Cultural Competence in Healthcare

Cultural competence is defined as the process that occurs when cultural values, expressions, and patterns are known and used appropriately and meaningfully (Nápoles et al., 2012). Culturally competent healthcare systems, in their broadest sense, are those that provide culturally and linguistically appropriate services. Anderson et al. (2003) assert that culturally competent healthcare systems encompass five characteristics including: a culturally diverse staff that reflects the community served; providers and translators who speak the clients’ language; training for providers about the culture and language of the people they serve; signage and instructional literature that is in the clients’ language and consistent with their cultural norms; and culturally specific healthcare settings (e.g., neighborhood clinics for immigrant populations).

Anderson et al. (2003) argue that culturally competent healthcare systems have the potential to generate various benefits. Intermediate outcomes include: increased cultural relevance and acceptability of health information; increased accuracy of diagnosis and use of appropriate interventions; increased client understanding of and adherence to treatment recommendations; and increased access to quality healthcare services by diverse populations. Potential long-term outcomes of culturally competent healthcare systems include: decreased disparities in the characteristics and quality of care provided; reduced gaps in health status across diverse populations; and increased client satisfaction with and confidence in the healthcare system.

While the wide-ranging advantages of providing culturally competent care are extensively theorized in the published literature, a paucity of rigorous research associates cultural competence with clinical outcomes or patient satisfaction (Stern et al., 2012). The 1199SEIU/League Labor Management Project reviewed the body of useful empirical research with a particular focus on the areas of cultural competence training, linguistic concordance, and racial concordance in healthcare. Summaries of important findings are below.

Studies Examining Linguistic/Cultural Concordance

- Gonzales et al. (2010) analyze national sample data from interviews with foreign-born Latinos to examine the relationship between patients’ level of English proficiency, patient-provider language concordance, and perceptions of health care quality. They find a significant positive association between language concordance and lower confusion, reduced frustration, and fewer language-related poor quality ratings. In fact, when controlling for other factors, patient-provider language concordance largely explains any relationship between English language proficiency and health care quality ratings. The authors conclude that although patients’ level of English proficiency is important to health care quality ratings, patient-provider language concordance is far more significant.

- Mazor et al. (2002) examine whether a 10-week course in medical Spanish for pediatric emergency physicians is associated with increased satisfaction for Spanish-speaking families with hospitalized children. Following the course, physicians used interpreters less (55% before vs. 29% after). Also after the intervention, patients’ parents were significantly more likely to strongly agree that "the physician was concerned about my child," "made me feel comfortable," "was respectful," and "listened to what I said."

- Seltz et al. (2011) conduct focus groups with Spanish-speaking parents at a children’s hospital in Colorado to determine their satisfaction with family-centered rounds. The families reported positive experiences with rounds involving Spanish-speaking care providers and appreciated when they felt their cultural needs were addressed. The researchers conclude that culturally-appropriate strategies are needed to fully engage and empower Latino families.

- McElmurry et al. (2009) study a program in Chicago that used community health workers (CHWs) to offer diabetes education in Spanish to 1,994 Spanish-speaking patients. Positive outcomes for patients included improvements in diabetes self-monitoring and a significant decrease in HbA1c (blood sugar levels). Collaborating institutions also realized ongoing benefits from the expansion of CHWs’ roles.
Studies Examining Racial/Cultural Concordance

- Chen et al. (2005) examine survey data from a national sample and find that many African Americans and Latinos perceive racism in the health care system, and those who do are more likely to prefer a physician of their own race or ethnicity. Furthermore, African Americans who have racial preferences for care providers are significantly more satisfied with their care when their physicians match their preferences.

- Saha et al. (2000) find that Black and Hispanic Americans sought care from physicians of their own race because of personal preferences and language, not solely because of geographic accessibility.

- Meghani et al. (2009) find inconclusive evidence that patient-provider race concordance is associated with positive health outcomes for minorities. They argue that further research is required to ascertain (1) what specific health outcomes are more sensitive to cultural proximity between patients and providers, and (2) which patient, provider, and situational factors might influence health outcomes.

Studies Examining the Impact of Cultural Competence Training

- Nápoles et al. (2012) explore the relationship between the level of cultural competence in nurse practitioners and measures of patient satisfaction among more than two hundred Latinas across eleven clinics in Phoenix, Arizona. The authors find that Latina patients reported greatest satisfaction with nurses of Latina origin who were certified, had received cultural competence training, could speak Spanish, and had attained master’s degrees. This study highlights the benefits of all three areas – cultural competence training, language concordance, and ethnic concordance.

- Beach et al. (2005) find excellent evidence that cultural competence training improves the knowledge of health professionals (17 of 19 studies demonstrated a beneficial effect), and good evidence that cultural competence training improves the attitudes and skills of health professionals (21 of 25 studies demonstrated a beneficial effect). There is also good evidence that cultural competence training impacts patient satisfaction (3 of 3 studies demonstrated a beneficial effect). The authors conclude that cultural competence training shows promise as a strategy for improving the knowledge, attitudes, and skills of health professionals.

- Way et al. (2002) study the New York State Office of Mental Health's Core Curriculum training program (a 3-day program including cultural competence training). Individuals sampled before and after the training demonstrated statistically significant increases in cultural competence levels, improvements in communication and interaction, and heightened respect for the recipients of inpatient care.

Conclusion

Collectively, this body of research suggests that culturally competent healthcare systems are important determinants of patient satisfaction and, often, clinical outcomes. Administrators and policymakers should heed these findings because workforce policies and programs to improve culturally competent care are needed, as is funding to support them.
Citations


