

Theory in Action:
Multicultural Education in Healthcare

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“What happens when an Iranian doctor and a Filipino nurse treat a Mexican patient? When a Navajo patient calls a medicine man to the hospital? Or when an Anglo nurse refuses to take orders from a Japanese doctor? Generally, the result is confusion and conflict, unless they all have some understanding of cultural difference” (Galanti, 2008, p.1). Healthcare employees have always cared for patients with diverse cultures and backgrounds, but in the past twenty years the demographic difference has intensified and clinical workers have to become more equipped in dealing with a new pluralistic society. Language issues and communication; worldview and beliefs about health and treatments are challenged. Accredited organizations like the Joint Commission on Accreditation of Healthcare Organization (JCAHO) are requiring healthcare facilities to offer training on diversity to their employees for better patient care. This paper will outline the goals necessary to the development of a multicultural curriculum for healthcare personnel in their interactions with their peers and also with their patients. The paper will also define the steps used in the curriculum implementation and finally, it will assess the the curriculum for its sustainability and continuity.

Overview and program goal

According to the U.S. Census Bureau acting Director Thomas L. Mesenbourg, “The next half century marks key points in continuing trends — the U.S. will become a plurality nation, where the non-Hispanic white population remains the largest single group, but no group is in the majority,”(U.S. Census Bureau, n.d.).As we move forward, it is essential to prepare clinical workforces to become competent in facing these diversity challenges, and to improve the work environment in order to provide better patient care. Bennett(2008) stated that intercultural

knowledge and competence is a set of cognitive, affective, and behavioral skills and characteristics that support effective and appropriate interaction in a variety of cultural contexts. The main goal is to increase cultural awareness (including social issues and support efforts for diversity initiatives) and to improve the quality of services and care provided. This multicultural curriculum will help administrators, managers and healthcare professionals improve their education on cultural competence and help foster a strong culture of inclusion within the organization.

Implementation plan:

The process of implementing multicultural diversity will have to be defined as a journey rather than an end-date project. This view is generally stated by Nieto (2002) "No one ever stops becoming a multicultural person, and knowledge is never complete"(p. 54). Campinha-Bacote (2002) confirms this view and more specifically refers to a "process of cultural competence in the delivery of healthcare services that views cultural competence as the ongoing process in which the healthcare provider continuously strives to achieve the ability to effectively work within the cultural context of the client."(p. 184). In order to keep cultural competence part of the organization culture, a team or committee constituted of leaders, managers and staff (clinical and non-clinical) will have to be organized. The team will allow staff to embrace the new culture as each member of the organization is represented. This team will meet with Human Resources, Quality Management and the Education Departments, to define the goals of the diversity program with a new curriculum since each of these departments are at the forefront of healthcare disparities. Furthermore, the team will then propose the goals and

plans to the Executive Team for review and approval. After approval, the plan should take four to six months to develop. During this period, the selected team members will develop, organize and implement the details of a multicultural curriculum. Depending on the size of the facility, the initial curriculum might require several years to educate all healthcare workforce members. Collaborative efforts will be key in the process. The diversity curriculum will reach three key target audiences: Leadership (Executive team & department managers), middle management, and finally the staff (clinical and non-clinical). For the last two key audiences (middle management & Staff), it will be important to use transformative learning in making the connection of cultural competence with healthcare. Transformative learning will help change the existing behaviors by emphasizing critical thinking. Educators will help transmit new knowledge by challenging the learners with their current views, engaging them to build a different knowledge, broaden their critical reflection and help them relate to the predicaments and opportunities associated with colleagues and patients who come from different backgrounds than their own. The goal is to help move the employees from receivers of information to active participants. The curriculum is defined as follow:

For Leadership

Course Objectives:

The course participant will be able to:

- Understand what equality and diversity means
- Discuss diversity in Healthcare today and how it affects the industry:
 - Little diversity among healthcare professionals
 - Quality care for patient
 - Cost and consequences
- Understand the ethics and federal laws linked to cultural competence and organization commitment
- Present the steps taken to develop positive diversity culture in the organization:
 - New recruitment strategies to maximize cultural differences

- Development of new policies, marketing campaigns, etc.
- Implementation of new languages services

Delivery:

- National Keynote Speaker - Live Lecture
- To reach different learning styles, lecture(s) will offer diversified readings; videos; etc.
- Possible group exercise with icebreakers or short pre-lecture personal exercise.

