RESHAPING RESEARCH

A Guide to Integrating Cultural Considerations into Research

Module 1: What Is Cultural Competency?

Case Center for Reducing Health Disparities

About the Center

In January 2004, the Center for Reducing Health Disparities was created by Case Western Reserve University and the MetroHealth System. In 2007, the Center received a P60 grant from the National Institutes of Health, which allowed the Center to pursue new projects related to hypertension, kidney disease, and organ donation. The Center also links students to mentors who have interests in health disparities to foster awareness of and interest in the issues of health equity in Cleveland.

The Center helps to direct the Community Research Partnership Core of the Clinical and Translational Science Collaborative involving Case Western Reserve University, MetroHealth Medical Center, University Hospitals of Cleveland, the Cleveland Clinic, and the Louis Stokes Cleveland VA Medical Center. The aim of this Core is to facilitate community based research among faculty, students, community organizations, and community residents. The Center is under the direction of Ashwini Sehgal, MD and J. Daryl Thornton, MD, MPH.

MISSION STATEMENT

To reduce health disparities through (a) research on root causes, mechanisms, and interventions, (b) education of students, providers, and policy makers, and (c) partnership with community organizations and government agencies.

LONG-TERM GOALS

- To create a durable academic-community partnership to develop innovative interventions that achieve measurable reductions in health disparities in the greater Cleveland area.
- To promote successful intervention strategies that can be replicated in other regions.
- To train a new generation of health activists committed to eliminating health disparities

Acknowledgements

The Center for Reducing Health Disparities would like to thank the following members of our Community Partnership Committee for serving on our Community Review Board:

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PREFACE

There have been significant demographic shifts in the United States in recent years. The U.S. Census projects that by 2060, minorities, now 37 percent of the U.S. population, will comprise 57 percent of the population.[1] The widening racially, ethnically, and culturally diverse population in the United States present unique challenges to human service practitioners and organizations.[2] Cultural competence has been defined in the context of health care delivery and providers, specifically focusing on the provider-patient interaction. It has also captured the attention of health care policymakers, providers, insurers, and educators as a possible strategy to improve quality and eliminate racial and ethnic disparities in health care.[3] The executive summary of the national standards for culturally and linguistically appropriate services in health care states that cultural competency training should be integrated into health professions education and training at all levels, including academic and functional.[4]

While cultural competency education for clinicians is becoming widespread, little is being done to provide cultural competency education for clinical researchers. A lack of cultural competence on the part of researchers may hinder their ability to engage certain communities, such as minority or non-English speaking individuals, and may lead researchers to unknowingly impose their beliefs, values, and patterns of behavior upon those from other cultural backgrounds.[5] A recent survey of clinical researchers found that they wanted to learn more about the needs and perspectives of different groups.[6] In response to these needs, the Case Center for Reducing Health Disparities has developed this guide to fill gaps in cultural competency education training for researchers.

Research in the health sciences (i.e. biomedical, clinical, health services, and community-based participatory research) has only recently begun to explore the importance and linkages between culture and research design, analysis and interpretation.[7] There is a growing need to develop and implement research studies that are culturally relevant to the needs of various groups. It appears that there are substantial participant barriers to research among minority populations, which have negatively impacted enrollment and retention rates of minorities in research studies.[8] In addition, there are researcher, structural and organizational barriers that contribute to low recruitment and retention of minority groups.[9]

In order to address these barriers and to engage, recruit, and retain certain demographic populations, cultural considerations need to be integrated into the research process. Starting with the planning stages of the research study, researchers must ask whether they are using the

appropriate constructs, measures, and methodology in relation to their target population. This enables researches to move beyond between-group comparisons and examine within-group competence. This requires a dual commitment, which includes respecting and honoring cultural values, beliefs, and needs, without sacrificing scientific rigor.[10] This guide is designed to assist researchers in their efforts to conduct quality research in a culturally appropriate manner.

