Health Knowledge Network

EVIDENCE BULLETIN

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Cultural Competence education for health professionals

Review question

What is the effect of cultural competence education interventions for health professionals on patient-related outcomes, health professional outcomes, and healthcare organisation outcomes?

What is cultural competence education?

Cultural competence education for health professionals is a strategy to improve health care quality and outcomes particularly for diverse populations. Cultural competence education interventions are numerous and diverse. Consensus is lacking for terminology, core education content, delivery and evaluation.

A four dimensional framework was developed for this review to provide consistency in describing and assessing the interventions. The four core domains and their components include: educational content (knowledge, assessment and application, skills); pedagogical approach; intervention structure (delivery and format, frequency and timing, assessment and evaluation, organisational support), and participants.

Key findings

From five studies assessed the effects of cultural competence education for health professionals on patient-related outcomes the authors concluded that there was:

- Positive, albeit low-quality evidence, showing improvement in the involvement of culturally and linguistically diverse (CALD) patients in their care.
- Findings either showed support for the educational interventions or no evidence of effect.
- No studies assessed adverse outcomes.
- The quality of evidence is insufficient to draw generalisable conclusions, largely due to differences in the interventions in terms of their scope, design, duration, implementation and the outcomes selected.

Full citation for this review:

Horvat L, Horey D, Romios P, Kis-Rigo J. Cultural competence education for health professionals. *Cochrane Database of Systematic Reviews* 2014, Issue 5. Art. No.: CD009405. DOI: 10.1002/14651858.CD009405.pub2.

This summary is relevant for:

Decision makers and clinicians interested in the provision of culturally competent health care.

This summary includes:

Not included:

- Additional evidence
- Detailed descriptions of personalised risk communication or how to implement the intervention in practice
- Recommendations

What is a systematic review?

A systematic review aims to locate, appraise and synthesise all of the available evidence related to a specific research question. Authors adopt rigorous methods to minimise bias as a way of producing reliable findings with the ultimate goal of making the evidence more useful for practice. See navigatingeffectivetreatments.org.au for more information.

Relevance to health care contexts

The broader policy and clinical context (example Victoria, Australia)	This review has particular relevance to countries like Australia and states like Victoria, characterised by a high prevalence of CALD populations, and where health professionals and healthcare organisations are required to respond appropriately to multiple and concurrent aspects of diversity in consumer and patient groups to improve quality and outcomes. Cultural competence training for health professionals is captured within standard six of The Victorian Department of Health's Cultural responsiveness framework: staff should be provided with professional development opportunities to enhance their cultural responsiveness. The Victorian Government also has guidelines for policies and procedures for effective interpreting and translating services.
The populations and settings in which this relevant	The findings of this review are applicable to high-income countries with CALD populations with evidence of health disparities, structural inequalities, and poorer quality health care and outcomes among people from minority cultural and linguistic backgrounds. Of the 8,400 patients involved, at least 41% were from culturally and linguistically diverse (CALD) backgrounds. The specific CALD backgrounds were not always specified. It is relevant to hospital, community health, and aged care settings where health care is delivered to patients and consumers of minority cultural and linguistic backgrounds.
Implications for decision makers	Cultural competence education programs need to be better specified and described including their conceptual rationale, actual content, delivery, organisational support and approach to evaluation. Greater methodological rigour in studies of cultural competence education for health professionals and agreement on the core components of cultural competence education (including how such components are described, delivered, organisationally supported and evaluated) are needed. The conceptual framework used in this review provides a basis for such processes. Better alignment between policy frameworks, practice and research activities is needed. Policies that aim to reduce health inequities, by guiding healthcare practice, performance and accountability, could be more explicitly linked to, and informed by, research and evidence. Similarly, the direction, scope and methodology of research could be better tailored to address identified policy and practice imperatives.
Implications for clinicians and other health professionals	Cultural competence education for health professionals can change the experience of health care for CALD patients. Health behaviour in terms of concordance with attendance improved and involvement in care increased in terms of mutual understanding between patients and the health professionals caring for them. Findings from the review are supported by other reviews that found cultural competence training improves the knowledge, attitudes and skill of clinicians and satisfaction among patients.

Background

Cultural competence education for health professionals aims to ensure all people receive equitable, effective health care, particularly those from culturally and linguistically diverse (CALD) backgrounds. It has emerged as a strategy in high-income English-speaking countries in response to evidence of health disparities, structural inequalities, and poorer quality health care and outcomes among people from minority CALD backgrounds.

Information about this review

The authors of this systematic review conducted a detailed search of studies published up to February 2014. Using pre-determined criteria to select studies the review found:

Types of studies

Four cluster-trials and one individually-randomised controlled trial comparing the effects of cultural competence training for health professionals with no training were included. Three studies were from the USA, one from Canada and one from The Netherlands. They involved health professionals from diverse backgrounds, although they were largely from dominant cultural groups.

Participants

The studies involved 337 healthcare professionals (including counsellors) and 8400 patients, of which at least 3463 (41%) were from culturally and linguistically diverse (CALD) backgrounds. The number of CALD participants could not be determined in one study and was computed from available data in two studies.

