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Collaboration and Consensus Among Diverse Groups

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Self-Reflection Exercise

1. I feel comfortable working with a volunteer or co-worker from another race or ethnic group.
2. Organizations that are interested in developing diversity programs should include discussion of sexual orientation.
3. The ethnic group I belong to is a strong reflection of who I am.
4. Organizations should work harder to protect workers with physical or intellectual disabilities from discrimination.
5. Women should assume their rightful place in all professional roles that men hold.




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Objectives

- Understand the impact of one's own values and attitudes on interpersonal interactions with individuals from heterogeneous backgrounds.
- Increase personal awareness about people from diverse backgrounds.
- Recognize the complex requirements needed to support a culturally-competent workforce environment for the colleagues, patients, their families, and others.



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U. S. Health Care System

- Major advances made in biomedical sciences
- Mapping and sequencing of the Human Genome has put our nation on the edge of a new era of promising discovery and treatments
- In short, our nation has made tremendous progress in the “science of health”



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There is an imbalance...

- In the diversity of healthcare providers
- That contributes to the disparities in health services and to a
- Lack of consensus and collaboration across diverse groups including our peers, patients, students, and community partners




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“Unequal Treatment” of Minorities

- Cultural differences
- A lack of access to health care
- High rates of poverty
- High rates of unemployment
- Severe shortage of minorities in our health care professions

Smedley B. et. al, Institute of Medicine Report (IOM) Unequal Treatment, 2003.



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Confronting Racial/Ethnic Disparities

- Assess the extent of racial/ethnic differences in health care that are not otherwise attributable to known factors such as access to care (ability to pay or insurance coverage)
- Evaluate potential sources of racial disparities in health care, including the role of bias, discrimination, and stereotyping at the individual (provider and patient), institutional, and health systems level
- Provide recommendations regarding interventions to eliminate health care disparities



Smedley B. et. al, Institute of Medicine Report (IOM) Unequal Treatment, 2003.

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Office of Management and Budget Directive 15

Revised the Classification of Federal Data on Race and Ethnicity – allows reporting of multiple races. Six categories when using the combined format

- American Indian, Aleuts or Eskimo Natives
- Asian
- African American/Black
- Latino/Hispanic
- Native Hawaiian or other Pacific Islander
- White



Worldwide web URL: <http://www.whitehouse.gov/omb/fedreg/1997standards.html>. Accessed 05/22/2009.

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Self-Reflection Exercise

- Think of an example where you witnessed an act of discrimination toward a colleague, student, or patient in a health care setting...
 - How did you feel?
 - How could it have been handled differently?
 - How can this type of behavior be avoided in the future?



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Racism in Nursing

- Nurses did not escape racism – Northern schools had quota limits for “colored” students and southern school banned them all together
- Black nurses were banned from taking state boards in southern states
- In 1916, Black nurses who lived in the 16 southern states and the District of Colombia were banned from joining the American Nurses Association
- Nurses formed the National Association of Colored Graduate Nurses in New York (1908), a sorority for black nurses (1932); and the National Black Nurses Association (1971)



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The New Era

- In the 50's, discrimination against black health professionals were grouped into 2 types
 - Discrimination against minority patients
 - Discrimination against minority health care professionals
- Major changes came with the Civil Rights Act of 1964 with the anti-discrimination mandate
- Post-Civil Rights Era led to new minority associations including the National Association of Hispanic Nurses, the Society of American Indians, and many others



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Racism in Our Health Care System

“There are many historical hurdles yet to overcome. The ghosts of segregation and discrimination, inside and outside the health professions, still influence the quality of, and the access to, and education in the health professions for minorities”.

Louis Sullivan, MD, Chair, The Sullivan Commission, Atlanta hearing, June 26th, 2003.



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Race
 Artificial construct
 Society's label on color of your skin
 Defined by genetic traits

Culture
 Shared values
 Traditions, customs, history of a group
 Frame of reference for understanding

Ethnicity
 Group of people with common heritage or shared identify
 Customs of a particular group
 Social identification based on food, language, and customs



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- **Race**
 - Based upon the 17th century classification of races as subspecies of *homo sapien* used to classify people based on observation of broad physical characteristics
- **Culture**
 - Interrelated system of beliefs, values, and practices that arise from a particular historical and geographical situation of a people
- **Ethnicity**
 - One's identification with a particular ethnic group and the group's sense of collective identify, belonging and continuity

Kagawa-Singer, M. (2000). Improving the validity and generalizability of studies with underserved U. S. populations expanding the research paradigm. Ann Epidemiol. 10: S92-S103.



