

Achieving Gender and Cultural Competence by Australia's Medical Workforce

 [Final Report: Achieving gender and cultural competence](#) (292.0 KB)

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The **Achieving gender and cultural competence by Australia's medical workforce** project is a collaboration of health, academic and cultural organisations to enable the medical workforce to be equipped with clinical skills to care for all women in Australia, irrespective of their cultural or linguistic background.

The project arose out of two distinct concerns:

- Peak ethnic bodies alarmed by inequities in the quality of care for women because of their ethnicity, language, religion and other barriers.
- Medical professionals & educators are worried about equity and risk management issues, the gap between women's needs and their ability to respond.

Funded by the [Office for Women](#), the project drew together a unique collaboration involving the [Australian Federation of Medical Women](#), [Centre for Culture and Health UNSW](#) and ARCHI in association with [University of Adelaide](#), [University of Melbourne](#) and [Monash University](#).

The project aimed to consolidate resources that can be used to build competency among health professionals in dealing with women, particularly those from culturally diverse backgrounds. It conducted research into the voices of community women and of young doctors.

The specific goals of the project were:

- To create new opportunities for bridging between women from culturally diverse backgrounds, the medical professions, and those involved in medical education.
- Strengthening of the women's voice in existing national academic and health networks.
- Influence and modify key curriculum and teaching materials tailored from undergraduates to specialists' materials.

- Establish platforms by which resources in gender/cultural competence can reach the medical workforce effectively.

The project produced:

- A report setting out the community voices of women of culturally diverse backgrounds and including a description of their encounters with doctors and their preferred ways for receiving care in culturally acceptable form.
- A report on the perceived needs of doctors in equipping them with gender/ cultural competence.
- A set of learning resources suitable for use, and adaptation in education from undergraduates through to specialists and clinical leaders.
- An established e-library with a range of catalogued resources, tools and information, and links for use by women in the community, the health professions, and policy bodies in government and other sectors.
- The challenge for medical schools and other stakeholders is to create a medical curriculum, which can address patient and doctor diversity and prepare doctors for practice in dynamic, complex and diverse future environments. This project is a step towards meeting that challenge.

ARCHI's role in the project is to gather resources, tools and information that address issues related to healthcare delivery for women, and particularly for those from culturally diverse backgrounds.

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About Cultural Competence

Extract from "Health Care Complaints Commission - Diversity Training", produced by Jo Travaglia.

What is cultural competence?

Cultural competence within the public health system refers to the development and provision of systems of care for diverse populations with a demonstrated awareness and integration of health-related beliefs and cultural values, disease incidence and prevalence, and the appropriate management and prevention of disease as it relates to the populations seeking care.

Staff within a culturally competent health care system honor and respect beliefs, interpersonal styles, attitudes, and behaviors of individuals, families and communities they serve. Cultural Competence is a life-long process which includes the examination of one's own attitudes and values, and the acquisition of knowledge and appreciation of cultural differences and similarities within, among, and between groups. A culturally competent system of care reflects and responds to the communities it serves through its administrative policies and procedures, hiring practices, training and professional development, and the active participation of community members and consumers. Self-assessment, culturally based needs assessments, and

the active incorporation of findings from these assessments into practice are essential elements of culturally competent systems.

Why is cultural competence importance to health care?

Effective health programs acknowledge and incorporate the culture of the people they serve. Culture shapes how people experience their world, interpret their environment, live with their families, choose their lifestyle, work, play and reside in their community. Culture is a vital factor in how people respond to health care services and preventive interventions. Culture has been defined as "the shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people." Culture includes ethnic/racial background, language, gender, socioeconomic/educational status, sexual orientation, physical capacity, age, personality, spirituality /religion, regional perspectives, and new immigrant socialization.

Cultural competency is best achieved when organizations and people work closely with knowledgeable persons from the community to develop health care services that reflect the diverse values, traditions and customs of the clients. Cultural competency adds value to the health care delivery system by demonstrating improvement in quality of care.

If we are to deliver high quality services to culturally diverse populations the following components must be taken into account:

1. health related cultural factors
2. the incidence and prevalence of diseases in a given population
3. research findings and treatment outcomes specific to that population.

