# Professor Denise Wilson


NgÄ•ti Tahinga (Tainui)

MÄ•ori Health

Auckland University of Technology

Auckland


## Saturday, August 10, 2019

(Room 8)

14:00 - 14:55 WS #106: Cultural Competence - Case Studies

15:05 - 16:00 WS #116: Cultural Competence - Case Studies (Repeated)

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# Cultural competence: Strategies to avoid cultural insensitivity

**GP CME 2019 General Practice Conference and Medical Exhibition**
**Christchurch**

Dr Denise Wilson
Professor Māori Health
Taupua Waiora Centre for Māori Health Research

Taupua Waiora Research Centre is part of the
AUT Public Health and Mental Health Research Institute.

AUT RESEARCH & INNOVATION

# Outcomes

1. Cultural competence and cultural responsiveness.
2. Worldviews that inform cultural beliefs, values, and practice.
3. The role of culture in people's health experiences and health outcomes.
4. Health practitioners' roles in and the barriers.
5. Common misunderstandings.
6. Practical strategies

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# Changing Our Conversations

**NewsHub (2018)**

**A Tale of Two Cities**

https://interactives.stuff.co.nz/2018/05/a-tale-of-two-cities/

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# Medical Council – Cultural Competence

*Cultural competence requires an **awareness of cultural diversity** and the **ability to function effectively**, and **respectfully**, when working with and treating people of different cultural backgrounds. Cultural competence means a doctor has the **attitudes, skills and knowledge** needed to achieve this. A culturally competent doctor will acknowledge:*

- *That New Zealand has a **culturally diverse** population.*
- *That a **doctor's culture and belief systems influence** his or her **interactions** with patients and accepts this may impact on the doctor-patient relationship.*
- *That a positive patient outcome is achieved when a doctor and patient have **mutual respect and understanding**.*

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# Equity

Image from: houstongps.org

*In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises* ***different people with different levels of advantage require different approaches and resources*** *to get equitable health outcomes.*

Dr Ashley Bloomfield, Director-General of Health (2019, March)

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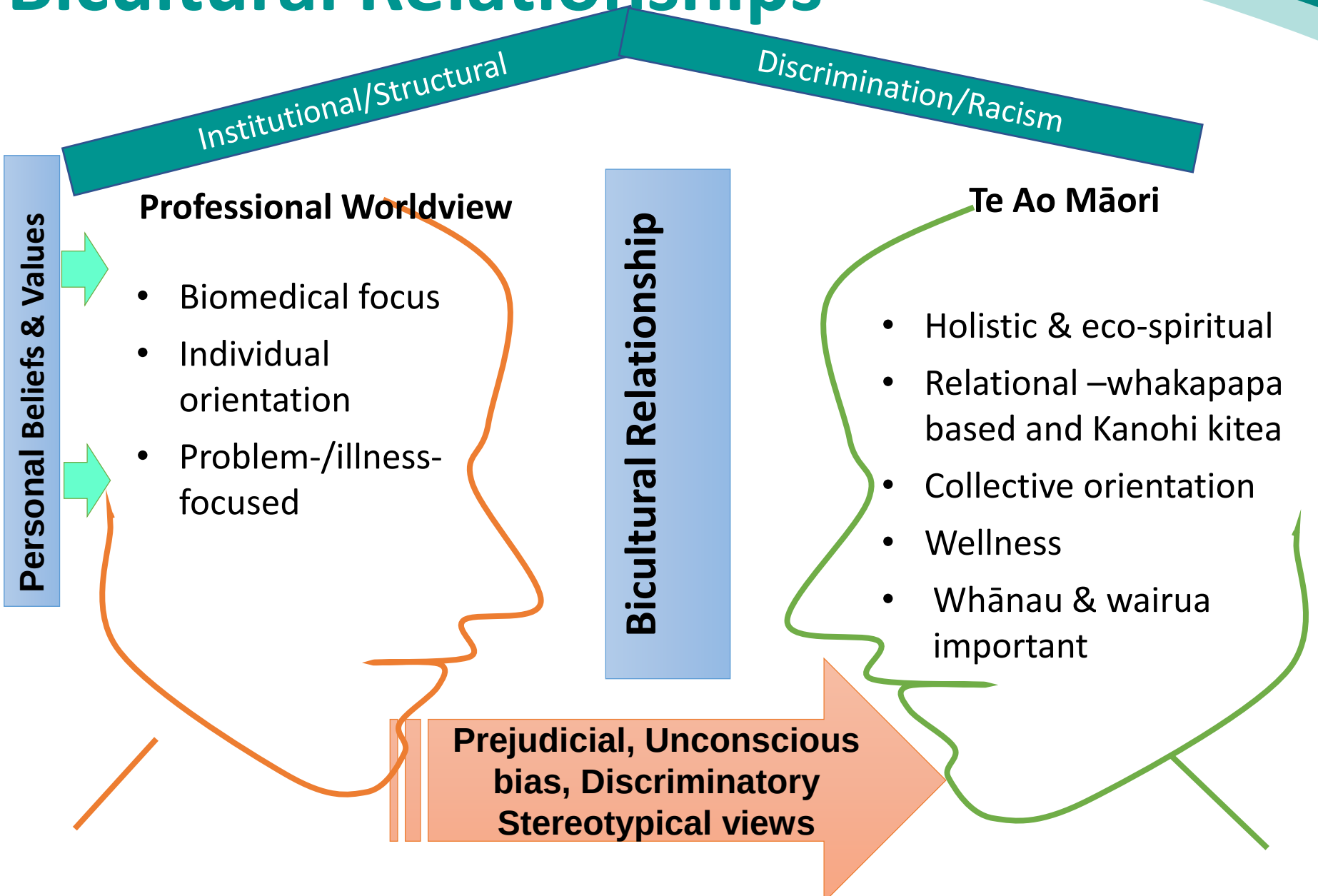
# Bicultural Relationships

