

# Cultural Competence and Patient-Centeredness: Their Relationship and Role in Health Care Quality

Mary Catherine Beach, MD, MPH

Somnath Saha, MD, MPH

Lisa A. Cooper, MD, MPH

# Purpose of Talk

- To present and compare conceptual models for both patient centeredness and cultural competence
- To discuss their implications for improving health care quality at the interpersonal and health system levels
- To provide an overview of patient-centered care as it relates to health disparities

# Patient-Centeredness

# Early Conceptions of Patient-Centeredness

- Originally coined to express the belief that each patient *“has to be understood as a unique human being.”* (Balint, 1969)
- Lipkin et al. (1984): “patient-centered interview”
  - approaches the patient as a unique human being with his own story to tell
  - promotes trust and confidence
  - clarifies and characterizes the patient’s symptoms and concerns
  - understands biological and psychosocial dimensions of illness
  - creates the basis for an ongoing relationship

# Evolution of Patient-Centeredness

- Stewart et al. (1986) “patient-centered clinical method”:  
Six dimensions of patient-centered care:
  - 1) exploring the illness experience
  - 2) understanding the whole person
  - 3) enhancing the doctor-patient relationship
  - 4) finding common ground regarding management
  - 5) incorporating prevention and health promotion
  - 6) being realistic about personal limitations
- McWhinney et al. (1989): “*the physician tries to enter the patient’s world, to see the illness through the patient’s eyes.*”

# “Through the patients eyes:” from individual interactions to systems



Original model of interaction and communication between patients and physicians

May include other modes of communication:

- communication with receptionists
- written communication (education materials, signage)
- phone calls, e-mails
- need to meet patients' needs, level of understanding, etc.

Focus on other aspects of care:

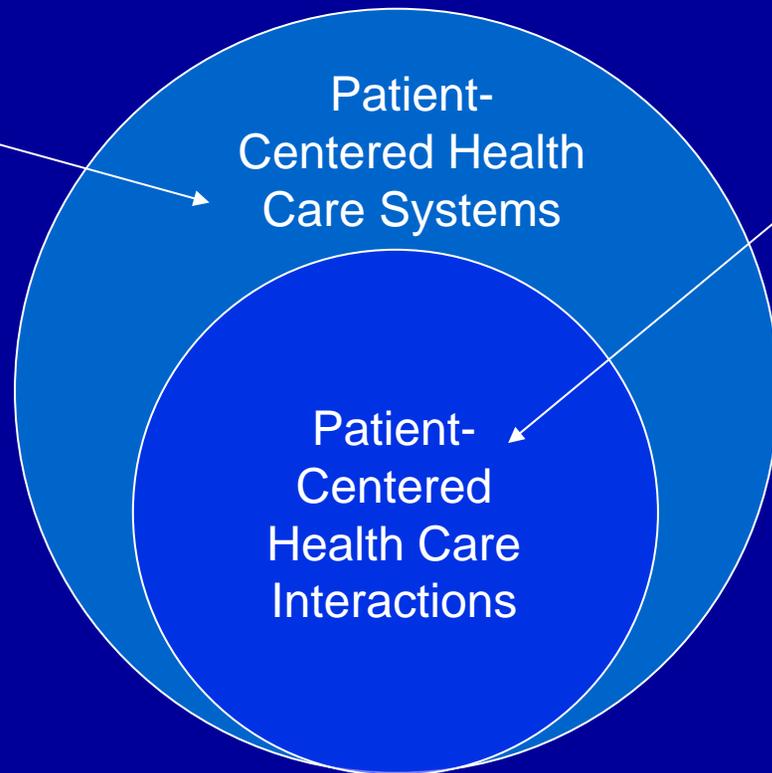
- convenient office hours
- ability to make appointments
- being seen on time
- having services available nearby

# Key Features of Patient-Centeredness

## Within Health Care Organizations

Services aligned to meet patient needs/preferences:

