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Contemporary challenges in european and national health care systems

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# Cultural diversity and its impact on healthcare delivery

*"The good physician treats the disease; the great physician treats the patient who has the disease." – Sir William Osler*




In today's healthcare environment, clinical excellence is only half the battle. To be successful, a modern practitioner must navigate two complex dimensions of diversity:

**1.External Diversity:** Understanding the patient's cultural background, beliefs, and health literacy to ensure effective treatment and medication adherence.

**2.Internal Diversity:** Collaborating within a culturally diverse team, where different cultural backgrounds, communication styles, and professional norms come together in daily healthcare practice.

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## Learning Objectives for Healthcare Professionals:



- ✓ Introduction to Cultural Competence in Healthcare
- ✓ Understanding the impact of cultural backgrounds on patient adherence (compliance).
- ✓ Identifying systemic and individual barriers to equitable healthcare delivery.
- ✓ Outcomes of Implementing Cultural Competence Approaches
- ✓ Key Messages and Conclusions

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## What is cultural competence (CC) in healthcare?

*"A set of congruent behaviours, attitudes and policies that come together in a system, agency or amongst professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations" (Cross et al., 1989)*

- **Beyond Knowledge:** It involves the integration of cultural knowledge, communication skills, and self-awareness into the diagnostic and therapeutic process.
- **Dynamic Process:** It is not a fixed state but a continuous evolution of professional practice.



## Why Cultural Competence is Essential?

- ✓ **Bridging the Health Disparity Gap:** Statistical evidence shows that patients from diverse backgrounds often experience lower quality of care. Cultural competence is the clinical tool used to close this gap and ensure health equity.
- ✓ **Response to Global Demographics:** Modern healthcare professionals must be equipped to treat an increasingly mobile and diverse patient population, each with unique linguistic, religious, and traditional health beliefs.
- ✓ **Enhancing Patient Adherence (Compliance):** A patient is significantly more likely to follow a pharmacological regimen if the provider understands and respects their cultural context and "Explanatory Model" of illness.
- ✓ **Clinical Safety & Quality:** Miscommunication is a leading cause of medical errors. Cultural competence reduces the risk of incorrect diagnoses and dangerous drug-herb interactions.



## Individual and Organizational Frameworks:

**The Individual Practitioner:** Requires self-awareness of one's own cultural "baggage" and biases.

**The Healthcare Organization:** Needs to provide diverse staffing, signage in multiple languages, and flexible visiting hours or dietary options.

**The Systemic Level:** Health policies must address the "Social Determinants of Health" (housing, education, and transport).



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## Barriers to Effective Care:

**Ethnocentrism:** The unconscious tendency to view one's own culture as the "standard" or "correct" way.
**Implicit Bias:** Mental shortcuts that lead to stereotyping patients based on age, ethnicity, or status—often occurring even in well-meaning professionals.
**Structural Barriers:** Complex insurance systems, lack of interpreters, or rigid clinic hours that don't accommodate working-class needs.

FitzGerald & Hurst (2017), in their systematic review of the literature, found that:

- Correlational evidence indicates that **implicit biases of healthcare professionals** are likely to **influence diagnosis and treatment decisions** and levels of care in some circumstances.
- All the studies that investigated correlations found a significant **positive relationship between level of implicit bias and lower quality of care.**



## Cultural Competence Needed to Overcome Key Barriers in Healthcare:

**1. Language barriers:**
- Increases risk of miscommunication, misdiagnosis, and inappropriate treatment
- Interpretation and clear communication are essential

**2. Cultural beliefs:**
- Different cultures hold diverse beliefs about health, illness, and treatment
- Preference for traditional or alternative medicine may affect compliance
- Cultural misunderstandings can impact patient–provider relationships

**3. Trust in the Health System:**
- Historical trauma and discrimination reduce trust in healthcare institutions
- Perceived bias can discourage individuals from seeking or continuing care
- Building trust is critical for effective healthcare delivery

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**4. Socio-economic barriers:**

- Income, education, and employment influence access to healthcare services
- Barriers include lack of transportation, childcare, or insurance coverage
- These factors limit preventive care and timely treatment

**5. Health literacy:**

- Varying ability to understand medical terminology and instructions
- Low health literacy affects treatment decisions and outcomes
- Information must be clear, accessible, and actionable

**6. Institutional barriers:**

- Lack of culturally competent policies and practices
- Limited diversity among healthcare professionals
- Results in mismatches between providers and patient needs

## From Competence to Cultural Humility:

- **Competence implies an endpoint:** (e.g., "I have learned about Culture X").
- **Humility is a lifelong process:** It acknowledges that the practitioner can never be the ultimate expert on someone else's life.
- **Key Pillar:** Relinquishing the "Expert" role in favor of a "Partner" role.

***Self-reflection*** is the most important clinical tool here.

## Cultural Competence vs. Patient-Centered Care:

- **The Intersection:** While Patient-Centered Care focuses on the *individual*, Cultural Competence provides the *context* of that individual's social and cultural identity.
- **Complementary Goals:** Both aim to improve clinical quality by fostering a therapeutic alliance based on mutual respect and shared decision-making.