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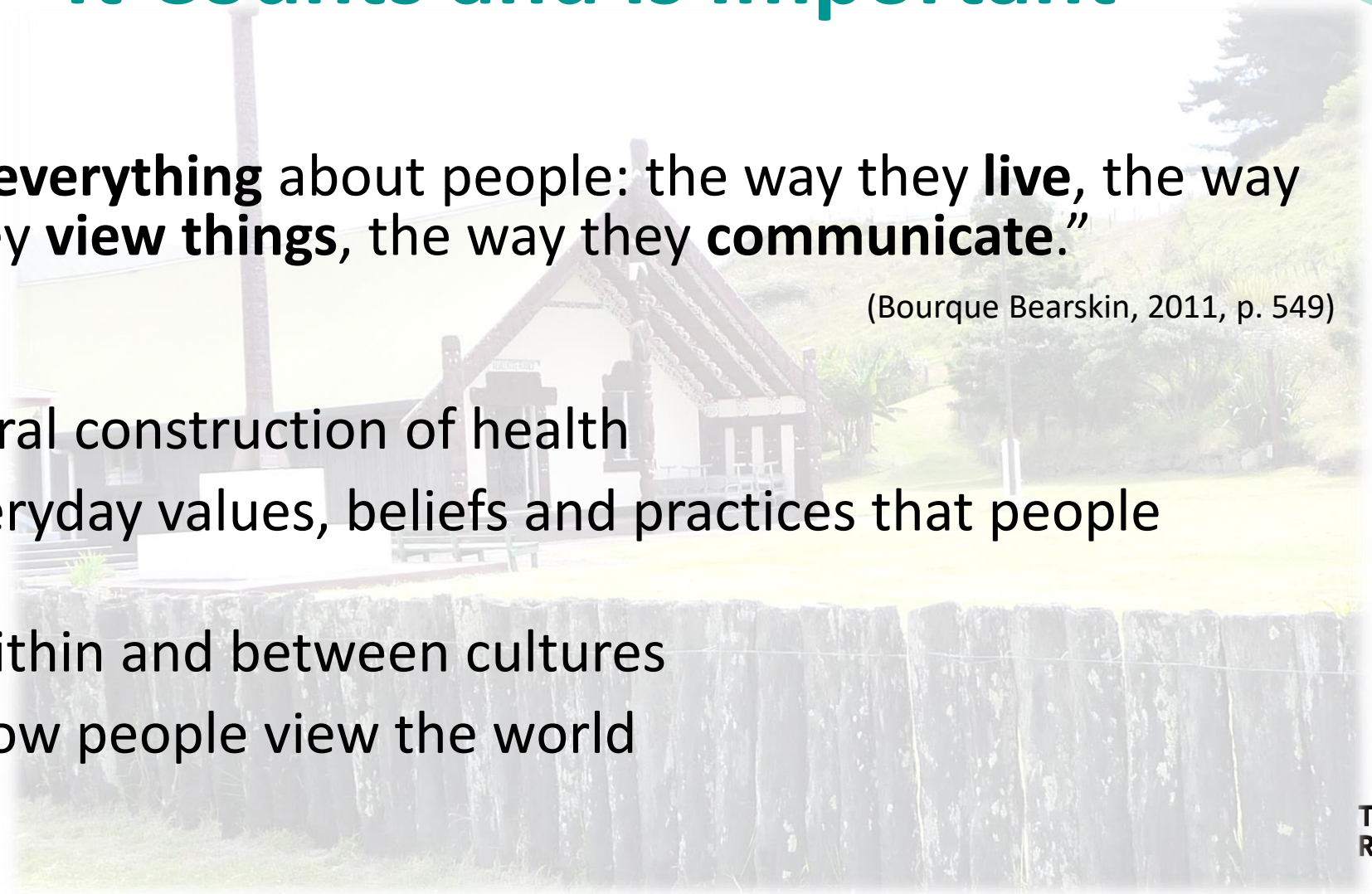
# Culture – It Counts and is Important