References

1. United States Census 2010. Washington DC: US Census Bureau: 2010.

2. McPhatter, A.R. (2004). Culturally competent practice. In Austin, M.J. & Hopkins, K.M. (Eds.), Supervision as collaboration in the human services: building a learning culture (pp.47-58). Thousand Oaks, CA: Sage Publications.

3. Betancourt, J. R., Green, A. R., Carrillo, J. E., & Park, E. R. (2005). Cultural competence and health care disparities: key perspectives and trends. *Health Affairs*, *24*(2), 499-505.

4. U.S. Department of Health and Human Services, Office of Minority Health. (2001). National standards for culturally and linguistically appropriate services in health care: Executive summary. Washington D.C.

5. Leininger M. (1995). Transcultural Nursing: Concepts, Theories, Research, and Practices. New York, NY: McGraw-Hill.

6. O'Brien, R.L., Kosoko-Lasaki, O., Cook, C.T., Kissell, J., Peak, F., &Williams, E.H. (2006). Self-assessment of cultural attitudes and competence of clinical investigators to enhance recruitment and participation of minority populations in research. *Journal of the National Medical Association,* 98 (5), 674–682.

7. The Harvard Clinical and Translation Science Collaborative (2009).Cultural Competency for Researchers. Retrieved https://catalyst.harvard.edu/pdf/diversity/CCR-annotated-bibliography-10-12-10ver2-FINAL.pdf

8. Hussain-Gambles, M., Atkin, K., & Leese, B. (2004). Why ethnic minority groups are under-represented in clinical trials: a review of the literature. *Health and Social Care in the Community,* 12 (5), 382–388.

9. Robinson, J.M., & Trochim, W.M.K. 2007). An Examination of community members', researchers' and health professionals' perceptions of barriers to minority participation in medical research: an application of concept mapping. *Ethnicity and Health,* 12, (5), 521-539.

10. Skaff, M. M., Chesla, C. A., de los Santos Mycue, V. and Fisher, L. (2002), Lessons in cultural competence: adapting research methodology for Latino participants. *Journal of Community Psychology, 30* (3), 305–323.

Learning Icons

Cultural competence begins with awareness, grows with knowledge, enhances with specific skills, and is polished through cross-cultural encounters. There will be a review at the end of the guide, which will be based on the following concepts:

Awareness	This section will encourage you to assess your personal awareness of the information and how it relates to your role as a researcher.
Knowledge	Knowledge is obtained through continuing education and cross cultural encounters as it relates to conducting research. This section will include a brief summary of important key concepts.
Skill	Skill building includes the ability to apply knowledge learned in a way that is culturally appropriate. This section will focus on how you can integrate the information within this guide into your current research efforts using a culturally sensitive approach.

Pesquera, M., Yoder, L. & Lynk, M. (2008) Improving cross-cultural awareness and skills to reduce health disparities in cancer. MEDSURG Nursing, 17 (2), 114-120.

Overview

This is not an all-inclusive resource for researchers. This is designed to help researchers begin the process of learning more about the cultural background and considerations of the individuals, groups and populations they encounter, and how these factors impact how research is conducted.

The primary purposes of this guide are to:

- ✓ Assist researchers with increasing knowledge, skill, and confidence in working with diverse populations.
- ✓ Guide researchers in the process of integrating cultural considerations into the research process.
- ✓ Increase awareness and sensitivity during the process of developing research studies and engaging with diverse populations.

Module 1: What is Cultural Competency?

UPON COMPLETION OF THIS MODULE, YOU SHOULD BE ABLE TO:

- ➤ Define cultural competency and its relevance to the practice of research.
- ➤ Recognize the importance of cultural competency in conducting research and the implications of not being culturally competent.

