



The Royal New Zealand
College of General Practitioners

Cultural Competence

Advice for GPs to create and
maintain culturally competent
general practices in New Zealand





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Introduction

The aim of this document is to provide a framework and guidelines to assist general practitioners (GPs) to create and/or maintain culturally competent practices in New Zealand.

To begin, it is important to define just what we mean by **culture** and **cultural competency**.

Definitions of culture are often confused by using terminology such as 'race' and 'ethnicity' but a basic definition of culture reveals a far broader understanding. One definition of **culture** is:¹

'The totality of socially transmitted behaviour patterns, arts, beliefs, institutions, and all other products of human work and thought. These patterns, traits, and products considered as the expression of a particular period, class, community, or population and can be expressed in intellectual and artistic activity and in the works produced by the 'culture' or cultural group'

Culture is 'essentially a convenient way of describing the ways members of a group understand each other and communicate that understanding. More often than not, the nuances of meaning are generated by behaviour rather than words, and much of the interaction between members is determined by shared values operating at an unconscious or "taken for granted" level. Many groups have their own distinctive culture: the elderly, the poor, professional groups, gangs, the army.'¹ In terms of New Zealand's population, there are many 'cultures' to be aware of and they are not necessarily based on one's ethnicity, race, nationality or religion. Commonly recognised New Zealand cultures include (but not exclusively):

- Māori
- New Zealand/European
- Pacific Peoples (e.g. those from the islands of Polynesia, Melanesia and Micronesia)
- Asian (e.g. Chinese, Malaysian, Thai, Korean etc.)
- European
- Other immigrant populations (e.g. Somali, Russian etc.)
- Catholic
- Jewish
- Arabic
- Gay/Homosexual and Transgender
- Teenagers/Elderly

All of these 'cultures' can have differing approaches to accessing, understanding and accepting health care, hence the need for health practitioners to develop 'cultural competence' in the provision of health care.

It is also the case that patients can belong to multiple cultures simultaneously. As health practitioners, the key is to ascertain those cultural affiliations by routinely asking about a patient's ethnicity, religion, hobbies, profession, and other aspects of their life through a thorough social history. In this way, you can recognise and respect the potential effects each culture may have on a patient. For example, if a 15-year-old Māori boy is brought in with an injured leg, his concern about the length of his recovery may have to do with his position on his school's cricket team, planned attendance with his whānau at a headstone unveiling (hura kohatu), a desire not to miss his first date with a cute classmate, or his duties at the family's marae. Some of these concerns are general to 15-year-old boys, others are specific to Māori adolescents. By recognising that any of these may play a role, you will be better prepared to inquire about his concerns as well as allaying them and/or working out the treatment plan that is most acceptable to everyone involved.

Interpreting what is meant by 'cultural competence' is complicated by the fact that even the government legislation has avoided providing a clear definition for the term used in the Health Practitioner's Competence Assurance Act. Again, we will establish a broad understanding that **cultural competence** is:²

'an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds...A culturally competent doctor will acknowledge:

- That New Zealand has a culturally diverse population.
- That a doctor's culture and belief systems influence his or her interactions with patients and accepts this may impact on the doctor-patient relationship.
- That a positive patient outcome is achieved when a doctor and patient have mutual respect and understanding.'

Why consider cultural competence?

Culture can influence expectations and perceptions of the health care system (on both the part of the patient and provider), as well as factors that play a role in effective communication, such as body language, comfort with expressing disagreement, modesty traditions, and disease attribution (i.e. beliefs regarding the nature and causality of wellness, disease, and injury).

The need to develop cultural competence is predicated by:

- a) **Legislative requirements:** Section 118(i) of the HPCAA requires that health practitioners observe standards of cultural competence, as set by their professional authority. In addition, Right 1(3) of the Code of Health and Disability Services Consumers' Rights 1996 guarantees to patients the right to services by a health professional 'that take into account the needs, values, and beliefs of different cultural, religious, social and ethnic groups.'³
- b) **The Treaty of Waitangi 1840:** The New Zealand Health Strategy acknowledges 'the special relationship between Māori and the Crown under the Treaty of Waitangi'⁴ and, in line with the New Zealand Disability Strategy and Māori Health Strategy, sets down three principles derived from the Treaty related to Māori health: partnership, participation and protection. The principle of protection is particularly relevant here as it is concerned with eliminating health disparities between Māori and non-Māori, and safeguarding Māori cultural concepts, values, and practices in health care.

