



## Statement on cultural competence

### Purpose of this statement

- 01** This statement outlines the attitudes, knowledge and skills expected of doctors in their dealings with all patients.
- 02** The Council has developed a complementary *Statement on best practices when providing care to Māori patients and their whānau* which deals with the standard expected of doctors when dealing with Māori patients. A resource booklet entitled *Best health outcomes for Māori: Practice implications* has also been developed which addresses the disparity between mainstream and Māori health outcomes, discusses cultural concepts and provides advice for doctors. These resources should be read in conjunction with this statement. The Council also aims to develop additional resources to help doctors when treating patients from other cultural groups.

### Introduction

- 03** Medical doctors in New Zealand work with a population that is culturally diverse. This is reflected by the many ethnic groups within our population, and also in other groupings that patients may identify with, such as disability culture, gay culture or a particular religious group. The medical workforce itself includes many international medical graduates and a variety of ethnic groups. Cross cultural doctor-patient interactions are therefore common, and doctors need to be competent in dealing with patients whose cultures differ from their own.
- 04** Patients' cultures affect the ways they understand health and illness, how they access health care services, and how they respond to health care interventions. The purpose of cultural competence is to improve

the quality of health care services and outcomes for patients.

- 05** Benefits of appreciating and understanding cultural issues in the doctor-patient relationship include:
- Developing a trusting relationship.
  - Gaining increased information from patients.
  - Improving communication with patients.
  - Helping negotiate differences.
  - Increasing compliance with treatment and ensuring better patient outcomes.
  - Increased patient satisfaction.
- 06** Cultural appreciation or understanding also has the potential to improve the efficiency and cost-effectiveness of health care delivery.

### Statutory responsibilities

- 07** In addition to setting standards of clinical competence, the Medical Council has a responsibility under section 118(i) of the Health Practitioners Competence Assurance Act 2003 to ensure the cultural competence of doctors.
- 08** The Code of Health and Disability Services Consumers' Rights (the Code) also imposes a statutory duty upon doctors. The Code states:
- Right 1 – Right to be treated with respect*
- (1) Every consumer has the right to be treated with respect.
  - (2) Every consumer has the right to have his or her privacy respected.
  - (3) Every consumer has the right to be provided with services that take into account the needs, values and beliefs

of different cultural, religious, social and ethnic groups, including the needs, values and beliefs of Māori.

**Right 2 – Right to freedom from discrimination, coercion, harassment and exploitation**

Every consumer has the right to be free from discrimination, coercion, harassment, and sexual, financial or other exploitation.

**Right 3 – Right to dignity and independence**

Every consumer has the right to have services provided in a manner that respects the dignity and independence of the individual.

**Definition of cultural competence**

09 The Council has adopted the following definition of 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.”

10 Cultural mores identified by the Council are not restricted to ethnicity, but also include (and are not limited to) those related to gender, spiritual beliefs, sexual orientation, lifestyle, beliefs, age, social status or perceived economic worth.

11 The Council emphasises that doctors need to be able to recognise and respect differing cultural perspectives of patients, for the purpose of effective clinical functioning in order to improve health outcomes for patients.

**Cultural competence standards**

12 To work successfully with patients of different cultural backgrounds, a doctor needs to demonstrate the appropriate attitudes, awareness, knowledge and skills:

**13 Attitudes**

- a A willingness to understand your own cultural values and the influence these have on your interactions with patients.
- b A commitment to the ongoing development of your own cultural awareness and practices and those of your colleagues and staff.
- c A preparedness not to impose your own values on patients.
- d A willingness to appropriately challenge the cultural bias of individual colleagues or systemic bias within health care services where this will have a negative impact on patients.

**14 Awareness and knowledge**

- a An awareness of the limitations of your knowledge and an openness to ongoing learning and development in partnership with patients.
- b An awareness that general cultural information may not apply to specific patients and that individual patients should not be thought of as stereotypes.
- c An awareness that cultural factors influence health and illness, including disease prevalence and response to treatment.
- d A respect for your patients and an understanding of their cultural beliefs, values and practices.

- e An understanding that patients' cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with medical professionals and the health care system; and treatment preferences.
- f An understanding that the concept of culture extends beyond ethnicity, and that patients may identify with several cultural groupings.
- g An awareness of the general beliefs, values, behaviours and health practices of particular cultural groups most often encountered by the practitioner, and knowledge of how this can be applied in the clinical situation.

#### 15 Skills

- a The ability to establish a rapport with patients of other cultures.
- b The ability to elicit a patient's cultural issues which might impact on the doctor-patient relationship.
- c The ability to recognise when your actions might not be acceptable or might be offensive to patients.
- d The ability to use cultural information when making a diagnosis.

- e The ability to work with the patient's cultural beliefs, values and practices in developing a relevant management plan.
- f The ability to include the patient's family in their health care when appropriate.
- g The ability to work cooperatively with others in a patient's culture (both professionals and other community resource people) where this is desired by the patient and does not conflict with other clinical or ethical requirements.
- h The ability to communicate effectively cross culturally and:
  - Recognise that the verbal and non-verbal communication styles of patients may differ from your own and adapt as required.
  - Work effectively with interpreters when required.
  - Seek assistance when necessary to better understand the patient's cultural needs.

#### Related Council statements and resources

- *Statement on best practices when providing care to Māori patients and their whānau*
- *Best health outcomes for Māori: Practice implications*

**10 August 2006**

***This statement is scheduled for review by 10 August 2011. Legislative changes may make this statement obsolete before this review date.***