The process of cultural competency first begins with understanding what culture is. Many people may think of culture primarily in terms of the environment and belief systems within which they were raised.[1] Others may only attribute culture to one's racial and ethnic background. However, culture is multifaceted and people are influenced by the many groups to which they belong**. Culture has been defined as an integrated pattern of learned beliefs and behaviors that can be shared among groups.** It consists of a person's thoughts, styles of communicating, ways of interacting, views on roles and relationships, values, practices, and customs. Culture is shaped by multiple influences, including race, ethnicity, nationality, language, and gender. Culture also extends to socioeconomic status, physical and mental ability, sexual orientation, and occupation, among other factors. These influences can collectively be described as "sociocultural factors," which shape our values, form our belief systems, and motivate our behaviors.[2, 6] An individual cannot assume that all members of the same cultural group share the same belief system and customs. Although culture provides similar worldviews, rules on how to interact with others and approaches to social situations, there is also great variability between individuals within the same cultural groups.[3] To prevent the risk of generalizing, categorizing, or stereotyping individuals or groups of people, researchers must be cognizant of cultural differences and similarities.

Anaïs Nin, an American author, once stated "We don't see things as they are, we see things as we are." Individuals have different interpretations of the world based on individual and cultural factors. For example, if individuals interpret the world through diverse guidelines, they will likely interpret the "same" disease in different ways. This can become a problem if a clinician and a patient have different cultural backgrounds. Studies have shown that patient and physician interpretations of disease are often quite dissimilar, which may affect the quality of care a patient receives.[4] This is applicable to the field of research as well. Researchers and participants may view and approach the same research study differently based on the difference in cultural backgrounds and viewpoints. It is important for researchers to understand how research is perceived on an individual, community, and institutional level. Disregarding the

importance of cultural beliefs in research may negatively impact the researcher-participant relationship, study design, and implementation of the research study. Researchers who are respectful and understanding of the cultural norms of a particular group, can effectively develop strategies that increase study participation among various racial, ethnic, socioeconomic, gender, and age groups.[5]

In addition to culture being multifaceted, it is multi-layered. A person cannot expect to know about a person based on outward appearance alone. The various characteristics of culture are further explained in the "Iceberg Concept of Culture."
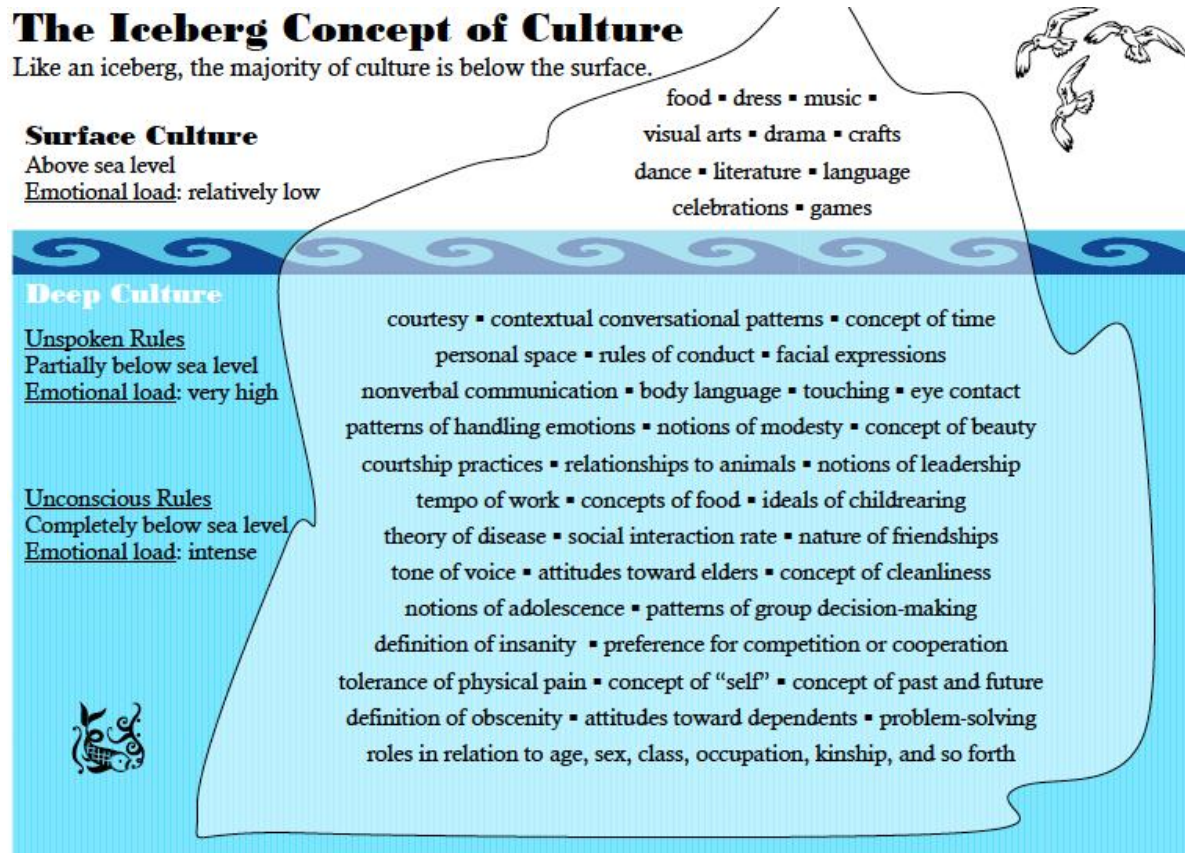
THE ICEBERG CONCEPT OF CULTURE