Why include a section focussed on Māori health?

In New Zealand, Māori have for many years had the poorest health status of any group, even after controlling for associated factors such as income, education, and residence.⁵ Research has shown that Māori receive fewer referrals, fewer diagnostic tests, and less effective treatment plans from their doctors than do non-Māori patients, they are interviewed for less time by their doctors and are offered treatments at substantially decreased rates.⁴⁻⁸ All this despite the fact that, on average, Māori are sicker than non-Māori patients, for longer periods, during their shorter* lives.⁹⁻¹¹

Māori represent at least 4.5% of the population in every local authority within New Zealand, including 13.1% of Invercargill, 11.6% of Auckland, and 44.7% of the Far North District.¹² Despite this, some GPs are unaware of Māori cultural practices. Unfamiliarity with fundamental Māori beliefs and habits may contribute to Māori feeling uncomfortable and/or unwelcome within the health care system and lead to poor doctor–patient interactions. For these reasons, special attention should be given to the ways in which the health care system can become more effective in addressing Māori needs.¹³ One solution is to ensure that the health care setting is not off-putting to Māori patients by providing culturally appropriate and sensitive care.

* On average, non-Māori live eight years longer than Māori (New Zealand Life Tables (2000–2002) www.stats.govt.nz)

Understanding cultural competence

Cultural competency is intended to help you recognise when issues arise that may lead to miscommunication, and provide you with tools by which you can maintain a strong rapport and clear understanding. 'When clinicians are culturally competent, they establish positive helping relationships, engage the client, and improve the quality of services they provide.'³⁰ It is important to realise that simply knowing the information is insufficient; to achieve cultural competence, you must integrate the knowledge into specific practices and policies that you apply to appropriate settings.³⁰ Cultural competency is 'essential for high quality healthcare'.³¹

Research has shown that communication between a patient, their general practitioner and their family plays a fundamental role in determining the outcome of their care.^{14,15} The recommendations in this document are designed to improve health care quality by optimising both your communication skills and practice habits in a culturally competent manner.

This model seeks to instil a lifelong learning approach to communication skills in order to improve patient outcomes, as demonstrated by performance-based measures. This approach allows each patient to be treated as an individual, in the context of their culture, experiences, needs, and goals. By focusing on communication, we emphasise each patient's context, and allow the doctor to recognise and respond to culturally-influenced issues, without falling into the trap of treating all members of that culture identically.

Why cultural competence is relevant to your practice

Cultural competency is, at its simplest, the ability to interact respectfully and effectively with persons from a background different from yours. It goes beyond just awareness of, or sensitivity to, another culture, to include the ability to use that knowledge in cross-cultural situations,¹⁶ to pick up non-verbal or behavioural cues of an unfamiliar culture that would be obvious to someone of that group, and/or to ensure that you can explain your inability to pick them up in ways that will bolster, rather than damage, your relationship with the patient.

Developing your understanding of cultural competency will allow you to:

- a) **Build strong relationships with your patients:** Communication, which is the foundation of all relationships, is particularly crucial in therapeutic relationships such as between a doctor and patient.¹⁴
- b) **Find out more about the patient and their condition in order to make a more informed diagnosis:** If you are unaware of the basic lifestyle of your patient, then you are unable to ask necessary questions, let alone offer appropriate advice. It puts you in the position of lacking vitally important information, without even realising it. Failing to ask every patient routine questions about their cultural or ethnic background may lead you to miss a diagnostic clue, such as the need to screen a Jewish patient for Tay-Sachs disease, gay males for HIV/AIDS or some Māori patients for familial gastric cancer.^{17,18}

