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Cultural Competency in Medical Social Work with Elders

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by

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Abstract

The purpose of this research study is to gain a better understanding of the importance of implementing cultural competency when working in medical settings with the older adult population. This is a qualitative exploratory study. To complete this study, six semi-structured interviews were completed with licensed social workers who are working in a medical setting and also have experience working with the older adult population. All LSW's and LGSW's who participated in this study currently work in the Twin Cities area. The researcher completed a brief literature analysis related to the impact of cultural competency within medical settings when working with the older adult population. The literature displayed how cultural competency improved working relationships between social workers, clients, and family members improved the level of care provided to clients, as well as types of cultural competency training and how it can be implemented to create a more client-centered approach to treatment plans and care needs.

Through the analysis of six semi-structured interviews, six themes emerged. These themes include: cultural competence learned through personal firsthand experience or CEU training, the importance of education, importance of acknowledging client's values and beliefs, promotion of cultural competency resources, improving the working relationships, and higher satisfaction rates. The research implies that cultural competency is an important factor in providing care to clients. There seems to be a need for more training related to culture for social workers in the field. By implementing cultural competency when working with clients we honor the social work values and in turn will create an overall better experience for clients.

Keywords: Cultural Competency, Medical, Social Work, Training

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Cultural Competency in Medical Social Work

Social Work is a profession that is relevant in many different settings and serves individuals, families, and communities from various backgrounds. When working with diverse populations there is specific knowledge and skills that should be integrated into the working relationship. Cultural competency is defined as "a set of skills, attitudes, and practices that enable the healthcare professionals to deliver high-quality interventions to patients from diverse cultural backgrounds. Improving cultural competence skills of the workforce has been promoted as a way of reducing ethnic and racial inequalities in service outcomes" (Owiti, Ajaz, De Jongh, Bhui, Ascoli, & Palinski, 2014. p.814).

According to 2000 Census data, demographers anticipate that between 2000 and 2030, the percentages of minority elders will increase (Parker, 2010). According to National Association of Social Work in 1980, 80 percent of the population was white; in 2014, the percentage had decreased to 63 percent and is projected through 2050 to continue this decline to 44 percent (Ortman & Guarneri, n.d.). In nursing homes, the rates of white residents have declined and the ratio of cultural diverse racial groups are continuing to increase. It has been noted that in long-term care settings there is a struggle to provide culturally appropriate care for ethnically diverse populations due to differences in language, culture, and religious views (Parker, 2010. p.98).

The purpose of this qualitative research project is to gain a better understanding of the importance of cultural competency when working in medical settings with elders. To accomplish this, interviews were conducted with medical social workers who have experience working with elders as well as with diverse populations. This research project was conducted as an exploratory study.

<center>**Literature Review**</center>

Cultural competency is a perspective that is relevant in all fields of Social Work practice. It is a perspective that is not always easy to define, but pertinent when providing care to clients. The literature presents several important ideas regarding this topic. The literature used in this study explores the importance of cultural competency and how it relates to working with elders in the medical field. Concepts such as competent care, interdisciplinary care team collaboration, quality of life, specialized training, and client-centered work. Each of these concepts links to the idea of promoting culturally competent care.

Cultural Competency and Growing Diversity

The United States Office of Minority Health indicates cultural competency as follows: "cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable effective work in cross-cultural situations." (Parker, 2010.p.99). "Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presenting by consumers and their communities" (Parker, 2010.p.99). The population of elders is ever changing, as is the settings in which they reside. In nursing home facility's, the population residing in them is becoming more diverse. Since the 1970's the rates in which white elders continues to decrease as the rate for racial or ethnic groups continues to increase (Wan et al., 2005) (Parker, 2010).

Within nursing home settings, it has been noted that due to this shift in the population served, there is an issue in providing best quality care to clients. Barriers to providing the best quality care relate to staff and the facility's inability to recognize or accommodate language, religious

and cultural needs of the client's (Mold, Fitzpatrick, & Roberts, 2005) (Parker, 2010). It is important to note that "employing cultural competency when caring for older adults means acknowledging that race and ethnicity are only two aspects of diversity, which also encompasses sexual orientation and variances of regional culture". It has been shown that within the next 15-25 years that nursing home facilities will become more dependent on communities of color as well as immigrants to provide clients with culturally specific care for the client's (Parker, 2010.p.98).

Working Relationships

Creating a positive working relationship with clients is a key factor in enhancing their overall quality of life. "Given the increasing diversity in society, a social workers' capacity to effectively engage and work with culturally diverse populations is essential in clinical practice" (Lee, 2011.p.185). Studies have indicated that cultural competency is influential in determining effective relationships between clients and social workers. Cultural competency allows social workers an opportunity to gain rapport with their clients on a deeper level displaying genuine interest in the client's backgrounds. Acknowledging and respecting their differences can create a sense of comfortability and trust for the client. In studies related to satisfaction of care it has been shown that clients who had social workers who seemed to be more culturally competent with regards to their care, the clients tended to have higher satisfaction rates related to treatment and care. Due to the social worker understanding the client's background and culture it improved the working alliance. Studies have shown that individuals who had social workers who seemed to be less understanding and did not have a level of cultural competency tended to create a feeling of mistrust, anger, alienation and a feeling of disrespect for the client (Lee, 2011).

Working with a social worker can be overwhelming for any client, but even more so if the social worker is of a different cultural background. In a cross-cultural interaction between a client and social worker, it can easily evoke a sense of stranger anxiety. Social workers need to display to the client a sense of respect, tolerance, and acceptance towards the client and their differences. If this is not done well by the social worker, it may make the client feel disengaged and make the client feel uncomfortable and misunderstood. By the social worker acknowledging with the client their differences, as well as attempting to learn more about the clients' culture, this can create an opportunity for the client to feel more comfortable and willing to disclose with the social worker their vulnerabilities or issues they may be experiencing (Lee, 2011).