An iceberg metaphor is often used to illustrate the varying levels of culture. Only about ten percent of an iceberg is visible above sea level. The majority of the iceberg is hidden below sea level. Edward T. Hall (1979) suggested that culture has two components and that only ten percent of culture (also known as surface culture) is easily visible, similar to the tip of an iceberg. These characteristics include: dress, language, behaviors, and physical characteristics. Ninety percent of culture (also known as deep culture) is hidden below the surface, similar to the bottom of an iceberg. This includes beliefs, expectations, learning styles, assumptions, roles, patterns of group decision making, concept of "self", and body language **(See figure 1).** Our interactions with others are often based on "surface" cultural characteristics (i.e. appearance, language). However, to obtain information about deep characteristics, a person must engage in one-on-one interactions with others.[6] People often make assumptions about another cultural group without understanding the "deep culture" that embodies that culture's values and belief system. To avoid this, researchers should focus learning about both surface and deep cultural aspects of an individual. In the field of research, deep and surface cultural aspects can impact study design, selection of target populations, and interaction with research participants.

FIGURE 1: THE ICEBERG CONCEPT OF CULTURE

(Image: Indiana Department of Education - Language Minority and Migrant Program - www.doe.state.in.us/lmmp)

The Iceberg Concept of Culture

Like an iceberg, the majority of culture is below the surface.

Surface Culture
Above sea level
Emotional load: relatively low

food ▪ dress ▪ music ▪ visual arts ▪ drama ▪ crafts dance ▪ literature ▪ language celebrations ▪ games

Deep Culture

Unspoken Rules
Partially below sea level
Emotional load: very high

Unconscious Rules
Completely below sea level
Emotional load: intense

courtesy ▪ contextual conversational patterns ▪ concept of time
personal space ▪ rules of conduct ▪ facial expressions
nonverbal communication ▪ body language ▪ touching ▪ eye contact
patterns of handling emotions ▪ notions of modesty ▪ concept of beauty
courtship practices ▪ relationships to animals ▪ notions of leadership
tempo of work ▪ concepts of food ▪ ideals of childrearing
theory of disease ▪ social interaction rate ▪ nature of friendships
tone of voice ▪ attitudes toward elders ▪ concept of cleanliness
notions of adolescence ▪ patterns of group decision-making
definition of insanity ▪ preference for competition or cooperation
tolerance of physical pain ▪ concept of "self" ▪ concept of past and future
definition of obscenity ▪ attitudes toward dependents ▪ problem-solving
roles in relation to age, sex, class, occupation, kinship, and so forth

Indiana Department of Education ▪ Office of English Language Learning & Migrant Education ▪ www.doe.in.gov/englishlanguagelearning

Activity 1: My Personal Iceberg

DIRECTIONS: IN THE SPACES BELOW, WRITE <u>YOUR</u> PERSONAL SURFACE AND DEEP CHARACTERISTICS OF CULTURE.