- c) **More effectively explain the diagnosis, treatment and what the planned follow-up will be** by using a patient-centric approach to the consultation.^{19,20}
- d) **Improve your cultural competence skills on a daily basis** by incorporating these skills into your daily practice.²¹ After all, the patient's understanding of their illness or injury influences their decision to seek care, as well as affecting their understanding (or acceptance) of the doctor's explanation for it and the associated treatment.²²
- e) **Understand your patient's environment** and make recommendations that are more realistic and likely to succeed.¹ Particularly in the Māori community, it is common for patients to rely upon a whānau who, in turn, view the patient's health as very much their concern. While some patients, including some Māori, may wish to keep their condition private, or share it with only one or two close friends or relatives, knowing about their personal circumstances and support networks is incredibly helpful when discussing their treatment options.
- f) **Significantly affect numerous patient outcomes**, including 'emotional health, symptom resolution, function, physiologic measures (i.e. blood pressure and blood sugar level) and pain control.'²³
- g) **Increase doctor and patient satisfaction:** Numerous studies have linked doctor-patient communications with closer therapeutic relationships, perceived acceptability of treatment, greater patient satisfaction, fewer patient complaints, greater doctor satisfaction, and decreased doctor 'burnout'.²⁴
- h) **Enhance continuity of care:** New Zealand studies have found that for Māori, Pacific people and Pakeha, a continuing relationship with a single provider was of great importance.^{25,26} Patients with a regular doctor have been shown to have improved access to care, including screening and preventive activities.²⁷
- i) **Avoid unintentional offence:** Without an understanding of a patient's culture, it is easy to unintentionally say or do the wrong thing and thus place even more distance between you and your patient. Unless the patient feels trust and comfort with you, they are unlikely to access the health care system when they need it, or to give you the information you need to help them when they do appear.

Patients from different cultures may display (or report) different symptoms.^{14,28,29} In the case of depression, for example, which has been estimated to have a lifetime prevalence in New Zealand as high as 20%, presenting symptoms can vary widely.¹ It may be less acceptable for members of some cultures to describe feelings of sadness or apathy, and so they may present with more somatic complaints. Māori, for example, may be more likely to present with weight loss, lack of energy, and abdominal pain (which could prompt concerns about a GI cancer), rather than feelings of guilt, melancholy, or disinterest (which may be more familiar signs of clinical depression to a non-Māori doctor).¹ Unfamiliarity with different cultures could thus cause you to miss or misinterpret your patient's symptoms, thereby delaying the treatment they need. Stoicism or understatement can also cloud the issue.

Guidelines for culturally competent general practice

The following are a collection of suggestions you may choose to follow at your general practice in order to put general cultural competency requirements into effect for all cultures.

Practice-based

Focus on equal health outcomes

In order for everyone to achieve equal health outcomes, you may need to adapt your practice to the needs of your different patients, rather than expect all patients to adapt to your practice. It is not unfair to provide culturally competent services if the end result ensures all New Zealanders achieve the best possible health.

Suggestions:

- Structure your schedule based on the patients' needs. Allow more time for those with complex medical problems, or a need to consult with other family members before a decision can be made.¹
- Research suggests that in nearly 70% of cases patients expect a visit of 20 minutes or less, but that meeting or exceeding patients' expectations was associated with increased patient satisfaction.³²

Foster a relationship with the community

Strengthen your relationship with individual patients and their families by showing an active interest in their communities.

- Review information on local populations. Use that to guide your cultural competence learning activities.
- Get to know local cultural leaders and ask for their help in ensuring that your practice addresses the needs of their community.
- Actively solicit community input (and provide feedback to them on how you are acting upon their suggestions).

Ensure all general practice staff are culturally competent

- Ensure all staff are aware of the needs of your client population and encourage a good mix of cultures within your workforce.³⁰
- Ensure that every member of the practice – doctors, nurses, receptionists, cleaning staff, laboratory technicians – is culturally competent, as it only takes one thoughtless comment to undo everyone else's good work.

Create a physical environment of cultural competence at the general practice

Maintain an environment that is welcoming and attractive to your patients, as defined by their cultural mores/values/preferences.³⁰

- Make sure that important information (on medication use, practice hours, etc.) is available to patients in a variety of ways and formats.

Behaviour-based

Collect and maintain accurate ethnicity data

The collection of ethnicity data from all of your patients will enable you to tailor your care to the needs of each individual and their families.

- Ask every patient about their ethnic/cultural background, just as you would question them about their family's health background. Do not assume that you know a patient's ethnicity as you will likely miss and/or misidentify patients,³³ ('self-identification of ethnicity is now established as best practice in New Zealand'³⁴).

Pronounce your patients' names correctly

Show your respect for your patient by learning how to pronounce their name correctly. If you are unsure of the correct pronunciation, ask them to help you. They will appreciate that you acknowledge your difficulty and are willing to learn.

- The best way to learn pronunciation of an unfamiliar name is aurally, and your patient is the best person to practise with. However, in some situations it may be acceptable to write your patient's name down phonetically for future reference.

