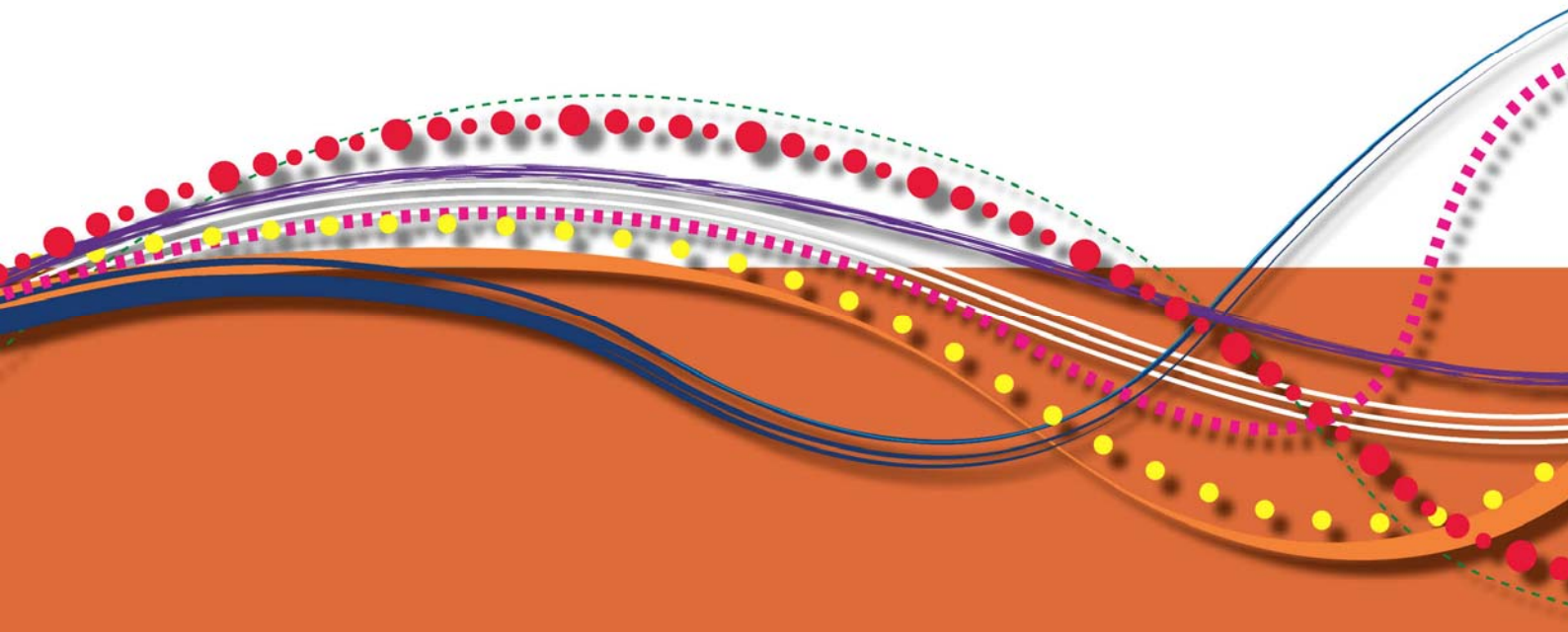
Queensland Health

Cross Cultural Learning and Development Strategy

2009-2012



Background paper

Queensland Government

Suggested citation:
Queensland Health. *Cross Cultural Learning and Development Strategy 2009-2012: Background paper.* Division of the Chief Health Officer, Queensland Health. Brisbane 2010.

QUEENSLAND HEALTH
CROSS CULTURAL LEARNING AND DEVELOPMENT STRATEGY 2009-2012

BACKGROUND PAPER

OVERVIEW

Queensland is a culturally and linguistically diverse state, with approximately one in five Queenslanders being born overseas and one third of Queenslanders having either one or both parent born overseas.[1] This diversity will increase, with net international migration predicted to be the largest contributor to Queensland's population growth over the next 10 years.[2]

The current and increasing level of cultural diversity in the Queensland population means that health services provided by Queensland Health need to be culturally appropriate, responsive and safe. To achieve this outcome requires a multi- pronged approach from all levels of Queensland Health's corporate and clinical structures, and includes training staff on how to be cultural competency health care providers, policy makers, service planners and health administrative workers.

This document provides the background to the development of the *Cross Cultural Learning and Development Strategy 2009-2012* to provide this training to Queensland Health staff in a sustainable and ongoing manner. It was developed through an environmental scan and consultation with key stakeholders and advised by a Steering Committee.

- the methodology undertaken to conduct the environmental scan is detailed in Appendix 1
- the stakeholders involved in the consultation process are detailed in Appendix 2
- the membership of the Steering Committee which advised and steered the development of the Strategy is detailed in Appendix 3.

A key theme throughout the document is the need for organisational commitment to cultural competency:

"Cultural competency is evolving as a significant health care policy issue which has the potential to address health disparities and address globalised workforce issues. However to ensure its success there is a critical need for 'the capacity and conviction and systemic levels to direct, support and acknowledge culturally competent practices at an individual level or professional level'".[3]

---

[1] ABS Census 2006 data

[2] Queensland Government. Queensland Government population projections to 2056: Queensland and statistical divisions, 2008 edition,. 2008.

[3] National Health and Medical Research Council. 2005.Cultural Competency in Health*: A guide for policy, partnerships and participation.* National Health and Medical Research Council, Canberra

The development of this strategy actions one of the core outcome areas of the *Queensland Health Strategic Plan for Multicultural Health 2007-2012* – "Culturally competent staff".

The scope of the *Cross Cultural Learning and Development Strategy 2009-2012* excludes Aboriginal and Torres Strait Islander culturally competency (including cultural awareness) training and training specifically for mental health practitioners. Statewide units/centres exist for these issues, each with an existing program for cultural competency training. This strategy addresses generic Queensland Health staff for cultural competency training in relation to culturally and linguistically diverse consumers / patients / communities.

WHAT IS CULTURAL COMPETENCE?[4]

The following two definitions of cultural competency are used interchangeably in this document as they are both applicable within the context of Queensland Health.

Cultural competence refers to the awareness, knowledge, skills, practices and processes needed by individuals, professions, organizations and systems to function effectively and appropriately in situations characterized by cultural diversity in general and, in particular, in interactions with people from difference cultures.[5]

Cultural competence is a set of congruent behaviours, 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.[6] Cultural competence is much more than awareness of cultural differences, as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services.

In 2005, the National Health and Medical Research Council (NHMRC) Report "*Cultural Competency in Health: A guide for policy, partnerships and participation"* is widely recognised and used as an overarching framework to assist policy makers and managers in health services to develop and integrate cultural competency across all levels of the health sector.

The NHMRC identifies a four dimensional model (individual, professional, organisational and system) along with key specifications for a culturally competent health

[4] While it is acknowledged that there are numerous definitions of cultural competency, there is evidence that there is little understanding of the different between the terms (Johnstone and Kanitsaki, 2005), This document therefore does not detail the various definitions. Instead it users definitions accepted in the health field as overarching definitions of cultural competency.

[5] Bean R, *The Effectiveness of Cross-Cultural Training in the Australian Context* Joint Commonwealth, State and Territory Advisory Committee. November 2006

[6] Cross, T. L., et al (1989). "*Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who are Severely Emotionally Disturbed*." 1-75. This definition is widely used and is included in the National Health and Medical Research Council Report.

system. The following table demonstrates some of these specifications for of the identified dimensions of a culturally competent health system.

