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**Systematic Review of the Association between Cultural Competence and the Quality of
Care Provided by Health Personnel**

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Honors 495-03: Frederik Meijer Honors College Senior Project

Professor Castellanos

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Abstract

The purpose of this research project is to determine if a relationship exists between cultural competence and the quality of care administered by health care professionals. Challenges with providing care begin to arise when cultural barriers limit the provider's ability to provide adequate care. In the past, many professionals have struggled with how to approach patients from diverse backgrounds and this discomfort continues to grow. With minority populations in the United States rapidly growing, it is largely beneficial for these professionals to understand and be aware of the varying cultures seeking medical care. To address the research question, a systematic review and subsequent analysis of 15 selected articles was completed. Research has been done on the benefits of training students prior to entering the medical field, including research regarding current barriers and challenges among varying cultures. The relevance is expansive as this paper serves to look at past research and draw conclusions to determine the true problem and benefits of solving this issue. Analysis showed a strong association between cultural competency and quality of care. A positive relationship exists among those with high levels of cultural competency and the type of care being received among diverse populations. Understanding the impacts of cultural barriers, and their implications on individuals practicing and receiving medical care is a key starting point to addressing this issue.

Keywords: Health care personnel, cultural competency, cultural training, health barriers, quality of care.

Abstract in Spanish

El propósito de este proyecto de investigación es determinar si existe una relación entre la competencia cultural y la calidad de la atención administrada por los profesionales de la salud. Los desafíos comienzan a surgir cuando las barreras culturales limitan la capacidad de los

proveedores para proporcionar una atención adecuada. En el pasado, muchos profesionales han luchado con cómo acercarse a pacientes de diversos orígenes y esta incomodidad continúa creciendo. Con las poblaciones minoritarias en los Estados Unidos creciendo rápidamente, es en gran medida beneficioso para estos profesionales entender y ser conscientes de las diversas culturas que buscan atención médica. Para responder a la pregunta de la investigación, se completó un análisis de 15 artículos. Además, existen investigaciones sobre las barreras y desafíos actuales entre las diferentes culturas. La relevancia es expansiva, ya que el documento sirve para mirar las investigaciones anteriores realizadas y sacar conclusiones para determinar los beneficios de resolver este problema. Mi análisis mostró una fuerte asociación entre la competencia cultural y la calidad de la atención. Existe una relación positiva entre aquellos con altos niveles de competencia cultural y el tipo de atención que se recibe entre diversas poblaciones. La comprensión de los impactos de las barreras culturales y sus implicaciones en las personas que practican y reciben atención médica es un punto de partida clave para abordar este problema.

Las Palabras Claves: Personal sanitario, competencia cultural, formación cultural, barreras sanitarias, calidad de la atención.

Introduction

Cultural competence is largely associated with healthcare professionals and the services these professionals provide. Varying levels of cultural competence impact the quality of care that patients receive. Cultural competence can be defined as, “the ability of healthcare professionals to communicate with and effectively provide high-quality care to patients from diverse sociocultural backgrounds” (Domenech-Rodriguez et al., 2019, para. 7). With the significant impact that cultural competence has on health care professionals and patients, it is imperative a

certain level of understanding is obtained regarding this topic. Shepherd et al., stated that “possessing cultural knowledge is perceived to be ‘best practice’ and imperative for adequate cross-cultural communication and service delivery” (2019, para. 3). Half the sample in this study expressed that alternative approaches to cultural models of health would augment the current approaches. The information presented in this research paper will largely focus on cultural awareness and health care as a whole; however, when applicable articles pertaining to the Hispanic demographic will be analyzed. This demographic will be included, due to the increasing populations in the United States and the increase in interactions between this minority group and health providers.

The skill of cultural competence can greatly impact the overall quality of care and patient experience. Knowing that this awareness can benefit both the patient and provider, it would be beneficial for society to understand the relationship between healthcare professionals and cultural competence. The objective of the study is to determine the significance of the association between cultural competence and quality of care provided by healthcare professionals.

Methods

The inclusion criteria for this study comprises levels of cultural competence among adult health care professionals ages 19-44 and also includes articles focusing on Hispanic/Latino communities. Exclusion criteria for this study includes individuals under the age of 19, non-healthcare professionals, LGBTQ communities and cultural issues among other countries. To gather information for this paper, an independent search was conducted using the databases CINAHL and PubMed. The terms “cultural competence” and “health care personnel” were searched. The box titled “Suggest Subject Terms” was selected and then the search button was

pressed. Selecting “Suggest Subject Terms” allowed for “Major Concept” options to be suggested to help increase the credibility of the research. Both “cultural competence” and “health personnel” were suggested by CINAHL and searched as “Major Concepts” using the word “and” between the two terms. Initially, the search yielded 141 results but the search was narrowed by selecting “full text” and publication dates within the last ten years. After narrowing the search there were only 88 articles. The final specification added to the search was individuals ranging from ages 19-44 which left a remaining 27 articles.

