Two Sides of the Same Coin:
Cultural Humility and Addressing Microaggressions and Discriminatory Requests
Introduction

This guide provides core information presented in the workshop and is intended to be a quick reference of important concepts regarding cultural humility practices and responding to microaggressions and discriminatory requests from individuals.

Culture

Culture includes all the learned behaviors, beliefs, norms, and values held by a group of people and passed down from one generation to the other as a mechanism of preserving the group. It is a shared, dynamic system of values, beliefs, and lifestyles that evolve to adapt to social, political, economic, and environmental changes.
Everyone has a culture and culture has both visible and invisible aspects. Visible cultural differences include communication styles, how individuals deal with conflict and approach tasks, and how people engage in decision-making. Invisible aspects of culture may include values, beliefs, attitudes, assumptions, and expectations.

**ADDRESSING** is a model for cross-cultural engagement between clinicians and individuals receiving care. Note that these are not all inclusive, but a place to start.

- Age and generational differences
- Developmental disabilities
- Disabilities
- Religion and spiritual orientation
- Ethnicity
- Socioeconomic status
- Sexual orientation
- Indigenous heritage
- National origin
- Gender

**IMPORTANT NOTE:**
As you meet with individuals, consider the following:

1. how aspects of their culture may be influencing their experience of illness,
2. how aspects of your culture may be influencing the way in which you engage with individuals during clinical encounters
3. how aspects of the individual’s culture and your culture interact to influence engagement in treatment.

**Culture Impacts Healthcare Equity.**
Interactions between healthcare organizations, teams, and individual clinicians may create disparities in ways that certain people can access, experience, and receive healthcare services. To reduce disparities, clinicians must acknowledge cultural differences that impact healthcare delivery.
Cultural Layers of Healthcare

Adapted from Fundamentals of Health Care Improvement, 2012

Patients’ cultures impact their...
- Understanding of illness
- Perception and presentation of symptoms
- Reaction and adjustment to illness
- Expectations of the clinician
- Motivation for treatment
- Adherence to the treatment plan
- Definition of recovery
- Help-seeking behaviors

Clinicians’ cultures impact their...
- Personal beliefs
- Clinical practice and preferences
- Expectations of patients
- Professional environment
Cultural Humility

Cultural humility is a lifelong commitment to self-reflection and self-critique, to redressing the power imbalances in the clinician-patient dynamic, and to develop mutually beneficial partnerships with communities.

Tools for Developing Cultural Humility:

1. CRASH
   - Consider Culture (Example): “What are the most important aspects of your background or identity?”
   - Show Respect (Example): “Thank you for coming to your appointment.”
   - Assess/Affirm differences (Example): “Sometimes differences among patients and clinicians make it difficult for them to understand each other. Do you have any concerns about this? If so, in what way?”
   - Show Self-awareness and Sensitivity (Example): Question your immediate assumptions by asking yourself, “Am I making assumptions?”
   - Do it with Humility (Example): Knowing “too much” can be a barrier to fully understanding an individual. Ask, “I am not familiar with your preferences. Could you help me understand?”

2. LEARN
   - Listen to each person from their cultural perspective.
   - Explain the overall purpose of the interview and evaluation process.
   - Acknowledge the individual’s concerns and discuss the probable differences between you and them.
   - Recommend a course of action through collaboration with the individual.
   - Negotiate a plan that weaves the individual’s cultural practices into goals, objectives, and feasible steps.

3. HUMBLE
   - Humble yourself about the assumptions you make.
   - Understand your own background and culture.
   - Motivate yourself to learn more about the other person’s background.
   - Begin to incorporate this knowledge into your work.
   - Life-long learning.
   - Emphasize respect.
Kleinmann’s 8 Questions

Begin by saying, “I know each person has different ways of understanding illness. Please help me understand how you see things.”

1. What do you call your problem? What name does it have?
2. What do you think caused your problem?
3. Why do you think it started when it did?
4. What does your sickness do to you? How does it work?
5. How severe is it? Will it have a short or long course?
6. What do you fear most about your disorder?
7. What are the chief problems that your sickness has caused you?
8. What kind of treatment do you think you should receive? What are the most important results you hope to receive from treatment?

REMEMBER:

- Practicing cultural humility is a lifelong process.
- Humility is a prerequisite in this process and requires critical self-reflection regarding your assumptions and biases.
- Clinical teams should discuss what cultural identity means to the individuals they serve and how culture influences individuals’ lives.
Discriminatory Histories in Healthcare

DISCRIMINATORY HISTORY

• Cultural humility requires an understanding of cultural context, including discriminatory histories.