"Culture is **everything** about people: the way they **live**, the way they **view things**, the way they **communicate**."

(Bourque Bearskin, 2011, p. 549)

- Socio-cultural construction of health
- It is the everyday values, beliefs and practices that people undertake
- Diversity within and between cultures
- Its about how people view the world

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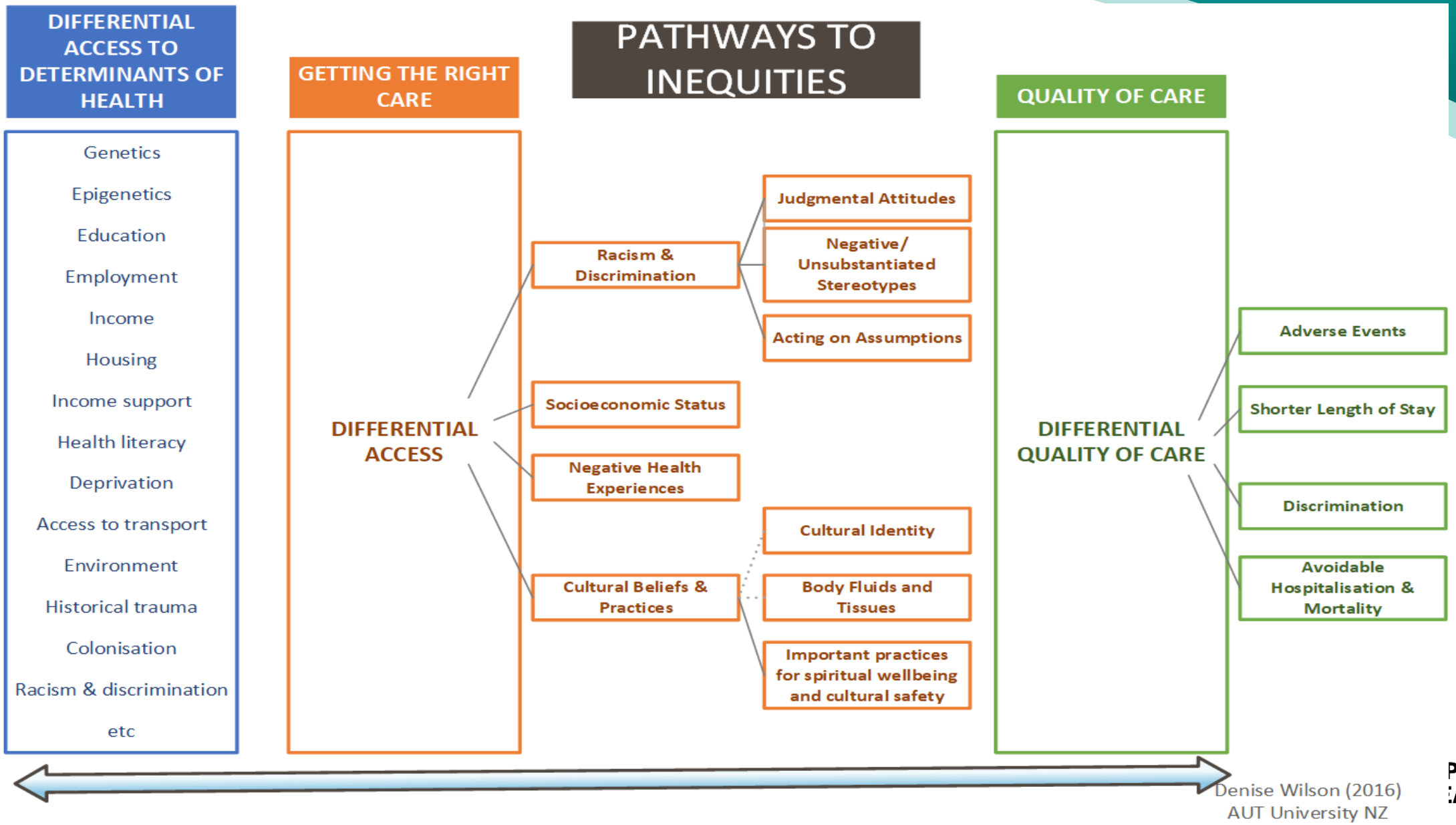
# PATHWAYS TO INEQUITIES