Consider involving the family

Patients of some ethnic backgrounds, such as Māori and Pacific Peoples, may expect the involvement of their families when dealing with doctors. Be aware that this may be why your patient, when visiting you alone, is (seemingly) unco-operative or uneasy.

Suggestions:

- Begin any discussion of a patient's condition by asking whom they would like to have present with them. In this way, you not only show your willingness to accommodate their preferences, but you also have the opening to ask how involved each person will be with the patient's treatment plan, and whether any other people who will play important roles may be absent.
- Ask the patient and their family what they already know, believe, or expect about the medical condition.¹⁵ This gives you the chance to learn about their disease attribution, any fears they may have based on the experiences of other family members, what aspects are most important to them and what perceptions they may have received from other clinicians.
- Be open to group consultations and the use of non-traditional (for you) lines of communication and responsibility.³³ The older women in a Māori family may be particularly helpful allies.

Teach and learn

Do your best to incorporate both in your dealings with your patients. Learn from them about their lives, beliefs, and professions, even as you are teaching them about medicine and healthy lifestyles. If you show yourself as willing to learn from your patients, they will likely be more receptive to your teachings.

Teach:

- When introducing yourself to new patients, say and write your name for them (if appropriate).

Learn:

- Patients have their own stories to tell. Encourage them to share stories of their life, family, and/or work; one of the best ways to learn about another culture is to get to know someone from that culture.
- Observe ritual social interactions among other people. Notice what people say and how they say it when they greet you, other members of the practice team, or other members of the community.
- Talk with people who are experienced in that culture – this may include leaders of the local (or national) cultural community, educators, or others.

The LEARN model for cross-cultural health care

During the course of your consultation, once you have established rapport, you may find the LEARN model for cross-cultural health care useful:³⁵

- **L**isten to your patient for his or her cultural perspective
- **E**xplain your reasons for asking for personal information
- **A**cknowledge your patient's concerns
- **R**ecommend a course of action
- **N**egotiate a plan that takes into consideration your patient's cultural norms and personal lifestyle

Be flexible in your approach to sharing information

Once you have a sense of what the patient already knows, ask how much information they and their family want to have, and check their understanding. Some patients soak up information like a sponge and feel reassured or in control when they understand more about their disease. Others will be satisfied with minimal information. Realise that different family members may have different informational needs, and be flexible enough to accommodate that.

- For example, the patient may not want to hear about the relative risks or survival data, while his son wants all the details. In a case like that, it would be appropriate to offer some reference materials (websites, books, contact information for various support groups, etc.) to the son, without forcing the patient to hear all the details he so clearly prefers to avoid.
- Asking how much information the patient and whānau wants also allows you to ask if they have any particular concerns. Studies document that soliciting patient concerns up front decreases the number of 'late-arising' concerns during the consultation, increases overall patient satisfaction with the encounter, and enhances compliance.^{23,36}

- Let your patient describe their own understanding or interpretation of their symptoms or problems. Sometimes the symptom that you would find the most problematic is not necessarily the one with which they are most concerned.
- Don't worry that you are 'wasting' the patient's time; you can always preface your comments to the whānau by saying, 'Please stop me if I'm telling you things you already know.'

Be aware of indirect information and how to interpret it

During a consultation, be alert for opportunities to address patient concerns that are veiled in a social comment or recollections of their experiences.

- For example, a patient may comment 'I'll be visiting my daughter in Wellington next week. I can't wait to see her, though I'm always a little nervous about travelling in case my heart acts up.' This is an alert for you to ask the patient about their heart troubles.
- Research suggests that some doctors miss such opportunities or seek to change the topic to a more comfortable one for them, such as a medical concern ('How are you doing on that new medicine?').³⁷ If their initial comment is dismissed in this way, patients will often bring up the topic several times, demonstrating that it is of serious concern for them.³⁷ Responding to these clues, even if only to express your sympathy or indicate you are listening, will go far towards convincing the patient of your genuine interest and concern, thus strengthening the doctor–patient bond.

Your delivery should not be the same for every patient

Your delivery is almost as important as the information you are giving to your patient. Be aware of the speed and tone of your speech, your body language and the language that you use, such as medical jargon, as these will all impact on whether or not your patient will engage with you and take in the information you are providing.