The search was conducted again through PubMed where the “Advanced Search” link was selected and the same terms were searched “cultural competence” and “health care personnel”. While searching through PubMed “MesH Major Topic” was chosen to help better the search results. Initially, the search led to 598 articles, but when “free full text” and publication date within the last ten years was selected there were 127 articles. The search was narrowed further when the age category was limited to adults ages 19-44. This resulted in 55 articles remaining.

A review of the total 82 articles was conducted to determine the final articles that would be most beneficial in answering the research question. A review of the articles occurred with the goal of identifying the relationship between cultural competence and the quality of care provided by health care personnel. Some of the articles were excluded because the focus was directed to intellectual and mental impairments instead of cultural issues. A total of 26 articles were excluded due to focusing on specific countries or races, this does not include articles pertaining to Hispanic/Latino races. Out of the remaining 56 articles, 11 more were eliminated due to solely studying LGBTQ communities. The 45 articles were condensed to 34 by further eliminating articles that focused strictly on evaluations or on online learning programs. The remaining articles were condensed to a total of 15 after removing content that focused on the incorrect age

group or topics not relating to culture. The final articles chosen focused largely on cultural competence and how varying levels of knowledge impact the quality of care. A few of the articles chosen strictly focus on Hispanic communities as this was, which fits well with this project considering the goal of this research is to address how great the relationship between cultural competence and health care personnel is and to determine if varying levels of competence impact the care being provided.

Results

In the study performed by Bowen et al., (2018) the researchers focused on Physician Assistant (PA) students and their relationship with vulnerable populations. To measure their attitudes, the first and second year students completed a survey to which there was a 99% response rate. The authors state that cultural awareness was associated with a positive view for providing emergency services, while a negative societal view correlated to a greater unwillingness to provide emergency services. It is explained that many factors contribute to the attitudes of health personnel and these factors inadvertently affect the quality of care provided. The article provides the fact that Mexicans make up 64% of the Hispanic population, which is 17% of the Mexican American population in the United States. Around 24% of the respondents had taken a Spanish class in college, but the reported fluency among this percentage was low. The author states that familiarity, stereotyping, various background characteristics, and language skills had a weak association with deservingness of care. There was said to be a positive relationship between broader understandings of undocumented immigrants and the inward reflection on deservingness. Cultural preparation and self-awareness were said to be essential for PA programs; this necessity can be understood when looking at future statistics. Some of the data assert that by the year 2060 combined minority populations will encompass the United States.

The authors furthered their suggestions by stating that experiences would allow providers to have a greater understanding of immigrants and other individuals from different cultures. It is stressed that catering to the specific health needs and beliefs of the patients (undocumented immigrants/immigrants) is one of the keys to providing above-average care.

Carmack et al., (2019) recruited 284 college students, 60% of which identified as female and 40% identified as male. The participants completed an online survey on patients' perceptions of providers' cultural competence, patients' willingness to communicate with providers, and the apprehension of the patients to communicate with the provider. The previous are the independent variables and the one dependent variable in the study was patient satisfaction. In the article, the authors explain how cultural competence can impact health outcomes and patient satisfaction. As students prepare to enter the medical workforce, it is crucial to understand their beliefs about cultural competency. When studying cultural competency it is imperative to know that demonstrating linguistic proficiency also increases the willingness to communicate, both of which positively influence one's multicultural abilities. The willingness to communicate with providers increased as the university health providers began to communicate about more serious cultural issues. The linear regression stated that 22.5% of the respondents' satisfaction was correlated to a willingness to communicate, communication apprehension, and cultural competence. When patients had ethnocentric views, it was often believed by them that the providers were not culturally or linguistically aware, which in turn led to less patient-centeredness. Carmack et al., (2019) defines macro cultural issues as, “issues that focus on larger cultural practices and the underlying beliefs and attitudes that may impact how students perceive care” (p. 6). The macro culture was found to be the only variable that was important in both communication areas (apprehension and willingness to communicate). The authors refer to