Denise Wilson (2016)
AUT University NZ

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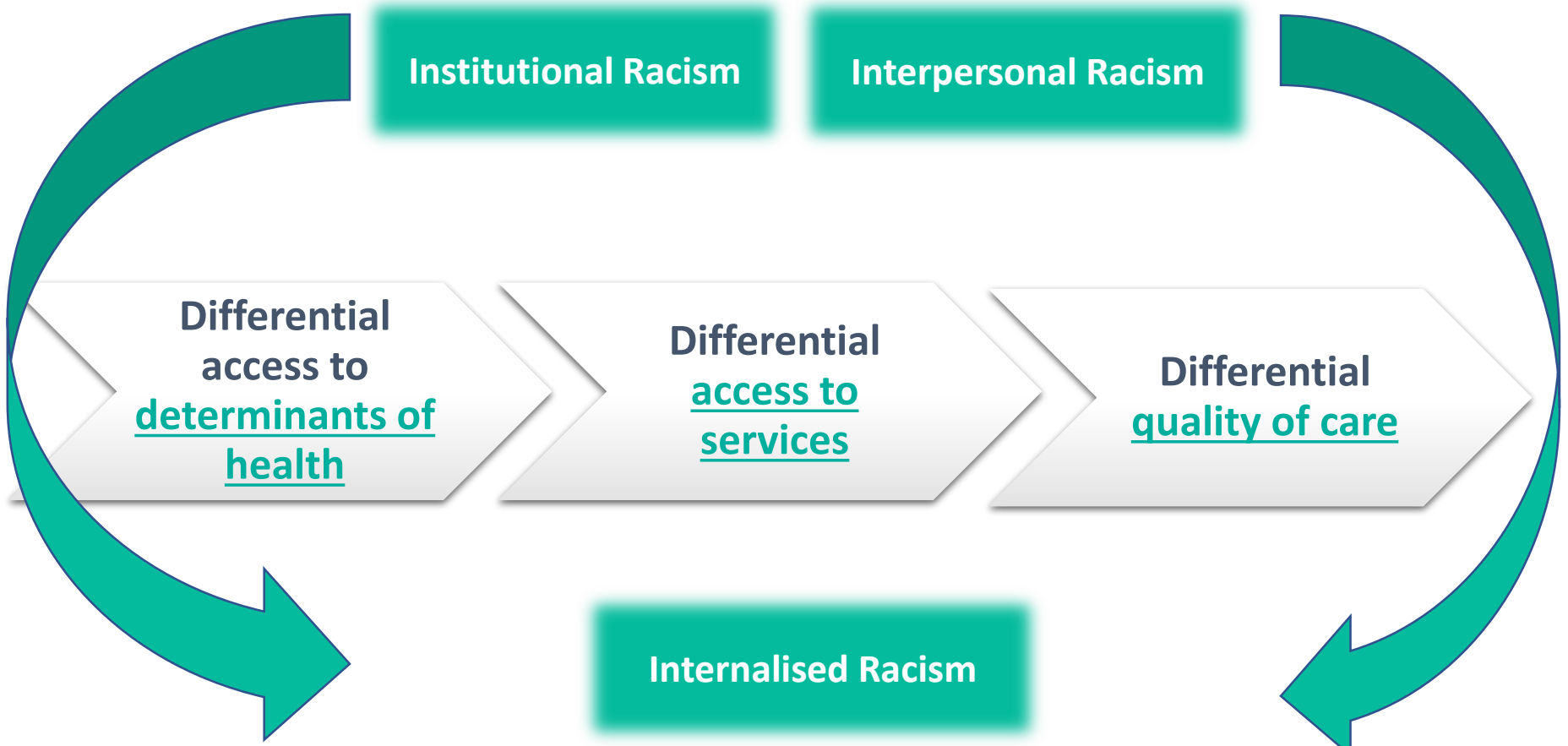
# Discrimination and racism contributes to inequities