Table 1. NHMRC components of a culturally competent health system

SYSTEM	ORGANISATION	PROFESSION	INDIVIDUAL
Acknowledges cultural competency as integral to core business	Acknowledges from all levels that cultural competency and diversity management are integral to core business	Builds cultural competency into both generic and specialist training and in professional development	Acknowledges the importance of cultural understanding to achieve effective communication
Resources the capacity and policy infrastructure to foster culturally competent practice	Moves away from a 'quick fix' approach and allows time and resources for sustained change	Develops cultural competency standards to guide the work of health professionals	Appreciates that many people from CALD backgrounds need to involve family and community in discussions about health related issues
Facilitates consistent and culturally competent research and data collection across jurisdictions to improve knowledge and monitoring	Employs bilingual staff and peer educators to work with culturally and linguistically diverse (CALD) background communities	Promotes generic and specialist skills in cross-cultural training	Feels comfortable about involving an interpreter when there is a language barrier
Identifies a skill set for culturally competent practice and supports health organizations and individuals to value and achieve culturally competent practices.	Encourages exchange between CALD background communities and health professionals to ensure communities receive what they need and want	Encourages and supports integration of cultural competencies into health professional practice	Undertakes continuing professional development to develop the necessary skill set to foster culturally competent practice

The NHRMC model provides an overarching model for cultural competency at the health system level. As this document is about Queensland Health, a review of the literature was undertaken to further examine organisational cultural competency and a Queensland Health framework was developed in 2009. The common elements of organisational cultural competency, as evidenced through existing cultural competency guides or standards, comprises eight elements as shown in Figure 1. It identifies the eight core outcome areas each of which are reflected in the *Queensland Health Strategic Plan for Multicultural Health 2007-2012.*

- the use of **interpreters** in all health care interventions including people who are not proficient in English
- the development of **resources** to support staff in providing inclusive services and for people who have culturally or linguistically diverse (CALD) backgrounds to assist them in maintaining or improving their health.
- The development and implementation of inclusive **recruitment and retention strategies**

- working in **partnership** with Multicultural Affairs Queensland, the community sector, Health Service Districts and other jurisdictions to share knowledge and strategies on improving health the health status of CALD communities
- building the **knowledge and skills** of Queensland Health staff in providing culturally competent health care and developing inclusive policies and plans
- collecting and analysing **data** on the health of CALD communities and equitable access to services to inform service planning
- facilitating the engagement of CALD communities in the development of policies, plans and programs
- implementing dedicated strategies for **special needs populations** including:
  - refugees
  - Pacific Islanders.

Activity in each of these eight outcome areas is support by four foundations as follows:

- the develop of culturally inclusive systems and services (eg. chronic disease)
- cross cultural capabilities
- management commitment
- implementation of the Equip Standards and Guidelines related to CALD patients.

Figure 1. Organisational Cultural Competency Framework

This *Queensland Health Cross Cultural Learning and Development Strategy* addresses one of the eight elements of organisational cultural competency shown in Figure 1, that of culturally competent staff. It should be noted that the literature is very clear that one of the above elements can not be achieved in isolation of the others. For example, staff may have the knowledge and skills but no access to interpreters to action these skills. For these reasons, organisational commitment to all of the elements of cultural competency is required. As cultural is a developmental journey,[7,8] a sustained commitment is required.

[7] Chalmers S & Rosso-Buckton A, *Are You Talking to Me? Negotiating the Challenge of Cultural*

WHY DOES QUEENSLAND HEALTH NEED TO BE A CULTURALLY COMPETENT ORGANISATION?

There are a number of drivers for Queensland Health to ensure it has culturally competent staff and that cultural competence is embedded in its practices and organisational processes.

Driver 1 - Whole of government context

The Queensland Government's multicultural policy *Making A World Of Difference* is implemented by all state government departments through their Multicultural Action Plans. All departments are now required to implement and report on four core outcome areas, one of which is culturally competent staff.

The whole of government mandatory reporting performance measure for the core outcome area of culturally competent staff is the number of staff that have participated in cultural competence training during (financial year) (this number as a number and percentage).

Driver 2 – Cultural competency elements are embedded into EQUIP accreditation

Australian Council of HealthCare Standards Equip Standards are used to accredit health care facilities in Australia. These standards recognise elements of organisational cultural competency. Table 2 details the relevant standards and associated criteria and guidelines/elements.

Table 2. EQUIP Standards which require consideration of CALD consumers/ patients/ communities. [9]

Standard	Criteria	Guideline/Element
1.1 Consumers/patients are provided with high quality care throughout the care delivery process	Mandatory criteria 1.1.1 The assessment process ensures current and ongoing needs of the consumer/patient are identified	The criterion is to be read in conjunction with 1.6.3 and therefore specifically applies to service provision to CALD consumers/clients.
	1.1.2 Care is planned and delivered in consultation with the consumer/patient and when relevant the carer, to achieve the best possible outcomes	The criterion is to be read in conjunction with 1.6.3 and therefore specifically applies to service provision to CALD consumers/clients.

Diversity in Children's Health Care. University of Western Sydney. 2008.

[8] Bean R, *The Effectiveness of Cross-Cultural Training in the Australian Context.* Bean R, *The Effectiveness of Cross-Cultural Training in the Australian Context* Joint Commonwealth, State and Territory Advisory Committee. November 2006.

[9] Australian Council of Healthcare Standards, EQUIP 4 Guide, Part 1. 2006

	1.1.3 Consumers/patients are informed of the consent process, understand and provide consent for their health care	The criterion is to be read in conjunction with 1.6.3 and therefore specifically applies to service provision to CALD consumers/clients.
	Non-mandatory 1.6.3 The organisation makes provision for consumers/patients from CALD backgrounds and consumers/patients with special needs	One of the elements/measures of this standard is "staff have access to training and resources to enhance the delivery of culturally appropriate care and services
	1.1.7 Systems to ensure that the care of dying and deceased of consumers/patients is managed with dignity and comfort.	Guidelines refer to culturally and linguistically diverse consumers/ patients/ communities /clients.
	1.1.8 The health care record ensures comprehensive and accurate information is recorded and used in care delivery	Guidelines refer to sufficient information in a form that enables other practitioners to delivery health care safely and promptly including, If appropriate, the consumer/patient cultural background and/or country of birth and language spoken at home.
Standard 1.2 Consumers/ patients/ communities have access to health services and care appropriate to their needs	1.2.1 The community has information on, and access to, health services and care appropriate to its needs	Guidelines refer to culturally and linguistically diverse consumers/ patients/ communities
1.3 Appropriateness standard	1.3.1 Health care services are appropriate and delivered in the most appropriate setting	Guidelines refer to culturally and linguistically diverse consumers/ patients/ communities
1.6 The governing body is committed to consumer participation	1.6.1 Input is sought from consumers, carers and the community in planning, delivery and evaluation of the health service	referred to in guidelines to applying Standard
3.2 Standard Safe Practice and Environment	3.2.2 Buildings, signage, plant equipment, supplies, utilities and consumables are managed safety and used effectively and efficiently.	The criterion is to be read in conjunction with 1.6.3 and therefore specifically applies to service provision to CALD consumers/clients and include specific requirements in the elements/measures.

Driver 3 – Quality and safety of health care for CALD Queenslanders

The inclusion of the needs of CALD consumers/patients/communities in the EQUIP Standards is evidence of the link between quality and safety of health care.

The proposed National Safety and Quality Framework recognises the need to involve patients as a focus of patient and quality initiatives, including a specified strategy for

cultural safety. The framework proposes that culturally safe care is when "clinicians provide care within the framework of recognising and respecting the differences of any individual".

A number of studies nationally and internationally link cultural competency with health outcomes as outlined in Table 3.

Table 3. Studies nationally and internationally that link cultural competency with health outcomes.

Reference	Key Findings
Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Framework and discussion Paper on achieving the directions established in the proposed National Safety and Quality Framework* (proposed, 2009)	• states that "patients from non-English speaking backgrounds are disproportionately at risk of experiencing adverse events." (10) and recognises that "developing health professionals' skills in cross-cultural care has the potential to improve health outcomes" proposes a strategy (Strategy 1.4 Provide Care that is Culturally Safe) to ensure cultural safety and culturally competent care, involving among other things the "provision of training and how to reduce risks that rise when shared respect, meaning and language are not present".
The National Health and Medical Research Council (NHMRC) *Cultural Competency in Health: A guide for policy, partnerships and participation.* Australian government, Dec.2005	• NHMRC identified the "need to increase cultural competency as a priority" given the health inequalities that exist for many CALD background communities" (ppl,3). NHMRC identified the need for action at all levels of the health system and across the health sector to meet the needs of an increasingly diverse society
Australian Commission on Safety and Health/Australian Institute of Health and Welfare. *Sentinel Events in Australian Hospitals Framework, July 2007.*	• Categorises issues arising from lack of effective communication between staff, including across disciplines, units or hospitals, and between staff and patients or their family, carer or advocate. Staff-patient communication issues include medical or technical language problems, difficulties with non-English speaking patients and other culturally influenced impediments to understanding.
Johnstone and Olga Kanitsaki: Cultural Safety and Cultural Competence in Health Care and Nursing: An Australian Study. (RMIT 2005)	• Wide-ranging study that provides an overview of the field of cultural safety and cultural competence in Australia, demonstrating the need for a coherent approach to cultural competency. • The study found that "patients who did not speak the same language as the health care professional were at double the risk of receiving less than optimal care." Particular areas of concern included: – high rates of unnecessary diagnostic testing