To be culturally competent is to incorporate these critical factors into caring for diverse populations.

Health care providers working in and serving culturally diverse communities must understand the cultures of the communities that they are serving, and must design and manage culturally competent programs that reflect these cultures. Culturally competent providers collaborate with culturally knowledgeable community members at every phase of program operation -- design, implementation, and evaluation— administrators, providers, staff and clients work to enhance program integrity and clarify communication. The result is strong and sound interventions, leading to improved health outcomes.

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About Gender Competence

Definition: 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:

- funding medical research where study leads to the review and publication of sex disaggregated data
- health promotion – increasing efforts in encouraging preventative healthcare in men, who currently utilise a third of all medical resources
- medical education

Male... Female... More different than I thought?

Definitions

Sex: biological concepts (chromosomes, internal & external sex organs) differentiating males and females

Gender: characteristics that a society delineates as masculine or feminine;
Gender roles = social and economic status that may impact upon health equity

Gender takes into account the interaction between biology and the environment within which men and women experience them.

The impact of gender in medicine

A gender perspective is multidimensional; all medical personnel in research, education and health care processes have a gender. As a result, their interactions with their environment are also gendered.

A gender perspective of...

medical evidence acknowledges the clinical consequences of gender blind medical research and the resulting medical evidence

the patient acknowledges the impact that gender has on men and women's health

the provider acknowledges the ways in which the sex or gender of the provider impacts on the health care event

medical education identifies the gendered nature of medical knowledge & education styles and environments

clinical practice acknowledges the way in which the sex or gender of the patient impacts on clinical testing, diagnostics, treatment and outcomes.

Gender mainstreaming intends to promote the integration of gender awareness into medical research, education and clinical practice with the objective of reducing inequity.

Potential areas of impact:

- Medical research – biological differences have consequences upon men and women's health (e.g. incidence of CAD, brain structural differences, pain management responses)
- Men's health – utilization of resources for preventative health care
- Work environments – to promote equitable solutions in professions with a predominance of one sex/gender.

DISCLAIMER

Gender does not mean sex, female and feminism, and a gender perspective in medicine is not a euphemism for womens' health, feminism or men needing to become 'SNAGs'.

♂...♀... The whole picture?

Gender blindness

Definition

Failure to identify or acknowledge difference on basis of gender where it is significant

Perpetuated by gender neutral language, i.e. patient/doctor, when the person is not gender neutral.

Possible areas of blindness:

- Medical evidence—lack of research, analysis and publication of sex disaggregated data, such that no differences between men and women are mentioned
- Medical illustrations – gendered anatomical references (e.g. an illustration of a male abdomen) with accompanying gender neutral explanation
- Honorific titles, college memberships.

So... what next?

The field of gender studies analyses the social roles played by men and women in society and has been and is central in its contribution to the social sciences.

As there is increasing change in the gender representation within the medical workforce, it becomes increasingly critical that we understand the impact of these changes upon the persons who are a part of this workforce, and their patients.

The aim of this analytical exercise would be to promote the concept of gender competence within medicine.

Seeing... is believing? ... and doing?

Tools for identifying gender issues

First, the question: How would this scenario be different if each person involved was male or female?

The clinical perspective:

- How would this presentation be different?
- How would the treatment differ?

- Is there evidence for the treatment based on research that included and reported both genders?
- How would the outcomes differ?
- Would the consultation be different? If yes, how?

The research perspective:

- Does the disease affect both men and women?
- Were both men and women included in the study?
- Is the data presented in a sex disaggregated way?
- How would gender blindness affect the outcomes of the study?

The teaching perspective:

- Are there any gender neutral references that discourage awareness of the gender perspective?
- Does the written material accurately label gender specific references?
- Do males and females with a specific disease present with the same illness traits?

Finally: Would the situation seem reasonable if the genders of the involved persons were different?

*Jo Wainer
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Cultural competence resources

Here are some links to information resources related to gender and cultural competence within the different subject areas.