- Coordinated/integrated/continuous
- Convenient/easily accessible
- Attendant to health promotion/physical comfort



## Within Interpersonal Interactions

Provider understands each patient as a unique human being:

- Uses biopsychosocial model
- Views patient as person
- Shares power and responsibility
- Builds effective relationship
- Is aware of the 'doctor as person'

# Cultural Competence

# Early Conceptions of Cultural Competence

- Early programs: cross-cultural medicine, cultural sensitivity, transcultural nursing, and multicultural counseling
- Focused on those “whose health beliefs may be at variance with biomedical models”
  - e.g. groups with limited English proficiency, non-Western cultures, etc.
- Original approaches called for awareness and respect for different traditions, but recognized:
  - detailed knowledge about all cultures was impractical
  - viewing patients as members of ethnic/cultural groups might lead to stereotyping



THE SPIRIT CATCHES YOU  
AND YOU FALL DOWN



A HMONG CHILD,  
HER AMERICAN DOCTORS,  
AND THE COLLISION OF  
TWO CULTURES



# Evolution of Cultural Competence

Therefore, early models recognized the need for “generic” attitudes not specific to particular culture:

- 1) respecting the legitimacy of patients’ health beliefs
- 2) shifting from a paradigm of viewing patients’ complaints as stemming from a disease to that of an illness occurring within a biopsychosocial context
- 3) eliciting patients’ explanatory model of illness
- 4) explaining the clinician’s explanatory model of illness in language accessible to patients
- 5) negotiating an understanding within which a safe, effective, and mutually agreeable treatment plan could be implemented

Berlin & Fowkes (1983); Kleinman et al. (1978); Leininger (1978)

# Expansion to Consider Racial/Ethnic Disparities

- National events brought racial/ethnic disparities to forefront
  - 1985: Department of Health and Human Services Secretary's Report on Black and Minority Health
  - Surgeon General David Satcher included elimination of racial disparities in health as one of the primary objectives of the Healthy People 2010 initiative
  - National Center for Minority Health and Health Disparities founded
  - IOM report "Unequal Treatment"
- Original principles of cultural competence recognized as necessary but not sufficient to address disparities

# Expansion of Cultural Competence

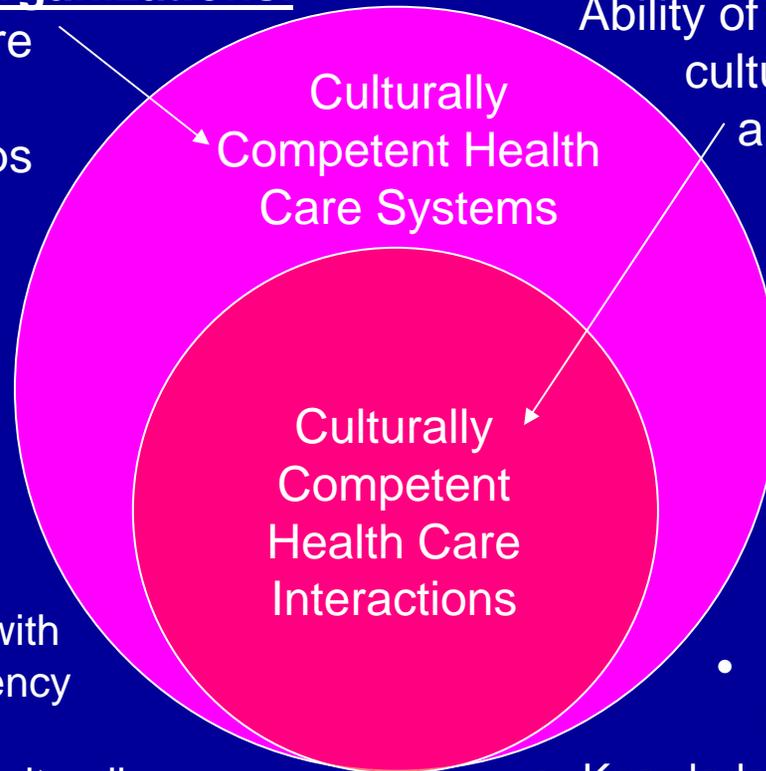
	<b>Early models</b> (cross-cultural)	<b>Newer models</b> (Cultural Competence)
Populations	Immigrants, refugees →	All people of color (those affected by racial disparities)
Concepts	Culture, Language →	Culture, Language, Prejudice, Stereotyping, Social Determinants of Health
Scope	Interpersonal interactions →	Health Care Systems, Communities