(Reid, Robson & Jones, 2000)

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## *Why should I trust you? I don't even know you; I haven't even seen your face – I don't trust you. I don't even know who you are and you don't know me.*

- It's like they saw me but they weren't actually there, and I always felt left out. They think they know what's better for our people [Māori]. They just want you to take the pills, take the insulin, you'll be fine and you are never seen or heard again.
- My first visit to the GP, he didn't even look at me and that sort of put me off. They don't engage with their patients. They have their screen in front of them, and they look up their notes, the records, and that's it. Now and again, they say "You got this, and you got that. That's it. See you later."
- All I could think of was, "I have never been treated like this before." I walked out feeling, I really wasn't looked after.
- Nobody had told me. In fact, I didn't know I was being tested for diabetes. So, I found out purely by accident when I was in the hospital. So that kind of annoyed the heck out of me.

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## *So, all these little things and they are little things; they add up.*

- If I were to say what is really going on I'd probably get a better outcome…I've only got 15 minutes at the most with the doctor. I just sort of say I'm here for this, but there are other things as well I should speak up more about.
- This happens quite often. The doctors are not there, so you wait until the following week. So they push you onto another doctor, and some of those doctors I'm uncomfortable with for various reasons…they're coming and going like flies.
- …to openly ask the person whatever tribe they're from, what country they're from and what would upset them. Is there anything that we should be concerned about the way they act [whether it is] in your house, or in their company [health service]?
- It's frightening going to a GP for a check-up or going for any check-up. I think to have people beside you is important. People that actually pick you up and say, "You've got an appointment – I'm taking you." It's hard going by yourself – it's always hard.

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- The reason that they [Māori] don't go is because they don't understand. They don't understand what's happening. They hear all these big words, these fancy words – it's never been broken down so that they could understand.
- When I saw the script I asked him, "What are all these meds for?" And he went through each medication and explained it to me. I said to him that they said in the hospital that I was diabetic, and then he said, "Yes." My GP was the one who explained everything to me.
- [the importance of a unified story]…people actually feel that they are being listened to and feel that the information that's coming to them is something they can take on board.

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# Cultural Competence

"...the **capability** of … [health care providers] … to articulate and demonstrate **culturally appropriate and acceptable** health services where **clients feel culturally safe**, and that reflecting [sic] the … [health care provider's] … **reflexivity, knowledge, and skills**, and an ability to work meaningfully with clients to meet their unique health and cultural needs during their health experience"

(Wilson, 2008, p. 185).

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# Culturally Responsive Practice

- Culturally responsive practice requires:
  - Health practitioners that are **culturally competent**
  - Māori and their whānau feel **culturally safe**
    - their cultural needs are respected and included in their healthcare experiences
  - Working **WITH** Māori and their whānau
    - Equity – different pathways
    - Trauma-informed practice

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# KAI – Culturally Responsive Practice

- **KNOWLEDGE (self and Indigenous peoples)**
  - Personal cultural values, beliefs, practices, assumptions
  - Biases and stereotypes about Māori and the influence these have on professional practice
  - Critical analysis of diverse realities (historical, socio-economic and political influences on health and wellbeing)
  - Recognised cultural values and practices of Indigenous peoples
- **ACTIONS (working with indigenous people and their families)**
  - Respectful
  - Genuine, non-judgmental attitudes,
  - Recognition of needs
  - Avoiding cultural imposition
  - Recognising and responding to diverse cultural needs of each person and their family
  - Rectifying potential conflicts in values, beliefs and practices
- **INTEGRATION**
  - Influence of cultural forms of shame and embarrassment
  - Incorporating important cultural practices
  - Recognising the cultural needs what is important for each Māori person
  - Inclusion of needs into intervention or care plans

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# Scenario

Aroha is a 25 year old Māori woman who has been battling morbid obesity for a number of years. She has a history of PCO since she was 14 years, and was recently diagnosed with Type 2 diabetes.

