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Cultural Competence: A Pharmacy Perspective

Oralia V. Bazaldua, PharmD, BCPS, and Jeri Sias, PharmD

There is overwhelming evidence that disparities in the provision of health care exist between various groups of people. Pharmacists must be aware of these disparities and join the health workforce in closing the gap between people of different racial, ethnic, and cultural backgrounds. The role of the pharmacist has expanded, and this profession must embrace diversity to provide a higher quality of care to all patients. Cultural competence in health care is an ongoing process and starts with self-reflection. It incorporates the ability to recognize the unique needs of diverse populations and the ability to adapt care accordingly. In addition to knowledge and skills, cultural competence requires a positive attitude that emphasizes respect across all cultures. While pharmacists have often lacked training in caring for diverse patients, learning a few basic concepts will assist them with their individual patient encounters. This article provides essential elements that will help pharmacists better understand cultural competence and apply this knowledge in pharmacy practice.

KEY WORDS: Culture, cultural competence, pharmacy, disparities.

The role of a pharmacist today has expanded to provide a broad range of services, with the ultimate goal of improving patient outcomes. Many pharmacists provide medication therapy or “pharmaceutical care” in primary care environments and also play an important role in reducing medication errors, as noted in the Institute of Medicine report To Err Is Human: Building a Safer Health System. As the role of the pharmacy practitioner expands, so must his or her knowledge, attitudes, and skills. Specifically, pharmacists must join the health workforce in addressing racial and ethnic disparities in health (Table 1). Racial/ethnic health disparities have been well documented, and many relate to inappropriate or inadequate drug therapy. While the cause of these disparities is likely multifactorial and complex, some attention has been focused on variations in patients’ health beliefs, values, preferences, and behaviors. Thus, the field of cultural competence in health care has emerged, and pharmacists must embrace it to provide a higher quality of care to all patients regardless of the patient’s culture. The purpose of this article is to increase pharmacists’ awareness of disparities in health care and to provide essential elements that will help pharmacists better understand cultural competence and apply this knowledge in pharmacy practice.

HEALTH CARE DISPARITIES

There is overwhelming evidence of the presence of health disparities among specific ethnic and racial groups in the United States. African Americans have a mortality rate that is approximately 1.6 times higher than that for whites. They are less likely than whites to receive β-blockers after a myocardial infarction (64.1% vs 73.8%; P < .005). Their infant mortality rate is 2.5 times higher than for whites, and they account for 50% of new HIV infections reported. Hispanics are 1.9 times more likely to have diabetes than whites are, and only 32% of Hispanic adults older than 65 receive a pneumococcal vaccine. Black and Latino children use less preventive asthma medications than do white children within the same Medicaid populations.
Among the Asian population, Vietnamese women are 7 times more likely to have cervical cancer, and Korean Americans have the highest rates of stomach cancer. Native Americans are 2.8 times more likely to have diabetes than whites. Numerous other examples and anecdotes can be cited. Because health disparities continue to occur, 6 areas of health status have been targeted for improvement by the Department of Health and Human Services. They include cancer, cardiovascular disease, infant mortality, diabetes, HIV/AIDS, and immunizations.

RATIONALE

Although there are a number of reasons why it is important to incorporate cultural competence in health care, the most commonly cited reason is to eliminate long-standing health disparities in people with diverse racial, ethnic, and cultural backgrounds. In addition, the National Center for Cultural Competence has outlined 5 other reasons. The first one is to respond to current and projected demographic changes in the United States. The American population is becoming more diverse. By the year 2050, 1 in 2 Americans will be a person of color. Approximately 1 of every 10 Americans is born outside of the United States, and 45% of persons report having trouble speaking English. A second reason is to improve the quality of services and health outcomes of the patients served. Culturally competent primary health services facilitate clinical encounters with more favorable outcomes. Third, cultural competence must also be embraced and addressed to gain a competitive edge in the marketplace. Recent trends suggest that publicly financed health care services are being delegated to the private sector, and cultural competence will help provide more cost-effective, high-quality care. Title VI of the Civil Rights Acts of 1964 mandates that no person in the United States shall, on grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. Therefore, cultural competence should also be addressed to meet legislative, regulatory, and accreditation mandates. Finally, cultural competence must be incorporated into health care to decrease the likelihood of liability and malpractice claims. These claims may be a result of cultural and linguistic barriers that sometimes lead to challenges in effective communication. The ability to communicate well with patients has reduced the likelihood of malpractice claims.

