

WHITE PAPER

Cultural Humility:

The Next Step in Delivering Quality Care to Culturally Diverse Communities

In today's ever diverse, multicultural society, there's a need to provide culturally safe, patient-centered care aimed at bringing about quality outcomes in workers' compensation.

AUTHOR

Mariellen Blue
National Director of Case Management

Effective communication with injured employees has long been shown to contribute to better compliance with treatment plans, increased patient satisfaction, improved recovery, better outcomes, and reduced litigation. However, while the workers' compensation industry utilizes translation services to minimize any language barriers, communication issues can still arise due to cultural differences. When this happens, the ability to deliver effective care can be hindered.

To overcome this challenge, cultural humility has emerged as a potential solution. Using this paradigm, treating physicians and case managers can strive to understand how each injured employee's culture and background affect their health-related beliefs and behaviors—and make accommodations that align with these values. Understanding these types of cultural determinants of health can enable medical professionals to provide better care for diverse populations.

Culture's Impact on Health

There's ample evidence that culture can have a huge impact on medical service and response delivery in the U.S. health care system. These factors often operate under the radar, but the COVID-19 pandemic has reminded us that racial and ethnic disparities can be systematic. Cultural humility is not a panacea for every challenge we face, but it does offer a useful mindset and paradigm to help bridge the gap.

The influence of culture on health is vast. According to Merriam-Webster's dictionary, culture is a way of life for a group of people—the behaviors, beliefs, values, and symbols they accept, generally without thinking about them—that are passed along by communication and imitation from one generation to the next.

Culture can affect how people think and feel about health, illness and death; when and from whom they seek and accept medical help; beliefs about the cause of disease; how pain is perceived and expressed; and how they respond and adhere to recommendations for lifestyle changes, health care interventions and treatment plans.

When cultural barriers exist, clinical professionals may be unable to deliver the care they're trained to provide, but when they humble themselves enough to seek understanding about cultural differences, progress can be made toward a mutually agreed-upon course of care.

What are cultural determinants?

Cultural factors that affect a person's health, including beliefs, sense of identity, and culturally based philosophies, practices, and values, including those related to rights and responsibilities within a family.

A Progression of Cultural Awareness in Health Care

Language, culture and where a person is from shouldn't serve as barriers to care or recovery. In an effort to achieve health equity, there's been a gradual progression toward cultural understanding.



Early Phase:
Cultural Concerns



Intermediate Phase:
Cultural Competence



Advanced Phase:
Cultural Humility

Early Phase: Acknowledging Cultural Issues, Lacking Educational Resources

In the early stages, health care professionals became aware that some cultural differences existed that could affect care. But there weren't many educational resources available to achieve cultural awareness. Case managers and health care providers simply tried to navigate cultural issues with intuition and empathy. However, they may not have been aware of common cultural beliefs, nor did they realize when they operated with biases and assumptions, which could compromise the patient relationship.

Recognizing Unintended Bias

The challenge is that implicit or unintended bias affects nearly everyone. It is a natural product of the brain performing the function of taking in and efficiently organizing a large volume of information. The brain uses this process to quickly filter information and make quick decisions. One of the drawbacks is it can result in and reinforce negative stereotypes about certain groups of people based on attributes such as race, gender, ethnicity, religion and sexual orientation.

Since the process is essentially "hardwired" into the brain, it's extremely difficult to eliminate. In addition, the conditions under which health care professionals operate—high levels of stress, distraction, and limited time to get to know a patient—are conditions likely to heighten a biased response. Being under constant time pressures makes it difficult to treat every patient with the same level of empathy and concern.

Instead, the focus should be placed on recognizing that biases exist and are a natural part of how our brains work. And therefore, it's important to proactively reduce their impact in patient interactions and medical decision-making.

If health care professionals don't acknowledge their biases, their brains would continue to work on autopilot, and they could unconsciously be influenced by those biases as they treat patients. Instead, we should encourage medical staff to become aware of their biases by bringing them into their conscious minds.

Someone might say, "I know I have this bias, so I'm going to keep it in mind as I see my patients." This type of self-reflection and self-understanding is a crucial part of fostering culturally aware care.

Intermediate Phase: Cultural Competence

In this next phase, cultural awareness began to increase, and the industry began to deploy trainings on cultural competence. These trainings gained wide adoption in the 1970s and '80s. In fact, many states required health care professionals to obtain education on cultural competence to obtain a medical license, and organizations were required to offer this training to staff to achieve accreditation.

