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Ethics of Providing Culturally Competent Home Health Care

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Disclosure

No relevant financial conflict

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Description

Evidence-based person-centered care requires today's health care practitioner to be culturally responsive as our society becomes more culturally diverse.

Home health care providers are expected to effectively communicate, educate, and motivate the patient or client in order to optimize the outcome.

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Objectives

Upon completion of this course, participants will be able to:

1. Describe the interrelationship between ethics, culture, and law
2. Explain the need for cultural competency training in home health practice
3. Explain how to incorporate cultural awareness and sensitivity into patient centered care.
4. Describe how to provide culturally appropriate care as a means of improving multicultural patient's engagement and adherence with prescribed exercise and intervention plans

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What are Ethics?

- Ethics involves a systematic reflection on, and analysis of, morality
- Morality is standard of right and wrong conduct as defined by one's society.
- Ethics deals with concepts of "right" and "wrong" in the context of human relationships and interactions

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Dimensions of ethics in home health

- Deontological
 - Means-driven
 - focused on duties/actions
- Teleological
 - Ends-driven
 - focused on consequences
- Moral Relativism
- Multiculturalism

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How are Ethics and Law related?

- Ethics deals with more personal, individualized sets of values
- Law is a binding statement of duties for all individuals

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Relationship between Ethical/Legal

- All patients have rights
 - Patient Self-Determination Act of 1990 (PSDA)
 - Competent or incompetent
 - Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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Guiding Ethical Principles in Home Health Care

- Autonomy
- Beneficence
- Nonmaleficence
- Justice

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Common Ethical Threads

- Need for identification of locus of authority especially in home health care
- Patient-centered care
 - Considers patient's preferences
- Culturally competent care
 - essential to delivery of optimal care
 - communicates goals to patients in a way (cross-cultural communication)
 - advocate for the patient

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Clinical Decision-making Tools

- Code of Ethics/Guide for Professional Conduct
- Physical Therapy Core Values of Professionalism
- OT and SLP have ethical codes

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Professionalism

- "the conduct, aims, or qualities that characterize or mark a profession or a professional person."
 - Webster Dictionary
- It is an expected behavior from a professional based on the his/her own values and role as healthcare provider

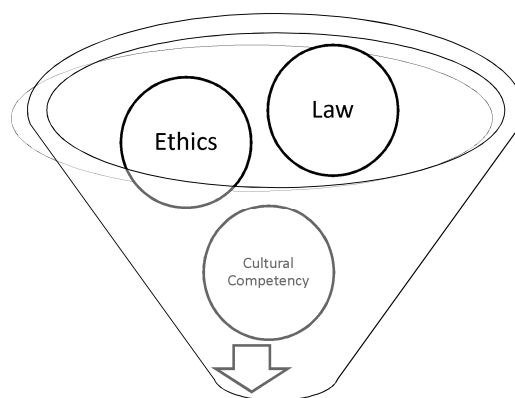
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Professionalism in Home Health

- Characteristics
 - Dependable – trustworthy, reliable, punctual
 - Competent - skilled, problem-solving ability
 - Unassuming - respectful , courteous, approachable
 - Virtuous – consistent, act with Integrity, accountable, considerate, committed
 - Caring – empathetic, non-judgmental , sensitive

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Quality Health Care



Improved Outcomes with Fewer Health Disparities

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Did you know?

- When a provider expects that a patient will understand a condition and follow a regimen, the patient is more likely to do so than if the provider has doubts about the patient.
 - This is an adaptation of the “Pygmalion theory” which has proven that students generally live up—or down—to the expectations of their teachers. (Rosenthal and Jacobson 1968).

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Why do home health care providers need to study culture?

- Global world
- Diverse patients and workforce.
- Multicultural diversity is a major issue for healthcare.
- United States is an amalgamation of cultures and ethnicities that is ever-changing.
- Helps to identify disparities in healthcare.

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Benefit of Cultural Competence

- Health professionals are open to the different worldviews that may exist among their patients of various cultures
- Mutual trust and communication between the home health professional and the patient result

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True/False

- A really conscientious health provider can eliminate his or her own prejudices or negative assumptions about certain types of patients.

