



How Can Cultural Competence Impact My Patients' Health?

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Introduction

Cultural competence in the healthcare setting **impacts patient outcomes** every day in the United States. Cultural competence and the understanding that all patients should not be treated the same, is an essential tool for the healthcare provider. It is a needed skill in our **diverse society**.

The reality is that our population is changing.

Differences in culture can include race/ethnicity, age, gender, sexual orientation, and socioeconomic status.

Cultural Competence- involves having an understanding of culturally different patient groups and a respect for such groups that ideally result in health care that is tailored to accommodate cultural differences in health-related values and beliefs

Cultural competence is described as a continuum in health care ranging on a spectrum from providers who are **culturally incompetent** and create **poor outcomes** for patients to providers that are **extremely proficient** and provide **patient centered and culturally competent care**.

Cultural Sensitivity- health care that effectively responds to attitudes, feelings, and circumstances of people that share identifying characteristics such as: race, religion, language, socioeconomic status. This includes the knowledge that patients with similar cultural backgrounds will not hold the same attitudes and beliefs and should be assessed individually.

Patient-Centered Healthcare- patients, rather than providers and researchers, are the true experts on what they need to feel satisfied with their care and that their culture is respected. Growing recognition in recent years that culturally sensitive health care must be patient-centered.



Impact of Low Cultural Competence

A DIRECT relationship was found between patient engagement and outcomes.

- ***Healthcare disparities and inequalities found in Cardiac Disease, Infant Mortality, Asthma, and Diabetes.***
- ***Inconsistent use of diagnostic tests across different cultures.***
- ***Ignoring differences is NOT the same as RESPECTING them!***
- ***Office staff and organizational policies must also be culturally competent.***

Strategies

ATTITUDE

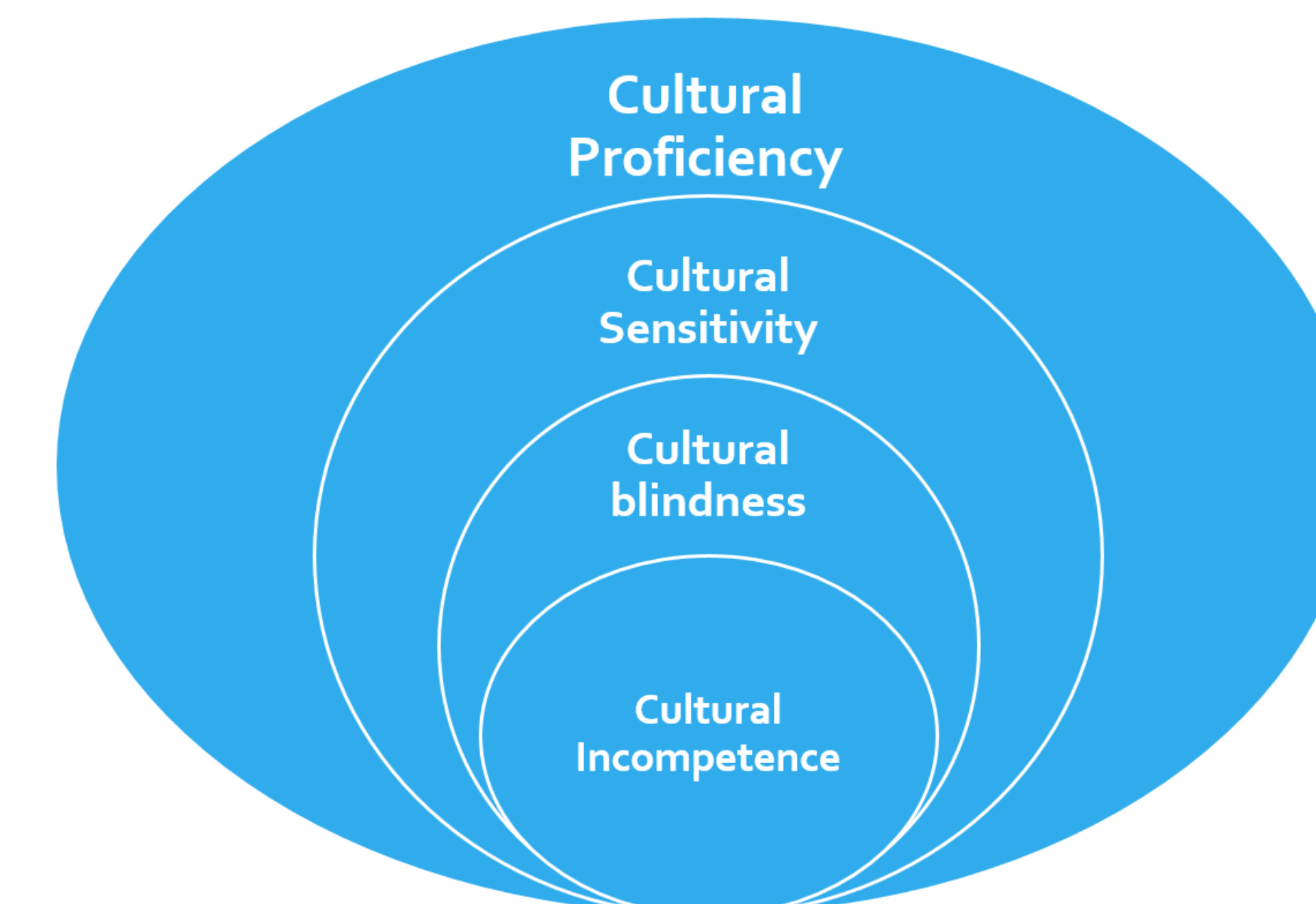
Ask yourself how you are feeling about your patient's situation. Are you aware how your attitude can affect him/her?
Take action to improve interactions by reflecting on the attitudes and assumptions you have, and how they can influence caring for patients. **Acknowledge** and discuss **cultural bias** as a part of planning of care.

BEHAVIOR

Professional behavior includes respect and kindness **ALWAYS!**
Ask permission to perform any physical examination. **EXPLAIN** what you will do **BEFORE** you do it.

Take Action by acting in a manner that shows your patient you have their **undivided attention**. Allow/encourage other support persons in the exam room. **SIT** at eye level with the patient whenever possible. Be prepared to **REPEAT** information in a language and means that they understand.

Where are YOU?



Communication

Effective health communication is as important to health care as clinical skill. To improve individual health and build healthy communities, health care providers need to recognize and address the unique culture, language and health literacy of **diverse consumers** and communities.

Culturally competent care should always start with **ASSESSMENT**.
Utilize the 4 C's

What do you **CALL** your problem?
What do you think **CAUSED** your problem?
How do you **COPE** with your condition?
What are your **CONCERNS** about the condition or treatment?

Dialogue:

The skilled HCP **will ask to enter** the patient's world—learn from them and then **APPLY** the best **TREATMENT!**

The disease/injury takes place within the CONTEXT of the WORLD the patient occupies.

The provider **MUST** understand what is going on with each patient.
Examples:

Is the patient with **ARTHRITIS** a professional musician?
Is that important to **KNOW**?

Does the woman with **Breast Cancer** have young children?
What are her specific needs?

What about **Spiritual NEEDS**?

References

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**This poster adapted from research and collaboration with C.Suzanne Gosse PhD, RN, CNE, Associate Professor Eastern Illinois University