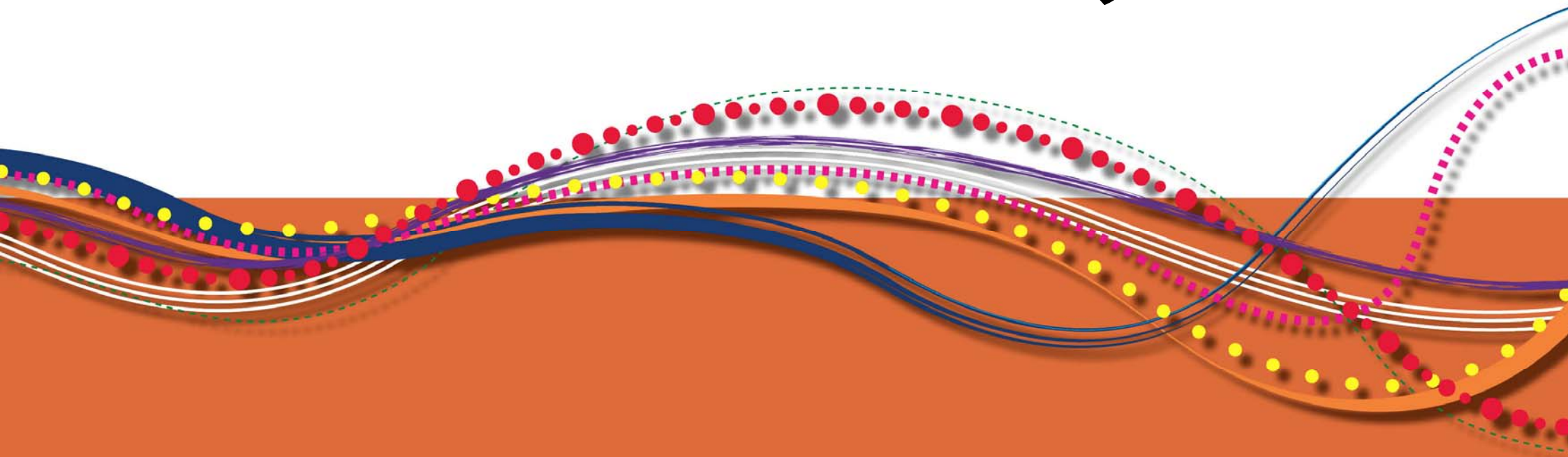


Queensland Health

# Cross Cultural Learning and Development Strategy

**2009-2012**





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## INTRODUCTION

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.<sup>1</sup> This diversity will increase, with net international migration predicted to be the largest contributor to Queensland's population growth over the next 10 years.<sup>2</sup>

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. Increasing diversity in the workplace also means that staff need knowledge and skills to work collaboratively with team members from other cultures.

Queensland Health recognises this and has developed an Organisational Cross Cultural Competency Framework to guide the development of culturally competent health planning and service delivery. The Framework was developed from an analysis of the literature on cross cultural competency and existing organisational models. It identifies the eight core outcome areas each of which are reflected in the *Queensland Health Strategic Plan for Multicultural Health 2007-2012*, and factors which influence and contribute to an effective organisational cultural competent health service.

**Figure 1. Organisational Cross Cultural Competency Framework**



<sup>1</sup> ABS Census 2006 data

<sup>2</sup> Queensland Government. Queensland Government population projections to 2056: Queensland and statistical divisions, 2008 edition., 2008.

The *Cross Cultural Learning and Development Strategy 2009-2012* 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 evidence is very clear that one of the above elements can not be achieved in isolation of the others. For example, staff may have the awareness, 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 competency is a developmental journey,<sup>3,4</sup> a sustained commitment is required.

**Cultural competence** is defined as:

- 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;<sup>5</sup>
- 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. 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.<sup>6</sup>

Queensland Health has identified five Cross Cultural Capabilities that staff need to have to be culturally competent i.e. the knowledge and skills required for cultural competency. The Cross Cultural Capabilities (Self-reflection, Cultural Understanding, Context, Communication and Collaboration) will form the basis of all cross cultural learning and development activities in Queensland Health.