- ✓ Cultural competence is essential for delivering high-quality healthcare in today's diverse world.
- ✓ By recognising and addressing cultural differences, healthcare professionals can improve patient outcomes, build trust, and foster more inclusive and equitable care environments.
- ✓ Ongoing commitment to cultural competence, combined with cultural humility, will help ensure healthcare systems evolve to meet the needs of all patients effectively.

**Effective care is only possible when we bridge the gap between medical science and the patient's cultural reality.**

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## Examples of Cultural Competence (CC) Models in Healthcare Worldwide

**United States**

•**CLAS Standards** (Culturally and Linguistically Appropriate Services)

Provide a national framework to ensure culturally and linguistically appropriate healthcare services

**Canada**

•**Toronto Central Local Health Integration Network (LHIN)**

Integrates cultural competence into health planning and service delivery



**Germany**

•**MiMi (With Migrants for Migrants)**

Trains migrants as health mediators to educate and support their communities

**United Kingdom**

•**NHS Equality and Diversity Council**

Provides guidance for implementing culturally competent healthcare practices

**Sweden**

•**Intercultural Opening Programmes**

Training initiatives aimed at improving cultural competence among health professionals

# Applied example of CC in health: diabetes prevalence varies according to ethnicity

JAMA | Original Investigation

## Prevalence of Diabetes by Race and Ethnicity in the United States, 2011-2016

Yiling J. Cheng, MD, PhD; Alka M. Kanaya, MD; Maria Rosario G. Araneta, PhD, MPH; Sharon H. Saydah, PhD; Henry S. Kahn, MD; Edward W. Gregg, PhD; Wilfred Y. Fujimoto, MD; Giuseppina Imperatore, MD, PhD

**CONCLUSIONS AND RELEVANCE** In this nationally representative survey of US adults from 2011 to 2016, the prevalence of diabetes and undiagnosed diabetes varied by race/ethnicity and among subgroups identified within the Hispanic and non-Hispanic Asian populations.

## 5 fundamental step strategy

Language accessibility of treatment interventions → Culturally relevant health education → Respecting traditional beliefs/cultural habits → Trust building through community outreach → Tailoring care plans to cultural norms

## CASE STUDY:

A busy surgical ward in a university hospital.

**The Patient:** Mr. Ahmed (65), who underwent an emergency cholecystectomy (gallbladder removal) 48 hours ago. He is a practicing Muslim. His wife and three adult sons are constantly present in the room, often praying quietly or discussing his care in their native language.

**The Conflict:**According to clinical protocol, Mr. Ahmed must begin "early mobilization" (walking) to prevent deep vein thrombosis (DVT) and pneumonia. However, he remains in bed, appearing withdrawn and avoids eye contact with the medical staff.

**The Interaction:** The attending surgeon, known for a high-speed "technocratic" style, enters for rounds. He notices Mr. Ahmed hasn't moved and sees traditional homemade food brought by the family on the bedside table. The surgeon says: *"Mr. Ahmed, if you don't start walking immediately, you will develop complications. Also, the family must take this food away; it's not part of the hospital's strict low-fat diet."*
Mr. Ahmed nods silently but does not move. After the surgeon leaves, he refuses his prescribed pain medication, stating: *"My recovery is in God's hands, not in these pills."*

- **Identification of Cultural Barriers**: identify at least three cultural factors that are influencing this clinical interaction.

- **Analyzing Implicit Bias** How did the surgeon's communication style (ethnocentrism) impact the therapeutic alliance? How might his approach contribute to health disparities in this case?

- **Professional Reflection** How can a pharmacist or doctor balance "Evidence-Based Medicine" (the protocol) with "Cultural Humility" (respecting the patient's worldview)? Which is more important for long-term **patient adherence**?

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## Intervention using the LEARN Model

You are the student left in the room.
How would you apply the **LEARN** model to resolve this?

- **L (Listen):** How would you ask about his reluctance to walk or take meds?

- **E (Explain):** How would you explain the clinical need for DVT prevention without being dismissive?

- **A (Acknowledge):** How would you validate his faith and his family's role?

- **R (Recommend) & N (Negotiate):** Propose a compromise (e.g., involving the family in the walking exercise or checking if the meds are Halal-compliant).

## Key messages & wrap up:

- **Cultural competence (CC)** in health is a set of approaches that combine knowledge, attitudes, and skills to work and communicate effectively and appropriately with people from culturally diverse backgrounds.
- CC's effectiveness depend on the broader context of application, where 3 factors are relevant: cultural distance, institutional ethnocentrism, organisational support.
- 3-levels approaches to implement CC models: individual, organisational and systemic-based interventions.
- To effectively implement CC models, principles, strategies and desired outcomes have to be aligned.
- **CC and cultural humility for better healthcare services in today's complex and more diverse world.**

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*”Cultural competence is an ongoing process, not an endpoint event, meaning that competency capability can be continuously enhanced over time (Alizadeh et al., 2016).”*



# Thank you!