Reference	Key Findings
	and use of resources identified in two United States – higher rates of medication incidents and errors, with several studies finding this group of patients less likely than same-language speakers to received adequate medication (such as hormone replacement and analgesia), and more likely to 'skip' medication – low rates of attendance and admission to hospitals for non-urgent medical/surgical in comparison to the average population – higher rates of admission rate to psychiatric facilities within Australia in comparison to English speaking patients (seven times greater) – low rates of referral to mental health services in Switzerland of asylum seekers reporting symptoms of trauma, and an under-reporting of post-traumatic stress in this population, due to poor quality of communication – lower rates of attendance at follow-up appointments and a lower rate of follow-up appointments being offered – lower rates of preventative strategies being used compared with the general population, identified in a Canadian study – failure to be given information and explanation regarding diagnosis and treatment, and a failure to understand information given – low patient satisfaction with service – use of family members as interpreters, resulting in significant emotional trauma for the family member acting as interpreter as a result of interpreting emotionally charged and complex medical information; serious miscommunication; misinterpretation of symptoms and medical history; wrong diagnoses being made; breaches of confidentiality; inadequate care and treatment; and prescribed treatment not being adhered to by patients
Bird, Sharon. "Lost without Translation." Australian Family Physician 37.12 (2008): 1023-24	• Summarises the major litigations in US and Canada that have resulted when adverse events occurred because of negligence in accessing interpreters.
Chandrika, Divi et al. "Language proficiency and adverse events in US: A pilot study." *International Journal for Quality in Health Care*. February 2007: 1-8	• Study found about 49.1% of limited English proficient patient adverse events involved some physical harm whereas only 29.5% of adverse events for patients who speak English resulted in physical harm. Of those adverse events

Reference	Key Findings
	resulting in physical harm, 46.8% of the limited English proficient patient adverse events had a level of harm ranging from moderate temporary harm to death, compared with 24.4% of English speaking patient adverse events. The adverse events that occurred to limited English proficient patients were also more likely to be the result of communication errors (52.4%) than adverse events for English speaking patients (35.9%)
Flores, G. "The impact of medical interpreter services on the quality of health care: a systematic review." Medical Care Research and Review, 62 (3) 2005: 255-99	• Found that "interpreter errors may be a root cause of medical errors"
Ngo-Metzger, Q., J. Telfair, D.H. Sorkin et al., *Cultural Competency and Quality of Care: Obtaining the Patient's Perspective*, The Commonwealth Fund, October 2006	• Found that ethnic minorities and CALD groups in the US receive less information about their health conditions and treatment from doctors than non-ethnic white Americans, as a result of a number of entrenched attitudes and factors including a lack of cross-cultural communication capability
Johnstone and Kanitsaki. "Culture, Language and Patient Safety: Making the Link." International Journal for Quality in Health Care 18.5 (2006): 383-88	• Despite the progress that has been made in improving hospital safety in recent years, there is emerging evidence that patients of minority cultural and language backgrounds are disproportionately at risk of experiencing preventable adverse events while in hospital compared with mainstream patient groups. • Argues that patient safety programmes have tended to underestimate and understate the critical relationship that exists between culture, language, and the safety and quality of care of patients from minority racial, ethno-cultural, and language backgrounds. This article suggests that the failure to recognise the critical link between culture and language (of both the providers and recipients of health care) and patient safety within the health care system unacceptably exposes patients from minority ethno-cultural and language backgrounds to preventable adverse events in hospital contexts. It is further suggested that in order to ensure that minority as well as majority patient interests in receiving safe and quality care are properly protected, the culture-language-patient-safety link needs to be formally recognised and the vulnerabilities of patients from minority cultural and language backgrounds identified and addressed in patient safety processes and systems.

Evidence therefore suggests that the provision of culturally appropriate services decreases the likelihood of providing lower quality care, and that this is the case where language is an issue (e.g. patients are not proficient in English) and where cultures is an issue (e.g. patients are proficient in English but have different cultural beliefs). The above examples also clearly indicate that a culturally incompetent organisation is an inefficient and less effective organisation. Developing cultural competency is a safety and quality issue that can reduce patient harm and improve quality of health care provision.

Driver 4 – Increasing workforce diversity and the need for effective team functioning

The increasing diversity of the workforce places additional patient safety challenges on the Queensland Health system. A recent systematic review found that providing health care professional with the knowledge and skills to work across cultures led to increased team communication, interpersonal skills and reduce the risk of tension and miscommunication between staff members.[10] The authors note that "cultural competency is increasingly becoming an important factor in business success and culturally competent care is also receiving attention for its capacity to meet diverse clients' needs and manage diverse workforces effectively. With increasing levels of migration and movement of workforce personnel across national barriers in the developed world, together with increasing acceptance of 'diversity' in all senses, within established populations, these issues assume greater importance in the years to come".

HOW DO WE BUILD A CULTURALLY COMPETENT WORKFORCE?

It is clear from the previous sections of this document that all of the elements of organisational cultural competence need to be in place to have a culturally competent workforce.

The *Cross Cultural Learning and Development Strategy 2009-2012* is about the specific element of Culturally Competent Staff and the mechanisms that are required for staff to access the knowledge and skills they require to provide culturally competent care. There are two issues involved here:

- what knowledge and skills are required for culturally competent care
- how can staff be provided with access to this knowledge and skill.

Defining knowledge and skills for culturally competent care

Prior to 2009, there were no defined standards of knowledge and skills required for culturally competent healthcare. This gap resulted in misunderstandings about the expectations of what it would mean to be a culturally competent health care provider. For example, an Australian researcher in the paramedic industry recently stated "The

[10] Pearson A, Srivastava R, Craig d, Tucker D, Grinspun D, Bajnok I, Griffin P, Long L, Porritt K, Han T, Gi A, *Systematic review on embracing cultural diversity for developing and sustaining a healthy work environment in healthcare***.** International Journal Evidence Based Health 2007 5: 54-91

term also gives the impression that health professionals can become 'competent' in 'other' cultures, or worse still, suggests that culture can be reduced to a technical skill for which training develops expertise. No one can become competent in more than 200 cultures living in Australia and neither should paramedics have this expectation".[11]

Through funding provided by the *Queensland Health People Plan 2007-2012*, the Queensland Health Multicultural Program reviewed the literature on cross cultural competency and interviewed experts in the field. The outcome of this work was the definition of the knowledge and skills staff require to deliver culturally safe services. Five Cross Cultural Capabilities were defined. This work is groundbreaking and sought after by other Australian health jurisdictions and supported by key experts in the field.

A culturally competent individual demonstrates the following capabilities:

1 Self-reflection

An individual staff member should be able to:

- Consider what your own culture is and how you feel about different cultural beliefs and values.
- Demonstrate a complex understanding of "culture"
- Conduct a cultural self-assessment to identify your own culture, and position your cultural beliefs against that of the health system.
- Conduct an assessment of the organisational and professional cultures to which you belong

2. Cultural understanding

An individual staff member should be able to:

- Gain a better understanding of culture, and potential cultural differences
- Conduct a client cultural assessment to determine and accommodate different needs
- Elicit client explanatory models for health and respond appropriately
- Understand different consumer behaviours may be influenced by culture.
- Employ self-reflection to explore differences and similarities across cultures.

3. Consider Context

An individual staff member should be able to:

- Acknowledge and consider the range of social and economic factors that may impact on consumers (with culture sometimes not being the most important eg transport, food).
- Understand impact of migration and exile on individuals
- Consider the interplay of other individual factors such as gender, sexuality, age on identity.
- Understand that individuals may not identify with their own culture, or that of their parents, and many individuals within Australia consider themselves 'bicultural'
- Understand there are differences within cultures.

4. Communication

An individual staff member should be able to:

- Be sensitive and adaptive to varying cultural norms in relation to verbal and non-verbal communication
- Communicate effectively across cultures
- Be aware of, and overcome, potential barriers to effective cross-cultural communication
- Deliver information in culturally appropriate and targeted ways.
- Avoid making assumptions or judgements about individuals based on their communication style
- Assess the need for an interpreter and ability to work effectively with interpreters

[11] Spencer C, *A pre-hospital perspective of 'Cultural Competency in Health: A guide for policy, partnership and participation'* Journal of Emergency Primary Health Care 2007 Guest Editorial Article 990255

5. Collaboration

An individual staff member should be able to:

- Build trust and relationships with individuals across cultures
- Work towards consensus with individuals and families from diverse backgrounds
- Involve culturally diverse clients in decision-making processes and collaborative care
- Conduct community consultation and engagement
- Work across disciplines to provide appropriate care
- Facilitate linkages with community organisations and other agencies including development of referral pathways
- Be skilled at establishing formal and informal collaborative networks
- Value and facilitate the exchange of information across health and other disciplines

Now that Queensland Health is clear on the knowledge and skills staff require to be culturally competent, the next issue to address is how to provide staff with access to this knowledge and skills. The most common method used to date across the world is to conduct cross cultural training.

