Essentials of Cultural Competence in Pharmacy Practice

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Target Audience: Pharmacists and Pharmacy Technicians

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Activity Type: Knowledge-based
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Learning Objectives

Upon completion of this knowledge-based activity participants will be able to:

1. Discuss the significance of cultural competence to the practice of pharmacy
2. Identify barriers to culturally competent care
3. Discuss strategies pharmacists can use to improve cultural competence in various practice settings
1. **Assessment Question**

Within the profession of pharmacy, cultural competence can be described as:

A. The ability to speak multiple languages fluently

B. A desire to sample different aspects of different cultures, such as food or music

C. The skill associated with responding to appropriately responding to unfamiliar verbal and non-verbal cues from patients

D. Supporting the ability of immigrant groups to maintain separate spaces in society
2. Assessment Question

In the Culture Shock model, “projection on the host culture” means:
A. Fond recollection of previous cultural norms
B. Belief that current cultural expectations are wrong
C. Attempt to balance and reconcile previous experiences with current reality
D. Psychological adaptation to current situation
3. Assessment Question

As a potential barrier to culturally competent care emotional range:

A. Describes the highs and lows associated with life
B. Is generally wider amongst more highly educated individuals
C. Is adaptable to change based on context
D. Describes the extent to which non-verbal expression of emotion is socially permitted
4. Assessment Question

As a strategy to improve cultural competence, pharmacists:
A. Should acquire tastes for foreign cultures and foods
B. Can reflect and articulate conscious biases and stereotypes
C. Highlight for others the positive dimensions of their own cultures
D. Avoid any reference to culture to ensure no offence is taken
What is culture?

A. A patterned way of thinking, feeling, and reacting to others

B. A subconscious system of shared values and beliefs that equate to psychological comfort and safety

C. A set of rules and responses that are seldom taught formally but always learned

D. All of the above
When is a culture not a culture?

Five dimensions of a culture:

1. Power distance
2. Individual vs Collective
3. Uncertainty avoidance/risk tolerance
4. Long term vs short term orientation
5. Technical vs interpersonal orientation
Social signaling and cultural safety

- Non-verbal cues account for over 80% of communication
- Most cultures rely on parallel processing of verbal and non-verbal cues
- “Safety” and “comfort” are signaled socially through culturally appropriate verbal and non-verbal communication
- But how do we learn “culturally appropriate verbal and non-verbal communication”?
- Within a pharmacy practice environment, we are constantly exchanging social signals with others – but may not recognize how this influences are behavior, thinking, and beliefs about other cultures
Consider the significance….

- Using your left hand for eating
- Smiling at a stranger
- Turning up late for a dinner party
- Touching someone on the shoulder to reinforce a point
- Looking someone in the eye
- Finishing someone’s sentence
What does it mean?

Smiling at a new patient in your community pharmacy:
- Friendly, open, nothing to hide, great customer service (US)
- You are perhaps simple minded (Korea)
- You are making unwanted sexual advances (France)
- You have done something illegal (Middle East)
What does it mean?

- Okay! That’s great! (US)
- You’re an idiot (a zero) (France)
- Sexist evaluation (Italy)
- A rude gesture (Russia)
- An extraordinarily rude gesture (Brazil)
Cultural competence

- In diverse multicultural societies built upon immigration, cultural confusion can easily occur...it is often difficult to define or agree upon a “national” culture (or even a local one) – everyone claims to speak for “us” when in reality enormous cultural differences already exist.

- This can prove incredibly challenging – and stressful – for newcomers who may not understand “the rules” and through observation alone are trying to figure them out.

- It can be equally stressful for members of a society who perceive their world is changing in ways beyond their understanding – and control.

- Within pharmacy practice we deal with diverse patients and co-workers.
What’s it like to be an immigrant?
The Culture Shock Model

1) Euphoria, expectation
2) Irritation
3) Rejection of host culture
4) Idealization of home culture
5) Projection onto host culture
6) Adjustment
7) Adaptation
What are things Americans do that confuse the rest of the world?