Assessment:

- Feedback will be gathered via an evaluation form at the end of each class.
- By questions asked throughout the lecture
- A paragraph and question will be added to annual online education requirements.

For Middle Management

Course Objectives:

The course participant will be able to:

- Define Diversity and Culture
- Understand what Diversity means in Healthcare
- Understand the legal/Human Resources impact on health equity
- Present the steps taken to develop positive diversity culture in the organization:
 - New recruitment strategies to maximize cultural differences
 - New policies/services to inform employees
- Promote diversity among healthcare professionals

Delivery:

- Live Lecture; Classroom might be set up differently than a typical classroom style to promote interactions and discussions during the presentation (groups /U-shape set up)
- To reach different learning styles, lectures will offer diversified readings; videos; etc.
- Possible group exercise with icebreakers or pre-lecture personal exercise (see Support Materials Appendix)
- Presentation should show examples of different care for different people (diet, etc.) emphasizing why diversity is important; challenge old ideas

Assessment:

- Feedback will be gathered via an evaluation form at the end of each class.
- The curriculum will be assess by questions asked throughout the lecture
- A paragraph and question will be added to annual online education requirements and the topic will be added to the "New Leader Orientation".

For Staff

Objectives:

The course participant will be able to:

- Understand what Diversity and Culture means
- Understand and apply best cultural practices
- Identify patient at admission or at first contact to assess and provide special needs
 - Preferred language, sensory or communication need,
 - Assistance with forms/mobility,
 - Register race, ethnicity, spiritual beliefs, and assistive device information collected for medical records
 - Communicate needs to care team to comply with patient need
- Present diversity services offered for employees and patients
- Develop pride of heritage, respect and value ethnic and cultural differences.
- Implement effective education strategies and interaction among diverse individuals.

Delivery:

- Live Lecture; Classroom might be set up differently than a typical classroom style to promote interactions and discussions during the presentation (groups /U-shape set up)
- To reach different learning styles, lectures will offer diversified readings; videos; etc.
- Group exercise/ Role Playing / icebreakers / Games (see Support Materials Appendix)
- Presentation should show examples of different patient situations, emphasizing why diversity training is crucial. The presentation will, promote transformative thinking and challenge old ideas. Emotions related to such a controversial topic should be acknowledged and explored in order to motivate the learner. (Baumgartner & Johnson-Bailey, 2008, p. 48)

Assessment:

- Feedback will be gathered via an evaluation form at the end of each class.
- Students' learning experience will be assessed by completing an online test to determine if the course materials have been understood.
- In addition, assessments may be more informal by observing behaviors during a multicultural interaction or by gathering feedback, observing patterns of employees' engagement and empowerment facing a diversity situation and gauging the overall effectiveness of the curriculum.
- The curriculum will be assessed by questions asked throughout the lecture
- A paragraph and question will be added to annual online education requirements.

Curriculum Follow up Assessment:

The Diversity topic will need to be incorporated into existing courses (i.e. orientation, customer service, nursing education, etc.). In addition, informal observation of behaviors or collection of feedback/data such as observing patterns of employees' engagement and empowerment when they are facing a diversity situation, - will help in gauging the overall effectiveness of the curriculum and program.

Limitations and Obstacles:

In order to build a successful diversity and inclusion plan, the leadership needs to recognize, prioritize and propel efforts to establish new organizational cultural competence to improve patient care. This directive role includes fostering a culture of diversity; establishing policies and procedures to match newly accepted cultural practices and supporting infrastructure to allow employees to promote culture differences.

