Improving Cultural Competence: Organizational Strategies for Clinical Care

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Abstract

- **Objective:** To provide an overview of cultural competency with a focus on steps that organizations can take to provide quality care for all populations.
- **Methods:** Review of the literature and presentation of tools and strategies.
- **Results:** Educating clinicians about cultural competence is necessary but not sufficient for delivering culturally competent and equitable care within a health care organization. Cultural competence must be assessed and integrated into multiple key areas within the organization, including organizational values, governance, planning and monitoring/evaluation, communication, staff development, organizational infrastructure, and services/interventions. First-order steps to help organizations improve the quality and equity of health care include garnering leadership support and assessing assets and needs of the communities served.
- **Conclusion:** By striving to enhance cultural competence, health care organizations can make important contributions toward improving the quality and equity of the health care they provide.

Felix is a 49-year-old man seen at a local emergency department (ED) for chest pain. He primarily speaks Spanish and speaks very little English. As a result, the staff is unable to obtain a complete history. The providers order multiple blood tests, radiographs, and an electrocardiogram and subsequently determine that Felix’s symptoms are most likely due to esophageal reflux. He is discharged home with a prescription for a proton pump inhibitor and written instructions for follow-up care. He returns to the ED several days later with recurrence of his chest pain. At this visit, he is seen by a bilingual physician who determines that Felix did not understand the discharge instructions, which were written in English, and also did not understand the directions to pick up the prescription.

The opening scenario depicts some of the challenges that U.S. physicians and health care organizations face as 2 major trends have converged over the past few decades. The first trend is increasing population and language diversity [1]. In 2000, 18% of Americans spoke a language other than English at home, and half of these individuals had limited proficiency in English [2]. In states such as California and Texas, 30% to 40% of the population speaks a language other than English at home. The second trend is the growing recognition that there are disparities in health care for racial and ethnic minorities and those with communication barriers [3]. The convergence of these trends underscores the importance of culturally competent care. Cultural competence, in this context, is the ability to deliver effective medical care to patients, regardless of cultural or language differences between them and their providers [3–5]. While the importance of cultural competence is readily apparent in a clinical encounter such as the one presented, there is a growing awareness that it is also relevant for organizations and health systems [3,6]. In this article, we provide an overview of cultural competency and focus on strategies that organizations can use to provide quality care for all populations.

Cultural Differences and Disparities in Medical Care

Culture is a lens through which we view and organize our understanding of the world. Culture goes beyond race and ethnicity and encompasses issues such as social class and sexual orientation. It also influences how we make decisions about medical care, because culture can influence health beliefs and decision making [7,8]. As the cultural and linguistic diversity of our society increases, there are many opportunities for differences to arise between providers and patients in their approaches to health care. This is worrisome given...
the well-documented disparities in the medical care of many populations. The Institute of Medicine report Unbridled Treatment documents both health and health care disparities across a myriad of acute and chronic illnesses even when controlling for access-related factors [3]. For example, Asian Pacific Islanders have the lowest death rates from asthma and blacks have the highest [9]. Similarly, there are well documented disparities in the use of invasive cardiac procedures [10–12], HIV care [13,14], infant mortality [15,16], and diagnosis of breast cancer [17,18]. These differences in outcomes and medical care are shaped by multiple factors, including health systems, administrative and bureaucratic processes, health professionals, and patients [3]. Programs tailored to the needs of specific populations, an example of culturally competent care, can improve health outcomes [19,20].

Clinician Education

There has been rapid rise in the development of cultural competency education, ranging from curricula for medical students and residents to continuing medical education for practicing clinicians [21–24]. These educational programs emphasize the knowledge, attitudes, and communication skills needed to provide quality care in cross-cultural situations. The starting point for many programs is to raise clinicians’ awareness of personal biases and assumptions. This is supplemented with knowledge of legal mandates, health disparities literature, language and literacy barriers, cultural differences in health beliefs, and trends in the use of complementary and alternative medicine. Communication skills focus on strategies for eliciting health beliefs, working with interpreters, and understanding the needs of individuals with limited health literacy. The goal of such educational programs is to help individual physicians provide high quality care for diverse populations. A key tenet of cultural competency education is patient-centered care: an acknowledgment that while we may not share a patient’s cultural beliefs or values, it is essential that our management plans are negotiated with an understanding of the patient’s point of view [25].