What is cross cultural training?[12]

Cross cultural training literature has documented trends and studies of cross cultural training for over 50 years. Initially this training commenced to assist people (particularly business) in working and living overseas and orientation to a new/foreign culture, including interpersonal skills. The initial impetus for this training came from people who had experienced 'culture shock' from moving into another country and experienced associated psychosomatic and psychological issues. Since the early 1950's concepts of 'culture shock' and 'culture distance' were deconstructed by social anthropologists to understand human behaviour in cross cultural situations, hence the beginning of cross cultural training.[13]

From the 1950's to present, cross cultural training has gained momentum and evolved as an educative and experiential mechanism to assist people in a range of cross cultural settings from a business context to health care and service delivery of culturally diverse constituents.

Cross cultural training is defined as "*To provide training and/or education with the intent of increasing the staff and organisational skills, behaviours and knowledge towards cultural competency and cultural responsiveness both in terms of patient safety and a robust culturally diverse workforce*".[14]

Cross cultural training refers to "*all models of training and education aimed at developing cultural competence. It includes workshops, seminars, training courses, coaching, mentoring and formal qualifications*".[15]

---

[12] While the term 'cross cultural training' is used in this document, there are numerous interchangeable terms used within the literature. These include diversity training, multicultural training, cultural competency training, anti-racism training, cross cultural education, intercultural training, and cultural capabilities training.

[13] Dharm P & Brislin R, et al, *Cross-Cultural Training: A Review*, Applied Psychology; An International Review, USA 2000 49(1) 162-191

[14] Black, J.S. & Mendenhall, M., as cited in the Joint Commonwealth, State and Territory Research Advisory Committee Report. The Effectiveness of Cross-Cultural Training in the Australian Context 2006

[15] Bean R, *The Effectiveness of Cross-Cultural Training in the Australian Context*. Joint Commonwealth,

It is critical to note that cross cultural training differs from cultural awareness training or cultural safety training which is usually delivered on Aboriginal and Torres Strait Islander issues. While there may be some similarities in terms of aiming to achieve awareness and a change in behaviour and skills for the broader community, the issues for Aboriginal and Torres Strait Islander communities are considered unique in the Australian context, with generations of trauma passed on due to policies that provided Aboriginal and Torres Strait Islanders with fewer rights than other Australians.

In summary, cross cultural training is training that specifically addresses the cultural and communication issues of people from culturally and linguistically diverse communities. Within the health care context it goes further to include differing health beliefs, systems and practices as well as issues and barriers which impact on their well-being.
For Queensland Health cross cultural training provides one mechanism of providing staff with access to cross cultural knowledge and skills. It has traditionally been conducted as specific, stand-alone training and is generally understood as such.

Effectiveness of cross cultural training

Two sentinel pieces of research indicate the effectiveness of cross cultural training in improving the cultural competency of health care staff.

Joint Commonwealth, State and Territory Research Advisory Committee (2006): the Effectiveness of Cross-Cultural Training in the Australian Context.

A 2005 national research report was conducted by the Department of Immigration and Multicultural Affairs for the Joint Commonwealth, State and Territory Research Advisory Committee. It investigated cross-cultural training programs across Australia, the methods of delivery and their effectiveness. The report concluded that cross cultural training is of direct benefit to employees, organisation and clients.[16]

The following outcomes were reported immediately post-training:

- increased understanding of organisation policies and issues
- increased knowledge of cross cultural skills and understanding of other cultures
- improvements in understanding of the effects of one's culture on oneself
- improvement in the awareness of the effects of cultural differences on interactions and confidence in dealing with people from different cultures
- increased knowledge of and improved service to culturally diverse customers and transfer of their learning to co-workers.

State and Territory Advisory Committee. November 2006.

[16] Bean R, *The Effectiveness of Cross-Cultural Training in the Australian Context*. Joint Commonwealth, State and Territory Advisory Committee. November 2006.

Reported outcomes 12 months post-training were:

- increased understanding of organisation policies and issues regarding cultural diversity
- increased knowledge of cross cultural communication skills and
- increased knowledge and understanding of the customs, values and beliefs of diverse cultures.

Systematic review of the effectiveness of cultural competency training

Pearson et al[17] undertook a systematic review of the literature to investigate the effectiveness of cross cultural training. The review concluded that training in cultural competence improved outcomes for both healthcare providers and patients. The authors further concluded that individual workers need to have appropriate skills to be able to successfully deliver culturally competent care.

There are many individual studies which report different positive aspects of cross cultural training. The following dot points provide a snapshot of some of these findings:

- there was a direct correlation between participants who have undertaken cross cultural training to improved patient health outcomes[18]
- there was an increase in staff's knowledge, attitudes, behaviours and communication skills with culturally diverse patients after participation at cross cultural training[19]
- clinical staff took longer time with culturally diverse patients after they had completed culturally competent training modules with positive outcomes[20]
- nurses recognised the need for cultural self knowledge and sensitivity in working with culturally diverse patients after training.[21]

Pearson et al's research also found that cross cultural training leads to better team functioning (e.g. communication) which is an important issue to consider for Queensland Health with its increasingly diverse staffing profile.

In summary, it is clear that cross cultural training is an effective mechanism to provide health staff with the knowledge and skills required to improving quality of patient care and to develop a culturally competent workforce and organisation.

---

[17] Pearson et al, *Systematic review on embracing cultural diversity for developing and sustaining a healthy work environment in healthcare***.** International Journal Evidence Based Health 2007 5: 54-91

[18] Basanti M, Browne G, Roberts J, Carpio B, *Effects of Cultural Sensitivity Training on Health Care Provider Attitudes and Patient Outcomes.* Journal of Nursing Scholarship. Canada 2004 36:2 161-166

[19] Webb E, Serginson M, *Evaluation of cultural competence and antiracism training in child health services.* BMJ Publishing Group and Royal College of Paediatrics and Child Health. U.K. 2003 88: 291-294

[20] U.S.A Department of Health and Services, *Two-Year Evaluation Report of the Cultural Competency Curriculum Modules*, Office of Minority Health 2007

[21] Hunkik N & Gregrory J, *Cultural sensitivity training: Description and evaluation of a workshop*, Nurse Education Today. U.K. 2008 28, 171-178

Factors which impact on the level of effectiveness of cross cultural training

The effectiveness of cross cultural training in a health care setting is significantly influenced by a number of key factors. These factors, outlined below, need to be taken into consideration in the development of the Strategy to provide staff with cross cultural knowledge and skills.

Organisational support for staff to access cross cultural training

The literature strongly indicates that cross cultural training needs to be part of the overall organisational context and direction. "Training programs that improve the skills of managers and team members may be particularly useful, but training alone is not likely to be sufficient. Organisations must also implement management and human resource policies and practices that inculcate cultures of mutual learning and cooperation."[22] The systematic review of the effectiveness of cross cultural training[23] concluded that "organisational support and commitment towards the development of culturally competent practices are required".

Organisational support in terms of management support for training is an important element. In a study assessing staff and manager's perceptions of the importance of cross cultural training, Bean[24] found that while 86% of staff rated cultural competence as very important for service quality and workplace relations, only 56% rated management support for cross cultural training as strong or very strong. Lower levels of management support may impact on the ability of staff to attend or access specific courses on cultural capability.

(a) Ability of staff to attend cross cultural training

Clinical service managers within Queensland Health have repeatedly reported that it is difficult to release clinical staff for professional development opportunities. In addition to this, there is often an array of mandatory and other training which competes with specific cross cultural training making it difficult for staff to prioritise attendance.

Stakeholder consultation undertaken to develop the Strategy confirmed previous advice and found the following barriers for Queensland Health staff in attending specific cross cultural training courses:

- lack of time for staff to attend
- cost and logistics to remove and replace staff for part of or whole of shift
- competing priorities for other training and education courses, including a wide range of mandatory courses and
- cross cultural issues were not seen as a priority as they weren't on 'the radar' in Queensland Health.

---

[22] Sulman J, Kanee M, Stewart P, Savage D, *Does Difference Matter? Diversity and Human Rights in a Hospital Workplace.* Canada 2007

[23] Pearson et al, *Systematic review on embracing cultural diversity for developing and sustaining a healthy work environment in healthcare***.** International Journal Evidence Based Health 2007 5: 54-91

[24] Bean R, , *The Effectiveness of Cross-Cultural Training in the Australian Context*. Joint Commonwealth, State and Territory Advisory Committee. November 2006.

(b) Organisational support for sufficient course time

To enable an individual learning's towards gaining culturally capability skills and knowledge, it is critical for training courses to provide the context which has usually led to complex health disparity issues including historical, social economic and medical issues for vulnerable communities. Sufficient time is needed to impart this information to its audience to ensure cross cultural training is effective.