• To participate in anti-discriminatory practices, we must appreciate the historical context and examine its impact.

• Dismantling personally mediated discrimination, whether intentional or unintentional, requires individuals to examine their behaviors in the context of discriminatory histories.

REMEMBER:

Acknowledging a history of systemic racism in healthcare:

• Does not mean you accept personal responsibility for this history.
• Facilitates intentionality for holding yourself and your institution accountable for implementing action to resolve difficulties in healthcare delivery created by historical artifact.

Every interaction you have is a cross-cultural encounter and an opportunity for learning and growth.

Diligently consider patient- and clinician-level variables that may influence your care.
Examples of Clinician-Level Barriers

- Ageism.
- Language barriers.
- Values of clinicians may contribute to differential treatment of certain people.
- Western approach to treatment. The culture of medicine emphasizes:
  - Individualism.
    - Less likely to collaborate.
  - Mastery over nature.
    - Problem-solving takes precedence.
  - Centered on scientific knowledge and processes.
    - Supersedes emotional components and alternative explanations.
  - Focuses on a cure, rather than “what matters most”.

Examples of Patient- and Family-Level Barriers

- Stigma.
- Ageism.
- Lack of patient/family’s recognition.
- Religion, while often a strength, can be a barrier to seeking help.
- Culture may influence individuals’ expectations of the role of, and interactions with, healthcare professionals.
  - Withholding information for fear of challenging authority.
  - Hesitancy to disagree may lead to poor adherence and understanding.
  - Reluctance to bring up new concerns (missed diagnoses).
Microaggressions

PREJUDICE
A negative or positive attitude toward another person or group formed in advance of any experience with that person or group, e.g., “thinking a group is less than another group because of their individual characteristics.”

DISCRIMINATION
The unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex.

RANGE OF AGGRESSIVE BEHAVIORS
- Microaggressions
- Verbal threats
- Physical/sexual aggression

What are Microaggressions?
- Sue et al. provide a working definition of microaggressions “Everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.”
- While the aggressive act may be subtle (“micro-”), it is nonetheless an act of violence.

Microaggressions: Core Elements
- Implicit or explicit
- Subtle
- Ambiguous
- Impact vs. intent

Characteristics of Microaggressions
- Experienced frequently in the lives of individuals who are discriminated against
- Cumulative in nature
- Reminds individuals of second-
class status

Types of Microaggressions

MICROINVALIDATIONS

- Communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of an individual, e.g., “I don’t see race” or “Where are you really from?”

MICROINSULTS

- Communications that convey rudeness and insensitivity and demean a person’s identity, e.g., “I thought your people were good at math.”

MICROASSAULTS (HATEFUL SPEECH & BEHAVIOR)

- Explicit derogations characterized primarily by a violent verbal, nonverbal, or environmental attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions, e.g., derogatory language/hate speech.

- Microaggressions may be communicated in a range of ways:
  - Behaviorally
  - Verbally
  - Environmentally

- Irrespective of intent, microaggressions have a cumulative impact on individuals.

MICROAGGRESSIONS: CORE ACTIONS

1. IDENTIFY ROLES
2. RESPOND TO MICROAGGRESSIONS
3. DEBRIEF
4. TAKE TO A HIGHER AUTHORITY
Identify Roles:
- Perpetrator/Microaggressor
- Victim/Target
- Bystander/Upstander
- Ally/Advocate

Responding to Discriminatory Requests by Patients

- Patient is stable
  - Does patient have decision making capacity?
    - No → Engage with persuasion/negotiation strategies
    - Yes → Determine reason for request
      - Bigotry?
        - No → Discuss options (i.e., negotiate, accommodate, offer transfer, limit contact) & impact on clinician
        - Yes → Ethically appropriate reason?
          - Yes → Accommodate
          - No → Discuss options (i.e., negotiate, accommodate, offer transfer, limit contact) & impact on clinician
The core to developing anti-discriminatory practices is individual change.

**Individual**
- Learn the history of healthcare
- Discrimination implicit bias education
- Practice cultural humility
- Challenge the majority ideology
- Guide conversations about Discrimination (ally)

**Organizational**
- Build workforce diversity
- Advocate for equitable advancement
- Opportunities
- Maintain lifelong learning in antidiscrimination
- Eliminate health disparities

**Community**
- Practice social medicine
- Care coordination protocols
- Community and civic organization
- Participation
- Community health needs assessment
- Engagement

**Policy**
- Holistic review of medical student and resident applicants
- Affirmative action support
- Race related research and education reform
- Support anti-discrimination