In the working relationship between client and social worker, it is also important for the social worker to advocate on behalf of the client in their other working relationships with other providers. It is the social worker's job to make sure that specific resources are put in place on behalf of the client for them to have a positive experience in the facility. For instance, setting up interpreters so that the information being provided is in the clients' language of preference. This is also useful if the client has a meeting with a Physician, Nurse Practitioner, Physical therapist along with many other care team members to create an opportunity for the client to have a more comprehensive understanding of what is being done with their care when the information is being given to them in their own specific language. It is also important for the social worker to educate their team members on information such as culturally appropriate verbal and non-verbal communication so they do not offend the client in any way (Martin & Bonder, 2003).

Interdisciplinary Collaborative Practice

In medical settings, it is common for clients to have a variety of healthcare professionals working as part of their care team. It has been noted that interdisciplinary collaboration of

practice allows for a more client-centered treatment of care and provides improved outcomes. It provides improved communication between practitioners, caregivers, along with the client and their family. A culturally competent care team creates better health outcomes for the client due to providers having a better understanding of their cultural history, values, and beliefs (Oelke, Thurston & Arthur, 2013). As care team members promoting culturally competent care it is important to acknowledge ones' own stereotypes and bias regarding those of different cultures. The importance of care team members educating one another about core issues and beliefs of specific cultures and clients is that it will allow for a more cohesive care team with improved care outcomes (Pecukonis, Doyle, & Bliss, 2008).

Care Needs

The importance of cultural competency in a nursing home setting can be seen on many levels. If a social worker can display a sense of cultural competency towards clients of different backgrounds this allows them to gain and share information learned from assessments and visits with the care staff (Miyake, 2002). This, in turn, can create a better quality of life for the client because their important and specific needs and wishes are met. Cultural competency creates a context to help social workers gain an understanding of the issues that a particular group faces as well as specific cultural norms and traditions. It is important for social workers to gain an understanding of each individual client's background related to race, socioeconomic status, sexual orientation because these contributors can influence an individual's "physical, functional and psychological health" (Min, 2005).

It is important for social workers to have some level of competency in other cultures in order to share with others within an organization. "Organizational cultural competency addresses the capacity of an organization to support culturally appropriate and responsive care" (Miyake,

2002.p.42). This can relate to the idea of providing interpreters, specialized food plans etc. that could be put into place to improve the overall living experience for the client. This is something that can be facilitated through the acknowledgment of cultural difference recognized by the social worker. It is important for social workers to obtain knowledge in areas such as racism, structural inequalities, and health disparities to help provide the level of care and support for the client (Johnson & Munch, 2009). For the care needs of the client to be met it is important to recognize the importance of building a positive working relationship between client and social worker. If the client feels a sense of comfort and understanding with the social worker, they will be more willing to discuss how the facility can better meet their needs.

Culturally Competent Care

When striving to provide culturally competent care there are three qualities one needs to consider. These qualities include: "ability to resolve cultural differences, openness to respect the diverse groups and flexibility to adapt to different situations involving other cultures." (Horevitz, Lawson & Chow, 2013.p.137). Valuing diversity, having the capacity for competent cultural assessment, being conscious of the dynamics when cultures interact, institutionalized cultural knowledge, and adapting services to gain an understanding of cultural diversity are all elements needed in providing competent care (Leishman, 2004). Providers who take interest in learning the history, values, and beliefs of cultural and ethnic groups allows for there to be less ambiguity between client and providers as to what the client's goals and beliefs are regarding care. This allows for the providers to create treatment plans that are culturally specific to the client and allows for improved quality care (Horevitz, Lawson, &Chow, 2013).

Client-centered work and providing clear communication with clients is crucial when providing care to culturally diverse individuals. "The term cultural competence describes

culturally appropriate attitudes and behaviors' between and among workers, and residents or patients in health and long-term care settings"(Parker, 2010.p.99). Cultural competence is a way to create a way opportunity for understanding as a provider about the beliefs, experiences, and values of a specific cultural group. The importance of communication is evident in the social work field, especially in a nursing home setting. "What providers need most are communication skills enabling them to perceive cultural influences on care and effectively communicating with patients in the context of those influences"(Parker, 2010.p.100). This can allow the social worker to be more client-centered and have awareness of the client's own cultural context and display this through interventions. It is crucial for the social worker to be mindful of themselves and their communication style when working with individuals of a different culture (Parker, 2010). Communication and client-centered care through cultural competency relate well to building a strong working relationship, allowing the care needs of the patient to be met and can improve the overall quality of experience within a nursing home setting.

Culturally competent care is a key factor in providing care to the elder population. "One of the greatest challenges facing America today is providing health care to a growing and increasingly diverse aging population" (Dilworth-Anderson, Pierre & Hilliard, 2012.p.27). It has been noted that by 2030, as the United States population ages this population is looked to be more ethnically diverse and will continue to grow. With age comes the risk factors for Alzheimer's disease. It is estimated that 5.3 million American currently have this disease; 10 percent being over the age of 65 and 50 percent over the age of 85 and the numbers continue to grow (Dilworth-Anderson, Pierre & Hilliard, 2012). Minority elder population face barriers related to obtaining competent care due to economic status, housing geographic location, and health literacy. Things to be considered when working with ethnically diverse elders who have

Alzheimer's include: differences in perception in the causes of the disease, disparities in screening to validate existence of the disease, disparities in timing of diagnosis and disparities in access to care to treat the disease (Dilworth-Anderson, Pierre & Hilliard, 2012).

Mental Health

In the United States, it has been shown that there is a large gap in the treatment of mental health between racial and ethnic groups and Caucasians. There are many barriers preventing minority groups from obtaining proper mental health treatment. These disparities include resource accessibility, insurance coverage, individual stigma, support system, perceptions and preferences related to mental health. In order to reduce these barriers for minorities not receiving proper mental health treatment a shift in creating more culturally competent providers and tailoring mental health treatments can lead to more racial and ethnic groups receiving improved quality treatment. It has been noted that "all human helping disciplines (e.g., social work, medicine, psychology, and counseling) must address growing evidence that mental health and illness are in part cultural experiences. In particular, differences in how disorders manifest may be related to racial and ethnic differences in how people characterize psychological distress and related symptoms (Cuarnaccia, CuevaraRamos, Gonzales, Canino, & Bird, 1992); how they seek help for the distress (HHS, 2001; Neighbors, Jackson, Campbell, & Williams, 1989); and how they respond to treatment" by acknowledging each of these culturally specific aspects, it will create an improved plan of care and outcomes (Kohn-Wood, & Hooper, 2014.p.179).