- Do not interrupt your patients while they are speaking or collecting their thoughts. Recent research shows that primary care doctors interrupt 72% of their patients during their initial statement of concerns, waiting only 23 seconds on average before interrupting, but if their patients were allowed to speak without interruption, they would talk six seconds longer.³⁶ Remember: the more you listen to them, the more they will listen to you.
- Take your time. This gives patients time to absorb what you have told them and formulate questions. Patient satisfaction is greater when the office visit matches their pre-visit expectation,³² and many cultures, including Māori, view 'getting right down to business' as bad manners.
- Particularly when giving bad news, keep your language simple and straightforward. Avoid euphemisms or medical jargon. Always ask patients if they have any questions and try to elicit feedback on what they have understood you to say. Doing this now will help prevent problems down the road when it belatedly becomes clear that what you said and what they heard you say are two very different things.
- Don't forget to observe the courtesies, as defined by your patient. If they wish to work up to their medical problem gradually, let them. Even 'social chat' – i.e. conversations on non-medical topics – contributes to patients' feelings of being understood by their doctor, increases their sense of overall communication 'success', and makes them feel their doctor's approach to medical care is more 'collaborative', all of which make it more likely that your eventual therapeutic recommendations will be accepted and followed.^{14,38}
- Remember that non-verbal communication is a two-way street. In addition to focusing on the patient's body language, think about what signals you are sending. Are you turning away while they are talking? Is your expression one of concern, interest, or impatience? Are you spending more time looking at your notes than the patient?

Try to find some common ground with your patient

Studies show that when patients feel they have found common ground with their GP, outcomes improve, including increased patient satisfaction, better recovery from discomfort and concern, better emotional health at two-month follow-up, and fewer diagnostic tests and referrals.¹⁹

- Even if you don't share a common ethnic culture you may find that you have another culture in common, for example, you may both be grandparents. Mutual interests can help you gain the patient's trust and respect.

Remember that we are all individuals within our cultural groupings

Emphasise context, not just culture, in your communications with a patient and remember never to think of your patient in a one-dimensional way.

- For example, there is no one 'Māori' archetype. Always consider your patient in the context of their entire life – as husband, father, Māori, teacher, rugby fan, and diabetic. No one term encompasses any of us.

Members of society hold you as a representative of the medical culture

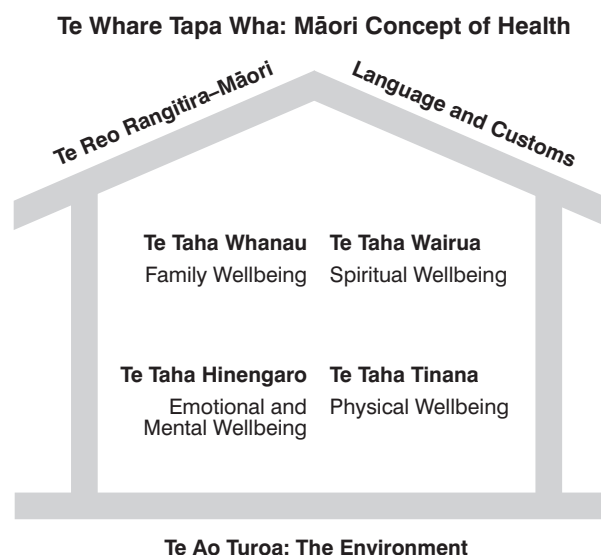
You are viewed as a representative of the Medical culture (and possibly of whatever other cultures to which you belong, such as Indian, Muslim, Presbyterian, female, or disabled) – be sure that you do your best to present the best possible face, so that your patients will look forward to their next encounter with a member of the Medical culture.

- Never expect patients to voice dissatisfaction or lack of understanding spontaneously. While this is particularly true for Māori, who value public consensus rather than discord, very few patients – of any background – are able to overcome the asymmetry in the doctor–patient dynamic and share their concerns without prompting.³⁹

Cultural competence with respect to Māori

Māori view of health

There are several models that seek to explain Māori concepts of health. The following is one model that does so through an oversimplification of a complex worldview; it can provide those unfamiliar with Māori culture with a starting point for subsequent explorations.



From Mason Durie's 'An Introduction to Te Ao Māori'⁴⁰

The Māori view of health embraces an 'holistic, communitarian framework which emphasises the social, cultural, and economic interconnection as the basis and context of individual health, so that such factors take a crucial role in the explication of Māori health status.³³ This means, for example, that Māori can be uncomfortable with the Western habit of considering physical and mental health as separate processes. Some Māori link feelings of anger (pukuriri) with the stomach (puku) or sadness (manawa-pouri) with the heart (manawa).¹ As a result, they may be more comfortable with the idea that emotional health and family stress influence physical health (and vice versa) than others who may, for example, take offence if you suggest that their somatic symptoms are linked to a mental or emotional complaint.