General

- [Culturally Inclusive Health Assessment](#) Centre for Culture, Ethnicity and Health, 2005
- [Definitions of Cultural Competence](#) compiled from various sources by Lilanthi Ambanpola, 2005
- [Definitions of Cultural Competence](#) by Tawara D. Goode, March 1995 - Revised 1999, April 2000
- [Embodiment: a Conceptual Glossary for Epidemiology](#) by Nancy Krieger, J Epidemiol Community Health, 2005

- [Racial/Ethnic Diversity in Health Services Research: Pockets of Progress but a Long Way to Go](#) Final Report Submitted to the W.K. Kellogg Foundation, Marie Briones-Jones and Virginia Van Horne, 2004
- [Respecting Culture and Diversity: Innovations in Healthcare Delivery](#) Presentations from the ARCHI Toolkit Seminar, June 2005
- [A Systematic Review of the Methodological Rigor of Studies Evaluating Cultural Competence Training of Health Professionals](#) Eboni G. Price, MD, MPH, Mary Catherine Beach, MD, MPH, Tiffany L. Gary, PhD, Karen A. Robinson, MSc, Aysegul Gozu, MD, Ana Palacio, MD, MPH, Carole Smarth, MD, Mollie Jenckes, MHS, RN, Carolyn Feuerstein, Eric B. Bass, MD, MPH, Neil R. Powe, MD, MPH, MBA and Lisa A. Cooper, MD, MPH, *Academic Medicine* (2005) 80: 578-586.

Educational / teaching materials

- [Components of Culture in Health for Medical Students' Education](#) Melanie Tervalon, MD, MPH *Academic Medicine* (2003) 78: 570-576.
- [Cultural Competency Resources, Education and Training](#) Compiled by the Diversity Health Institute Clearinghouse, 2004
- [Culture and gender: core themes in Clinical Skills 3](#) Ann Lawless, University of Adelaide, 2005
- [A Muslim family](#) Dr Jill Benson, Migrant Health Service, Adelaide Central Community Health Service, 2004
- [Speaking notes for Culture and Gender module](#) Ann Lawless, University of Adelaide, 2005

Guidelines, Policies, Procedures, Frameworks and Models

- [Frameworks & key aspects of culturally competent care](#) Lilanthi Ambanpola, 2005
- [Guidelines for cultural safety in nursing and midwifery education](#) [Master of Midwifery Website](#), University of Southern Queensland, Oct 1999
- [STFM Core Curriculum Guidelines, Recommended Core Curriculum Guidelines on Culturally Sensitive and Competent Health Care](#) Robert C. Like, MD, MS; R. Prasaad Steiner, MD, MPH; Arthur J. Rubel, PhD *Family Medicine*, 1996;28:291-7

Case studies

- [GP Learning Case Study - Consulting Across Barriers](#) Compiled by Margaret Cunnigham & Lilanthi Ambanpola, 2005
- [Scenario](#) Compiled by Lilanthi Ambanpola, 2005

Bibliographies

- [Cultural competence – key papers](#) Lilanthi Ambanpola, 2005
- [Resources recommended by educators/trainers](#) Lilanthi Ambanpola, 2005
- [Video list](#) Lilanthi Ambanpola, 2005

Links

Australia

- [Centre for Culture and Health, University of NSW](#)
- [Centre for Population and Urban Research](#)
- [Diversity Health Institute Clearinghouse](#) - The Diversity Health Institute Clearinghouse is a central access point for information on multicultural health in Australia and contains a number of databases for easy searching, including services, resources, research, training and events. Its aim is to bring together the myriad of work conducted in multicultural health in Australia and all records are regularly checked for accuracy and currency.
- [NSW Multicultural Health Communication Service](#)
- [Queensland Government Multicultural Health](#)
- [UNSW Medicine, Centre for Culture & Health](#)

International

- [American Medical Student Association, Diversity and Cultural Competency Case Studies](#)
- [Cross Cultural Health Care Program \(CCHPCP\)](#)
- [Diversity Rx](#)
- [Ethnomed : Ethnic medicine information from Harborview Medical Center](#)
- [National Center for Cultural Competence, Georgetown University Center for Child and Human Development](#)
- [Transcultural C.A.R.E. Associates](#)
- [University of Michigan Program for Multicultural Health \(USA\)](#)
- [WHO-EU Taskforce for Migrant Friendly and Culturally Competent Health Care](#)

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Gender competency resources

Here are some links to resources for gender competency.