However, many of these sessions focused on common cultural phenomena, which often perpetuated stereotypes and misunderstandings. Another problem was with the term, "competence," which implies a static requirement that can be checked off a list of other acquired skills, such as being able to take someone's blood pressure or read an EKG.

Stereotype vs. Generalization

Many health care professionals think that if they treat each person with respect, they will avert most cultural problems. However, this is not always the case. Some knowledge of cultural customs can help avoid misunderstandings and enable practitioners to provide better care. This is where the typical "cultural competence" training can help. But the potential danger in considering cultural differences is that stereotyping might occur. To say, for example, all Japanese people act a certain way, or all German people do this, is unwise and possibly dangerous.

That's why Dr. Geri-Ann Galanti, a leading expert in cultural diversity, believes it's important to distinguish between stereotyping and generalizations. She says these experiences may appear similar, but they function quite differently.

For example, Galanti says that if a health care provider meets a Mexican woman named Maria and assumes she has a large family, that provider would be stereotyping. But if that provider said to himself or herself, "Mexicans tend to have large families; I wonder if Maria has one," then he or she is generalizing.

The difference is that a stereotype is an end point; no further effort is made beyond the stereotype to ascertain whether it's true for that particular person.

THREE PRINCIPALS OF CULTURAL HUMILITY

1. Lifelong learning

A true commitment to cultural understanding requires a lifelong process of inquiry. It involves self-awareness and self-reflection of personal and cultural biases, as well as awareness and sensitivity to the cultural values and concerns of others.

2. Humility of our knowledge

We must look at people from different cultures and humble ourselves to the fact we can't know or intuit their circumstances. We need to be willing to learn about that person and their culture first-hand. Don't assume anything. Instead, learn directly from the patient.

3. Redressing imbalances or institutional issues

In many ways, U.S. health care is a one-size-fits-all system. For some cultures, this model doesn't easily align with their own cultural beliefs and values. But this shouldn't be a barrier to care.



A generalization, on the other hand, is a starting point. It's a general statement about a common trend within a group, but recognizing further investigation is required to determine whether it's true for this person, e.g., "Maria, tell me a little about your family. Will you have some support at home?"

Of course, differences exist between individuals, stemming from a variety of factors. In the case of immigrants, it could be the length of time they've spent in the United States and their degree of assimilation, which could affect whether they hold cultural beliefs from their native country. In this and similar situations, a cultural generalization can be a helpful tool and the impetus to start a conversation with a patient to get more information.

Advanced Phase: Cultural Humility

This brings us to today—more than ever, we need to strive toward a state of cultural humility to foster quality of care and best-possible outcomes for all individuals of every race, gender, ethnicity, religion and sexual orientation.

Health care organizations must stay vigilant in identifying and addressing cultural determinants that can lead to health inequities. For instance, they can improve access or build trust and understanding with their multicultural communities. To do this effectively, health care organizations must spend time examining themselves as entities. Have they achieved equity within their workforce and work environment? Does their staff represent the multicultural communities they serve? Do they have policies or attitudes that foster biases, stereotypes or prejudices that affect quality of care?

One idea is to establish internal champions of "cultural humility," employees who are passionate about this endeavor and have received special training, so they can help their organization adopt the right approach and encourage ongoing dialogue about cultural issues.

The Case Manager as Cultural Ambassador

The ability to identify cultural issues is another reason the case manager's role is pivotal in workers' compensation. Certainly, case managers have always ensured that injured employees receive the care and resources they need, but they also play a pivotal role in uncovering social and cultural determinants of health that can affect both treatment and recovery. Case managers will convey these issues to treating physicians and claims staff, and if needed, advocate for modifications in a treatment plan—whatever it may take to align care with the injured employee's cultural beliefs and values.

Toward this objective, case managers trained in cultural humility have a leg up. They know how to communicate in a way that makes injured employees feel comfortable and trusting, so they open up. Case managers get a sense of how injured employees feel and what's important to them. Finding out about cultural and social determinants helps enable successful treatment and case managers also serve as a bridge between injured employees and other workers' comp stakeholders who might not have this type of cultural training.

The worst thing is for injured employees to feel alone, or that they haven't been heard or their concerns haven't been addressed. A case manager plays an important role in enabling injured employees to feel listened to and acknowledged for who they are and what they value. And with this understanding, case managers can better guide injured employees through the workers' comp system. This goes a long way toward making them feel comfortable with the process.