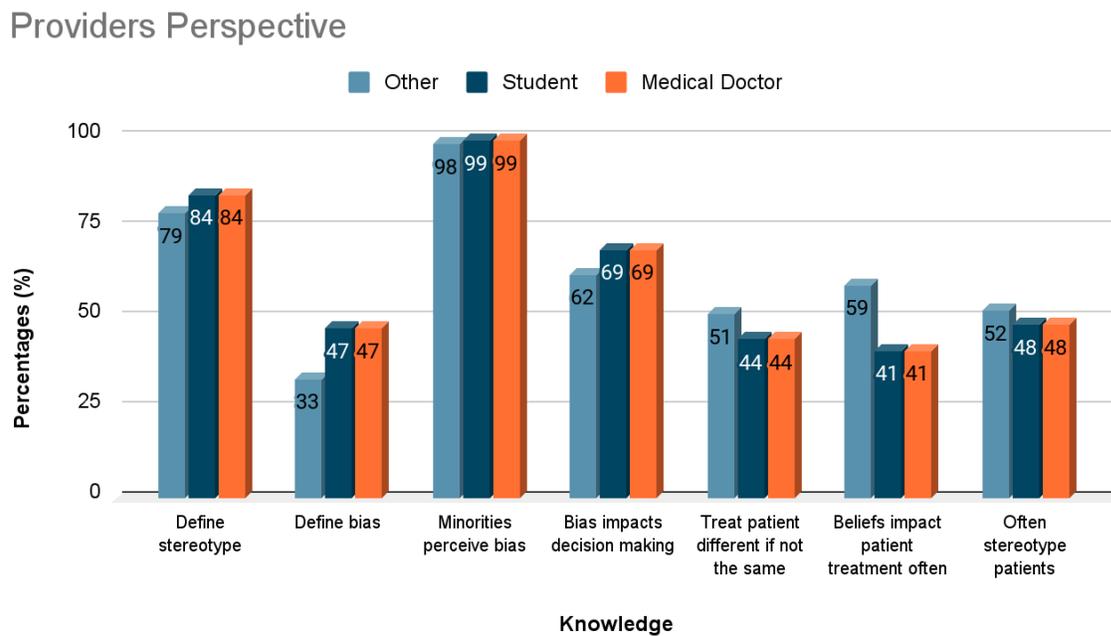
culture as a “communication system”, due to the need to adjust communication strategies to cater to varying people and a variety of backgrounds. A negative correlation existed between macroculture and communication apprehension, indicating that as macroculture increased the apprehension would decrease. There was also a strong negative relationship between fear of physicians and patient-centeredness. The conclusions of this study clearly state that there is a strong relationship between willingness to communicate and communication apprehension with the perceived cultural competency of the provider.

Crocker et al., (2018) studied engagement by medical students in online cultural competency training. Approximately 1,745 participants completed a cross-sectional study that consisted of four modules addressing cultural and health issues. The results indicated that 75%-84% of participants were able to define stereotypes, while less than 50% knew how to define bias. Around 62%-69% of respondents also stated that bias affects decision-making. The previously mentioned statistics and varying comfort levels can largely be attributed to different clinical experiences. In the discussion portion of the article, the authors explain that most groups came to the same conclusion that minorities perceived bias in the health care they receive. With cultural competency being integrated into health education, it will reduce components adding to health disparities. This study worked to highlight the engagement of online assessments to determine the reach of these strategies. The data in this article led to the realization that recognizing bias and stereotypes is not the biggest challenge, but not acting on these attitudes is the biggest obstacle. Figure one is included below and dives into the knowledge and attitudes providers possess when dealing with stereotypes and biases. The data in the table shows relatively high percentages with many of the biases and stereotypes being discussed. This data is useful in addressing the areas that students, medical doctors and other personnel lack the most

knowledge. Overall, it is determined that training is crucial for providers; however, results were inconclusive in regards to the effectiveness of online training, specifically when providers encounter barriers in clinical settings.

Figure 1

Providers Perspectives on Cultural Competency



Note. The data presented in Figure 1 demonstrates that students, medical doctors and other personnel associate rather high percentages with certain stereotypes and bias. The x axis serves to represent the different knowledge that are being rated. While the y axis is the percentage associated with each knowledge.

The article written by Dauvrin et al., (2016) hypothesized that cultural competence is a socially shared behavior and that central health care professionals are more competent than non-central professionals in relation to culture. A social network analysis was conducted at 24 inpatient and outpatient facilities, each of which had a different level of exposure. The authors stated that professionals filled out a questionnaire regarding their social relationships with

themselves and their cultural competence. The results showed that 33% of health professionals were exposed to multicultural situations multiple times per week; however, the average score reported by health providers about their ability to provide culturally competent care was around 48.3/75. The authors concluded that there was little evidence of cultural competence being shared among health personnel, a key step in addressing this problem was said to be knowing who the patients are and their backgrounds. The lack of relationship between the two variables previously mentioned is largely due to cultural competence not being socially learned. The findings also state that cultural competence is not a norm among health professionals and will not be until it is agreed that this competency is necessary for ethnically diverse patients. Finally, the authors explained that in many European countries there is no requirement for health professionals to complete any cultural competency training, which contributes to a lack of understanding of the benefits of this type of skill set. It is suggested that if knowledge about diverse populations was an obligation, there would be a significant improvement in the care administered.

