

## Importance of promoting cultural and linguistic competency among healthcare providers

Nalini devi\* Dr.N.panchanatham\*\*

\*Research Scholar, Vels University, Chennai.

\*\*Head of the department, MBA, Annamalai University

### Abstract

*Healthcare providers play a very vital role in saving human life. Cultural competency and linguistic competency has become a part of their profession in recent days. Cultural variations exist in every profession which bring the difference in the belief, custom, language etc., cultural competency in health care means that how this difference can be put together and service is provided accordingly. In a similar manner linguistic i.e., the way the service is delivered to the patients also an important concept for the health care sector. Hence in this article competencies dealt together and their importance of promoting among healthcare providers is studied in detail.*

*Key words: communication, physical environment*

### **INTRODUCTION:**

Proper Communication and better understanding of the culture between the patients and the healthcare providers can bring the service in a successful way. According to Joseph R. Betancourt, Alexander R. Green and J. Emilio Carrillo “Cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs.” Cultural competency requires a knowledge based strategies and also the clear understanding of the various culture helps to deal with the patients from different cultural background. A commonly accepted academic reference defines “cultural competence” as “a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enables effective interactions in a cross-cultural framework” (Cultural Competency in Health Services and Care a Guide for Health Care Providers). Cross, Bazron, Dennis, and Issacs define cultural competence as —a set of congruent behaviors, attitudes, and

policies that come together in system, agency, or amongst professionals that enables that system, agency, or those professionals to work effectively in cross-cultural situations. (CULTURAL AND LINGUISTIC COMPETENCE Y.K. Gary Chu and Tawara Goode). The Office of Minority Health's Recommended Standards for Culturally and Linguistically Appropriate Health Care Services (CLAS standards) defines cultural and linguistic competence as: *a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that Enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities* (Based on Cross, T., Bazron, B., Dennis, K., & Isaacs, M., Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center 1989) Communication of the patients with poor English proficiency right from the beginning of the appointment with doctors, conveying their sickness to the doctors and getting the treatment in a right time might delay due to the above reason. It is not only with the patients even the doctors might find very difficult to explain about the treatment is very difficult. For this reason the interpreters are used to overcome communicating difficulties. Linguistic Competence is defined as the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency (LEP), those who have low literacy skills or are not literate, and individuals with disabilities (CULTURAL AND LINGUISTIC COMPETENCE Y.K. Gary Chu, and Tawara Goode). Based on the majority of the population served the healthcare providers should adapt to their beliefs, language in order to do the service in a better way. Linguistic Competence The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who are not literate or have low literacy skills, and individuals with disabilities. (Source: Goode, T. and Jones, W. National Center for Cultural Competence, 2006).

**OBJECTIVES:**

1. To know the importance of cultural and linguistic competency
2. To study about the healthcare providers view towards their communication style
3. To identify the relationship between the doctors and patients with less English proficiency and their usage of translators.

**METHODOLOGY USED:**

Questionnaire was prepared based on the child welfare information gate way self assessment developed by Tawara D.goode, Georgetown university child development center-UAP. Two statistical tools are used for the analysis part i.e., chi-square and correlation test for the data's collected from 17 doctors from very different specialization with questions covers the physical environment, materials and resource used in their hospitals, regarding their communication style and the information about the usage of translators.

**REVIEW OF LITERATURE:**

According to Kate Singleton It is important to recognize, though, that over the coming years, quality care will not be the mere inclusion of health literacy alongside cultural and linguistic competence. Joseph R. Betancourt, Alexander R. Green, J. Emilio Carrillo and Elyse R. Park has studied that Cultural competence has gained attention as a potential strategy to improve quality and eliminate racial/ethnic disparities in health care. In 2002 conducted interviews are conducted with experts in cultural competence from managed care, government, and academe to identify their perspectives on the field. Findings are identified that recent trends in cultural competence focusing on health care policy, practice, and education. Analysis reveals that many health care stakeholders are developing initiatives in cultural competence. Yet the motivations for advancing cultural competence and approaches taken vary depending on mission, goals, and sphere of influence. Cultural competency is more frequently an aspect of health professionals' initial and continuing education. Despite the lack of national standards, these activities have shared characteristics and all of them seek to achieve understanding during the health care encounter and, thus, to improve patient satisfaction with care givers and health outcomes. Carmen J. Beamon, School of Medicine, School of Vik Devisetty, Jill M. Forcina Hill, William Huang, Janelle A. Shumate, Prepared for: The National Health Law Program March 2006. In Cultural competency in research –annotated bibliography developed in sep 2009 points out that cultural

competency is a unique characteristic of the population for which health professionals provide care and from which they enroll clinical research participants.

**ANALYSIS:**

59% of the doctor’s possess 2 to 4 years of experience on an average among the whole samples.

59% of the respondents Frequently learn the key words in the patient’s language.

82% of the respondents who think they may or may not be literate in their lan of origin / English.

**STATISTICAL METHOD:**

Based on the questionnaire statistical tools like chi-square and correlation method are used for the analysis. Following are the tools used,

Chi Square test 1

H0: There is no significant difference between gender and usage of bilingual, bicultural staff for medical interpretation.

| Particulars | Frequently | Occasionally | Rarely | Total |
|-------------|------------|--------------|--------|-------|
| Male        | 3          | 2            | 2      | 7     |
| Female      | 4          | 3            | 3      | 10    |
|             | 7          | 5            | 5      | 17    |

| O | E    | O-E   | O-E <sup>2</sup> | O-E <sup>2</sup> /E |
|---|------|-------|------------------|---------------------|
| 3 | 2.88 | 0.12  | 0.0144           | 0.005               |
| 2 | 2.05 | -0.05 | 0.0025           | 0.00122             |
| 2 | 2.05 | -0.05 | 0.0025           | 0.00122             |
| 4 | 4.11 | -0.11 | 0.0121           | 0.002944            |
| 3 | 2.94 | 0.06  | 0.0036           | 0.001224            |
| 3 | 2.94 | 0.06  | 0.0036           | 0.001224            |
|   |      |       |                  | 0.012832            |

The calculated value = 0.012

The degrees of freedom = 2

For the dof 2 at 5% significant level = 5.99

Result: - Since the calculated value is less the null hypothesis is accepted and hence it can be concluded that there is no significant difference between gender and usage of bilingual, bicultural staff for medical interpretation.