My **<u>Surface</u>** Characteristics of Culture:

My **<u>Deep</u>** Characteristics of Culture:

Question:
What aspects of surface and deep culture impact your role in research? (i.e. How you interact with research participants and how you conduct research)

Center for Reducing Health Disparities

What is Cultural Competency?

The definition of cultural competency varies throughout current literature. For the purposes of this guide, the following definition will be used:

> **Cultural competence refers to awareness of unique and defining characteristics of the populations for which health professionals provide care and from which they wish to enroll research participants. It is also the expression of this awareness, which is found in his or her actions in research design, conduct and interpretation.[5]**

Cultural competence involves knowledge and interpersonal skills that allow clinicians and researchers to effectively work with, understand and appreciate individuals from cultures other than their own. It involves an awareness and acceptance of cultural differences, self-awareness, knowledge of a person's culture, and adaptation of skills.[7] Cultural competence includes not only possession of cultural knowledge and respect for different cultural perspectives, but also having skills and being able to use them in cross-cultural situations. [8] Cultural competence can be framed as knowledge of a community, skills to identify mutual goals, and an attitude of respect for the differences within our research community including our research participants. **It is the recognition that one can never achieve cultural competence, as it is an ongoing process and not an end-state.** It requires researchers to be motivated to make a commitment to engage in self-study and take the initiative to respectfully interact with people of various cultural groups.[9] Cultural competency is not the basis of creating a "formula" of how to interact with individuals and applying it to all cultural groups. A cultural competent researcher acknowledges and incorporates, at all levels, the importance of culture, the assessment of cross-cultural interactions, awareness of the dynamics that result from cultural differences, and the expansion of cultural knowledge.[10]

THE IMPORTANCE OF SELF-AWARENESS

Researchers must approach the process of cultural competency on an individual level. This first begins with self-awareness. Existing literature documenting a lack of cultural competence in clinical practice reflects the need for a change in practitioners' self-awareness and a change in attitudes toward diverse patients, not necessarily a lack of knowledge.[10] Researchers need to be aware of their own cultural background and how this might affect their perception of other groups.[11] It is imperative that researchers engage in a simultaneous process of self-reflection (realistic and ongoing self-appraisal) and commitment to a lifelong learning

process. An individual must continuously undertake self-assessment and adjust to dynamic and challenging opportunities in remaining culturally aware and effective.[16] This will help to address issues pertaining to unconscious and conscience bias, stereotyping, and overgeneralizing. In addition, quality research operates on multiple levels, including institutional levels. Therefore, institutions should support culturally diverse research studies, promote a culturally sensitive environment, and integrate diversity into their policies and procedures. Researchers should consider their personal upbringing, life experiences, values, customs, and belief system and how it relates to their role in research. Remember, the process of becoming a culturally competent researcher will be unique and that of your own.

OTHER RELATED TERMS

There have been many discussions centered on whether or not cultural competency is the most appropriate term of use. The following are other terms related to cultural competency. Some of these terms are used based on personal preference, are used interchangeably, or are context-specific. Each of these terms is acknowledged for highlighting essential elements in the process of incorporating culture into research practice. The term cultural competency was selected specifically because along with its focus on awareness, knowledge, and skill, it encompasses all of the various terms that are defined below.

Cultural Knowledge:

Cultural knowledge is achieved through contact with people from different cultural groups as well as being drawn from many disciplines.[11]

Cultural Sensitivity:

Cultural sensitivity is considering participants in research as true partners, a crucial element in anti-oppressive practice. These outcomes involve a process of facilitation, advocacy and negotiation that can only be achieved on a foundation of trust, respect, and empathy.[11]

Cultural Awareness:

Cultural Awareness examines and challenges personal values base and understanding how these values are socially constructed. Researchers reflect on their own values, perceptions, behavior or presence and those of the respondents can affect the data they collect.[11]

WHAT IS CULTURAL COMPETENCY?