Domenech-Rodriguez et al., (2019) studied first-year physician assistant students to identify factors that could potentially affect baseline measures for cultural competence. This article defines culture as beliefs, customs, ways of life, and ways of processing or acting by certain groups of people. The aforementioned varies from cultural competence which is, “the ability of healthcare professionals to communicate with and effectively provide high-quality care to patients from diverse sociocultural backgrounds” (Rodriguez et al., 2019, para. 3). Participants in the study answered a series of questions about ethnic identity, ethnocultural empathy, multicultural orientation, attitudes about diversity, health beliefs and attitudes, colorblind racial ideology, and burnout. The results stated that ethnocultural empathy and health beliefs showed a

strong correlation with multicultural experiences. The two factors highlighted as having the largest impact on the delivery of health services are culture and language. Reiterated throughout the article is the idea that if health personnel are going to continue helping underserved populations, it is critical to prepare students who can cater to the needs of diverse populations. Table One below shows if PA students fell into high or low areas in regard to cultural awareness. One's understanding of language and culture are major determinants in health care. Based on the information in the article, if health personnel are going to continue to work with diverse populations, students must be conscious of the key differences and be prepared to handle challenges that may arise.

Table 1

Physician Assistant Student Ratings of Cultural Awareness

Category	Rating
Burnout	Low
Cultural Color Blindness	Average
Ethnocultural Empathy	High
Personal Acceptance	High
Health Beliefs	High

Note. The information in the table shows how PA students rated themselves in regard to five different categories. The ratings were either low, average or high.

Doorenbos et al., (2016) created a study that consisted of 495 packets being distributed, of which approximately 253 physicians responded for a 51.1% response rate. Relatively 71% of participants stated they interacted with patients from six or more ethnic backgrounds. Fifty-eight percent of participants reported that they had been through some form of cultural diversity training. Of the 58% that had prior training, about 140 people, a majority indicated that it was

more common to complete training through one's place of employment. About 92.7% of providers exclaimed feeling either somewhat or very confident working with cultures other than their own. This study stated that high levels of cultural awareness do not correspond to an equally high level of culturally competent mannerisms. The authors explain that when training health care professionals, it is crucial to incorporate behavioral theory with large aspects of change. Ensuring these organizations have the necessary resources, is said by the authors, to be important in building culturally competent health professionals. Going off the previous, roughly a third of individuals did not have the adequate resources available. The prior will allow health personnel to improve cultural competence. As previously stated, cultural awareness is not the same as cultural competence and it was found that cultural training was the largest contributor to congruent care.

Horvat et al., (2014) analyzed other articles from a variety of databases such as MEDLINE, CINAHL, PsychINFO, etc. To gather information the researchers used randomized controlled trials which involved 337 health care professionals and 8400 patients, of which 3463 were from culturally and linguistically diverse backgrounds. The goal was to determine the advantages and disadvantages of cultural competence education for health personnel on patient, professional and organizational outcomes. By addressing these barriers in education and training, some of the larger structural issues would begin to resolve as well. The aforementioned was accomplished by comparing professionals with no training to professionals with training. Two of the authors explained that among groups with higher training, the patients held higher perceptions of the health professionals. Furthermore, health behavior improved immensely among those who had participated in the interventions compared to the control groups. While the preceding show improvements, the data indicated how in two of the studies there was no

correlation between the overall patient satisfaction and the amount of training done by the professional. It should be noted that the development of cultural competence is a major approach to handling health inequities.

Krupic et al., (2019) focused research on the experiences between nurses and immigrant patients. The study emphasized that nurses with lower experience levels felt the need to prepare more and had feelings of anxiety when approaching immigrant patients. The previous varies from more experienced nurses who provided treatment based on prior knowledge from previous patient experiences. A statement from a nurse was included in the article by Krupic et al., (2019) and says “Sometimes, when I have a meeting with immigrant patients, I think that they are patients that I will never be able to care for, but they are the same as other patients and just speak a different language and have a different culture....” (para. 10). It is heavily stressed that any barrier in communication is correlated to an increase in problems since communication skills are becoming increasingly crucial in patient and provider interactions. In this article, the researchers found two components in meeting with immigrants. The first being nurses preparing for patient consultations before the meeting. The second being challenges with feelings of frustration and limited time, communication difficulties, and waiting for other individuals to join the meeting. Continuing with the previous statement, a majority of the frustration arises from communication barriers or difficulty with finding a translator. It was found that all these factors led to higher stress levels not only among the patient but also among the providers. The authors determine that better education and training would help to eliminate some of these barriers and increase patient care.

In the study conducted by Liu et al., (2021) a survey was administered to 92 providers of which 54 participated (59%). The authors explained that individuals and systems that possess a

high level of cultural competence will be better able to adapt and treat the needs of diverse populations. The participants included advanced practice providers, and nursing providers from a multidisciplinary cancer clinic. The data showed that providers in the low cultural competency group had engaged in definition-based training but had little to no experience interacting with patients of these different backgrounds, which varies greatly from the results of providers in high cultural competency groups. Those in low cultural competency groups were able to implement the definition-based training in clinical settings, which improved awareness and language skills. The training completed from those with a high baseline level of cultural competency resulted in better communication, ability to admit errors, and realization of the effects of external factors. Among high cultural competency groups, individuals shared that the training they received focused on cultural care in clinical settings. The information located in Table Two below was provided by the authors and delves into the perspectives of the participants in the survey and the feelings they carry towards cultural competency training. Many differences exist between the views of providers with low versus high competency levels. It should be noted that providers falling low on the competency scale expressed a want for more general training, while those on the higher side of the scale desired training specific to individual improvement. It is clear that further training is needed among all skill levels and responding to the requests of the providers will likely increase the quality of care provided.

