Cultural diversity in general practice:
Towards cultural humility

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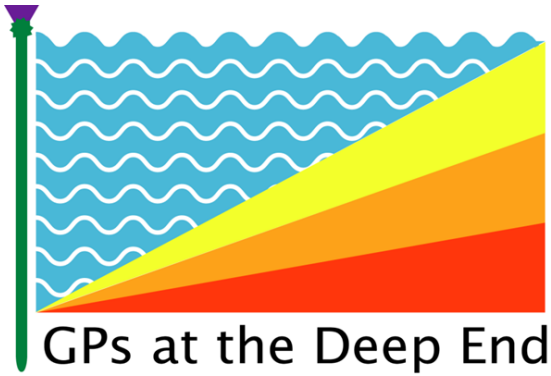
Overview

- What to we mean by culture and cultural competence? Why does it matter?
- Cultural diversity in Scotland
- Hot topics (Working with interpreters, FGM, obesity)
- Towards cultural humility…

Why me??

- White, Scottish, male
- Grew up in Kenya
- International Health BSc at UCL
- Placements in Cuba, Ecuador, and at WHO
- Teach Global Health to medical students
- Step-father is Pakistani
- Practice in most (ethnically) culturally diverse part of Scotland

Declaration of interests



International Primary Care Network (IPCN)

What is culture?

- The **values, norms, and traditions** that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their world (Chamberlain 2005, p197).
- Culture is about **how people make sense of experience** and is not homogenous, static or a list of traits or beliefs shared by a social group.

General Practice culture?

NHS Education for Scotland

Culture in General Practice

24 May 2018 — Glasgow

Target Audience: GPs, GP trainees, Practice Managers, Nurses in General Practice/Primary Care.

CPD CONNECT

Aim:	To unravel the myths and mystique surrounding practice culture and enable teams to start understanding and influencing the culture in which they work.
Objectives:	Delegates will understand why culture is important in healthcare settings; Be able to measure and describe the culture in which they work; Understand the effects of themselves and others upon culture; Have tools they can apply to influence cultural shift.

Booking can be made via the following link:
https://www.cpdconnect.nhs.scot/courses?query=culture&filter=&orderby=oldest

But…

- Cultural processes **frequently differ within the same ethnic or social group** because of differences in **age cohort**, **gender**, **political association**, **class**, **religion**, **ethnicity**, and even **personality**.
- Culture is inseparable from **economic, political, religious, psychological**, and **biological** conditions.

Kleinman (2006)

Why does it matter?

- Marked **ethnic** and **socio-economic** inequalities in health
- Minority ethnic groups face several barriers:
  - Language differences
  - Little understanding of systems in Scotland
  - Unemployment/Skills and qualifications gaps
  - Poor housing
  - Low confidence/self-esteem/isolation
  - Financial difficulties

What is cultural competence?

- Understanding how culture influences the way we think and act, the things we value and our understanding of health, illness, recovery, etc.

- **No single definition**

- For individual practitioners, definitions usually refer to **knowledge, attitudes and skills** that allow the practitioner to **understand and appreciate cultural differences**, and to provide effective health care which **takes into account** people's cultural beliefs, behaviours and needs.

What is cultural competence?

a) **Awareness** of one's own cultural worldview
b) **Attitude** towards cultural differences
c) **Knowledge** of different cultural practices and worldviews, and
d) Cross-cultural **skills**

Royal College of General Practitioners

*"As a GP, you must care for an **increasingly complex** population living with **multiple health conditions** and taking **numerous medications**, while being responsive to the **changing demographics** of the **increasingly multi-cultural** UK population and NHS workforce."*

Your ‘culture’/ identity

- How do you define yourself?
- Husband, Wife, Partner
- Father, Mother, Son, Daughter
- Sister, Brother, Aunt, Uncle
- Doctor, Nurse, Manager, Trainer, Learner
- White (British, Scottish?), Black (African, Caribbean?), Asian (Indian, Pakistani?)
- Numerous other identities… sexuality, disability, religion, politics, sports, hobbies, health, body image, social media… etc.

What is cultural competence?

