CHAPTER 1

Cultural and Professional Contexts

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CHAPTER OVERVIEW

This chapter covers the following topics:

- The nature of professional culture
- Similarities and differences between professions
- Interprofessional collaborative practice
- Cultural considerations for Māori and Pacific peoples

KEY TERMS

Attitudes
Beliefs
Boundary
Collaborative practice
Competencies
Culture
Customs
Ethnic
Health Practitioners Competence Assurance Act 2003
Holism
Identities
Individualised
Interprofessional
Jargon
Practitioners
Profession
Professional culture
Scope of practice
Values

Each health profession has a unique culture that is formed by the values, beliefs, attitudes, norms, language and behaviours of the profession. Professional cultures have evolved over time and reflect historic, social and gender influences. Educational experiences and the process of being socialised into a profession reinforce the cultural behaviours, language and jargon of that profession. Often these differences in professional cultures can lead to misunderstandings, conflict, power differentials, poor communication and, in some cases, harm to clients. This chapter presents an opportunity to consider how your profession has evolved, to view some of the similarities and differences between your own and other professions, and to explore how professional cultures and identities are reinforced. We will consider interprofessional collaborative practice and identify some of the skills and competencies needed to work in these ways. Finally we will draw your attention to the necessity to take into account the cultural and ethnic contexts of the people who access health care and disability support services, particularly Māori and Pacific peoples.

The nature of professional culture

The customs and beliefs of a particular group of people at a certain time may define their culture. Other definitions of culture may refer to activities and worldviews that are specific to a group of people. Culture gives the group and individuals within it value and meaning. Parkes, Laungani and Young (2015) describe culture as 'the sum total of the professions, ways of thinking and behaviour which distinguish one group of people from another and which tends to be passed down from generation to generation' (p. 9). There is no doubt that each health profession has its own unique culture, which is expressed through values, beliefs, attitudes, actions and behaviours. These are constantly reinforced through the profession's status, authority, language and jargon. This professional culture is passed on to people new to the profession through a range of socialising mechanisms, including pre-registration and continuing education programmes. The culture of each profession is often unclear and prone to being misunderstood by other professions. Practitioners from different disciplines can often make assumptions that there is a mutual understanding of a situation without checking whether differences in their professional cultures may in fact mean they have each interpreted the situation differently.

History, gender and social class are all factors that form the values, beliefs and worldviews of each of the health professions. For example, the evolution and prevailing culture of medicine may be seen as reflecting the values of males from the middle and upper classes, who until recently made up the majority of doctors (Beagan, 2000); whereas the culture of nursing has evolved from the value systems and attitudes of women, many of whom came from the lower classes or from families who did not value the contribution that nursing makes to health care (Hoeve, Jansen & Roodbol, 2014). These factors continue to strongly influence the cultures of medicine and nursing today and are reinforced through attitudes, behaviours (Hall, 2005), models of care and contractual employment arrangements.

Health professionals have often struggled to define the boundaries of their practice and, more specifically, the points of difference between one profession and another. We know that addressing these territorial differences and boundaries to practice and providing services from a basis of interprofessional collaboration have positive impacts for clients (World Health Organization, 2010). However, for practice to become truly interprofessional and collaborative it is essential that practitioners know, understand and respect the contribution each profession makes to the provision of care and support. In Aotearoa New Zealand the Health Practitioners Competence Assurance Act 2003 requires each regulated health profession to determine its own scope of practice. This involves describing the procedures, actions and processes that a

practitioner is permitted to undertake, reference to a specific area of science or learning, and the illnesses or conditions a registered practitioner is allowed to diagnose, treat or manage. In developing its own scope of practice, a profession is able to determine what it does or does not do. This allows, in fact requires, the professional group to take control of the discipline, highlighting the contrast between disciplines and expanding the profession's authority in determining a professional culture. Scopes of practice also clearly delineate the differences between professions to those who are not part of them, while the aim of the Health Practitioners Competence Assurance Act is to protect the health and safety of the public, ensuring that practitioners are competent and fit to practise their profession. The establishment of separate 'responsible authorities' under this legislation may be seen as the formal creation of structures that reinforce prevailing individualised professional cultures and therefore not enabling interprofessional collaboration.

