

WHAT BARRIERS TO CULTURALLY COMPETENT CARE
EXIST, AND HOW DO THEY IMPACT THE PATIENT
EXPERIENCE IN HEALTHCARE?

Maddison File



INTRODUCTION: WHAT IS CULTURAL COMPETENCE

- "A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations" (Cross, Bazron, Dennis, and Isaacs, 1989).
- "the ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs" (Betancourt et al., 2003)
- Primary goal is to make health care services more accessible, high quality, and effective for people from all cultural backgrounds (Kirmayer, 2012).



INTRODUCTION: WHAT ARE BARRIERS TO CULTURALLY COMPETENT HEALTHCARE

- Differences in patients' needs and expectations
 - Differences in cultural backgrounds which influence patient expectations (Harmsen et al., 2008).
- Linguistic barriers between provider and patient
 - “Common for ethnic minority patients in contemporary western societies to be relatively young and lower educated and to have poor language proficiency” (Harmsen et al., 2008).
- Cultural differences in perceptions of health and illness, differences in cultural values, cultural differences in desired doctor-patient relationships, racism and prejudice, language barriers (Taylan and Weber, 2022).



INTRODUCTION: PATIENT AND PROVIDER PERSPECTIVES

- Industry objectives in health care settings aspire to (Shepherd et al., 2019)
 - Improve cross-cultural communication
 - Enhance responsiveness to health care needs of diverse patients
 - Reduce health care provider discrimination
 - Reduce health care disparities
- Uptake of cross-cultural education models has been widespread across healthcare systems but evidence for effectivity has been slim (Shepherd et al., 2019) ... why?
- Interviews with providers about their beliefs on cross-cultural education models
 - Professions value the possession and pursuit of cultural knowledge when working with multi-cultural populations and cross-cultural approaches endorsed by staff are supported
 - However, the principles of systemic cross-cultural approaches were scarcely acknowledged which indicates a greater need for interventions that acknowledge the value of cultural awareness-based approaches (Shepherd et al., 2019)



INTRODUCTION: PATIENT AND PROVIDER PERSPECTIVES CONT.

- Levels of cultural competence displayed by providers heavily impacts patient experience (Brunett and Shingles, 2018).
- The more culturally competent the patient considers the provider, the better experience the patient has.
 - Evidence of patients having increased compliance and engagement with provider when they find them to be culturally competent (Brunett and Shingles, 2018).



https://upload.wikimedia.org/wikipedia/commons/thumb/6/64/Doctor_with_Patient_Cartoon.svg/320px-Doctor_with_Patient_Cartoon.svg.png



INTRODUCTION: DOES CULTURALLY COMPETENT CARE MAKE A DIFFERENCE?

- Higher levels of patient satisfaction and compliance (Brunett and Shingles 2018).
- Better communication (or accommodations) and cultural awareness increase perceived quality of care by the patient (Harmsen et al., 2008).
- Creating environments where patients feel that their culture is respected makes it easier for patients and their families to feel safe in the healthcare network (Taylan and Weber, 2022).



CONNECTIONS: HOW DOES THIS TOPIC RELATE TO IHS MAJOR?

- Multicultural Awareness in Health
- Social and Humanistic Dimensions of Health
- Ethics in Health

Why IHS

✱ Interdisciplinary learning

📖 Health and Health-adjacent career readiness

⊕ Healthcare and wellness

🏃 Multicultural Awareness

💡 Holistic care

🩺 Ethical reasoning

📖 Integrated reflection

<https://artsci.k-state.edu/academics/interdisciplinary/integrated-health-studies/>



PURPOSE

- Increase understanding around importance of provider's level of cultural competency on patient experience
- Explain advances in and changes around cultural competency
- Draw attention to different dimensions of cultural competency in health care
 - And how they impact each other



LITERARY REVIEW

- Patient Centeredness, Cultural Competence and Healthcare Quality
 - Differences in conceptual models of cultural competence and patient centered care
- Patient's evaluation of quality of care in general practice: What are the cultural and linguistic barriers?
 - Some of the most important factors in patient care include communication aspects and physician awareness of patient's cultural views
 - Great importance in student training – awareness of relevance of patients' different cultural backgrounds
- Does Having a Culturally Competent Health Care Provider Affect the Patients' Experience or Satisfaction? A Critically Appraised Topic
 - “the more culturally competent a patient considers their provider, the more satisfied the patient” (Brunett and Shingles 2018)



LITERARY REVIEW CONT.

- “Don’t let me be misunderstood”: communication with patients from a different cultural background
 - Culturally competent care is not simply about overcoming a language barrier – its core centers around the concept of humanity
- The challenge of cultural competence in the workplace: perspectives of healthcare providers
 - Many providers understand immediate practical standpoints of cultural competence, but gravely lack in acknowledgement of cultural biases and lack of self-reflexivity.
- Rethinking cultural competence
 - Recognition of cultural diversity coupled with analysis of the structural sources of inequality offers a great way to understand and redress previously ignored inequalities and injustices
- Addressing Disparities and Achieving Equity: Cultural Competence, Ethics, and Health-care Transformation
 - Value and importance of addressing racial and ethnic disparities in health care



ANALYSIS

- Barriers to cultural competence and quality patient experience
 - (Harmsen et al., 2008)
 - (Taylan and Weber, 2022)
- Benefits to culturally competent care
 - (Brunett and Shingles 2018)
 - (Saha et al., 2015)
- Necessary areas of improvement
 - (Kirmayer, 2012)
 - (Shepherd et al., 2019)

