



Cultural competency and occupational therapy

Terry Bowman, a senior OT with St. Andrew's Healthcare, reflects on the ways we interact with service users culturally

Have you ever reflected upon what shapes your world-view as a person? Have you even thought about how you directly or indirectly communicate your world-view to others? As a clinician, how culturally competent are you?

According to the US Department of Health and Human Services (2008): 'Cultural and linguistic competence is a set of congruent behaviours, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behaviour that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. "Competence" implies having the capacity to function effectively as an individual and an organisation within the context of the cultural beliefs, behaviours and needs presented by consumers and their communities.'

The first time you meet a service user, how you look can communicate volumes. A cross, Yamaka, or turban can convey your religious, spiritual, or cultural beliefs. How you like to be addressed could be a reflection of your generation or age, for example, if you are a woman do you prefer 'Mrs', 'Miss', 'Ms', or your first name?

When you verbally interact, how close do you stand to the person you are speaking with? When it comes to conducting interviews, assessments, or facilitating sessions, do you think about your culture and how it can positively or negatively influence the service user? Do you take the time to learn a bit about the service user's culture? If so, do you incorporate this knowledge into treatment?

As an American now living and working here in the UK, I am faced with culture on a daily basis – more than I did in a diverse

city such as San Francisco, from where I moved. I appreciate the challenges of being a stranger in a strange land and all that it affords me. I have made mistakes and undoubtedly I will make more. At worst, I have experienced racism directed at me.

The subject of cultural competency is extremely rich, but I would like to share some examples of how treatment can be affected by a clinician's cultural competency. I do not purport to have the answers, or a step-by-step guide to being culturally competent, rather some thoughts for you as a clinician to ponder.

When facilitating a session, do you use language that is inclusive? For example, I work in a women's service, so when I talk about relationships I do not just mention heterosexual ones, nor do I use language that only refers to men as a partner.

I once worked with male and female service users who were primarily of Afro-Caribbean descent. A very popular session was to facilitate a grooming group where the attendees plaited one another's hair. Not only was grooming addressed, but also the amount of socialisation between everyone greatly increased in a positive way during this group.

I have also worked with people of Latin descent and planned sessions and celebrations geared towards holidays such as 'Dio de las Muertes' (Day of the Dead), which honours loved ones who have died. Tai chi exercise sessions were a typical way to start the day when I worked with people who were primarily of Chinese descent. And I have included music and food from a service user's homeland while doing sessions.

These are just a few examples of trying to be culturally sensitive and competent.



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Diversity must be a part of a service user's treatment plan. The multidisciplinary team needs to understand how the service user's culture and world-view influences his/her perception of illness, healing, and wellbeing. Just as important, each clinician must take stock and review his/her own world-view.

Finally, does the service user's world-view mesh with the clinician's? This last part cannot be answered until you, as the clinician, have done some reflection about your world-view and culture. Until this happens, you can directly or indirectly affect treatment in a positive or negative manner. What steps can you take to improve your cultural competency?

Reference

US Department of Health and Human Services (2008) *What is cultural competency?* Available at: www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=11 [Accessed 3/12/08]

● **M Terry Bowman**, senior OT, St. Andrew's Healthcare, Birmingham. Email: TBowman@standrew.co.uk