Obstacles to the adoption of the diversity and inclusion plan will include: confusion on the topic by some employees who might simply feel overwhelmed by the transition and uncertain about their new role; Resistance from employees who feel unsettled or threatened by what they may regard as the controversial nature of the course subject. As Banks (2004) stated, people who resist a multicultural curriculum believe that knowledge is power and that a multicultural perspective on U.S. society challenges the existing power structure (p. 245). Other obstacles include the challenge for educators to develop a course that is both sufficiently meaningful and also brief enough that it can be taught in a short period of time while not

overwhelming the students; Another obstacle may be fitfulness of interest. Truly transformative change is difficult to achieve. Participants in the course may be initially receptive and enthusiastic, yet return to the comfort of longstanding routines and attitudes. The last and most difficult obstacle can arise from the fact that the diversity education arouses exactly what it seeks to prevent: Intercultural hostility, insecurity and fear. It will be important for educators to control the learning environment and not encourage 'overgeneralizations' and wrong conclusion (Nieto & Bode, 2012, p.172). Again, the buy-in from leadership and a class atmosphere of truth, trust and respect will be very important.

Conclusion:

With U.S. demographics changing, it is important to educate healthcare professionals to recognize and embrace the new pluralistic reality. By providing information tools and opportunities to clinical employees to comprehend and respect cultural differences, the new organizational culture should be able to promote acceptance and enthusiasm for cross-cultural encounters. . However, it is as important to realize that there is little diversity among the clinical workforce and according to studies, patients prefer to see and be cared for by individuals of similar cultures and backgrounds. A different approach at a different level might be needed to resolve this issue.

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"National Standards for Culturally and Linguistically Appropriate Services in Health Care "

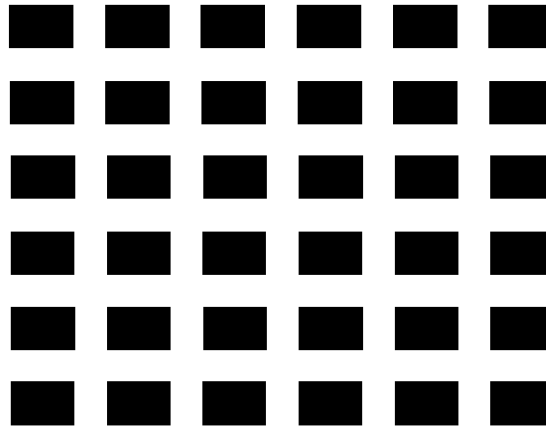
Appendix - Support Materials

- **Icebreakers Option:**

1. **Introduction:** Each student pairs with someone and learn something about them using Weaver's Cultural Iceberg (Visible/Invisible Culture)
2. **Introduction:** Each student introduces themselves and states their origins. The goal is to show that we all come from different backgrounds.
3. **Hello:** Class tries to come up the word(s) for "hello" in as many different languages as possible.
4. **Walk Apart and Walk Together**

Two participants stand back to back in the center of the room. The remaining students call out differences between the two people. With each difference, the two take a step apart. When they are as far apart as the room will allow, they turn around. The audience now calls out similarities, until the two are face-to-face. Discuss the nature of the differences vs. the nature of the similarities.
5. **The Herman Grid:** Understand that first impressions of people are not always true.

The Herman Grid



By staring at the black squares, you will see gray dots appearing at the intersection of the horizontal and vertical white lines.

Pass out copies of the [Herman Grid](#) to each learner. Ask them to share their impressions and if they see gray dots at the white intersections. Are the Gray spots really there? This is an example of how we sometimes see things that are not really there.

Discussion

- Have you ever had a wrong first impression of someone who had a different background or came from another culture?
- Has someone from a different back-ground or another culture ever had the wrong first impression of you?

• Video:

1. Funny: “For the Birds” by Pixar: <https://www.youtube.com/watch?v=MOiyD26cJ2A>
2. Professional: A variety of videos in healthcare settings are offered on the web to purchase