	Language proficiency			Total group
	Poor	Moderate	Good	
Your GP always				
1. Takes enough time to talk**	85	80	91	89
2. Talks with you seriously*	85	92	94	93
3. Keeps his promise	92	86	89	89
4. Is willing to talk about mistakes**	82	82	92	89
5. Is willing to talk about your problems***	80	83	93	90
6. Clearly explains your medication**	75	87	92	89
7. Explains the results of investigations	86	95	92	92
8. Gives opportunity for you to decide about treatment***	64	84	86	85
9. Refers to a specialist when asked***	67	83	93	90
10. Clearly explains what is wrong***	74	89	95	92
11. Explains the type and goal of treatment by himself	78	87	86	86
12. Interprets physical problems into psychological problems	70	65	74	72

(Harmsen et al., 2008)



FURTHER ANALYSIS

- Culturally competent care and healthcare ethics
 - (Betancourt et al., 2014)

Table 1. —Recommendations and Examples for Improving Cultural Competency of QI Interventions

Recommendation	Examples
Identify disparities to guide interventions	Collect race/ethnicity and language data, stratify quality data, identify disparity conditions and populations
Identify barriers to care for specific disparity groups	Focus groups, interviews, or informal communication with patients and staff, engagement of communities
Address common barriers	
Communication barriers: language, general literacy, and health literacy	Interpreters, language concordant providers/staff and navigators/coaches/CHWs, materials in target languages and at an appropriate literacy level
Difficulty accessing and navigating the system	Simplify logistics of appointments, flexible hours, peer support networks and referrals, minimize costs (financial and time), patient navigators/coaches/CHWs
Patient-centered, culturally competent care	Cultural competence training for clinicians and staff, culturally competent navigators/coaches/CHWs
Conscious and unconscious biases in clinical decision-making	Evidence-based guidelines, physician report cards stratified by race/ethnicity/language

(Betancourt et al., 2014)



CONCLUSION

- Cultural competence in health care continues to evolve and improve
- Acknowledging and addressing inequalities is critical
 - Includes addressing one's own implicit bias/prejudice
- Rejection of “one-size-fits-all” approaches
- Continued research on the process of implementation of culturally competent services is crucial



IMPLICATIONS + NEXT STEPS

- Investigation of cultural competence in health care shows promising results for the future
 - Gaining greater understandings of barriers in culturally competent care can aide in creating protocols to work through/ push past barriers
- Research must continue to not only evaluate impact of culturally competent care but also to continue making improvements
- Further integration of cultural learning as curriculum



<https://www.datocms-assets.com/16499/1643704650-design-research-min-1.png?auto=format&dpr=0.42&w=3840>



QUESTIONS FOR DISCUSSION

- What are realistic measures that can be implemented in health care networks that can promote practices to improve cultural competence and safety?
- Why is it that many providers feel that they have the necessary knowledge to serve multi-cultural populations, but then the patients in those populations do not feel their care was adequate?
- In what ways could health professions programs incorporate intercultural learning into their curriculum in order to best prepare future providers?



WORKS CITED

- Brunett, M., & Shingles, R. R. (2018). Does Having a Culturally Competent Health Care Provider Affect the Patients' Experience or Satisfaction? A Critically Appraised Topic. *Journal of Sport Rehabilitation*, 27(3), 284-288. Retrieved Dec 4, 2024, from <https://doi.org/10.1123/jsr.2016-0123>
- Betancourt J. R., Corbett J., Bondaryk M. R., Addressing Disparities and Achieving Equity: Cultural Competence, Ethics, and Health-care Transformation *ScienceDirect* Volume 145, Issue 1, (2014) <https://doi.org/10.1378/chest.13-0634>
- Harmsen J.A.M., Bernsen R.M.D., Bruijnzeels M. A., Meuwesen L. (2008). Patients' evaluation of quality of care in general practice: What are the cultural and linguistic barriers? *ScienceDirect* Volume 72, Issue 1, (2008) <https://doi.org/10.1016/j.pec.2008.03.018>
- Kirmayer, L. J. (2012, April 16). *Rethinking cultural competence - laurence J. Kirmayer, 2012*. Rethinking Cultural Competence. <https://journals.sagepub.com/doi/full/10.1177/1363461512444673>
- Shepherd, S.M., Willis-Esqueda, C., Newton, D. *et al.* The challenge of cultural competence in the workplace: perspectives of healthcare providers. *BMC Health Serv Res* **19**, 135 (2019). <https://doi.org/10.1186/s12913-019-3959-7>
- Somanth S., Beach M. C., Cooper L. A. (2008). Patient Centeredness, Cultural Competence and Healthcare Quality. *Journal of the National Medical Association* Volume 100, Issue 11, (2008) [https://doi.org/10.1016/S0027-9684\(15\)31505-4](https://doi.org/10.1016/S0027-9684(15)31505-4)
- Taylan, C., & Weber, L. T. (2022). "Don't let me be misunderstood": communication with patients from a different cultural background. *Pediatric nephrology (Berlin, Germany)*, 38(3), 643–649. <https://doi.org/10.1007/s00467-022-05573-7>



IMAGE LINKS

- https://transform.octanecd.com/width/1600/https://octanecd.com/healthcarecomplianceprosnew/healthcarecomplianceprosnew_760149694.jpg
- <https://artsci.k-state.edu/academics/interdisciplinary/integrated-health-studies/>
- https://upload.wikimedia.org/wikipedia/commons/thumb/e/e4/Doctor_with_Patient_Cartoon.svg/1200px-Doctor_with_Patient_Cartoon.svg.png
- <https://guidewaycare.com/wp-content/themes/yootheme/cache/bf/what-is-patient-experience-and-why-is-the-concept-so-important-bf42c61c.jpeg>
- <https://www.datocms-assets.com/16499/1643704650-design-research-min-1.png?auto=format&dpr=0.42&w=3840>