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False

Most of us harbor some assumptions about patients, based on race, ethnicity, culture, age, social and language skills, educational and economic status, gender, sexual orientation, disability/ability, and a host of other characteristics.

These assumptions are often unconscious and so deeply rooted that even when an individual patient behaves contrary to the assumptions, the provider views this as the exception to the rule.

A conscientious provider will not allow prejudices to interfere with making an accurate diagnosis and designing an appropriate treatment plan.

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Need of Cultural Competency

- By 2050, minority population will increase in number
 - Primary language is not English
 - Language spoken is an important factor in terms of provision of health services

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Culture is

- Totality of socially transmitted behavioral patterns, beliefs, values, customs, and thought characteristics of a population of people that guide their worldview and decision making.
- Largely unconscious
- Has powerful influences on health and illness
- People from a given racial group may, but do not necessarily share a common culture

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Cultural Sensitivity

- Personal attitudes
- Not saying things that might be offensive to someone from a cultural or ethnic background
- Not acting in ways that might be offensive to someone from a cultural or ethnic background
- What expressions do you need to remove from your vocabulary?

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Cultural Competence

- Involves ensuring that the needs of diverse patients are met by home health organization based on the acquisition of specific skill sets, valuing diversity and taking concrete steps to ensure efficacy in serving minority populations.

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Cultural Proficiency

- Takes the process of cultural competence a step further by employing staff and consultants with cultural expertise
- Ensuring assessment and training efforts and reviewing policies and procedures to ensure the inclusion of culturally competent language

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Cultural Competence Framework

5 interdependent constructs:

1. Cultural Awareness
2. Cultural Knowledge
3. Cultural Skill
4. Cultural Encounters
5. Cultural Desire

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Cultural Competence Is!!!

- Recognize individual and cultural differences and adapts accordingly in the home health environment
- Displays sensitivity to race, ethnicity, religion, gender, age, national origin, sexual orientation, disability, health status, educational level
- Is aware of and suspends own social and cultural biases
- Understanding and applying principles of cultural competence

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Cultural Competence Is!!!

- Provides care in a non-judgmental manner when the patient's culture conflicts with the providers belief system
- Demonstrates respect for patient's privacy
- Values the dignity of the patient
- Respects individual differences within cultures

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Cultural Competence is NOT

- Abandoning your own culture
- Asking patient to abandon their culture
- Learning everything about all cultures
- Believing one specific patient represents the entire group
- Assuming one's health is related only to culture

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Case Scenario

A home health clinician makes a home visit to a patient and is asked to remove their shoes at the front door.

The clinician states, "I am not allowed to remove my shoes according to agency policy." The clinician then proceeds to walk into the home to work with the patient in the kitchen.

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Case Scenario

What could the clinician do to abide by the agency policy and be culturally sensitive to the patient's culture?

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Cultural Norms and Variations

Important Beliefs	Cultural Norms	Cultural Variations
Eye Contact	Modesty assoc. with lower gaze and fleeting eye contact between opposite genders	Some maintain eye contact, others look at floor or avoid eye contact with members of opposite gender
Touch	Acceptable among same genders and discouraged among opposite genders	Some observe no restrictions when greeting. Some strictly touch/shake hands
Personal Space	A respectable space encouraged among members of opposite gender	Some maintain distance others observe no space limitations
Attire	Modest Attire	Some wear loose clothing and cover all body parts others in revealing clothing

Wehbe-Alamah H, Fry D. Creating a Culturally Sensitive and Welcoming Academic Environment for Diverse Health Care Students: A Model Exemplified With Muslim Physical Therapist Students. *J Phys Ther Educ*. 2014;28(1):5-15.

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Case Scenario

- A female patient is referred for home PT services with a diagnosis of spinal stenosis for pain management, fall prevention and gait training.
- A male PT goes to visit the patient and the patient is dressed very modestly with a long, loose fitting dress with sleeves to the wrists exposing no skin on her arms/legs. She stops the assessment and requests a female PT stating, "I would feel more comfortable with a woman therapist."

