Reflection on cultural competencies

- Jon Teegardin

Caring for a multicultural society is the name of the class I am taking this semester. It is only logical that part of learning about providing care to a patients of diverse ethnic and cultural backgrounds is learning about my own perceptions of culture. By honestly and openly completing a cultural competency checklist, I was able to identify my own strengths and shortcomings about culture. This paper will analyze the results of my checklist, analyze my thoughts and feelings about my responses, and identify ways I can improve on my care of culturally diverse patients.

Analysis and summary of the assessment results

This assessment was completed by me, Jon Teegardin, RN. I currently work as an emergency room nurse at a local hospital. I strongly agreed with 77% of the statements in the assessment, agreed with 16%, and chose neutral for the remaining 7% of the statements. There were no statements that I disagreed or strongly disagreed with. The subjects with a neutral response included acceptability of the use of languages other than English, participation in insensitive comments or behaviors, and recognition of different English language dialects.

Analysis of thoughts and feelings after taking assessment

My initial impression of the assessment was that I was culturally competent and sensitive to culturally related differences among my patient population. As I looked closer at my responses though, I realized that I am less sensitive to non-English speakers and that I am prone to making insensitive comments. After realizing this, I wanted to analyze why I have a neutral view

about those who may not speak English and those who speak a different dialect of my native language.

Being 45 years old, I can distinctly remember a time in this country when the English language was the only language used by business and even the government. The United States Government still requires that naturalized citizens “ read, write, and speak Basic English” (U. S. Citizenship and Immigration Services, n. d.). Television produced many shows that used racial and ethnic stereotypes as the basis for sitcoms. Shows like *What a Country* used language and cultural differences as the punchline for jokes set to a laugh track. *Perfect Strangers* went so far as to create a fictitious country of origin for the shows main character. This allowed the network to write scripts that utilized extreme stereotypical views of eastern Europeans without appearing to be offensive to the target audience of Americans (Amazon, 2014). This programming taught viewers that it was OK to laugh at those who spoke differently or those who had different traditions or values. We were taught that an accent was something to laugh at and imitate. I could cite even worse examples from the seventies. I actually felt ashamed when I thought about American Sign Language and deaf culture. I actually debated a previous instructor about deaf culture, based in part on the fact that American Sign Language is not just hand signals of English words or letters, but is actually a visual language of its own (Jay, 2008). I actually contradicted my own belief by limiting my definition of language. Not one of my finer moments.

Areas of improvement needed after taking the assessment

There are three areas of improvement that I identified by taking this assessment. Acceptability of the use of languages other than English, participation in insensitive comments or behaviors, and recognition of different English dialects.

It is important to remember that while a person may speak Basic English, they may be more comfortable speaking their native language. There are 31. 8 million U. S. residents that speak a language other than English in their home, and of that number, 54% are Hispanic (Cultural diversity and language issues, 1994). Even though there is a movement in this country away from the concept of the melting pot, it does not mean that people who choose to come here don’t want to embrace American culture. Learning a new language is hard and that difficulty is magnified as we age. I have encountered many patients in the ER who speak little or no English, but their child speaks both languages fluently. It is insensitive to demand that everyone who comes here speak only my native language.

Insensitive comments or behaviors don’t need to be made in a negative manner to be hurtful. How many of us have spoken louder and slower to someone who speaks limited English? We may be doing so in an attempt to be helpful, but do we stop and think about how patronizing or belittling that behavior may be? It is important that I model my behavior in a manner that is sensitive to a language barrier in a manner that is still respectful. Part of my assessment of a patient needs to address communication barriers immediately and utilize my facilities language translation services earlier in the patient encounter.

Recognition of different English dialects should include geographic influences. I have to admit that initially I was looking at dialect as simply poor grammar, when it is much deeper than that. Southern English is just as correct as Midwestern English, even though substantial differences can be found in the way people from these two areas speak. One researcher identified 24 different dialects of American English (Wilson, 2013).

Suggestions for improving the provision of transcultural healthcare

It is important that to let go of stereotypes or behaviors that were impressed on me at an early age. The first step towards modifying these behaviors is identifying them properly. The assessment is a good tool to identify areas that can be improved. It is also important to recognize that " transcultural research, as presently conducted, may depict a view of behavior that encourages expectations of stereotypes among health practitioners and this view may inhibit rather than enhance individualized practice" (Price & Cortis, 1999, p. 243). This means that it is important to remember that our learned cultural expectations may be suspect and this can be detrimental to the care that we provide to our patients. A provider cannot assume that just because they know the cultural aspects of a patient that they know the geographic influences on that patient's culture as well.

References

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