Bridging the Gap: The Role of Cultural Competence in Enhancing Healthcare for Minority Populations with a Focus on Women's Health

Author: Jiyoon Park

Hankuk Academy of Foreign Studies
olivia20507@gmail.com

Abstract :

The growing variety of populations, driven by migration and globalization, creates difficulties in healthcare, especially for minority groups and women. Inequities in healthcare access, quality, and outcomes continue, frequently worsened by linguistic obstacles, cultural variances, and systemic injustices. Minority women, especially, encounter increased dangers in fields like reproductive health and chronic illnesses because of these differences. Cultural competence in healthcare is now seen as an essential framework to address these disparities. Cultural competence goes beyond just recognizing cultural differences to include actively incorporating cultural and linguistic factors into healthcare delivery when interacting with people from various backgrounds. This paper examines how cultural competence impacts healthcare disparities in women's health by studying the negative impacts of language barriers, current solutions, and challenges like the expense of interpreter services and limitations of technology. Additionally, it underscores the significance of enhancing cultural competence through training, policy interventions, and infrastructure investment. In the end, the article promotes the creation of a healthcare system that is culturally competent to decrease health disparities, enhance communication between patients and providers, and guarantee fair treatment for minority women.

Introduction

Globally, there have been indications of increases in diversity in several countries. Statistics by DESA (2020) reveal that international migration has increased rapidly over the past 20 years, with an estimated 281 million people living outside their country of birth. For instance, it is estimated that 50% of the US population will consist of minorities by 2050 (Nair & Adetayo, 2019). This can be attributed to the rise in globalization, which has necessitated more interaction among people from diverse backgrounds. However, this increasing diversity of the nation brings with it numerous implications in several industries and settings. Specifically in the healthcare field, diverse populations imply the need for personalized approaches to meet the diverse healthcare needs of the population (Nair & Adetayo, 2019). However, research (Sharma et al., 2016) indicates that the model of healthcare today has been observed to have persistent ethnic and racial discrepancies that undermine the quality of healthcare provided to the diverse population.

Furthermore, research also indicates that minority groups, particularly women within these groups, often bear the brunt of disparities in healthcare access and quality in diverse populations. According to findings from the studies conducted by Kutalek (2012) and Chatterji et al. (2012), it has been observed that minorities may have decreased access to preventive care and treatment for chronic conditions. This results in graver health outcomes, increased emergency room visits, and an increased likelihood of developing diabetes, cardiovascular disease, mental illness, and cancer. Another study by Sharma et al. (2016) also demonstrates the presence of significant racial disparities in the field of plastic and reconstructive surgery for women. According to their study, Hispanic, African American, and Asian women are less likely to proceed with breast reconstructive surgery postmastectomy compared with White women. Furthermore, other racial and ethnic disparities have also been documented in other contexts in healthcare (Stubbe, 2020). For instance, noteworthy research that brought the

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issues of inequities based on minority status in healthcare services into stark focus is the 2002 Institute of Medicine (IOM) report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* (Stubbe, 2020). The IOM report revealed that persons in racial and ethnic minority groups were found to receive lower-quality health care than whites received (Holden et al., 2014; Institute of Medicine, 20023). This occurs even when they have the ability to pay for care or the same insurance as others. Furthermore, it is important to note that these disparities in healthcare access and quality in diverse populations may be due to factors such as language barriers, citizenship status, limited health literacy, sexual identity and orientation, etc. (Williamson, 2024). Thus, in essence, the increasing diversity and the associated challenges for the minority in accessing healthcare services highlight the need for healthcare systems, policymakers, and healthcare providers to build and develop cultural competence (Stubbe, 2020).

Cultural competence relates to one's ability to effectively collaborate with people from different cultures and backgrounds (Kirmayer, 2012). Kolhatkar and Berkowitz (2014) provided a more in-depth definition of cultural competence. According to the researchers, cultural competence relates to "the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each." This competence can be utilized in improving the quality of experience and outcomes in healthcare settings. However, Waters et al. (2017) posit that in healthcare settings, cultural competence extends beyond the awareness of cultural differences. It also encompasses the capacity of the healthcare system (service providers and practitioners) to actively seek the views of people from other cultures, consider their own culture, and be sensitive to cultural influences in the delivery of health services (Waters et al., 2017). Attesting to this, Henderson et al. (2018) posit that cultural competence in health care involves recognizing the potential impact that cultural differences can have on healthcare delivery and thus providing personalized health care according to cultural and linguistic differences of patients from diverse backgrounds. The importance of cultural competence in improving healthcare outcomes for minority populations, including racial, ethnic, and linguistic minorities, has been highlighted by Martin (2019), who states that culturally competent doctors can provide higher-quality care to patients from racially and ethnically diverse groups. Thus, it is against this background that this paper seeks to explore how cultural competence can address the factors leading to health disparities, specifically language barriers, with the aim of improving healthcare outcomes for minority groups and addressing the specific needs of women within these populations.