The Practice Nurses told her she would need to attend some information evenings – Aroha said she felt the nurses was judging her and really didn't care because they didn't answer what she wanted to know.

She had previously talked with the doctor and was happy with their discussion. The doctor told her she would need repeat blood tests.

Aroha left:

- feeling like she was judged and looked down on,
- with no understanding of what diabetes was,
- with no knowing why she needed to cut out sugar in her diet.

She thought diabetes really wasn't a big deal because she felt okay, and no one had explained anything well.

***What might be the source of Aroha's resistance?***

***How could this situation be managed differently?***

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# Scenario

Marama is a beautiful young woman – she has grown up in State care where she was surrounded by violence and continued to live a life of violence, drugs and gangs. She has witnessed people killed and die.

She grew up without opportunities and healthy role models To her love = getting the bash on a daily basis. She knew it didn't feel right but she was in a cycle until one day she had enough and retaliated violently. She ended up in prison, and now has a criminal record. Her first babies were whangai to whānau, the next ones in State care. Her last baby she wanted to be a good mother, but because no one told her the rules it is also in State care for life.

*Why didn't I ask for help? I was unable to seek help. I was embarrassed, ashamed, confused and didn't trust strangers, not helped by having black eyes and being under the influence of meth. The mere thought of going to organisations for help engendered a sense of dread and hatred – I knew I wouldn't be welcome and the people in them were always quick to judge me. Besides, they have taken my kids away. The simple truth is, I didn't feel vulnerable getting the bash or being scared. I felt totally vulnerable having to go to organisations and ask for help. I no longer had a choice if I wanted to be in my child's life.*

Many Māori women living with violence are managing their and their children's safety with little or no support. We have found many don't feel vulnerable until they need to seek help – they generally don't trust service providers and find them unhelpful – but individuals make a difference.

***What are the biases and stereotypes health care providers hold about Māori women in violent relationships?***

***How can you build trust with these women?***

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# Good practice and communication vs cultural relevance


Kia ora.
My name is .... And
I am your ....

Kia ora. Ko [NAME} taku ingoa.
I am your ...

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Source: https://www.gettyimages.co.nz/photos/hongi?sort=mostpopular&mediatype=photography&phrase=hongi

# What happens when we do not use a culturally responsive approach?

Context counts – the nature of interaction and outcome leads to:

- Cultural imposition
- Cultural invisibility
- Assumptions that are not validated
- Ignores diverse indigenous and minority group realities