Of the little current training on cultural diversity currently available to Queensland Health staff (other than mental health staff[25]), most is conducted between 15 minutes to two hours (refer Table 4). Even the four hour programs may not provide sufficient time for effective knowledge and skill transfer. For example, Papadopoulos[26] notes that "It is exceedingly difficult in half a day to effect measurable changes in participants' skills and attitudes. It is necessary to allow adequate time out for staff to disengage from the intensity of their everyday work and to engage in cultural competence learning. Those involved in delivering training should have time to establish trust and rapport and to be aware of wider organisational factors which impact on the training".

Table 4. Current Queensland Health cross cultural training and allocated course time

Cross cultural training	**Approximate course time**
Orientation • introduction to cross-cultural issues • implemented in few Health Service Districts	20 minutes
Training delivered by Multicultural Coordinators • Darling Downs West Moreton • Metro South (Southside)	Less than half a day and more routinely 1-2 hours
Medical residents training on Cross Cultural Issues • PA only	15 minutes to 2 hours
Queensland Health Multicultural Program • Administrative and reception staff cross cultural training program • Clinical Services Managers cross cultural training program • Patient Liaison Officers cross cultural training program	4 hours
Multicultural Clinical Support Officer training • Royal Brisbane Women's Hospital • Gold Coast District (combination of orientation and tailored training)	15 minutes to 2 hours

[25] As detailed in the Overview section of this document, the provision of cultural competency training to mental health practitioners is not in scope of this Strategy. The Queensland Transcultural Mental Health Centre has a nationally recognised training strategy which includes partnerships with the university sector and is implemented through dedicated Multicultural Mental Health Coordinators across the state.

[26] Papadopoulos (2004) cited in *Culturally Appropriate Health Care by Culturally Component Health Professionals*. International Workshop Report. Israel. 2007

Cross cultural training	Approximate course time
(For comparison) Mandatory Aboriginal and Torres Strait Islander Cultural Awareness training for all staff in Queensland Health – separated into on-line self-directed training component and attendance at training session, and targeted training for staff going to remote areas to work	4 hours
(For comparison) Queensland Transcultural Mental Health Centre • Module-based training covering 9 modules • Professional Development Training Packages • CD self-directed learning package (Aged Care) - Transcultural Mental Health	4 hours to 1 day each module Self directed

(c) *Organisational support for emerging modes of delivery – e learning*
As with all training initiatives, there is an increasing interest in e-learning as a delivery mode. However, there is yet no evidence showing the applicability of online approaches to training which is at its essence about impacting on participant's attitudes and values, objectives that may be difficult to achieve via online means. This approach therefore needs to be carefully evaluated.

(d) Organisational support for emerging models – 'on the spot cultural coaches'
Two pilots were conducted from 2007-2009 on the impact of an 'on the spot cultural coach' titled a Multicultural Clinical Support Officer. The pilot developed from evidence of clinical staff not being able to be released for training and also on evidence that clinicians learn best 'on the spot'. The pilots met their objectives. Consideration needs to be given to this strategy as it may be the most effective of all strategies. However, it requires additional funding with one AO5/AO6 officer for each District with a significant CALD population. The Queensland Transcultural Mental Health Centre has implemented a similar strategy with 13 positions across seven Districts.

(e) Organisational support for monitoring professional development associated with cultural competency
Queensland Health is now required to report to the Queensland Government on the following key performance indicators:
- number and percent of staff who received Queensland Health's standard Cross Cultural Competency Module at orientation
- number of specific Cross Cultural Training programs provided.
- number of training programs that incorporate Cross Cultural Capabilities
- number of staff who participate in training programs that incorporate the Cross Cultural Capabilities. This number as a percentage of total staff for 2009-10.

Discussions are underway with Educate QH to measure these key performance indicators:

Lack of national Standards/ Framework for cultural competency
While the Australian Council of HealthCare Standards Equip Standards include elements of organisational cultural competency, these elements are not presented in a single standard. Rather, the elements are spread across standards and associated criteria and guidelines.

The Department of Human Services in Victoria has contracted a consultant to develop a set of standards on cultural competency to guide health services. This work is being conducted within a clinical governance framework.

National Standards on Culturally and Linguistically Appropriate Services (CLAS) exist in the United States of America. There are 14 standards organised around three main themes: culturally competent care, access to language services and organisational support for cultural competence.[27]

There is also no agreed national curriculum or unified conceptual teaching framework with guidelines on the content of cross cultural training.

Evaluation and measurement of training
The current use of key performance indicators such as the number of participants completing training and training satisfaction surveys, used by many agencies including Queensland Health, do not in themselves adequately measure the effectiveness of cross-cultural training in producing staff who subsequently practice with cultural competence. These performance indicators need to be used within a broader evaluation strategy that encompasses quality outcome measurements, such as an increase in use of interpreters, or a positive correlation between client data indicating a need for an interpreter and the subsequent use of an interpreter.

Cross cultural training initiatives currently available within Queensland Health (excluding Indigenous and training for mental health practitioners).

The following information demonstrates cross cultural training programs throughout Queensland Health:

Orientation and induction training
The Orientation and induction policy (2008) includes cultural diversity in orientation as an issue to be addressed by Face to Face, online or a blended learning approach. However, cultural diversity is not mandated as an issue to be covered in orientation and as a result, it is not routinely included in orientation and induction.

[27] Pearson et al, *Systematic review on embracing cultural diversity for developing and sustaining a healthy work environment in healthcare.* International Journal Evidence Based Health 2007 5: 54-91

There are currently two slides on cultural diversity in the online *Queensland Health Orientation and Induction – Developing your Understanding* program. Two slides are not sufficient to cover an introduction to cultural diversity let alone one component of the information staff need to know such as how to request an interpreter.

Training on how to request an interpreter and how to work with an interpreter
The Queensland Health Interpreter Service is conducted by the Queensland Health Multicultural Program. Eleven District Coordinator positions are funded across the state to coordinate interpreter service provision, which includes training staff on how to request an interpreter and how to work with an interpreter. The Program has three Interpreter Quality Officers that support District staff in providing high quality interpreter services and who are available to provided necessary training for staff.

Training on cultural competency knowledge and skills other than interpreter services
Some training is provided by Metro South and Darling Downs West Moreton HSDs who each have a Multicultural Health Coordinator.

A pilot was recently conducted on the effectiveness of an "on the spot cultural coach" titled Multicultural Clinical Support Officer, in providing clinical staff with cultural competency knowledge and skills. The pilot was conceived as a result of the barriers staff faced in accessing specific cultural competency training and in view of the fact that many clinical staff want information at the point it is needed (i.e. on the spot). The evaluation of this pilot found that this role was very effective and achieved the outcomes of the pilot.[28]

Specific cross cultural training programs exist for staff who are able to attend half day training programs (with appropriate backfill arrangements):

- administrative and reception staff
- clinical service managers
- patient liaison staff.

The Queensland Health Multicultural Program recently established a position to facilitate the implementation of this training.

There are a number of external cross cultural training providers including Partners in Cultural Competency (PiCC). Cost of external training can vary (can be $200-$400) per person and length of training varies (can be from four hours to two days) which often prevents Queensland Health staff from attending due to barriers previously detailed. The Queensland Health Multicultural Program does not actively promote any external cross cultural providers as often the training contents and processes may be unknown and not congruent with the current cross cultural leaning work being undertaken by the Program.

[28] Quadrio N, Isbel L, *Evaluation Report of the Multicultural Clinical Support Officer Pilot.* Queensland Health 2009

HOW OTHER HEALTH CARE AND GOVERNMENT ORGANISATIONS PROVIDE CROSS CULTURAL TRAINING

How are health departments in other jurisdictions providing staff with access to cultural competency knowledge and skills?

Table 5 details how cross cultural training is provided in other health departments across Australia.