- NOT just about **race or ethnicity**
- NOT about **stereotypes**
- NOT about **‘us’** and **‘them’** (Othering)

- There is often an assumption that the reference point (i.e. the health care professional) is **white and ‘acultural’**

Equality Act (2010)

- Legal duty on public authorities to provide **barrier free access** to those with Protected Characteristics
  - includes race and disability.
- NHSGGC's Equality Scheme covers sex, sexual orientation, age, race, disability, gender reassignment, marriage and civil partnership and faith.
- Also **committed to addressing discrimination caused by social class and poverty** as it contributes significantly to the increasing health inequality gap

Access to healthcare

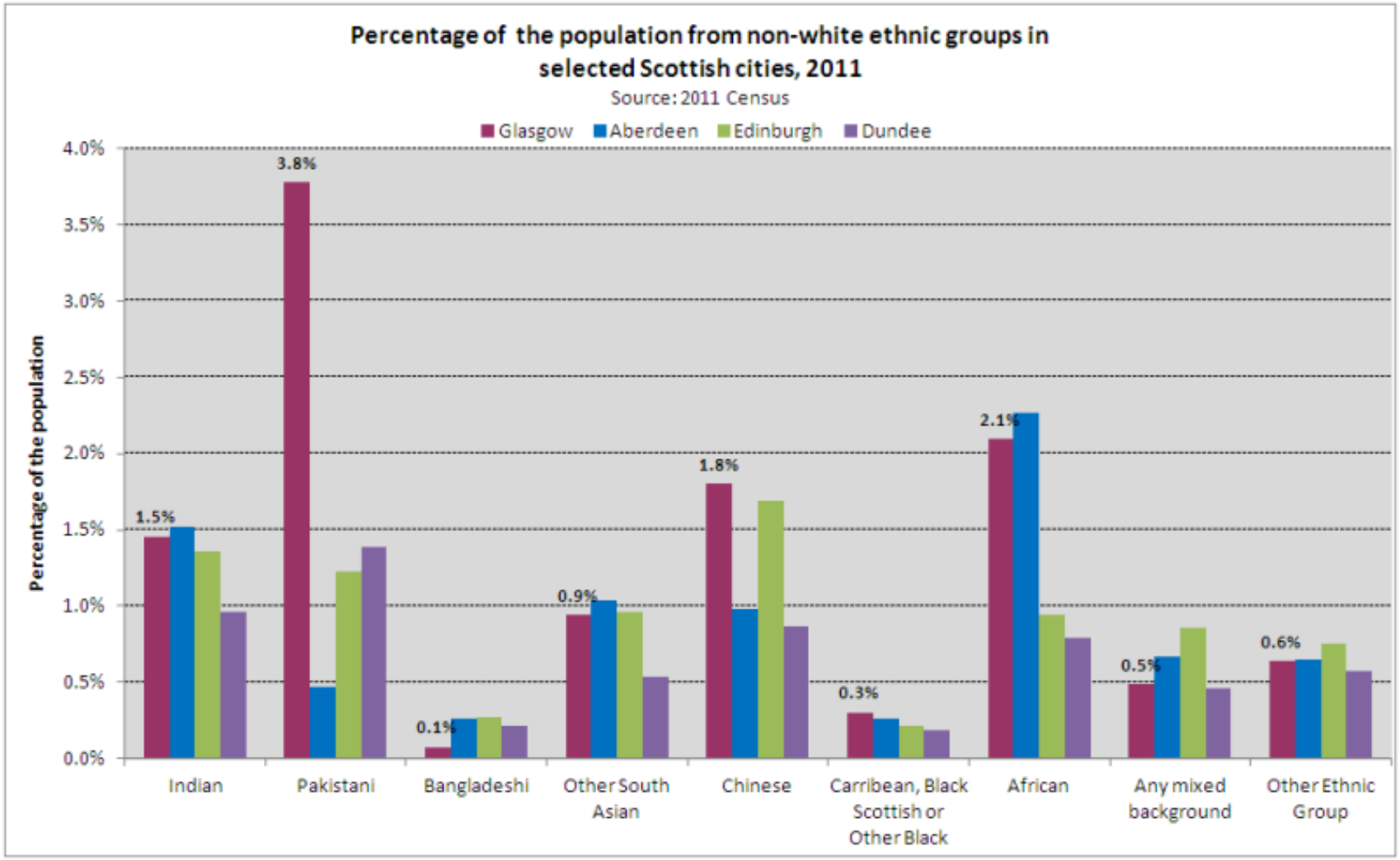
- *"Accomplishing access to healthcare requires **considerable work** on the part of users, and the **amount, difficulty**, and **complexity** of that work may operate as **barriers to receipt of care**.*
- *The **social patterning of perceptions of health** and health services, and a **lack of alignment** between the priorities and competencies of disadvantaged people and the organisation of health services, conspire to create **vulnerabilities**"*

Dixon-Woods et al (2006)

