

Cultural Competence

In the healthcare setting, cultural competence refers to the ability to provide optimal medical care to members of various cultural groups.

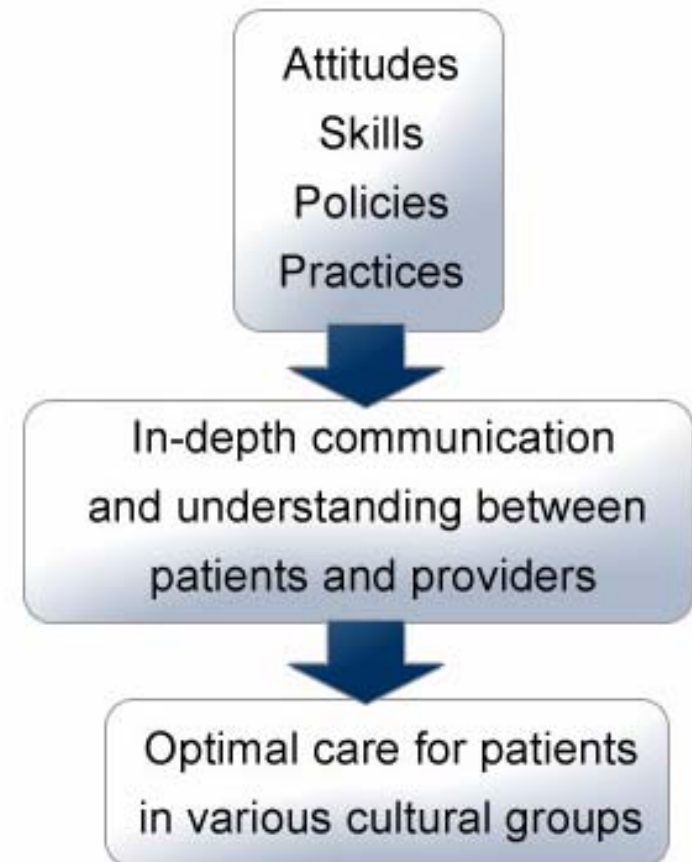
This ability rests on a set of:

- Attitudes
- Skills
- Policies
- Practices

This set of qualities makes it easier for providers to:

- Understand their patients
- Communicate with their patients

The end result is optimal care for all patients.



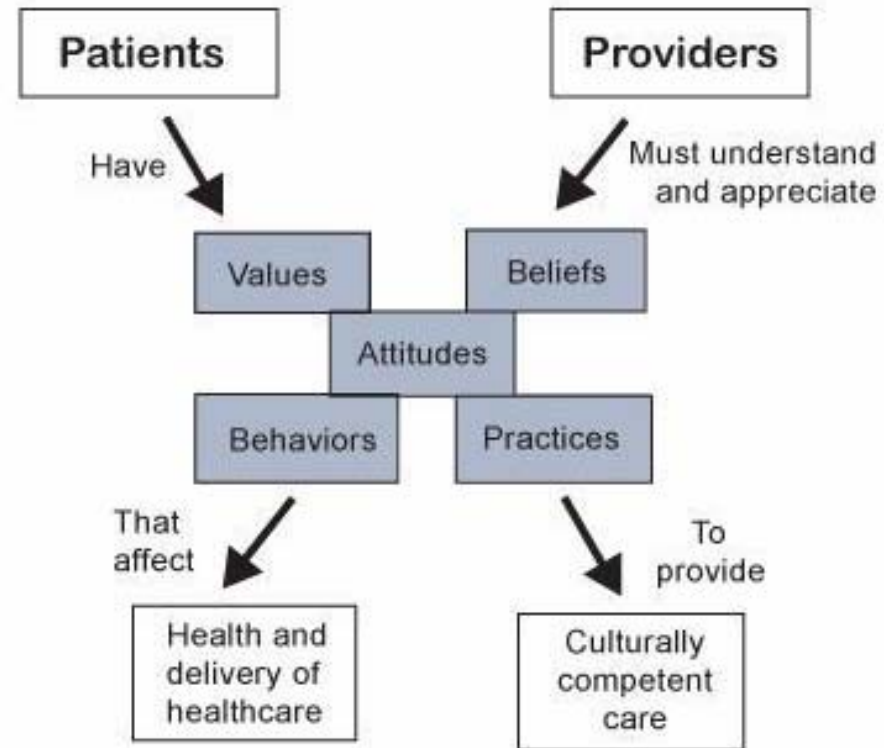
The Culturally Competent Provider

Providers must be able to provide healthcare to:

- Patients who do not speak English
- Patients from different cultures

Providers must understand the patient's:

- Values
- Beliefs
- Attitudes
- Practices
- Communication patterns





Using Cultural Understanding

Providers use their understanding of the patient's culture to:

- Improve medical care
- Correct **disparities** in health status

Failure to provide culturally competent care leads to:

- Less-than-optimal care for many patients
- Elevated rates of disease and mortality among certain populations

Potential Effects of Culturally Competent and Non-Competent Care on Healthcare Delivery and Patient Health

Cultural Competence	Lack of Cultural Competence
Improved healthcare	Suboptimal healthcare for many
Equalization of health status across groups	Disparities in health status



Summary

You have completed the lesson on culturally competent care.