He Korowai Oranga – Māori Health Strategy

The New Zealand Government's Māori health strategy, He Korowai Oranga, has been described as a radical change of approach to health care that focuses on the whānau, rather than the individual.⁴¹ 'Whānau (extended family) is the foundation of [Māori] social, cultural, and political organisation. It is the source of identity, security, support and strength. The strategy requires health workers to consider individual patients as part of a whānau and to take a multidisciplinary

approach...Dealing with the underlying causes of illness not only helps the patient, it also improves the health and quality of life of the whole whānau, and may prevent the onset of illness in others...[For example,] if the whānau is involved in understanding all aspects of diabetes, and taking responsibility for the patient, together they are more likely to make the necessary changes to diet and exercise...¹⁴¹

When incorporating the principles of He Korowai Oranga into your practice, be guided by your patient's stated preferences as not all Māori will want to involve their whānau.

Māori, like many others, are able to embrace more than one belief system at a given time, without the need to assign exclusive legitimacy to a single one. This may lead a patient to seek the assistance of both Western medicine and traditional Māori healing practices, and the extent to which you can be receptive to this idea, assuming no obvious harm will result, the more likely the patient will be not only to confide freely in you but also to be receptive to your recommendations. Rather than regard other healers (for example, Māori tohunga) as threats or interlopers, a culturally competent doctor should look for opportunities for safe collaboration, in order to provide the patients and their families with the care that is both most acceptable to them and most medically appropriate.¹

Treat each patient as the unique individual that he or she is, not just as a combination of their ethnic or cultural groups.

Māori cultural competencies

Eye contact and 'kanohi ki te kanohi' – face-to-face

Although many Māori have a preference for face-to-face communications, this does not translate to a need for direct, sustained eye contact. Māori 'listen with our ears, not our eyes' and thus often choose to focus on a neutral spot during a conversation, rather than maintaining eye contact.

- Some may perceive a steady gaze as a challenge, or a (discourteous) preoccupation with how the speaker looks rather than what he or she is saying.
- Just as in the case of the 15-year-old (page 5), you need to be aware of the patient as a complex individual, with numerous factors influencing their behaviour – don't assume that just because a patient is Māori their lack of eye contact must be a sign of respect. It might, as with any other patient, signal anxiety, anger, boredom, inattention, or embarrassment. You will need to draw upon other signals from the patient (or their whānau) to decide which is the correct interpretation.
- If you remain unsure, just ask: 'What do you understand about your illness from what we have discussed?' or 'How will this treatment fit in with your home-life?'

Importance of whanau

The communal emphasis of traditional Māori culture means that many Māori may wish to have their whānau with them at consultations and involved in treatment planning. Ask your patient for their preferences and be ready to accommodate their wishes where you are able.

- If the patient wishes to handle matters on their own, they will tell you so in response to your questions, but it is never appropriate to abdicate responsibility for care or follow-up treatment to the patient (regardless of their cultural background).¹

- In the case of Māori patients, working with the whānau on these topics will not only give you the best outcome for the patient, but will also provide you with the opportunity to have positive interactions with the community at large and perhaps to learn about services that can be of value to other patients in the future.

Silence

In Māori culture, silence is not considered wasted or uncomfortable time but rather time to gather thoughts and compose oneself before addressing a particular subject.

- Remember, as important as asking the question, is allowing time for the patient to reply before moving onto another topic or question.

Allow time to speak

Eloquence rather than brevity is valued in Māori culture, so hastening or interrupting another person's speech can be considered a sign of rudeness and disrespect. Be sure to allow your patient time to speak and try not to interrupt.

- 'If it is obvious that time is severely rationed, many Māori patients, and others, will be reluctant to embark on a narrative if it seems they will be unable to complete the story, and [they] may simply opt for a face-saving superficial encounter that bypasses the substantial matter.'¹

What this means to the average GP is that you need to be prepared, particularly with new patients, to spend extra time establishing a rapport – identifying mutual friends, discussing shared hobbies, or learning the names and relations of accompanying relatives – and that failure to do so can result in bad feelings:

EXAMPLES:

Hurt: 'She couldn't be bothered to spend time talking to me and finding out what's wrong.'

