Enhancing Cultural Awareness and Safety in Pharmacy Practice: "The Heart Work"

PRESENTED AS A LIVE WEBINAR

Tuesday, February 15, 2022
1:00 – 2:15 p.m. ET

ON-DEMAND ACTIVITY

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FACULTY

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ACCREDITATION

The American Society of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

- ACPE #: 0204-0000-22-405-L04-P&T
  0204-0000-22-405-H04-P&T
- CE Credits: 1.25 contact hours (0.125 CEUs), Application-based

CE PROCESSING

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Provided by ASHP

Pre-Assessment

Complete the "Cultural Inventory and Self-Assessment" table found on pages 1 through 3 of the handout. Determine your total score by adding together your score (1 through 5) for each of the twenty items. Once you have determined your total score, move on to the "Cultural Inventory Scale", found on page 5. The description for the category that aligns with your score on the self-assessment activity will provide insight into your personal cultural awareness.

Cultural Inventory and Self-Assessment

Read each statement and rate yourself honestly. Add up your responses and record your total score.

Name:

	Rarely (1)	(2)	Sometimes (3)	(4)	Always (5)
1. I am aware of my own biases and how they affect my thinking.					
2. I can honestly assess my strengths and weaknesses in the area of diversity and try to improve myself.					
3. I speak up if I witness another person being humiliated or discriminated against.					
4. I don't believe that having a friend of color means that I am culturally competent.					
5. I understand why a lack of diversity in my social circle may be perceived as excluding others.					
6. I realize why people of other cultures have a need to support one another and connect as a group.					

7. I do not make assumptions about a person or individual group until I have verified the facts on my own.					
8. I connect easily with people who do not look like me, and I am able to communicate easily.					
9. I am interested in the ideas and beliefs of people who don't think and believe as I do, and I respect their opinions even when I disagree.					
10. I recognize and avoid language that reinforces stereotypes. (ie: jew them down in price")					
11. I know the stereotypes about my ethinicity(ies)					
12. I understand that I am a product of my upbringing and believe there are valid beliefs other than my own.					
13. I do not take physical characteristics into account when interacting with others and when making decisions about competence or ability.					
14. I recognize that others stereotype me and I try to overcome their perceptions.					
15. I believe "color-blindness" is counter-productive and devalues a person's culture or history.					
16. I avoid generalizing behaviors or attitudes of one individual group to another group. ("All men are…" or "All Asians act…" or "Handicapped people usually…")					
17. I do not try to justify acts of discrimination to make the victim feel better. I validate his/her assessment of what occurred.					
18. I try to learn about and appreciate the richness of other cultures and honor their holidays and events.					

19. I know and accept that a person's experiences and background impacts how they interact and trust me.					
20. I believe there are policies and practices in place that negatively impact people outside the majority culture.					
Total Score (Add items 1-20)					

Adapted from: Rasmussen T. *Diversity: The ASTD Trainer's Sourcebook.* McGraw-Hill Professional. *1 October 1996. 259-262.*

Write a Self-Awareness Reflection Summary explaining the following (1-2 pages):

Note: Yes, self-reflection is LENGTHY. Our lives and the events that have shaped our thinking are both broad and complex. This exercise requires that you take some time alone to recall, reflect, and write. This is where the journey truly begins!

1. What is your cultural heritage?
2. Where did your parents, grandparents, and great-grandparents come from?
3. What was the socioeconomic status of your family of origin? Were you poor? Middle class? Wealthy? Did you have enough? More than enough? Less than enough?
4. How was education valued in your family of origin? What are/were the education levels of members of your family?
5. How do you identify yourself in terms of race? Ethnicity?
6. What messages did you get about age while you were growing up? Ability/disability? Gender? Sexual orientation?
7. Growing up, what interactions and beliefs did you have about people who differed from you?
8. What role, if any, did religion/spirituality play in your upbringing?

9. How did your family of origin communicate? In what language(s)?
10. What interests, hobbies, activities, or affiliations did your family share?
11. What were/are some of the foods, celebrations, rituals, and clothing that were meaningful to your family and symbolized your cultural background?
12. How were health and illness defined in your family? What health problems do you self-diagnose? Whom do you seek for help with minor health problems? Major health problems?
13. Who makes health care decisions in your family?
14. Do you use over-the-counter medications? If so, which ones and when?
15. What expectations are there to care for an elderly relative?