General

- [Approaching the cultural mosaic in practice](#) Shelley Ross, The Medical Post, June 07, 2005, Vol.41, Issue 21
- [Defining and measuring gender: A social determinant of health whose time has come](#) Susan P Phillips, International Journal for Equity in Health, 2005, 4:11
- [Gender, transgender, intersex, transvestite and gender belonging: how do we construct the idea of gender within the health professions?](#)

- [Gender and Health : Women and Health Learning Package](#) Developed by The Network: Towards Unity for Health Women and Health Taskforce, January 2005
- [Respecting Culture and Diversity: Innovations in Healthcare Delivery Presentations](#) from the ARCHI Toolkit Seminar, June 2005
- [Women physicians as leaders in tomorrow's health care](#) May Cohen, M.D. CCFP, FCFP, October 2004
- [Women physicians as leaders in tomorrow's health care presentation](#)
- [Women's sexual dysfunction: revised and expanded definitions](#) Rosemary Basson, CMAJ, May 10, 2005; 172 (10)

Educational/teaching materials

- [Update to Gendermed and to Culture med-network May 2004](#) University of Adelaide, Ann Lawless
- [Update to Gendermed and to Culture med-network February 2004](#) University of Adelaide, Ann Lawless
- [Clinical Utility of Gender Concepts in Medicine](#) (PowerPoint presentation) Annmaree Nobelius, 2005
- [Creating gender competent assessment tools](#) Deb Colville, Ben Canny, Susan Phillips, November 2003

Guidelines, policies, procedures, frameworks and models

- [Gender concept map](#) Jo Wainer, 2005
- [Policy for Female Family Physicians in Rural Practice - Draft](#) Wonca Working Party on Rural Health, 3rd May 2002

Case studies

- [Gender and Health – Case Studies](#) An extract from the Gender and Health : Women and Health Learning Package Developed by The Network: Towards Unity for Health Women and Health Taskforce, January 2005

Links

Australia

- [Australian College of Rural and Remote Medicine : Women in Rural Practice](#) <http://www.acrrm.org.au/main.asp?NodeID=3666>
- [Gender and Medicine \(GenderMed\), Monash University](#)
- [Women's Health Victoria](#) Includes Gender Data Directory

International

- [Canadian curriculum on Gender and Medicine](#) Contains developed teaching tools, cases, examples, definitions in the Collaborative Curriculum Project
- [Canadian Institute of Gender and Health](#)
- [EngenderHealth](#)

- [Family Health International](#)
- [Global Health Council](#)
- [Health of Men \(UK\)](#)
- [Health Systems Trust GENDER-AIDS Forum \(South Africa\)](#)
- [International Society for Men's Health and Gender](#)
- [The Medical Women's International Association](#) An international peak-body for female doctors
- [National Association of Social Workers \(USA\), Health](#)
- [Partnership for Gender Specific Medicine, Columbia University](#)
- [United Nations Population Fund, Gender Equality](#)
- [Women in Surgery](#)
- [WomenWatch \(United Nations\)](#)
- [WONCA Working Party on Women and Family Medicine](#)
- [World Organisation of Family Doctors](#)

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Communication resources

Here are some links to resources for cross-cultural and gender communication, for example, issues in cross cultural communication, use of Interpreters and translations, gender issues, medical terminology, and general resources.