DEFINING CULTURAL COMPETENCE

Cultural competence has been defined as a concept that entails (1) understanding the importance of social and cultural influences on patients’ health beliefs and behaviors, (2) considering how these factors interact at multiple levels of the health care delivery system, and (3) devising interventions that take these issues into account to ensure quality health care delivery to diverse patient populations. Thus, a framework for pharmacists to address cultural competence would include interventions at the organizational level (eg, diverse pharmacy administration and staff), structural level (eg, accessible interpreter services, diverse health education materials, financial resources), and clinical level (eg, provider knowledge, attitudes, and skills).

Cultural competence is a journey and not an end goal to be achieved. A continuum illustrating various levels of cultural competence has been described (Figure 1). When individuals or organizations are destructive, they do not value the differences of cultures and may have policies, attitudes, or practices in place that adversely affect various populations. Cultural incapacity occurs when decisions are made based on negative stereotypes of cultures. An individual or organization that is culturally blind believes that “one size fits all,” and if services are high quality for one population, then all other cultures should also be well served. Precompetence describes settings in which an effort is made to serve diverse cultures; however, the decision makers may believe that making a few changes is ade-
Cultural competence is a state in which diversity is respected and continuous self-assessment occurs to better serve clients of various backgrounds. And finally, in cultural proficiency, culture is incorporated into leadership, research, demonstration projects, and publications. Both the individual and the organization strive to uphold the positive influence of culture.

**ADDRESSING CULTURAL COMPETENCE**

A number of approaches have been used to help health professionals become more culturally competent in caring for patients with diverse backgrounds. This is quite a challenge since health professionals are often faced with providing care to patients from many cultures. There are more than 100 different ethnic groups represented in the United States, and more than 500 Native American tribes are federally recognized. To learn every aspect of each culture that will affect the clinical encounter is not feasible. In addition to having different beliefs and values, patients also speak different languages and are at different levels of acculturation, literacy, and socioeconomic status. Identifying key cultures served by a pharmacy system provides an important starting point. A cross-cultural curriculum has been developed for residents and medical students that can easily be adapted into pharmacy practice. This approach consists of 5 modules, is patient based, and has yielded positive feedback from participants. Accordingly, these modules emphasize 5 strategies that will help address a diverse population (learn basic concepts, identify core cultural issues, understand the meaning of illness, determine a patient's social context, and negotiate across cultures). These strategies are discussed below. The reader is referred to the original reference for details of the curriculum.

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**Proficiency**

Hold culture in high esteem.
Incorporate culture into leadership, research, projects, new approaches to care, and publications.

**Competency**

Accept and respect differences. Continuously self-assess and expand cultural knowledge resources.

**Pre-competency**

Desire to deliver high quality services and committed to civil rights. May feel one change in system is adequate.

**Blindness**

Provide services with philosophy of no bias. Believe if system works that all people will be served with equal effectiveness.

**Incapacity**

Make biased decisions with clients from other cultures and perpetuate stereotypes.

**Destructiveness**

Devalue cultures and individuals through attitudes, policies, practices.

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Figure 1. *Cultural competency continuum.* Adapted from reference 17. Reprinted with permission.
Step 1: Learn Basic Concepts

Cultural competence is an ongoing process of learning, self-reflection, and experience. One of the first basic concepts to master on this journey is awareness, that is, awareness that culture does affect health care outcomes and that health disparities continue to exist in diverse populations. Pharmacists must reflect on their own culture and biases as well as how these beliefs and values influence personal perspectives on illness, medication use, and health care. Self-reflection will also help determine strengths and areas for growth. After pharmacists have reflected on their personal values and understandings, the next steps involve taking time to learn about various cultures (particularly those cultures that are most commonly served by the pharmacy). Valuing diversity and appreciating diverse concepts of illness are basic qualities for achieving cultural competence. Pharmacists who appreciate the uniqueness and differences of cultures and avoid stereotyping in patient care will have laid a solid foundation for working with diverse cultures. Pharmacy administrators can also conduct a self-assessment of their pharmaceutical care environments to ensure that patients and staff from diverse cultures are welcomed and well served. Most important, there is no substitute for having positive attitudes that will cut across any culture. These necessary attitudes include empathy, curiosity, and respect.

