Jean Hailes FOR WOMEN'S HEALTH

Healthcare Education Research

Women's health across cultures: enhancing your approach

A webinar for health professionals

July 2017

Our approach

We believe in physical and emotional health and wellbeing in all its dimensions for all women in Australia throughout their lives.

Learning outcomes

- Discuss and reflect on broader definitions of culture
- Explain the concept of cultural safety and its relationship to cultural awareness and cultural competence
- Identify how cultural safety can be created across different levels within a workplace
- Explain how health literacy and communication in health settings can impact the provision of care to women from multicultural and multifaith backgrounds.

Join the Conversation

- Submit a question to the panel via the "Ask A Question" tab
- Join the Twitter conversation online using #JHWHlive or @JeanHailes

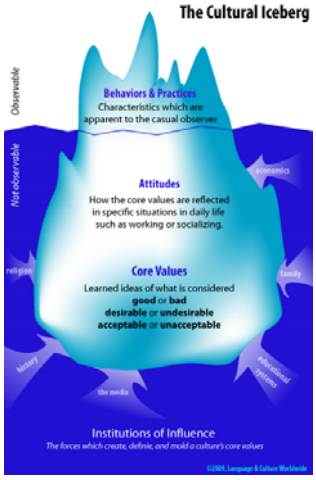
Poll 1

Understanding Culture

Monique Hameed
National Training Officer
Multicultural Centre for Women's Health

What is culture?

Understanding culture



Visible	Invisible
Dress	Notions of modesty
Food	Non-verbal communication
Customs	Meanings attributed to emotions
Language	Approaches to problem solving
Race	Beliefs about pain/suffering
Ethnicity	Medical frameworks
Gender	Definitions of obscenity
	Gender roles
	Norms of sexuality
	Individual vs. collective
	Concepts of ageing, childhood, time, family, beauty, health, motherhood etc.

Who has 'culture'?

- We all have complex multiple identities. Our unique identities (our personal traits and attributes) coupled with the political and socio-economic reality of our lives make up this thing called **culture.**
- Culture affects how people think and act; but does not produce uniformity of thought or behaviour
- Linked to power and privilege

More than 300 different languages are spoken in Australian households

49% of the Australian population are born overseas (28.2%) or have one parent born overseas

20% of people in Australia speak a language other than English at home

What is cultural competency?

- Cultural competency – early 1990s from the recognition that cultural and linguistic barriers might interfere with effective delivery of health services
- Response to the disparities in health and wellbeing of mainstream populations and migrant and refugee populations
- Focus was on understanding different cultural beliefs around health, communication, history and norms of minority groups

Why do we need to move beyond it?

We don't see things as they are, we see things as we are.
- Anais Nin

- Shift in thinking – from the paradigm of 'learning about the other' to 'learning about ourselves '
- Cultural competency programs often reduce culture to just race/class of the 'other,' and do not consider culture in a broad sense
- Does not hold workers accountable for the privilege and power their position entails
- Often focuses on the 'culture' of an individual and ignores larger structural issues

To conclude

- 'culture' is not just a word to describe something non-Anglo individuals have. We all have complex multiple identities that play out on interpersonal, organisational and structural levels.
- No one can be 'competent' in someone else's culture
- Culture is linked to power and privilege so reflecting on your own position is crucial to providing culturally appropriate care

Cultural Safety

Dr Ruth de Souza
Independent researcher & Stream Leader, Research Policy & Evaluation
Centre for Culture, Ethnicity & Health, Victoria

Marginalisation

- Health: interplay of social and structural determinants rather than microlevel biomedical or lifestyle risk factors
  (Bryant et al., 2010).
- Some populations are impacted differentially by historical, structural, and social inequities
  (Adelson, 2005).
- Marginalizing conditions create and sustain inequities
  (Browne et al., 2012, p. 13).

Kawa whakaruruhau/ cultural safety

- Model and pedagogy in Aotearoa, New Zealand, nursing education for redressing health disparities
- Process and outcome
- Explicitly addresses inequitable power relations, institutionalized and interpersonal racism and ongoing impacts of historical injustices on health and health care
  (Browne, Varcoe et al, 2015)
- Part of curriculum since 1991 and now taken up internationally

PRINCIPLE FOUR
Cultural safety has a close focus on:

- 4.1 understanding the impact of the nurse as a bearer of his/her own culture, history, attitudes and life experiences and the response other people make to these factors
- 4.2 challenging nurses to examine their practice carefully, recognising the power relationship in nursing is biased toward the provider of the health and disability service
- 4.3 balancing the power relationships in the practice of nursing so that every consumer receives an effective service
- 4.4 preparing nurses to resolve any tension between the cultures of nursing and the people using the services
- 4.5 understanding that such power imbalances can be examined, negotiated and changed to provide equitable, effective, efficient and acceptable service delivery, which minimises risk to people who might otherwise be alienated from the service.