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:

- the whole-of-government context requires all Queensland government departments to develop culturally competent staff and report on staff access to cross cultural training
- cultural competency elements are embedded into hospital accreditation processes and national Standards such as Equip<sup>7</sup>
- the clear association between culturally competent health care provision and positive patient outcomes and the reverse, for example culturally incompetent care resulting in
  - higher rates of unnecessary diagnostic testing and use of resources
  - higher rates of medication incidents and errors
  - low rates of attendance and admission to hospitals for non-urgent medical/surgical problems in comparison to the average population
  - high rates of admission rates to psychiatric facilities within Australia in comparison to English speaking patients (seven times greater)

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<sup>3</sup> Chalmers S & Rosso-Buckton A, *Are You Talking to Me? Negotiating the Challenge of Cultural Diversity in Children's Health Care*. University of Western Sydney. 2008.

<sup>4</sup> 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.

<sup>5</sup> ibid

<sup>6</sup> 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.

<sup>7</sup> Refer to the Cross Cultural Health Learning and Development Background Paper to the development of this Strategy for detail on the relevant standards and associated criteria and guidelines that relate to cultural competency requirements.

- 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
- 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

Refer to the background paper for the details on the national and international studies that link cultural competency with health outcomes (Table 3).

- increasing workforce diversity and the need for effective team functioning. Providing staff with the knowledge and skills to work across cultures increases team communication.<sup>8</sup>

The simplest way of providing Queensland Health staff with access to cross cultural 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 this Strategy indicates that this is not a viable option.

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

- there is a large range of learning and development programs and courses available to staff in a variety of delivery modes
- there are very limited programs specifically on cross cultural health<sup>9,10</sup>
- there are 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 access mandatory training (eg Aboriginal and Torres Strait Islander Cultural Awareness 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
- support for integrating cross cultural health knowledge and skills into existing learning and development programs (eg Workplace Culture and Leadership Centre, Skills Development Centre)
- staff responsible for providing cross cultural training are experienced health trainers supported (if needed) by staff with cross cultural expertise
- links to patient safety and clinical relevance needs to be clear
- all staff require awareness of cultural diversity at orientation
- Districts outsource the development of district-specific training courses and do not include any cross cultural information in those courses
- there is a need to develop mechanisms to monitor implementation of cross cultural knowledge and skills in learning and development programs

<sup>8</sup> 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

<sup>9</sup> Refer to the Background Paper to this Strategy for a detailed analysis of existing learning and development opportunities in Queensland Health and associated staff access barriers.

<sup>10</sup> In addition to the large range of corporately offered training, education and training is also provided by districts and varies across districts. There are also over 35 tertiary type training providers (eg Universities) and various private providers (eg. Odyssey) which develop and/or deliver training packages. There are also a number of on-line outsourced training providers (eg. Harvard University).

- there is an ad hoc approach to cross cultural competency training in the tertiary sector, resulting in many new graduates entering Queensland Health without cross cultural knowledge and skills.

The development of this Strategy considered the results of the literature review and stakeholder consultation.<sup>11</sup> It also considered the learning and development principles, standards and strategic initiatives of the *Queensland Health Learning and Development Strategic Framework 2007-2012*.

A key theme throughout the literature review and consultation underpinning this Strategy is the need for organisational and management 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'".<sup>12</sup>

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. This is because statewide training programs are currently in place for both Aboriginal and Torres Strait Islander culturally competency and mental health practitioners, with the latter training (transcultural mental health) nationally recognised.

This strategy addresses generic Queensland Health staff for cross cultural training in relation to culturally and linguistically diverse consumers / patients / communities.

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<sup>11</sup> Refer to the Background Paper to this Strategy for detailed report on the outcomes of the literature review and stakeholder consultation.

<sup>12</sup> 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

## STRATEGIC PRIORITIES

The Strategy has five priorities:

- conduct specific cross cultural training (face to face and e-learning)
- integrate cross cultural capabilities into 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

The following tables detail how each Strategic Priority will be actioned, who is responsible, timeframes<sup>13</sup> and key indicators of success.

## KEY STAKEHOLDERS IN IMPLEMENTING THIS 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 of Rural and Regional Health (Cunningham Centre)

Clinical Education and Training Queensland

Office of the Chief Nurse

The responsibilities of each of these stakeholders are detailed in the following tables.

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<sup>13</sup> The timeframes are based on the existing staff available to implement this statewide strategy.