Cultural diversity in Scotland

- In 2011, **4% of Scottish population** were from a BME group
  - 14.2% in Glasgow South, 1.4% in Inverclyde
- **Glasgow** has a relatively small percentage (**12%**) of non-white ethnic groups compared to other UK cities. **Birmingham** and **Manchester** have the largest percentage of the population from non-white ethnic groups (**42%** and **33%** respectively).
- **Pakistani** is the largest ethnic minority group in most of the selected UK cities, including Glasgow

Cultural diversity in Scotland



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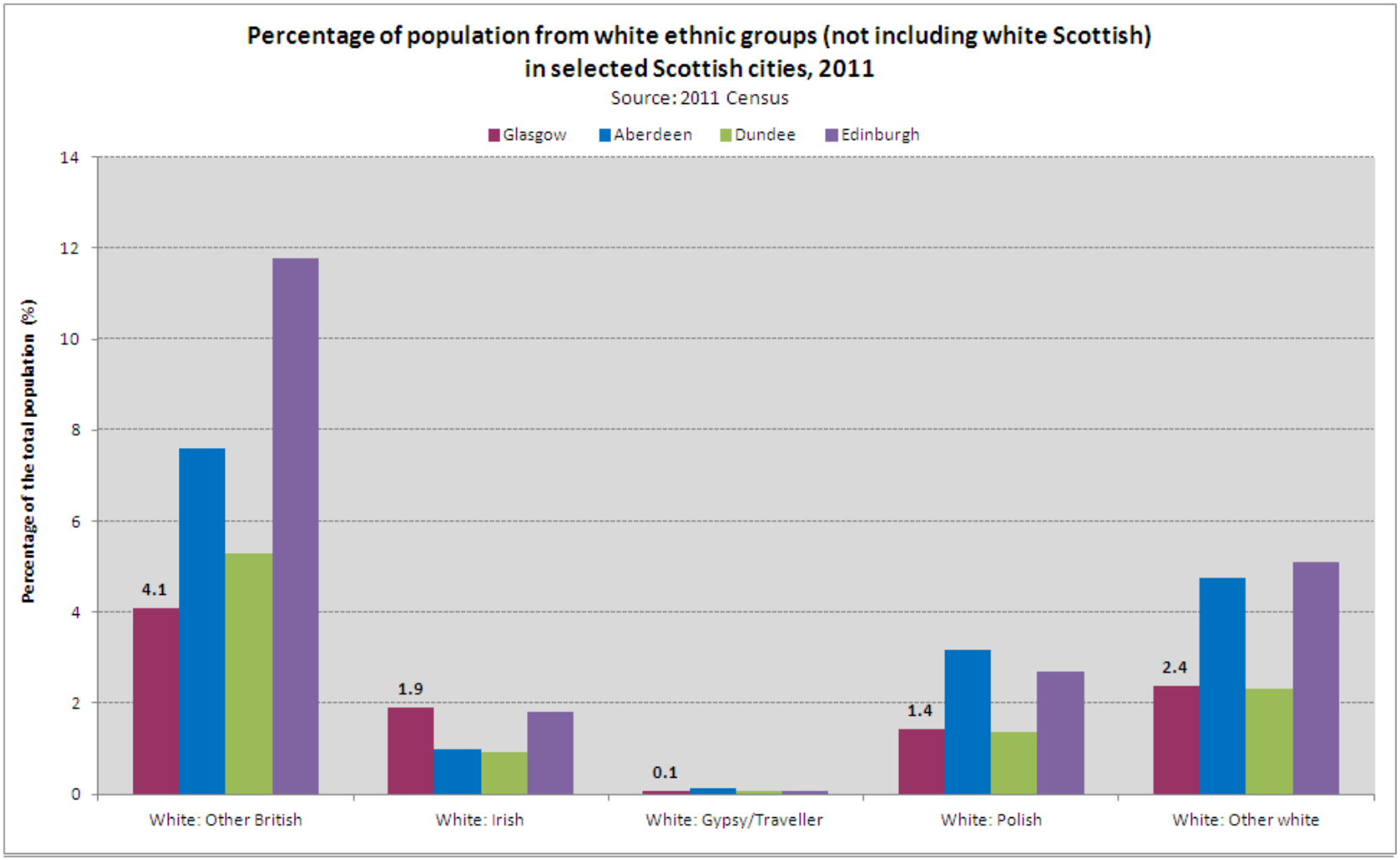
Cultural diversity in Scotland