Types of intervention

The review included educational interventions for health professionals that aimed to improve:

- health outcomes of patients/consumers of minority cultural and linguistic backgrounds;
- knowledge, skills and attitudes of health professionals in delivering culturally-competent care; and
- healthcare organisation performance in culturally-competent care.
- There was considerable heterogeneity in the stated purpose, content, duration and nature of the interventions assessed in each study. One study focused on intercultural communication. Two studies examined the effects of cultural sensitivity training, and two studies delivered cultural competency training with performance feedback to health professionals.

Framework to describe and assess the interventions and extent reported in trials

1. Educational content	2. Pedagogical approach	3. Structure of the intervention	4. Participant characteristics
a. Types of knowledge (7 sub-domains) b. Assessment and application (1 sub-domain) c. Skills (4 sub-domains)	a. Teaching and learning method b. Theoretical constructs and principles	a. Delivery and format b. Frequency and timing c. Assessment and evaluation of intervention (2 sub-domain) d. Organisational support (4 sub-domains)	a. Delivering the intervention (teacher/ facilitators) b. Engaging in the intervention (target audience)
60% reported	60% reported	72% reported	70% reported

Types of interventions (cont.)

All 4 domains (and sub-domains) of the framework were addressed in the descriptions of the educational interventions in some way, although no study covered all aspects of the framework, or addressed them in the same way. Two studies were 'high reporting' with at least two-thirds of the domains and sub-domains described. Two 'medium reporting' studies described about half of all domains and sub-domains. One study was 'low reporting' and described less than a third of all domains and sub-domains. The diversity of approaches to cultural competence education is reflective of the field.

Comparison

In all studies the control group was no intervention.

Outcomes

The review found:

Patient-related outcomes (experiences of care):

- No evidence of effect for treatment outcomes
- Health behaviour (client concordance with attendance) improved significantly
- Involvement in care improved in terms of mutual understanding
- Evaluations of care were mixed
- No adverse events (e.g. patient complaints) were reported.

Health professional outcomes

- No evidence of effect on clinician awareness of "racial" differences in quality of care
- Consultation processes (e.g. levels of patient-centred care, provision of an accredited interpreter) were not reported.
- Evaluation of processes and outcomes (e.g. training program assessment, provision of care, job satisfaction) were not reported.

Healthcare organisation outcomes

- Quality and safety measures (e.g. provision of accredited interpreter) were not reported.
- Service utilisation (e.g. use of services) were not reported.

Health economic outcomes (e.g. cost of intervention, cost of care) were not reported.

What this review does not show

No study in this review measured adverse events or other outcomes related to healthcare organisations (e.g. quality and safety measures, service utilisation or health economic outcomes). Meta-analyses were not possible and findings are tentative due to insufficient data and low quality evidence. The specific nature of possibly effective interventions is unclear.

Related Resources

Systematic reviews

- Beach MC, Price EG, Gary TL, Robinson KA, Gozu A, Palacio A, et al. Cultural competence: a systematic review of healthcare provider education interventions. *Medical Care* 2005;**43**(4):356–73.
- Truong M, Paradies Y, Priest N. Interventions to improve cultural competency in healthcare: a systematic review of reviews. *BMC Health Services Research* 2014;**14**(1):99.
- Dwamena F, Holmes-Rovner M, Gaulden CM, Jorgenson S, Sadigh G, Sikorskii A, et al. Interventions for providers to promote a patient-centred approach in clinical consultations. *Cochrane Database of Systematic Reviews* 2012, Issue 12. [DOI: 10.1002/14651858.CD003267.pub2]

Results table: cultural competence training versus no training

Outcome			No of Participants (studies)	Evidence quality (GRADE)#
1	**Treatment outcomes (different measures)**	No evidence of effect on treatment outcomes in two studies (the proportion who achieved cholesterol control target over 12 months and weight loss over 6 months were assessed)	2767 (2 studies)	Low
2	**Health behaviours**	Client concordance with attendance significantly improved for the intervention group across three counselling sessions. Women in intervention group were 1.5 times more likely to attend the third counselling session (RR 1.53, 95% CI 1.03	28 (1 study)	Low
3	**Involvement in care (mutual understanding)**	One study in The Netherlands reported improved mutual understanding between one in five patients (described as "mainly Turkish, Moroccan, Cape Verdean and Surinamese patients'') and their largely "Western'' GPs (mostly Dutch) (SMD 0.21, 95% CI 0.00 to 0.42)	109 (1 study)	Low
4	**Evaluations of care (different measures)**	Three studies showed mixed outcomes. There was no evidence of effect on evaluations of care between intervention and control group participants in two studies but a third study showed significant improvements in client perceptions of their health professional after cultural competence training	195 (3 studies)	Low
5	**Health professionals knowledge and understanding (awareness of racial differences)**	No evidence of effect on clinician awareness of racial differences in the quality of diabetes care for "black" clients was found in one study among the proportion of clinicians acknowledging racial disparities in care occurred "very often" or "somewhat often" (RR 1.37 95% CI 0.97 to 1.94) with no adjustment for clustering.	87 (1 study)	Low

For more information on the GRADE working group's rating of quality of evidence go to www.gradeworkinggroup.org

This evidence bulletin draws on the format developed for SUPPORT summaries (for more information on SUPPORT summaries see www.supportsummaries.org).

Health Knowledge Network

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