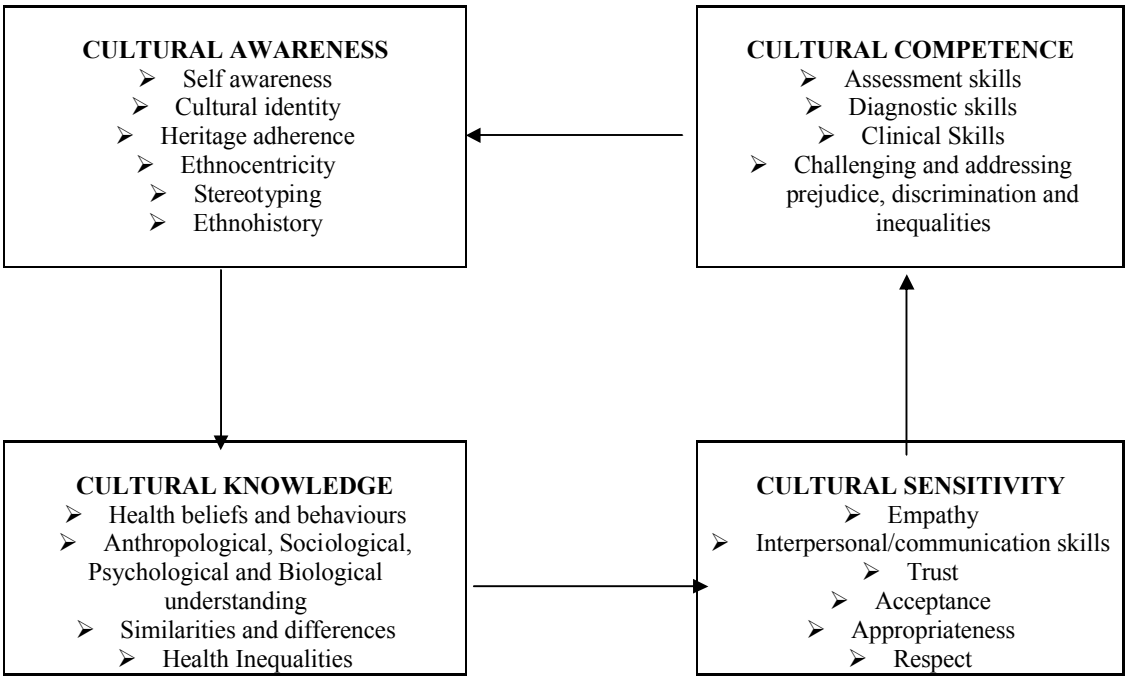
The Papadopoulos, Tilki and Taylor Model for Developing Cultural Competence



The model consists of four stages as seen above.

The first stage in the model is **cultural awareness** which begins with an examination of our personal value base and beliefs. The nature of construction of cultural identity as well as its influence on people's health beliefs and practices are viewed as necessary planks of a learning platform.

Cultural knowledge (the second stage) can be gained in a number of ways. Meaningful contact with people from different ethnic groups can enhance knowledge around their health beliefs and behaviours as well as raise understanding around the problems they face. Through sociological study the students can be encouraged to learn about power, such as professional power and control, or make links between personal position and structural inequalities.

An important element in achieving **cultural sensitivity** (the third stage), is how professionals view people in their care. Unless clients are considered as true partners, culturally sensitive care is not being achieved; to do otherwise only means that professionals are using their power in an oppressive way. Equal partnerships involve trust, acceptance and respect as well as facilitation and negotiation.

The achievement of the fourth stage (**cultural competence**) requires the synthesis and application of previously gained awareness, knowledge and sensitivity. Further focus is given to practical skills such as assessment of needs, clinical diagnosis and other caring skills. A most important component of this stage of development is the ability to recognise and challenge racism and other forms of discrimination and oppressive practice. This model combines both the multi-culturalist and the anti- racist perspectives and facilitates the development of a broader understanding around inequalities, human and citizenship rights, whilst promoting the development of skills needed to bring about change at the patient/client level.

Reference:
Papadopoulos I, Tilki M and Taylor G (1998): Transcultural Care: A guide for Health Care Professionals. Quay Books. Wilts. (ISBN 1-85642-051 5)

Useful definitions

Transcultural

Grounded in one's own culture but having the culture-general and culture-specific skills to be able to live, interact, and work effectively in a multicultural environment (Simons et al, 1993, p.245).

Transcultural Health and Nursing is the study and research of **cultural** diversities and similarities in health and illness as well as their underpinning societal and organisational **structures**, in order to understand current practice and to contribute to its future development in a culturally responsive way. Transcultural nursing requires a commitment for the promotion of anti-oppressive, anti-discriminatory practices. Transcultural health and nursing emphasises the importance of empowering clients to participate in health care decisions, therefore it is imperative that health care professionals must recognise how society constructs and perpetuates disadvantage (Papadopoulos et al 1998).