Table 5. Cross cultural training provided in other health departments

Jurisdiction	Cross Cultural Training Strategy
New South Wales	• cross cultural training linked to risk management and quality processes to engage commitment from management • training regarding process for use of interpreters in induction • further training developed and coordinated by Multicultural Health Units and training coordinators within each Area Health Service targeted to needs of different areas • training developed and coordinated by State-wide Multicultural Units (eg Refugee, Mental Health, Torture and Trauma, Multicultural HIV Aids Service) in conjunction with local training coordinators and targeted to local need • training supported by ongoing presence of Diversity Health Officers or Multicultural Health Workers within districts of recognised high culturally and linguistically diverse population need • E-learning package currently in development for staff in one Area Health Service, another one has developed a face-face module that is currently going through VTAB accreditation. • Most Areas have a face-face presentation slot at corporate orientation programs. • Effectiveness varies from service/facility/area and is dependent on numbers and participation. Programs increase staff's skills and knowledge base according to evaluation but further work is still required to embed training as core business into mainstream learning and workforce development plans.
Victoria	• training linked to risk management and quality processes • Cultural Diversity Officers are employed across hospitals. The role is to provide staff with cultural competency knowledge and build the skill base of these staff in providing culturally competent care • cultural diversity awareness/cultural competence training is supported across different program areas within the department and is part of the Cultural Diversity Policy

Jurisdiction	Cross Cultural Training Strategy
	• no centralised/registered training program is offered by the Department itself • training is outsourced to recognised providers (i.e. Centre for Culture, Ethnicity & Health, Migrant Resource Centres, etc) • different program areas across the department support the implementation of different training packages • health services, community health, regions, etc either organise in-house or source outside provider training which may vary between 1hr – half a day depending on the work area and ability to come off-line to train. This is often linked to resources available, the commitment level to training, and alignment with DHS policy frameworks etc.
South Australia	• SA Health accesses Multicultural South Australia's panel of cultural awareness training providers which are available to assist all government departments in the procurement of appropriate cultural awareness training. • Government agencies select from this panel of providers and contract with them to provide a tailored curriculum for the workers being trained. • SA health is required to report on is how many employees have received cultural awareness training as a part of whole-of-government access and equity reporting.
Western Australia	• currently no cross cultural training available to staff.
Tasmania	• Each **major** public hospital employs a Migrant/Refugee Liaison Officer that provides cross cultural training and support to internal and often external community staff on working effectively with culturally and linguistically diverse (CALD) patients. • For other hospitals and health services, cross cultural training is on an adhoc basis and usually provided by external providers such as Migrant Resource Centres, IHSS services and the Phoenix Centre (the Tasmanian FASSTT agency for torture and trauma support). This training often incurs a fee. • The availability of cross cultural training programs is currently being reviewed.
Northern Territory	Department of Health and Families • Training and information on CALD communities is often provided by either a local community refugee organisation or the Clinical Nurse Consultant – Culture. • The Interpreting and Translating Service of Northern Territory provides training sessions on Interpreter usage and related issues for nursing and other staff from the Royal Darwin Hospital.

How are Queensland Government departments and local and federal government providing staff with access to cultural competency knowledge and skills?

Other Queensland Government Departments

- Queensland Police Service – recently launched an education and training DVD "One Queensland Many Cultures." Range of training available including training courses, area specific material to assist Police staff and quick Reference Guides on nominated communities eg. Vietnamese.
- Department of Communities – designated part-time Training Officer to deliver state-wide cross-cultural training.
- Queensland Transport – Staff have on-line access to Multicultural Awareness Program. Available to all staff and is approximately 45 minutes duration.
- Legal Aid Queensland (LAQ) – Cross cultural training is incorporated into staff professional Development. Currently it is not considered mandatory but this is being explored further. Has an "Anti-Racism/Cross Cultural Awareness Training" that is presented by the LAQ Multicultural Action Team in partnership with the Confronting Racism in Communities project. This is a half day session and the workshop aims to increase staff awareness of cross-cultural issues including racism and other experiences of people from culturally and linguistically diverse backgrounds in accessing services. The workshop aims to develop and improve the cross-cultural understandings and skills of staff. LAQ has also developed some internal training modules on Working with interpreters in a legal context and the migration experience. Presented by internal LAQ staff.
- Main Roads – Delivers a half-day "Working with Difference" Training program (developed by Shared Services Agency) aimed at increasing participant's appreciation of people as individuals and raising awareness of the different working cultures that make up Main Roads. The new program provides strategies for working together effectively and capitalising on individual strengths and skills that can be applied when working with a variety of differences.
- Disability Services Queensland - DSQ, through its Operational Training Services Unit delivers a one-day face-to-face "Multicultural Capability" training program within the Central Business District (4 workshops) and throughout its Regional areas (10 workshops) which is accessible to all levels of staff across all occupations. The program seeks to introduce the concept of cultural competence within the context of human service delivery to participants. The major topics covered include cultural identity and the influence of culture, as well as communication and language issues such as second language acquisition and the use of interpreters.

Local and Commonwealth Departments

- Brisbane City Council - cross-cultural awareness, communication and use of interpreter – as a self-directed on-line training program
- Centrelink – cross-cultural awareness, communication and use of interpreter – as a self-directed training program on CD for all customer service staff; 5 hour training package delivered by Multicultural Service Officers in regions; parts of the training packages are integrated into other generic training courses – training supported by continued presence of Multicultural Service Officers in regions

HOW TO PROVIDE QUEENSLAND HEALTH STAFF WITH ACCESS TO CULTURAL COMPETENCY KNOWLEDGE AND SKILLS

The simplest way of providing Queensland Health staff with access to cultural competency knowledge and skills would be to conduct specific training courses for clinical and non-clinical staff and managers and leaders. However, the consultation conducted to inform the development of the *Cross Cultural Learning and Development Strategy 2009-2012* indicates that this is not a viable option due to the numerous range of learning and development that is available and barriers for staffing in accessing these learning and development opportunities.

Current learning and development opportunities in Queensland Health

At the corporate level, a range of learning and development opportunities are available for clinical, non-clinical and managers/leaders. In addition to this, HSDs develop district-specific training or contract external organisations to develop specific-district training. Figure 2 depicts the current learning and development opportunities in Queensland Health.

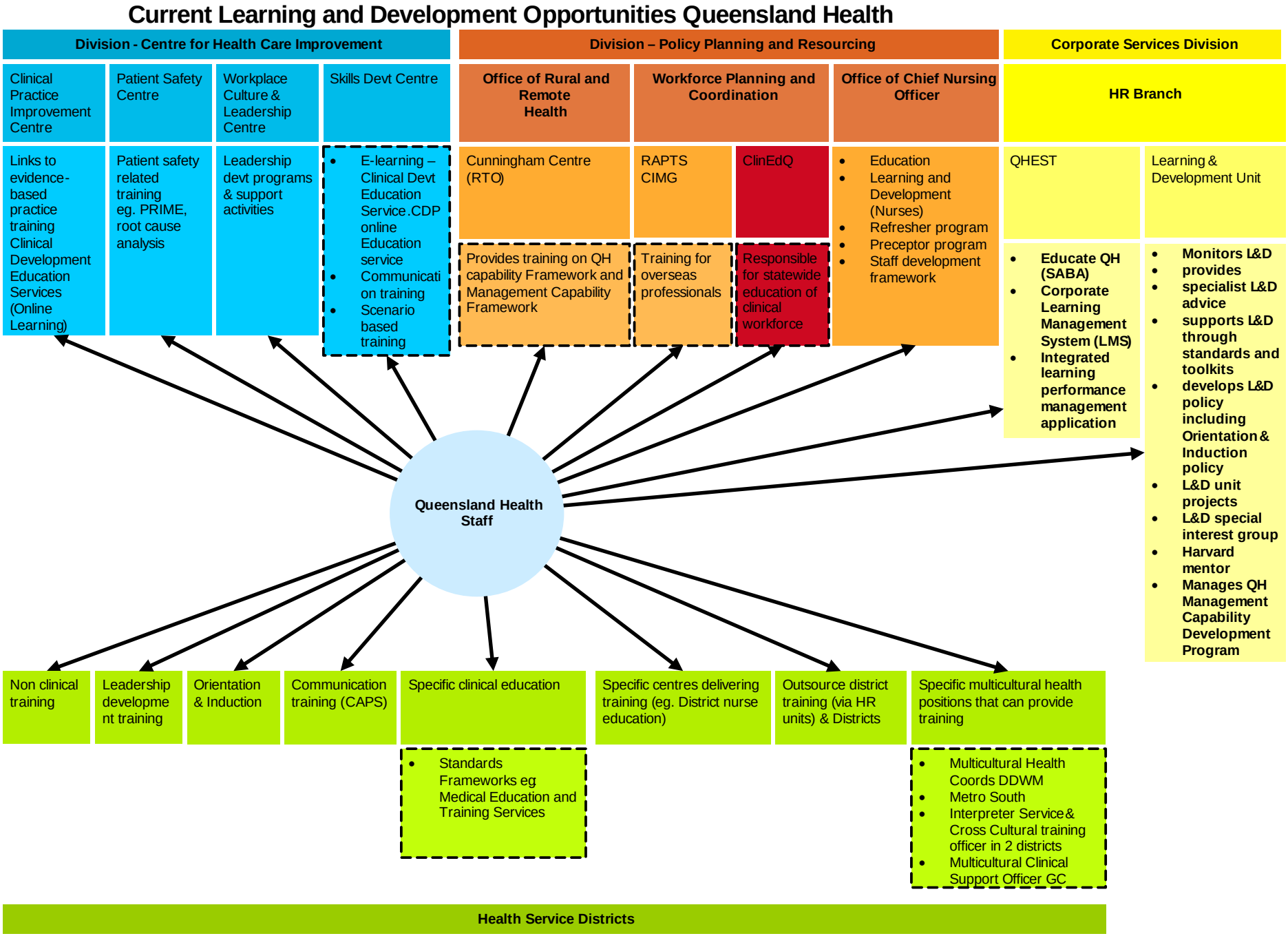
Issues to note about the current learning and development opportunities in Queensland Health:

- the sheer volume of education and training course within Queensland Health and the various delivery methods, ranging from on-line, workshops to day training. Training and education can be for both non-clinical, management, clinical and for specific sub-groups of staff eg. nurses, administrative officers.
- education and training varies from district to district
- there are over 35 tertiary type training providers (eg. Universities) and various private providers (eg. Odyssey) which develop and/or deliver training packages. There are also are a number of on-line outsourced training providers (eg. Harvard University)
- outsourced training providers are not directed to incorporate cross cultural into training programs and/or diversity management principles within management type courses.