## STRATEGIC PRIORITY AREA 1

Conduct specific cross cultural training (face to face and e-learning)

**KPI – Number and percent of staff who received Queensland Health’s standard Cultural Diversity Module at orientation**  
**Number of specific Cross Cultural Training programs provided**

	Action	Who	Year
Create	<ul style="list-style-type: none"> <li>Review existing training programs to include and align with the five Cross Cultural Capabilities (Self Reflection, Cultural Context, Cultural Understanding, Communication and Collaboration).</li> <li>Create Cross Cultural Capabilities' content for appropriate e-learning programs (e.g. Harvard)</li> <li>Create case studies on the Cross Cultural Capabilities across clinical disciplines.</li> <li>Create a network of existing cross cultural trainers in and Queensland Health</li> </ul>	QHMP	Year 1
Align	<ul style="list-style-type: none"> <li>Map Cross Cultural Training (CCT) Programs in Queensland Health</li> <li>Align existing Cross Cultural Training program content</li> </ul>	QHMP	Year 1
Integrate	<ul style="list-style-type: none"> <li>Include the Cultural Diversity module into Orientation &amp; Induction Program in all staff orientation programs across districts as a mandatory training item.</li> </ul>	QHMP with HR Branch (Learning and Development Unit)	Year 1
Provide	<ul style="list-style-type: none"> <li>Develop and pilot a Cross Cultural Capability training program to support existing educators, clinical experts and other staff with related roles to train and support staff in cross cultural health care</li> <li>Provide Cultural Diversity Module in Orientation &amp; Induction of all staff</li> <li>Develop and promote cultural training calendar</li> <li>Provide cross cultural training statewide</li> </ul>	QHMP and District and Divisional Staff with training responsibilities	Year 1
Evaluate	<ul style="list-style-type: none"> <li>Develop measures to evaluate impact of cross cultural training on staff's knowledge and skills, including positive CALD patient outcomes</li> <li>Monitor uptake of staff accessing cross cultural health training through Educate QH</li> <li>Monitor the availability of staff to provide specific cross cultural training programs</li> </ul>	QHMP in collaboration with evaluation experts and HR Branch	Year 1 -Year3
Lead	<ul style="list-style-type: none"> <li>Ensure staff responsible for providing cross cultural training are experienced health trainers supported (if needed) by staff with cross cultural expertise</li> <li>Update Cross cultural learning and training material regularly on the Qld Health Multicultural website</li> <li>Promote the findings of flexible models to transfer cultural knowledge and skills to busy clinical staff (eg. the results of the evaluation into the "on the spot cultural coach")</li> </ul>	QHMP	Year 1-Year 3



## STRATEGIC PRIORITY AREA 2

Integrate cross cultural capabilities into relevant non – Cross Cultural Training programs (face to face and e-learning)

**KPI – Number of training programs that incorporate Cross Cultural Capabilities**  
**Number of staff who participate in training programs that incorporate the Cross Cultural Capabilities**

	Action	Who	Year
Create	<ul style="list-style-type: none"> <li>• Create cross cultural capabilities content for appropriate e-learning programs (e.g. Harvard)</li> <li>• Create case studies on the five Cross Cultural Capabilities across clinical disciplines.</li> </ul>	QHMP in collaboration with HR Branch (Learning and Development Unit)	Year 1
Align	<ul style="list-style-type: none"> <li>• Map existing relevant training in Queensland Health (non CCT) e.g. Communication Training.</li> <li>• Develop a database of training programs and the applicability of integrating each cross cultural capability into existing relevant courses/material, in consultation with key stakeholders, including:               <ul style="list-style-type: none"> <li>-Leadership Development Program</li> <li>-Management Capability Framework</li> <li>-Management Orientation Program</li> <li>-clinically relevant training programs</li> <li>-management and supervision programs</li> <li>-on-line learning mechanism for rural and regional staff</li> <li>-clinical education programs across disciplines e.g. nursing, medicine.</li> </ul> </li> </ul>	QHMP in partnership with: <ul style="list-style-type: none"> <li>• Centre for Health Care Improvement</li> <li>• Office of Rural &amp; Regional Health</li> <li>• Clinical Education and Training Qld</li> </ul>	Year 1
Integrate	<ul style="list-style-type: none"> <li>• Identify five training programs for integration in Year 1 and five for Year 2</li> <li>• Collaboratively develop training content on Cross Cultural Capabilities for inclusion into existing training (non CCT)</li> </ul>	As above	Year 1 Year 2
Provide	<ul style="list-style-type: none"> <li>• Develop and pilot a Cross Cultural Capability training program to support existing educators, clinical experts and other staff with related roles to train and support staff in cross cultural health care.</li> </ul>	QHMP and District and Divisional Staff with training responsibilities	Year 1
Evaluate	<ul style="list-style-type: none"> <li>• Monitor the availability of staff to provide specific cross cultural training programs</li> <li>• Monitor uptake of staff accessing cross cultural training through Educate QH</li> </ul>	Districts and Divisions, QHMP, HR Branch	Year 1-Year 3
Lead	<ul style="list-style-type: none"> <li>• Ensure staff responsible for providing cross cultural training are experienced health trainers supported by staff with cross cultural expertise</li> </ul>	QHMP	Year 1-Year 3

## STRATEGIC PRIORITY AREA 3

Integrate cross cultural capabilities into departmental outsourced non – Cross Cultural Training programs

KPI – The extent of integration of cross cultural capabilities into outsourced training programs.