Summary

Cultural Inventory Scale

Unaware (0-29)

Unaware people do not realize they exhibit biased behavior, and may offend others without being aware of it. They may accept society's stereotypes as fact. They may discriminate against others unknowingly. Because unaware people "don't know what they don't know," the only accurate indicator is honest feedback from others. **Note:** A person can be unaware only until s/he receives feedback.

Traditional (30-49)

Traditional people are aware of their prejudices, and realize their behavior may offend some people. Nevertheless, they continue with derogatory jokes, comments, and actions, and act as if workplace discrimination laws and the agency's values do not apply to them. Behaviors of people who fall into this category are likely to have a negative influence on workplace morale. Look at the statements you marked the lowest. You might want to set goals to help you change biased behaviors.

Neutral (50-69)

Neutral people in this category are aware of biases in themselves and others. They work to overcome their own prejudices, but are reluctant to confront inappropriate behavior by others. They avoid risk by saying nothing (collusion), but this behavior often is perceived as agreement. If you fall into this category, look at the statements that you marked the lowest. You may want to set goals to improve in those areas. You also can work on ways to become more proactive with regard to others' biases.

Change Agent (70-89)

Change Agents are aware of biases in themselves and others, and recognize the negative impact of acting on those biases. They take action when they encounter inappropriate words and actions, and relate to people in a way that values diversity. If you fall into this category, your greatest contribution is to help others value diversity more fully.

Rebel (90-100)

Rebels are acutely aware of any behavior that appears to be prejudiced or biased. However, they may become involved in reverse discrimination. They have played an important role in helping nontraditional employees, and have provided valuable services to many. Because their views sometimes are perceived as extreme, they may get a reputation that causes people to discredit what they say. If you fall into this category, you are a "change agent" but you should examine whether you are as effective as you can be. Consider asking others for honest feedback.

Adapted from: Rasmussen T. *Diversity: The ASTD Trainer's Sourcebook.* McGraw-Hill Professional. *1 October 1996. 259-262.*

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As defined by the Standards of Integrity and Independence definition of ineligible company.
All relevant financial relationships have been mitigated prior to the CPE activity.

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Objectives

- Describe the elements of cultural awareness and cultural safety as they relate to pharmacy practice.
- Discuss reasons for bias and stereotyping and their inherent theoretical flaws.
- Apply strategies for mitigating bias conceptualizations in order to increase cultural safety and optimize patient care.

Which of the following involves challenging power imbalances?

A Cultural Awareness

B Cultural Self-Awareness

C Cultural Competence

D Cultural Humility

E Cultural Intelligence

Terminology Soup

Notions of both "self" and "other" develop EARLY!

External Transmission

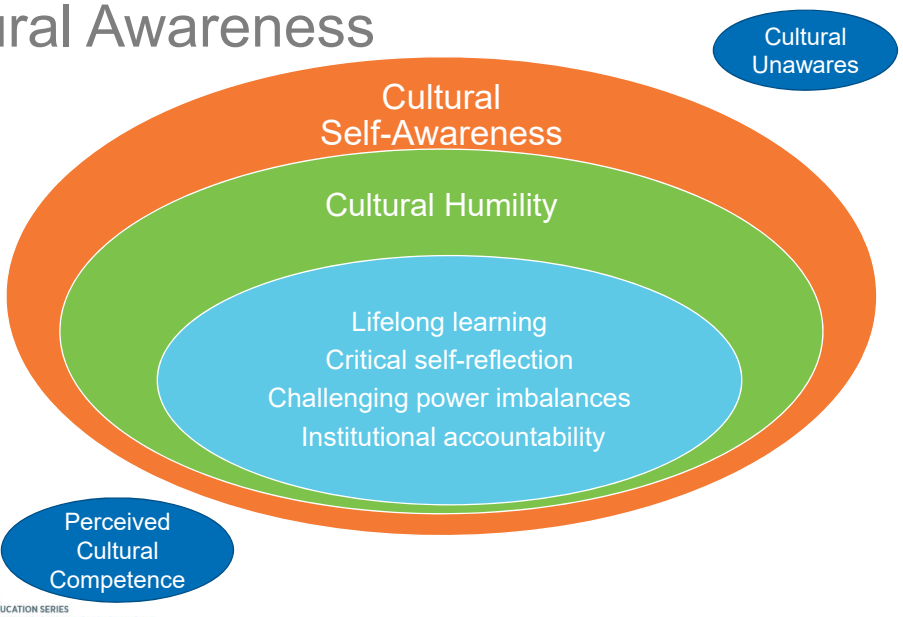
- Family
- Oral traditions
- Written histories
- Media

