# Emotionally Intelligent and Culturally Competent Social Work Leaders

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# Objectives

- Propose a model for incorporating the ethical practice of emotional and cultural competence for clinicians, managers, and leaders on micro, mezzo, and macro levels.
- Outline ways to increase cultural and emotional competencies.
- Suggest a model for training social workers and other health care professionals and leaders around emotional intelligence that trains providers to be aware of certain cross-cultural and social issues and health beliefs that are present in all cultures.

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# Introduction and Questions

- How does the history of oppression impact healthcare delivery and population health across the healthcare continuum?
- How do emotional intelligence and cultural competency relate to each other?
- What are the major components of cultural competence in health care from a social work perspective?
- How do we incorporate emotional, intelligent, and culturally competent interventions into the delivery of healthcare as social workers?

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# HISTORY OF OPPRESSION IN MEDICINE

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*"If health equity is the absence of avoidable or remedial differences in health among groups of people, then, conversely, health inequities in our society are not the result of the natural order of things, which means there is something we can actually do about them."*

(Dawes, 2020)

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# Examples of Oppression in Medicine Throughout History

- In 1871, President of the AMA, Wilfred Stille, MD, asserted that women are inferior to men in all respects.
- In 1876, J. Marion Sims served as president of the AMA, who was long heralded as the “father of modern gynecology.” The historical record shows that his medical ”innovations” were developed through non-anesthetized vaginal surgical experimentation upon women who were enslaved.
- From the 1870s through the early 19th Century, two Washington, D.C., the integrated delegation was twice excluded from the meetings of the AMA House of Delegates.
- The AMA-supported Flexner Report (1910) issued critical recommendations transforming medical education that determined the closure of all but three women-only medical schools and two African American medical schools.
- Between 1940 to 1964, many attempts to change discriminatory AMA membership policies and practices were rejected by the AMA House of Delegates.

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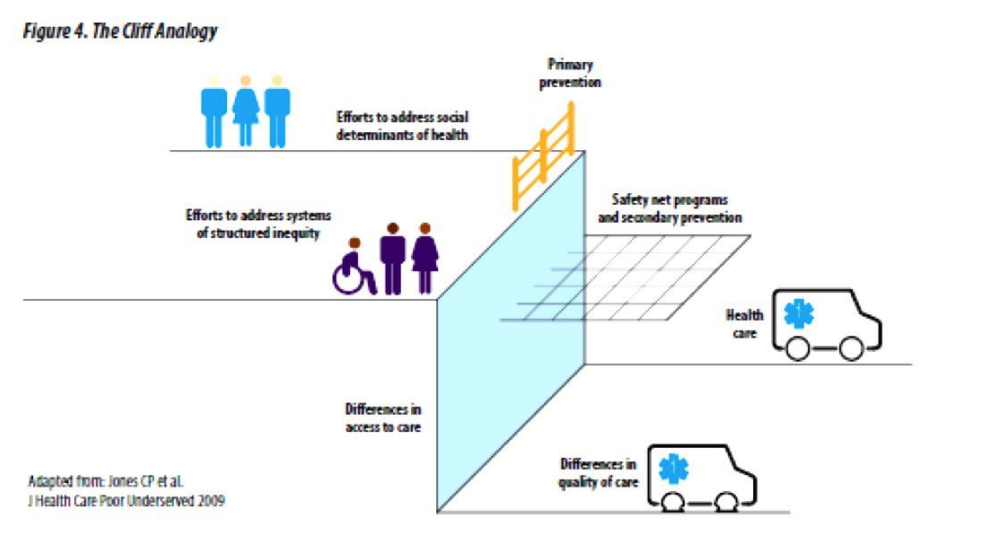
# The Cliff Analogy

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*"By looking through a racially impervious lens, clinicians neglect the life experiences and historical inequities that shape patients and disease processes. They may inadvertently feed the robust structural racism that influences access to care, quality of care, and resultant health disparities"*

(Evens, et al, 2020)

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# Effects on Patients and Outcomes

- 22% of Hispanics and 16% of African Americans, as compared to 8% of whites, reported a "major" problem accessing specialty care.
- 46% of Hispanics and 39% of African American adults, compared with 26% of white adults, do not have a regular doctor.
- Black women have the highest mortality rates among women of all racial and ethnic backgrounds from breast and lung cancer, heart disease, stroke, and pregnancy.
- Hispanic people receive a lower quality of care than non-Hispanic Whites for approximately 40% of quality measures,
- The suicide rate of Native Americans and Alaskan Natives is 50% above the national average.
- Asian Americans are more likely to develop hepatitis B, chronic obstructive pulmonary disease, liver disease, and tuberculosis

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# Barriers to Care

- Limited clinical hours of service that don’t account for community patterns.
- Bureaucratic intake process.
- Long waiting times.
- Underrepresentation of minorities on faculty.
- Inadequate minority representation in governance and leadership.