Table 2

Variation Among Levels of Cultural Competence

Low Cultural Competence: Provider Perspective	High Cultural Competence: Provider Perspective
Explanation of Cultural Differences - “a lot of definitions between culture and ethnicities and how you untangle those and personalize	Incorporation of Practical Toolkits - “They went into tremendous detail about papers on different cultures and the cultures faith, the

<p>your care to a patient and what sort of questions to ask.” (P11, Nurse Coordinator)</p>	<p>cultures view of life, the religious feelings, and how that you had to take that into account when you were taking care of a patient...religions and some religions don't like transfusions and follow different protocols.” (P20, Nurse Coordinator)</p>
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Note. The table above shows two varying thought processes from a provider with low cultural competence and from a provider with high cultural competence.

The research article written by McGuire et al., (2013) discusses the study they performed which included 463 health care professionals. To begin, information was delivered through a variety of mediums, a questionnaire was also administered both before and after the release of the mediums. Approximately one-third of the population in the United States is Latino and the numbers are increasing with each year. The article dives into the issue of cultural awareness among health professionals and the need for professionals to understand the varying backgrounds of patients. Components of Latino culture that could potentially interfere with the communication between the patients and providers were at the center of the research. The majority of people in the study were nurses or nurse practitioners which composed 35% of the sample, followed by students in health care fields at about 16.4%. The remaining participants were divided among social workers, physicians, and health educators. Health care providers' knowledge about other cultures before and after training underwent major changes. Cultural competency before training had a mean standard deviation of 3.0, Latino cultural beliefs regarding health had a standard deviation of 3.1 and barriers to health care access for Latinos was 3.3. All the previous increased after training with the new standard deviations being 4.0, 3.7, and 3.9. The data explained in the preceding sentences can be seen in Table Three below. After analyzing the data, the authors concluded that the training was extremely useful to the conduct of

the doctors when interacting with patients from Latino backgrounds. Educating health personnel on diversity and offering proper training reduces the limitations that providers and patients face.

Table 3

Knowledge Before and After Training McGuire et al., (2013)

	Knowledge Before Training Mean (SD)	Knowledge After Training Mean (SD)
Cultural Competency	3.0 (1.15)	4.0 (1.11)
Latino cultural beliefs regarding health	3.1 (1.22)	3.7 (1.24)
Barriers to health care access for Latinos	3.3 (1.26)	3.9 (1.15)

Note. The content in this table depicts changes in mean standard deviation before and after training. In the table SD signifies standard deviation, the data was all collected from the article written by McGuire et al., (2013).

Furthermore, Mobula et al., (2014) performed a cross-sectional study where a questionnaire was administered to providers and clinical staff among six different primary care practices in Maryland. Out of the 200 individuals that were given the questionnaire, only 119 participated. These individuals were questioned on the ability of community health worker (CHW) interventions to improve health care in underrepresented communities. This study claimed to be the first to analyze the association between the self-reporting of cultural competence, cultural preparedness, and perceptions of the usefulness of CHW interventions among providers and staff members. On the five-point Likert-type scale, providers and staff ranked varying statements on level of importance. The statement with the highest scores said “I should be aware of the different cultures that exist within my practice” with the providers scoring it a 4.6 out of 5 and staff ranking it 4.4 out of 5. The scale indicates that these professionals have

the desire to learn about other cultures but need proper tools in place to adequately cater to varying groups. Creating a sense of cultural motivation and acknowledging culturally important behaviors could potentially increase the number of providers partaking in CHWs in primary care settings.

Shepherd et al., (2019) conducted a study to determine how professionals perceive cross-cultural educational models and how these behaviors are actively practiced in the workplace. A sample of 56 health care professionals in Mid-Western United States health care settings, provided answers to 19 questions regarding multicultural patients and cross-cultural training. Health care reports in recent years have indicated that certain cultural groups are “more likely to be underserved, perceive negative treatment, and receive differential treatment outcomes” (Shepherd et al., 2019, para. 5). The study attempted to determine if the methods implemented to lower these barriers were effective. It was said that professionals were aware and agreed that knowledge of varying cultures was important but did not know how to implement these practices in certain situations. While 95% claimed to try and meet the cultural needs of patients, a total of 80% explained that it was more uncomfortable providing care to those of different cultural backgrounds. When looking at the data, the greater part of participants’ areas like cultural education and communication was a primary component of health care practices. The study determined that an intervention focused on approaches and behaviors of cultural awareness would greatly benefit these professionals. Additionally, the researchers explained the difference between the providers’ desire to communicate with minorities instead of advocating for these groups