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- **Stereotyping**
 - Brown's (1995) 'holding of derogatory social attitudes or cognitive beliefs, the expression of negative affect, or the display of hostile or discriminatory behavior towards members of a group on account of their membership to that group'.
 - Allport (1954) as 'thinking ill of others without warrant', is that people 'make their mind up' without any personal experience.
- **Generalizations**
 - A statement about common trends within a group
 - Allows us to recognize that we need additional information to determine if the information applies to an individual



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- *Prejudice* is a negative, privileged, superior attitude toward an entire category of people.
 - It is a thought process including attitudes, beliefs not actions.
- *Discrimination* involves action, behavior that excludes all members of a group from certain rights, opportunities or privileges.

Lenburg CB et al. (2005). Promoting cultural competence: In and through nursing education. American Academy of Nursing, Washington, DC, 1995. 

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Racism

- **Main Entry: rac-ism**
- **Date: 1933**
- **1** : a belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race
- **2** : racial prejudice or discrimination
- — **rac-ist \-sist also -shist\ noun or adjective**

<http://www.merriam-webster.com/dictionary/collaboration>. Accessed 08_01_2009 

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Types of Racism

- *Institutional racism*
- *Personally mediated racism*
- *Internalized racism*



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Worldviews Make a Difference

- **Ethnocentrism**
 - Refers to the belief that one's culture, their practices, or lifestyles are superior to those of others.
- **Multiculturalism**
 - Refers to an attitude that promotes the existence of cultural diversity as a necessary and integral part of a society.

Lenburg CB et al. (2005). Promoting cultural competence: In and through nursing education. American Academy of Nursing, Washington, DC, 1995.



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Acculturation or Enculturation

- **Acculturation** refers to the culture learning that takes place in the host culture (common usage).
- **Enculturation** refers to culture learning that takes place in one's indigenous or home culture.

Don Atkinson, D. Professor Emeritus, University of California, Santa Barbara. In Search of Measures of Acculturation. coe.asu.edu/race/RACE_2004_atkinson.PPT



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Interactive Exercise:

How does the diversity of my colleagues, patients, and community influence my effort to provide effective communication, respect, tolerance, and acceptance? And, how can I, honor those values during our encounters?



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Diversity Definition

“ ...consideration of socioeconomic class, gender, age, religious belief, sexual orientation, and physical disabilities, as well as race and ethnicity”.

American Association of Colleges of Nurses (1997). *Position statement: Diversity And equality of opportunity.*



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Populations Affected by Diversity

- Workforce
- Patients
- Consumers
- Partners



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Dimensions of Diversity



Images taken from Google.com



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Sexual Orientation

- Presidential Executive Order 13087, issued in 1998, provides for "a uniform policy for the Federal government to prohibit discrimination based on sexual orientation."
- The Secretary's Civil Rights Policy Statement has prohibited sexual orientation discrimination at USDA since 1993.

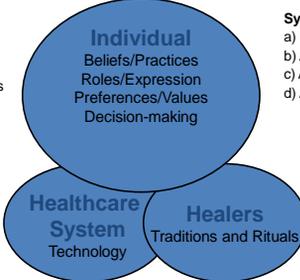
http://www.fsis.usda.gov/About_Fsis/Civil_Rights_Sexual_Orientation_Questions/index.asp



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Popular Sector

- a) Individuals
- b) Families
- c) Social Networks
- d) Community



System Sector

- a) Equity
- b) Affordability
- c) Access
- d) Availability

Professional Sector

- a) Biomedical or Western Medicine model

Healers

- a) Healers
- b) Beliefs
- c) Practices

Kleinman, A. Berkeley (California): University of California Press; 1981. Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry.



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Health Care System Values



- Independence
- "Right to know"
- Privacy
- Patient Autonomy
- Provider-Patient Relationship



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Universal Core Values

- Communication - verbal and non-verbal
- Time Orientation - past, present, or future oriented
- Personal Space - 0-18 inches the intimate zone, 18 inches to 3 feet =personal zone, > 3ft social or public zone
- Power Distance – where do I stand ?
- Collectivism - what is good for the group - not the one



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Key Questions

- How does the “search for cultural competency” affect your LDI Project?
- How can I build consensus and collaboration among the diverse teams to facilitate work on my LDI project.