Palliative Care

Palliative Care can be defined as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through

the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual" (WHO,2009) (Parrish., Cárdenas, Epperhart, Hernandez, Ruiz, Russell, & Thornberry, 2012.p.215). This style of care is viewed differently by individuals based on their cultural beliefs. To some, this form of care is looked at as a beneficial way to provide comfortable care for those struggling with their illness, but to others, they may feel that they are giving up on life. The view of giving up on life could be against an individuals' religious beliefs making this form of care not an appropriate culturally competent option. When working with clients of a different cultural background it is important to identify these beliefs and values when creating care and treatment plans and goals of care (Parrish., Cárdenas, Epperhart, Hernandez, Ruiz, Russell, & Thornberry, 2012).

Sexuality-related Cultural Competency

In nursing homes, social workers need to not only be aware of a client's cultural background related to race and ethnicity but also sexual orientation and gender. When working in nursing homes there is be an array of client populations and backgrounds that need to be acknowledged in order to provide competent care and supports. Clients who come to a nursing home identifying as gay, lesbian, bisexual, or questioning endure many challenges in this type of setting. "Social workers have an important role in helping nursing homes attain and maintain an emotionally safe environment for residents" (Bell, Bern-Klug, Kramer, & Saunders, 2010.p.815). If social workers have training on cultural competency with an emphasis on sexual orientation it allows for this population to feel better understood and less judged. "It has been estimated that by the year 2030 there will be about four to six million older lesbian, gay or bisexuals in the older adult population about 120,000-300,000 will be living in a nursing home setting"(Bell, Bern-Klug, Kramer, & Saunders, 2010.p.815). One way in which social workers can display cultural

competency and acceptance of this population would be through addressing spousal partners differently on assessments. Many assessments acknowledge being married, divorced, single or widowed. Adding a partner to assessments can create a sense of value in the relationships that are currently in or have been in the past. This also is a way to create validation for the client and their life. (Bell, Bern-Klug, Kramer, & Saunders, 2010).

Training

Providing cultural competence training to professionals in the medical field will allow for more comfortable, and competent practitioners and satisfied clients. Many medical practitioners in today's medical field believe that having education related to culture will allow them to gain knowledge and awareness of the differences in belief systems and how to implement proper care and support to the clients (Hansen, 2014). Evidence suggests that workforce training in cultural competency is an important and useful way for social workers and staff to learn and address questions, concerns, and issues related to cultural competency. In the healthcare setting, cultural competency allows for growth in skills, behaviors, attitudes, practices, and policies that allow for high-quality care and interventions that relate to a client's specific cultural beliefs and values (Hansen, 2014).

Studies have suggested that cultural competency training may "produce benefits in terms of cultural sensitivity and staff knowledge and satisfaction" (Owiti, Ajaz, De Jongh, Bhui, Ascoli, & Palinski, 2014.p.815). It has been noted that the most useful way of training healthcare staff regarding cultural competency is through workshops and programs. These training workshops and programs educate healthcare practitioners about specific populations being served, as well as types of resources that can be utilized to promote the best quality care for each individual client. Providing these training allow practitioners to become more aware of

their biases and adapt the care for each client based on the clients' specific cultural needs (Lamiani, 2008). Cultural competency training can be learned not only through research and training but also through experiences. Hands-on experience with clients is a great way to learn about clients and their cultural background. Clients will appreciate if you ask them questions regarding their beliefs systems and will make them feel like the professional cares about what is important to and valued by them (Jeffreys & Dogan, 2013).

Creating a Blueprint

Social workers are crucial care team members to clients in nursing home settings. In order to create a living environment that is appropriate for a particular client's cultural differences, a social worker needs to be culturally competent. "Knowing and understanding the culture of a group provides a conceptual and methodological blueprint to follow" (Dilworth-Anderson, Pierre, & Hilliard, 2012.p.30). In other words, by social workers being culturally competent, it creates an opportunity for the social worker to create a "blueprint" of what the client's specific needs, values, and beliefs are about their care. This information can be passed along to other care team members allowing for the client to have a better experience in the nursing home. "By understanding groups values, belief systems, and ways of thinking, researchers, care providers, and policy makers can be more equipped to identify the cultural influences that serve as barriers and facilitators to eliminating health disparities" (Dilworth-Anderson, Pierre, & Hilliard, 2012.p.31).

Conceptual Framework

Cultural competency and cultural humility are frameworks which provide a channel to enhance the lives of clients. "Cultural competence requires social workers to examine their own cultural backgrounds and identities while seeking out the necessary knowledge, skills, and values that can enhance the delivery of services to people with varying cultural experiences associated with their race, ethnicity, gender, class, sexual orientation, religion, age, or disability [or other cultural factors]" (NASW, 2015, p. 65)." Due to the growing diversity in today's population, this concept has become more prevalent in everyday practice. By using this lens in practice, social workers can provide the most beneficial and appropriate care needed to promote the best quality of life for clients and their families.

Cultural humility is a perspective that "encourages workers to take into account an individual's multiple identities and the ways in which their social experiences impact their worldview, particularly as it related to their expression of their culture. This perspective has the benefit of placing the worker in a learning mode as opposed to maintaining power, control and authority in the working relationship, especially over cultural experiences about which the client is far more knowledgeable" (NASW, 2015, p. 33). The idea of creating cultural humility relates well to this study as a continuation of learning on the workers' part in relation to different cultural backgrounds. This, in turn, promotes better overall working relationships with clients and improved quality of life for each client.

Methods

Research Design

The purpose of this qualitative and exploratory research is to discover how important cultural competency is to social workers in the medical field when working with elders. This researcher accomplished this through conducting six qualitative interviews with medical social workers working in hospitals, transitional care/nursing homes, and homecare settings in the Twin Cities area.