	Action	Who	Year
Create	<ul style="list-style-type: none"> <li>Develop guidelines for external contractors for relevant training</li> </ul>	QHMP	Year 2
Align	<ul style="list-style-type: none"> <li>Map outsourced training providers in non-Cross Cultural training programs</li> <li>Develop a database on training programs and the applicability of integrating each cross cultural capability into relevant existing courses/material.</li> </ul>	QHMP and all relevant work areas that outsource development of training programs and material	Year 2
Integrate	<ul style="list-style-type: none"> <li>Develop a policy on inclusion of cross cultural capabilities into relevant outsourced non-cross cultural training programs.</li> </ul>	As above	Year 2
Provide	<ul style="list-style-type: none"> <li>Provide guidelines to relevant outsourced providers on how to incorporate cross cultural capabilities</li> </ul>	QHMP	Year 2
Evaluate	<ul style="list-style-type: none"> <li>Monitor the uptake of external providers including cross cultural capabilities into training programs</li> </ul>	QHMP	Year 2
Lead	<ul style="list-style-type: none"> <li>Lead through providing professional development opportunities in cross cultural training for interested providers</li> </ul>	QHMP	Year 2

## STRATEGIC PRIORITY AREA 4

### Build the Cultural Competency of the future Queensland Health workforce

#### KPI – Agreement to integrate cross cultural capabilities into nursing curriculum

	Action	Who	Year
Create	<ul style="list-style-type: none"> <li>Develop a 'Community of Practice' with tertiary institutions in the nursing discipline</li> </ul>	QHMP and Tertiary Institutes in Nursing	Year 1
Align	<ul style="list-style-type: none"> <li>Map the current undergraduate curriculum in cross cultural training</li> </ul>	QHMP and Tertiary Institutes in Nursing	Year 1
Integrate	<ul style="list-style-type: none"> <li>Agreement by 'Community of Practice' of the relevant material</li> </ul>	QHMP and Tertiary Institutes in Nursing	Year 1
Provide	<ul style="list-style-type: none"> <li>Work with the tertiary sector on the inclusion of the Cross Cultural Capabilities in the curriculum of future Queensland Health staff</li> </ul>	QHMP and Tertiary Institutes in Nursing	Year 1-Year 2
Evaluate	<ul style="list-style-type: none"> <li>Agreement to integrate cross cultural capabilities into nursing curriculum</li> </ul>	QHMP and Tertiary Institutes in Nursing	Year 1
Lead	<ul style="list-style-type: none"> <li>Lead the implementation of the project through People Plan funds</li> </ul>	QHMP	Year 1-Year2

## STRATEGIC PRIORITY AREA 5

### Ensure a quality approach to cross cultural training

#### KPI – The extent to which cross cultural learning and development is evaluated

	Action	Who	Year
Create	<ul style="list-style-type: none"> <li>Develop measures to evaluate impact of cross cultural health training on staff's knowledge and skills, including positive CALD patient outcomes</li> </ul>	QHMP in collaboration with evaluation experts	Year 1
Integrate	<ul style="list-style-type: none"> <li>Integrate the measures into the evaluation of programs that include the cross cultural capabilities</li> </ul>	QHMP	Year 1
Provide	<ul style="list-style-type: none"> <li>Provide cross cultural information to relevant journals and publications and Industry groups for inclusion to increase awareness</li> </ul>	QHMP in consultation with professional associations and unions (e.g. Queensland Nurses Union, AMA, Social Workers Association)	Year 3
Evaluate	<ul style="list-style-type: none"> <li>Monitor the availability of staff to provide specific cross cultural health training programs</li> <li>Monitor uptake of staff accessing cross cultural health training through Educate QH and in partnership with key stakeholders identified in Strategy</li> </ul>	Districts and Divisions QHMP. HR Branch and key identified stakeholders	Year 1- Year3
Lead	<ul style="list-style-type: none"> <li>Ensure staff responsible for providing cross cultural training are experienced health trainers supported by staff with cross cultural expertise</li> </ul>	QHMP	Year 1- Year3