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Case Scenario

What could the agency do in the future to be more culturally sensitive?

What would be the appropriate actions of the PT that made a visit to the home?

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Non-Verbal Communications

- Research states 93% of communication is non-verbal.
- Non-verbal communication includes:
 - Touch
 - Personal space
 - Eye contact
 - Gestures
 - Facial expressions

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What do you think?

Which of the following is good advice for a provider attempting to use and interpret non-verbal communication?

- a. The provider should recognize that a smile may express unhappiness or dissatisfaction in some cultures.
- b. To express sympathy, a health care provider can lightly touch a patient's arm or pat the patient on the back.
- c. If a patient will not make eye contact with a health care provider, it is likely that the patient is hiding the truth.
- d. When there is a language barrier, the provider can use hand gestures to bridge the gap.

<http://erc.msh.org>

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Answer: a.

- Although smiling is an expression of happiness in most cultures, it can also signify other emotions. Some Chinese, for example, may smile when they are discussing something sad or uncomfortable.

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- The use and interpretation of body language depends entirely on the patient's culture and personal preferences.
- What is appropriate in one culture may be embarrassing or offensive in another culture. Interpersonal greeting behaviors, for example, vary widely from one culture to another.
- Beliefs about touching are also highly variable, with some cultures placing a high value on physical contact, and others believing that physical contact of any kind is a sign of intimacy.

<http://erc.msh.org>

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Cultural Blended Model

Primary Characteristics of culture – age, generation, nationality, race, color, gender, religion

Secondary Characteristics of culture –(partial list) educational status, socioeconomic status, occupation, political beliefs, urban vs rural residence, marital status, parental status, sexual orientation, gender issues, reason for migration

Hayward LM, Li L. Promoting and Assessing Cultural Competence, Professional Identity, and Advocacy in Doctor of Physical Therapy (DPT) Degree Students Within a Community of Practice. *J Phys Ther Educ*. 2011;28(1):23-36.

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Cultural Competence Definitions

Unconsciously incompetent – not aware that one is lacking knowledge about another culture

Consciously incompetent – being aware that one is lacking knowledge about another culture

Consciously competent – learning about the client's culture, verifying generalizations about the clients culture and providing culturally specific interventions

Unconsciously competent – automatically providing culturally congruent care to clients diverse cultures

Hayward LM, Li L. Promoting and Assessing Cultural Competence, Professional Identity, and Advocacy in Doctor of Physical Therapy (DPT) Degree Students Within a Community of Practice. *J Phys Ther Educ*. 2011;28(1):23-36.

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Health Disparity Defined

- The difference in health status across various populations as influenced by numerous factors
- Exclusively used in the United States
- Well documented among minority groups, rural and urban communities, gender, and economic status
 - which tend to have poorer health, higher mortality and morbidity rates, and less access to quality health care services

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Central Aspect

- All differences in health status between groups are not considered to be disparities, but rather only differences which systematically and negatively impact less advantaged groups are classified as disparities

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Is this ethical?

Healthcare providers knowing that health disparities exist and do nothing to change it?

Health Equity – distributive justice - the inequitable distribution of poor health among racial and ethnic minorities itself is a form of social disadvantage.

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Case Scenario Examples

Support systems

Gender roles

Societal expectations

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How to improve cultural competence?

1. Awareness of one's own personal and professional cultural biases.
2. Ability to assess the influence of culture on a patient's health beliefs.
3. Understanding of the dynamics of power and privilege that arise in crosscultural interactions.
4. Ability to provide care and treatment in a culturally appropriate manner, minimizing the burden of adaptation on patients and their families.

Ornelas JJ. Cultural competency at the community level: a strategy for reducing racial and ethnic disparities. *Camb Q Healthc Ethics*. 2008;17(2):185-194.

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Providing Culturally Appropriate Care

Communication – Ask patient about his or her learning preferences to help you present info better during shared decision making.

Use of medical interpreters when language barriers exist

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Malpractice

- Effective communication has been shown to reduce malpractice claims.
- JAMA study indicates that patients of physicians who were frequently sued had the most complaints about communications.