Sample

The participants were identified through snowball sampling. This form of sampling provided data rich participants with experience in the field. I found my participants through fellow colleagues in the medical field who were able to connect me with individuals that were interested in the research. I requested a list of potentially interested participants and their contact information, including email addresses. I emailed each participant letting them know what I am researching and asked if they were interested in participating in this study (see Appendix A). If they were not interested I asked if they had any other potential participants who might be interested in this study. I continued this process until I obtained six willing participants.

Protection of Human Subjects

Prior to conducting these interviews, I discussed with the participant's informed consent. I let the participants know that at any point before, during, and after the interview, they are able to decide if they no longer would like to be a part of the study and any information shared will be destroyed. I also let the participants know that the interviews will be recorded for transcription purposes and after the information has been transcribed the recordings will be destroyed. A

consent form was reviewed and signed by the participants prior to the starting of the interview (see Appendix B). The participants were asked a series of interview questions written by this researcher (see Appendix C). The participants were informed that the information obtained from interviews will be written in a report and presented at the University of Saint Catherine / Thomas School of Social Work Presentation Day in May 2017.

Data Collection

The format of the interview was semi-structured into a guided set of ten questions related to the topic. This set of questions was preapproved by the Institutional Review Board before the structured interview was performed (see Appendix C for guided interview questions). The guided interview questions were developed to be unbiased and open-ended as to not lead to any type of specific answers from the respondent. The interviews lasted approximately 30-50 minutes.

The development of the interview questions stemmed from literature collected regarding cultural competency within a medical setting. The interview began by asking general questions about the respondent's experience as a medical social worker. Next, the questions were asked regarding their feelings towards the importance of cultural competency within medical settings and its definition. The questions that followed related to the participant's experience and outcomes related to a specific case using cultural competency. The questions that followed included the participant's experiences with any cultural competency training as well as any training provided by the current employer. The questions looked into specific populations that the respondents have worked with and their comfort/competence level with the groups. Finally, the questions concluded with discussing any sort of additional training related to cultural competency that the respondent felt would be beneficial as well as discussing any additional

information that the respondent felt was important that should be disclosed that was not

discussed in the guided questions.

Data Analysis

The grounded theory used by the research was qualitative. After completing the six

semi- structured interviews, full interviews were transcribed by the researcher. The researcher

examined the transcripts of participant feedback multiple times to ensure validity. The research

compared and contrasted participant feedback to identify common themes and concepts

throughout the transcripts (Padgett, 2008). This is where the findings emerged.

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Findings

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The researcher found six common themes in the six transcribed interviews. These themes

included: cultural competence learned through personal firsthand experience or Continued

Education (CEU) training, the importance of education, importance of acknowledging client's

values and beliefs, promotion of cultural competency resources, improving the working

relationships, and higher satisfaction rates. In this study, there were six participants. The

participants licensing ranged from LSW to LGSW. The settings in which these social workers

come from include: hospital, nursing home, primary care clinic, and home care. Each participant

was female. Participants will be referenced as A, B, C, D, E, and F throughout the findings.

Cultural Competency through Firsthand Experience or CEU

Learning cultural competency through firsthand experiences with clients or CEU training

through employers was the first theme presented throughout the interviews. Many of the

participants discussed how a majority of the training related to cultural competence has been

attained through firsthand experience working with clients, families, coworkers, and employment

CEU's. Many of the participants discussed that there has not been any sort of mandatory training that they have completed related to cultural competency. The participants expressed that the knowledge base they currently hold related to cultural backgrounds, dynamics, values, and beliefs have been obtained through direct practice or CEU's. When asked about what kind of training the participants had received related to cultural competency, Participant A indicated "I really don't have much training on cultural competency. It's more so what I have learned through my experiences. I have attended CEU's, but those have primary been related to working with dementia patients." This supports the idea that there are not many mandatory trainings completed or provided to social workers. Many of the participants stated that a majority of their cultural competency training has been attained through their first- hand experiences with clients and their families. Many of the participants discussed that Continued Education training through their employers. Participant C told the researcher "There are trainings available that I can choose to take through my employer. I took one in the Somali culture and their beliefs towards health care and what their views are in the differences in health care." This was also supported by participant B who stated:

> I feel like I haven't really experienced any training, but I have been able to do some
> continuing education that is more learning about other cultures and specific to health care
> and how some cultures view medicine and doctors compared to others.

Importance of Education

The importance of not only educating themselves but also other staff who are working with clients was a common theme throughout the interviews. Many of the participants discussed the importance of all care team staff becoming more educated regarding client's cultural backgrounds in order to provide competent care. The participants explained how having a

culturally competent care team is a big factor when providing the client more individualized care. Participants felt that by having well-informed and competent staff will allow for an overall better experience for the client and also help providers feel more competent to work with these individuals and families. Participant B indicated to the researcher:

> I found it to be my role to educate the doctors about the patient's culture. It was a patient that was very terminally ill the family was Hmong and they didn't want to have a discussion about palliative care, especially the sons in the family who wanted to do extensive treatment.

This supports the idea that all care team members need to gain a level of education related to cultural competency in order to provide adequate care and to feel competent in the work they are doing. This can assist in making more client-centered treatment plans. This also supported by Participant F who stated: "We do education with staff on cultural issues related to healthcare as well as the end of life and what to expect." Participants acknowledged that care teams with a basic of knowledge related to cultural competency can also reduce the anxiety of the client and their family. Participant A indicated:

> It can increase stress levels and anxiety for not only the patient and their families, but also the care staff due to patient and family frustrations when there isn't a mutual understanding of culture. Families might not agree with the medical care or interventions being done with the patient, and care staff might not understand the frustrations of the family if there isn't some sort of knowledge of the patient's culture.

This quote solidifies that it is important and helpful to care team members to have cultural competency training in order to feel more comfortable working with clients and families.

This, in turn, can help provide decreased stress and frustrations among not only staff members, but also clients and families.