Discuss with people sitting with you and see what you come with!
Things US-ians do that confuse the rest of the world

- Talk about the weather (especially in the MidWest)
- Squeamishness around bodily functions (e.g. “restroom” vs “toilet”)
- Openness about personal emotional state
- Strong bias towards positivity/happiness
- College athletics
- Restaurant behaviors (tipping, customizing food orders, ice in drinks doggie bags)
- Hallowe’en
- Calling it “America”
What we need to learn – but are seldom taught

- Emotional range
- Physical space/boundaries
- Where to look
- Social distance
- Feedback
Emotional range

- How much emotion are you “allowed” to express before you are pathologized?

- Some “Anglo” countries (the UK, Canada) express emotion verbally, others (the US, Ireland, Australia) permit broader non-verbal or tonal expressivity

- Consider the difference between these words, used to describe a common occurrence in pharmacy practice:

  - *Problem vs Situation vs Issue vs Glitch*
Physical space/boundaries

- As health care providers, pharmacists must consider boundaries and personal space in the provision of care, administration of vaccinations, demonstration of empathy etc.

- How close is too close?

- Cultural issues overlaid upon gendered issues

- Social touching

- Gaze
Where to look

- Patient care involves face-to-face interactions; the face vs the body as a source of non-verbal cues and information
- Location + duration of gaze = intensity
- Intensity of gaze sends powerful non-verbal cue regarding status, power and judgment
- Eye contact can have different meanings in different cultures:
  - direct vs downward vs angled/askance vs roaming
Social Distance

- Perception of power/status differential within a culture and how it affects interpersonal relationships
- Governs important issues such as expectations regarding how much direction is given prior to commencing a job, extent to which honesty in communication is appropriate etc.
- Foundational to trust in society:
  - low trust vs high trust societies and their functions
  - governs extent to which those of a culture will adapt to newcomers
Feedback

- Delivery and hearing of feedback are strongly linked to cultural expectations – in increasingly diverse health care teams and patient care practices, feedback is essential to provide appropriate ‘course corrections’ in behaviour.

- Narrow emotional delivery range may mean that criticism is “heard” as neutral – and therefore not acted upon.

- Conversely, broader emotional delivery range from other cultures means that off-handed inconsequential comments may be “heard” as more harsh or critical than they are intended.

- Consider “the sandwich method” of feedback...
Implications for pharmacy practice

- Many pharmacists work with diverse patients populations – and diversity is likely to increase over time
- Many pharmacists are themselves members of diverse ethnocultural communities
- The health care workforce is becoming more diverse
- As “culture” becomes more prominent a label, and as a sense of shared common culture becomes more frayed, diversity may bear the brunt of the blame for any issues that arise
Implications for pharmacy practice

- Consider how and when you use culturally specific gestures in day to day practice
- Think about how you use culturally specific non-verbal and verbal cues
- Reflect upon the cultural nature of the humor you use to deal with challenging situations
- If you sense someone doesn’t understand you – ask them about it
- If you don’t understand someone’s intent – ask them about it
- Every person is unique – demographics is not destiny
- In all cultures in all places – civility and courtesy are positive values
Implications for pharmacy practice

- Recognition that few of us have a monopoly on cultural appropriateness; what may be appropriate or adaptive in one context may not work in another

- All of us navigate multiple cultural selves simultaneously – and this (strangely enough!) is what unites us all in common ground

- Cultural misunderstanding is usually unintended and based on lack of awareness of how unquestioned, long-held beliefs and behaviors may be interpreted by others

- Politeness, civility, and patience are required by all: while it is incumbent upon newcomers to adapt to cultural norms of their new home, it is also important for those already “here” to adapt and work to enhance inclusion
For further reading

LaRoche L. Managing cultural diversity in technical professions. 2003: Butterworth-Heinemann, Burlington MA