Organizations have used varying approaches to educate clinicians about culturally competent care, including online learning and interactive sessions that use case studies or standardized patients [23,26,27]. State-of-the-art online programs are interactive and provide feedback on performance with clinical vignettes [23,27]. In addition, cultural competency has been integrated into in-service or continuing education sessions that are focused on specific disease conditions, such as asthma and diabetes. In these sessions, evidence-based care for chronic disease management is tailored to address relevant cultural beliefs (eg, attitudes toward injections) and self-management strategies (eg, culturally appropriate dietary recommendations).

Successful efforts to change physician practice behavior require interventions that provide education, feedback, and support [28]. This can include providing clinicians with information about use of services and patient outcomes (eg, mammography rates for patients stratified by race/ethnicity) in order to benchmark their practices. Feedback strategies can also include patient satisfaction data stratified by patient demographics and engaging clinicians in continuous quality improvement programs. An important supplement to education and feedback strategies is support, meaning administrative interventions and incentives that support clinicians’ delivery of culturally competent care. Examples of these strategies include translated patient education materials to reinforce self-management recommendations for diabetes, access to medical interpreters, and electronic resources that provide information about prevalent health beliefs and healing traditions. In general, the success of 1 or more of these strategies depends on the particular circumstances in which it is used; combinations of approaches appear to be the most effective [28,29].

Educating clinicians about culturally competent care is necessary but not sufficient for delivering culturally competent and equitable care within a health care organization. For this, cultural competence must be assessed and integrated into multiple key arenas within the organization.

Cultural Competence in Organizations

In an era of quality improvement, it is clear that health systems play a critical role in supporting clinicians’ efforts to provide high-quality health care. There is also evidence to suggest that culturally competent organizations provide higher quality of care [30]. Thus, cultural competence is as relevant for health care organizations as it is for clinicians.

Making Cultural Competence a Priority

A critical starting point is gaining clarity about why cultural competence makes sense for the organization and how it links to existing priorities. There are 4 main reasons that organizations may decide to make integrating cultural competence into its organizational structure a priority:

1. Mission. Is cultural competence relevant because of community demographics of the populations served? Does it provide an opportunity for diversifying the workforce?
2. Quality and safety. Is cultural competence necessary to improve the quality of care and/or patient safety? Are there quality gaps for particular populations that need to be addressed?
3. Good business sense. Is this effort essential for increasing market share? To reduce liability and malpractice risk?
4. Regulation. Is cultural competence needed to meet accreditation and regulatory requirements?

Cultural Competence Framework for Organizations

Our understanding of organizational cultural competence has been advanced by the development of a framework for identifying critical areas in which cultural competence should be manifested and evidence that demonstrates this competence [6]. An assessment profile by the Lewin Group identifies 7 critical areas in which cultural competence should be manifested: organizational values, governance, planning, and monitoring/evaluation, communication, staff development, organizational infrastructure, and services/interventions (Table).

An organization’s perspective regarding the importance of and its commitment to culturally competent care reflects its overall investment in this arena. Evidence of organizational values includes identifying executive level responsibility for cultural competency initiatives and assuring adequate funding. The governance domain encompasses the policy making and oversight vehicles used to help assure the delivery of culturally competent care. An organization may demonstrate its commitment by ensuring that influential groups, such as its governing body, include representatives from the diverse communities that it serves. Every organization has mechanisms and processes for planning, monitoring, and evaluating its efforts. Cultural competence in this domain can be manifest by inclusion of community participants on relevant committees and resources to collect, manage, and report data needed to assess the delivery of culturally competent care (eg, collection of information about race/ethnicity or preferred languages of communities served).