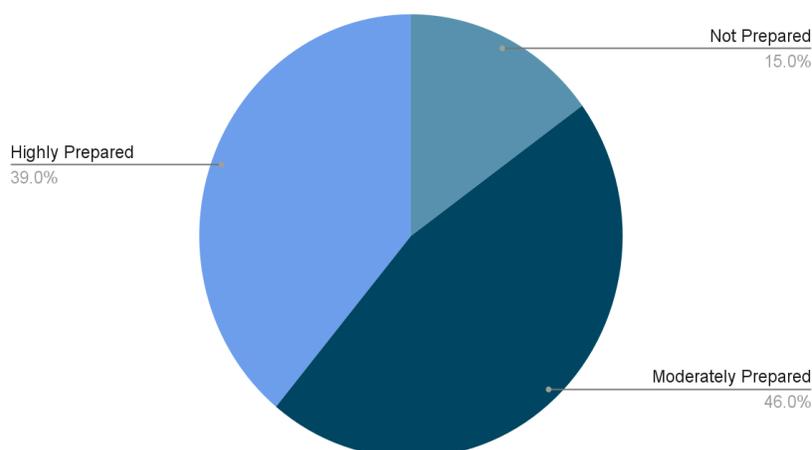
Sherer et al., (2019) distributed an online survey with varying components to eight PA programs across the United States. In the introduction of this article, it is reiterated that

multicultural communication skills greatly aid in the quality, and effectiveness of care. The researchers used the Self-Assessment of Perceived Level of Cultural Competence Questionnaire (SAPLCC) which entailed 68 questions grouped among six domains: knowledge, skills, encounters, attitudes, awareness and abilities. The survey calculated the levels of PA students' awareness and knowledge regarding cultural competence. The results showed that students in the second-year program or of a racial minority had higher ratings for cultural competence. Around 55.2% of PA students received training during their undergraduate schooling. Approximately 15% of students stated they did not feel prepared in comparison to 39% being well prepared and 46% being moderately prepared, this data can be seen in Figure Two below. The researchers furthered their data by asking how cultural competency training could be improved in these programs, the results can be seen in Figure Three below. A majority of students had no suggestions but for the ones that did, they suggested there should be more classes. Some of the concerns participants indicated possessing were skilled in managing cross-cultural clinical challenges, intelligence related to care for diverse populations, and aggressive or biased interactions. Overall cultural competency is not only dynamic but also complex, its integration into the curriculum allows future health professionals to gain a necessary skill set.

Figure 2

Cultural Competence Preparedness

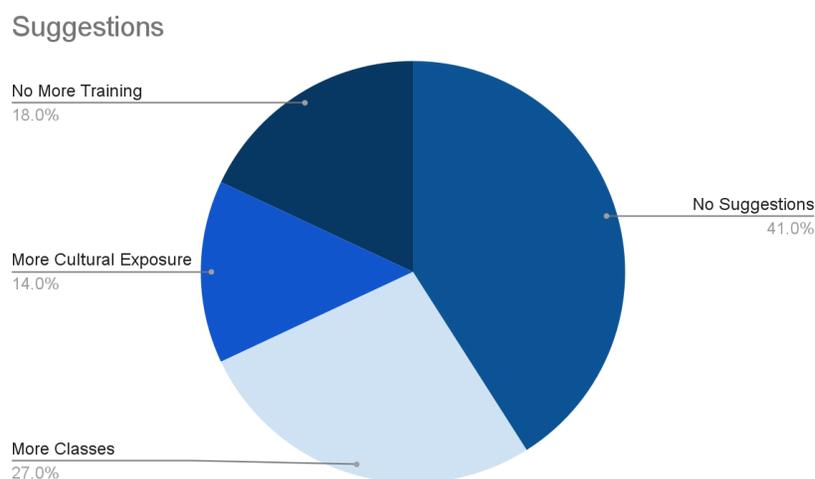
Cultural Competence Preparedness



Note. Figure 2 shows the percentages of PA students in relation to their cultural competence preparedness. The students are either highly, moderately or not prepared.

Figure 3

Suggestions to Improve Cultural Competence



Note. Figure 3 provides data on the suggestions to improve cultural competence. The PA students answered this question by stating one of the following: more classes, more cultural exposure, no more training or no suggestions.