Internal Transmission

- Natural curiosity (questioning)
- Self-motivation
- Observation and modeling
- "Play"

Terminology Soup

Cultural Awareness



Perceived Cultural Competence

- *"An African American nurse is caring for a middle-aged Latino woman several hours after she'd had surgery. A Latino physician, on a consult service, approached the bedside and, noting the moaning patient, commented to the nurse that the patient seemed to be in a great deal of post-operative pain. The nurse summarily dismissed his perception, informing him that she took a course in nursing school in cross-cultural medicine, and knew that Hispanic patients over-express the pain that they are feeling. The Latino physician had a difficult time influencing the perspective of this nurse, who focused on her self-proclaimed cultural expertise."*
  - 1) How did perceived cultural competence cause the nurse to "misdiagnose" the situation?
  - 2) What do you think that the nurse could have done to formulate a more accurate assessment?

J Health Care Poor and Underserved. 1998 May;9(2):117

Cultural Self-Awareness

- Cultural self-awareness requires a life-long commitment to self-evaluation and critique. Before entering into a client-caregiver relationship, the individual must become aware of her/his cultural and historical background.
  - Process must not be a detached intellectual pursuit of describing "the other"
  - ***Cultural humility*** may be considered a subset of cultural awareness

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J Health Care Poor and Underserved. 1998 May;9(2):117

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Cultural Humility

Lifelong process of ***critical*** self-reflection and self-critique where the individual not only learns about another's culture, but one starts with an examination of their own beliefs and cultural identities. Features also include:

- Recognizing and challenging power imbalances for respectful partnerships
- Institutional accountability

- ***Cultural safety*** is based upon the practice of humility

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J Health Care Poor and Underserved. 1998 May;9(2):117

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Cultural Safety

- An outcome that is based upon respectful engagement that recognizes and strives to address power imbalances inherent in the ***health care system***. It is based upon whether:
  - A person experiences that his/her culture is respected.
  - A person experiences culturally and linguistically appropriate services.
  - A person is supported to assert control over their own health and wellbeing. The person makes a decision and has the capacity to act on it.

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1. *Int J Equity Health.* 2019;18(1):174.
2. *BMC Med Educ.* 2019 Aug 13;19(1):306

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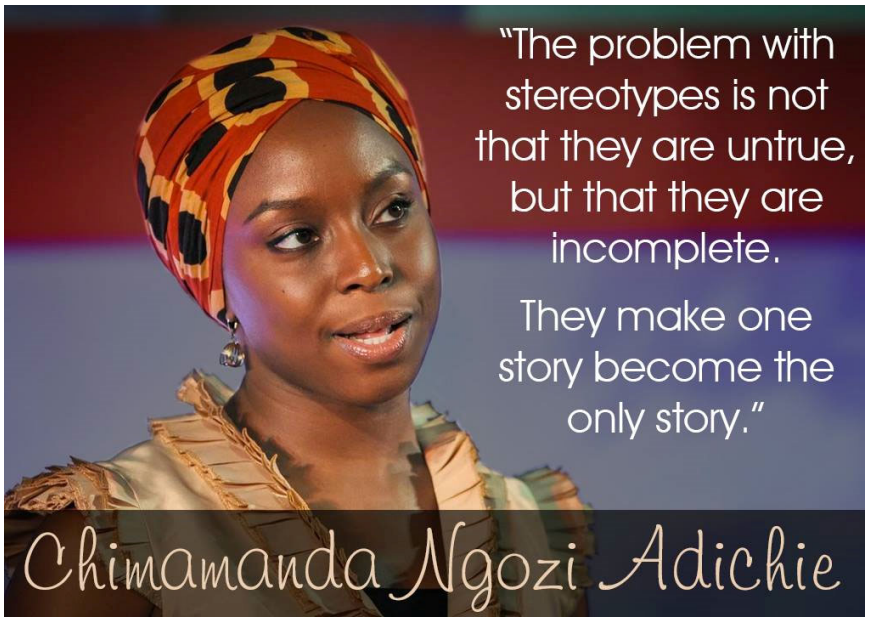
Why do we still "get it wrong" about others?