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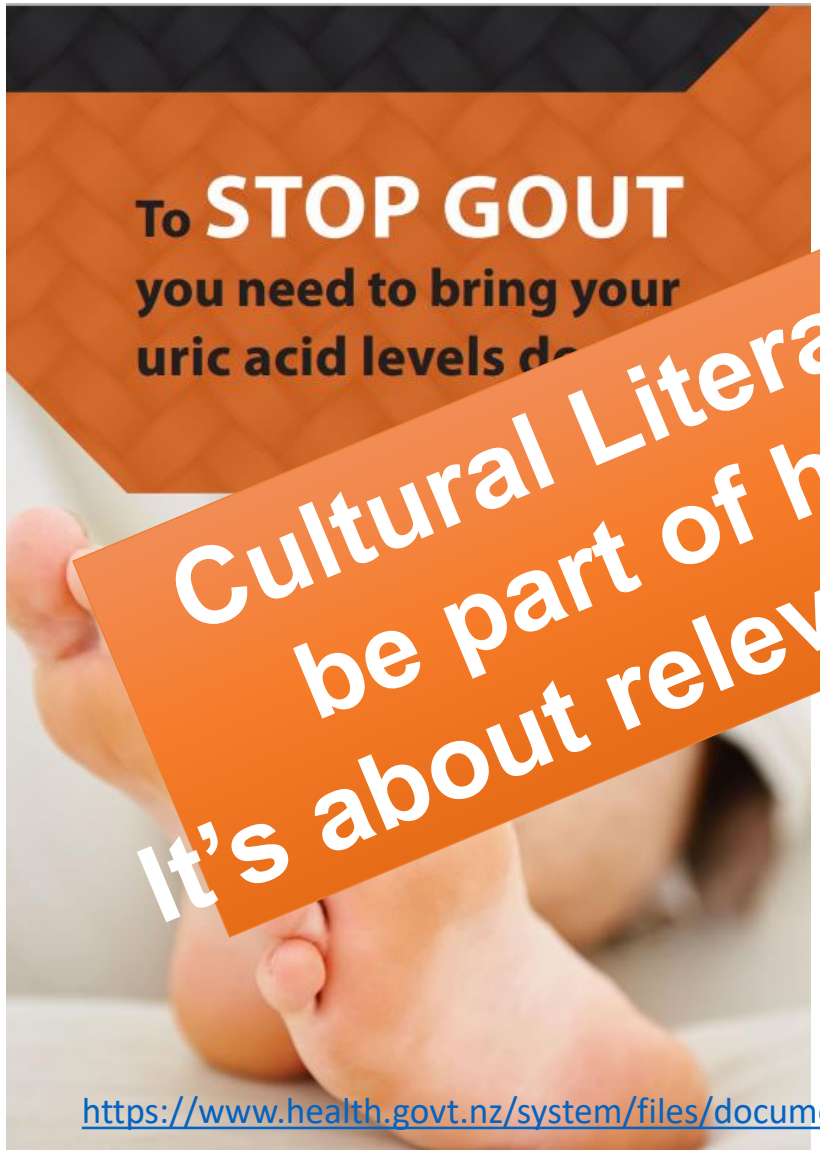
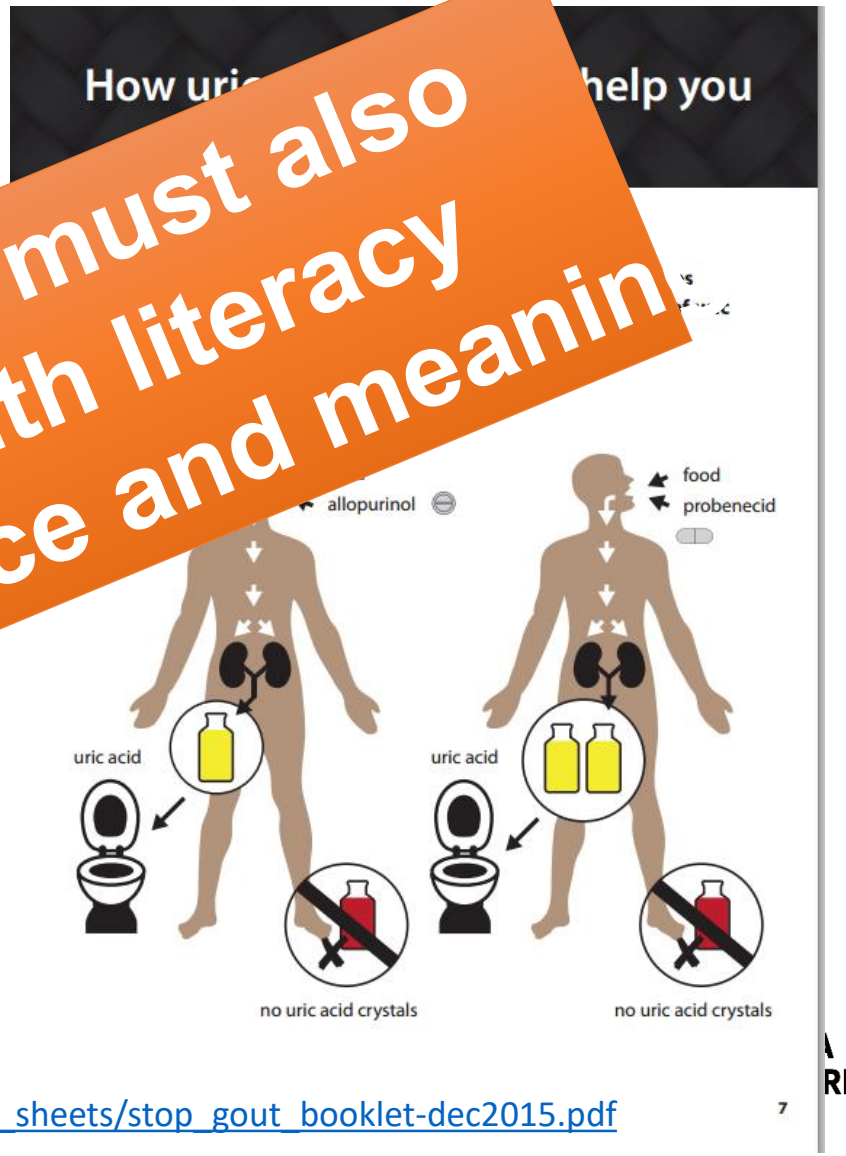
# Cultural Literacy