Adverse Effects of Language Barriers

The Merriam-Webster dictionary defines a language barrier as "a difficulty for people communicating because they speak different languages" (Merriam-Webster, n.d.). It may occur as a result of linguistic diversity, which stems from the impact of migration and globalization (Cano-Ibáñez et al., 2021). Furthermore, language barriers may occur as a result of several factors, such as cultural differences and demographic diversity. Peremore (2024) explains that individuals may come from different countries due to migration and thus speak a variety of languages with different communication styles, beliefs, and practices. In healthcare settings, the language barrier may be a result of the absence of formal language support services and the poor educational and training background of healthcare professionals in terms of cultural diversity (Peremore, 2024).

Regarding the impact of this language barrier in healthcare, Cano-Ibáñez et al. (2021) assert that the language barrier has been recognized as a major global healthcare barrier. This barrier occurs between healthcare providers and patients (especially those from minority groups) and can result in communication difficulties that lead to lower quality of care and poor outcomes (Chiarenza et al., 2019). In fact, Olani et al. (2023) state that effective communication is a huge determinant of the success of the healthcare process, beginning from the process of identifying the health problem, treatment, consultation, and eventual termination of treatment. Evidence (Markides, 2011) also demonstrates that the ability of healthcare providers to empathize with the patient's feelings, listen, and explain may significantly influence the experience of care received by the patient.

Specifically amongst women within various minority groups, language barriers may lead to general health

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disparities in various forms. Language barriers may lead to challenges in reproductive health, maternal care, and other gender-specific health issues (De Moissac & Bowen, 2018). For instance, findings from a study conducted by Floyd and Sakellariou (2017) reveal that patients who do not speak the local language are disadvantaged in terms of access to healthcare services. In addition to this, other studies (Divi et al., 2007; Squires, 2017) have also shown that patients who face language barriers have poorer health outcomes compared with patients who speak the local language. This language barrier may manifest in various ways. For instance, the language barrier may be reflected in the patient's inability to complete or translate intake paperwork (Al Shamsi et al., 2020). This problem may occur when the paperwork is not available in the patient's native language and when there are no hospital staff who can interpret the information. Given the importance of documentation (such as consent forms and patient intake forms) in healthcare, the language barrier may lead to inappropriate types of treatment being administered or delays in urgently needed treatment (Al Shamsi et al., 2020).

Additionally, language barriers may also manifest in the form of poor patient-provider communication. Studies (Sharma et al., 2016; Chatterjee et al., 2012) show that healthcare providers are more likely to make decisions for immigrant patients than communicate with them. This usually occurs when the patient and the provider do not speak the same native language and have no one to interpret for them. This lack of communication can be detrimental to the treatment outcome. Emphasizing this, Sharma et al. (2016) state that physicians also have difficulty understanding patients who do not speak their language, leading to wrong diagnoses and medications. Rhee et al. (2019) also add that minority patients are negatively affected by the poor communication skills of doctors and their biases, and this may reflect a delay in obtaining necessary medical care.

Notable real-world examples of these are reported in studies conducted in different countries. For instance, healthcare providers in Norway reported that they experienced difficulties in understanding between 36% and 43% of the patients who do not speak the local language (Kale & Syed, 2010), while South African nurses in Saudi Arabia reported that they could not communicate with patients and their family members because they do not speak the same language (van Rooyen et al., 2010). Lastly, language barriers may also manifest through the patient's failure to understand treatment risks as well as patient safety including patient privacy and confidentiality. This directly affects the ability of the patient to develop a clear understanding of the treatment options available to them as well as the associated risks and benefits. This not only harms the decision-making ability of the patient but may also affect the treatment outcome. Thus, it can be observed that it is important for healthcare providers and patients to possess a good level of communication as it directly impacts the safety of patients, the satisfaction of both the patients and healthcare providers, and the overall quality of healthcare. This communication barrier as a result of language diversity can be addressed in several ways, as discussed below.