Handover (5.4) is one of the areas of practice that require an appreciation of the various professions involved in providing care/ support.

CONSIDER THIS 1.1: SCOPES OF PRACTICE

Every regulated health profession has a scope of practice. When asked to describe your practice you may not know where to start, or you may feel that words cannot possibly express the complexity or importance of your profession. You may also feel open to question or critique on the basis of how you respond to such a question.

Being clear about the clinical practice skills that are relevant to your profession is important. Equally important is knowing and understanding the skills of other professions you work with, so that as a team you can provide the best care and support to your clients.

When using clinical skills it is useful to:

» consider if and why the skill is specific to your profession or if it is also undertaken by other professions
» reflect on why you used that skill, how well it went or what you could do differently next time
» consider how well you explained the skill to your client and other health professionals
» compare your personal understanding of the skill against theoretical models, research or guidelines
» consider how the clinical skill impacted on your client's experience or outcomes.

This webpage gives an overview of professions regulated under the Health Practitioners Competence Assurance Act 2003: **www.health.govt.nz/our-work/regulation-health-and-disability-system/health-practitioners-competence-assurance-act/responsible-authorities-under-act**.

Take some time to read through the scopes of practice of your own profession and those of others.

Similarities and differences between professions

That different health professions have evolved under their own and society's expectations was identified by Hall (2005) in what she called 'professional cognitive mapping'. As previously described, each profession works within its own clearly defined boundary with members having similar experiences, using similar language and sharing values and approaches to problem solving. The cognitive map developed by each profession can result in health professionals from different disciplines seeing the same thing (e.g., a person with a health condition) and not seeing the same thing (e.g., seeing the person through different lenses), depending on their profession. That is, they view and define the situation, client or patient from the worldview and perspective of their own profession while not understanding or respecting the perspective of other professions involved. This can often give rise to professional tension, miscommunication or, when serious mistakes are made, a less-than-adequate outcome for the client.

Each health profession brings its own value system and professional worldview to the health care and disability support environment. Values tend to be internalised and largely unspoken, which can create obstacles that may be invisible to other team members. For improved client outcomes one strategy is to ensure that professional values are transparent to all those involved in a client's care. Doctors, for example, are trained to take control and assume a primary decision-making and leadership role in the health care environment (Fagin & Garelick, 2004). For this reason, working in a collaborative environment can be challenging for doctors, as they may find it difficult to delegate and share some of their tasks and responsibilities. A major challenge in interprofessional collaborative practice is to provide opportunities for the health care team to know about and respect each other's cognitive maps and the contribution that each profession makes to the care of clients and communities.

In your profession there may be strong values associated with saving lives or maintaining quality of life. Your profession may have a tendency to make decisions regarding client care which are quite unilateral and authoritarian, or there may be an emphasis on promoting client self-determination. Your profession may place significance on working with people with long-term and complex health conditions, the elderly or young people, or it may be more interested in providing a service to people who are acutely unwell following an illness or injury or who have a rare diagnosis. Some professions may have a specific focus on body systems and function, while others may be more interested in what it is a client does in their day-to-day life and how they participate in

society. Professions may be seen as placing varying degrees of value and order of attention on the story of the individual and objective data. Your profession may have difficulty sharing information with team members due to a tradition of confidentiality or may tend to make decisions in a collaborative way that sees people freely sharing information.

Whatever your profession may be—nursing, paramedicine, podiatry, osteopathy, occupational therapy, oral health, midwifery or physiotherapy—it will have a different professional culture, and thus cognitive map, which has been instilled as part of the process of assimilation into that profession.