Cultural Humility:

Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations.[10]

Linguistic Competence:

Linguistic Competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those who have low-literacy skills or are not literate, and individuals with disabilities.[12]

THE IMPORTANCE OF CULTURAL COMPETENCY IN RESEARCH

Cultural competence is a crucial part of the research process. Clinical investigators have found it difficult to enroll minorities in clinical research. One can think of of several barriers to enrollment of minority populations into clinical research protocols, including mistrust of the health care system, language differences, different cultural values, varying cultural perceptions of health and disease, and researcher access to these populations.[13] These barriers impact how research is implemented and disseminated. Without cultural competence, researchers risk imposing their beliefs, values and pattern of behavior upon cultures other than their own. This perspective may lead to invalid research data. The need for culturally competent research is now urgent in view of the fact that current health policy in many developed countries attempts to address the needs of multiethnic populations.[7, 11, 13] Health research needs to be culturally competent because: 1) up to this point research has tended to be unicultural and most societies are now multicultural, 2) there is a recognition and requirement by national governments to manage diversity and address inequalities, 3) previous research that focused on minority ethnic groups was generally not integrated into mainstream health policy and 4) there is a need for generalizable epidemiological data, which historically did not include data from many ethnic groups.[2,8,11]

Too often researchers have been preoccupied with their own agendas and have offered minimal support and contribution to those they are researching. Research has been a one-way process of extraction of information. A researcher may have received the government's permission to conduct research, but not that of the community they plan to work with, and may

not have given the community an opportunity to influence the questions being asked or the way in which the research is conducted. [14, 15]

Community members want to have their voice heard and participate in research. By not acknowledging their voice and without adequate representation of cultural groups, the generalizability of study findings to the public is questionable. Culturally competent researchers are aware of the importance of engaging the community and seeking the input of residents, leaders, and key stakeholders. In addition, they have the ability to integrate this information into each step of the research process in a culturally appropriate manner. Culturally competent researchers are actively involved in identifying the needs, assets, and barriers of their target population. Cultural competence requires more than understanding a group of people or conducting a study that only minimally meets the needs of the community. Engagement in cultural competence education trainings can motivate researchers to increase their awareness and knowledge of various cultural groups. This will prevent the risk of "tokenism" occurring. Tokenism involves the representation of different cultural groups without valuing their input or providing them with a voice. Representation does not mean inclusion.[3] Even if one does have some knowledge of another person's cultural beliefs, this does not mean that it is possible to predict that person's behavior or preferences at any given time. Cultural beliefs do not simply "cause" us to behave in a certain way.[3, 4, 11]

To understand the health issues, problems, and needs of diverse populations, researchers need to develop and use strategies that increase study participation by various cultural, ethnic, socioeconomic, gender, and age groups.[2,3,15] In order to conduct quality and substantial research, researchers need to be open and willing to consider the cultural backgrounds of research participants. For example, a Hispanic mother and child in a study must acknowledge traditional family power structures that may exist. A mother may be reluctant to enroll in the study unless her husband approves. Or, if the mother does agree to participate without consulting her husband, he may overrule her decision to re-establish his authority.[15] No matter what role you play in research, it is important that individuals appreciate and respect cultural differences and similarities within, among, and between diverse groups. Within the research process, failing to understand difference in values and culture may be a reckless act that jeopardizes both the ethics and quality of research. The skill development found within the process of cultural competency will lead to high quality and valid, which can be used to inform the delivery of health care to all members of society.[11]

MODULE 1: REVIEW

Awareness	■ What is the earliest memory of your first cultural experience? ■ How has your cultural background shaped who you are personally and professionally? ■ Do you think that culture has an impact on how you conduct research? ■ Do you feel comfortable discussing issues related to culture with participants and colleagues?
Knowledge	■ Culture is multifaceted. It changes continually and is influenced both by people's beliefs and the demands of their environment. ■ Cultural Competency is an ongoing process and can assist in producing high quality, generalizable and valid research. ■ Lack of cultural competency may jeopardize both the ethics and quality of research.
Skill	■ Take the time to learn about your personal cultural beliefs and values. This can include looking up your family history or talking to family members about your cultural background. ■ Attend cultural events and engage in cross cultural encounters. ■ Expand your knowledge- familiarize yourself on literature on cultural competency and attend educational events (i.e. conferences and seminars).