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# Health Equity and Intersectionality

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"*Achieving greater equity will require a concerted effort to reduce health disparities and the measurable difference in health-related outcomes by addressing the social and political influencers of health.*"

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# Health Equity

Health equity implies:

- Everyone *should* have a fair opportunity to attain their full health potential.
- No one *should* be disadvantaged from achieving this potential.
- All *should* have equal access to health care.
- Equity is ‘what you need’ and transformation in social, economic, and political contexts, is required to obtain equity.

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# Health Disparity

Health disparity is a complex interplay of numerous factors:

- Housing stability, affordability, and access.
- Education access and quality.
- Employment.
- Economic stability.
- Neighborhood and the built environment.
- Healthcare access and quality.

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# Intersectionality

- Intersectionality as a theoretical approach expands our understanding of health disparities beyond systems.
  - Intersectionality addresses how:
    - Institutional and social forces interact with individual identity dimensions.
    - Thereby affording privilege and disadvantage differently for people at different social locations.
  - This may result in racially-biased clinical decision-making.

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# Health Equity and Intersectionality

- Intersectionality however is an essential framework for understanding and reducing health disparities.
- Intersectionality reveals how social-structural forces shape and constrain individual health.
- This understanding, although important in the context of health equity is not readily compatible from a research perspective.
- Consider an intersectionality-informed approach for best understanding.

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# Health Equity,Intersectionality and Intersectionality Informed Approach

This attentional focus shifts the onus of responsibility to change from the individual whose opportunities are constrained, to the system that constrains opportunities and magnifies risk.

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# Health Equity,Intersectionality and Intersectionality Informed Approach

- Healthcare providers are gatekeepers of information and access to innovations in prevention, detection, and treatment.
- There is a critical need for evidence-based interventions focused on mitigating racial bias.
- Communication that brings transparency to the distribution of resources may also serve to close information gaps, undermine misinformation, and cultivate trust.
- Communication is the responsibility of leadership from the C-Suite to individual departments within the healthcare environment.

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# Emotional Intelligence and Culturally Competent Leadership

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# Emotional Intelligence and Culturally Competent Social Work: Efforts in History

1960s: Focused on the needs of low income and minority populations.

1970s: Focused on LGBTQ advocacy efforts.

1980s: Rough time for social workers due to reductions in funding for human services.

1990s: Early initiatives that later developed into the Affordable Care Act.

2000s: Increased research regarding racism, discrimination, and social justice in health care.

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# Role of Social Work

**International Federation of Social Workers (IFSW)** policy on human rights (1996): to “prevent or alleviate individual, group and community problems, and to improve the quality of life for all people.”

**NASW** (2020): is to “enhance human well-being and help meet the basic needs of all people, with particular attention to those who are vulnerable, oppressed, and living in poverty”

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# Emotional Intelligence and Cultural Competence Relationship

***The ability to notice one's own emotions and those of others with the purpose of being able to reflect and then understand how to express emotions precisely to others. (Bar-On, 2006; Gignac, 2010; Goleman, 2006; Salovey & Mayer, 1990).***

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# Emotional Intelligence and Cultural Competence Relationship

Cultural competency consists of three distinctive areas focusing on:

- Cultural awareness.
- Cultural knowledge.
- Cultural skills (Shafritz et al., 2016).

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# Emotional Intelligence and Cultural Competence Relationship

Campinha-Bacote (1999) expanded this into five related to the healthcare field. The five areas include:

- Cultural awareness.
- Cultural knowledge.
- Cultural skills.
- Cultural encounters.
- Cultural desire.

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# Emotional Intelligence and Cultural Competence Relationship

Three key elements of the cultural competency cycle are as follows:

- Learning about other cultures.
- Becoming aware and knowledgeable of cultural differences and their effect and impact on the organization's service delivery outcomes.
- Engaging and integrating cultural awareness, cultural knowledge, and cultural sensitivity into the organization's service delivery practices.

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# Emotional Intelligence and Cultural Competence Relationship

- To be culturally competent, does an individual have to have a high degree of emotional intelligence?
- Overall studies of emotional intelligence EI have alluded to conceptualizing that "culture may play a potentially significant role in defining what it means to be emotionally intelligent" (Emmerling, Shanwal, & Mandal, 2008,
- Emotions are understood as dependent on cognitive appraisals of experiences and are thus necessarily a culturally grounded process (Lutz & White, 1986).

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# Emotional Intelligence and Cultural Competence Research

- A meta-analytic study of 44 effect sizes based on the responses of 7898 participants found that higher emotional intelligence was associated with better health (Schutte, Malouff, Thorsteinsson, Bhullar, & Rooke, 2007).

- Research on the association of emotional intelligence and transformational leadership to job satisfaction of social work leaders has revealed a significant relationship between the three concepts in a large study (Bailey, 2021).