Cultural Literacy must also be part of health literacy
It's about relevance and meanin

https://www.health.govt.nz/system/files/documents/topic_sheets/stop_gout_booklet-dec2015.pdf

# Take Away Messages

1. KAI (Knowledge Actions and Integration) can be used as a framework for practice and reflection

2. Introducing yourself is important for developing relationships:
   - Where do you come from?
   - What is your name?
   - What do you do?
   - Continuity of care

3. Kanohi ki te kanohi – Face to face engagement is crucial - avoid “Talking to the back!”

4. Equitable approaches recognise the need for different approaches to achieve the same outcomes

5. Plain, jargon-free language is important – don’t forget cultural literacy

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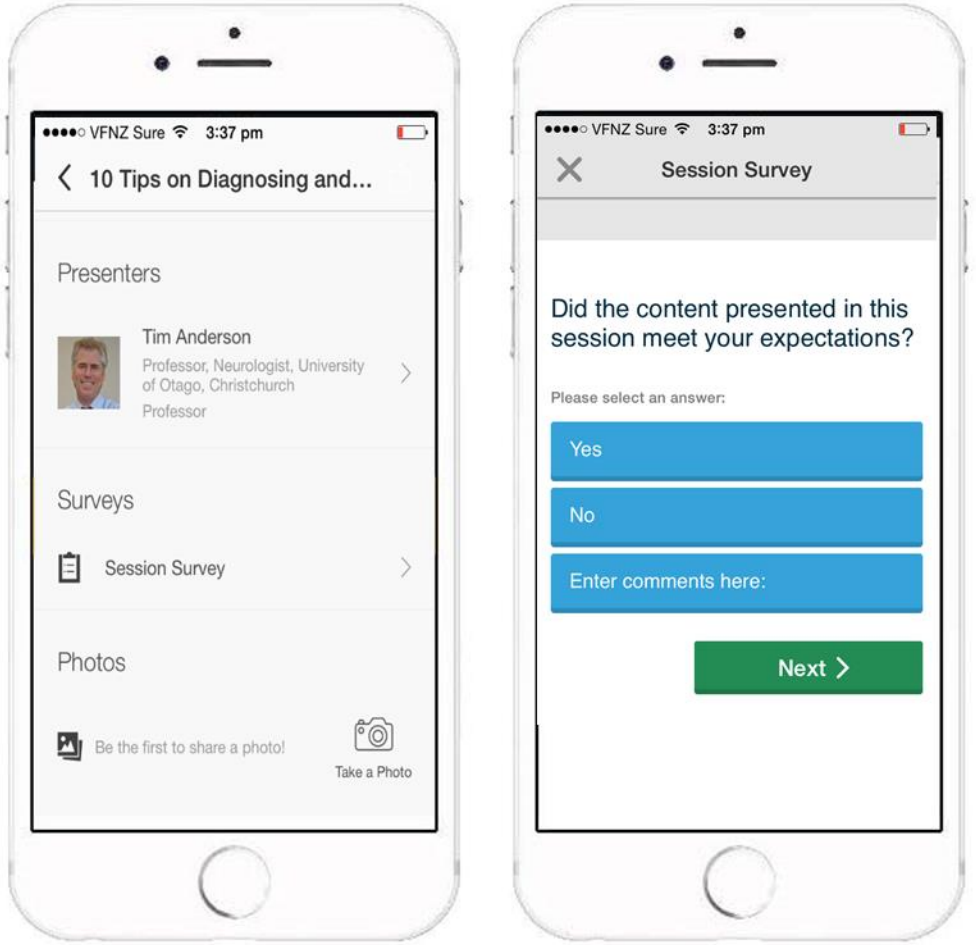
# Don't forget to take the session survey!

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# Closing Words...

**Mā te rongo, ka mōhio**

**Mā te mōhio, ka mārama**

**Mā te mārama, ka mātau**

**Mā te mātau, ka ora**

Once you have been shown, you will know

Once you know, you will understand

Once you understand, you will have information

Once you have information, you will be knowledgeable

for life and wellbeing.

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Pa Henare Tate