IFMSA Policy Document
Cultural Competence in Healthcare

Proposed by IFMSA-Pakistan and CroMSIC Crotia
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Policy Statement

Introduction:
With globalization, increasing diversity of nations is becoming the norm and multiculturalism is bringing new challenges for healthcare providers within healthcare facilities. Healthcare providers are struggling to address their role as effective service providers and are failing to cope with individuals and communities of diverse racial, ethnical, cultural and linguistic backgrounds. Since humans are biopsychosocial beings, their attitude and behavior towards perceiving and understanding treatment can be shaped by various factors such as their origins, colors, sexual orientations, occupations etc. As healthcare providers we play a central role in the promotion of health, prevention of diseases and delivery of quality healthcare services. In our quest to attain UHC, it becomes essential for us to cater to the culturally sensitive and specific needs of patients, communities, and those working within the system in accordance with the medical ethics. As such, development of a culturally competent health workforce is necessary to end disparities and ensure equal access to healthcare for everyone.

IFMSA position:
International Federation of Medical Students’ Associations (IFMSA) believes that Developing and incorporating cultural competence in health professions education (medical, dentistry, nursing, pharmaceutical, paramedics, veterinary & social sciences students) is the key to the development of a culturally competent health workforce, who will be able to adapt and deliver in culturally diverse environment. This in turn is essential for ensuring the quality of global health workforce, reducing inequalities, improving health outcomes of populations and achieving UHC.

Call to Action:
The IFMSA calls upon:

• Governments
  • To develop and adopt policies that promote the longitudinal integration of cultural competence in medical curriculum in accordance to the demographic and cultural determinants of respective communities.
  • To support research and evidence on best practices in integration of cultural competence in education and training of health workforce and its implications on health outcomes.
  • Mobilize local and national medical bodies to ensure the development of frameworks for implementing cultural competency training into health professions curricula
  • Help the human resource department in the development of the task forces which will assist in designing programs built specifically around refugee/migrant, indigenous and first nation populations.

• Medical universities, healthcare facilities and hospitals
  • To initiate and promote research towards understanding best practices in integration of cultural competence within medical education as well as workplace-based education.
  • To develop holistic educational programs that address the ways in which cultural competency affects health inequalities and social determinants of health, taking into consideration societal challenges.
• To promote the exchange of best practices and experiences in the teaching of cultural competence between experts and academia
• To promote faculty development and training of instructors who have adequate knowledge and skills to deliver cultural competency educational program.
• To ensure meaningful student engagement in the development, conceptualization and implementation of cultural competency education and training within curricula.
• To ensure community is included as a key stakeholder in integration of cultural competence in medical education and workplace practice.

**IFMSA National Member Organizations (NMOs) and medical students**

• To advocate for the design and implementation of cultural competency within the medical education curriculum as a key measure to produce a more culturally adept group of future healthcare providers.
• To call for promotion of interprofessional learning in humanities and its relevance to cultural competence in ME and healthcare delivery.
• To collaborate with other students’ organizations in implementation of plans, projects or initiatives that promote cultural competency in medical education.
• To work with relevant stakeholders to devise a manual/toolkit that acts as a resource that supports the development, implementation, and monitoring of activities related to cultural competence in healthcare.

**Healthcare NGOs and Professional Associations:**

• To ensure increased provision of learning opportunities in multicultural environments that provide healthcare professionals with hands on experience of working in a culturally diverse workplace.
• To actively advocate and highlight the importance of culturally competent practice in healthcare
• To provide international platforms for discussion of best practices in cultural competence within healthcare and ensure representation of all health professions in such activities.
• To ensure the inclusion of cultural competency in the accreditation standards of undergraduate medical education, continuous medical education and professional development.
• To develop context sensitive frameworks/guidelines that guide the inclusion of cultural competence in the education and training of health workforce.
Position Paper

Background:

Cultural competence underlines many principles, including the principles of equity, trust, respect for diversity, social justice, evenhandedness, as well as the ability to understand and communicate effectively in healthcare systems. (1) Humans tend to develop individual identities, social interactions and relations through cultural processes. (2) A satisfactory sense of cultural identity is essential in developing healthy perception of healthcare professionals and establishing their positive identities.

According to the WHO, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (3). Cultural competence and Universal Health Coverage (UHC) go hand in hand, and together they make the model for health equity possible for everyone around the globe. “Universal health coverage signifies that all the people and community can use the promotive, preventive, curative, palliative and rehabilitative health services when needed” (4). UHC also ensures the use of the services which are readily available, accessible, acceptable (which includes healthcare that is culturally competent) and of high quality without exposing the consumer to any financial problems (5).

Cultural issues are central in delivering healthcare services, treatment and preventive interventions. As healthcare is a cultural construct that arises from beliefs about the nature of disease and the human body, these elements influence beliefs surrounding health, wellness, illness, disease, healing and delivery of healthcare services (6). The concept of cultural respect has a positive outcome on patient care delivery by enabling healthcare providers to deliver services that are reverent of and approachable to the health beliefs, practices and cultural and linguistic needs of diverse patients (2).

