

Cultural Competence in Pharmacy Practice

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PROLOGUE

Cultural issues are recognized as important components of the provision of effective health care. This lecture and corresponding discussion provides students with the opportunity to explore their own cultural heritage, begin to examine how culture affects health care choices and outcomes, and develop strategies to overcome cultural barriers. The learning takes place during spring quarter of the first year pharmacy practice lab. A nonprescription product topic, such as cold and allergy treatments, is easily integrated into the discussion. Although this is written as a lecture, it is important to engage participants in discussion. This paper will focus on developing cultural competence in a pharmaceutical care practice.

LEARNING OBJECTIVES FOR STUDENTS

1. Recognize the need for cultural competence in pharmacy practice.
2. Describe ways in which bridging cultural gaps can improve pharmacy practice.
3. Describe cultural aspects of health care.
4. Identify cultural factors in one's own health care decisions.
5. Identify health beliefs and perceptions that may affect pharmaceutical care.
6. Recognize traditional therapies and how they may affect conventional western treatments.
7. Describe types of language barriers.
8. Develop strategies to achieve cultural competence.

INTRODUCTION

As pharmacists, we have a broad range of responsibilities to the people we serve. We need to integrate many factors and experiences into our knowledge base and decision-making processes. In addition to our understanding of drug action, metabolism and economics, we need to understand how individuals make health care choices. Our commitment to providing pharmaceutical care to the communities we serve would be incomplete if we did not incorporate the cultural influences in

Table I. Diversity of our population

People quick facts^a	Percent
White persons, percent, 2000	77.1
Black or African American persons, percent, 2000	12.3
American Indian and Alaskan Native persons, percent, 2000	0.9
Asian persons, percent, 2000	3.6
Native Hawaiian and Other Pacific Islander, percent, 2000	0.1
Persons reporting some other race, percent, 2000	5.5
Persons of Hispanic or Latino origin, percent, 2000	12.5
Foreign born persons, percent, 1999 ^b	10.0

^a<http://quickfacts.census.gov> accessed April 15, 2002

^b<http://www.census.gov> Population Profile of the United States: 1999, Part V: The Many Faces of Diversity [PDF] Chapter 17, p. 67.

our patients' lives.

The 2000 U.S. Census data illustrate the diversity of our population (see Table I, adapted from <http://quickfacts.census.gov> January 15, 2002). It is important to note that there are vast differences among the cultures and individuals within each racial/ethnic group as defined by the U.S. Census. The data provided by the census can help identify patterns and needs in specific areas. Data from individual cities and counties can also be extracted from the U.S. Census(1). This information can help health care professionals develop practices that may better serve their communities. Most pharmacists will already be able to describe the predominant cultures in the communities they serve.

The pharmaceutical care model, as described by Hepler and Strand, defines a desirable outcome of drug therapy as improvement in quality of life(2). To achieve this outcome it is essential to involve the patient, as well as the physician and pharmacist, in decisions involving drug therapy. An individual's definition of quality of life is strongly influenced by culture. Similarly, culture will also affect choices regarding drug therapy. For example, a Muslim patient observing Ramadan

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Table II. Percent differences in education, family structure and income levels^a

Race/ethnicity	High school Diploma (1999)	Poverty rate (1998)	Households maintained by married couples (1999)
White, non-Hispanic	87.7	8	82.2
Black	77.0	26	47.1
Asian and Pacific Islander	84.6	13	79.9
Hispanic (of any race)	56.1	26	68.0
Foreign-born persons	66	18	Not available

^aFrom <http://www.census.gov> Population Profile of the United States: 1999, Part V: The Many Faces of Diversity [PDF] Chapter 16, pp. 64-66.