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Patient Engagement – Patient-Centered Care

“Engaged patient’s have “better health outcomes, better health care experiences and likely use fewer health care services and cost less.”

J Wasson, EA Coleman. Health Confidence: A Simple Essential Measure For Patient Engagement and Better Practice. 2014. Family Practice Management

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How Do We Engage Our Patients?

Get to know the patient and their support system by using the International Classification of Function, Disability and Health (ICF)

- Evidence-based tool
- Structured data collection
- Learn to view patient through a new lens
- Bio-psychosocial View

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ICF – Environmental Factors

- Environmental Factors make up the physical, social and attitudinal environment in which people live and conduct their lives
- These factors range from physical factors such as climate and terrain, to social attitudes, institutions, and laws.
- Belief system
- Support and relationships

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Environmental Factors

- Can have a positive or negative influence:
 - Individual's performance as a member of society
 - Individual's capacity to execute actions or tasks, or on the individual's body function or structure

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Personal Factors

- The background of an individual's life and living, and comprise features of the individual that are not part of a health condition or health state
- These factors may include gender, race, age, other health conditions, fitness, life events, lifestyle, habits, coping styles, social background, education, profession, past and current experience

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Personal Factors

- Psychological and behavioral characteristics
 - Motivation
 - Self-esteem, which can influence how much a person participates in society
- Negative attitudes and behaviors have an adverse effect on children and adults with disabilities, leading to negative consequences such as low self-esteem and reduced participation

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Health Literacy

- Health literacy
 - Capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
 - Rapid Estimate of Adult Literacy in Medicine—Short Form (REALM-SF)
 - Patient reads 7 words

Arozullah AM, Yarnold PR, Bennett CL, et al. Development and validation of a short-form, rapid estimate of adult literacy in medicine. *Med Care* 2007 November;45(11):1026–33. PMID: 18049342

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REALM- SF

Patient reads the following words:

- Menopause
- Antibiotics
- Exercise
- Jaundice
- Rectal
- Anemia
- Behavior

"I want to hear you read as many words as you can from this list. Begin with the first word and read aloud. When you come to a word you cannot read, do the best you can or say, 'blank' and go on to the next word."

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REALM - SF

- Interpretation
 - 0 – 3rd grade reading level – needs repeated oral instruction; cannot read most low – literacy material
 - 1-3 – 4th to 6th grade level – will need low literacy materials – may not be able to read prescriptions
 - 4-6 – 7th – 8th grade level – struggle with most patient education materials
 - 7 – High School level – will be able to read most materials

<http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy/index.html>.

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Patient Engagement and Adherence

- Rates of adherence
 - 36% with prescribed physical therapy exercise program
- Barriers not motivators predict adherence
- Motivators – self-efficacy and outcome expectation
- Barriers – Fear of falling/injury, depression and lack of enjoyment with activities

Forkan R, Pumper B, Smyth N, et al. Exercise adherence following physical therapy intervention in older adults with impaired balance. *Phys Ther.* 2006;86:401–410.

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Patient Engagement and Adherence

- Lucy Yardley et al. Motivation Theory
 - More likely to perform a strengthening and balance program based on coping appraisal as opposed to threat appraisal
 - **Coping appraisal** – enjoyment of activity, improvement in general health, mood, confidence, ability to get out and about and reduce risk of falling – related to own identity
 - **Threat appraisal** – fear of falling, fall likelihood and fall consequence
- Take home message...Emphasize benefits of strength and balance training (enjoyment and maintaining health, mobility and independence) than trying to convince patient they need to exercise because of the risk of falling

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Patient engagement

- Demonstrating cultural sensitivity is one way to develop empathy and improve patient engagement.

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Conclusion

- Understanding the importance of social and cultural influences on patients' health beliefs and behaviors
- How these factors interact at multiple levels of the health care delivery system
- Devising interventions that take these issues into account to assure quality health care delivery to diverse patient populations

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Thank You

Questions and Answers

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Other Resources

- Health Resources Services Administration (HRSA)
- **How Effective Healthcare Communication Contributes to Health Equity**

– <https://youtu.be/dOZLf-RYvHk>

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