Bias and stereotyping are both powerful and easily programmable



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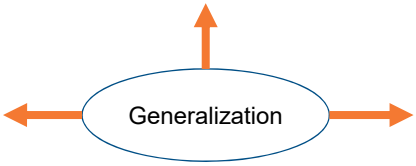
What is a stereotype?

- A stereotype is an exaggerated belief, image, or distorted truth about a person or group
  - Generalization that allows for little or no individual differences or social variation.
  - Often based on images in mass media, or reputations passed on by parents, peers, and other members of society.
  - Stereotypes can be positive or negative.



Southern Poverty Law Center

Why do we stereotype?

- **A** It feels good
- **B** We believe it can elevate our social status
- **C** We are unaware that we are stereotyping
- **D** To endear ourselves to persons we are less familiar with
- **E** It is a great icebreaker, helping us to get to know others

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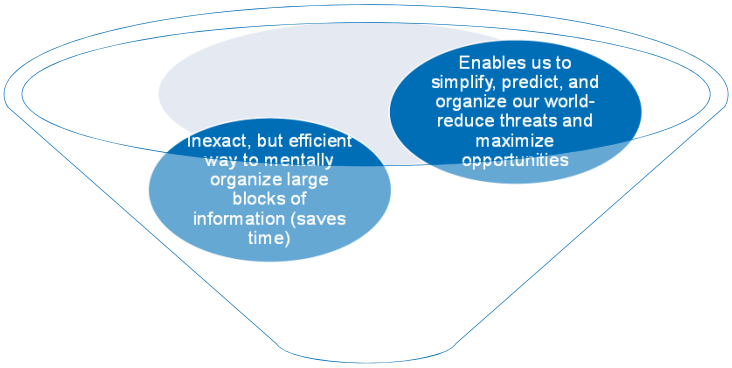
Theory 1

- Stereotypes are the mind's "short cuts" to allow for faster processing of large amounts of information about a person or group

National Academy of Sciences.2016;113(2):310-315.

Theory 1



Theoretical Flaw: Once categorization has occurred, there is a human tendency to avoid processing new or unexpected information about each individual

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National Academy of Sciences.2016;113(2):310-315.

Theory 2

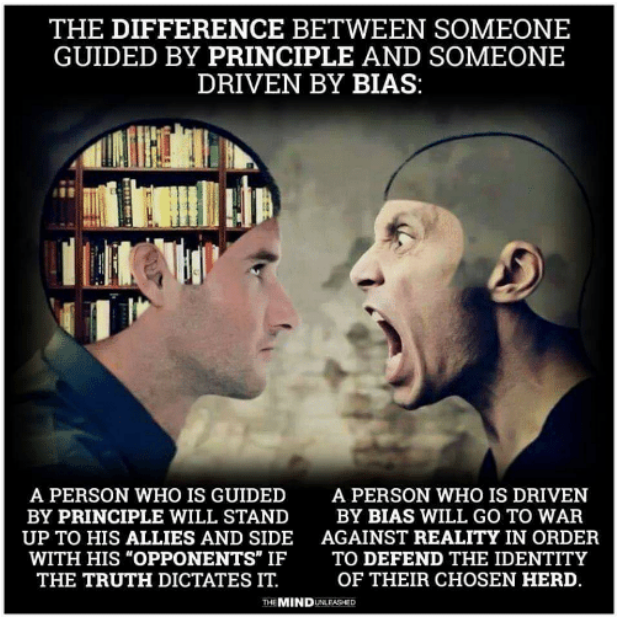
- Stereotypes are a natural aspect of human group dynamics that deepens trust and likability of the groups to which we identify

J Experimental Psychology General.2006;135(1):70-77.