Table III. Health Differences between ethnic groups^a

Race/ethnicity	Percent within ethnic group		
	Type II Diabetes	Flu vaccination rate^b	Cigarette smoking^c
White, non-Hispanic (45-64 y.o.)	5.2	69.0	24.3
Black, non-Hispanic (40-74 y.o.)	18.2	48.1	24.3
Asian and Pacific Islander	N/A	N/A	15.1
Hispanic (>50 y.o.)	20-30	58.6	18.1
Native American (45-74 y.o.)	40-70	N/A	40.8

^aNIDDK Centers for Disease Control and Prevention, <http://www.niddk.nih.gov> Accessed January 15, 2002.

^bAged over 65 years who reported U.S. 1999 MMWR June 29, 2001.

^cAged over 18 years who were current smokers, National Health Interview Survey- US 1999, MMWR October 12, 2001.

may not be able to take erythromycin three times daily with food. If she attempts to take the medication during the daytime (in which she is fasting) she may suffer nausea and vomiting commonly associated with taking erythromycin on an empty stomach, and fail to complete treatment. To fully achieve the goals described in this mission, a pharmacist must incorporate a variety of patient factors, including personal and cultural influences on health care decisions.

Anne Fadiman's book, *The Spirit Catches You and You Fall Down*, reveals the tragic story of how our advanced health care system did not meet the needs of a Hmong child. In this factual account, a Hmong child with a seizure disorder failed to receive effective treatment not only because of language barriers, but also because of a lack of understanding of the cultural influences on treating such disorders. The Hmong family perceived the disorder as "a gift which qualified her to be a shaman." In addition, the family employed traditional remedies and treatment strategies of which the physicians were unaware(3). The award-winning book makes a strong case for the need for cultural competence in the health care system.

In community pharmacy cultural barriers can occur from both a pharmacist's and a patient's perspective. Pharmacists are often frustrated with counseling non-English speaking patients. The development of a more welcome environment, one that recognizes cultural needs and preferences of individuals, brings the potential for generating business. Marketing strategies throughout the United States have evolved to target specific ethnic and cultural groups in an effort to increase awareness of products and services. In a community pharmacy it makes sense to develop ways to make a pharmacy inviting and comfortable for the communities you serve.

HEALTH DISPARITIES

Data provided by the U.S. Census illustrate disparities in education

and income levels among various groups. Table II illustrates some examples. Although it is vital to avoid making generalizations, it can be useful to consider the impact of these factors.

In addition to the disparities noted above, many studies have identified specific health differences between ethnic groups. Table III, compiled from various sources, illustrates some dramatic differences in health conditions and behaviors in which pharmacists play an important role. When addressing health care issues like those listed, it is essential to consider an individual's health beliefs and cultural influences.

Prevalence of other health conditions also varies between ethnic groups. The Department of Health and Human Services has issued a National Health Promotion and Disease Prevention objective entitled Healthy People 2010. The goal of this directive is to eliminate identified health disparities among ethnic groups. Ten health indicators identified are physical activity, overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, and access to health care(4). National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care have been published by the Department of Health and Human Services Office of Minority Health and Resources for Cross Cultural Health Care(5).

Recognizing and understanding existing disparities encourages pharmacists to think about ways to overcome them. How can a pharmacy environment and programs be changed to improve health care for the communities served? What communication barriers need to be overcome to ensure that pharmaceutical care is provided effectively and indiscriminately? What other health care issues and practices need to be included when developing a care plan for an individual?

IDENTIFYING CULTURAL ASPECTS OF HEALTH CARE

Examining One's Cultural Background

When developing cultural competence, it is essential to begin by examining one's own cultural background. In her book, *Cultural Diversity in Health and Illness*, R. Spector lists some questions to consider to better understand one's cultural heritage and its effects on health care perceptions(6). The questions below include many from Spector's work, as well as some more general cultural background questions.

1. What is your cultural heritage?
2. Where did your parents/grandparents/great grandparents come from?
3. What were/are some foods, celebrations, rituals, clothing, etc that were meaningful to your family and symbolized your cultural background?
4. "How do you define health?"
5. "How do you keep yourself healthy?"
6. "How do you define illness?" What causes illness?
7. "What would you define as a minor, or non-serious medical problem?"
8. "How do you know when a given health problem does not need medical attention?"
9. What health problems do you self-diagnose?
10. Who do you seek for help with minor health problems? Major health problems?
11. "Do you use over the counter medications? Which ones and when?"
12. Who makes health care decisions in your family?
13. What expectations are there for who is to care for an elderly relative?