Here are some cultural issues that case managers monitor for:

- **Beliefs**—Specific cultures may hold certain beliefs about health and wellness. For example, they may believe illness is outside their control. Other cultures embrace certain rituals and practices. Still others are reluctant to discuss conditions openly with a provider. These types of cultural and social determinants can affect decision making and compliance with care.
- **Use of medication**—Some cultures expect a quick relief of symptoms and want to decrease dosage as soon as possible to avoid side effects. In other cultures, religious fasting could impact medication compliance and even drug absorption. There's also evidence that certain cultural groups metabolize medications differently.
- **Perception of pain**—Some cultures downplay pain. Others may be more prone to catastrophizing the pain they experience. Some rely on religious beliefs to help manage pain.
- **Relationships**—Family dynamics can be a huge factor. In certain cultures, a father or mother is the main decision maker, even with regard to an adult child's health care. These factors can affect how a treatment plan is communicated to an injured employee and family. In other situations, certain cultures want family members around, e.g., at doctor's appointments and in their hospital rooms, even if those family members aren't deciding on care. Still others want privacy and personal space.
- **Willingness to make behavioral changes**—Certain cultures may be willing to make sacrifices in the present to ensure a healthier future, while others are unwilling to make such changes. For example, some cultures perceive food as an essential experience of life. When asked, they may be unwilling to make dietary changes because they view this as an infringement on one of life's joys.

What are social determinants?

In addition to cultural determinants, there may be a myriad of intersecting and related social determinants that can affect a person's health. Social determinants may include economic stability, access to education and health care, neighborhood and living conditions, as well as family and community.

This is by no means a comprehensive list of cultural and social determinants but represents factors which case managers are trained to probe. They get to know injured employees and come to understand their concerns, support systems and philosophies. With this knowledge, they can help injured employees get care that's in sync with their cultural norms. And in all situations, case managers are compassionate and respectful of an individual's differences.

Genex's Dedication to Cultural Humility

To address the multicultural needs of the diverse communities we serve, Genex decided to develop a "Cultural Humility Educational Program" to train our case managers. This has replaced the outmoded cultural competency training that other service providers employ—sometimes to the detriment of injured employees. As we've discussed, this type of training can actually work to ingrain biases rather than achieve understanding.

We utilize our Cultural Humility Education Program as part of our new hire and orientation training for workers' compensation case managers, as well as vocational case managers. This educational program has also been approved for continuing education (CE) units by various case management and vocational case management certification agencies.

We designed it with input from our case management staff, surveying our team members to address issues they came across in interactions with injured employees and what they wanted to learn more about. To date, hundreds of our case managers have gone through the program, so we feel good in knowing our staff has received cutting-edge training. They're self-aware about their own culture and biases, and they're well informed on how to address the diverse cultural needs of employees and patients.

Broader Implications for Cultural Humility

In this paper, we've talked about cultural humility in context of workers' compensation and delivery of health care services. But certainly, these principles are applicable to any type of service organization that interacts with people from multicultural backgrounds.

At Genex, we interact with thousands of people every day, including injured and disabled employees, worksite supervisors, and claims adjusters at payer organizations. Every person comes from a different cultural background. And, if humanity as a whole could practice cultural humility, we could have a much more accepting and compassionate society.

As an industry, we're striving to embrace diversity and inclusivity. We've seen the detrimental effects that can occur when people make assumptions about others based on what they look like. We need to move beyond first impressions and knee-jerk biases and acknowledge that people have identities that encompass a vast array of experiences and beliefs. Just because we see someone who seems to come from a certain racial or ethnic background, it doesn't mean this individual identifies with that particular culture. We can't know until we start to have a conversation with that person.

Today, we're training case managers to be open and receptive to understanding the multifaceted interactions of cultural and social determinants as they relate to the makeup of complex and often blended identities—their own as well as that of others. This means our case managers are better able to work with any individual they come across. Our professionals bring with them a sense of acceptance and understanding, and this translates into a better experience for injured employees—no matter their background—and to improved program performance for our customers.



Mariellen Blue, RN, CCM, is national director of case management at Genex Services where she is responsible for overall product management and development, as well as regulatory compliance, accreditation, and quality assurance initiatives related to utilization management, telephonic and field case management, IME, and MCO services. A graduate of the Helene Fuld School of Nursing, Ms. Blue has an extensive background in nursing, case management and utilization review.



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