Chi square test 2

H0: There is no significant difference between gender and attempt to learn and key words in their language.

| Particulars | Frequently | Occasionally | Rarely | Total |
|-------------|------------|--------------|--------|-------|
| Male        | 4          | 2            | 1      | 7     |
| Female      | 6          | 3            | 1      | 10    |
|             | 10         | 5            | 2      |       |

| O | E    | O-E   | (O-E) <sup>2</sup> | (O-E) <sup>2</sup> /E |
|---|------|-------|--------------------|-----------------------|
| 4 | 4.11 | -0.11 | 0.0121             | 0.002944              |
| 2 | 2.05 | -0.05 | 0.0025             | 0.00122               |
| 1 | 0.82 | 0.18  | 0.0324             | 0.039512              |
| 6 | 5.88 | 0.12  | 0.0144             | 0.002449              |
| 3 | 2.94 | 0.06  | 0.0036             | 0.001224              |
| 1 | 1.17 | -0.17 | 0.0289             | 0.024701              |
|   |      |       |                    | 0.07205               |

The calculated value = 0.072

The degrees of freedom = 2

For the dof 2 at 5% significant level = 5.99

Result: - Since the calculated value is less the null hypothesis is accepted and hence it can be concluded that there is no significant difference between gender and attempt to learn and key words in their language.

Chi Square 3

H0: There is no significant difference between experience and I ensure that all communications to individuals are written in their language.

| Particulars    | Frequently | Occasionally | Rarely | Total |
|----------------|------------|--------------|--------|-------|
| Up to 2 years  | 2          | 1            | 1      | 4     |
| 2.1 to 4 years | 4          | 3            | 3      | 10    |
| Above 4 years  | 1          | 1            | 1      | 3     |
|                | 7          | 5            | 5      | 17    |

| O | E    | O-E   | (O-E) <sup>2</sup> | (O-E) <sup>2</sup> /E |
|---|------|-------|--------------------|-----------------------|
| 2 | 4.11 | -2.11 | 4.4521             | 1.083236              |
| 1 | 2.05 | -1.05 | 1.1025             | 0.537805              |
| 1 | 0.82 | 0.18  | 0.0324             | 0.039512              |
| 4 | 5.88 | -1.88 | 3.5344             | 0.601088              |
| 3 | 2.94 | 0.06  | 0.0036             | 0.001224              |
| 3 | 1.17 | 1.83  | 3.3489             | 2.862308              |
| 1 | 1.23 | -0.23 | 0.0529             | 0.043008              |
| 1 | 0.88 | 0.12  | 0.0144             | 0.016364              |
| 1 | 0.88 | 0.12  | 0.0144             | 0.016364              |

Calculated value = 5.21

Degrees of freedom = 4

Table value for dof 4 at 5% significant level = 9.49

Result: - Since the calculated value is less the null hypothesis is accepted and hence it can be concluded that there is no significant difference between experience and I ensure that all communications to individuals are written in their language.

**CORRELATION:**

AIM: - To identify the correlation between the doctors who think they may or may not be literate in their language of origin / English and the attempt to learn and key words in their language.

| x  | y  | x <sup>2</sup> | y <sup>2</sup> | xy  |
|----|----|----------------|----------------|-----|
| 14 | 10 | 196            | 100            | 140 |
| 3  | 5  | 9              | 25             | 15  |
| 0  | 2  | 0              | 4              | 0   |
|    |    | 205            | 129            | 155 |

$$\text{Correlation} = \frac{\sum xy}{\sqrt{\sum x^2} \sqrt{\sum y^2}}$$

$$\begin{aligned} \text{Correlation} &= 155 / 14.31 * 11.35 \\ &= 155 / 162.53 \\ &= 0.95367 \end{aligned}$$

Result: There exist a high degree of positive correlation between the above two variables, Which means the doctors those who think about the patient that they may or may not literate in their language of origin / English and the attempt to learn and key words in their language.

**FINDINGS:**

1. there are more female doctors are taken for this survey
2. 59% of the doctor’s possess 2 to 4 years of experience on an average among the whole samples.
3. 59% of the respondents Frequently learn the key words in the patience’s language.
4. 41.1% display the picture that reflect the ethenic culture of clients they serve.
5. 59% ensure that they use magazine reflect the different culture of their clients.
6. 41.1% ensure use of videos reflect the different culture of their clients they serve.

7. 5.2% ensure the printed information that is distributed takes into account the average level of individuals.
8. Healthcare providers of 8% keeps in mind the patients have limited english proficiency.
9. 6.4% has the ability to speak the dominant language.
10. 59% of healthcare providers takes steps to learn the key words in the area they serve.
11. 5.2% of healthcare providers takes of patients with limited english profeciency.

Based on the above findings the suggestions are as follows, Majority of the healthcare providers takes initiation to learn the key words in the place where they serve and hence more of training on the language should be undertaken for the best service.

**CONCLUSION:** Based on the study it is understood that the healthcare providers takes the cultural competency and linguistic competency in serious way to provide an effective service to the patients where by starting to take the initiation to learn the key words where they serve.

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