Cultural Humility in Long-Term Care Medicine: from Everyday Living to End-of-Life

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HOSPICE
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California Long Term Care Medicine
Los Angeles; April 26, 2013

Disclosure

I have no relevant financial relationships with commercial interests to disclosure.

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Learning Objectives

Participants will be better able to:

- Define *Cultural Humility* as a model to understand the impact of *culture* on health care and address *cultural differences*.
- Recognize (at least four) subcultures integrating the *cultural diversity* in LTC.
- Describe cultural dynamics impacting the *caregiving experience* of *diverse staff.*
- Identify (at least five) components of the cultural dimension of *diverse residents and families*.
- Name (at least four) grief support interventions

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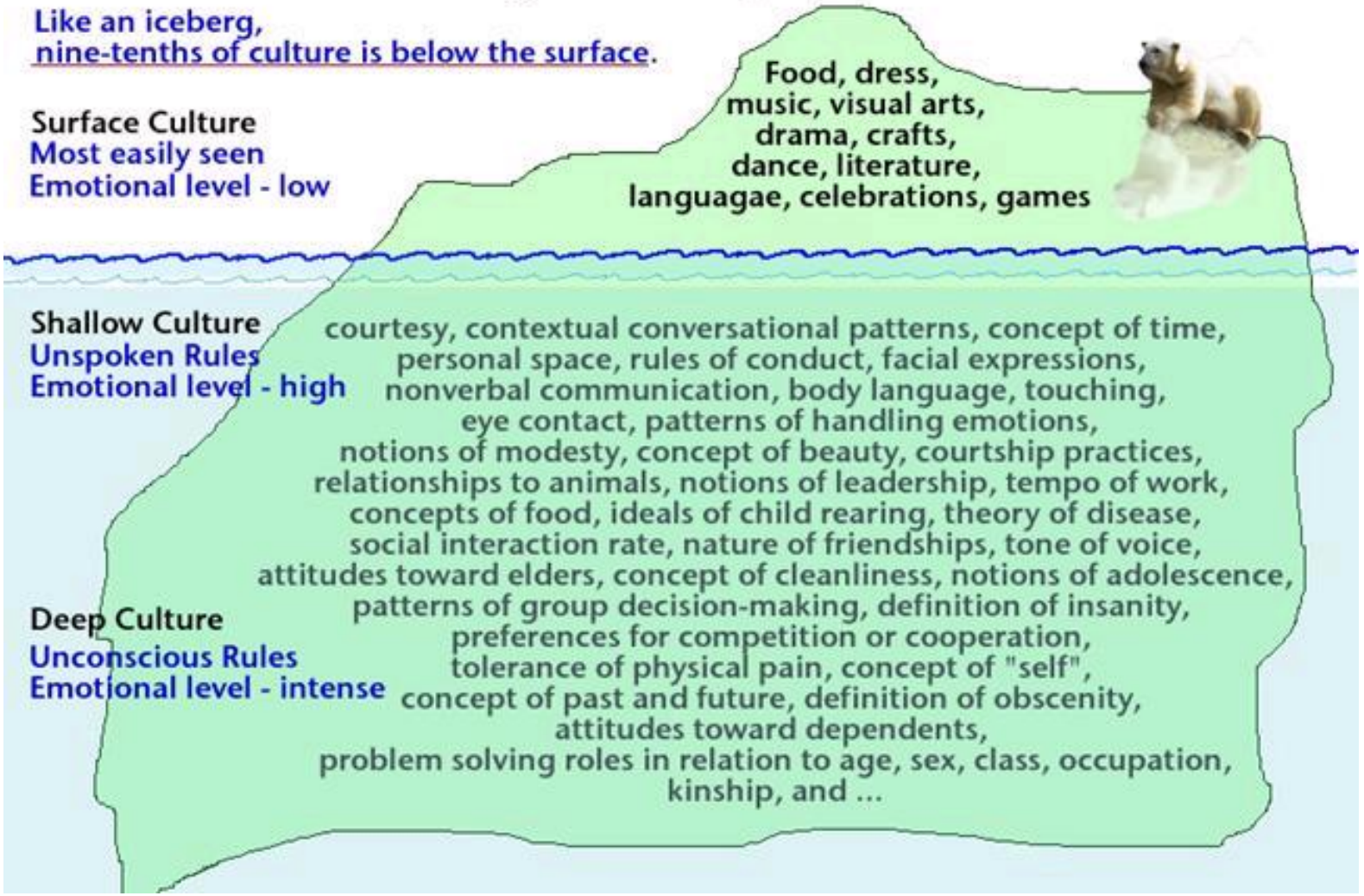
The Iceberg Concept of Culture