Giving some thought to the questions above facilitates understanding of cultural influences. Bondar, *et al.*, describe culture as being learned, localized, patterned, evaluative, and having continuity(7). By recognizing the impact of culture on behaviors, perceptions, and choices, one can more readily identify and accept others' cultural influences.

To avoid making inaccurate generalizations about an individual's culture, consider the culturally supported boundaries within which an individual makes choices. Open discussion with a client about health care beliefs will be the most useful approach to include cultural influences in health care strategies. In order to better understand how an individual's cultural background will affect pharmaceutical care, three general areas will be considered: (i) health care perspectives and beliefs; (ii) traditional medicines and therapies; (iii) communication patterns.

Health Perception and Treatment Choices

The role of social structure and family members can strongly influence one's health care choices. Being aware of family members' traditional roles in health care decision-making can help us recognize patterns and prevent potential conflicts. For example, in some Hispanic families the grandmother or mother is responsible for making health care decisions, whereas the father may be responsible for most other decisions. In some Southeast Asian cultures the oldest male in the family makes health care decisions(8).

Most cultures embrace a standard protocol for treatment of illnesses. The severity of the illness generally dictates who is sought for treatment. Oftentimes an elder family member is

consulted for minor illnesses. Once a condition progresses, however, approaches to treatment diverge among cultures. For many people with strong religious beliefs, a priest or church leader may be consulted at any stage in an illness. Prayer may be an important part of the healing process, or an essential element of health maintenance(9). Recent immigrants, such as those in the Ethiopian community, may be unaccustomed to the United States health system, and seek the advice and expertise of a tribal healer or a community member with a reputation for healing(8).

As with conventional medicine, the treatment sought will correspond with what the patient perceives as the cause of the illness. The patient who thinks an illness has been caused by a curse or spell may begin treatment with prayer, or by seeking advice from a spiritualist or traditional healer(8). In some cases treatment may not be sought at all because the condition is considered shameful. For example, mental illness can be considered disgraceful in Vietnamese culture, and a patient may be reluctant to acknowledge and seek treatment for such problems(10). Allowing the client to discuss his beliefs about an illness in a non-threatening environment will allow incorporation of his beliefs and practices into a reasonable and collaborative care plan.

Traditional Medicine and Therapies

As pharmacists we are especially concerned with alternative treatments that patients are using. In a multicultural population we face even more challenges with a patient's use of home remedies that may include herbs and foods as well as traditional healing therapies and rituals. In addition, a patient's perception of prescribed Western medicines may also influence his commitment to treatment.

It has become commonplace to ask patients about nonprescription and alternative medicine use. We have come to recognize commonly used herbal remedies, and can often screen for potential interactions or problems before they arise. When eliciting home remedies or less common herbal treatments used by some patients, it may be difficult to assess their role in therapy. Many Asian people have a vast array of herbal remedies available to them from their herbalist, traditional Chinese pharmacist, or brought directly from their homeland. Often the patient is unable to provide the practitioner with an accurate description or English name of the herb or mixture. Under these circumstances it is important to gather as much information as possible about the herb's intended use, its possible action, and potential adverse effects and drug interactions. If a real potential for interaction or adverse effects exists, the practitioner may need to convince the patient to discontinue the herbal remedy for a period of time.

Pharmacists may be less concerned with traditional therapies that do not include foods or herbs, but they need to be acknowledged nonetheless. Acupuncture, coining, prayer, and voodoo may not have potential for drug interactions; however, being aware of a patient's practices and preferences can improve overall understanding of his health care (10). Some practices such as coining may leave marks, which may be misinterpreted if a practitioner is not aware of their origin. If the alternative treatment poses no harm to the individual, it may be integrated with conventional therapies to allow the patient some control and increase acceptance of nontraditional treatment.