Distrust: 'I don't really know her, so why would she know what's wrong with me?'

Irritation: 'The visit was important enough to me and my whānau that we all went and waited and were ready to explain what's going on, but she didn't seem to think I was important at all. She didn't introduce herself to everyone, she didn't try to get to know me, and she spent just a few minutes in the room with us. Obviously, she couldn't care less.'

As you can see from the above examples, overt actions are not required to create bad feelings.

Personal space

Patients have different boundaries for personal space; in Māori culture particularly, it is important to respect the physical distance between yourself and your patient until a closer relationship between the two of you has been forged.

- Anyone who has attended a powhiri is aware that on the marae, physical distance between visitors and hosts may be maintained until certain rituals of greeting have been completed, signalling that the foundation for a closer relationship has been forged.¹
- Signal your awareness and respect if your consulting room is somewhat cramped: 'I'm sorry that these quarters are a little cramped. Please excuse me for having to sit so closely.'
- In the same way that you would not burst into a room and immediately snatch up an unfamiliar small child to examine her, you should not assume that you can walk into an examination room with an unfamiliar patient, particularly one of Māori descent, and instantly transcend all distance, both literal and metaphorical.

Competence with other cultures

It is said that general practice defines itself in terms of the doctor–patient relationship,⁴⁵ so it is reasonable to consider the ability to communicate effectively with the patient, and to create a rapport with them and their family as one of the core competencies of the profession. For that reason, it is critical for you as a doctor to be as well equipped as possible to overcome barriers created by differences in culture or background.

As a GP, you are usually the first, and in some cases the only, contact the patient has with the health care system. You therefore embody the medical profession and may have a disproportionate influence on the patient’s perception of, and interaction with, the health care system in general.⁴⁷ If you are not familiar with their culture, you will not only find it difficult to communicate, but your diagnostic abilities and treatment options may also be seriously compromised. For this reason, the New Zealand government, the MCNZ and the RNZCGP have identified a need for general practitioners to demonstrate a level of cultural competence, in the hopes that such skills will translate to improved patient outcomes.^{29,48,49} As New Zealand becomes increasingly multicultural, GPs and practice teams are likely to encounter patients with worldviews and experiences different to their own.^{29,42}

Practices in metropolitan centres throughout the country can expect to see patients from Pacific cultures, Asian cultures, refugees and patients with limited proficiency in English. For the New Zealand–trained doctor this will mean that learning about cultural competence will encompass an understanding of a number of minority groups. Doctors who have trained or practised in a non-English speaking country may already have an insight into the beliefs and preferences of people from other cultures,^{29,43,44} and this may provide a starting point in considering the cultural competence required for effective communication with Māori and Pacific patients.

Pacific Peoples

Compared with other New Zealanders, Māori and Pacific Peoples have reduced life expectancy, a higher burden of illness and disability, but limited access to care.⁴⁵

Pacific Peoples in New Zealand are diverse, representing over 20 cultural groups and many languages. Some 60% of Pacific Peoples living in New Zealand were born here and this in turn highlights the issue of values and customs. Key to understanding Pacific Peoples are the roles of church and other community groups, along with Pacific values and concepts such as respect.⁴² While traditional values (such as the extended family and spirituality) are the focus for parents and grandparents, many younger members of Pacific communities will also have connections to a way of life which encompasses typically New Zealand expectations.

Asian Peoples

As a group, Asian Peoples are the fastest growing ethnic group in New Zealand, making up approximately 18% of the greater Auckland population. Asian Peoples have diverse languages and cultures reflecting their many countries of

origin. Some Asian groups (like some Pacific Peoples) have a long history of settlement in New Zealand, so that there are now distinct differences (in values and preferences) between New Zealand-born people of Asian ethnicity and those born outside New Zealand.

However there are limited data regarding the health needs of Asian Peoples. Key challenges identified to date include mental health care, barriers to care, domestic violence and problem gambling amongst others.[†]

Culture-specific illnesses

While culture-bound syndromes (such as makutu amongst Māori, amok in Malaysians, shinkeishitsu in Japanese, bulimia in Western Europeans) are often cited as important, they are uncommon presentations of illnesses. The more common influence of culture is on differing presentations of common health conditions, and the difficulties in communication seen when the patient and the clinician do not share the same cultural background.

The focus of doctors should therefore remain on developing trust and respect with each patient through communication which is sensitive to the background and preferences of that patient.

