


Cultural Humility Best Practices and Lifelong Learner Models



Cultural Humility : A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities.⁵

Cultural Humility A Lifelong Learner Model



Cultural humility is a Process-Oriented Model, not a Content Oriented Model.

Content-oriented training focuses on students' acquisition and retention of information, usually referred to as conceptual skills.¹ On the other hand, a cultural humility model trains people in a relational stance that promotes culturally appropriate practices and interactions. This relational stance involves highly related intra-personal components knowledge that is pertinent for providers to know such as ethnicity-race, socioeconomic status, and sexual orientation in the hope to translate this information into their practice.²

Strategies on how to apply the process-oriented model in practice:

Aim: One will approach every encounter with humility and understanding that there is always something to learn from everyone.³

Ask: How was my personal resiliency affected by this interaction?

Individual resilience involves behaviors, thoughts, and actions that promote personal wellbeing and mental health. People can develop the ability to withstand, adapt to, and recover from stress and adversity—and maintain or return to a state of mental health wellbeing.⁴

Practice: Actively collaborate with diverse teams. Collaborate with colleagues from different cultural backgrounds to gain new perspectives and insights.

Self-Reflection



Examine one's own beliefs, power disparity, and cultural identity.

Think consciously about your own multidimensional cultural identity and background. Providers are in a position of power over all patients, particularly the underserved. Especially in the context of race, ethnicity, class, linguistic capability, and sexual orientation, providers must learn to identify and remedy the inappropriate exploitation of this power imbalance in the establishment of treatment priorities and health promotion activities.⁵

Strategies for equitable interactions:

Aim: One will treat every person with the utmost respect and strive to preserve dignity and respect.⁶

Ask: Did I treat everyone involved in that encounter respectfully?

Practice: Continuous power dynamic reflection (Examining personal beliefs and privilege)

Self-Awareness



An understanding of one's experiences and worldview.

The first dimension of self-awareness involves a lifelong commitment to pursuing an understanding of one's experiences and worldviews in relation to individuals with different cultural backgrounds.⁷ This intrapersonal component involves developing and maintaining an accurate view of self.

Strategies for developing self-awareness and understanding of one's experiences and worldview:

Aim: One will hold every person in their highest regard while being aware of that and not allowing unconscious biases to interfere in any interactions.

Ask: Did bias drive this interaction?⁸

Practice: Regular self-reflection, challenge inherent stereotypes, and approach individuals as unique beings.

Openness to Everyone: Cultivating Empathy



Openness to the perspectives of others.

Openness involves developing a capacity to adopt an “everyone-orientation” rather than focusing on oneself. This orientation requires one to be open to learning from the individuals and families they serve, which includes learning about the specific aspects of culture that are most important to them. This position requires one to relinquish the role of expert on cultural differences, acknowledge and to accept the limitations of their knowledge about peoples' cultural backgrounds. Listening closely is central here.⁹

Strategies for fostering openness and empathy towards individuals from diverse cultural backgrounds:

Aim: Relinquish the role of the expert, and allow myself to understand what is trying to be communicated.

Ask: Did I learn something new that required me to adopt to the other orientation?

Practice: Active listening and non-judgmental communication, and relinquishing 'expert' positioning.

Historical Awareness: Contextual Understanding and Trust Building Approach

Cultural humility requires historical awareness.

It is not enough to think about one's own values, beliefs, and social position within the context of the present moment.¹⁰ To practice true cultural humility, a person must also be aware of and sensitive to historic realities like legacies of violence and oppression against certain groups of people. The history of mistrust between disproportionately affected groups and public health institutions has led to understandable skepticism about the purpose and outcomes of research.¹¹ To build trust, the historic, systemic reasons for mistrust must be made visible.

Strategies for developing Ethical Engagement Principles:

Aim: Be aware of the historical realities and circumstances of the patient.

Ask: Was I sensitive to peoples' lived experiences and the historical context they exist within?

Practice: Mindful language use, respect self-identification, avoid stereotyping, be aware of terminology sensitivity, and use current respectful terms (e.g., "Indigenous" rather than "Native," or "Global Majority" instead of "Minority").

Mindfulness



Mindfulness as a tool to enhance awareness and insight.

Mindfulness is a mental practice that involves paying attention to present-moment experiences with an attitude of receptivity and acceptance of it as “the awareness that arises through intentionally attending in an open, caring, and non-judgmental way.”¹² Mindfulness is essentially seeing and experiencing things more accurately (as they are)—without mental filters, self-narratives, and judgments—to see clearly and respond thoughtfully.¹³

Strategies for developing for developing mindfulness and enhancing awareness and insight:

Aim: One will pause with purpose and bring awareness to how they are feeling in the present moment.

Ask: Did I tune into the peoples' needs and remain present during the interaction?

Practice: One quick mindfulness practice that can be incorporated into daily life is the "STOP" technique:

S - Stop what you are doing

T - Take a breath

O - Observe your thoughts, feelings, and sensations

P - Proceed with awareness and intention

¹Grauf-Grounds, C. (2020). *A practice beyond cultural humility : how clinicians can work more effectively in a diverse world*. Routledge.

²Morris, J. A., Brotheridge, C. M., & Urbanski, J. C. (2005). Bringing humility to leadership: Antecedents and consequences of leader humility. *Human Relations*, 58(10), 1323–1350. <https://doi.org/10.1177/0018726705059929>

³Robinson, D., Masters, C., & Ansari, A. (2021). The 5 Rs of Cultural Humility: A Conceptual Model for Health Care Leaders. *The American Journal of Medicine*, 134(2), 161–163.

⁴Individual Resilience. (2019). Retrieved January 13, 2022, from Phe.gov website: <https://www.phe.gov/Preparedness/planning/abc/Pages/individual-resilience.aspx>

⁵Tervalon, M., & Murray-García, J. (1998). Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *Joudiverse clients. J Couns Psychol.* 2013 Jul;60(3):353-366. doi: 10.1037/a0032595. Epub 2013 May

⁶Robinson, D., Masters, C., & Ansari, A. (2021), 161–163

⁷Hook JN, Davis DE, Owen J, Worthington EL, Utsey SO. Cultural humility: measuring openness to culturally diverse clients. *J Couns Psychol.* 2013 Jul;60(3):353-366. doi: 10.1037/a0032595. Epub 2013 May 6. Erratum in: *J Couns Psychol.* 2015 Jan;62(1):iii-v. PMID: 23647387.

⁸Robinson, D., Masters, C., & Ansari, A. (2021), 161–163 ⁹Grauf-Grounds, C. (2020). *A practice beyond cultural humility : how clinicians can work more effectively in a diverse world*. Routledge.

¹⁰Sufrin, J. (2019, November 5). 3 Things to Know: Cultural Humility | Hogg Foundation. Hogg Foundation. <https://hogg.utexas.edu/3-things-to-know-cultural-humility>

¹¹Giselle, C.-S., & Ford, C. L. (2006). Distrust and Poor Self-Reported Health. *Canaries in the Coal Mine?Journal of General Internal Medicine*, 21(4), 395–397. <https://doi.org/10.1111/j.1525-1497.2006.00407.x>

¹²Yeager, K. A., & Bauer-Wu, S. (2013). Cultural humility: essential foundation for clinical researchers. *Applied nursing research : ANR*, 26(4), 251–256. <https://doi.org/10.1016/j.apnr.2013.06.008>

¹³Bauer-Wu S. *Leaves falling gently: Living fully with serious & life-limiting illness through mindfulness, compassion, and connectedness*. Oakland, CA: New Harbinger; 2011.