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Cultural diversity produces challenges in the workplace such as:

- Ineffective cross-cultural communication due to language barriers
- Reluctance to admit to a lack of understanding of other groups’ values
- Decreased awareness of the influence that one’s own values have on daily practice



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Path to Cultural Continuum

Cultural Blindness

Cultural Incapacity

Cultural Destructiveness

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LDI Projects

Developing Survivor Clinics

Patient Education or Communication skills

Patient Navigator Programs

Workforce Diversity

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Case Study

- You have been asked to coordinate the development of a survivorship clinic for women and men diagnosed with cancer and who have physical/intellectual disabilities.
 - Discussion Points
 - How would you begin to identify the gatekeepers from the community to work with you?
 - How would patient education material be developed?
 - How would you make these resources available to the patients?

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Valuing and Leveraging

- How to gain trust from other organizations
- Administrative and Leadership Support
- Uncertainty to identify gatekeepers
- "Language" barriers



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Collaboration

- Main Entry: col-lab-o-rate
- Etymology: Late Latin collaboratus, past participle of collaborare to labor together, from Latin com- + laborare to labor — more at labor
- Date: 1871
- 1: to work jointly with others or together especially in an intellectual endeavor
- 2: to cooperate with or willingly assist an enemy of one's country and especially an occupying force
- 3: to cooperate with an agency or instrumentality with which one is not immediately connected

<http://www.merriam-webster.com/dictionary/collaboration>. Accessed 08_01_2009



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Consensus

- Main Entry: con-sen-sus
- Etymology: Latin, from consentire
- Date: 1843
- 1 a : general agreement : unanimity <the consensus of their opinion, based on reports...from the border — John Hersey> b : the judgment arrived at by most of those concerned <the consensus was to go ahead>
- 2 : group solidarity in sentiment and belief

<http://www.merriam-webster.com/dictionary/collaboration>. Accessed 08_01_2009



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Multi-ethnic Core Values



- Religious and communal participation
- Family support
- Lived experiences across generations
- Caregiver vs. being cared for
- Independence vs. isolation



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Culturally Competent Projects

- To be a high performing group is to integrate the group's diversity
- Incorporate the members' diversity in all aspects of policy making, administration, practice, and service delivery and involve systematically consumers, key stakeholders, and communities.

*Curricula Enhancement Module, p. 5, National Center for Cultural Competence
 Accessed at <http://guchd.georgetown.edu/ncc>, February 2005.*



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- CLAS standards - the collective set of culturally and linguistically appropriate services (CLAS) mandates, guidelines, and recommendations issued by the United States Department of Health and Human Services Office of Minority Health intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services (National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001).

<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=11>. Accessed 08/03/2009.



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Cultural Competency

- Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. (Office of Minority Health)

<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=11>. Accessed 08_3_2009.



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Cultural Brokering

- "...bridging, linking or mediating between groups or persons of different cultural backgrounds to effect change" (Jezewski, 1990).

<http://www11.georgetown.edu/research/gucchd/NCCC/resources/brokering.html>. Accessed 08/03/2009.



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- Leaders who engage in diversity leadership can transcend racial identity, as evidenced by their ability to appreciate different perspectives and appear to moderate the potential negative affects of racial diversity on team processes an strengthen the positive effects of diversity.

Dreachslin JL et. al., Workforce Diversity: implications for the effectiveness of health care delivery systems. Social Science & Medicine., 50(2000), 1403-1414



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Role of Leadership

- Leaders play a crucial role in setting an the tone and level of commitment to providing culturally competent care to diverse populations
- Senior management’s role is essential to initiating, integrating, and assuring culturally competent practices throughout an institution’s programs and operations

http://www.omhrc.gov/assets/pdf/checked/serving_dchhs_report.pdf. Accessed 08/03/2009. 

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Becoming Culturally Competent

- Have a defined set of values and principles, and demonstrate behavior, attitudes, to work effectively cross-culturally;
- Have the capacity to:
 - Value diversity
 - Conduct self-assessment
 - Manage the dynamics of differences
 - Acquire and institutionalize cultural knowledge
 - Adapt to diversity and the cultural contexts of the communities they serve



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Everyone Can Make a Difference

- Make changes in our daily interactions with our patients, colleagues, and community
- Give ourselves a big dose of “cultural humility”
- Listen to others and remember



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Becoming Culturally Competent

Dynamic Process

Cultural Competency Journey

Novice Competency Proficient Expert



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A diverse team is a strong team



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Thank You Questions?