Existing Solutions and Challenges

One of the most common solutions to address the issue of language barrier amongst minority groups in healthcare settings is through the provision of interpreter services in minority communities. These services may be in the form of professional medical interpretation services or through the translation of written materials. Regarding professional medical interpretation services, Heath et al. (2023) posit that professional interpreters can be used in facilitating communication between healthcare providers and non-native-speaking patients. Medical professional interpreters work with patients and healthcare professionals to facilitate ease of communication between both parties, adapting information to different cultures and languages (Beilfuss et al., 2023).

Specifically for women in minority groups, research (Karliner et al., 2007; Boylen et al., 2020) indicates that the use of professional interpreters compared to other modes of interpretation is associated with improved patient outcomes. According to Karliner et al. (2007), while some minority patients may be fortunate enough to get physicians and office staff who speak their primary language, this language concordance can readily disappear once these patients present for emergency care, laboratory testing, or are admitted to the hospital. The researchers, therefore suggest that professional interpreters should be utilized to assist clinicians and staff in order to decrease health disparities and improve the quality of care delivered to minorities, particularly women.

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In a similar finding, the study by Boylen et al. (2020) also reveals that the use of professional interpreters resulted in a shorter total emergency department throughput time.

However, despite these benefits, the provision of professional interpreter services is not without its challenges. For instance, it increases the cost of healthcare services. A real-world example of this is the law reinstated by the Danish government requiring residents in Denmark for more than three years to pay for interpreter services in the Danish healthcare system (Bekendtgørels, 2018). Although research (Lund Hansen & Nielsen, 2013) indicates that before the implementation of the law, professional interpreters were lacking in Danish health care and possibly impacted the quality of healthcare services for minorities, it was observed that healthcare professionals in Denmark raised concerns that the law would increase the cost of treatment for patients in need of interpreter services and thus negatively impact the quality of care. True to this prediction, recent research (Michaëlis et al., 2021) has shown that there is a decrease in the use of interpreters since the implementation of the law in 2018. This has even further reduced the quality of care for patients in need of interpreter service. Thus, Danish healthcare professionals suggest that interpretation could be done through cheaper options such as bilingual medical staff, untrained individuals such as friends or relatives, or not at all (Dungu et al., 2019). Regarding bilingual medical staff, Squires (2018) states that it is inevitable for staff members who speak other languages to be pulled in to interpret when an interpreter isn't available or at the last minute. However, this practice possesses its own set of risks. For instance, housekeeping staff members or unlicensed assistive personnel may not have the medical vocabulary needed to accurately translate for the patient and family.

Furthermore, in addition to the use of interpreter services, research (Flores, 2005; Taira & Orue, 2019; Muller & Konecny, 2023) also reveals that bilingual medical documentation is another way to combat issues related to language barrier in healthcare. This deals with the translation of written medical materials from one language to another or into multiple languages (Taira & Orue, 2019). However, although translated medical forms are beneficial in enhancing patient understanding and improving cultural sensitivity and inclusivity, they are not common in most health facilities. Attesting to this, Muller and Konecny (2023) reveal that in the few cases where translated medical documentation (such as clinical forms) is available, they are usually in a limited number of languages. For instance, in a study conducted in the United States, Idossa et al. (2019) posit that only 27% of medical clinics offer translated documents in Spanish, and only 7% of dental clinics provide printed translations in a language other than Spanish. This lack of translated documentation has been attributed to financial and organizational barriers that limit the ability of healthcare providers to provide these resources (Jacobs et al., 2018).