Many cultures perceive a balance of hot and cold to be a key component of health maintenance. In this scheme, some

illnesses are considered “hot” and need to be treated with “cold” remedies or treatments. Conversely, a “cold” illness should be treated with a “hot” medicine. This concept follows the yin/yang model commonly found in Asian cultures, and many Hispanic cultures adhere to similar beliefs. For example, some Hispanic people may consider penicillin a “hot” medicine, and may not be willing to use it if prescribed for a condition the patient perceives as having “hot” symptoms, such as a fever (8).

Communication

Perhaps the most common, yet least recognized, communication barrier is that between medical professionals and lay people. As we are educated and acculturated into the medical profession, we spend a substantial amount of time with others who have similar interests, educational level, and specialized language. Terms such as G.I., anti-inflammatory, b.i.d., hypopigmentation, and range of motion become a part of our “everyday” language, often to the detriment of our patients. As pharmacists we frequently hear patients expressing their frustration with not being able to understand what the doctor just told them. Yet pharmacists often fall into the same trap. Paying attention to the “language” we use when speaking with patients is a first step to bridging communication barriers(11).

The non-English speaking patient more obviously presents cross-cultural communication problems. New directives, such as those outlined in Healthy People 2010, have been enacted to help diminish this source of potential health disparities. Although many hospitals are able to hire interpreters or bilingual personnel, this may not be a practical solution for smaller community pharmacies. Oftentimes a child of a non-English speaking patient is enlisted to translate. This can lead to further difficulties if the condition is of a personal nature or if the child cannot translate accurately. Written materials are often used in an attempt to overcome a spoken language barrier, however the possibility of illiteracy should be considered. Pictograms, like those found in the USPDI, can be used to some extent to convey basic messages. Simple drawings and demonstrations may also be useful to convey messages.

Expecting pharmacists to become fluent in all the languages of the clients they serve is impractical. However, it may be useful to learn simple phrases in languages of non-English speaking clients who commonly visit the pharmacy. Learning how to say a typical greeting demonstrates interest in improving communication and learning about your clients. Even when the phrase is not uttered properly, most clients appreciate the effort as a genuine interest in their culture. Learning other phrases such as, “I don’t understand” or “speak slower please” can be very useful. Finally, knowing about resources available for your clients can help with referrals. Many communities have interpreters, cultural centers, and English instruction classes.

Nonverbal communication practices are another barrier to effective communication. Behavioral scientists have found that 55-95 percent of a message communicated may be nonverbal (12, 13). Aspects to consider in nonverbal communication are eye contact, personal space and touch, and facial expression. Anglo Americans typically perceive eye contact as an expression of interest and sign of honesty. In many Middle Eastern and Asian cultures, however, eye contact is considered a sign of disrespect. Being aware of cultural influences on eye contact can help a health care provider avoid judgment about a client’s character.

Comfortable personal space varies among cultures. Anglo American patients may desire a wider circle of personal space, and touch, however sincere the intention, may be unwelcome. It is also important to note that there may be strong gender taboos for touch and space. A Japanese woman may reach out to a female pharmacist, but shy away from her male colleague. In contrast, for many African Americans touch is an essential part of health care, and personal space is minimal by comparison(13). A client may provide clues about her cultural perceptions of space and touch. If she stands close, or reaches out to touch the pharmacist, consider cultural influences in her nonverbal communication. It is not necessary, however, to abandon one’s own comfort zones to accommodate a client. Simply understanding the context of another’s communication style can help minimize misconceptions. If language is not a problem, space and touch issues can be addressed with honest and direct dialogue. Simply stating, “I am not comfortable being so close,” or asking, “Is it okay if I touch your arm?” can prevent misunderstandings.

Facial expressions have the potential for being misleading. Nodding and saying yes may seem an indication of understanding; however, in some Southeast Asian cultures it simply indicates the person is paying attention and being polite(10). Requesting that the patient demonstrate understanding by repeating what has been told can ensure that the correct message has been received.