By way of example, in the health professions the term holism is commonly used. Holism comes from the Greek word 'holos', meaning 'all or entire'. It is the view that the whole is greater than its parts. Professions may interpret holism in different ways, for example, as:

» the whole of the brain or other standalone body system
» the whole person and all of their body systems
» the whole person in the context of mental and physical factors
» the person in the context of their family
» the person in the context of where they live, learn or work
» a framework that understands a person in relation to physical health, mental health, spiritual health and family health (Durie, 1998)
» treating the whole person rather than just symptoms or a disease.

Professional communication (5.1) needs to be carefully managed to ensure that values or concepts are understood accurately by colleagues from other professions.

These different interpretations of one term demonstrates how important it is to ensure practitioners have a shared understanding of concepts and the context in which they are used to avoid talking past each other and causing harm to clients. Conversations with one another across professional boundaries about professional cultures and cognitive maps may help to break down professional differences and to make apparent the similarities and differences between the professions.

CONSIDER THIS 1.2: YOUR PROFESSION'S VALUES

Take some time to find out what your profession's values and beliefs are in terms of:

» clinical decision making
» which client group you prefer to work with
» the kind of information needed to make clinical decisions
» holism
» working with people from different cultural groups
» leadership.

Compare your profession's values with those of one or more others.

Interprofessional collaborative practice

Interprofessional collaborative practice has been evidenced to optimise health services, strengthen health systems and improve health outcomes. The World Health Organization in its report *Framework for action on interprofessional education & collaborative practice* (2010) identified that 'interprofessional health care teams understand how to optimise the skills of the members, share case management, and provide better health services to patients and the community' (p. 10).

Interprofessional collaborative practice is defined by Orchard, Curran and Kabene (2005) as 'involve[ing] a partnership between a team of health professionals and a client in a participatory, collaborative and coordinated approach to share decision-making around health and social issues' (p. 1). This type of practice represents a joint effort of working together to optimise the skills and knowledge of each individual profession and is an active and ongoing partnership, often between health professionals from diverse backgrounds. Collaboration is an interprofessional process of communication and decision making that enables separate and shared knowledge, values and clinical skills of health professionals to come together in synergistic ways to influence client outcomes and experiences (Way, Jones & Busing, 2000).

Frequently, interprofessional collaborative practice is complex because of the attitudes and behaviours required to facilitate it, and collaboration is often the exception rather than the rule in the practice context. Barriers to collaboration include differing professional cultures, time, status of different professions, organisational values and the types of clients who are receiving the service. Effective interprofessional collaboration is becoming increasingly important in order to achieve higher quality outcomes for clients and to ensure the health system is functioning optimally and without wastage. Collaborative skills were identified by Gardner (2005) to include:

- knowing your own and your profession's values, biases and beliefs
- valuing and managing diversity
- developing constructive conflict resolution skills
- creating win-win situations in terms of sharing power and recognising your own power base as part of effective collaboration
- developing strong interpersonal and process skills
- recognising that collaboration is a journey
- appreciating that collaboration can occur spontaneously
- learning from successes and failures and being reflective in terms of collaboration.

Professional communication (5.1) is an essential element of interprofessional collaborative practice.

CONSIDER THIS 1.3: GUIDELINES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE

Within Aotearoa New Zealand the professions all have stated professional competencies, and in addition there are a number of guidelines and competencies for interprofessional practice. There are key themes that run across these documents. Take the time to consider these key themes and how you might implement them alongside your clinical practice skills:

- being equitable—valuing all contributions
- being knowledgeable about, and respectful of, other's contributions
- supporting other professions
- recognising differences and overlap
- respecting differences
- avoiding jargon and acronyms
- identifying mutual goals between the client and other health professions
- identifying and agreeing on the barriers to collaborative practice
- identifying and agreeing how to address tensions and conflict.