# Key Features of Cultural Competence

## Within Health Care Organizations:

Ability of the health care organization to meet needs of diverse groups of patients:

- Diverse workforce reflecting patient population
- Health care facilities convenient to community
- Language assistance available for patients with limited English proficiency
- Ongoing staff training regarding delivery of culturally and linguistically appropriate services



## Within Interpersonal Interactions:

Ability of a provider to bridge cultural differences to build an effective relationship with a patient:

- Explores and respects patient beliefs, values, meaning of illness, preferences and needs
- Builds rapport and trust
- Finds common ground
- Is aware of own biases/assumptions
- Maintains and conveys unconditional positive regard
- Knowledgeable about different cultures
- Aware of health disparities and discrimination affecting minority groups
- Effectively uses interpreter services when needed

# Overlap between Patient-Centered Care and Cultural Competence at the Interpersonal Level

## Patient-Centered

- Curbs hindering behavior such as technical language, frequent interruptions, or false reassurance
- Understands transference/countertransference
- Understands the stages and functions of a medical interview
- Attends to health promotion/ disease prevention
- Attends to physical comfort

## Interpersonal Level

- Understands and is interested in the patient as unique person
- Uses a biopsychosocial model
- Explores and respects patient beliefs, values, meaning of illness, preferences and needs
- Builds rapport and trust
- Finds common ground
- Is aware of own biases/assumptions
- Maintains and is able to convey unconditional positive regard
- Allows involvement of friends/family when desired
- Provides information and education tailored to patient level of understanding

## Culturally Competent

- Understands the meaning of culture
- Is knowledgeable about different cultures
- Works with local community
- Appreciates diversity
- Is aware of health disparities and discrimination affecting minority groups
- Effectively uses interpreter services when needed

