Cultural Competency in the Laboratory

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Cultural competency incorporates an awareness of different cultures, and sensitivity to the differences of cultures which results in appropriate behaviors with other cultures. White non-Hispanics currently comprise almost 73.6% of the total United States population, but this percentage will decrease to less than 53% by 2050. Laboratory practitioners must become culturally competent to deal effectively with the changing demographics. Cultural diversity will impact the laboratory workforce and the patients it serves. Laboratory professionals must become skilled in communication with all patient populations served, be aware of personal biases, and be willing to do whatever is necessary to achieve cultural competency. Skills must be integrated into education and training processes to prepare the laboratory professional to work effectively in and with different cultures.

INDEX TERMS: cultural competency; culture.

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The terms 'majority' and 'minority' will soon need to be reversed when used to refer to different groups within the total United States population. The group identified by the United States Census Bureau as white, non-Hispanic Caucasians, now the 'majority' or 'mainstream' culture, will soon become the minority group as 'minority' cultures continue to increase at a pace to outnumber the 'majority' groups in major urban areas.[1] White, non-Hispanics currently comprise 73.6% of the total United States population, but this percentage will decrease to less than 53% by 2050. Hispanics and Asians are the two fastest growing population groups and are expected to comprise 24.5% and 8.2% respectively of the United States population at that time.

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A recent trend is for almost one third of the immigrants coming to the United States to settle in states that have had few residents from other cultures prior to the past four years.[2] Caregivers in these formerly homogeneous geographic areas have had little or no experience in educating or dealing with culturally diverse patient groups who do not speak or understand English, nor the way of life and medical practices in the United States. These new groups have had other expectations and needs regarding healthcare and treatment and have been accustomed to radically different health, illness, and illness prevention beliefs and practices.

Healthcare in the United States was conceived and created by a predominantly homogeneous Caucasian population with its roots in Western Europe.[1] Western medicine as practiced in the United States was derived from Greek (Aristotlian) and Anglo-European philosophy and scientific thought.

Culture is generally defined as a shared system of values, beliefs, traditions, and behaviors, as well as verbal and nonverbal patterns of communication that hold a group together and distinguish them from other groups; it shapes how we explain and value our world.[1,3] **Diverse** is defined as describing anyone who is not you.[3] The skill of using multiple cultural lenses is called **cultural competence**. **Culture awareness** implies recognition of culturally unique behaviors and **cultural sensitivity** implies a recognition and accommodation to culturally unique behaviors.[4] Diversity is one of the defining characteristics of our age. Women, people of color, and immigrants, especially Asian and Latin Americans, are poised to constitute 80% of the workforce.[5] Older workers, gays and lesbians, the disabled, and single parents will also assume greater positions of power in the future. Cultural competency incorporates cultural awareness, cultural sensitivity, and cultural appropriateness, but moves beyond requiring a mastery of cultural knowledge, perspectives, and behavior.[6]

In the laboratory setting, the issues of workforce diversity and cultural competence become focused on how to help patients achieve healthy bodies.[7] The framework for understanding cultural competence in healthcare delivery is based on the relationship between the patient and the healthcare professional, and the community and health system (Table 1).[1]

PATIENTS AND CULTURAL COMPETENCY

Lack of awareness about cultural differences can make it difficult for both laboratory professionals and patients to achieve the best, most appropriate care.[8] Fundamental differences among people arise from nationality, ethnicity, and culture as well as family back-

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Table 1. Basic components of cultural competence

Awareness, sensitivity, tolerance to cultural, language differences
Restraint from making judgments about beliefs, behaviors, needs, expectations of patients, colleagues
Understanding of culture and health/illness/illness prevention beliefs, practices
Recognition of impact of own culture, background on attitudes, beliefs, health, wellness, behavior, cleanliness, lifestyle
Knowledge of cultures of patient population served—taboos, health beliefs, rules of interaction
Skill to deliver culturally, linguistically appropriate patient advice, education
Effective utilization of interpreters
Culturally, linguistically appropriate interaction, delivery of care
Ability to deliver quality care to all cultures served

ground and individual experiences. These differences affect health beliefs, practices, and behavior on the part of both patient and practitioner and influence the expectations each has of the other. The consequences of a lack of cultural awareness may be multiple. Patient-laboratory professional relationships are affected when understanding of each other's expectations is missing and miscommunication results. For example, the laboratory professional may not understand that the patient is from a culture hesitant to give blood or have blood tests done because they do not understand the reasons the tests need to be done.[9] Some cultures interpret the weakness some patients feel after a blood specimen is drawn as a removal of part of their life force.[9] Others might fear what will happen to their blood, and some cultures believe that witches take other people's blood and that this is an indication of imminent death.

