

MO YEE LEE
AMY ZAHARLICK

Culturally Competent Research

Using Ethnography as a Meta-Framework



POCKET GUIDES TO
SOCIAL WORK RESEARCH METHODS

Culturally Competent Research

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Mo Yee Lee and Amy Zaharlick

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Preface

Mo Yee Lee, coming from a different culture, being a social work academician and researcher for 18 years and also serving as the Editor-in-Chief of the *Journal of Ethnic & Cultural Diversity in Social Work* since 2007, has had many opportunities to experience and appreciate diversity and cultural competence from different perspectives. Diversity and cultural competence are not concepts but a lived experience for her, both personally and professionally. While important progress has been made in how cultural competence is addressed in social work, culturally competent social work research is still something that presents many challenges. Conducting research on different populations or including different groups in a study is important but does not in itself constitute culturally competent social work research, as this volume will explain.

Amy Zaharlick, trained in cultural and linguistic anthropology, for most of her academic career has worked with culturally different populations, including American Indians, Mexican Americans, and Southeast Asian refugees. Her continued interest in ethnography, applied anthropology, and her research collaborations with educators and social work professionals led her to obtain a master's degree in social work. As an assessment clinician she worked with clients from a wide range of diverse cultural backgrounds. Amy has presented numerous trainings on

cultural diversity and cultural competence. These experiences prompted the beginning of collaboration with Mo Yee to combine ethnographic concepts and skills with social work perspectives and practices to produce a meta-framework for conducting culturally competent social work research.

Despite coming from different disciplines, we have had the opportunity to collaborate on a meditation and trauma research project, which was funded by the Ohio Department of Mental Health. Since its inception as an academic discipline, anthropology has developed theories, concepts, methods, and a significant body of substantive studies for guiding cultural research, describing cultural groups and processes, and providing data needed for cross-cultural research and theory-building. We quickly realized such a cross-fertilization could significantly assist social work researchers in their efforts to study the lived experiences of diverse populations, which, in turn, would help to shape social work practice and policy for the benefit of all.

Ethnography as a meta-framework for social work research embraces both quantitative and qualitative research methods. It is our wish that this pocket guide will provide a helpful methodological framework for developing a solid social work knowledge base for conducting rigorous research in an increasingly diverse and global society.

We deeply appreciate Dr. Tony Tripodi, who invited us to pursue this writing, Joan Bossert, Vice President and Editorial Director; Nicholas Liu, Assistant Editor; and all the other wonderful staff at the Oxford University Press. Their enthusiastic support for the pocket guide has made this book a reality. Special thanks to Donna Roxey for her insightful and skilled initial edit of the volume and to Wendy Lee Walker, Oxford University Press, for her careful, expert, and wise copyedit of the final manuscript.

Culturally Competent Research

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Introduction



There is no doubt that the United States is becoming increasingly diverse and pluralistic. The 2000 Census showed more ethnic and racial diversity than at any other time in its history. It also revealed tremendous linguistic diversity, with more than 300 different languages being spoken. In addition, the U.S. Census Bureau projected that individuals identifying themselves as White would decline by approximately 22% by 2050, and that racial identification for 2050 is estimated to be 53% White, 24% Hispanic, 14% Black, 8% Asian/Pacific Islanders, and 1% American Indian/Alaska Natives. The term *emerging majority* is being used to describe the inevitable change taking place in American society where it is expected that by 2050, in certain geographic areas in the United States, the majority population will be made up of Hispanics, Blacks, and other minorities combined and will for the first time exceed the White population.

Diversity is not limited to ethnic or racial domains. *Diversity* refers to the makeup of a population and the range of human perspectives, backgrounds, and experiences as reflected in characteristics such as race, ethnicity, nationality, gender, sexual orientation, socioeconomic status, social class, age, physical and cognitive abilities, religious and spiritual beliefs, language, friends, geography, political views, veteran's status,

and membership in various social and professional organizations. Other diversity markers include, but are not limited to, education, employment, marital status, and cultural values, beliefs, and practices.

Social work as a profession is committed to culturally competent and sensitive practice. The Code of Ethics, a hallmark of the National Association of Social Work (NASW), and various NASW policies represent the ethical commitment of the NASW to “promote conditions that encourage respect for cultural and social diversity within the United States and globally” (NASW Code of Ethics, 2000, 6.04). NASW approved Standards for Cultural Competence in Social Work Practice on June 23, 2001 (NASW, 2003) and Cultural Competence Indicators on June 16, 2006 (NASW, 2007a; Simmons, 2008). The Council on Social Work Education’s (CSWE) Educational Policy and Accreditation Standards clearly requires social workers to “engage diversity and difference in practice” as one of the ten core competencies for social work programs (CSWE, 2008). At the federal level, the Office of Minority Health published the National Standards for Culturally and Linguistically Appropriate Services in Health Care in 2001, known as the *CLAS Standards*. These standards define cultural competence as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.” “Culture” is defined as the “integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, and values of institutions of racial, ethnic, religious, or social groups.” “Competence” means having “the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities” (U.S. Department of Health and Human Services, 2001).