Step 2: Identify Core Cultural Issues

A culturally competent pharmacist should be able to identify and address core cultural issues (situations, interactions, behaviors) that have potential for cross-cultural misunderstanding. Some of these issues relate to authority, physical contact, communication styles, gender, sexuality, and family. An example of a gender issue is when a male patient or customer becomes noticeably uncomfortable discussing personal issues with a female pharmacist. Once a core issue is recognized, it can be explored further by asking patients about their preferences rather than making assumptions. Pharmacy administrators may need to conduct focus groups in their communities or spend time working with community leadership to better understand the cultural issues in the populations that are being served.

Step 3: Understand the Meaning of Illness

A patient’s idea of an illness may be a different one than that of a pharmacist, which can also lead to misunderstandings. For example, patients may believe that hypertension is due to stress or tension and therefore requires treatment only whenever they are feeling stressed. The concept has been described as the patient’s “explanatory model,” which describes the patient’s understanding of the cause, severity, treatment, and prognosis of their illness. Table 2 provides a list of questions that may help in eliciting a patient’s explanatory model.

Step 4: Determine the Patient’s Social Context

It must be recognized that social factors are closely linked to a person’s illness, and they must be considered when evaluating a patient or devising a treatment...
Examples of social factors or barriers that may affect a patient’s treatment plan include lack of financial resources, low literacy, and language. In considering the outpatient use of enoxaparin for the treatment of a deep vein thrombosis, for example, a number of social factors must be considered for successful outcomes. First, can patients afford the medication either through insurance or self-pay? Are patients able and/or willing to inject themselves? Can they read the patient education pamphlets? Do they have transportation to drive to the lab as necessary? Working with local organizations and community centers can provide insight into the communities served by the pharmacy. Table 3 provides a list of interview questions that may help in eliciting a patient’s social context. They should be modified as necessary and used selectively in a focused, problem-oriented manner.

Table 3
Social Context of Patients*

<table>
<thead>
<tr>
<th>Control over environment</th>
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</thead>
<tbody>
<tr>
<td>How do you usually pay for your medication? Are you ever short of food or clothing?</td>
</tr>
<tr>
<td>How do you keep track of appointments? Are you more concerned about how your health affects you right now or how it might affect you in the future?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Change in environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where are you from?</td>
</tr>
<tr>
<td>What made you decide to come to this country [city, town]? When did you come?</td>
</tr>
<tr>
<td>How have you found life here compared to life in your country [city, town]?</td>
</tr>
<tr>
<td>What was medical care like there, compared with here? How did you get your medication?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Social stressors and support network</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is causing the most difficulty or stress in your life? How do you deal with this?</td>
</tr>
<tr>
<td>Do you have friends or relatives that you can call on for help? Who are they? Do they live close to you?</td>
</tr>
<tr>
<td>Are you very involved in a religious or social group? Do you feel that God [or a higher power] provides a strong source of support in your life?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Literacy and language</th>
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</thead>
<tbody>
<tr>
<td>Do you have trouble reading your medication bottles or appointment slips?</td>
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<tr>
<td>What language do you speak at home? Do you ever feel that you have a hard time talking about your medicine with the doctor or pharmacist?</td>
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</table>

*Adapted from reference 19.

Table 4
Negotiating Across Cultures*

<table>
<thead>
<tr>
<th>Negotiating explanatory models</th>
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<tbody>
<tr>
<td>Evaluate the patient’s understanding of illness (patient’s explanatory model).</td>
</tr>
<tr>
<td>Determine how the patient’s explanatory model differs from the medical model. How strongly does the patient adhere to it?</td>
</tr>
<tr>
<td>Describe or explain the medical model in easy-to-understand words and concepts. Use the patient’s words and concepts as often as necessary.</td>
</tr>
<tr>
<td>Determine how well the patient will understand and accept the medical explanation. If conflict remains, reevaluate core cultural issues and social context. For example, would a family member provide helpful information? Is an interpreter needed?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Negotiating for management options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe specific medication information in easy-to-understand words.</td>
</tr>
<tr>
<td>Prioritize medication management options.</td>
</tr>
<tr>
<td>Determine the patient’s level of acceptance of this plan (do not assume acceptance—inquire directly). If conflict remains, focus negotiation on higher priorities.</td>
</tr>
</tbody>
</table>

*Adapted from reference 19.