These issues present a number of opportunities:

- to integrate cross cultural capability training into existing training provided by Queensland Health and in this way embed cross cultural capability into Learning and Development
- to require external providers to incorporate cultural competency into programs developed for Queensland Health
- for existing work areas responsible for training to incorporate specific training for cross cultural capability

Figure 2.


Current Learning and Development Opportunities Queensland Health
Division - Centre for Health Care Improvement
Division – Policy Planning and Resourcing
Corporate Services Division
Clinical Practice Improvement Centre
Patient Safety Centre
Workplace Culture & Leadership Centre
Skills Devt Centre
Office of Rural and Remote Health
Workforce Planning and Coordination
Office of Chief Nursing Officer
HR Branch
Links to evidence-based practice training Clinical Development Education Services (Online Learning)
Patient safety related training eg. PRIME, root cause analysis
Leadership devt programs & support activities
E-learning – Clinical Devt Education Service.CDP online Education service
Communication training
Scenario based training
Cunningham Centre (RTO)
RAPTS CIMG
ClinEdQ
Education
Learning and Development (Nurses)
Refresher program
Preceptor program
Staff development framework
QHEST
Learning & Development Unit
Provides training on QH capability Framework and Management Capability Framework
Training for overseas professionals
Responsible for statewide education of clinical workforce
Educate QH (SABA)
Corporate Learning Management System (LMS)
Integrated learning performance management application
Monitors L&D
provides
specialist L&D advice
supports L&D through standards and toolkits
develops L&D policy including Orientation & Induction policy
L&D unit projects
L&D special interest group
Harvard mentor
Manages QH Management Capability Development Program
Queensland Health Staff
Non clinical training
Leadership development training
Orientation & Induction
Communication training (CAPS)
Specific clinical education
Specific centres delivering training (eg. District nurse education)
Outsource district training (via HR units) & Districts
Specific multicultural health positions that can provide training
Standards Frameworks eg Medical Education and Training Services
Multicultural Health Coords DDWM
Metro South
Interpreter Service & Cross Cultural training officer in 2 districts
Multicultural Clinical Support Officer GC
Health Service Districts

Stakeholder views on how to provide cultural competency knowledge and skills to Queensland Health staff

Stakeholders consulted are listed in Appendix 2.

A number of common themes were identified across stakeholders, as follows:

- barriers for staff to access training
  - staff are busy and it is particularly difficult to release clinical staff to attend training (backfill arrangements are problematic due to budget constraints and workforce shortages)
  - clinical staff have difficulty accessing mandatory training (eg Aboriginal and Torres Strait Islander Cultural Awareness Training)

  Recommendations
  - integrate cross cultural training into existing training where possible
  - also provide specific training for staff who are able to access training

- internal stakeholders recognise the absence of cross cultural health components in existing Queensland Health training and education and the importance of addressing this gap

  Recommendations
  - Cross cultural components to be included in Queensland Health training and education

- support for integrating cross cultural knowledge and skills into existing learning and development programs (eg Workplace Culture and Leadership Centre, Skills Development Centre)

  Recommendations
  - work collaboratively with Queensland Health work areas who conduct existing training to integrate cultural competency knowledge and skills into existing courses and programs

- trainers need to be credible and training needs to be tailored to particular staffing groups and include practical examples of how to apply cross cultural knowledge and skills

  Recommendations
  - work collaboratively with Queensland Health work areas who conduct existing training to integrate cross cultural health knowledge and skills into existing training
  - trainers of existing training programs need to be trained in how to present the cross cultural knowledge and skill components
  - monitor implementation to identify if trainers need further training
  - ensure training on cross cultural knowledge and skills that is integrated into existing programs is tailored to each program and practical examples of application are developed
  - also provide specific training for staff who are able to access training

- links to patient safety and clinical relevance needs to be clear

Recommendations
▪ include the evidence basis of patient safety links in all training materials

- stakeholders identified that there was an adhoc approach to cross cultural health training in the tertiary sector, resulting in many new graduates were entering Queensland Health without cultural competency knowledge and skills

Recommendations
▪ work with the tertiary sector to include cross cultural capabilities into training

- all staff require information on cross cultural capabilities at orientation

Recommendations
▪ include Cultural Diversity standard orientation module at staff orientation as mandatory item

- District's outsource the development of district-specific training courses and do not include any cross cultural information in those courses

Recommendations
▪ require outsourced training to include the CALD Cultural Capabilities (defined knowledge and skills for cultural competency)

- monitor implementation of cross cultural knowledge and skills in learning and development programs

Recommendations
▪ monitor implementation

The above recommendations will be built into the *Cross Cultural Learning and Development Strategy 2009-2012.*

DEVELOPING THE STRATEGY - LINKS TO THE *QUEENSLAND HEATH LEARNING AND DEVELOPMENT STRATEGIC FRAMEWORK 2007-2012*

The *Queensland Heath Learning and Development Strategic Framework 2007-2012* provides the platform for learning and development available to Queensland Heath staff.

The *Queensland Heath Learning and Development Strategic Framework 2007-2012* has:

- five learning and development principles
- five learning and development standards
- five learning and development strategic initiatives.

The *Cross Cultural Learning and Development Strategy 2009-2012* applies the principles and standards and links directly to the department's learning and development strategic initiatives. This application and linkage is detailed in the following tables.

Table 6. Application of Queensland Heath's learning and development principles

Principle	**Application to *Cross Cultural Learning and Education Strategy 2009-2012***
Create a supportive environment to promote a strong learning culture	Creating the Strategy and associated cross cultural training material will create a supportive environment for learning about cultural knowledge and skills
Align and incorporate learning with priorities across all levels of the organisation	Training for cross cultural knowledge and skills will be aligned with other training priorities across all levels of the organisation
Integrate external Learning and development best practice concepts, standards and frameworks into practice	Training material and implementation will be integrated into existing learning and development opportunities where possible, using best practice and standards
Provide and promote appropriate and innovative learning options	Training will be provided through a range of options suitable to the various staffing groups and their access to training
Lead and manage learning effectively and efficiency	The Queensland Health Multicultural Program will lead the implementation of the Strategy
Evaluate learning and development	The Queensland Health Multicultural Program will lead the evaluation of the Strategy

Table 7. Application of Queensland Heath's learning and development standards

Standard	**Application to *Cross Cultural Learning and Education Strategy 2009-2012***
Link learning and development strategies with program and/or program goals and to the broader organisational priorities of Queensland Heath	The Strategy is aligned to the core outcome area of Culturally Competent Staff in the Queensland Health Strategic Plan for Multicultural Health 2007-2012. This Plan directly implements the department's strategic direction of *Improving access to safe and sustainable health services*[29]
Ensure that appropriate needs analyses are undertaken to identify the learning and development needs of the program, project and/or learning activity	The learning and development needs for staff in regard to cross cultural knowledge and skills have been assessed through both community and internal consultation. Consultation found a low level of current competency among workers. A separate project undertaken by the Queensland Health Multicultural Program has identified the knowledge and skills required by staff (clinical, non-clinical, management) for cultural competency.[30] The cross cultural capabilities form the basis of the Strategy.
Ensure that the design and development of learning interventions link to the program, project and/or learning activity goals and result in effective transfer of learning at the workplace	Training material and implementation will integrate best practice and standards. Staff responsible for implementing the Strategy are experienced health trainers supported by staff with cross cultural expertise
Ensure that implementation of learning and development activities is planned, with goals, learning objectives and outcomes clearly articulated and executed so program, project and or learning activity outcomes are achieved and learning transfer is facilitated	Staff responsible for providing cross cultural training are experienced health trainers supported by staff with cross cultural expertise
Ensure that learning and development strategies are monitored and thoroughly evaluated to ensure continuous improvement and to maximise return on investment.	The Queensland Health Multicultural Program will lead the evaluation of the Strategy

