NHPCO Project ECHO 2023 Equity Where It Matters

Topic: Cross-Cultural Variation in Grief and Mourning

Date: Thursday, November 16, 2023





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Disclosures

Disclosure

The faculty and planners for this educational event have no relevant financial relationship(s) with ineligible companies to disclose.

Data Collection

In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement's reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Evaluation

You will be receiving an email with a link to complete a short survey about this session. Please complete the survey within 48 hours. We ask all participants to take the survey as it will help us to improve future sessions.





Ground Rules and Video Teleconferencing Etiquette

- This is an all share-all learn format; judging is not appropriate
- Respect one another it is ok to disagree but please do so respectfully
- Participants introduce yourself prior to speaking
- One person speaks at a time
- Disregard rank/status
- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
- Use video whenever possible; make eye contact with the camera when you are speaking
- Do not disclose protected health information (PHI) or personally identifiable information (PII)





Today's Agenda

- Introduction of Faculty NHPCO Team
- Didactic Presentation Faculty
- Case Study Presentation Faculty
- Discussion Session Participants, Faculty, and NHPCO Team
- Key Takeaways Faculty and NHPCO Team
- Closing Remarks NHPCO Team





Session Faculty



Lenny C Marshall MDIV, D.MIN, BCC, LSSG Director of Diversity, Equity and Inclusion NHPCO Diversity Advisory Council, Incoming Chair Big Bend Hospice, Florida



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Navigating the Cultural Roadmap of Grief







Culture informs identity and is often central to how we all move through life. Likewise, patients and families of various backgrounds and traditions often engage the process of grief and mourning in ways that may seem unique or unknown to many clinicians. This session will work to explore and surface issues around cross-cultural variation in grief and mourning.





When we are faced with unfamiliar cultures and personal backgrounds—or we think that we might be. Fear, anxiety and/or a drive to succeed may impact ourselves and the interactions we may have. The best way to ameliorate cultural concerns is through a productive engagement with cultural competence and cultural humility.





Cultural competence is loosely defined as the ability to engage knowledgeably with people across cultures. It's a product of the 1960s and 1970s, grounded in the sociopolitical climate of the civil rights movements. The term hence became ubiquitous in healthcare, with an assumption that the more knowledge we have about another culture, the greater the competence in practice. However, "cultural competence" also bears two main problems: It suggests that there is categorical knowledge a person could attain about a group of people, which leads to stereotyping and bias, and it denotes that there is an endpoint to becoming fully culturally competent.

Shamaila Khan, PhD, "Cultural Humility vs. Cultural Competence—and Why Providers Need Both," HealthCity, https://healthcity.bmc.org/policy-and-industry/cultural-humility--cultural-competence-providers-need-both, Boston Medical Center, March, 9, 2021





"Cultural humility is a practice of self-reflection on how one's own background and the background of others, impact teaching, learning, research, creative activity, engagement, leadership, etc."

University of Oregon's Division of Equity and Inclusion





- . Openness
- Self-Reflection/Awareness
- . Lifelong learning
- Institutional accountability
- . Empathy and compassion
- . To be "other-oriented"
- . Acknowledging power imbalances and balancing power imbalances





- Beyond Understanding diverse backgrounds, cultures, and traditions, each individual inhabits their identity/identities in different and unique ways.
- Particularly in healthcare encounters, the best way
 to know what you don't know, and/or gain an
 understanding of all the aspects of culture that
 cannot be seen or easily observed is to ask from a
 place of genuine openness and humility.

THE CULTURAL ICEBERG

10% - what we see

Food
Flags Festivals
Fashion Holidays Music
Performances Dances Games
Arts & Crafts Literature Language

DEEP CULTURE

90% - what we don't see

Communications Styles and Rules:

Facial Expressions Gestures Eye Contact Personal Space Touching Body Language Conversational Patterns in Different Social Situations Handling and Displaying of Emotion Tone of Voice

Notions of: Courtesy and Manners Frendship Leadership Cleanliness Modesty Beauty

Concepts of: Self Time Past and Future Fairness and Justice Roles related to Age, Sex, Class, Family, etc.

Attitudes toward:

Elders Adolescents Dependents Rule Expectations Work Authority Cooperation vs. Competition Relationships with Animals Age Sin Death

Approaches to: Religion Courtship Marriage Raising Children Decision-Making Problem Solving





Didactic Presentation Q&A



Case Study Presentation

Navigating A Gauntlet of Faith Traditions





Situation

- A mix of faith traditions and their associated cultures interacted throughout a patient's end-of-life journey: Baha'i, Roman Catholicism, and Evangelical Christianity. Each of these traditions offered views, understandings, and interactions that ultimately effected care outcomes at different times—from diagnosis to post-death rituals.
- Conflict arose as the patient neared death and her family arranged for a Catholic priest to visit and perform the Sacrament of the Sick. Concern rose again as funeral arrangements needed to be made and then executed upon the patient's death.





Situation

Patient: B

B was born into a Roman Catholic household, but as she grew older became estranged from the church and its beliefs. B formally became a member of the Bahá'í faith tradition, grew to be active in her community, and her religious identity was central to who she was. B was diagnosed with stomach cancer that had metastasized to her bones. She was 50 years old at the time of her initial diagnosis, and 54 when brought into hospice care.

• The Patient's Family

B's family has a long history of devout Roman Catholicism. While a few of B's family were understanding of her conversion to her faith tradition, most of them were not. Many of her family members were long active in their churches, including B's elderly mother. Her mother, however, expressed support for B's choices. Her father had died of cancer prior to B's diagnosis.

