Achieving Gender-Cultural Competence by Australia's Medical Workforce

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Introduction

- Research Associate with the Centre for Culture and Health, University of New South Wales
- Working in the area of Multicultural Health and Medical Education
- Coordinating a project funded by the OFW looking into achieving Gender- Cultural Competence of doctors

Why gender-Cultural Competence?

- Almost 1/3rd of women in Australia are of CALD background and are at particular risk of poor medical care
- Doctors are poorly equipped to respond
- Situation is worsening as spectrum of immigrant women reach older age
- Assumptions that men and women are similar enough and not warranting differentiation when conducting medical research

What is Cultural Competence?

- Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.

- The word **culture** is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word **competence** is used because it implies having the capacity to function effectively.

Cross et al 1989

What is Gender Competence?

- Gender competence is the capacity to identify where difference on basis of gender is significant, and to act in ways that produce more equitable outcomes.

- Needs to be contextually specific and is multidimensional by definition. Competence needs to be observed in the following areas:

  1) Policy

  2) Health promotion resources

  3) Medical education

Rationale for gender-culture project

- Peak ethnic bodies alarmed by inequities in quality of care for women because of ethnic, cultural, language, race and other barriers → **essential that women's voices are heard by medical educators and workforce.**

- Medical professionals & educators are worried about equity and risk management issues, gap between women's needs and inability to respond → **essential to snapshot needs of doctors about what they need to know.**

Gender-Culture Project

Unique Partnership:

- Australian Federation of Medical Women
- Australian Resource Centre for Healthcare Innovations
- Centre for Culture and Health, UNSW
- Centre for Gender and Medicine, Monash Institute of Health Services Research
- University of Melbourne
- University of Adelaide

Aim

- To enable the medical workforce to be equipped with clinical skills to care for all women in Australia no matter their cultural or linguistic background → 'gender-cultural competence'

Challenge

- To create medical curricular which can address patient and doctor diversity and prepare doctors for practice in dynamic, complex and diverse environments.

Gender-Cultural Competence – applying theory to practice

Enabling objectives:

- Voice opinions of community women about skills needed by doctors to provide culturally acceptable care
- Snapshot the needs of doctors in relation to providing gender-cultural competence
- Influence and modify key curriculum and teaching materials tailored from undergraduates to specialists
- Establish platforms by which resources in gender/cultural competence can reach the medical workforce effectively.

Method – Part A

Community women:

- Mixed method approach (discussion groups, individual interviews, email questionnaires)
- Access brokered through executive of FECCA and AWC and their networks
- Key questions revolved around “ what do you want a doctor treating you to be aware of and how would you like to be treated i.e. in a culturally appropriate way”?

Results – Part A

Community women:

- Over 90 responded
- Mostly older (ranging from 35-75yrs) of CALDB
- Limited English language ability
- Lived in Australia for several years (~ 20 - 40)
- Diverse data

Findings – Community Women

Wanted doctors:

- To be aware of family history and cultural background
- To be aware of cultural differences (e.g. body and facial expressions, cultural & religious beliefs, taboos, diet)
- To not make assumptions & stereotype (show humility, sensitivity and respect for other cultures, not impose own values and beliefs)
- To be aware of complimentary and alternative medicines

Findings – Community Women

Further issues:

- To have good listening and communication skills (seek clarification & check for understanding, awareness of interpreters, engage patient in negotiating treatment)
- To be aware of gender and women's health issues (respect & right attitudes to women, role in the family)
- To create trust and safe environment for doctor-patient interaction
- To adopt a holistic approach to health care

Method – Part B

Young doctor's:

- Discussion groups
- Recruited by word of mouth from hospitals
- Key questions revolved around "what do doctors need to know about gender, culture & medicine in order to be the best doctors they can be"?

Results – Part B

Young doctor's:

- Two mixed (male and female) discussion groups of 6-8
- Mostly junior Anglo-Saxon
- First language was English
- Uniform data from tapes and notes

Findings – Young doctors

Wanted to address:

- Attitudes towards male and female doctors (patients & other staff, particularly nurses)
- Perceptions of doctor's authority
- Communication issues
- Dealing with differences
- Illness coping mechanisms
- Gender of doctor and patient

Findings – Young Doctors

Further issues:

- Gender-cultural competence appraisal of medical knowledge
- Lack of emphasis of gender and culture variation in epidemiology within medical curriculum
- Research still focused on Caucasian men and findings applied to all men and women

Outcomes – Young Doctors

Actions to be taken:

- Systematic teaching about difference where it is clinically important
- Teach about impact of gender and culture on the experience & management of illness
- Identify effective strategies for communicating with opposite sex & culturally diverse patients
- Develop understanding of illness coping mechanisms within cultures and each gender
- Develop gender-ethnic competent research to deepen understanding of physiological differences in illness

Breakthroughs – Community Women

- Interest & enthusiasm to participate in surveys & projects, learn about cultures from each other
- Empowered to express opinion about preferred care when seeing a doctor
- Added value towards integrating gender-cultural competence in medical training by voicing issues that impact on medical encounters

Breakthroughs – Young doctors

- Consideration of intersect of gender-culture and its impact on illness management
- Impact of gender & culture of the doctor and patient during medical encounters
- Awareness of possible differences in gender based epidemiology and presentation of disease
- Acknowledgement of the lack of resources within area of gender-culture based medicine

Recommendations

- Re-visit models of change, customise curricular and implement through transformative projects endorsed and resources through Deans of Medical Schools
- Continue to develop collaborations among Australian medical schools and other stakeholders in an effort to build dialogue and mutual understanding of the issues
- Incorporate complex and achievable understandings of diversity and equity in medical education into transformative projects

Web based resources

- ARCHI has established and maintains an e-library of resources including practical reference and educational material
- Aim is to provide a resource for educators, medical professionals and community groups to facilitate gender & cultural competency.
- Website is a living resource and constantly updated as new material becomes available.
- http://www.archi.net.au/content/index.phtml/itemId/170991

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