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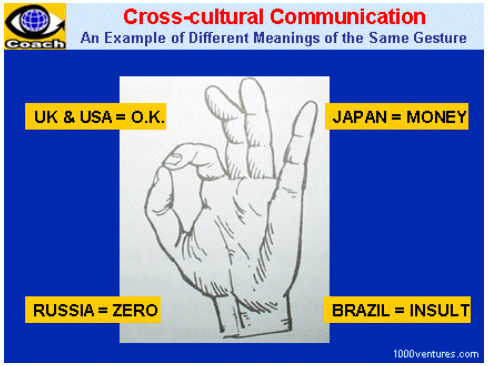
Cultural differences



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Cultural Competence

Conceptual framework for Providers serving *Diverse* Populations:

- Awareness and acceptance of *Cultural Differences*
- *Self-awareness*
- *Knowledge & experience* of the patient's culture
- Adaptation of *Skills*
  - Language & Communication
  - Working with Interpreters

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Cultural Humility

"A commitment and active engagement in a **lifelong process** that individuals enter into an ongoing bases with patients, communities, colleagues and with themselves."

Cultural humility vs. cultural competence, A critical distinction in defining physician training outcomes in multicultural education
M. Tervalon & J. Murray-Garcia
Journal of Health Care for the Poor and Underserved, vol. 9 n. 2, 1998

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Cultural Humility

starting point: not mastery of lists, nor examination of the pt's belief system; but a careful consideration of *assumptions and beliefs embedded in health provider's own understandings and goals in the clinical encounter*.

most serious barrier: not lack of knowledge of the details; but *health provider's failure to develop self-awareness and a respectful attitude towards diverse points of view*.

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Becoming a Student
of Those We Serve

1. *Listening Presence*
2. Addressing *Cultural Differences*
3. The Wisdom of *Not Knowing*

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(1) Listening Presence

- *"Intentional receptivity"*
- *"Holding the space"* : makes room for what needs to emerge
- *Witnessing* : validates the other's experience
- *Being there* : conveys support
- *Being with* : conveys company

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(2) Addressing *Cultural Differences*

What is my relationship with **cultural differences**? (**Self-awareness & self-management**)

- *How do I **notice** them?*
- *How do I **react** to them?*
- *How do I **manage** my reactions?*
- *How do my reactions **impact** my understanding of & communication with patients and families?*
- *How do I **find common ground**?*
- *How do I **negotiate care** with patients and families?*

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(3) *Mindset* of Not Knowing

To explore ***below-the-surface factors*** impacting *pt's experience & pt-provider interaction*:

- Engage from a place of respectful curiosity
- Pay non-judgmental attention
- Put individual agendas aside
- Notice verbal and non-verbal communication
- Do not assume
- Ask open-ended questions
- Allow silence
- Be comfortable with ambiguity
- Include different opinions