Importance of Acknowledging Values and Beliefs

The acknowledgment of client's values and beliefs was a consistent theme throughout the interviews. Participants expressed the importance of acknowledging these values in order to provide improved client-centered care. Client's values and beliefs that are acknowledged allow for the opportunity to provide a better quality of life for the client. Many of the participants expressed the importance of having a discussion with the client and their families about their culture as this allowed the participant to gain a better understanding of where the patient was coming from and on how to create a plan of care that helps the client in a culturally competent way. Many participants felt that by acknowledging the importance of their culture would, in turn, improve client satisfaction and quality of life. Participant E told the researcher:

It's important in forming their conception of the health issue, so maybe we come in and we want to do wound care every day and I know sometimes they have different ideas of what's causing their health issues or how to treat it or maybe not wanting or wanting family to do certain traditional roles that might be appropriate for a nurse, so I think it helps me understand how they're conceptualizing their health issues and what they want from us. I think too that it has a lot to do with understanding family roles and family structures that might be culturally unique or different from other groups of people that I worked with and trying to be respectful.

This quote supports the idea that it is important for the social worker and the care team to have awareness of the client's cultural values, beliefs and background, this knowledge helps the

social worker and the care team understands the family's roles and how to best explain the medical condition and develop a treatment plan that aligns with their beliefs, and values, creating a more client-centered approach. This idea is also reinforced by Participant D who said:

Obviously if someone is from a different culture then myself it will impact the work because it could be a culture that I don't have a good understanding of or have a lot of experience with, and so the way that the family cares for the older patient might be completely different than what we see in the traditional American model and that's important to know and to try and learn and respect.

The theme of the importance of acknowledging the client's values and belief systems brought up the topic of end of life and hospice care and how many clients feel differently regarding this topic and how it is important for their feelings to be acknowledged and respected. Participant C indicated to the researcher:

A lot of our patients don't really want hospice and you know we could have a patient that's 95 years old and Somalian and the family does not want hospice because it is outside of their beliefs. It happens all the time and if you go into the house and say we do hospice here because this is our culture and this is how the medical model works and you have to fit into this model they're going to fire as because we're not taking their cultural into account.

This notion was also supported by Participant B who explained:

A Native American patient was dying in the ICU. The Hospital policies are required to meet the religious and cultural needs of patients. In this case, the patient needed to have

special items with them in the bed and transfer with them wherever they went as well
as incense in the room and so allowing that to be a part of their care as they're actively
dying I feel brought a lot of closure and comfort to the families because they were able to
follow their traditional practices with death.

The importance of acknowledging the cultural beliefs and values system was also
relevant when expressing spirituality among clients. Participants explained how having
knowledge related to spirituality it helpful when working with clients of a different background.
This was noted by Participant A. She states:

I had a patient who was Muslim and prayed several times a day. I was not aware of that
practice. One day I went to meet with the patient in her room, I had knocked on the door
several times and didn't hear anything, so I opened the door and announced who I was
and asked if I could come in. When I opened the door, I saw several of the patients family
members on the floor praying, and actually accidentally opened the door and bumped into
one of the family members who was praying.

This quote exemplifies that having knowledge of a client's spiritual beliefs is crucial in
understanding when to schedule the time to meet with the client and their family.

Through the discussion of how cultural competency impacts the work being done with
clients and the importance of acknowledging their values and beliefs participants explained how
this impacts the treatment planning for clients. Participant A noted:

If we have a Jehovah witness patient, it is important to know this so specific medical care
such as blood transfusions are not done. Another factor of cultural competency when
working with geriatric patients has to do with family dynamics. In some cultures, family

members often feel it is necessary to stay overnight with their family members. It is good for us to know this so we can provide that patient a private room. It allows the patient and their family to feel more comfortable.

This solidifies the idea that by having an understanding what a client's cultural values and belief systems can provide a more appropriate care plan. The willingness to understand their culture creates an opportunity for higher satisfaction among clients.

Promotion of Cultural Competency Resources

The use of culturally competent resources in order to promote culturally competent care was a common theme throughout the interviews. Many of the participants described how using additional services such as interpreters when working with clients of different cultures creates an overall better experience for the client and allowed the client to gain a better understanding of their care. Participant C reinforced this idea when she stated:

Due to the interpreter figuring out that there was an elder who is very influential in the community and could help us and will be able to meet with him to talk about his health and figure out how we can keep him in his home. The elder could help with bridging this gap and in doing that the patient had a better understanding of how to take better care of himself at home. He now has a better understanding of ways to position himself and allowing others to take care of him. Gaining that information about the Elder really helped us to create a more positive impact in this patient's life.

By providing the client interpreter services, the social worker was able to gain knowledge of the use of an elder in the community. Utilizing this elder with the client allowed the social

worker to gain a better understanding of the clients care, and this, in turn, improved the clients' overall health and care that was being provided.

The importance of bringing in cultural figures and how that can improve the work being done with clients was also a topic of discussing when cultural resources and the ways it can better serve the client was being addressed. Participant D indicated:

There was a geriatric patient that came in that was Hmong and was acutely ill, meaning psychiatrically acutely ill and they chose to bring in a shaman and they performed a tradition or practice of some sort and it was to help this individual with getting the bad spirits away... Had they tried to assess the person with the traditional psychiatric assessment probably wouldn't have gotten anywhere, but bringing that cultural person, the Shaman this was satisfactory to the patient and family... In a way, we kept them very safe, brought in appropriate resources and assisted in providing a safe space for them to practice in.

By utilizing the client's spiritual guide, the client's care team was able to provide the client the spiritual care needs that were required for them to feel healed and cared for. It allowed the client's wants and needs to be valued and implemented. Participant D told the researcher:

We also have a language line, call in language lines, vocera language line, in one of my patient's rooms right now, there's a double phone which has where I talk the patient has the receiver and the interpreters on the phone and that's available to us also and we can also schedule same-day if it's very urgent and they cute cares you can have some hours and if it's urgent they have them on site.