Another key solution to address the issue of language barrier amongst minority groups in healthcare settings is through technology-based solutions. One of such technology-based solution is are telephonic interpreters (Jacobs et al., 2018). This usually involves connecting human interpreters through the telephone to individuals who wish to speak to each other but do not share a common language. These interpreters are paid by the minute and may cost between $1.25–$3.00 per minute depending on the time of day and language (Jacobs et al., 2018). Many health care providers utilize telephonic language services to offer immediate language assistance. However, while this method may prove convenient and less costly, Ozolins (2011) states that it can sometimes be suboptimal and Jacobs et al. (2018) add that telephonic interpretation also possesses other limitations such as the inability of the interpreter to respond to visual cues from the patient and clinician, cultural barriers in which some patients are not comfortable speaking with an unknown voice and inadequate clarity of sound. Other technological solutions include the use of applications (apps) such as online dictionaries that allow an individual to translate a word or phrase into various languages whether in audio or text format (Kreienbrinck et al., 2024). Machine learning is also another example where one can speak or write sentences that are translated immediately by artificial intelligence (Chen et al., 2016). A notable example in this regard is Google Translate. Regarding the quality of these technological tools, research (Patil & Davies, 2014) indicates that only about 58% of the translations were correct. It was also observed that only Western European languages were the best translated. This was recorded with a 74% accuracy rate that was followed by Eastern European (62%), Asian (46%) and African languages (45%). Regarding the translation tools that were specifically developed for medical contexts, Kleinert et al. (2021) conducted a study to investigate the usability and efficiency of a digital communication assistance tool in obtaining medical history from non-German

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speaking patients. The study found that majority of the users (76%) rated the app as easy to use and 65% of the users stated that they were able to enter their main complaints. This finding suggests that technological tools may be beneficial in addressing language barrier issues in the medical context. However, other studies also found that these technological apps may possess limitations such as inaccuracy of translation (Chen et al., 2016), lack of specific phrases for some disciplines (Day & Song, 2017), lack of free or real-time translation ability with some of the apps (Hwanget al., 2022). Thus, in summary, these findings reveal the need for healthcare providers to develop cultural competence as it would address language barriers and improve communication between healthcare providers and patients.

Importance of Cultural Competence

Cultural competence can enhance patient-provider communication across minority groups, fostering trust between providers and patients, especially minority women. Attesting to this, Brach and Fraser (2002) state that cultural competence has emerged as a means for reducing racial and ethnic disparities. This competence can be developed through culturally competent health education, cultural competence training, etc. These techniques can be introduced singularly or in combination and can positively change clinician and patient behavior by increasing trust, improving communication, increasing ethnically or racially specific knowledge of treatment efficacy and expanding understanding of patients' cultural behaviors and environment (Brach & Fraser, 2002).

Several healthcare organizations and professional bodies have recognized the importance of cultural competence in healthcare. For example, the Alliance of Continuing Medical Education has devoted lectures at its national annual conference to cultural competency while the Accreditation Council for Graduate Medical Education has also recognized the need to address cultural diversity as part of its professional competency (Like, 2011). Additionally, cultural competence exercises and diversity training are incorporated at national plastic surgery meetings (Nair & Adetayo, 2019). These developments show that professional healthcare associations have realized the vital role that cultural competence play in increasing cultural awareness and bridging the gap of competency in medical trainees as they transition from training to practice (Nair & Adetayo, 2019).

Furthermore, cultural competence is crucial in reducing health disparities in minority groups and improving outcomes for women. Research (The Commonwealth Fund, 2023) indicates that minority women (especially black women and other women of color) color experience the worst health outcomes of any group in the United States — regardless of income level. Furthermore, less than 6 percent of physicians are blacks despite the fact that black people make up 13 percent of the U.S. population (The Commonwealth Fund, 2023). This disparity makes it difficult for Black people to be connected to Black doctors for ease of communication and cultural sensitivity. Cultural competence training can ensure that this health disparity is addressed. Thus, McCalman et al. (2017) state that health care organization require cultural competence to provide appropriate client-centered systems and services especially given that they serve clients from diverse Indigenous and other ethnic and racial groups daily. The researchers posit that cultural competence will ensure that healthcare organizations can provide services that will meet the social, cultural, and communication needs of the diverse population they serve. In a similar line of thought, Horvat et al. (2014) add that when health professionals are culturally competent, they can provide equitable and effective healthcare to all people, especially those from culturally and linguistically diverse (CALD) backgrounds. Thus, cultural competence addresses the problem of structural inequalities, health disparities, and quality health care and outcomes among people, especially women from minority backgrounds (Horvat et al., 2014).

Moreover, there are potential financial benefits of adopting cultural competence practices in healthcare, especially relating to addressing the needs of minority women. One of these benefits is increased financial performance of the healthcare center. A 2020 study conducted by McKinsey & Co. reveals that companies that demonstrate cultural competence and are culturally diverse perform better financially than the least diverse by about 36% (Mckinsey & Co., 2020).

