

Striving for Cultural Competency in Healthcare: A Lesson in the Medical Humanities and Social Sciences

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Rationale

The United States is increasingly diverse. From 2010 to 2020, the Hispanic population increased (from 16% to 18%), the African American population remained the same (12%), and the White population decreased (from 64% to 58%) (US Census Bureau, 2021). In 2020, the US had the most international migrants with 51 million, which was 35 million more migrants than the second highest country (Natarahan et al., 2022). As a nation of immigrants along with our indigenous population, the US includes a plethora of cultures and languages. When it comes to health and illness, culture impacts people's perceptions of what illnesses are, how illness occurs, how to manage illness, adherence to treatment, and how to restore health (Ritter & Graham, 2023). Therefore, it is important that healthcare and public health professionals practice multicultural health--providing care and services that respect people's health beliefs and practices, particularly when they are different from one's own. To do this, the concept of cultural competency is taught in many health professions such as medicine, nursing, audiology, pharmacy, occupational therapy, and physical therapy (Brottman et al., 2020). Cultural competence is a process that arguably can never be achieved but can be strived toward. Thus, teaching the topic to STEM students starts the process earlier and gives them a longer period in which to practice as they develop into their professional career.

Lesson Details

This is a 20-minute lesson that includes a case study, 4-minute video, and class discussion. There is pre-class work for the students and additional readings for the instructor.

Learning objectives

By the end of the 20-minute lesson, students will:

- Practice cultural awareness— the first step in cultural competency, which is the process of identifying personal biases, culture, and professional background.
- Discuss how culture and worldview influence a people's decisions regarding health, illness, treatments, and healthcare.

Student assigned reading

Excerpts from Ritter & Graham (2023), *Multicultural Health*: Ch1 (p. 2-8), Ch2 (p. 32-41), and Ch3 (p. 54-61, 66-67, 71-73). This reading will give students background knowledge on the following concepts: culture, cultural competency, and worldview. A PDF titled *01 Student Reading Excerpts from Ritter and Graham Multicultural Health* is included in the lesson package that can be shared with students (e.g., uploaded to Blackboard).

The lesson will be more effective if students complete the reading before coming to class. Below are two suggestions and related resources to encourage reading:

- Have students complete the guided notes in a Word document titled *02 Guided Notes Optional*. You could make it a graded assignment in which they upload the completed notes to Blackboard and/or bring them to class as an “entrance ticket.” Feel free to make changes to the purpose and instructions as needed.
- Have students take a graded quiz based on the reading in Blackboard before class. Quiz questions are found in the document titled *03 Quiz Questions Optional*.

Additional background reading for instructor

In addition to the chapter excerpts above, the instructor can read:

Brottman, M.R., Douglas M., Hattori, R.A., Heeb, R., & Taff, S.D. (2020). Toward cultural competency in health care: A scoping review of the diversity and inclusion education literature. *Academic Medicine* 95(5), 803-813. <https://www.doi.org/10.1097/ACM.0000000000002995>

This article gives more background on the concept of cultural competence and its use within a variety of healthcare fields. A PDF titled *04 Instructor Reading Toward Cultural Competency in Health Care* is included in the lesson package.

Raz, A.E., Vizner, Y. (2008). Carrier matching and collective socialization in community genetics: Dor Yeshorim and the reinforcement of stigma. *Social Science & Medicine* 67(2008), 1361-1369. <https://www.doi.org/10.1016/j.socscimed.2008.07.011>

This article gives some context as to why a Hasidic Jewish family, like the Cohens in the case study, would shy away from genetic testing. A PDF titled *05 Instructor Reading Carrier matching and collective socialization in community genetics* is included in the lesson package.

In-class activity

Opener (1 minute)

Share with students the purpose of the activity, which is to see how culture and worldview impact people’s health decision and discuss how striving for cultural competency can impact healthcare.

Case study (8 minutes)

This case study is meant to help students start thinking about and applying concepts from the assigned reading. The case study is a PDF titled 06 Case Study. Print enough copies for each student.

Have students read and complete the case study in small groups.

Show of hands (1 minute)

The show of hands is to help the instructor and class get a sense of the groups’ stances. It’s not important at this point to hear the reasons behind stances. That will come out more in the discussion. Historically, students will say that Judy’s parents mishandle her illness. Students don’t generally put blame on the healthcare providers.

Ask groups (by a show of hands) who decided:

- Judy’s illness was not mishandled. Her parents did what was best.
- Judy’s illness was not mishandled. The healthcare providers did what was best.
- Judy’s illness was mishandled by her parents.
- Judy’s illness was mishandled by the healthcare providers.

May want to write a tally on the board to refer to during the discussion.

Video (4 minutes)

The video is to highlight key points from the reading and concepts that students should be applying to the case study. The video comes after the case study, so that students have an opportunity to critically think on their own first. A download of the video titled 07 Key Concepts Video is found in the lesson package. You can also use the following YouTube link: <https://youtu.be/E-lqo3YwqX8>.

Show video that highlights the key concepts: culture, worldview, theories of health and illness, and cultural competency.

Discussion (6 minutes)

The discussion is to help emphasize the first step of cultural competency, which is cultural awareness (i.e., self-awareness). This step is often skipped and not considered before providing healthcare. However, it is a critical step when it comes to multicultural health because self-awareness helps us to challenge our own assumptions and consider the beliefs of the patients as part of providing care.

Pose the questions below to facilitate a discussion around the concept of cultural competency. Refer back to the stances that the groups chose.

- How is the group's culture and worldview (*likely from an American standpoint*), influencing your stance?
- Do you think the Cohens want to see their daughter suffer? *The likely response is no. The Cohens want to protect their daughter and stay true to their beliefs, culture, worldview.*
- What could the healthcare providers have done to practice cultural competence?

References

- Brottman, M.R., Douglas M., Hattori, R.A., Heeb, R., & Taff, S.D. (2020). Toward cultural competency in health care: A scoping review of the diversity and inclusion education literature. *Academic Medicine* 95(5), 803-813. <https://www.doi.org/10.1097/ACM.0000000000002995>
- Natarajan, A., Moslimani, M., & Lopez, M.H. (2022, December 16). *Key facts about recent trends in global migration*. Pew Research Center. <https://www.pewresearch.org/short-reads/2022/12/16/key-facts-about-recent-trends-in-global-migration/>
- Ritter, L. A., & Graham, D. H. (2023). *Multicultural health (3rd ed)*. Cognella.
- US Census Bureau. (2021, August 21). *Racial and ethnic diversity in the United States: 2010 census and 2020 census*. <https://www.census.gov/library/visualizations/interactive/racial-and-ethnic-diversity-in-the-united-states-2010-and-2020-census.html>