

# POLICY AND GUIDELINE: Cultural Competence

**JUNE 2018** 

Policy Title	
Reference Number	2018-Jun-V1-MSC Cultural Competence
Scope	This policy applies to all practitioners registered with the Medical Sciences Council

Associated Policy Documents					
Document Title	Reference Number				
Code of Ethics	2018-Feb-V1 Code of Ethics				
Competence Standards for Anaesthetic Technicians in Aotearoa New Zealand	2018- Nov-V2-MSC Competence Standards (AT)				
Competence Standards for Medical Laboratory Science Practitioners in Aotearoa New Zealand	2018-Nov-V2-MSC Competence Standards (MLS)				

Revision Schedule					
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### Policy Overview

Under section 118 of the Health Practitioners Competence Assurance Act 2003, the Medical Sciences Council (the Council) is mandated to set the standards for cultural competence to be observed by medical laboratory science and anaesthetic technology practitioners.

This document sets out the Council's expectations of all registered medical laboratory science and anaesthetic technology practitioners in respect of cultural competence<sup>1</sup>.

### **Definitions**

**Culture<sup>2</sup>** is essentially a convenient way of describing the ways members of a group understand each other and communicate that understanding. More often than not the nuances of meaning are generated by behaviour rather than words, and much of the interaction between members is determined by shared values operating at an unconscious or 'taken for granted' level. Many groups have their own distinctive culture – e.g. the elderly, the poor, professional groups, gangs, the army. It must be understood that in the diagnostic medical laboratory and the healthcare facility, ethnic culture is one cultural affiliation alongside others.

Within the context of healthcare, **cultural competence** requires medical laboratory science practitioners and anaesthetic technicians to work effectively with people whose cultural realities are different from their own. The culturally competent practitioner engages in patient-centred practice to interact with and respond to each person at all times. Cultural competence is about seeking to maximise gains from a health intervention where the parties are from different cultures.

## Te Tiriti o Waitangi

The Council acknowledges Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand and the importance it has in informing legislation, policy and practice. As tangata whenua of Aotearoa New Zealand, Maori hold a unique position in our society and the Council acknowledges and respects the specific importance of health services for Maori.

The culturally competence practitioner is able to understand the relevance of Te Tiriti o Waitangi within the context of effective healthcare and demonstrate contemporary application of the four cornerstones of Maori health – whanau (family health), tinana (physical health), hinengaro (mental health), and wairua (spiritual health) – into their everyday practice.

# A Culturally Diverse Society

New Zealand's demographic profile continues to be influenced by significant changes. It has been estimated that by 2051 New Zealand's Maori population will have increased significantly to account for 22% of the total population. In addition, rising migration rates will see the New Zealand's population by 2050 made up of around 50% European ethnic groups and 50% other ethnic groups. While the composition of health professions will come to match the community profile in time, currently many medical laboratory science practitioners and anaesthetic technicians will be called

<sup>&</sup>lt;sup>1</sup> Cultural Competence is also included in the Council's *Code of Ethics* and *Competence Standards for Medical Laboratory Science Practitioners in Aotearoa new Zealand (February 2018)* and *Competence Standards for Anaesthetic Technicians in Aotearoa New Zealand (March 2018)* documents

<sup>&</sup>lt;sup>2</sup> Cultural Competence and Medical Practice in New Zealand. 2001. Mason Durie (Massey University)

upon to interact with patients from different cultural backgrounds. While English is likely to continue to be the common language it may not be the preferred language and practitioners need to be prepared to respond positively to consumers whose cultural ethnic roots lie outside their own experiences<sup>3</sup>.

# The Culturally Competent Medical Laboratory Science Practitioner or Anaesthetic Technician

Medical laboratory science practitioners and anaesthetic technicians who are culturally competent<sup>4</sup>:

- Acknowledge the importance of cultural understanding to achieve effective communication
- Feel confident in their abilities to communicate effectively with patients from diverse cultural backgrounds
- Can advocate with and/or on behalf of patients and their communities
- Recognise and respect that communities are their own cultural experts and are able to facilitate a community development approach
- Appreciate that people from different cultural backgrounds may need to involve family/whanau and community in discussions about their health related issues
- Feel comfortable about involving an interpreter when there is a language barrier
- Understand how differences in culture, language and migration experience may have an impact on the way health services are delivered
- Share their experiences with other health professionals while respecting confidentiality
- Engage in self-reflection to understand the impact of personal cultural identity on their practice
- Engage in continuing professional development to develop the necessary skill set to foster culturally competent practice

The Council acknowledges that many medical laboratory science practitioners are in a unique position in that they do not usually have a direct interaction with patients when performing their work. However that does not negate their duty of care to ensure they treat all of the human samples within the laboratory with the same cultural respect as they would if the interaction was with the patient in their entirety. The principles and practices of the culturally competent practitioner are to be equally applied within the laboratory environment.

<sup>&</sup>lt;sup>3</sup> Mason Durie

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<sup>&</sup>lt;sup>4</sup> Source: Cultural Competency in Health. A Guide for Policy Partnerships and Participation. December 2005. Australian Government National Health and Medical Research Council

### Cultural Competence in Practice

The culturally competent practitioner consciously engages in a range of behaviours and activities to positively interact and respond to patients so as to maximise the health gains for people from diverse cultural backgrounds.

### Self-Reflection

The medical laboratory science or anaesthetic technology practitioner:

- Considers cultural, linguistic, and migration issues around health activity, knowledge, and choices
- Considers differing perceptions about health and the role of medical laboratory science or anaesthetic technology
- Understands intergenerational differences with respect to attitudes to health services and interacting with health professionals

#### Information

The medical laboratory science or anaesthetic technology practitioner:

- Has acquired knowledge and can access information about different communities, their histories, and specific health issues as required
- Knows about the range of resources that allow for culturally competent practice e.g. interpreters, translated resources, community support groups
- Accesses health promotion messages in different languages in a culturally sensitive manner

### **Education and Skills**

The medical laboratory science or anaesthetic technology practitioner:

- Considers each patient's cultural background and health beliefs and the impact of these on their health and behaviour
- Designs an approach and messages that are informed and developed from within the specific cultural context for each patient
- Uses resources to allow cross-cultural practice interpreters, translated resources, community support groups
- Participates in and facilitates partnerships between individuals and communities and health care providers in individual care and in policy setting