This is because cultural competence and diversity have also been observed to improve innovation, collaboration, and business operations. Findings from BCG research based on data from more than 27,000 employees in 16 countries also reveal that cultural competence and diversity initiatives can boost the financial performance of an organization (BCG, 2020). Further regarding how the cultural competence initiative of a company can affect its recruitment efforts, the BCG research also shows that one-third of people from minorities choose not to apply

for or accept a position in companies that do not have inclusive work cultures (BCG, 2020).

Recommendations

Based on the observed importance of cultural competence in healthcare, several researchers have suggested ways of improving the cultural competence of healthcare providers. Nair and Adetayo (2019) recommend that efforts must be made to attract and retain qualified minorities and women to the healthcare field. According to the researchers, employing highly motivated and skilled women and minorities in medical centers will increase the diversity, equality and inclusion efforts of the organization and also benefit the female minority patients themselves.

Additionally, the Health Policy Institute (2024) suggests that residents and students at the trainee level should be educated through national conferences and their own institutions in culturally appropriate health education to improve cultural competency. This training may be provided through training courses that may vary in teaching method and content and may range from semester-long academic courses to three-hour seminars. Attesting to this, Rhee et al. (2019) add that healthcare providers who treat minority patients would benefit from training to increase culturally competent communication skills and reduce bias. Moreover, the findings of a study conducted by Walkowska et al. (2023) reveal that when students are engaged in cross-cultural interactions with patients, their level of confidence, learning satisfaction and cultural competence increases. This implies that interactions with simulated patients can serve as a powerful reinforcement of cross-cultural education for health professionals.

The enforcement of policy interventions and changes is also another recommendation for improving cultural competence in healthcare. Parag et al. (2023) support this notion, stating that policies and regulations should be developed and implemented to promote fairness, sensitivity, and cultural competence in healthcare. These policies could include federal and state laws that establish mandatory interpreter services and training for healthcare providers, with an emphasis on minority women. Some of these policies include the Consumer Bill of Rights and Responsibilities (Brach & Fraser, 2002) which require linguistic and cultural competence in several major areas of healthcare such as access to emergency services, information disclosure, respect and nondiscrimination, and participation in treatment decisions.

Investment in technology and infrastructure is also another recommendation for improving cultural competence in healthcare. Shamsi et al. (2020) suggest that increased investment in technology-based solutions (such as MediBabble) and recruitment of bilingual healthcare professionals to address language barriers effectively, with a specific focus on minority groups and women could improve patient satisfaction and healthcare delivery. Supporting this notion, the National Institute of Health (NIH) states that the use of technology-based solutions such as apps, patient portals, Electronic Health Records (EHR), and other technologies can assist health professionals in developing a better understanding of the language and cultural needs of patients they are treating (Marbury, 2018). These technologies provide healthcare providers with the opportunity to use multiple languages as well as select reading levels and images that can be best suited in the interaction with the patient.

Conclusion

Health disparities, such as language barriers have been identified as one of the factors that can make the delivery of high-quality healthcare very challenging, negatively impacting patient safety, satisfaction of patients and medical professionals, and overall quality of healthcare. Specifically for minority groups, especially female minorities, language barriers, may lead to misdiagnosis, delayed treatment, poor patient assessment, preventable medical errors, low health-seeking behavior and low treatment adherence. These outcomes could negatively affect the health of women within minority groups and lead to challenges in reproductive health, maternal care, and other gender-specific health issues. Other existing solutions (such as the use of interpreter services and technology-based solutions) have been adopted by some health organizations, these services possess limitations such as an increase in the cost of health services and length of treatment visits. Thus, cultural competence has emerged as the most viable option for addressing issues relating to health disparities and language barriers for women in minority groups. However, it is important to note that cultural competence is a process rather than an

ultimate goal. Thus, it is often developed in stages by building upon previous knowledge and experience. It is therefore suggested that healthcare providers and relevant organizations should make efforts to develop the cultural competence of health professional through training, seminars, and cultural competence education. This will ensure equity in quality of care and patient safety for official language minority populations. Future studies could focus on examining the efficiency of bilingual health professionals in addressing health disparities, especially in minority communities.

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