According to the National Institute of Mental Health's Child and Adolescent Service System Program (CASSP), cultural competence in healthcare is defined as the ability of healthcare professionals to understand, imbibe, and deliver/execute cultural competence towards patients with diverse feelings, values and beliefs (7). The process of cultural competency includes social, cultural, and psychological needs of patients which is effective for cross cultural communication with healthcare providers (8). Emphasis must be put on the need for effective communication in order to have a healthy understanding of different cultures, and thus eliminating miscommunication as a barrier to quality healthcare delivery, especially in the cultural context. The focus of cultural competence intervention has been on training and educating the health workforce regarding the necessary knowledge, attitudes and skills that effectively helps in socio-culture issues arising in clinical settings (9). The concept of cultural competence has gained attention for providing equal and quality healthcare services for culturally diverse patient groups (10). Every job in healthcare system requires a specific set of cultural competencies for the healthcare professionals to tackle their tasks efficiently.

Discussion:

Principles of Cultural Competence in Healthcare:

Awareness, attitude and knowledge are among the most essential principles for an improved cultural competency set up. The main motive behind awareness is to understand the individual biases and how they influence the reactions of a person towards another party, which does not share the same culture as the other. This manner of self awareness gives a person the necessary insight to work on other aspects of cultural competency with a more informed perspective. The next element for improved cultural competency is knowledge, this signifies the fact that more often than not the morals, beliefs and values regarding equality do not match the real life actions of humankind. It can be very nicely elaborated as a person who would normally come off as someone
with a low level of prejudice; may express obnoxious prejudices under certain circumstances toward other cultures. Here comes the component of knowledge which helps to understand these technicalities and helps is planning strategies for their elimination. (11)
The final component of skill is how the acquired knowledge and awareness are incorporated into the actual practices of daily lives also known as **attitude**, as to making these skills a mainstream behaviour of the majority. The main facet which makes skills a core element is that it helps in shaping the meaningful and respectful manner of communication between two parties, which do not share the same culture. This also includes highlighting the proper manner of conduct in terms of body language and gestures which oftentimes gets less attention by the party performing in comparison to the other party which may take it as something significant (12). Efforts to improve cultural competence among health care providers and organizations would contribute to improving the quality of health care for all consumers.

**Cultural competence in healthcare and significance of Interprofessional collaboration:**
The will of an individual and their actions toward building an understanding between people and encouraging them to adopt an open minded approach to diverse cultural perspective is the key to cultural competency. This will help in welcoming different cultural perspectives, strengthening cultural security and working towards equality in healthcare. Cultural competency is essential in the human services field, particularly in high degree professional contact with diverse cultures. It is pertinent to pursue advanced degrees and trainings of cultural competency, especially to those who plan to work in human services. This can be done through effective communication, active listening, identifying prejudice, investigating cultural biases and by spending time and involving communities like the refugees/migrants, indigenous and first nation populations who are actively working on cultural competence. (13) By spending time with the said communities in the academic setting, workshops and training centers will help in achieving the goals and understanding the concept of multiculturalism and cultural competence (12).

Using a wide range of community members and resources, relationship building is fundamental to cultural competence and is based on the foundations of understanding expectations and attitudes, and ultimately building on the strength of each other’s knowledge (14) The framework of cultural competency may soon move from the realm of theory into active practice, showing an increasing degree of relevance, awareness and an increasing need to eliminate learned biases that emanate from personal behavior. (15, 16) The world, condensing globally, will pave the way to more opportunities for realizing the need for, and to implement the strategies to attain a culturally accepting and accommodating world of healthcare.

**Patient as an educator for the pursuit of cultural competence in healthcare:**
A practical planning is required for improvement in the relationship between patient and healthcare provider for the better health system. The required strategies include providing essential healthcare services to patients as well as engaging more staff with proper training for cultural awareness, knowledge and skills. This planning is often used in approaching community health workers and patients themselves to implement attitudes, customs, beliefs and values as a collective management process for the ailments and the health systems. (17)

**Cultural competence in Healthcare and role of academic professional organizations:**
Cultural competency guidelines are introduced by several organizations for potential members. For example, the team of North American researchers have developed guidelines for core curriculum to teach medical residents and other professionals about the cultural competency and sensitivity (18). The guidelines developed by these organizations mainly focusing on increasing awareness about the socio-cultural factors affecting the patients, clinical associations, and the willingness to make clinical setting more accessible to patients. In the same way, organizations like WFME also have a big role to play in promoting the implementation of Continuous Medical Education (CME) and Continued Professional Development (CPD) as an elemental part of basic medical education in the quest for better cultural competencies in healthcare system all over the world.(19) This also comprises the role of these organizations in the acknowledgement of personal bias against different cultures, respect for cultural differences, acceptance of responsibility to combat homophobia, sexism, racisms, discrimination and biases in healthcare setting (18).
Cultural Competence in Healthcare and need for inclusive policies:
Cultural competence needs to be developed at the policymaking, administrative, healthcare professionals, and consumer levels simultaneously. This process demands from policy makers and healthcare practitioners to develop leadership qualities in order to make informed decisions regarding their role in healthcare settings.(20) One way to approach this is to incorporate the cultural competence based research into the training institutions curricula to promote sustainable community based healthcare systems. This will allow the medical students and trainees to get hands on experience of encounters with patients and will improve their concepts regarding cross cultural differences.(21) The whole process needs the support from the government and related liaison officers from professional organizations at multiple levels to standardize the academic and clinical research programs which will ensure the continuously changing process of public health by itself.