Theory 2

❖**Theoretical Flaw:** We disparage the out-group so that we feel good about the group we are in. While we tend to see members of our own group as individuals, we view those in out-groups as an undifferentiated mass

J Experimental Psychology General.2006;135(1):70-77.



Which one of the following is a type of bias that affects patient care?

- **A** Logic and Decision-making
- **B** Educational
- **C** Selection
- **D** Observation
- **E** Confounding

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What is bias?

- Bias is an inclination to present or hold a partial perspective at the expense of (possibly equally valid) alternatives
  - This may lead to assumptions and cause us to prejudge others before we gather enough of the facts

American Heritage Dictionary, 1983

Common Types of Bias in Healthcare

- Predictive
- Conformity
- Logic and Decision-making

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What is the most common driver of healthcare disparities?

- **A** Lack of self-cultural awareness
- **B** Poor cultural knowledge base
- **C** Cultural incompetence
- **D** Power imbalances
- **E** Patient anxiety

Effects of Bias and Stereotyping on Healthcare Outcomes

Healthcare Stereotype Threat (HCST)

- Threat of being personally reduced to group stereotypes that commonly operate within the domain of health care, such as stereotypes regarding unhealthy lifestyles and inferior intelligence
  - Rooted in one's race, ethnicity, gender, sexual orientation, income, etc.
  - Most prevalent in healthcare settings that largely serve marginalized groups
  - Lead to distrust and avoidance behaviors from patients
  - Ultimately lead to downstream health disparities (patients who report HSCT are more likely to have poor health)

Am J Prev Med. 2016 Feb;50(2):191-8.

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A Path to Transformation

How do we enhance cultural safety and optimize patient care?

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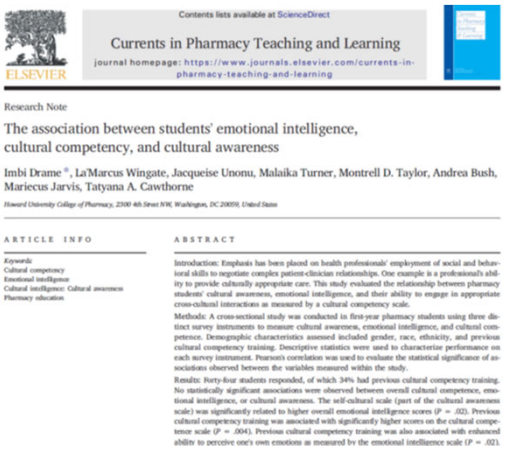
Training Can Transform

Key Findings:

- High levels of self-cultural awareness may increase ability to manage one's emotions while working with others
- Overall cultural awareness was not significantly associated with competence in working across cultures
- Prior cultural competence training was significantly associated with both competence and one's ability to perceive the emotions of others



Contents lists available at ScienceDirect

Currents in Pharmacy Teaching and Learning

journal homepage: https://www.journals.elsevier.com/currents-in-pharmacy-teaching-and-learning

Research Note

The association between students' emotional intelligence, cultural competency, and cultural awareness

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ARTICLE INFO

Keywords:
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Emotional intelligence
Cultural intelligence: Cultural awareness
Pharmacy education

ABSTRACT

Introduction: Emphasis has been placed on health professionals' employment of social and behavioral skills to negotiate complex patient-clinician relationships. One example is a professional's ability to provide culturally appropriate care. This study evaluated the relationship between pharmacy students' cultural awareness, emotional intelligence, and their ability to engage in appropriate cross-cultural interactions as measured by a cultural competency scale.

Methods: A cross-sectional study was conducted in first-year pharmacy students using three distinct survey instruments to measure cultural awareness, emotional intelligence, and cultural competence. Demographic characteristics assessed included gender, race, ethnicity, and previous cultural competency training. Descriptive statistics were used to characterize performance on each survey instrument. Pearson's correlation was used to evaluate the statistical significance of associations observed between the variables measured within the study.