Examples of interprofessional competencies and guidelines can be found at:

- Canadian Interprofessional Health Collaborative: **www.cihc.ca**
- American Association of Colleges of Nursing: **https://ipecollaborative.org/Resources.html**.

Cultural considerations for Māori and Pacific peoples

While each profession has similarities and differences, all practitioners working in Aotearoa New Zealand provide a service in a bicultural context to a population that is becoming increasing ethnically diverse. Population projections indicate that by 2026 16.2 per cent of the population will be Māori, 15.8 per cent Asian and 9.6 per cent Pacific peoples (Statistics New Zealand, 2010). Practitioners tend to focus their practice on the individual (the person sitting in front of them), rather than on the individual in the context of their family/whānau or their social or cultural situation. Cultural competence is essential to good quality health care and disability support. It requires a recognition of how services and support may be provided in a meaningful way to address current issues for the individual within their wider context. People accessing services may come from a more individualistic or more collectivist culture, just as you might as a health professional. The provision of culturally meaningful care and support has the capacity to create tensions within individual professions as it requires considering issues that reach beyond accepted boundaries and engaging other

professions. However, providing culturally acceptable and meaningful health services is a necessity in the context of bicultural Aotearoa New Zealand.

It is vital to appreciate the cultural and ethnic contexts of the people seeking health care and disability support. There are various definitions of ethnicity and culture. Within Aotearoa New Zealand ethnicity has been considered in terms of shared history and origin and collective practices (Statistics New Zealand, 2004), giving rise to perceived membership of a group to which a label is attributed (Thomas, 1986), while culture has been described in terms of groups identifying with shared or learned behaviour (Thomas, 1986; Wepa, 2015). One way of thinking about these concepts is to define cultures as having a home in a particular place (Māori culture has its home in Aotearoa) and ethnicities as having an identity in Aotearoa while their home is elsewhere—making Aotearoa New Zealand a bicultural, multi-ethnic nation.

The ways in which people understand, and what they believe about, their health and well-being vary enormously, and those interacting with clients are responsible for recognising and appreciating the differences:

> Cultural differences can present barriers to the effective and safe provision of health-care services to indigenous, culturally and linguistically diverse, and minority groups. There is a professional onus on those working in health services to develop the ability to provide safe and effective services to those who belong to these groups … Cultural safety occurs when patients and service users feel their cultural identity is recognised and respected, and their rights to equal health care are observed. (Wilson, Gates, Samuela & Weblemoe, 2012, p. 170)

It is particularly important when supporting Māori that health is understood in relation to Te Tiriti o Waitangi (Treaty of Waitangi), and the wider context and experience of the individual including family, history, physical, mental, spiritual and intellectual elements of wellness (Hogg, 2013; Ngawati & Leatham, 2013; Paul, 2013).

When working with people of Pacific origin, acknowledging the environment, understanding the roles of the people they are dealing with, having a clear understanding of what is happening, how and why (Wilson et al., 2012) will assist practitioners to show feelings of respect and support.

Summary

There are many historical, social and contextual factors that will influence practice. It is important to recognise that your profession and other professions will each have a unique cultural and professional background based on values, beliefs, norms, language, problem-solving approaches and identified scope of practice. Each profession will have different views on the how and why of practice. It is equally important

that you understand your own profession's values and those of other professions, as there are likely to be some similarities or there may be noticeable differences. Creating opportunities to understand these similarities and differences is imperative to ensuring that clients receive the best care and support and achieve the best possible outcomes. Along with developing sound clinical skills for practice it is important to work collaboratively with health professional colleagues. Increasingly, effective interprofessional collaborative practice is seen as essential to achieve higher quality outcomes in a health care and disability support system that is fiscally constrained and so requires health professionals to work effectively and innovatively to provide the safest and best quality service to their clients. In addition to professional culture it is important to remember that the culture of the people seeking care and support needs to be acknowledged and respected. Ensuring that Māori and Pacific concepts of health and well-being are appreciated is a priority within the context of Aotearoa New Zealand.

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