High yield cultural competency strategies thorough assessment:
As a result of inculcating culturally appropriate measures at each level of service provision, we can ensure improved experiences for patients from the onset of access to the healthcare system, to the time after they have availed desired services. Follow up and support building is also a part of planning for cultural competence, as well as encouraging leadership roles of minorities and creating resources through trainings and outlining a plan of action toward achievement of the said goals. Collecting and analyzing data on standards of education and the curriculum are required for expanding the educational content. This is an impactful manner of providing culturally specific care with solid implementation technique (22). Although several strategies for cultural competency have been implemented however it is still a matter of difficulty to understand the patterns of impact either positive or negative. This calls for a need of a thorough and meticulous assessment of previously implemented cultural competencies as to understand the pattern of change and develop improved recommendations (23). Moreover, to achieve quality patient care and satisfaction with constructive health results, it is necessary that the healthcare providers, organizations, health systems and every major stakeholder work together, and in tandem.

Cultural competence and health equity:
Cultural competence rather than being a separate entity of healthcare is the most integral part of efficient and uniform delivery system for health services. Disparities in healthcare is a major issue faced by multiple communities which become seriously harmful for people with serious health issues or chronic diseases. There is a clear connection of cultural competence with the elimination of health inequalities however, it is also pertinent to state that cultural competence is not the only element responsible for but rather a group of elements culminating in poor healthcare quality for multiple communities. (24) Therefore, by improving cultural competence among healthcare professionals and organizations there is a huge potential for the improvement of the quality of health care for all consumers which will play a major role for the achievement of health equity in the future agenda for 2030 (25).

The main objectives for attainment of a healthy population which are greatly affected by culture include:

a. Achieving high quality of health, longer lives free of disability, injury, preventable diseases and premature death.

b. Achieving health evenhandedness, removing disparities and improving health in all groups.

c. Making social and physical healthy environment for all

d. Encouraging quality of life and healthy behaviors in all stages of life (26).

Impediments for CC:
The factors which create gaps in communication between healthcare providers and patients keep growing despite the significance it holds for a culturally competent set up. Some of the main factors include the ever-inflating medical technology and expanding sub-specializations and the cultural diversity itself. The cultural differences between physicians and patients become an issue when either party fails to live up to the cultural expectations of the other (27). Among the strategies for different healthcare settings for the elimination of linguistic barriers can be done through increasing
competency by providing healthcare professionals with linguistic aid at every point such as medical billing, records and appointment desks as per requirement (28). Consequently, cultural competency remains a poorly developed aspect regardless of it being the most fundamental part of medical practice. The main reason behind it is diversity itself, which is a long and delicate path to navigate. Hence, the most important responsibility on current health care providers is to equip themselves with skill sets and resources and provide ethnically specific and sensitive care to patients and their families. The efforts are ever increasing with new strategies presented by stakeholders, health care professionals, and educators however, a certain amount of time is needed for gauging the outcomes of the strategies proposed and evaluating their results toward building culturally competent set ups.

References:

1- What does it mean to be culturally competent?  
Available from: http://makeitourbusiness.ca/blog/what-does-it-mean-be-culturally-competent

2- Cultural Respect ;What is Cultural Respect?  

3- Constitution of the World Health Organization  
Available from: https://www.who.int/about/who-we-are/constitution

4- Universal Health Coverage and Health Financing  

5- Office of the High Commissioner for Human Rights: CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12)  
Available from: www.refworld.org/pdfid/4538838d0.pdf

Available from: https://www.ncbi.nlm.nih.gov/books/NBK216037

7- Cross, TL;Bazron, BJ; Dennis, KW; Isaacs, MR (March 1989)."Towards a CulturallyCompetent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed  

8- Betancourt, Joseph R.; Green, Alexander R.; Carillo, J. Emilio (October 2002). Cultural competence in health care: emerging frameworks and practical approaches  
Available from: https://libguides.mssm.edu/publichealth/cultural_competence

Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497553/

11- Building Culturally Competent Organizations

12- Understanding Cultural Competency
Available from: https://www.humanservicesedu.org/cultural-competency.html


14- What is Culture?

Available from: https://journals.sagepub.com/doi/abs/10.1177/1028315306287002


18- Transforming the Face of Health Professions Through Cultural and Linguistic Competence Education: The Role of the HRSA Centers of Excellence


25- Cultural Competence in Health Care: Is it important for people with chronic conditions? Available from: https://hpi.georgetown.edu/cultural/


28- Cultural Competence Dean, Ruth Anne Kinsman, Nursing for Women's Health, Volume 14, Issue 1, 50 - 59 Available from: https://nwhjournal.org/article/S1751-4851(15)30466-9/fulltext#s0030