Walpole et al., (2016) constructed a study that consisted of three different rounds where participants provided feedback to the competency document draft. The first round collected data from patients, health professionals, educators, and academic groups with the goal of better understanding their views on competencies and creating a reformed competency document addressing any concerns. The second round consisted of interviewing key stakeholders, such as patient representatives, global health educators, clinical leaders, and trainee representatives. Again, in the second round, the feedback was applied to the competency document for its improvement. The third round entailed participants from rounds one and two, commenting on the

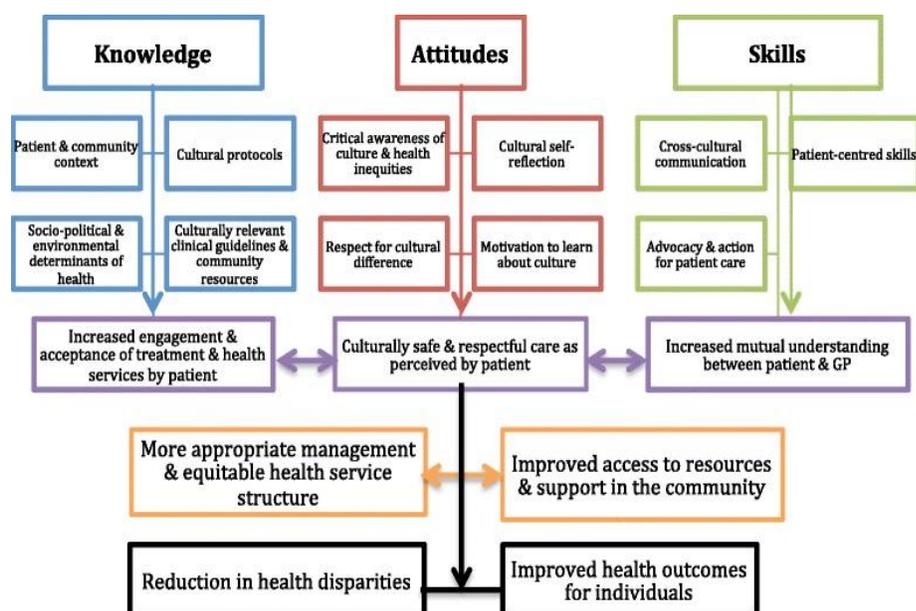
updated document the researchers created. Sixty percent of participants from rounds two and three indicated that all of the competencies on the document were relevant to doctors. Within round one of this study the following competencies were studied: human rights and ethics, cultural diversity and health, socioeconomic determinants of health, environmental determinants of health, global burden of disease, global health governance, and health systems. In relation to the previous, approximately 89% of individuals stated that cultural diversity and health was the most relevant competency. The authors emphasize that with more doctors choosing to practice among diverse populations it would be beneficial for postgraduate education programs to incorporate clinical knowledge and skills training for working in unfamiliar settings. The article concludes by stating how it is imperative to assimilate global health behaviors into postgraduate education, to ensure that these systems can provide exceptional care to diverse populations.

Watt et al., (2016) conducted an integrative review including a systematic literature search that contained a total of 50 articles. The authors explained that a majority of the articles they reviewed determined that cultural competence possessed traits like knowledge, attitudes, skills, and behaviors. General practices had large variations in elements of cultural competence. It is interesting to note that formal training was deemed underdeveloped even though general practitioner registrars desired further education on cultural competence. The authors introduced the idea that cultural mentors were requested and valued by the patients, educators, and general practitioner registrars. It is repeated that further training specifically in non-bias, anti-racism training, and self-reflectiveness. Figure Four was created in the article and has been included below to provide a visual representation of the elements and impacts of cultural competence. In relation to knowledge, many general practitioners expressed a lack of resources (interpreters and other professionals), which led to numerous barriers in providing care to individuals from diverse

backgrounds. When discussing attitudes, the authors stressed how underlying thoughts will greatly impact patient interactions, which is why acknowledging these thought processes must be done during training. Attitudes can be further addressed by self-reflection, which is a behavior that allows one to view and potentially reevaluate their position to better patient interactions. The authors explain that avoiding stereotypes does nothing in solving the problem, these behaviors must be addressed head-on. Finally, with skills and behaviors, cross-cultural knowledge permits providers to successfully interact with a wide range of populations. Due to communication being a key barrier, providers stated a want for cross-cultural communication skills with the hopes of improving patient care. Not only did providers want more communication training, but they also hoped for more skills regarding patient-centeredness. More formal training is suggested to help bridge the complexity of this area with better health care. Understanding the optimal delivery methods for training and increasing the amounts required for future health personnel, is suggested by the authors as a key starting point.

Figure 4

Elements of Cultural Competence (Watt et al., (2016)



Note. Figure 4 was included in the original article written by Watt et al., (2016). The figure shows three key elements that impact cultural competence. Knowledge, attitudes and skills were found to be the most important elements.

Discussion

The articles that were included throughout this research paper served to determine the implication of the relationship between cultural competence and the quality of care provided. In each of the 15 articles above it is concluded that there is a strong relationship between the two variables being analyzed; however, this relationship varies in each of the studies. All of the articles included in the paper agreed that some form of cultural competency training was crucial for medical personnel to provide adequate care.

Some of the articles came to the same conclusion that language and communication are at the center of the association amid cultural competence and the care being provided. Articles connecting the importance of communication skills and the effects of language barriers include Carmack et al., (2019), Horvat et al., (2014), Krupic et al., (2019), Liu et al., (2021), McGuire et al., (2013), Shepherd et al., (2019), Sherer et al., (2019), and Watt et al., (2016). While the preceding articles discussed much more than communication and language barriers, many connections were made between these components and cultural awareness.

