Key Takeaways: Improving Patient Satisfaction Through Dignity, Respect, and Genuine Engagement

July 6, 2023

Key points:

- Cultural competence together with cultural humility helps to create the process of cultural competemility.
- Essential skills for developing cultural competemility include active listening, reflecting, reserving judgment, and placing oneself in the context of the client’s world.
- Achieving cultural competemility promotes client dignity, respect and ultimately engagement by:
  - using respectful team communications that address individualized patient and family needs.
  - providing hospice care training that meets the patient and family where they are.
  - assessing the client’s desire and readiness for emotional and religious support.
- Focus on cultural competence only, though well intended may result in:
  - undervaluing the unique differences of individuals.
  - a failure to address the privilege and power imbalances between providers and clients.
  - an unbalanced focus on knowledge acquisition.
  - and a misuse of the concept of culture as a substitution for minority and/or racial/ethnic group identity.
- Diversity starts at home (your organization). Consider implementing floating holidays for staff who have cultural preferences in celebrating holidays that matter to them.

Actionable Steps:

- Pay attention. Be aware of your demeanor and behaviors (i.e., facial expressions, tone, use of jargon). Are they welcoming to everyone?
- Self-reflect. Use a journal to jot down potential implicit biases and observations about rapport building.
- Don’t assume. Ask patients about background, practices, religion, culture to avoid stereotyping, which pronouns they would prefer to be addressed, and if there are any religious, cultural, or individual convictions that affect choice of treatment.
- Build trust. Ask directly about experiences of discrimination, bullying, traumas or harassment. These experiences often lead to fears associated with minority/underserved status.
- When developing a care plan, include the following:
  - Training needed regarding symptom management or other topics.
  - Unique considerations of this family situation and the relationships that might warrant attention.
  - Emotional and religious support
  - Communication barriers
  - Assessment and support considerations for other members of the family
Conversation Starters:

1. What questions(s) would you ask the patient to operate with cultural humility?
2. What is the cost to you personally, your hospice organization, or the patients if you don’t operate from a place of cultural humility?
3. After reviewing your hospice organization’s symptom management training, are there any specific topics that need to be reviewed to ensure the information delivered was clear?

Participant Perspectives

- “It is still best practice to assume you know very little about the patient and their family. Cultural humility causes awareness that you want to learn from the patient and can learn from them.”
- “In order for people to engage genuinely, they have to feel safe.”
- “There is a way of asking a question without asking a question. [For example, starting a statement with] “I wonder if...” give them the freedom to answer the question how they think best.”
- “So often we come in and our engagement is transactional and not relational. We should engage more about their story to create a better understanding.”
- “The act of listening is such an important piece in hospice care to build on trust.”
- “There is a great return on being transparent about your journey and to address any possible assumptions.”
- “Reminding us that our journey of respect, trust, and patience, focuses on internal well-being.”
- “We must operate on this principle from inside our organizations and outside with patients and our communities.”
- “We need to do a deep dive to assess and get feedback from our staff on where we are.....”
- “Equal is not always fair.”
- “If we put culture at the forefront of the conversation, then we can move the conversation forward.”
- “Acknowledging that someone else’s tradition is not our tradition. Just recognize that you are still learning and asking to learn more.”
- “Approach more with a learning stance instead of a teaching stance.”
- “Acceptance of diverse cultural perspectives moves forward the evolution of culture as well "the melting pot" as we say - https://www.pnas.org/doi/10.1073/pnas.1620732114”
- “They [patients] are the experts on themselves.”
References:

- ELNEC Core Module 5: Cultural and Spiritual Considerations in Serious Illness: www.aacnnursing.org/ELNEC
- NHPCO Access and Inclusion - https://www.nhpco.org/resources/access-and-inclusion/
- Hospice Through the DEI Lens: A Research Study Identifying Barriers to Hospice Care in Underserved Communities, National Hospice and Palliative Care Organization.
- NHPCO Diversity Tools and Resources https://www.nhpco.org/education/tools-and-resources/diversity
- Culturally and Linguistically Appropriate Services (CLAS) https://thinkculturalhealth.hhs.gov/clas