- The movement toward cultural competence in health care has gained national attention and is now recognized by health policymakers, managed care administrators, academicians, providers, and consumers as a strategy to eliminate racial/ethnic disparities in health and health care, (Betancourt et al., 2003).

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# Emotional Intelligence and Cultural Competence Micro-level Requirements

- Cultural competence in healthcare is viewed from several perspectives in the literature.
- Understanding oneself in the context of a diverse cultural environment
- Embracing openness, being sensitive and embracing openness,
- Having a desire to want to know other cultures, and actively seeking cultural knowledge
- Possession of a high level of moral reasoning. Results in improved health outcomes, perceived quality healthcare, satisfaction with healthcare, and treatment adherence and advice" (Henderson, Horne, Hills, & Kendall, 2018)

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# NASW Code of Ethics

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# Ethics of Cultural Competency and Emotional Competence: Implications for Social Workers

## The NASW Code of Ethics

***1.05 Cultural Competence***

*(a) Social workers should demonstrate understanding of culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.*

*(b) Social workers should demonstrate knowledge that guides practice with clients of various cultures and be able to demonstrate skills in the provision of culturally informed services that empower marginalized individuals and groups. Social workers must take action against oppression, racism, discrimination, and inequities, and acknowledge personal privilege.*

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# Ethics of Cultural Competency and Emotional Competence: Implications for Social Workers

*(c) Social workers should demonstrate awareness and cultural humility by engaging in critical self-reflection (understanding their own bias and engaging in self-correction), recognizing clients as experts of their own culture, committing to lifelong learning, and holding institutions accountable for advancing cultural humility.*

*(d) Social workers should obtain education about and demonstrate understanding of the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.*

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# Ethics of Cultural Competency and Emotional Competence: Implications for Social Workers

*(e) Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among clients' use of and access to electronic technology and seek to prevent such potential barriers. Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services, (Workers, N. A. 2021).*

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# EICC Model Suggested for Training Health Care Professionals and Leaders

- Process of communication around emotional intelligence that trains providers to be aware of certain cross-cultural and social issues and health beliefs that are present in all cultures.
- Leaders' focus should be on the individual patient as a teacher and on developing important attitudes and skills for providers.
- Social workers in health care also serve to end racism, and discrimination, and promote social justice through education, training, and practice efforts each day.

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# EICC Model Suggested for Training Health Care Professionals and Leaders

- Suggested questions and discussions addressing both cultural and emotional competency dimensions should be incorporated into cultural diversity training.
- Focus on identifying and negotiating unique styles of communication, decision-making preferences, roles of family, sexual and gender issues, and issues of mistrust, prejudice, and racism, among others.
- Some balance of cross-cultural knowledge and communication skills seems to be the best approach to cultural and emotional intelligence competency education and training.

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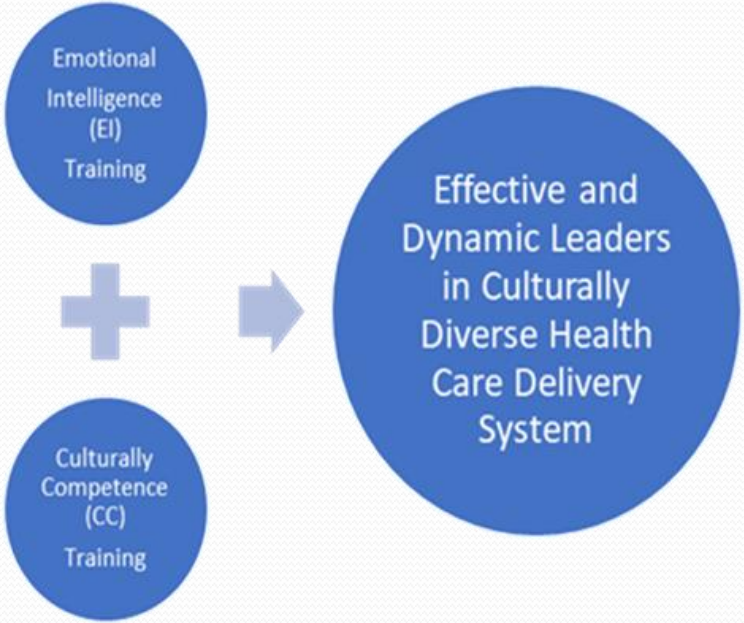
# EICC Model Suggested for Training Health Care Professionals and Leaders

Occurring simultaneously on micro, mezzo and macro levels

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# SUMMARY

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# Summary

- Health disparities have been well documented throughout history and persist today, affecting historically marginalized individuals and communities at a disproportionate rate.
- Utilizing a health equity lens and culturally competent approaches to healthcare have been recognized as impactful ways to close the health gaps.
- This approach begins at a micro-level, utilizing an emotionally intelligent social competency training approach. Social Work is rooted in structural change efforts and social justice, with social workers being trained to navigate the various dimensions on the micro, mezzo, and macro levels that impact health.

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