Language is cultural. Language development reflects the thought process and what is important to members of a given culture.[1] It is also responsible for thinking patterns and how people classify or describe a sequence of events or conditions. English, for example, is a particularly linear language. Americans give instructions to patients with linear time markers such as 'first do, then do', etc. Patients from cultures in which stories or events are described by weaving in and out of a central theme or by starting from the conclusion and working inward in a circular sequence toward the initial event may have difficulty complying with English instructions, e.g., properly collecting a midstream urine specimen. Midstream urine instructions may require first a description of the type of specimen needed, i.e., not the first urine voided, but the urine that is voided after stopping urine flow, than starting it again, and why, followed by the steps given in reverse order. It could also require the laboratory practitioner to describe the specimen and relate its necessity to each step, e.g., clean the genital area so the specimen will contain only bacteria or 'germs' in the midstream urine and not those on the body or in the urine voided first; void some urine, stop, and void into the specimen cup because this midstream urine will have the bacteria found in the urine.

As patient populations become more diverse, basic communication with patients and families who speak little or no English is becoming more widely recognized as both a barrier to access to care and to the quality of care received. The ability to offer linguistically and culturally appropriate care is now a mandate in awarding Medicare contracts to managed care institutions and is now integrated into the Joint Commission on Accreditation of Health Care Organizations (JCAHO) accreditation process.[1] Many facilities do not provide linguistically appropriate care, but rather rely on anyone on staff (whether professional or support) to act as interpreters. Rules of disclosure based on education, class, or status affect the patient's disclosure of his or her need or the true nature of the complaint to someone of a much lower or higher status. Laboratory professionals need guidance on how to effectively utilize interpreters. Experienced interpreters listen for the meaning of the statement in its entirety and then translate that meaning into the second language.[1]

Laboratory professionals need to know the relationship between ethnic background and expected test results. This requires knowledge of the cultures served in the community. Different laboratory test menus may be needed in different locales to properly serve the ethnic groups in the community. It is important that healthcare professionals respect the holistic view of health and illness, the importance of cultural forces, and the importance of spiritual beliefs. That would include, for example, respect for Jehovah's Witness transfusion beliefs.

When an individual of one culture communicates something to someone from another culture, that message (verbal, non-verbal, or behavior) goes through a cultural rules filter that determines how the message is formulated. It is interpreted through the cultural filter of the receiver. These filters operate in both directions. The filters may lead to a misinterpretation of instructions, purposeful noncompliance with instructions, and/or dissatisfaction with the service received. The patient's words or behaviors may also be misinterpreted. Mainstream Americans strongly believe in eye contact, but many other cultures consider it disrespectful to

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look directly at persons in positions of authority such as a health (laboratory) professional.

Culture determines whether a person believes an illness was caused by fate, by God as punishment for a present or past sin, by a curse, by witchcraft, by jealousy, by germs, or by eating contaminated food. Culture dictates how laboratory professionals greet and address patients and how patients are expected to respond and vice versa. In the United States, there is an effort to demonstrate equality that equates with informality.[1] This clashes radically with cultures that have carefully drawn hierarchies of authority or with cultures in which first names are rarely used by anyone other than a parent or spouse.

Mainstream American culture often demonstrates friendliness through touching and smiling. Many Native Americans will return smiles with cold, hard stares and not smile back. This is because their culture teaches them it is rude to smile at strangers. Many Asians recoil from touch while most Hispanic patients respond warmly to pats on the shoulder. Culture determines comfort with physical touch and the distance to be maintained between individuals. Laboratory professionals need to know what is acceptable for the patients served.