Step 5: Negotiate Across Cultures

For successful health outcomes, both patients and pharmacists need to come to a mutual agreement about what the management plan will be or what the explanatory model involves. To negotiate across cultures requires that pharmacists first acknowledge that there may be a difference in belief systems between them and the patient. Then, negotiation skills are necessary to reach a mutual agreement. Table 4 provides a list of strategies that may help with this task. A negotiation model has been described that consists of 6 phases: relationship building, agenda setting, assessment, problem clarification, management, and closure. If complete agreement is not achievable and the patient does not accept the explanation or management plan, a
compromise may be reached that may require more creative negotiation.

IMPLICATIONS FOR PHARMACISTS

Training pharmacists to care for diverse populations is essential. In providing pharmaceutical care, pharmacists should understand the beliefs that shape a person’s approach to health and illness, and they should be familiar with customs and healing traditions. This will help in the design of treatment and interventions. A survey performed in a minority population revealed 5 common barriers to the use of pharmacy services. They include financial barriers, language, transportation, physical illness, and unemployment. With these barriers in mind, pharmacists may want to become active in alleviating some of these barriers in their local institutions. Some suggestions by the authors of this survey included appreciating the patient’s culture, forming liaisons with community leaders, and developing indicators to measure access to pharmacy services. Language barriers can be addressed by providing literature in the patient’s native language or providing interpreter services. Communicating with diverse populations effectively involves understanding verbal and nonverbal cues as well as the ability to navigate across different languages. In learning about styles of communication unique to different cultures, issues such as interpersonal space and gender roles should be considered by the pharmacist. With time and persistence, pharmacists who acknowledge differences in communication styles and needs of different cultures will be able to develop trust of patients.

One of the vital steps of developing cultural competence is engaging the community and its resources. Identifying key leadership and educators in community organizations (eg, health, social service, education) who also serve the patient population will be instrumental in understanding the social context of the patient. These community resources can provide advice regarding the quality and appropriateness of patient education materials and pharmacy services. For example, pharmacists should be familiar with local programs or organizations that can help ease financial barriers for their patients or customers. Familiarity with local transportation services will also help ease transportation problems that may exist. Of course, offering delivery services or home care for some patients would be optimal. For patients with physical illness barriers, pharmacists can also help by partnering with local home health care agencies. Selected resources are listed in Table 5 that may assist pharmacists in learning more about cultural competence and its application to practice.

CONCLUSIONS

The United States has a population that is projected to become increasingly diverse in the coming years. Solutions for the ongoing disparities in health are not straightforward; rather, they are complex and multifactorial. Because these disparities commonly occur in racial and ethnic minorities, having a health workforce that is culturally competent has often been cited as a beginning toward eliminating this complex problem. “Physicians are inadequately trained to face the challenges of providing quality care to socially and culturally diverse populations.” Pharmacists are no exception and must join the health workforce in closing the gap between people of different racial, ethnic, and cultural backgrounds. Cultural competence requires an ongoing process of learning, self-reflection, and experience. One must remember, however, that there are no substitutes for good clinical skills, empathy, caring, a good sense of humor, and, most of all, R-E-S-P-E-C-T (Table 6).

REFERENCES

Table 6
R-E-S-P-E-C-T\textsuperscript{22}

| R | Rapport should be developed by understanding the patient’s point of view (avoid assumptions). |
| E | Empathy is important. Remember that patients are seeking advice. |
| S | Support patients by understanding their social context and involving their family. |
| P | Partner with patients regarding their treatment plan and negotiate if necessary. |
| E | Explain or teach them about their medications and verify their understanding. |
| C | Cultural competence should be achieved and the patient’s beliefs respected. |
| T | Trust is essential and can be achieved with patience and taking time. |