PROMOTING STAFF AWARENESS OF CULTURAL COMEPTENCE WITHIN A MEDIUM SECURE ENVIRONMENT

By

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Grenfell Tower

The Victims

Grenfell Tower

What is Cultural Competence (CC) ?

- A set of congruent behaviours, attitudes and policies that come together in a system , agency or among professionals and enables that system, agency or those professionals to work effectively in cross cultural situations. (Cross et al 1989)
- Ability of individuals to establish effective interpersonal and working relationships that supersede cultural differences (Cooper and Roter, 2002)
- Being able to recognise and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy (US Department of Health and Human Services. Office of Minority Health, 2011)
- CC acquisition is proposed as dynamic in nature, rather than acquired through employment of a single intervention (Dogra et al 2010; Lie et al 2012; Beach and Fraser 2000; Anderson et al, 2003)
- Cultural Formulation Interview (CFI) developed from DSM-5 (APA, 2013) officially acknowledging culture's relevance to mainstream psychiatry (Lewis Fernandez et al 2014)

Why is Cultural Competence Important?

- Inside Outside (NIMHE 2003) described programme of reform for mental health services for BME communities in England
- Mental Health National Service Framework (MHNSF) recognised that services were not adequately meeting needs of BME service users
- 2 key components of strategic plan were to reduce and eliminate ethnic equalities in mental health service experience and outcome and to develop cultural competence of mental health services through education and training.
- Particularly important for forensic services with a high proportion of patients from BME communities.

What is Organisational Cultural Competence?

- Organisational values from top management to support staff (Castillo et al, 2011) – mission and vision statements, documentation, beliefs of personnel and organization's commitment (Hernandez, 2009)
- Organisational training and education-knowledge, awareness and skills (Welch, 2002)
- Organisational communication (Bhui et al 2007) exchange between organisations and patient population
- Recruitment and retention, improving data, engaging faith communities, training, challenging stigma and impact assessing policies and systems (Adamson et al 2011)

What is Organisational Cultural Competence? Contin.....

- Monitoring and evaluation – design and use survey instruments to plan for services and measure satisfaction and quality (Castillo et al, 2011)
- Human resource practices – recruitment and hiring, training, criteria for retention and promotion (Hernandez, 2009)
- Cultural humility – openness , self-awareness, egoless, supportive interactions, self-reflection and critique (Foronda et al, 2016)
- Reconcile with evidence based practice (Gone et al, 2015)

Does Cultural Competency Training Improve Health Outcomes?(Lie et al, 2010)

- 7 studies met inclusion criteria for systematic review, 3 individual physicians, 2 involved mental health professionals and 2 involved multiple health professionals and students.
- Study quality was low to moderate, none of high quality.
- Effect size ranged from no effort to moderately beneficial
- 3 studies reported positive effect, none demonstrated harmful effect
- Future more rigorous studies needed.

Description of Tool

- Questionnaire adapted from Cultural and Linguistic Competency Policy Assessment developed in 1999 (Office of Ministry Health, 2001) and revised in 2002 by the National Centre for Cultural Competence
- Changes were implemented to include British cultural groups and the linguistic part excluded
- 47 Likert-type scaled questions with varying sub-questions on 7 subscales
- Cronbach's Alpha was 0.978, confirming reliability of tool
- Re-named Cultural Competency Policy Assessment (CCPA)
- Designed to assess CC in 4 dimensions: values, policy, structure and practice

Subscales

- Knowledge of Diverse Communities (KDC)
- Organisational Philosophy (OP)
- Personal Involvement in Diverse Communities (PIDC)
- Resources and Linkages (RL)
- Human Resources (HR)
- Clinical Practice (CP)
- Engagement of Diverse Communities (EDC)

Cultural and Linguistic Competence Policy Assessment

- **Cultural and Linguistic Competence Policy Assessment**
- **Overview/Purpose**
- The Cultural Competence and Linguistic Competence Policy Assessment (CLCPA)
- was developed at the request of the Bureau of Primary Health Care (BPHC), Health
- Resources and Services Administration (HRSA), U.S. Department of Health and
- Human Service (DHHS). The CLCPA is intended to support community health
- centers on: (1) improve health care access and utilization, (2) enhance the quality of
- services within culturally diverse and underserved communities, and (3) promote
- cultural and linguistic competence as essential approaches in the elimination of
- health disparities. The NCCC developed *A Guide for Using the Cultural and*
- *Linguistic Competence Policy Assessment* that is available at
- http://gucchd.georgetown.edu/nccc.

Methodology

- Chadwick and Eaglestone View is a 94 bedded secure hospital with 54 male and 40 female beds across levels of security under Elysium Healthcare
- Participants were clinical and non-clinical staff members of Chadwick, spread across 9 wards
- Opportunistic sampling using a combination of planned approach through email contact and approaching staff randomly on wards
- Survey led by Social Work department
- Outside academic facilitator from Brunel University
- Results to be fed back through Clinical Governance and Senior Leadership team to develop action plan.

Difficulties in gathering information

- Chadwick Lodge and Eaglestone View currently employ 306 members of permanent staff and 78 Bank staff, however only 27 agreed to complete the service evaluation
- We sent an email and printed the forms and gave them out to staff members. We then began to experience difficulties as people were not responding or people sharing that they had concerns about the consent forms. People worried that by giving consent they were putting their names to the findings and they wanted to remain anonymous.
- We were concerned that if they did not make us aware of their name on the form then we would not be able to give them the opportunity to withdraw as we would not be able to identify which form belonged to which staff member. Reluctantly we agreed but made staff aware that if they did not consent then they would not be able to withdraw from the evaluation. Only 7 people chose to complete the consent forms, 1 consented but did add their name 19 people did not complete the consent form.
- We found that some people resisted completing the form due to concerns about the evaluation. One staff member fed back that they felt the evaluation reflected the organisation not the staff and another reported that they felt it was a ‘tick box exercise’.
- Possibly the biggest difficulty for staff was finding time to complete the forms, especially the nursing staff. In future it may be worth protecting time or allowing nursing staff to come away from the ward to complete the form.

The Findings

- The analysis so far appeared to reflect that the organisation is culturally competent in meeting the needs of White British and Black/ Black British more than that of Asian/Asian British, Mixed Multiple Ethnic groups and other Ethnic Groups. However it is important to note that the evaluation is still under way.
- The analysis appeared to reflect that the 'Organisational Philosophy' is culturally competent but that Human Resource and Resources and linkages were areas that require improvement. This may mean that the hospital needs to link with more multi-cultural services such as religious provisions or food suppliers. However this needs to be further examined.

Improvements For The Future

- As highlighted above, we identified that time was a major factor when completing this evaluation; allowing staff to have more time will ensure consistency and a true reflection on findings. In the future we do recommend that 6 weeks is a feasible time for data collection, as we found our time constraints to be difficult.
- In terms of the difficulties we had in gathering consent and the absence of information passed onto staff in terms of the ideology of the survey, which resulted in staff not being able to identify that the survey was focusing on cultural competency and not directed at them. In the future it may be beneficial to inform staff that recognising gaps in cultural competency ultimately should have an impact on staff wellbeing.
- Staff felt that the survey consisted of too many questions and would have found it more benefiting and less time constraining if the survey was more of an easy read and have less questions.

Doubt and Certainty

- *If a man will begin with certainties, he shall end in Doubts, but if he will be content to begin with Doubts, he shall end in certainties.*

  - *Francis Bacon in "The Advancement of Learning"*
  - *1605 (Moss and Prins, 2006*

Thank you – Any Questions?