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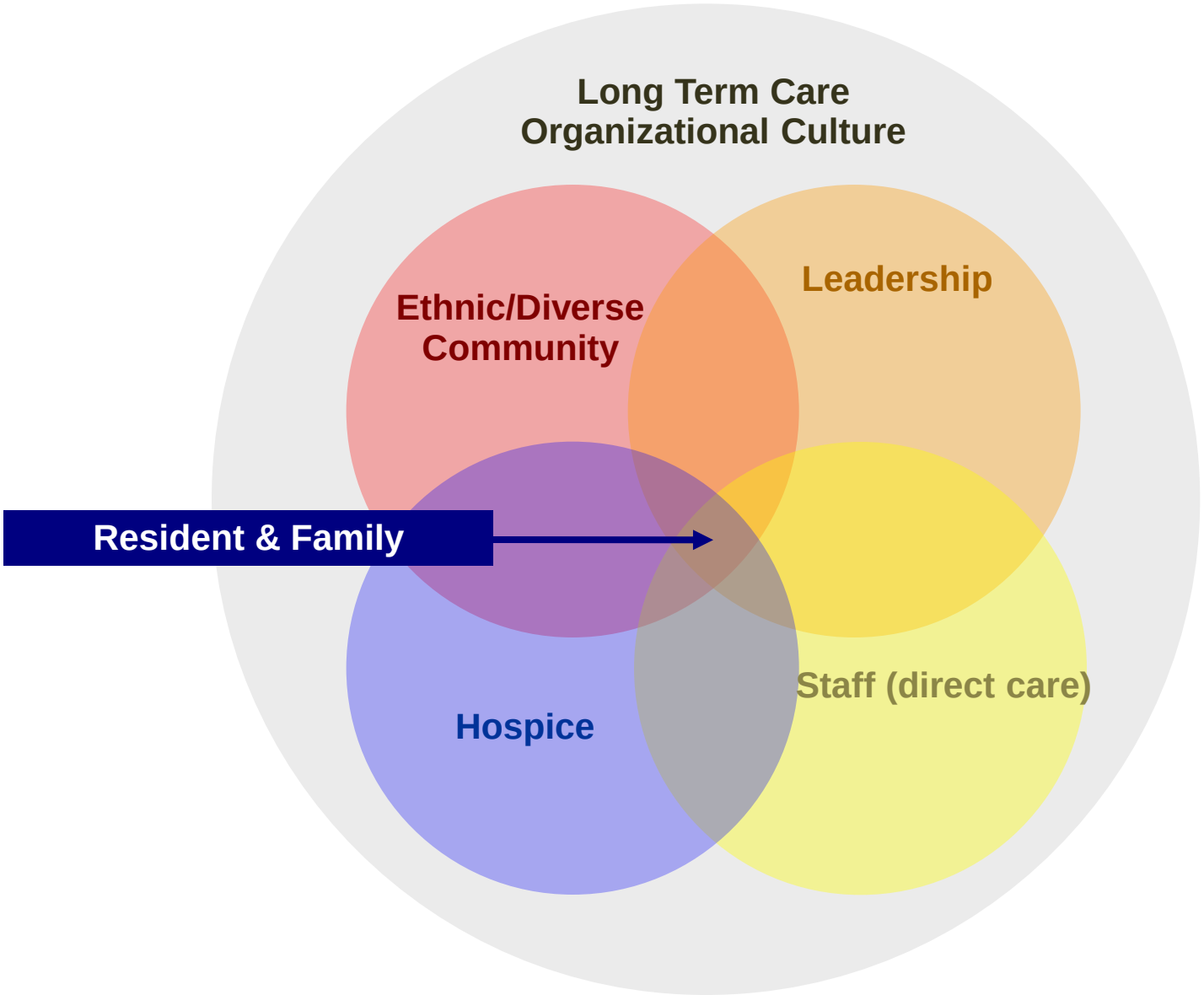
Cultural Diversity in Long Term Care



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The Long Term Care Environment

- 90% of Directors of Nursing are Caucasian
- The majority (90%) of long term care residents are Caucasian
- Majority of direct care workers are minority
- In a typical facility, **multiple languages** are spoken
- Potential for **cultural clashes** occurs on many levels

Florida Association of Homes for the Aged Annual Meeting.
Orlando Florida, August 2-5, 2004

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Cultural Issues in Long Term Care

Culture can be:

- a **protective factor** all along the **continuum of care** from everyday living to end-of-life issues:
  i.e. cultural values recognized and celebrated, promoting cultural dignity.

- a possible **barrier** to accessing/providing/receiving care:
  i.e. members of certain cultures are afraid of certain medications, Latinos and morphine. They might prefer pain for fear of addiction. Nursing staff may feel this resident is 'noncompliant' with the medication regime.

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Cultural Considerations re: *Diverse Staff*

Culture shapes:

- How care is provided
- How residents are viewed
- Perception on family visits
- Asking for help
- Relations with other staff
- Attitudes toward supervision
- Attitude towards self-care

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Recommendations re: *Diverse Staff*

- Raise/increase self-awareness re: their own cultural background on aging & death and dying
- Provide cross-cultural skills: to become sensitive to residents' needs & dealing with cultural differences
- Provide EOL education (curative/aggressive vs. comfort care; assisting residents and families at the moment of death)
- Promote self-care
- Provide grief support/education

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Cultural Considerations re: *Residents and their Families*

Relocation to a LTCF: often an unwelcome experience, but necessary, for families and elders—driven by declining health, increasing inability to care for oneself, inability of family members to provide care.