A handful of studies looked at current students or health professionals with the goal of understanding their cultural knowledge. The articles that focus on student perspectives are Bowen et al., (2018), Crocker et al., (2018), Dauvrin et al., (2016), Domenech-Rodríguez et al., (2019), Doorenbos et al., (2016), Liu et al., (2021), Mobula et al., (2014), and Walpole et al., (2016). Many studies collected data from students or current health care providers which is

beneficial when attempting to formulate potential solutions, along with grasping the magnitude of the situation. Gaining perspectives from the providers allows a deeper understanding into the current issue and future implications.

An interesting component of certain research articles was the comparison between current professionals that view themselves as possessing either low or high cultural competence. The primary articles this can be seen in are Bowen et al., (2018), Horvat et al., (2014), Krupic et al., (2019), Liu et al., (2021), and McGuire et al., (2013). In some of the previously mentioned articles, first and second-year PA students are compared to better understand the varying levels of cultural competence. In the remaining articles, the competency levels were reevaluated to determine if any improvement was occurring.

Although cultural issues in other countries were not included in the study, two of the articles were centered around the Latinx and Mexican communities. Due to the increased need for providers to administer care to minorities, it is crucial to generate the awareness that a majority of these patients are of Hispanic (primarily Mexican) descent. Bowen et al., (2018) focuses strictly on Mexican Americans to address disparities between the care being provided and this demographic. To reiterate a previous statement, around 64% of the Hispanic population is Mexicans which translates to approximately 17% of Mexican Americans in the United States. To continue this discussion, McGuire et al., (2013) focuses on the Latinx community and also emphasizes the fast growth this population is experiencing. Both articles introduce numerous concerns in relation to health care and the quality of care being provided. To expand on the previous, issues like language, cultural practices, customs, and awareness are creating immense barriers for providers and patients. While both the health professionals and patients share the

common goal of working towards better health, ensuring patients reach this goal is a challenging task to accomplish without cultural competency.

While there is a clear relationship between cultural competence and the quality of care provided, it is important to effectively implement these practices into health care settings today. According to the United States Census Bureau (2021) since 2010 the multiracial population has grown immensely, “It was measured at 9 million people in 2010 and is now 33.8 million people in 2020, a 276% increase” (para. 4). As minority populations continue to grow, it is imperative that the services offered cater to the varying needs of the people. Health care is a service that people will need indefinitely which is why it must remain dynamic. For those currently in the healthcare field or those pursuing degrees in health care, learning about other cultures will strengthen their ability to provide exceptional care.

Linguistic Component Between the Two Variables

While the articles have been thoroughly reviewed, a handful of vital commonalities and other significant components surfaced. Language and communication have been analyzed in the paragraphs above, due to the repetitive nature of these topics in relation to cultural competence and the quality of care provided. Eight of the 15 articles involved some emphasis on communication and language. The articles being referenced are Carmack et al., (2019), Horvat et al., (2014), Krupic et al., (2019), Liu et al., (2021), McGuire et al., (2013), Shepherd et al., (2019), Sherer et al., (2019) and Watt et al., (2016). Communication skills are required for most professions to complete daily tasks; however, in health care communication can change the outcome of one's life drastically. When patients and providers do not speak the same language or syntax disparities exist, there is an increased room for error in the medical practices administered. Not only do the eight articles explicitly stated in this paragraph acknowledge the

need for communication skills, but each article proposes enhancing these skills as an approach in addressing cultural competency issues. While the benefits of training have been reiterated, implementing communication skills is a definitive component in accomplishing the end goal of culturally competent quality health care.

Conclusion

The analysis of the 15 research articles allowed the conclusion to be made that there is a significant association between cultural competence and the quality of care provided. Each of the articles used in this analysis found an association between the two variables. As said before, cultural competence is complex and its complexity needs to be matched with an equivalently intricate training system. Each article analyzes cultural competence and its importance in health care and education, for those that plan to become health care professionals. This research is relevant as it encompasses the entirety of health care, including both the professionals and patients. To restate information drawn from Watt et al., (2016) many general practitioner registrars had expressed interest in more cultural competence training and yet formal training was still said to be underdeveloped. Researchers argue in support of how providing health professionals with the necessary training, linguistic skills, and cultural knowledge will correlate to exceptional care for patients among varying backgrounds. As previously mentioned in the results section, Domenech-Rodriguez et al., (2019) find that culture and language have the most monumental impact on health services. Understanding the current level of education and training offered for cultural awareness is imperative in improving the quality of care. Future studies should evaluate cultural competence in a variety of health clinics, hospitals, and other medical facilities to broaden the application of this research. Further analyzing the communication

strategies between patients and providers, along with each of their perspectives regarding culture and quality of care, would contribute great information to this area of study.

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