Laboratory professionals must deal with more subtle influences such as the patient's perceptions of health, illness, and appropriate approaches to treatment. Clinical laboratory science curricula must be designed to enable students to learn about cultural competency and to be able to effectively partner with different cultures in healthcare decisions, and to function as their healthcare advocates.[10]

New minorities will need the healthcare system in numbers disproportionate to their representation in the general population.[11] The laboratory diagnoses and monitors many of the diseases prevalent in the growing minority populations (Table 2).[16] Many minorities also have high risk diseases such as kidney disease and multi-system failure that result in outpatient care or hospitalization. An estimated 70% of clinical decisions are based on laboratory data.

Cultural competency means the ability and willingness to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, and religions in a manner that recognizes and values the worth and dignity of all, whether similar to, or different from, the majority.

Table 2. Diseases common in new minority populations

HIV
Heart disease
Diabetes
Cancer

IN THE WORK FORCE

The racial and ethnic makeup of America is changing and with it, the workplace environment.[12] In the future, Hispanics will surpass African-Americans as the nation's largest minority group.[12] Caucasians are already the minority in California, Hawaii, New Mexico, and Washington DC, and will be in Texas before the decade ends. In the immediate future, 85% of the people entering the workforce will be women and minorities.[12] These realities must be factored into laboratory career recruitment and into the workplace. Training and orientation of new employees need to be examined and updated appropriately. Changes will also be necessary on national and state certification and licensure examinations.[10]

Laboratory management of a diverse staff with varied styles of communication, expectations, values, and experiences will present challenges.[13] There are legal issues involved stemming from civil rights laws. Managers will be expected to assist all employees in reaching their full potential just as in a less complex ethnic environment. Every laboratory staff member will have to take time to accept and understand each other's differences. Managers will have to commit to creating an environment in which that can happen.

Cultural synergy can provide growth and vitality to organization work teams and individuals. A facility or laboratory can improve market share and customer satisfaction by addressing special testing needs for the populations served and offering oral or written communication in another language, if indicated. Culturally insensitive practices can lead to patient dissatisfaction or defection of specific patient populations.

Ethnic resource guides for employees can be developed to teach and recognize the value of diversity in the community and in the laboratory. Such a document should include general background information and the common health practices of the cultures served. For example, some cultures have a high incidence of lactose intolerance or a higher incidence of certain abnormal hemoglobins. Also, dietary practices differ with cultures and some foods can affect laboratory test results.

A laboratory staff, or students, from different cultures, races, and religious backgrounds can present challenges for managers and educators.[14] Laboratory professionals need to be challenged regarding cultural beliefs because some have no awareness of their own prejudices. Racial slurs or similar behavior cannot be tolerated and employees must be held accountable for such behaviors. Managers need to be sensitive to cultural cues such as eye contact and not hire or promote based on them.

Many laboratorians live on the 'margins' of society (Table 3). To be on the margin means not to be a part of the mainstream, popular

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Table 3. Individuals on the margin

Female
Any ethnic background that is non-white
Not heterosexual
Not Christian
Not between the ages of 21 and 50

culture. In the United States, the popular culture or ideal for business success is young, white, heterosexual, Christian, and male.[15]

When a white female snubs an ethnic female, she is harming herself as well. The white female lives in the same margin as the ethnic female and is only perpetuating and cementing her place there. Different cultural groups have different values, styles, and personalities, each of which may have a substantial effect on how jobs are performed. Employers should recognize these differences as benefits and as a competitive edge in today's marketplace.[15]

THE CHALLENGE

Laboratory professionals must become skilled in communication with all patient populations served. Each must be aware of his/her biases and be willing to do what is needed to achieve cross-cultural efficacy for all patients.[3] Skills cannot be attained in a vacuum. They must be integrated into curricula throughout the laboratory education and training process. Educators and managers must be skilled and able to determine if employees and/or students are achieving cultural competence.

Cultural competence must be achieved to effectively work with both co-workers and patients being served. Laboratory professionals must know and understand the specific health risks for the populations served and understand their impact on laboratory testing; laboratory test menus should be appropriate for the patient populations in the community.

Laboratory professionals should understand and respect the co-worker cultures represented. A diversity of staff cultures should be viewed as beneficial to the work team rather than something that must be tolerated. The laboratory must become color blind to effectively meet the needs of all people accessing and working in the healthcare system. Cultural sensitivity should permeate every laboratory and healthcare system.

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