This supports the idea that providing language and interpreter services that the client can have a better understanding of their care. This was also expressed by Participant A who stated:

> We provide each patient their patient rights in their specific languages, we set up
> interpreters, we try to give preference on whether they have a male of female caregiver.
> We also try to be mindful of cultural preference related to interpreters and potentially
> what region they are from or what other languages they speak. I had an instance where
> we had an interpreter come in to meet with a patient and the patient kicked the interpreter
> out of their room because of where they were from. The patient refused to talk to them.
> We also allow families to bring in food from their culture or me mindful of the meals we
> serve them while they are here.

Improving Working Relationships

Improving and strengthening the working relationship between client and social worker is something that culturally competent care can create. This theme was shown throughout the interviews. Participants described how taking an interest in an individual's background and culture strengthens the relationships made with the client and their families. It allows them to feel valued as an individual. This was supported by Participant E who stated:

> I think that approaching patients with cultural competency is a way to develop a trusting
> relationship with them and if you come into it with the point of view that they need to tell
> me about their beliefs or what certain things mean to them is going an extra step to build
> rapport with them and to really sit down and listen and meet them where they're at. It also
> can just clarify what would be helpful to those clients to have a conversation that's more
> based on their cultural viewpoint.

This supports the idea that by taking an interest in the client's cultural views and background can help the client feel more comfortable in working with the social worker. Participant D noted, "I feel that it brings them comfort and creates a good working relationship". This was common among other participants as well. Participant C told the researcher:

> I think it's not necessarily that there are the big things like respecting cultural differences and models of care but there's also trying to have an understanding of the person in building that relationship it helps show that you're not just here to tell you what to do but here to build a relationship with you and understand you and it creates trust and openness between us and the patient and therefore more satisfied with the services.

The importance of asking questions and being open minded when working with clients was also discussed by the participants, and how by doing this it can help clients feel more valued by those who are working with them. This was displayed by Participant F when she stated:

> It is important to be open minded and willing to learn and ask questions when working with other populations. I feel that by asking questions and to gain a better understanding of what is important to the patient related to their care will help strengthen the relationship you have with them and allow for them to have a better overall experience.

This supports the idea that by being open to gaining cultural competency knowledge and implementing these factors, can create a better working relationship with the client and improve their overall experience when in a medical setting.

Higher Satisfaction Rates

Higher satisfaction rates among clients was a common theme throughout the interviews. The participants discussed how providing culturally competent care provided a more satisfactory

experience for the client throughout their stay, and how implementing this idea decreased the level of complaints and struggles with clients and families. This was solidified by Participant C who stated:

> Yes, patients are more satisfied. I think it's a relatively simple thing to do and I think even just when talking about cultural competency even doing something simple such as asking questions about things you don't understand regarding their culture or, asking questions about things that they have in their homes such as artwork or the foods they prepare, or certain expressions.

The theme of heightened satisfaction among clients is displayed well in this quote. It supports the idea that by taking an interest in gaining knowledge about the client's cultural background can create a more satisfactory experience. The idea of asking questions to better support the client and their needs are shown consistently to improve client experience. This was reinforced by Participant B who indicated:

> I feel like when implementing cultural competency when working with patients create a more positive experience and a higher satisfaction for patients. By implementing things related to their culture can make them feel like you care about what's important to them and how they would like their care to look. I think it would help create a sense of trust between you and the patient you're working with.

This supports the idea that by providing culturally competent care clients feel more valued. It allows for the client's care to be driven by their wants and needs. This can lead to higher satisfaction among clients. Participant A reported:

I know one patient, in particular, the family expressed concerns regarding the types of cares the patient was getting, and during the care conference, we had the nurse managers explain to the family why the medical interventions were being done. I think it's important to take the time to explain these types of things to patients from different cultures in order to promote higher patient satisfaction. It's also good to understand family dynamics in different cultures. For example, we had a patient whose family didn't feel that she was being checked on enough overnight and that in their culture it is important to have someone with the patient at all times. By discussing this with the family and understanding their dynamics we were able to make adjustments in regards to having a family member stay overnight with the patient. This overall I feel improved their satisfaction and happiness with the overall stay at our facility.

Discussion

Interpretation of findings:

The original research question being addressed in this qualitative research project is as follows: How important is cultural competency in medical settings when working with the elder population? Cultural competence learned through personal firsthand experience and CEU's through employers, the importance of education, importance of acknowledging client's values and beliefs, promotion of cultural competency resources, improving the working relationships, and higher satisfaction rates are the six major themes identified and supported throughout the interviews.

The first theme, cultural competency through firsthand experience or CEU training displays the need for more cultural competency training. Throughout many of the interviews, the

participants shared experiences in how they have gained cultural competency knowledge through their own experiences working with the clients. This theme displays how culture is a major factor when working with clients and how it impacts the work that social workers do. This also promotes that idea that employers feel that having culturally competent staff is important when providing care to clients. It must be a priority for employers provide the opportunity for social workers to take CEUs or training to increase the knowledge of their social workers related to other cultures. The theme of obtaining cultural competency training through CEU is also found within literature studies. Consistent with Hansen's 2014 study which discusses the importance of workforce training and how it can be a useful way for social workers and staff to learn and addresses questions, concerns, and issues related to cultural competency (Hansen, 2014).

The second theme is evident throughout the interviews was the importance of education. The idea of educating not only themselves as social workers, but also taking on the role of educating other staff and care team members. Social workers are often seen as the stream of communication. Often the social worker is working closely with the client and can learn their wants, needs, beliefs, and values. This information about a client's care is important for not only the social worker to have knowledge of, but also front-line staff, as well as care team members. The, in turn, will help the client feel more comfortable with the care they are receiving. This connects with the idea of end-of-life or medical interventions. By the social worker gaining knowledge on the values and beliefs related to these two topics, the care team can provide a more client-centered and seamless approach to the clients care.

The importance of education of not only social workers related to cultural competency but also the staff was also found within the literature studies. Previous research by Johnson and Munch, 2009, indicates that by obtaining knowledge in areas such as racism, structural

inequalities, and health disparities help enhance and support the care being provided to clients (Johnson &Munch, 2009). This theme is reiterated in previous research completed by Pecukonis, Doyle, & Bliss, 2008, which indicates that by educating not only one's self, but also other care team members of the beliefs specific cultures have, will allow for a more cohesive team and improve care being provided (Pecukonis, Doyle, & Bliss, 2008).