# Overlap between Patient-Centered Care and Cultural Competence at the Health Care System Level

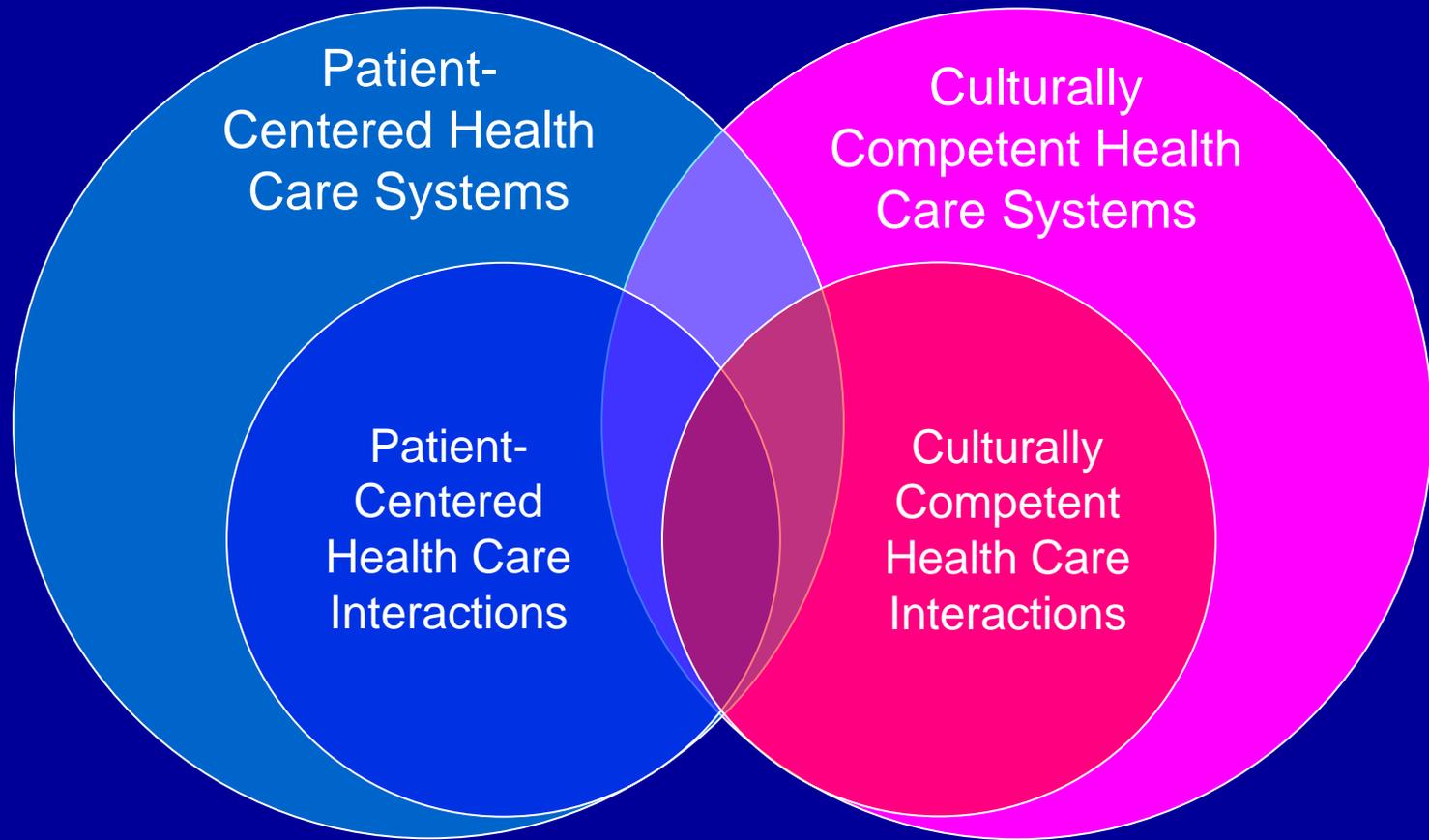
## Patient-Centered

- Convenient office hours/ability to get same-day appointments/short wait times
- Availability of telephone appointments or email contact with providers
- Continuity/secure transition between healthcare settings
- Coordination of care
- Ongoing patient feedback to providers
- Attention to physical comfort of patients
- Focus on health promotion/disease prevention