[29] Queensland Heath Strategic Plan 2Management capability framework 007-2012.
[30] Cross Cultural Capabilities 2009

Table 8. Links to Queensland Heath's learning and development strategic initiatives

Strategic Initiatives	**Links to *Cross Cultural Learning and Education Strategy 2009-2012***
Leadership development program	Leadership programs to included defined Cross Cultural Capabilities for managers and leaders[31]
Management capability framework	The Strategy will integrate Cross Cultural Capabilities for clinical and non-clinical staff into the Management capability framework, including Management Orientation Program
Orientation and induction training, including non-clinical mandatory training	Cultural Diversity is included as an issue to be included in Strategy 4 of the Orientation & Induction Policy 2008 (ie. suitable for face-to-face, online or blended delivery). A standard Orientation & Induction program on Cultural Diversity exists but is not being implemented largely due to its non-mandatory status. Only two slides of this program are available in the Online Orientation & Induction program.
Capability framework	The Strategy will integrate Cross Cultural Capabilities for clinical staff, non-clinical staff and leaders/managers into the Capability framework
Organisation-wide learning and performance management system (SABA)	Cross Cultural Capabilities to be built into the SABA system so that professional development on cultural capability can be monitored

[31] Cross Cultural Capabilities (ie knowledge and skills) have been defined for leaders and managers in another project (Cross Cultural Capabilities). Approval for the capabilities will be sought in the near future.

THE STRATEGY FOR BUILDING A CULTURALLY COMPETENT WORKFORCE (THROUGH EDUCATION & TRAINING) IN QUEENSLAND HEALTH

The Strategy for building a culturally competent workforce (through education & training) in Queensland Health is based on:

- an analysis of the literature which shows that cross cultural training is an effective mechanism to improve patient outcomes and team functioning
- the existing Queensland Health Learning and Development framework and current learning and development opportunities
- stakeholder advice.

The Strategy has five strategic priorities as follows:

- Conduct specific cross cultural training (face to face and el-learning)
- Integrate cross cultural capabilities into the relevant non-cross cultural training programs (face to face and e-learning)
- Integrate cross cultural capabilities into departmental outsourced non-cross cultural training programs
- Build the cultural competency of the future Queensland Health workforce
- Ensure a quality approach to cross cultural training.

Refer to the *Queensland Health Cross Cultural Learning and Development Strategy 2009-2012 for details on the actions to be implemented for each of the five strategic priorities.*

KEY STAKEHOLDERS IN IMPLEMENTING THE STRATEGY

Centre for Health Care Improvement
(Patient Safety Centre, Skills Development Centre, Workplace Culture and Leadership Centre, Clinical Practice Improvement Centre)
Health Service Districts
Human Resources Branch (Learning and Development Unit)
Queensland Health Divisions
Queensland Health Multicultural Program
Queensland Transcultural Mental Health Centre
Office or Rural and Regional Health (Cunningham Centre)
Clinical Education and Training Queensland
Office of Chief Nurse

The responsibilities of each of these stakeholders are detailed in the strategy.

Appendix 1. The methodology undertaken to conduct the environmental scan

A literature review was undertaken to answer the following questions:

- What is the evidence for the effectiveness of cross cultural training in the workplace, particularly health settings to assist staff towards becoming culturally competent?
- What (if any) cross cultural training has been proven to be sustainable for staff to acquire skills and knowledge?
- What strategies are recommended for effective cross cultural training?

Key search terms used: cross cultural training, cultural competence, diversity training, effectiveness of cross cultural training, health care setting.

Databases searched included CINAHL and Medline.

Grey literature was also searched using the internet (google) and key contacts in multicultural health as sources.

The search yielded a broad response which included literature on the following:

- literature from both Australia and overseas across different health settings on cultural competence and cross cultural training
- diversity management literature
- cross cultural training and curriculum in tertiary facilities
- Aboriginal and Torres Strait Islander cultural awareness training
- cross cultural training in transcultural mental health settings
- effectiveness and measurement reports of cross cultural training

The range of sources were journal articles, conference papers, reports and documents from government and non-government organizations, policy papers, training programs, unpublished reports and internet based resources.

Inclusion Criteria:

- All literature that focused on cross cultural training in health care settings in Australia and overseas
- All literature that focused on the effectiveness and sustainability of cross cultural training
- Documents and other publications which demonstrated the different delivery modes of cross cultural training in Australia and overseas
- Documents which included information on cross cultural components e.g anti-racism/anti-discrimination, interpreter training, cross cultural training, general cultural awareness.

Exclusion Criteria:

- All literature that focused on cross cultural training in the transcultural mental health area except where principles were transferable
- Literature that focused on Indigenous training except where principles were transferable
- Documents that focused on cross cultural competency relating to a specific disease or condition (e.g HIV/Aids)
- Documents relating to health promotion programs targeting specific culturally and linguistically diverse communities overseas e.g Health for Hispanics
- Documents that were currently aimed at increasing cultural skills to work overseas

Appendix 2. Stakeholders involved in the consultation process

Queensland Health Stakeholders

Centre for Health Care Improvement
- Clinical Practice Improvement Centre (Alexis Stockwell, Linda McCormack)
- Workplace Culture and Leadership Centre (Jan Phillips, Kerri Garsden)
- Skills Development Centre (Phillipa Neads, Dr Peter Lee– Frontline Communication)
- Patient Safety Centre (David Sachse)

Policy Planning and Resourcing Division
- Office of Rural and Remote Health (Patti Hudson/) Cunningham Centre Toowoomba (Louis Arioti, Bill Morgan, Lynette Campbell, Raelene Burke)
- Aboriginal and Torres Strait Islander Health Strategy Unit (Marshall Saunders)
- RAPTS
- Clinical Education Qld
- Office of Chief Nursing Officer

Corporate Services Division
- Learning and Development Strategy Group
- HR Branch (Learning and Development Unit) Mark Vella
- Equity and Diversity Unit (Emma Cuell)
- Workplace Investigations Unit (Mark Brady)

Queensland Transcultural Mental Health Centre (Greg Turner)

Health Service Districts
- RBWH
  (Gail Hyslop, Multicultural Clinical Support worker
  Jackie Budgeon, Manager Organisational Development - non clinical
  Lesley Fleming, Executive Director Nursing
  Robyn Fox, Nursing Director Education, Centre for Clinical Nursing
  Helle Engelsmann, Clinical Nurse Consultant)
- Gold Coast (Margaret Sifter, Multicultural Liaison Officer)
- Cairns (Libby Sterling, QH Multicultural Program)
- Townsville (Andy Carter, Operations/Nursing Director Townsville General Hospital
- West Moreton (Jane Stanfield, Transference of Care Program)
- Metro South - Community and Patient Safety Program (CAPS) (Kellie Allen)

External Stakeholders

RBWH Health Community Council, Chairperson
Brisbane City Council Equity and Diversity Unit
Queensland Police Service (Multicultural Unit Manager)
Queensland Nurses Union
Victorian Department of Human Services
Judith Miralles and Associates (VIC)

NSW Department of Health (Area Manager Multicultural Health, South Eastern Sydney Illawarra Health)
NSW Medical Sociologist
Director of Medical and Cultural Education (NSW)
Centre for Culture, Ethnicity and Health (VIC)

Appendix 3. Membership of the Steering Committee which advised and steered the development of the Strategy

Human Resources Branch
Emma Cuell
Director

West Moreton District
Des Suttle
Manager, Employee Relations
Employee Services

Clinical Workforce Solutions (formerly RAPTS)
Ann Fitzgerald
Manager

Mount Isa Hospital
Daniel Rowley
A/Human Resource Manager

Ethnic Communities Council Queensland
Ian Muil
Executive Manager

Policy Branch, QH
Policy, Planning and Resourcing
Janet Baker/Ann Crowhurst
Manager

Queensland Nurses Union
Chris Jensen
Professional Officer

Brisbane City Council
Lilly Matich
Employment Programs

PA Hospital HSD
Melanie Tucker
Director Admin Services

Multicultural Affairs Queensland
Jatinder Kaur
Senior Policy Officer

Transcultural Mental Health Centre
Greg Turner
Statewide Liaison and Policy Co-ordinator

Aboriginal and Torres Strait Islander Health Strategy Unit
Selwyn Button
Director