Remember:

- Cultural competence refers to the ability to provide medical care to different cultural groups.
- Providers need a set of attitudes, skills, policies, and practices to more effectively communicate with their patients.
- Providers need to understand the patient's values, beliefs, attitudes, behaviors, and practices.
- Providing culturally competent care leads to better patient care.



Cultural Competence and the Practice of Medicine Today

Cultural competence is a **necessity**.

Unfortunately, many providers guide their delivery of care by:

- Stereotypes
- Biases

As a result, racial and ethnic minorities tend to receive lower quality care than similar non-minorities. This can have health consequences.

Stereotyping has a negative effect on the quality of healthcare delivery.

Cultural Competence and Health Disparities

Cross-cultural health disparities may result when care is not culturally competent.

For example:

- African-Americans are at increased risk for:
 - Breast cancer mortality
 - Infant mortality
 - Flu mortality
 - Colorectal-cancer mortality
 - HIV/AIDS
- Native Americans are at increased risk for:
 - Infant mortality
 - Flu mortality
 - Colorectal-cancer mortality
- Hispanics/Latinos are at increased risk for:
 - HIV/AIDS

For more examples of cross-cultural health disparities, see:
<http://erc.msh.org/mainpage.cfm?file=7.0.htm&module=provider&language=English&qgroup=&mgroup=>



Quality of Care, Health Disparities, and Clinical Outcomes: Summary

Effects of Culturally Competent and Non-Competent Care
on Cultural Minority Patient Health

Cultural Competence	Lack of Cultural Competence
Increased likelihood that minorities will seek healthcare	Lack of medical care
Fewer diagnostic errors	Misdiagnosis
More appropriate testing and screening	Inappropriate testing and suboptimal disease screening
Greater patient compliance	Noncompliance
Fewer harmful drug interactions	Drug reactions and interactions
Equalization of cross-cultural health disparities	Health disparities
Expanded choices and access to high-quality clinicians	Limited healthcare choices
More successful patient education	Limited/ineffective patient education



Summary

You have completed the lesson on the clinical and legal significance of cultural competence.

Remember:

- Cultural competence is often lacking in the practice of medicine today. This leads to adverse patient outcomes and health inequality.
- Delivering medical services in a culturally competent way has many benefits for patients.
- Title VI of the Civil Rights Act requires any health- or social- service organization that receives federal funding to provide effective language assistance to LEP patients/clients.
- The Joint Commission requires accredited hospitals to respect a patient's rights and dignity.
- The OMH released national standards on culturally and linguistically appropriate services (CLAS). CLAS 4-7 are requirements.



Understanding Patients

How can healthcare providers understand their patients?

Useful information includes the patient's healthcare-related:

- Beliefs
- Attitudes
- Behaviors
- Practices

Many of these arise from the patient's underlying:

- Values
- Worldview
- Time orientation
- Traditional social structure

Let's take a closer look at each of these four underlying characteristics.

Guides to in-depth understanding:

- Values
- Worldview
- Time orientation
- Social structure



Understanding Patients: Values

A value is anything important to an individual or a culture.

For example, in the United States, we tend to value:

- Money
- Freedom
- Privacy
- Health/fitness
- Physical appearance

Values drive behavior. Understanding a patient's values can help you understand his or her behavior.

Understanding allows you to respond to a patient's behavior in a respectful, effective way.

Guides to in-depth understanding:

- Values
- Worldview
- Time orientation
- Traditional social structure



Time Orientation: Past, Present, or Future

Persons with a past-time orientation tend to:

- Be traditional
- Do things the way they have always been done

Persons with a present-time orientation tend to:

- Look to today
- Make few plans or provisions for the future

Persons with a future-time orientation tend to:

- Place trust and faith in technologic innovations
- Plan for the future

Time Orientation	Emphasis
Past	Tradition Traditional ways
Present	Here and now Few plans for future
Future	Innovation Plans for future



Understanding Patients: Social Structure

In terms of power, authority, and opportunity, a social structure may be [egalitarian](#) or [hierarchical](#).

In an egalitarian society, such as the United States, all people are inherently equal.

In a hierarchical society, people are not equal. Social status is based on characteristics such as age, sex, lineage, or occupation.

Guides to in-depth understanding:

- Values
- Worldview
- Time orientation
- Traditional social structure



Understanding Social Structure: Family Structure

A patient's family structure may determine who makes healthcare decisions. There are seven family structures:

- Traditional Nuclear Family
- Nuclear Dyad Family
- Extended Family
- Skip Generation Family
- Alternative Family
- Single Parent Family
- Reconstituted or Blended Family

A family structure may also be:

- Matriarchal
- Patriarchal



Summary

You have completed the lesson on theory of cultural competence.

Remember:

- A value is anything important to an individual or culture.
- A person's worldview consists of his or her basic assumptions about the nature of reality.
- Western medicine tends to be ethnocentric. Cultural competence demands cultural relativism.
- Time orientation has two aspects: emphasis on past, present, or future, and level of attention to clock time.
- A social structure may be egalitarian or hierarchical.
- Cultural values, worldview, time orientation, and social structure can shape healthcare-related attitudes, beliefs, behaviors, and practices.
- You need to understand a patient's values, worldview, time orientation, and social structure to provide quality patient care.