



Cultural Competence Guidelines

Introduction

The Cultural Competence Guidelines outline the knowledge and skills expected of NZASA registered members in the provision of culturally responsive services to all patients.

NZASA registered members (RMs) in Aotearoa New Zealand practice within a culturally diverse population. Culture may include, but is not limited to age or generation, gender identity, sexual orientation, race, socioeconomic status (including occupation), religious or spiritual beliefs, ethnicity, organisational culture, and physical, mental or other impairment.¹

NZASA RMs also belong to a diverse range of cultural groups themselves. They are required to be competent when engaging with health consumers/patients whose cultures may differ from their own, and with colleagues and other health professionals from diverse backgrounds.

Culturally competent NZASA RMs contribute to improved and equitable outcomes for health consumers and others they work with in the health sector through:

- The understanding of their own culture and that of the patient.
- Improvement in communication with patients and stronger therapeutic relationships.
- Improved communication with colleagues and other health care professionals that supports appropriate referral pathways.
- Development of patient-centred goals.
- Increased engagement of the consumer with treatment plans, ensuring better health outcomes.
- Increased patient, family and whānau satisfaction.

Te Tiriti o Waitangi – Treaty of Waitangi

The NZASA Registration Board (RB), acknowledges Te Tiriti o Waitangi/Treaty of Waitangi as the founding document of Aotearoa New Zealand, which informs legislation, policy and practice.

The Treaty principles that underpin the relationship between the Government and Māori, are: Partnership, Participation and Protection.

Much of the focus of Aotearoa New Zealand social and health policy is aimed at addressing concerns regarding the health status of Māori and, more specifically, the disparity of health outcomes between Māori and non-Māori.

¹ People may identify with more than one cultural grouping at the same time

The RB recognise and respects the specific importance of health services for Māori as the tangata whenua or indigenous people of Aotearoa New Zealand. To practice effectively NZASA RM's need to understand the relevance and be able to apply Te Tiriti o Waitangi/Treaty of Waitangi principles within their clinical practice. As health care providers, NZASA RM's should promote equitable opportunity for positive health outcomes for Māori within the context of Maori health (models) – whanau (family health), tinana (physical health), hinengaro (mental health), and wairua (spiritual health).

The RB further recognises that cultural identity is not restricted to indigenous status or ethnicity and that RMs must be able to work effectively with all peoples whose cultural realities are different to their own.

New Zealand Law

Human Rights Act 1993

New Zealand Bill of Rights Act 1990

The Code of Health and Disability Services Consumers' Rights 1996

All health care practitioners have a statutory duty to practise in accordance with the Code of Health and Disability Consumers' Rights 1996.

Every health consumer has the right to:

- Services that take into account the needs, values and beliefs of different cultural, religious, social and ethnic groups, including the needs, values and beliefs of Māori.
- Be free from discrimination.
- Have services provided in a manner that respects the dignity and independence of the individual.
- Effective communication in a form, language and manner that enables the consumer to understand information provided. This includes the right to a competent interpreter.
- An environment that enables both consumer and practitioner to communicate openly, honestly, and effectively.

Cultural competence indicators

“Assessing cultural competence and practising it proficiently are not without significant challenges. Culture is complex, and ascertaining competency is complex. It is argued that cultural competency is not something that can be easily assessed or measured and signed off, but is rather a career-long journey of constant reflection, infinite learning and continuous expansion.”

^{1. pg254} Paul, Hill & Ewen (2012) as cited in Walker (2017)

NZASA recognises that cultural competence is a process of continuing self- development. As such, RMs should develop and demonstrate the appropriate knowledge and skills of cultural competence, combined with an awareness of, and respect for, diverse cultural realities.

Awareness and Respect

To work successfully with health consumers of different cultural backgrounds, a RM should demonstrate appropriate attitudes including:

- Acknowledgement that New Zealand has a culturally diverse population.
- A willingness to understand one's own cultural perspective, values and the influence these have on interactions with patients and colleagues.
- A commitment to the ongoing development of cultural awareness and practices.
- A preparedness not to impose values on patients.
- A commitment to promote and actively support a culturally bias-free environment.
- A willingness to learn from those who demonstrate strong skills and understanding in other cultures. For example, seeking out further learning opportunities for professional development.
- A willingness to appropriately challenge the cultural bias of individuals, groups, or businesses where this will have a negative impact on patients.