Anticipatory grief: an active psychological process that happens when there is an opportunity to *anticipate the loss* of a loved one (or oneself)… composed of many losses, of past, present and future.

Aging from an anticipatory grief perspective re: ***losses*** of identity, health, social roles, occupation, values (independence, control).

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Cultural Considerations re: "*Everyday Living*" & "*Quality of Life at EOL*"

- *Country of origin* (history, immigration story)
- *Language* (generational differences)
- *Personal care* (perceived needs, preferences, receiving/asking for help)
- *Food & diet* (connection with the land)
- *Entertainment* ("free time")
- *Holiday celebrations* (individual, collective)
- *Pain medication* (issues of pain and suffering, fear of addiction)
- *Coping mechanisms* (inner resources, resilience)
- *Religious & spiritual beliefs* (meaning-making)

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Cultural Considerations
re: *Decision-Making in EOL*

- Truth-telling about diagnosis, prognosis and treatment options
- Family involvement in decision-making
- Trust/Mistrust in the Medical System
- Possibility of miscommunication (i.e. language barriers, provider as authority figure; issues of compliance)
- Influence of culture and religion

EOL Decision Making: History, Tools and Cultural Competency.
Geoff Bernhardt, Attorney at Law

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Grief Support Recommendations

Raise awareness of:

- **Anticipatory grief** of residents and families.
- **Staff** impacted by residents' grief, as well as their own.
- **Grief journey** of residents & staff when residents die.

- **Cultural sensitive interventions**
  - Normalize & validate grief experience.
  - "All feelings are okay. It is okay to cry. Reach out for support."
  - Tap into resident's personal coping skills & cultural protective mechanisms.
  - Listen and "hold the space" for residents and staff to talk about their losses & express feelings.
  - Memorialize and remember the dead.
  - Educate staff on self-care and grief support.

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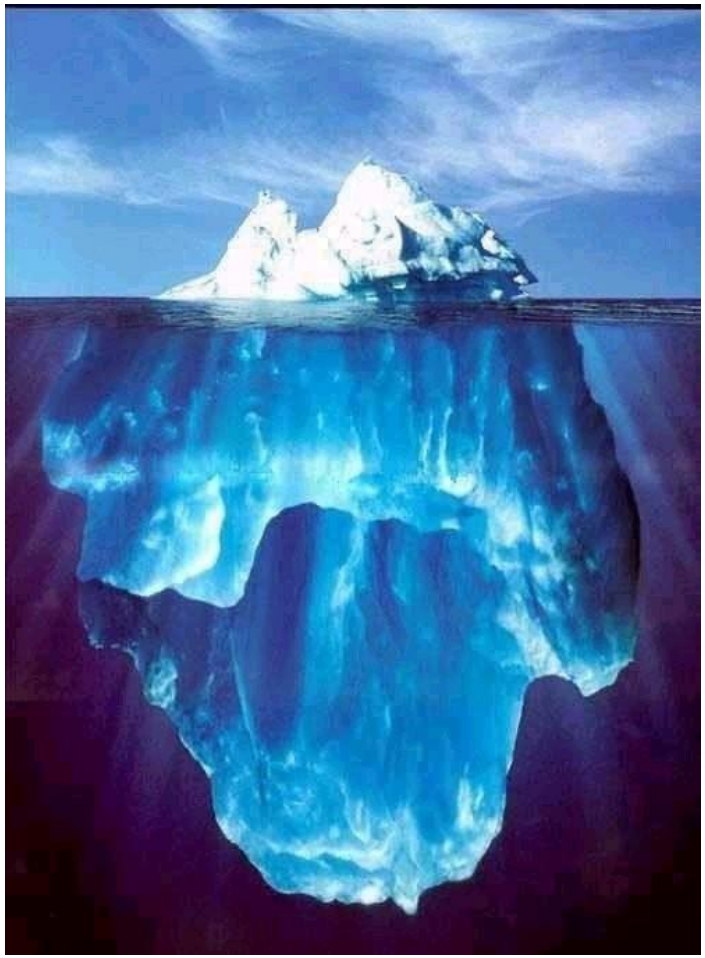
Final considerations



Cultural Competence –
System Level: service delivery capacity. Policies/procedures. What we already know; general knowledge of each culture.

Cultural Humility –
Provider's Stance: acknowledging what we don't know and learning from/with each patient and family.

Cultural Dignity –
Patient's and Family's Experience: accessing quality care *in their own terms*.