Cultural Humility

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Cultural Humility Learning Goals

• Demonstrate an awareness of an individual’s culture and unique beliefs

• Identify the importance of using cultural humility in the clinical setting

• Facilitate participatory decision making with patients

• Define one’s own background, culture, belief and values and the impact these factor may have on your interaction with patients
Cultural Humility

• The concept of cultural humility was developed by medical doctors Melanie Tervalon and Jan Murray-Garcia

• 1998 article published in the Journal of Health Care for the Poor and Underserved.

• Cultural Humility: A Lifelong Process for Professional Nurses; Schuessler, et al 2012
Cultural Humility

• The term cultural humility is used frequently but society’s understanding of the term is unclear. The aim of this article was to provide a concept analysis and a current definition for the term cultural humility. Cultural humility was used in a variety of contexts from individuals having ethnic and racial differences, to differences in sexual preference, social status, interprofessional roles, to health care provider/patient relationships. The attributes were openness, self-awareness, egoless, supportive interactions, and self-reflection and critique. The antecedents were diversity and power imbalance. The consequences were mutual empowerment, partnerships, respect, optimal care, and lifelong learning. Cultural humility was described as a lifelong process. With a firm understanding of the term, individuals and communities will be better equipped to understand and accomplish an inclusive environment with mutual benefit and optimal care.

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What it is not......

• The Old Term: Cultural Competency
• Focused on learning about other cultures and
• the ability to interact effectively with people
• of different cultures (stereotyping and
• generalizations)
• Some focus on awareness of what forms your
• personal beliefs
• There is no universally accepted definition of
• cultural competency
Cultural Humility- Nursing

- Necessary in order to provide the best patient care
- Life-long process of self-reflection and self-critique
- Examine differences and similarities between our own beliefs, values, and health care goals with those of our patients.
- Schuessler, et, al. 2012
What is cultural humility?

• Humility has traditionally been connoted as a kind of meekness or humbleness, but it can also “denote a willingness to accurately assess oneself and one’s limitations, the ability to acknowledge gaps in one’s knowledge, and an openness to new ideas, contradictory information, and advice”
What is cultural humility?

- In the case of healthcare providers, humility takes on this second definition: rather than being very humble, meek, and self-effacing, these professionals must acknowledge the limitations of their cultural perspective and work toward overcoming this perspective in order to provide better care for those they serve.
What is cultural humility?

- Cultural humility is an acknowledgement of one’s own barriers to true intercultural understanding.
- It is the difference between intellectually knowing another culture and being able to truly relate to it.
- Knowing that one’s own perspective is necessarily limited makes it much easier to be reflective and proactive in relation to one’s prejudices and assumptions that may otherwise affect interactions with members of a different culture.
Why is it important?

• First and foremost, cultural humility means not pigeon-holing people. Knowledge of different cultures and their assumptions and practices is indeed important, but it can only go so far. Rather than assuming that all members of a culture conform to a certain stereotype, a good care provider will understand that while cultural differences will affect their interaction with individuals, each person remains an individual and should be treated individually.

• Miller, Suellen (2009)
Power Imbalance

• Cultural humility is also an important step in helping to “redress the imbalance of power inherent in provider-patient relationships”

• Approaching each encounter with the knowledge that one’s own perspective is full of assumptions and prejudices can help one to keep an open mind and remain respectful of the person seeking care.
Is that all?

• Acknowledging the differences between cultures is in itself an important first step toward cultural humility, but it is certainly not sufficient. It is possible to know everything that one could possibly know about a culture without demonstrating true cultural humility.
Care Provider Awareness

• Care providers must always be aware of the fact that even extensive knowledge about a given culture is not the same as having assimilated oneself into that culture, and therefore one must be aware of the differences that will still exist between their own perspective and the perspective of the members of that culture.
Comentence vs. Humility

• “An African American nurse is caring for a middle-aged Latino woman several hours after she’d had surgery. A Latino physician, on a consult service, approached the bedside and, noting the moaning patient, commented to the nurse that the patient seemed to be in a great deal of post-operative pain. The nurse summarily dismissed his perception, informing him that she took a course in nursing school in cross-cultural medicine, and knew that Hispanic patients over-express the pain that they are feeling. The Latino physician had a difficult time influencing the perspective of this nurse, who focused on her self-proclaimed cultural expertise.”
to practice cultural humility is to understand that culture is, first and foremost, an expression of self and that the process of learning about each individual’s culture is a lifelong endeavor, because no two individuals are the same; each individual is a complicated, multidimensional human being who can rightfully proclaim “My identity is rooted in my history... and I get to say who I am.”
Integrating Cultural Humility

• Self Questioning and Critique
• Cultural Immersion
• Mutual Active Listening
• Flexible Negotiation
Humility: Beyond Competence

• Lisa is a white American nurse from Louisiana who accepted a job offer at a hospital in El Paso, Texas.

• Aware that many of her new patients will be of Mexican descent, Lisa spends several months reading literature on the Mexican culture to better acquaint herself with this new population.

• A well-informed Lisa feels confident and culturally competent before beginning her new job.
Self Questioning and Critique

- Humble
- Respectful
- Challenges our own biases
- Approach learning about other cultures as a lifelong goal and process
Implicit Association Test

- Measures attitudes and beliefs that people may be unwilling or unable to report
- May be especially interesting if it shows you have an implicit attitude that you did not know about
- https://implicit.harvard.edu/implicit
Humility?

- After months of studying Mexican culture and working with some Mexican patients, Lisa feels confident in her understanding of the culture.
- Due to her knowledge that a majority of Mexican are Catholic, she requests a priest for one of her patient without first consulting them.
- Her patient is Jewish and is offended by Lisa’s assumption.
Mutual Active Listening

• Don’t make assumptions about an individual based on your knowledge of the group
• Ask questions to gain a better understanding
Flexible Negotiation

• Requires us to be critical of our own cultural biases
• It requires experts to become students when interacting with individuals of other cultures
• Encourages people in places of power to acknowledge their privilege and how it can provide better opportunities for others
• You may be an expert in your field, but your patient is an expert as well
• The goal is to collaborate and devise the best solutions for the clients situation
Video: Cultural Competence for Healthcare Providers
Cultural Humility: Summary

• A life long process of self-reflection and self-critique
• Examination of differences and similarities between our own beliefs, values and health care goals with those of our patients
• Improve health outcomes