A key domain for every organization is communication—the mechanisms and processes by which information is exchanged with internal and external groups. Culturally competent organizations demonstrate this commitment through the presence of systems for accessing interpreter services, development of cultural competency trainings for staff, policies to minimize the use of family members as interpreters, and mechanisms for assuring the quality of translated materials and for ongoing communication with their local communities. Staff development encompasses an organization’s efforts to ensure that its workforce is prepared to provide culturally competent care. Providing training programs and establishing a system of incentives to encourage culturally competent behaviors are examples of the mechanisms that can be used. The delivery of culturally competent care relies on organizational infrastructure that includes personnel to monitor and direct organizational efforts, recruitment and retention of a diverse workforce, management information systems that enable the tracking of needed information (eg, population demographics), and linkages and outreach efforts to communicate with community members. The health-related services that an organization provides are a key domain for identifying cultural competence. An organization can demonstrate its commitment through the existence of guidelines and tools for eliciting relevant cultural and demographic information, availability of data to assess population needs and report on quality of care, and provision of services tailored to community needs (eg, evidence-based care plans that take into account cultural factors such as health beliefs).

Organizational Strategies for Delivering Culturally Competent Care

There are some key first-order steps to assess which areas to prioritize. For most organizations, important starting points include garnering leadership support and assessing assets and needs of the communities served as well as those of the organization. Resources that can be used to assess organizational cultural competence can range from self-assessment tools to detailed, in-depth reviews of each organizational area [6,31,32]. Community assessments should include demographic information (eg, race/ethnicity, languages spoken) and epidemiologic information about health conditions (eg, infant mortality) or prevalence of chronic conditions (eg, diabetes). Organizational and community assessments can be combined to identify the areas of focus. For example, a primary care practice that is looking to improve health outcomes for diabetes and identifies a predominance of Spanish-speaking patients may choose to focus on the availability of translated materials for diabetes self-management or on hiring a bilingual/bicultural nurse who can be trained in diabetes education.

Table. Critical Areas in Which Cultural Competence Should Be Manifested

<table>
<thead>
<tr>
<th>Area</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Organizational values</td>
<td>Executive-level responsibility for cultural competence, adequate funding for initiatives</td>
</tr>
<tr>
<td>Governance</td>
<td>Policies to assure delivery of culturally competent care</td>
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<tr>
<td>Planning, monitoring, and evaluation</td>
<td>Collecting and using data about quality of care for different patient populations</td>
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<tr>
<td>Communication</td>
<td>Provision of interpreter services, translated materials</td>
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<tr>
<td>Staff development</td>
<td>Training programs, incentives</td>
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<tr>
<td>Organizational infrastructure</td>
<td>Personnel and information systems support delivery of culturally competent care</td>
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<tr>
<td>Services and interventions</td>
<td>Guidelines, tools, and quality measures for culturally competent care</td>
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</tbody>
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Data from reference 6.
IMPROVING CULTURAL COMPETENCE

Gamering leadership support is a critical to organizational change effort and therefore another first-order step [33,34]. Strategies for engaging leaders include education about the importance of cultural competence and its links to existing organizational priorities (e.g., service excellence), highlights of legal and accreditation requirements, including the Joint Commission on Accreditation of Healthcare Organizations’ proposed inclusion of a patient’s race, ethnicity, and primary language spoken in medical records. In addition, some organizations have garnered leadership buy-in providing opportunities for community members to share their stories and experiences with organizational leaders.

Conclusion

There are many reasons for a health care organization to focus on cultural competence, ranging from the addressing its mission, improving quality of care and patient safety, and economic factors. However, it is clear that no organization can afford to ignore the need for culturally competent care. Until now, cultural competence efforts have focused primarily on individual clinicians. There are a growing number of resources to assist an organization with the important task of educating clinicians about the skills needed to deliver culturally competent care. However, this is not enough. Health care organizations must assess and strive to attain cultural competence across multiple areas. A good starting point for an organization embarking on a program to improve and integrate cultural competence is to assess the needs and assets of the community and the health care organization and to garner leadership support. With this beginning and further assessment and integration in the 7 critical areas outlined above, health care organizations can make important contributions toward improving the quality and equity of health care they provide.

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References