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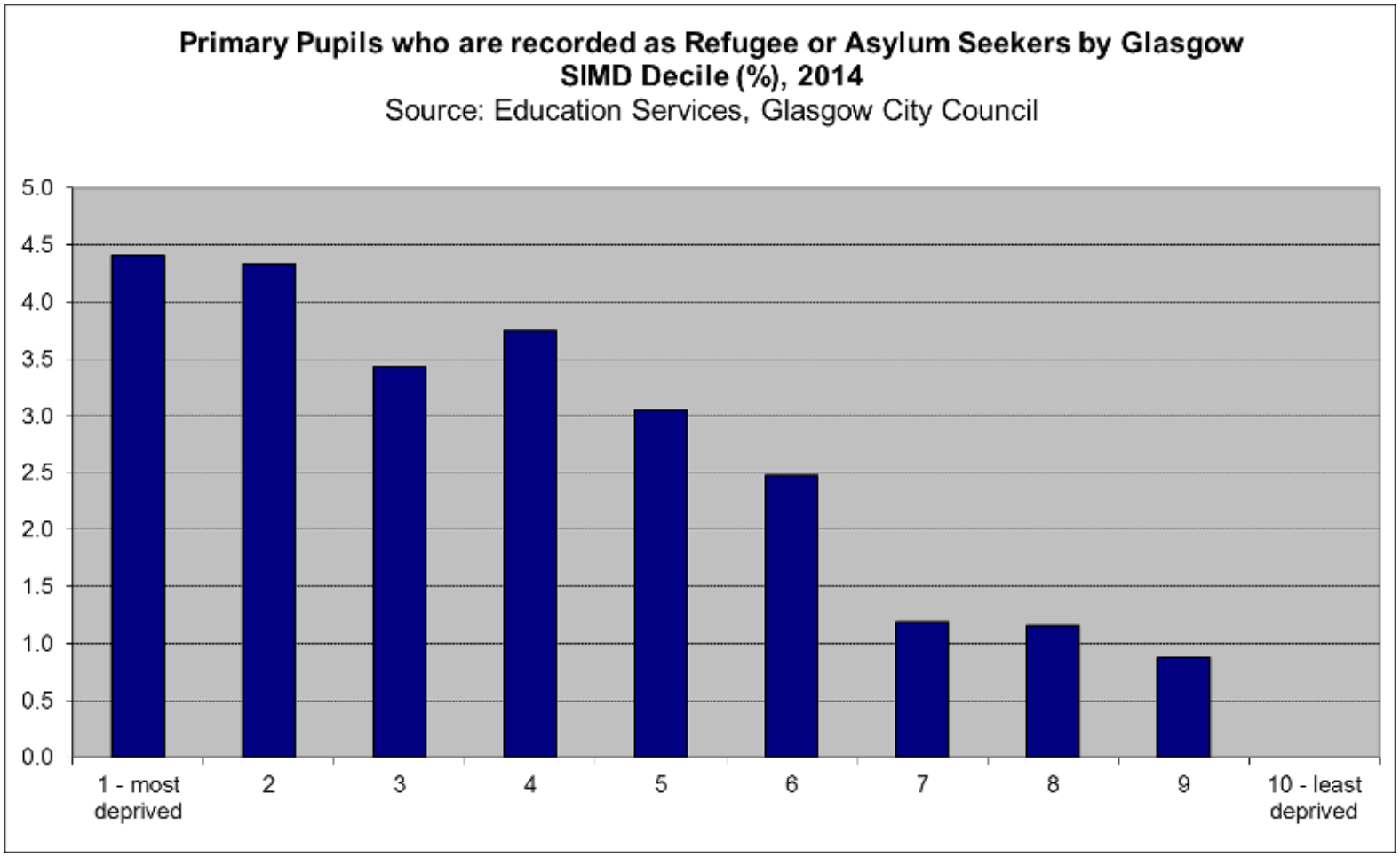
Cultural diversity in your practice?

- Ethnicity often **poorly recorded**
- % of patient list living in **15% most deprived** postcodes? (on ISD website)
- Engagement with **community resources** for health and wellbeing?
- Potential role of **GP clusters**?