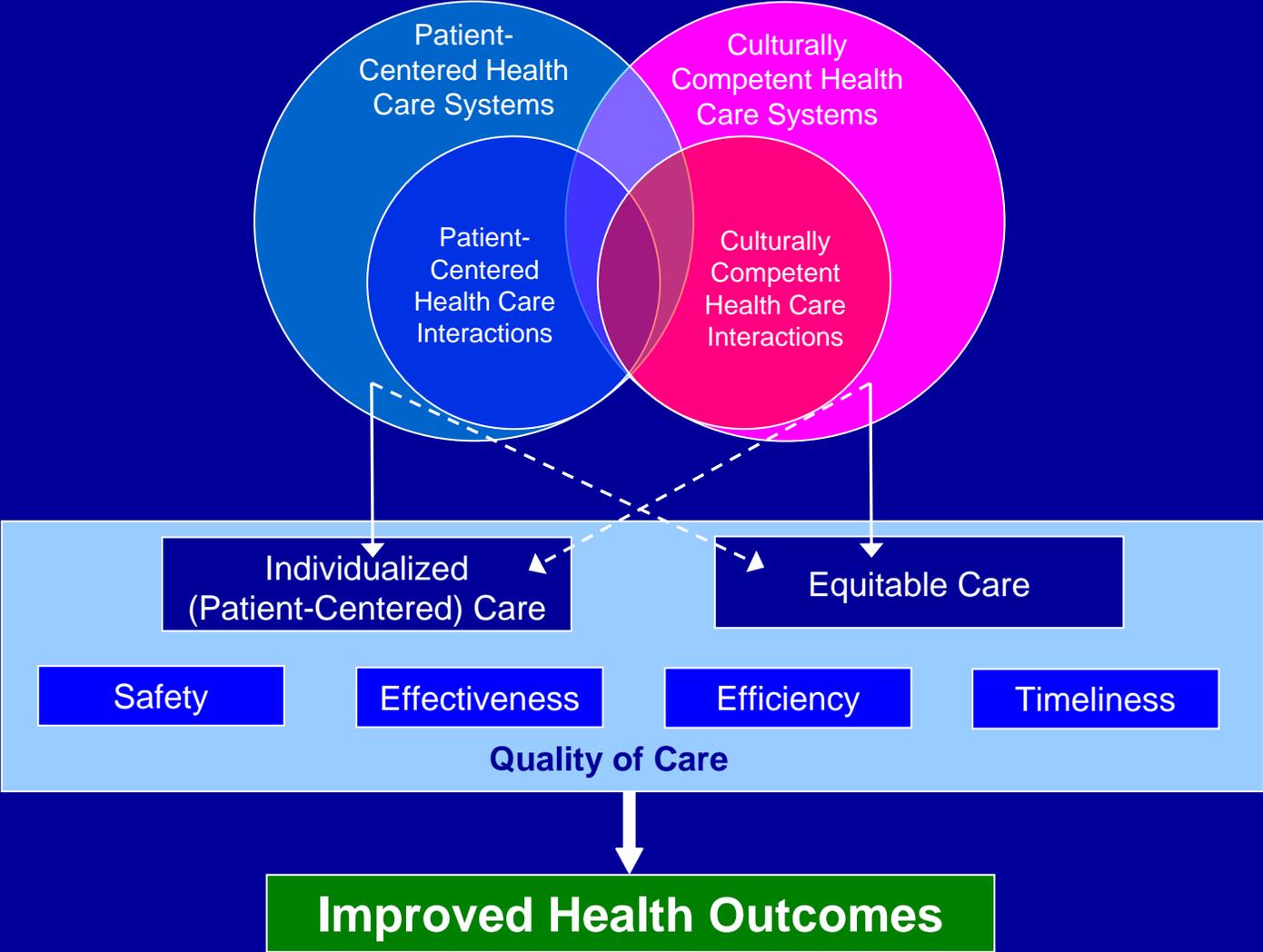
## Culturally Competent

- Services aligned to meet patient needs and preferences
- Healthcare facilities convenient to community
- Documents tailored to patient needs/literacy/ language
- Data on performance available to consumers
- Workforce diversity reflecting patient population
- Availability and offering of language assistance for patients with limited English proficiency
- Ongoing training of staff regarding the delivery of culturally and linguistically appropriate services
- Partnering with communities
- Use of community health workers
- Stratification of performance data by race/ethnicity