Knowledge of *how* to conduct culturally competent and sensitive social work research, however, has received less attention from the profession. In recent years, studies and research on diverse populations and groups have been increasing. In addition, there is increased federal support for cross-cultural studies with diverse populations (e.g., Delva et al., 2006; Momper & Jackson, 2007). However, many studies that have focused on minorities and other cultural groups are plagued with numerous methodological

problems (Neuman, 2006). Common problems include, but are not limited to, overgeneralization, misuse of measurements, misinterpretation of findings, and interpreting differences not as diversity but deficiencies. Grinnell and Unrau (2008) describe these problems as resulting from positions of domination, monolithic position, insensitivity, omission, invisibility, overgeneralization, double standards, and dichotomism. Put simply, using conventional research methods with a different population does not qualify the study to be culturally competent research. Prior to presenting our practical, step-by-step, hands-on guide to conduct culturally competent research with diverse populations and groups, it is helpful to lay the groundwork in terms of how we understand cultural competence, and what is and is not culturally competent research.

WHAT IS CULTURAL COMPETENCE?

When considering cultural competence, the terms “cultural sensitivity,” “cultural awareness,” “cultural knowledge,” and “cultural proficiency” are often used interchangeably. For instance, the three-dimensional model that was developed by Sue and his associates consists of cultural awareness, cultural knowledge, and cultural skills (Sue et al., 1982). This three-dimensional model has informed the development of the American Psychological Association (APA) guidelines and the NASW standards. Although all these terms relate to cultural competence to varying degrees, it is useful to distinguish among them to have a clearer understanding of what constitutes cultural competency (Adams, 1995; Green, 1999; Lum, 2007; Sue et al., 1982):

- *Cultural sensitivity*: Knowing that cultural differences as well as similarities exist, without making judgments as to whether the differences are better or worse, right or wrong
- *Cultural awareness*: Developing consciousness of one’s personal reactions to people who are different. It involves developing sensitivity and understanding of another cultural group and typically involves changes in attitudes and values regarding that

group. Sensitivity and awareness also include the qualities of being open and flexible that people develop in relation to others.

- *Cultural knowledge* is a further step toward cultural competence and involves a person being familiar with selected cultural characteristics, history, values, belief systems, and behaviors of members of another cultural group.
- *Cultural proficiency* goes further and includes the ability to interact effectively with people of a different culture, necessitating the acquisition of cross-cultural skills. When cultural and linguistic knowledge, awareness, sensitivity, and skills are incorporated into one's interactions with others, whether in their work or research, individuals can be considered culturally proficient.

Simply stated, *cultural competence* is the capacity to respond to the unique needs of populations whose cultures are different from that which is considered the "dominant" or "mainstream" culture or, more relevant to our focus, the culture of the researcher. In fact, cultural competence is important for any researcher, not just those from a dominant or mainstream culture. In some cases, researchers may be investigating cultural groups with backgrounds similar to their own, such as researchers who are deaf or gay studying their own communities. In such cases, "insider" research poses its own challenges. In other cases, researchers may come from inside the perspective of a "nondominant" culture, such as Chinese or Latino researchers who might investigate U.S. mainstream institutions, such as Head Start or criminal justice programs. Affiliation with a particular cultural identity does not automatically confer cultural competence to work with that group or other groups. The researcher's standpoint within any culture, as well as across cultures, and the researcher's "intersectionality of identities" and similarities and differences with the groups related to the topic of study always influence the research process.

Cultural competence implies the capacity to function within the context of culturally integrated patterns of human behavior defined by the group under investigation. One scholar, Cross, has offered a definition of cultural competence that has been adopted by many professional groups

and organizations. For Cross, cultural competence is the ability of individuals and systems to respond effectively and respectfully to people of all cultures, races, classes, ethnic backgrounds, sexual orientations, disabilities, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities and protects and preserves the dignity of each (Cross, Bazron, Dennis, & Isaacs, 1989).

To be certain, cultural and linguistic competence are inextricably linked. Language is a complex and dynamic system of conventional symbols that are used for thought and communication. Language is learned in a social context and is shaped by the customs and practices of those in the social group. Throughout a person's lifetime, language "provides the most complex system of the classification of experience" and is "the most flexible and most powerful tool developed by humans" (Duranti, 1997). This system of classification includes nonverbal ways of knowing and being that take particular form in specific settings and involve subtleties of meaning. To communicate most effectively with others, people need to understand how others view and talk about their lives and experiences.

Although there are many different definitions of linguistic competence deriving from different disciplinary bases, one definition useful for social work researchers is the following: *Linguistic competence* is the capacity of an individual to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including research participants, professionals, persons with limited English proficiency, those who are not literate or who have low literacy skills, non-English speakers, and individuals with disabilities (Goode & Jones, 2002). To be effective, inter- and intracultural communication must include respect, understanding of the other's point of view, openness, flexibility, tolerance of ambiguity, curiosity, and appropriate humor. If an individual's linguistic competence is not adequate to meet the needs for communication in particular situations, appropriate sign language interpreters, foreign language interpretation services, alternative formats, or consultants need to be identified and employed so that interactions can be tailored to meet the unique needs of the cross-cultural situation.

