accessible.