Achieving Cultural Competence

Cultural competence in health care requires proper knowledge, attitude, and skills. One definition describes it as being “able to recognize differences, identify similar patterns of responses, avoid stereotyping by acknowledging variations, and balance his or her own caring actions by recognizing differences and avoiding stereotyping”(14).

Building knowledge about the cultures served in a practice setting is essential for providing culturally competent care. There are a number of resources available on the web and in print that provide health-related information about specific cultures. Appendix A lists some of these resources. Another approach to understanding family and social structure in cultures is to read literature about the cultures(15). Anthologies of short stories by authors of specific ethnic backgrounds are available at most book stores and libraries. Local resources and cultural centers can also provide information about your patients’ culture. Perhaps the best place to start, however, is to engage in open conversation with patients about their culture and health care beliefs.

After examining one’s own cultural influences it is easy to see how health care perceptions and beliefs vary between individuals. Recognizing cultural components of health care decision making, and reserving judgment, will allow providers to incorporate these factors into patient specific care plans. A sincere and respectful discussion about another’s health perceptions can develop a sense of trust between patient and provider.

Many strategies for attaining cultural competency have been developed and described. The list below summarizes concepts and practices that can improve cultural competence in pharmacy practice.

1. Examine your own cultural background.
2. Learn about the cultures you serve.
3. Demonstrate sincere interest in your client’s culture. Ask open-ended questions.

4. Recognize cultural differences.
5. Don't generalize or stereotype. Determine individual perceptions, beliefs, preferences, and needs.
6. Make the pharmacy environment welcoming and attractive based on clients' cultural backgrounds.
7. Negotiate and educate to develop therapeutic plans which are compatible with cultural beliefs.
8. Use culturally sensitive educational approaches and materials.
9. Learn some phrases of the predominant non-English speaking population in your community.
10. Be aware of culturally based resources in your community. Have materials available for referral if needed.
11. For language barriers, use a trained interpreter if possible. If not, a family member may be helpful.
12. Pictograms may help convey some messages.

CONCLUSION

Understand that cultural competency is an evolving process. Being sensitive to the cultural influences on an individual can improve the health outcomes desired in a pharmaceutical care setting. Overcoming cultural barriers can decrease frustration associated with communication failures. In addition, making pharmaceutical care services accessible and friendly to multicultural clients can improve customer satisfaction and develop rewarding long-term relationships(16).

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APPENDIX A.

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Developing and embedding cultural competence in healthcare requires a sustained focus on knowledge, awareness, behaviour, skills and attitudes at the operational or administrative level, health practitioner level, practitioner-patient level, and student-training level. To optimise our cultural capabilities, and meet our professional obligation of inclusive and multicultural healthcare, it is necessary to pause, reflect and review our relationship with "culture". If you have researched any aspects of "culture" in the areas of Pharmacy Practice or Pharmacy Education we would like to hear from you. Mary Ann E. Zagaria, PharmD, MS, CGP Independent Senior Care Consultant Pharmacist and President of MZ Associates, Inc., Norwich, New York www.mzassociatesinc.com Recipient of the Excellence in Geriatric Pharmacy Practice Award from the Commission for Certification in Geriatric Pharmacy. US Pharm. 2013;38(9):20-22. The United States population is not only aging, but it is also increasing in diversity. To patients who come from a variety of cultures and backgrounds, health care providers, including pharmacists, should strive toward cultural competence. The underlying reasons for emphasizing cultural competence in the health care arena are Attaining Cultural Competence. 1. Examine your own cultural background. 2. Learn about the cultures you serve. 3. Demonstrate sincere interest in your client's culture. 4. Recognize cultural differences. 5. Don't generalize or stereotype. Determine individual perceptions, beliefs, preferences, and needs. 6. Make the pharmacy environment welcoming and attractive to clients from different cultural backgrounds. 7. Negotiate and educate to develop therapeutic plans which are compatible with cultural beliefs. 8. Use culturally sensitive educational approaches and materials. 9. Learn some phrases of