Cultural safety: assumptions

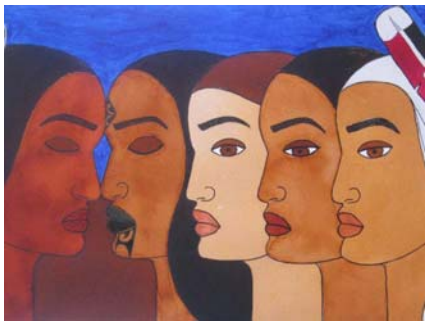
- Each encounter with a client is bicultural, requiring an understanding of how one's own social conditioning affects practice
- Moves away from "cultural differences" as problem to culture of health care as a site for transformation
- Requires examination of one's cultural self: values, beliefs

Steps

- Cultural awareness
- Understanding difference
- Recognition of ritual and practice but not of emotional, social, economic and political
- Cultural sensitivity
- Legitimacy of difference
- Process of self-exploration as culture bearer and impact of this.

Cultural Safety

- Enables safe service to be defined by those who receive the service
- Safe:
  - Recognise
  - Respect
  - Rights
- Unsafe:
  - Diminish
  - Demean
  - Disempower



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Cross-cultural Communication

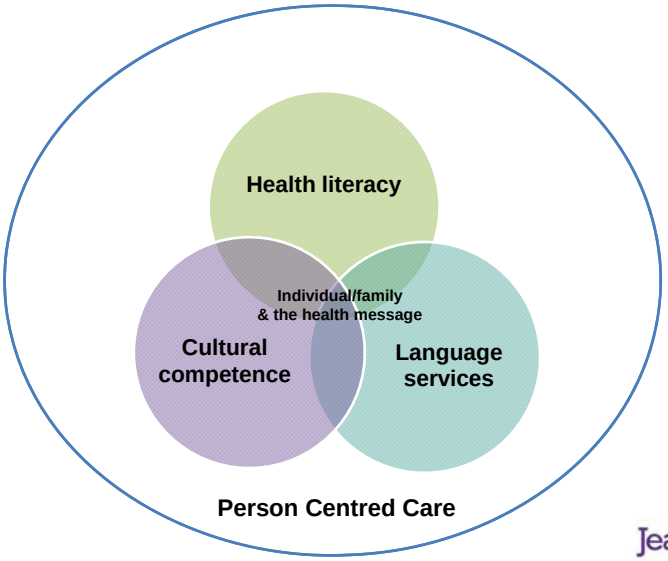
Natalija Nesvadba
Manager, Multicultural Services
Mercy Health

Mercy Health
Care first

Who are our patients?

Mercy Hospitals Victoria Ltd.	2013/14	2014/15	2015/16
Country of birth (% of all patients)	27.7% 161 countries	30.7% 204 countries	31.1% 203 countries
Language spoken (% of all patients)	13% 104 languages	13% 132 languages	13.1% 138 languages
Interpreter required (% of all patients)	4%	4.6%	5.1%

Communicating cross-culturally



What is health literacy?

A **patient's ability** to obtain, understand and act on health information

It is ALSO…

A **provider's capacity** to communicate clearly, educate about health and empower their patients

Health literacy in Australia

- 59% of adult Australians are functionally health illiterate

  (Australian Bureau of Statistics, Adult Literacy & Life Skills Survey, 2006)

- Who is most affected?
  - Individuals who have limited experience interacting with the health care system
  - Older individuals
  - Disadvantaged populations
  - Culturally and linguistically diverse communities

Cultural competence

Poll 2

Language Services

- Identifying the need for an interpreter
- Accessing an interpreter
- Critical points in care:
  - admission
  - assessment
  - consent
  - discussion re: treatment
  - discharge
- Translations www.Healthtranslations.Vic.Gov.Au

Working effectively with an interpreter

- Brief the interpreter
- Speak directly to the patient, using the first person
- Use plain English, avoid jargon
- Use short simple sentences, making one point at a time
- Maintain control of the interview
- "Teach back" at the end of the consultation
- Document the presence/absence of an interpreter in the medical record

Case Study 1

Antenatal Hospital Setting

A pregnant woman has been brought into the emergency department at the hospital by her neighbour, in pain and discomfort. She is 28 weeks pregnant, but hasn't received any prior antenatal care. It is her first child and her English is very basic.

At the hospital an interpreter is organised to assist and the details unfold…

Case Study 2

Postnatal Community Setting

A woman attends her local community health centre with her two week old new baby to see the maternal and child health nurse. It is her fourth child but her first born in Australia. Her partner works long shift hours and her mother-in-law has come over to support the family at this time.

When the maternal and child health nurse meets with her, the woman is tearful and distressed about her birth experience and the details unfold…

Questions

Poll 3

Thank you!

- Don't forget your evaluations
- Find out more

  Centre for Culture, Ethnicity and Health www.ceh.org.au

  Multicultural Centre for Women's Health www.mcwh.com.au

  Translating and Interpreting Service www.tisnational.gov.au

  Migrant and Refugee Women's Health Partnership www.culturaldiversityhealth.org.au

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