Culture

All human beings are cultural beings. Culture is the shared way of life of a group of people that includes beliefs, values, ideas, language, communication, norms and visibly expressed forms such as customs, art, music, clothing, food, and etiquette. Culture influences individuals' lifestyles, personal identity and their relationship with others both within and outside their culture. Cultures are dynamic and ever changing as individuals are influenced by, and influence their culture, by different degrees (Papadopoulos and Lees 2003).

Structure

Societies, institutions and family are structures of power which can be enabling or disabling to an individual.

Cultural awareness

Cultural awareness is the degree of awareness we have about our own cultural background and cultural identity. This helps us to understand the importance of our cultural heritage and that of others, and makes us appreciate the dangers of ethnocentricity. Cultural awareness is the first step to developing cultural competence and must therefore be supplemented by cultural knowledge.

Cultural knowledge

Derives from a number of disciplines such as anthropology, sociology, psychology, biology, nursing, medicine, and the arts, and can be gained in a number of ways. Meaningful contact with people from different ethnic groups can enhance knowledge about their health beliefs and behaviours as well as raise understanding around the problems they face. Through, for example, sociological study we learn about power, such as professional power and control, or make links between personal position and structural inequalities.

Cultural sensitivity

This entails the crucial development of appropriate interpersonal relationships with our clients.

An important element in achieving cultural sensitivity is how professionals view people in their care. Unless clients are considered as true partners, culturally sensitive care is not being achieved and we (nurses and other health care professionals) risk using our power in an oppressive way. Equal partnerships involve trust, acceptance and respect as well as facilitation and negotiation.

Cultural competence

Cultural competence is the capacity to provide effective healthcare taking into consideration people's cultural beliefs, behaviours and needs. Cultural competence is both a process and an output, and results from the synthesis of knowledge and skills which we acquire during our personal and professional lives and to which we are constantly adding. The achievement of **cultural competence** requires the synthesis of previously gained awareness, knowledge and sensitivity, and its application in the assessment of clients' needs, clinical diagnosis and other caring skills. A most important component of this stage is the ability to recognise and challenge racism and other forms of discrimination and oppressive practice.

Intercultural competence

This is the ability of successful communication with people of other cultures. This ability can exist in someone at a young age, or may be developed and improved. The bases for a successful intercultural communication are emotional competence, together with intercultural sensitivity.

A person who is interculturally competent captures and understands, in interaction with people from foreign cultures, their specific concepts in perception, thinking, feeling and acting. Earlier experiences are considered, free from prejudices; there is an interest and motivation to continue learning (http://en.wikipedia.org/wiki/Intercultural_competence) (accessed 12.11.08)

Cross-cultural competence

A set of cognitive, behavioral, and affective/motivational components that enable individuals to adapt effectively in intercultural environments (Abbe et al., 2007).

Cultural identity

Cultural identity is important for people's sense of self and how they relate to others. A strong **cultural identity** can contribute to people's overall wellbeing. Identifying with a particular culture gives people feelings of belonging and security. It also provides people with access to social networks which provide support and shared values and aspirations. These can help break down barriers and build a sense of trust between people - a phenomenon sometimes referred to as social capital - although excessively strong **cultural identity** can also contribute to barriers between groups. An established **cultural identity** has also been linked with positive outcomes in areas such as health and education. (http://socialreport.msd.govt.nz/2003/cultural-identity/cultural-identity.shtml) (accessed 22.07.04)

Cultural heritage

Practices, customs, artefacts, stories, and values that are handed down from the past by tradition.

Ethnocentricity

The tendency to use one's own group's standards as the standard, when viewing other groups; to place one's group at the top of a hierarchy and to rank all others lower (Sumner 1906).

Racism

A doctrine or ideology or dogma. It is recognised by the behaviour of individuals and institutions based on concepts of racial difference (Fernando 1991).

Institutional Racism

The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin which can be seen or detected in processes; attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people (Macpherson W. (Chair),1999).

Stereotype

To categorise ideas, people, or objects based on a typecast or standardised prototype, lacking any room to account for individuality (University of Maryland Diversity Database, 1996).

Valuing Diversity

Valuing Diversity means being responsive to a wide range of people unlike oneself, according to any number of distinctions: race, gender, class, native language, national origin, physical ability, age, sexual orientation, religion, professional experience, personal preferences, and work style (Carnevale & Stone, 1994).

References

Abbe, A., Gulick, L.M.V., & Herman, J.L. (2007). *Cross-cultural competence in* Army leaders: A conceptual and empirical foundation. Washington, DC: U.S. Army Research Institute.

WILL ADD THE OTHERS LATER

This document has been prepared by Professor Irena Papadopoulos for the IENE project. 12.11.08