# Patient centeredness and cultural competence integral to healthcare quality

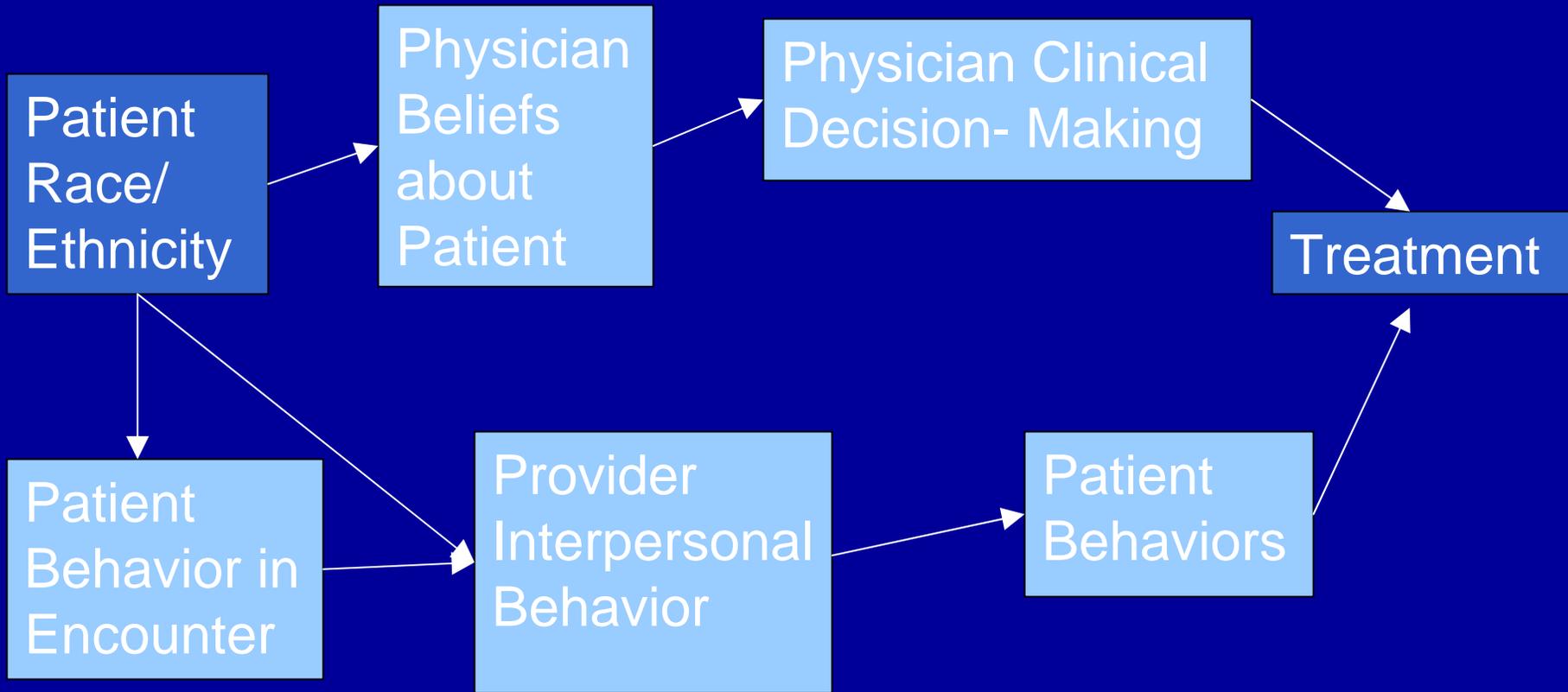


# Patient centeredness and cultural competence integral to healthcare quality



Why might patient-centered care  
reduce health disparities?

# Hypothesized mechanisms by which patient race/ethnicity affects disparities in treatments



van Ryn M. Research on the provider contribution to race/ethnicity disparities in medical care. *Med Care* 2002; 40(1 Suppl):I140-I151.

# Main Points

- Patient centeredness and cultural competence
  - are different movements with different goals
  - began as modes of interpersonal interactions and have developed into more complete modes of health care delivery
  - have potential to improve health care quality
  - have many overlapping features
  - should remain distinct movements which work together to improve quality

# Recommendations for Future

- 1) Health care organizations should
  - a) employ principles of patient centeredness and cultural competence to ensure that care is individualized and equitable
  - b) measure and track patient centeredness and cultural competence as part of delivering high-quality care.
- 2) Researchers should use and refine measures of cultural competence and patient centeredness, and explore the impact of their unique and overlapping components on patient outcomes.
- 3) Educators should develop multidisciplinary programs to improve patient centeredness and cultural competence of health professionals.
- 4) Patients should provide feedback to health care systems (e.g. participate in surveys and focus groups) to ensure that organizations attend to patients' diverse needs and preferences.