The third theme found within the interviews was the importance of acknowledging the client's values and belief systems. The idea that it is important for a social worker to be mindful of a client's personal beliefs and value system was something emphasized throughout the conducted interviews. By acknowledging the client's cultural values and belief system it creates the opportunity to provide culturally competent care. Topics such as views towards end-of-life, medical interventions, family dynamics, and living environments are all factors that need attention when working with individuals of a different culture. This theme was also highlighted in previous research completed by Min, 2005, which addressed the idea that social workers need to be mindful of the values and belief system each specific client holds. Things such as views on sexual orientation, religion, and end of life are all things that need to be considered in order to provide culturally competent care for the client (Min, 2005).

The fourth theme displayed in the interviews was the promotion of cultural competency resources. Throughout the interviews the importance of the utilization of culturally competent services and resources was apparent. On numerous occasions, the participants described situations where services such as interpreters were used. Many of the social workers explained how using the services helped not only themselves as social workers gain a better understanding of the client and families, but also brought comfort for the client and their families so that they were able to gain a better understanding of their care. It was also described by one participant

that having an interpreter present can help bring a client a sense of comfort in knowing that there is someone there from a similar background that has an understanding of the client and their background. Utilizing these services seemed to be a way to put the client and their families on the same level as the care team and creating an improved overall working relationship.

This theme is consistent with Miyake's 2002 study. In this study, it addressed how by having a level of cultural competency we are better able to understand what types of things are important to the client and help them to feel fulfilled (Miyake, 2002). One point this study addressed was the importance of organizational competency stating "organizational cultural competency addresses the capacity of an organization to support culturally appropriate and responsive care (Miyake, 2002). This related well to getting interpreters and other culturally specific resources involved in order for other care teams to share information with the client appropriately and so they fully understand what is being said to them. This is the role of the social worker to get these resources put into place.

The fifth theme in the performed interviews was the improvement in the overall working relationship with the client. It was described by several participants the importance of building strong working relationships with clients and families. By providing culturally competent care it helps the social worker build rapport with the client and at times their families. Being mindful of the client's cultural background and preferences displays to the client that the social worker cares about them as an individual. It helps clients feel valued. One participant described a situation where a client had a poor experience previously with healthcare providers and felt that her needs were disregarded. This made the beginning stages of working with the client difficult. By gaining a better understanding of the client's previous encounter with healthcare providers and what needs had been disregarded, she was able to acknowledge these discrepancies with the client and

change the ways she worked with her. The participant explained how this created trust between her and the client as well as created a more satisfactory outcome for the client.

The theme of cultural competency improving the working relationship between social worker and the client was also found within literature studies. Previous research has shown that by a social worker taking interest in a client's cultural background it can create a sense of comfort for the client to disclose vulnerabilities and issues they might be experiencing. It displays how having cultural competency can create an opportunity to build rapport and lesson stranger anxiety with clients. This provides reassurance and comfort in sharing pieces of their lives (Lee, 2011).

The sixth and final theme of the interviews was higher satisfaction rates among clients when providing culturally competent care. One participant explained a situation where a client and their family were not happy with how care was being provided at the facility. By the social worker taking the time to set up meetings with care team members and meeting with the client and their family, it was discovered that the client's family was not getting adequate information from staff regarding the client's medical care, they also were unhappy with how frequently the client was being checked on at night. The social worker was able to have the care team explain specifics to the client and family in order better understand why certain medical care was being provided. It also allowed the social worker to gain perspective on family dynamics regarding the belief that the client should always be accompanied by a family member while in the facility. The social worker was able to get accommodations for a family member to stay overnight it with the client. By doing this the client and family were much happier and willing to remain at the facility. This solidifies the idea that taking cultural norms into account creates a better experience for clients. The theme is consistent with Horevitz, Lawson, & Chow, 2013 study, stating that

when providers take interest in a client's cultural background regarding their care goals it allows decreasing confusion for the client and allows for client specific treatment plans. This, in turn, can lead to heightened satisfaction amongst clients (Horevitz, Lawson, & Chow, 2013).

Throughout the analyzation of these themes, it is clear that cultural competency is an important factor in providing care to clients. The emphasis throughout the interviews displays that education is crucial for providing competent and client-centered care. There seems to be a trend that most of the experience related to cultural competency has come from personal experience or CEU training that an individual can attend. There appears to be a lack of mandatory training related to cultural competency. By implementing more mandatory training related to cultural competency, it could lead to a continued increase in client satisfaction as well as improving these working relationships between clients, families, and their care team members. It is clear that social workers find cultural competency to be a high priority in providing care and utilizing resources related to this subject.

Implications

Implications for Social Work Practice

The data obtained through the qualitative research approach was consistent with the findings throughout the literature that cultural competency is an important aspect in providing competent care to clients. This encourages the idea that social workers should be implementing cultural competency within the work being done with clients and families and continuing to educate themselves on a cultural background which they are unfamiliar. Cultural competency connects with the Social Work Values we are required to uphold. Honoring service, social

justice, dignity and worth of a person, human relationships, integrity, and providing competent care is part of our daily work.

Implications for Policy

The research shows that social workers feel cultural competency is an important factor in providing care to clients. Policy for more required training related to a culture within the field of social work and health care would be a great way to ensure that not only do the client and families feel more comfortable but also social workers in the work they are doing together.

Implications for Research

In comparing the current presented research as well as the performed qualitative research there are several implications to consider for the social work practice. One implication relates to the lack of formal training of cultural competency provided to social workers in the field. This could lead to research as to how medical social workers feel they have attained most of their cultural competency knowledge through personal experiences rather than provided formal training. Some of the participants acknowledged that they have been to CEU related to the topic, but no mandatory training. The potential for future research could include if social workers feel that they attain better cultural competency by learning from their experiences or would prefer to have formal training provided to them.