Spiritual Care Counselor: D

D was raised in an Evangelical Christian home and likewise attended an Evangelical seminary. When asked to pray his own faith tradition at times becomes evident, but otherwise, D's work is consistently in line with spiritual care best practices (which ensure that open listening, genuine support, and the patient's identity are paramount).





- Beginning with B's embrace of and conversion to her Baha'i faith tradition, several family members had distanced themselves from B over the years (with one labeling B's choices as 'joining a cult'), and others struggled with understanding what the Bahá'í faith tradition is.
- Based upon B's conversations with D her spiritual care counselor, the topic of B's religion was not often discussed openly. When it was, the conversations sometimes became rather contentious, were a source of anxiety, and were sometimes hurtful. In larger family settings, these conversations were often ended when B's mother would intervene and actively end them.
- D felt that while the situation was not actively toxic or aggressive, the elevated level of passive aggression very much affected B. Both B and her family members stated that they loved one another.
- D's own background offered little insight into either the patient's tradition or that of her family. He adhered as best he could to best practices in spiritual care delivery, and he worked to research Baha'i end-of-life ritual and spiritual needs. As D's job encompasses offering care to both patient and family (with focus upon the patient's experience), D was often caught between the two.





• The Baha'i Faith

The teachings of Bahá'u'lláh form the foundation of Bahá'í beliefs. Three principles are central to these teachings: the unity of God, the unity of religion, and the unity of humanity. Baha'is believe that God periodically reveals his will through divine messengers, whose purpose is to transform the character of humankind and to develop, within those who respond, moral and spiritual qualities. Religion is thus seen as orderly, unified, and progressive from age to age.





Roman Catholicism

The Catholic Church teaches that it is the one, holy, catholic and apostolic church founded by Jesus Christ, that its bishops are the successors of Christ's apostles, and that the pope is the successor to Saint Peter, upon whom primacy was conferred by Jesus Christ. It maintains that it practices the original Christian faith taught by the apostles, preserving the faith infallibly through scripture and sacred tradition. The Catholic Church holds that there is one eternal God, who exists as a trinity: God the Father; God the Son; and God the Holy Spirit.





Evangelical Christianity:

The word *evangelical* comes from the Greek (*euangelion*) word for "good news". The theological nature of evangelicalism was first explored during the Protestant Reformation in 16th century Europe. Martin Luther's Ninety-Five Theses in 1517 emphasized that scripture and the preaching of the gospel had ultimate authority over the practices of the Church. The origins of modern evangelicalism are usually traced to 1738, with various theological streams contributing to its foundation. Four aspects of Evangelical Christianity are the necessity of being "born again," the centrality of Biblical text, substitutionary atonement, and activism (through the sharing of religious tenets). It also focuses on a personal relationship with God.





Assessment

Ultimately...

- The family asked their priest to offer Sacrament of the Sick once B became unconscious.
- Each involved party's reactions and engagements were informed and (at least in part) fueled by their varied faith traditions/cultures/systems of belief.
- D worked with B's family as well as her local Baha'i community and friends and performed B's funeral effectively blending and honoring both traditions in a way that still allowed him to feel authentic.





Discussion and Recommendations





Action Steps that we can all take & Take Aways from the presentation

Action Steps

- Listen to receive, not to give Engage in active listening when someone is experiencing grief
- Consider what has been shared and the cultural highlights before weighing in with a response to what has been shared.
- Hold, navigate, and balance multiple truths (including your own) when navigating conversations surrounding grief

Take Aways

- Grief can show itself in many ways and often before the actual loss is experienced
- Grief is always about the person experiencing the loss
- There are many factors to include culture that impact the grieving process, and each must be considered separately for best outcomes.





References

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Session Evaluation and Certificate of Completion

- Your feedback is valuable as we plan upcoming sessions!
- Project ECHO sessions are not accredited for continuing education, but we are able to offer a confirmation of completion for each session. To receive confirmation of completion, please complete the following <u>Project ECHO</u> <u>Session Evaluation and Knowledge Check</u> following each session.





NHPCO Health Equity Certificate

- Would you like to demonstrate your commitment to delivering culturally competent care across the continuum of serious illness in an equitable, inclusive, and person-centered manner?
 - NHPCO is pleased to offer a Health Equity Certificate for individuals who participate in at least 17 sessions in the Equity Where It Matters series
- Participants interested in earning the Health Equity Certificate must complete the <u>Project ECHO Session Evaluation</u> and <u>Knowledge Check</u> following each session.
- Effective July 20, the Session Evaluation and Knowledge Check can be completed using one link for each session.
- Session Evaluation and Knowledge Check links are unique for each Project ECHO session and do not expire. Links for each 2023 session can be found on the NHPCO Project ECHO webpage.





Upcoming Sessions

Date: December 7

Topic: The Unique Needs of Adults with Intellectual and Developmental Disabilities in Hospice and Palliative Care





Additional Information

NHPCO Project ECHO webpage:

https://www.nhpco.org/regulatory-and-quality/quality/projectecho/

NHPCO Project ECHO session recordings and Key Takeaways:

https://www.nhpco.org/regulatory-and-quality/quality/projectecho/2023-project-echo-session-recordings/

NHPCO Project ECHO Registration Link:

https://nhpco.zoom.us/meeting/register/tZEsfu-trz4oGtQeKFw41UEIYNwjSli8QCBF

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