General

- [Assessing the need for an interpreter](#) Centre for Culture, Ethnicity and Health, 2005
- [Communicating with clients with low English proficiency](#) Centre for Culture, Ethnicity and Health, 2005
- [Respecting Culture and Diversity: Innovations in Healthcare Delivery](#) Presentations from the ARCHI Toolkit Seminar, June 2005
- [Reviewing existing translated materials - checklist](#) Centre for Culture, Ethnicity and Health, 2005
- [Translating health promotion materials into community languages](#) Centre for Culture, Ethnicity and Health, 2005

Bibliographies

- [Cross-cultural communication resources](#) compiled by Lilanthi Ambanpola, 2005
- [Key papers - Communication](#) compiled by Lilanthi Ambanpola, 2005

Links

- [The Queensland Transcultural Mental Health Centre \(QTMHC\)](#)
- [MDAA \(Multicultural Disability Advocacy Association, Australia\)](#)

- [Racism - no way! - Chief Executive Officers of Education Systems across Australia](#)
- [South Eastern Sydney Area Health Service, Multicultural Health Unit, Australia](#)

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Culturally and Linguistically Diverse (CALD) Communities communication resources

General

- [Case Management for CALD clients: Report of Pilot](#) Patrick Harris, Ethnic Communities Council of NSW, 2004
- [Dying, Death and Grieving – A Cultural Perspective Conference Report](#) Australian Multicultural Foundation, Aged Care Training Institute (MACTI), 2002
- [A Practical Guide to CALD Consumer Participation](#) Centre for Culture, Ethnicity and Health, 2005
- [Respecting Culture and Diversity: Innovations in Healthcare Delivery](#) Presentations from the ARCHI Toolkit Seminar, June 2005

Specific CALD Groups

- [A Cultural Briefing - working with West African clients](#) Francis Obed. Fornah, CALD Access Program of the Osbourne Division of General Practice
- [Access to home and community care services by the CALD frail aged people and their carers in the Cumberland/Prospect area Western Sydney Health](#), Area Multicultural Health Unit, 2004
- [Health Care Providers' Handbook on Muslim Patients](#) Islamic Council of Queensland, 1996
- [The Indigenous Palliative Care Resource Kit](#) ARCHI Innovator Showcase April 2005
- ['No More Mualagh' project](#) addresses depression management in Afghani refugees ARCHI Net News 29 June 2005
- [Sikh Patients in Hospitals](#) Sikh Link and Sikh Interfaith Council of Victoria, 2002

Links

Australia

- [Eastern Health Transcultural Services Unit, Victoria](#)
- [The Department of Health and Human Services, Tasmania : Multicultural Health and Wellbeing](#)
- [Diversity Health Institute Clearinghouse](#) - The Diversity Health Institute Clearinghouse is a central access point for information on multicultural

health in Australia and contains a number of databases for easy searching, including services, resources, research, training and events. Its aim is to bring together the myriad of work conducted in multicultural health in Australia and all records are regularly checked for accuracy and currency.

- [North Queensland Workforce Unit](#)

International

The **UK** websites are good examples of what is possible. They contain useful information for Australian communities in a range of languages.

- [Muslim Health "A pioneering initiative undertaken to promote, preserve, organise and advance health education and health issues affecting the United Kingdom's 1.6 million Muslim community"](#)
- [Nafas](#) - a multifaceted specialist resource established to meet the drug and drug related education, prevention and treatment needs of primarily the Bangladeshi community in the London Borough of Tower Hamlets
- [Sounds Healthy](#) - health information in audio and text formats in several languages

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Health Services Delivery

Here are some resources on the delivery of health services related to gender and cultural competencies.

General

- [Respecting Culture and Diversity: Innovations in Healthcare Delivery](#)
Presentations from the ARCHI Toolkit Seminar, June 2005

Articles

- [Bilingual staff roles and organisational supports](#) Centre for Culture, Ethnicity and Health, 2005
- [Creating Artificial Demand - is it really necessary?](#) Tatjana Bahro, Centre for Culture Ethnicity and Health
- [Diversity in Victoria and Selected Victorian Hospitals : An Overview of Country of Birth and Language Preference Data](#) Vicky Totikidis, Acute Care Diversity Collaboration
- [Inequity of hospital funding](#) Tatjana Bahro, Acute Care Diversity Collaboration
- [Resource Implications for Hospitals : Patients with Low English Fluency](#) Tatjana Bahro, Acute Care Diversity Collaboration, 06/01/04

Links

- [Centre for Culture Ethnicity & Health Victoria](#)

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