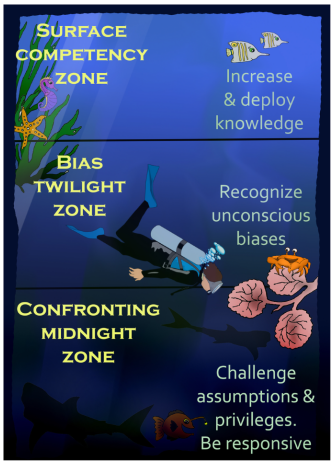
Results: Forty-four students responded, of which 34% had previous cultural competency training. No statistically significant associations were observed between overall cultural competence, emotional intelligence, or cultural awareness. The self-cultural scale (part of the cultural awareness scale) was significantly related to higher overall emotional intelligence scores ($P = .02$). Previous cultural competency training was associated with significantly higher scores on the cultural competence scale ($P = .004$). Previous cultural competency training was also associated with enhanced ability to perceive one's own emotions as measured by the emotional intelligence scale ($P = .02$).

Currents in Pharmacy Teaching and Learning. 2021;13(9):1146-1152

Confronting the "Midnight Zone" is Key

Perspective:

- Dialogue should focus on creating environments in which voices (particularly of the marginalized or disaffected group) can be heard
- Emphasize "small cultures" (ie: specific taboos, beliefs, and rituals that can directly affect health)
- Purpose should be to listen and hear perspectives of others, not to vindicate one's self or absolve one's self of blame (often leads to conversations that center around the dominant culture)
- It must be understood that conversations will not always be reassuring, nor are they intended to be



BMC Medical Education. 2019;19(1)

Cross Cultural Communication

Practice!

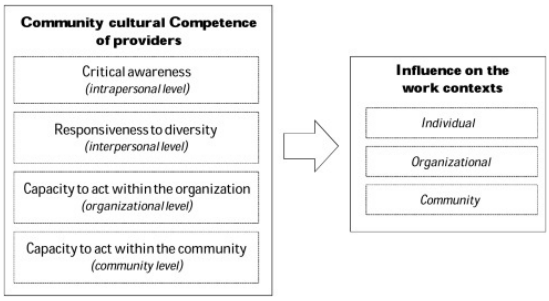
- Simulation
  - BARNGA
  - Bafa' Bafa'™

Implement

- **L**isten with sympathy and understanding to the patient's perception of the problem
- **E**xplain your perceptions of the problem
- **A**cknowledge and discuss the differences and similarities
- **R**ecommend treatment
- **N**egotiate agreement

1. https://www.simulationtrainingsystems.com/schools-and-charities/products/bafa-bafa/
2. Thiagarajan, S. (2011)
3. *J Interprof Care*. 2015;29(6):622-7

Community Cultural Competence



- Process of personal development within the areas of critical awareness, responsiveness to diversity, capacity to act within the organization, and capacity to act within the community.
  - Effect: Strengthen the effectiveness and influence of providers across different levels or work environments
  - Goal: Enhanced ***community competence***

Inter J Intercultural Relations. 2019;73:89-101.

Community Competence

- Derived from psychology and behavioral sciences….
  - The efficacy of a unified, socially organized group of people in producing and regulating its outcomes, or its members' perceptions of this efficacy
  - Key components include:
    - Collective efficacy
    - Inward orientation
    - Empowerment
    - Readiness

1. American Psychological Association. Washington, DC. 2020.
2. Springer, New York, NY. 2014.

A New Lens…

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Practical Strategies and Resources to Transform Your Awareness into Action

- Confronting one's personal bias and assumptions is an important step toward enhancing cultural safety in patient care.
- Engaging in evidence-based cross-cultural communication methods can help optimize health outcomes.
- Clinicians should consider the impact of environment and community on patient health. Practice should include efforts to collaborate with communities to build efficacy for reducing health disparities.

Selected Resources

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Question and Answer Session

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Keep an eye out for more information and registration for the last webinar in this series!

- Wednesday, March 16, 2022, 1:00 – 2:15 pm ET

  Affirming pharmacist care: Understanding disparities and creating an inclusive environment for sexual and gender minorities

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