WHAT IS THE CULTURAL COMPETENCY CONTINUUM?

Something all culturally competent researchers need to know—whether they are social workers, health or mental health professionals, child welfare case workers, or social scientists—is that one does not become culturally competent all at once or because one has studied a particular cultural group for several months or a year. It is important to understand that cultural competence is a developmental process that evolves over an extended period of time. It is not something that happens because one reads a book, attends a workshop, or happens to be a member of the group under investigation. Developing cultural competence is a continuous and continuing process. There is no finality to it. Individuals may be located at various levels of awareness, knowledge, and skills along a continuum. Such a cultural competency continuum was proposed in a monograph by Cross, Bazron, Dennis, and Isaacs originally published in 1989.

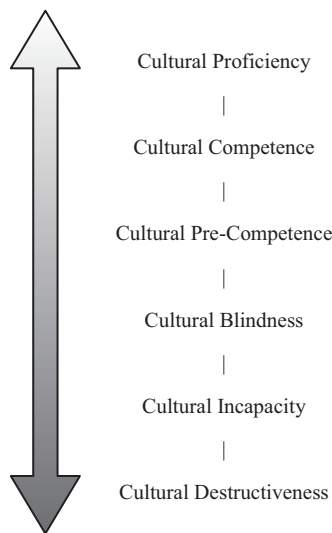


Figure 1.1 Cultural Competency Continuum.
Based on Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care*. Volume I. Washington, DC: CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.

Cross and his colleagues state that achieving cultural competence is not quick or easy. They set forth six stages on a continuum: (1) cultural destructiveness, (2) cultural incapacity, (3) cultural blindness, (4) cultural pre-competence, (5) cultural competency, and (6) cultural proficiency (Fig. 1.1). More subtle areas of demonstrating cultural competence lie between these identified stages. The continuum allows individuals to identify where they are so they can plan for positive movement and growth along the continuum to achieve cultural competence and proficiency. Two things, however, must be kept in mind. One is that individuals may be at different stages, at different times, with different cultural groups. The other is that one never completely achieves proficiency because there is always room for continued growth.

At the negative end of the continuum is *cultural destructiveness*. In this stage cultural differences are viewed as a problem. Individuals believe that people should be more like the “mainstream” and assume that one culture is superior and should eradicate “lesser” cultures. They view others with fear and trepidation, contact is avoided, and the existence of the group is denied. Associated with this stage are beliefs, attitudes, and the use of policies and practices that are destructive to cultural groups. As one moves away from this pole, *cultural incapacity* is encountered, where differences are recognized but the person feels unprepared or inadequate to deal effectively with them. The individual lacks cultural awareness and skills. Studies conducted by researchers who are at this stage could include maintaining stereotypes and intentional exclusion of racial and ethnic minorities. Therefore, the needs, interests, and preferences of culturally and linguistically diverse groups would go unmet.

In the middle of the continuum is *cultural blindness*, a state defined by a denial of differences and where everyone is regarded as “essentially the same.” Researchers at this stage may consider themselves unbiased, but they do not perceive or benefit from the contributions of diverse groups. For example, studies that include only White, middle-class males but generalize the results to other populations may have been conducted by researchers who are at the cultural blindness stage of the continuum. These researchers differ from those in the incapacity stage due to the fact that the exclusion of minorities (or women, etc.) is more an act of omission than an intentional exclusion. Because everyone is viewed as

“the same,” there is no interest in acquiring cultural knowledge of diverse groups or developing cross-cultural skills.

As one proceeds along the proficiency continuum to *cultural pre-competence*, individuals recognize that there are cultural differences, begin to educate themselves and others about these differences, and develop the skills needed to work effectively with others. Organizations attempt to deal with diversity issues by hiring a more diverse staff and offering cultural sensitivity training. Researchers at this stage may translate consent forms, recruiting materials, and instruments into participants’ languages; and research team members may even speak the languages spoken by participants. Nonetheless, the study design and implementation may fail to accommodate cultural differences and the data analysis and interpretation may not include an examination of how racial, ethnic, or cultural differences are related to the phenomenon being investigated. There is also awareness in individuals of their strengths and the areas in which they need to grow to respond effectively to culturally and linguistically diverse populations.

When individuals reach the stage of *cultural competence*, they can demonstrate an acceptance and respect for cultural and linguistic differences as well as engage with diverse communities in the reciprocal transfer of knowledge and skills among all involved. Diversity is valued and cultural differences are accommodated. Individuals in this stage accept the influence of their own culture in relation to other cultures. Research studies include racial, ethnic, and other minorities, examine similarities among these groups, and explain whether differences among them can be accounted for by biological factors such as age, gender, and/or socio-cultural factors such as racism, poverty, cultural values, or immigration. Culturally competent research strives to increase the knowledge base about a given aspect of various sociocultural groups.

At the positive end of the scale is advanced cultural competence or proficiency. With *cultural proficiency*, culture is held in high esteem and used as a guide in all interactions and encounters. As one progresses from the stage of pre-competence to cultural proficiency, differences become more accepted, appreciated, valued, and accommodated, and empathy is exhibited with a full understanding of how others perceive the world and