EXAMPLE:

Touching members of the opposite sex (including shaking hands) is expected in some groups (Pakeha New Zealanders) but inappropriate in other groups (such as Muslim patients).⁴⁶

More often touching, and issues such as eye contact, gestures or the use of time and space, are situational. That is, these will vary depending on the context and the relationships between the people present.

To address the complexities of the issues noted above is outside the scope of this paper. Each practice should focus attention on the patient groups within their area and build upon the skills learned in developing cultural competence with Māori.

[†] See the Centre for Asian Health Research and Evaluation, University of Auckland; www.health.auckland.ac.nz/population-health/cahre.

Glossary of key terms and concepts

Ako. Teach/learn.

Beliefs. Mental acceptance of, and conviction in, the truth or validity of something.

Culture. The totality of socially transmitted behaviour patterns, arts, beliefs, institutions, and all other products of human work and thought as the expression of a particular period, class, community, or population.

Cultural competency/Culturally competent. An awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds.

Ethnicity. Affiliation resulting from racial or cultural ties.

Hakari. Feast following a funeral.

Hawaiki. Ancestral home of the Māori.

Hinengaro. Mental or psychological.

Hongi. The practice of touching noses and mingling breath.

Hui. Community meeting.

Hura kohatu. Headstone unveiling.

Iwi. Tribe.

Kaiatawhai. Māori health care staff whose role is to support the spiritual and/or personal needs of patients.

Kanohi kitea. A face which is seen.

Karakia. Prayer, blessing, incantation.

Kaumātua. Elder, grandparent.

Kaupapa. Philosophy.

Kawanatanga. Improvised word translated as setting up a government.

Mana. Power, respect, status.

Manuhiri. Visitors.

Marae. Māori community house, meeting place.

Mate Māori. Illness that results from wrong-doing or breaking of tapu law.

Noa. Ordinary, safe.

Pakeha. Non-Māori, white.

Powhiri. Ceremony of welcome.

Race. Group of people united or classified together on the basis of common history, nationality, or geographic distribution.

Rangatiratanga. Chieftainship, authority.

Rohe. Region.

Tangihanga. Māori funeral rites.

Taonga. Treasures, precious possession.

Tangata whenua. People of this land, local inhabitants.

Tapu. Sacred, forbidden, special.

Te reo. The language, Māori language.

Te taha. Dimension, aspect.

Te ao turoa. Environment, the land.

Tiakitanga. Stewardship.

Tikanga. A set of rules for living, which both support Māori social systems and reflect Māori knowledge and traditions.

Tinana. Physical, bodily.

Tohunga. Traditional Māori healer.

Tūpāpaku. Cadaver, body.

Tūpuna. Ancestors.

Urupā. Cemetery.

Wairua. Spirit, soul.

Whakapapa. Genealogical connections over many generations.

Whānau. Family, community.

Whanaungatanga. The importance of interpersonal connections.

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Recommended resources

Medical Council of New Zealand resources on cultural competence

MCNZ Statement on Best Practices When Providing Care to Māori Patients and their Whānau, 2006.

MCNZ Statement on Cultural Competence, 2006.

MCNZ Resource Booklet on Best Health Outcomes for Māori: Practice Implications, 2006.

Links, supplementary readings, and sources of additional information

Ministry of Health New Zealand Health Strategy, available at www.moh.govt.nz

The Ministry of Health website has links to information on statistical information, the health of Pacific Peoples, the health of Asian Peoples and the health of Māori. Links to health care providers with expertise in these areas is also available.

Ministry of Health New Zealand Disability Strategy, available at www.odi.govt.nz

Ministry of Health Māori Health Strategy, He Korowai Oranga, available at www.moh.govt.nz

Ministry of Health Our Health, Our Future: Hauora Pakari, Koiora Roa. The Health of New Zealanders, available at www.moh.govt.nz

Huaora.Com: 'a Māori-led organisation supported by Māori health professional associations, Māori health providers and Māori health workers. Its mission is to build and develop a unified, effective and Māori-led health workforce.' www.huaora.com

Te Ora: the Māori Medical Practitioners Association of Aotearoa/New Zealand, is a unique organisation representing Māori medical students and Māori doctors and medical practitioners working as specialists, clinicians, researchers and teachers. Its mission is 'to advance Māori health by contributing to the leadership of the health sector and by development and maintenance of the Māori medical workforce.' www.teora.Maori.nz