Some ‘hot topics’

1. Working with interpreters
2. Female Genital Mutilation (FGM)
3. Obesity

Asylum seeker health



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One practice's experience

- 44 patients – 451 appointments (x2)
- Complex health needs (mental health conditions, higher birth rates/more children)
- Translators
- Reception staff time

http://www.gla.ac.uk/media/media_417752_en.pdf

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Working with interpreters

- Highly **specialised** skill; not simply speaking two languages
- Will be **impartial** and should **interpret everything**
- Have to abide by **code of practice**, including **confidentiality**

Use of interpreters

- https://youtu.be/QNtTPHzIC2c

Other considerations

- ?worth **preparing a leaflet** for patient (and interpreter) about what to expect (is expected) from consultation
  - Confidentiality
  - Direct translation
  - Professional boundaries

- Asking if pt would prefer a **male or female** interpreter?

- Asking if **language registered is still preferred** language as this can change (e.g. patient speaks a few languages and registered as that one on the day as interpreter available but this may not be their first language)

Language line

Telephone Interpreting

Step by step guide

Getting started	Arrange loudspeaker on your phone (phones with this facility may be purchased for as little as £20) Loudspeaker facility will eliminate the need to pass the headset back and forth
The Phone Call	Freefone number – no cost to practice 0800 028 0073 from desk phone and 02077152630 The operator will ask you for your code Your code is *...the code that corresponds with your CHP on attached email.....* The operator will ask: which language you require the name of your organisation: you respond "NHSGG&C" And where are you calling from? You respond with the name of your surgery And finally your name: you respond Dr ……
Advantages of using this service	You can call language line exactly when you need it If the surgery is running late there is no concern that interpreter has to leave to get to their next assignment There are only two not three people in the appointment There is no need to send a booking into interpreting services

2 Female Genital Mutilation (FGM)

- Various cultural justifications
- Most common age is between **4 and 10**
- Countries with **>80% prevalence**:
  - Egypt, Sudan, Somalia, Mali, Eritrea, Sierra Leone
- Approx **1000 children/yr** born into communities in Scotland affected by FGM
- New report (Nov 2017) 'FGM multi-agency guidance' includes **GP guidance** on Read coding (K578), cervical smears, new pt templates

www.fgmaware.org NSPCC 24-hr helpline: **0800 028 3550**

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Obesity

- **Lower BMI thresholds** for patients of South Asian/Chinese/Middle Eastern Ethnicity
  - can be referred with BMI of ≥27.5 rather than ≥30

It would be much more appropriate if they prepared some **recipes especially for Asian people**. And secondly what was delivered, whatever lecture is delivered it would be much appropriate if the same thing is delivered on paper in their **own language**.
(Male, aged 55-64, SIMD3)

"Would you say Fridays are bad for medical things or?" (INT)

It's because it's quite a **very religious day** for us [Muslims]. So you try not to, you know, go out, because you want to stay in and do your reading and prayers… Yeah I know lots of people that **wouldn't turn up on a Friday**.
(Female, aged 45-64, SIMD6)

Critique of cultural competence

- Teaching attempts to recognise and understand how culture, race and identity influence health among minority groups…

- … BUT fails to acknowledge how **members of dominant cultural groups**, institutional paradigms, doctors and training programs are **similarly influenced by a culture of their own** (e.g. the culture of medicine)
- With its **emphasis on individual patient interaction**, cultural competency locates the cause of inequality not only within clinic walls, but also largely within the context of patient behaviour and lifestyle choices.
- **Fails to address broader issues of power and inequity** that remain at the heart of health care disparities.

Kumas-Tan et al (2007)

Towards cultural humility

- Cultural humility acknowledges the complex formation of individual identity and belief, and strives for a "*lifelong commitment to* ***self-evaluation*** *and critique, to* ***redressing the power imbalances*** *in the physician-patient dynamic, and to developing mutually beneficial and* ***non-paternalistic partnerships*** *with communities on behalf of individuals and defined populations*"

Tervalon and Murray-Garcia (1998)

Structural competence/humility?

1. Recognizing the **structures that shape** clinical interactions;
2. Developing an **extra-clinical** language of structure;
3. **Rearticulating** “cultural” formulations in structural terms;
4. **Observing and imagining** structural interventions; and
5. Developing **structural humility**.

Metzl and Hansen (2014)

Summary

- **Every clinical interaction is inherently cross-cultural**
- **"First do no harm by stereotyping"**
- Individuals exist within webs of complex socio-cultural interactions
  - Ask **"What matters most to you?"** in experience of illness & Rx.
- Particularly with chronic illness, we need to understand the **beliefs, habits, traditions and socio-cultural practices** involved in:
  - Symptom appraisal
  - Help-seeking / Accessing care
  - Adherence / Monitoring / Health behaviour change

(…and the **structural factors** which enable or constrain them!)

Thank you for listening…
Any questions?

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