MODULE 1: REFERENCES

1. HIV/AIDS Bureau, Health Resources and Services Administration, Department of Health and Human Services. (2002). Mitigating health disparities through cultural competence. Retrieved from ftp://ftp.hrsa.gov/hab/august2002.pdf

2. Betancourt, J. R., Green, A. R., Carrillo, J. E., & Park, E. R. (2005). Cultural competence and health care disparities: key perspectives and trends. *Health Affairs*, *24*(2), 499-505.

3. Reich, S.M., & Reich, J.A. (2006).Cultural competence in interdisciplinary collaborations: a method for respecting diversity in research partnerships. *American Journal of Community Psychology,* 38, 51-62.

4. Gregg, J., & Saha, S. (2006). Losing culture on the way to competence: the use and misuse of culture in medical education. *Academic Medicine,* 81 (6), 542-547.

5. The Harvard Clinical and Translation Science Collaborative (2009).Cultural Competency for Researchers. Retrieved https://catalyst.harvard.edu/pdf/diversity/CCR-annotated-bibliography-10-12-10ver2-FINAL.pdf.

6. Hall, E. T. (1976). Beyond culture. Garden City, N.Y: Anchor Press.

7. Fleming M, Towey K. (2001). Delivering culturally effective health care to adolescents. Chicago (IL): American Medical Association.

8. Brach, C., & Fraserirector, I. (2000). Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. *Medical Care Research and Review*, 57 (4), 181-217.

9. Bandura, A. (1977). Self-efficacy: Toward a Unifying Theory of Behavioral Change. *Psychological Review,* 84 (2), 191-215.

10. Tervalon. M., & Murray-García. J. (1998). Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9 (22), 117-125.

11. Papadopoulos, I., & Lees, S. (2002). Developing culturally competent researchers. *Journal of Advanced Nursing,* 37, 258–264.

12. Goode, T. D., Dunne, M. C., & Bronheim, S. (2006). The evidence base for cultural and linguistic competency in health care. New York, NY: Commonwealth Fund.

13. O'Brien, R.L., Kosoko-Lasaki, O., Cook, C.T., Kissell, J., Peak, F., &Williams, E.H. (2006). Self-assessment of cultural attitudes and competence of clinical investigators to enhance recruitment and participation of minority populations in research. *Journal of the National Medical Association,* 98 (5), 674–682.

14. Scheyvens, R., Scheyvens, H., & Murray, W.E. (2003). Working with marginalized, vulnerable or privileged groups. In Development Fieldwork: a practical guide. Thousand Oaks, CA: SAGE Publications.

15. Calamaro, C.J. (2008).Culture competence in research: research design and subject recruitment. *Journal of Pediatric Health Care*, 22, 329–332.

16. Bushy, A. (2008). Conducting culturally competent rural nursing research. *Annual Review of Nursing Research,* 26, 221-236.

For Additional Information

The Case Center for Reducing Health Disparities offers seminars, trainings, and presentations to researchers associated with Case Western Reserve University, including affiliated hospital staff, trainees, and community-based investigators. These trainings review key steps in conducting culturally competent research. This includes assisting researchers in the process of integrating cultural considerations into developing research questions, study design, data collection, analysis, and dissemination of findings. The purpose of these trainings is to increase researcher's knowledge, skill, and confidence in engaging and meeting the needs of culturally and linguistically diverse populations.

For more information about the Reshaping Research guide or our cultural competency trainings, please contact:

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