Due to the lack of research related to specific training on cultural competency among medical social workers, it would be important to look into what types of cultural competency training could be created and which populations would benefit most from the training. Future research on what types of things that clients from diverse cultural backgrounds would prefer their medical social workers to be aware of and why they are important to a client would help specify

types of things that should be taught within cultural competency formal training. It could also be useful if future researchers to explore what the client and family experience is with regard to the implementation of cultural competency in the care that has been provided to them.

Strengths and Limitations

Strengths

The research was conducted as a qualitative exploratory study. By using the qualitative approach the researcher could gather a wide variety of rich data. The participants came from a variety of health care settings including Long-Term Acute Care Hospital (LTACH), Short-term Acute Care Hospital (STACH), Nursing Home, and Homecare. The data was gathered from both the Minneapolis and Saint Paul areas creating a broader selection of clients. The semi-structured interviews were completed one on one with the researcher in a private space creating a safe and comfortable environment for the participants to share their experiences.

Limitations

There were some limitations to this study: the sample size was small for the Twin Cities area; all six participants were female; the researcher was unable to attain a participant who was currently working in hospice which could give the study a better- rounded viewpoint. The participants were also white, which lacked diversity in the sample.

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Appendix A:

Letter to Participants

Hello!

My name is Alexandra M. Pray and I am currently completing my Masters in Social Work at St. Catherine University in St. Paul, MN. You are invited to participate in a research study called Cultural Competency in Medical Social Work with Elders.

I was referred to you by_____ due to your experience working with diverse elderly populations in medical settings.

The purpose of this study is to explore the importance of implementing cultural competency when working with older adults in the medical field.

Your participation in this study is voluntary. If you choose to participate in this study I will meet with to asking you a series of ten predetermined questions relating to cultural competency when working in the medical field with older adults. This interview will take approximately thirty to fifty minutes.

Please let me know if you are interested in taking part in this study by replying to this email. I appreciate your time.

Alexandra M. Pray

ST CATHERINE UNIVERSITY
Informed Consent for a Research Study

Study Title: Cultural Competency in Medical Social Work with Elders

Researcher(s): Alexandra M. Pray, B.S.W

You are invited to participate in a research study. This study is called Cultural Competency in Medical Social Work with Elders. The study is being done by Alexandra M. Pray, a Master's student at St. Catherine University in St. Paul, MN. The faculty advisor for this study is Dr. Lisa Kiesel, MSW, LICSW, Ph. D at St. Catherine University.

The purpose of this study is to explore the importance of implementing cultural competency when working with older adults in the medical field. This study is important because it creates awareness of cultural competency and allows for the opportunity to gain knowledge on providing more competent care to diverse populations. Approximately 6-9 people are expected to participate in this research. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

Why have I been asked to be in this study?

You have been selected for this study due to your experience working with diverse elderly populations in medical settings.

If I decide to participate, what will I be asked to do?

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- I will meet with you to ask a series of ten predetermined questions relating to cultural competency when working in the medical field with older adults. This interview will take approximately thirty to fifty minutes.

In total, this study will take approximately thirty to fifty minutes over one session.

What if I decide I don't want to be in this study?

Participation in this study is completely voluntary. If you decide you do not want to participate in this study, please feel free to say so, and do not sign this form. If you decide to participate in this study, but later change your mind and want to withdraw, simply notify me and you will be removed immediately. Your decision of whether or not to participate will have no negative or positive impact on your relationship with St. Catherine University, nor with any of the students or faculty involved in the research.

What are the risks (dangers or harms) to me if I am in this study?

This study has no apparent risks.

What are the benefits (good things) that may happen if I am in this study?

There are no direct benefits to this study. Indirect benefits that may happen due to your participation in this study include raising awareness about the importance of cultural competency in practice with the elderly population in medical settings. This will allow professionals to gain a better understanding of this topic and provide more competent care.

Will I receive any compensation for participating in this study?

You will not be compensated for participating in this study.

What will you do with the information you get from me and how will you protect my privacy?

The information that you provide in this study will be will be audiotaped by the researcher. The interview will be transcribed and coded for common themes. Transcribed information collected from participants will not include identifying information, and the audio recording will be deleted. I will keep the research data on a password protected computer or in a locked file cabinet that only I and the research advisor will have access to the records while I work on this project. I will finish analyzing the data by May 2017. I will then destroy all original reports and identifying information that can be linked back to you. The research study findings will be presented for educational purposes in a public forum in May 20th, 2017.

Any identifiable information will be kept confidential, which means that you will not be identified in the any written reports or publications. Anonymous data will be reported.

Are there possible changes to the study once it gets started?

If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings

How can I get more information?

If you have any questions, you can ask them before you sign this form. You can also feel free to contact me at 651-769-5985, pray3271@stthomas.edu. If you have any additional questions later and would like to talk to the faculty advisor, please contact Dr. Lisa Kiesel, MSW, LICSW, PhD at lrkiesel@stkate.edu, (651) 690-6709 If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

Statement of Consent:

I consent to participate in the study and agreed to be audiotaped.

My signature indicates that I have read this information and my questions have been answered. I also know that even after signing this form, I may withdraw from the study by informing the researcher(s).

_____

Signature of Participant   Date

_____

Signature of Researcher   Date

Appendix C:

Interview Guide

When working in Medical Settings how important is cultural competency when working with the elderly population?

Qualitative Research Questions for Interview:

1. Please describe tell me about your work as a medical social worker?

2. Would you please describe to me how you would define cultural competency?

3. Tell me about how cultural competency impacts your work when working with geriatric patients?

4. What differences have you noticed in patient satisfaction when implementing cultural competency?

5. Can you give me an example of a case where you felt there was a lack of culturally competent care?

6. Can you give me an example of a case where you notice that cultural competency created a successful outcome for a geriatric patient?

7. In what ways does your facility promote cultural competency?

8. What types of training have experienced on cultural competency?

9. What population do you feel you could benefit from additional cultural competency training?

10.	Is there anything else you think would be important for me to know about the importance

of cultural competency in a medical setting when working with the elderly population?