Knowledge

To work successfully with health consumers of different cultural backgrounds, each RM should demonstrate appropriate knowledge including:

- Recognition that Māori and other cultures' overall view of health may involve multiple dimensions that extend beyond the physical and medical diagnoses.
- An awareness of the limitations of one's own cultural knowledge and an openness to ongoing learning and development.
- An awareness that the concept of culture extends beyond ethnicity and of a patient's right to identify with any cultural aspects that they choose.
- An awareness that general cultural information may not apply to specific patients and that an individualised approach to each patient is required, rather than making assumptions.
- An understanding that patients' cultural beliefs, values, world view and practices influence:
 - Perceptions of health, health maintenance, well-being, illness, disease and dying.
 - Health care practices.
 - Lifestyle choices.
 - Access to health services.
 - Interactions with health care professionals and the health care system.
 - Treatment preferences.
- An awareness of the general beliefs, values, behaviours, and health practices of cultural groups most often encountered by the practitioner, and knowledge of how this awareness can be applied within your practice.

Skills

To work successfully with health consumers of different cultural backgrounds, an NZASA RM should demonstrate appropriate skills including:

- Establishing a rapport with health consumers of other cultures, which may require a respectful inquiry regarding the cultural background and beliefs of the patient where relevant to the effective provision of healthcare, i.e. to provide the patient with an opportunity to voice their cultural preferences regarding treatment approach.
- Identifying how a patient's culture might inform the acupuncturist-patient (therapeutic) relationship.
- The ability to recognise when one's actions might not be acceptable, might be misunderstood, or might be offensive to patients.
- Considering cultural beliefs, values, practices, and social rules in developing a relevant treatment plan for the patient. This includes lifestyle and dietary advice.
- Communicating effectively by:
 - Recognising that the communication styles (both verbal and non-verbal) of patients may differ from their own and modifying these as required.
 - Checking the patient's understanding of information given.
 - Working with interpreters as required.
- Reflecting on and improving one's own practice to ensure access to health outcomes irrespective of culture, and to be open to ongoing learning in cultural competence.
- Including a patient's whānau and family in their Chinese medicine care, where appropriate.
- A willingness to accommodate the presence of a patient's family member, carer or support person in the treatment room as required.

References

1. Walker C. Cultural competence, cultural safety and health equity in medical practice in Aotearoa/ New Zealand. In: Morris KA, editor. Cole's Medical Practice in New Zealand, 13th ed. Wellington: Medical Council of New Zealand; 2017.

Acknowledgements

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Related Resources

1. NZASA. [Reflect and Review Series: Cultural Competence](#). 2020
2. Walker C. Cultural competence, cultural safety and health equity in medical practice in Aotearoa/ New Zealand. In: Morris KA, editor. Cole's Medical Practice in New Zealand, 13th ed. Wellington: Medical Council of New Zealand; 2017. Available from: <https://www.mcnz.org.nz/assets/standards/da3a9995b9/Coles-Medical-Practice-in-New-Zealand.pdf>. Accessed 29 February 2020.
3. Jansen P, Jansen D. Māori and health. In: Morris KA, editor. Cole's Medical Practice in New

Zealand, 13th ed. Wellington: Medical Council of New Zealand; 2017.

4. Physiotherapy Board. [Cultural Competence Standard](#). 2018

5. Dental Council. [Cultural Competence Practice Standard](#). 2008

6. NZASA Pre approved Category 1 Online education:

Mauri Ora: Foundation Course in Cultural Competency

Mauri Ora: Foundation Course in Māori Healthcare & The Treaty of Waitangi

<https://members.mauriora.co.nz/mauriora-courses/>

7. E-CALD. CALD refers to culturally and linguistically diverse groups who are migrants and refugees from Asian, Middle Eastern, Latin American and African (MELAA) backgrounds.

<https://www.ecald.com/>