

Health Care Providers' Perceived Versus Actual Cultural Competency Levels With Latino Patients: A Pilot Study

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Abstract INTRODUCTION: Latinos are the largest growing minority group in the United States and by 2030 are expected to comprise over twenty percent of the total population. Health care provider's knowledge and understanding of a particular ethnic group can affect patient care, patient compliance, and facilitate informed decision making by the patient.

PURPOSE: The purpose of this study is to examine health care providers' perceived versus actual cultural competency levels with Latino patients.

METHODS: A survey was conducted via the internet. The results were analyzed using descriptive statistics and cross tabulation with SPSS version 15.

RESULTS: The valid survey response rate was 29% (n=113). In the gender issues section, 69.1% of the respondents who strongly agreed or agreed that they perceived themselves as culturally competent answered the actual competency questions incorrectly. In the four other important communication/behavior sections among Latinos: family issues, physical contact, nonverbal communication, and alternative medicine, the percentages were 44.0%, 55.7%, 39.3%, 29.4% respectively.

CONCLUSION: Since Latinos are the fastest growing ethnic group in the United States, health care providers need to be aware of cultural differences when interacting with Latino patients. This study provided insight into health care providers' perceived versus actual cultural competency levels. It was shown that in four out of five important areas of communication/behavior among Latino patients, greater than one third of all respondents perceived themselves as culturally competent while they were unable to correctly respond during the test of actual competency. In the future, this study may be used to educate health care providers on the importance of recognizing communication and behavioral differences among Latinos.

1. Introduction

In the year 2005, in Wichita, Kansas, Latinos comprised 12.1% of the total population.[1] That number is steadily increasing due to two main factors: first, Latinos have the highest percentage of young married couples in the nation; second, these Latino couples have the largest number of offspring in the United States. The lack of education and financial resources of the Latino population leads to diminished access to healthcare. In 2003, Latinas between the ages of 55-64 had the highest poverty rate of any ethnic group in their age group. That same year, 47.5% of Latina mothers reported that they had less than 12 years of education. Latinos also have the highest uninsured rates of any ethnic group in the United States.[2]

As the number of Latinos in the United States continues to increase, it is apparent that health care providers will see a rise in the number of Latino patients. Therefore, it is important that health care providers are educated about Latino cultural, social, and religious influences that may affect health care access and decisions. Lack of education about a particular ethnic group can also lead to inadequate care, misunderstanding, lack of patient compliance, and lack of informed patient decision making. Education about a particular ethnic group is known as cultural competency. In an article about the patient-provider relationship, Dr. Glenn Flores suggests that cultural competency means "recognizing and responding appropriately to the cultural features that may affect clinical care." [3]

2. Experiment, Results, Discussion, and Significance

Purpose/Design. The purpose of this study is to examine health care providers' perceived versus actual cultural competency levels with Latino patients. A cross-sectional survey was administered to a large, urban, multi-site clinical facility in the Wichita area between December of 2006 and January of 2007. The survey was administered to participants based on their amount of hands-on contact with patients. Participants received a link to the online survey via company email, and were asked to access and complete the survey. Participant privacy was maintained by using a third party to distribute the online survey link.

Literature Review. A thorough review of current literature regarding cultural competency and Latino patients was conducted using a Medline search. Although current research was found regarding the need for cultural competency training programs and their implementation; little information can be found about cultural competency specifically with Latinos in the area of health care. A few studies were found which allowed health care providers to rate their ability to give culturally competent care to Latino patients, but none of these studies suggested an appropriate way to measure actual cultural competency levels.

Measurement. The survey was divided into three sections: general demographics, self-perception of cultural competency, and actual cultural competency. Questions in the self-perception and actual competency sections were divided into five important areas of communication/behavior among Latinos. The areas of communication/behavior were chosen based on a Latino cultural guide for health care providers by Nilda Chong.[4] These areas included: gender issues, family issues, physical contact, nonverbal communication, and alternative medicine beliefs.

Analysis. Analysis of the data was obtained using standard statistical estimates. The estimated sample size for the study was approximately 386, including 174 physicians, 22 PAs, 6 ARNPs, and 184 RNs. The actual number of respondents was 164. The valid response rate was 113. Using Statistical Package for Social Sciences (SPSS) version 15 the actual cultural competency questions were cross tabulated with the self-perception of cultural competency questions. This cross tabulation was performed for each important area of communication/behavior among Latino patients. Each percentage in the results section is an average of three of the actual cultural competency questions. Each percentage was rounded to the nearest tenth of a percent.

Results. The valid survey response rate was 29% (n=113). In the gender issues section, 69.1% of the respondents who strongly agreed or agreed that they perceived themselves as culturally competent answered the actual competency questions incorrectly. In the four other important communication/behavior sections among Latinos: family issues, physical contact, nonverbal communication, and alternative medicine, the percentages were 44.0%, 55.7%, 39.3%, 29.4% respectively.

Validity. Due to the minimal amount of research available regarding this topic, a pre-approved and validated survey was unavailable for use. This required the creation of a new survey. Questions in the self-perception section were based on several sources and similar rating scales. Questions in the actual competency section were created based on the above mentioned areas of communication/behavior, and were formulated to mirror scenarios that health care providers may encounter on a daily basis.

3. Conclusion

In four out of five important areas of communication/behavior among Latinos; greater than one third of the respondents who strongly perceived themselves as culturally competent answered the actual competency questions incorrectly. In two out of five important areas of communication/behavior among Latinos; greater than 50% of the respondents who strongly perceived themselves as culturally competent answered the actual competency questions incorrectly. This illustrates that health care providers need more cultural competency training in order to better serve the increasing number of Latino patients.

Being culturally competent requires healthcare providers to possess knowledge, awareness, and respect for other cultures. As worldwide immigration, the global economy, and travel make national borders more permeable, cultural diversity will continue to increase. Though healthcare providers may recognize this increase, acquiring the knowledge necessary to treat patients from different minority groups may take some time.[5]

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