

CULTURAL COMPETENCY ASSESSMENT OF KENTUCKY PROVIDERS

Sarah E. Bailey, Catherine J. Graham, Aahil B. Hirani, Gloria Maldonado, Madelyn J. Miles, David A. Fahringer, MSPH, PA-C, Dept. of Physician Assistant Studies

INTRODUCTION

Cultural competency is an increasingly important element of the healthcare system as it shifts towards patient-centered care. There is, however, no gold standard of training for providers. Surveys have been utilized in the past in attempt to measure providers' perception of their own levels of competency.

PURPOSE OF STUDY

The main goal of this exploratory study is to evaluate how well providers feel they are trained to work with diverse populations as well as to identify common gaps in cultural competency training. A secondary objective is to gain a better understanding of how Physician Assistants (PAs) in Kentucky perceive the relevance of formal cultural competency training in the context of their practice.

METHODS

- A qualitative study design consisting of a validated fifteen-question survey, included five five-point scale items, one open-ended response, eight yes/no questions, and two demographic questions
- Questions targeted both provider and organizational elements of cultural competency

- Paper surveys were distributed in person to healthcare professionals present at the Kentucky Academy of Physician Assistants Continuing Medical Education Symposium (Fall 2019)
- 58 total surveys were completed, returned and included in the data analysis

- Statistical analysis was performed using Microsoft Excel for each of the five questions to calculate the average, SD, and a 95% confidence interval for all responses
- Thematic analysis was performed on responses to the open-ended question. Answers were analyzed individually by two separate researchers and later consolidated into shared categories they both identified based upon recurring words, phrases, and common themes in cultural competency training of providers around the state.

RESULTS

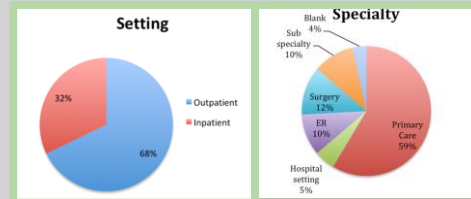
Key Findings:

- Only 57% (26/46) of providers who did not leave the open ended question blank specifically mentioned some type of formal training (Fig 2)
- Ongoing training was only reported by 13% (6/46) of respondents (Fig 2)
- The lowest self-reported average was collaboration with natural community healers, spiritual healers, clergy, etc. (Table 2)
- Medical interpretation services were not available in only 66% of providers workplace and only 42% said their employers included formal cultural competency training in their staff orientation (Table 1)

Yes/No Questions	Y	N
Does your organization offer arrangements, financial or otherwise, for securing concrete services needed by clients/consumers (e.g., housing, income, employment, medical, dental, other emergency personal support needs)? ¹	25	33
Does your organization tailor patient education materials for different cultural and language groups? ²	27	31
Has your organization arranged to provide materials and services in the language(s) of limited English-speaking clients/consumer (e.g., bilingual staff, in-house interpreters, or a contract with an outside interpreter agency and/or telephone interpreters)? ²	16	31
Does your organization provide services to clients who have a cultural background different than your own? ²	14	34
Are the principles of cultural competence (e.g., cultural awareness, language training, skills training in working with diverse populations) included in staff orientation and ongoing training programs? ²	19	26
Has your organization's director appointed a standing committee to advise management on matters pertaining to multicultural services? ²	36	13
Does your organization have a process for continually monitoring, evaluating, and rewarding the cultural competence of staff? ²	41	7
My organization actively recruits employees who have experience working with populations reflecting diverse cultural and linguistic backgrounds? ²	40	9

Table 1. Participants were asked whether or not their organization has implemented measures to improve the multicultural patient experience

Figure 1. Survey Participants



Scale questions	Mean	Standard Deviation	Maximum	Minimum	95% CI upper value	99% CI lower value
I was trained to consider the patient's culture, ethnicity and language in treatment planning (assessment, diagnosis, interventions, discharge planning etc.) ¹	4.178	0.974	5	2	5	3.204
I believe that the cross-cultural training I have received has been relevant to my everyday practice as a provider, given my patient population (if none put 0) ²	3.804	1.589	5	1	5	2.215
I was trained to collaborate with natural community healers, spiritual healers, clergy, etc., where appropriate, in the development and/or implementation of the service plan. ¹	2.491	1.538	5	0	4.029	0.953
I believe that it is acceptable to use a language other than English in the U.S. ²	4.304	0.952	5	1	5	3.352
When working with ethnic minority clients, I am aware of the systematic sources (racism, poverty, and prejudice) of problems they face. ¹	4.446	0.658	5	2	5	3.788

Table 2. Participants rated their level of agreement with the following statements a scale of 1 (disagree) to 5 (agree)

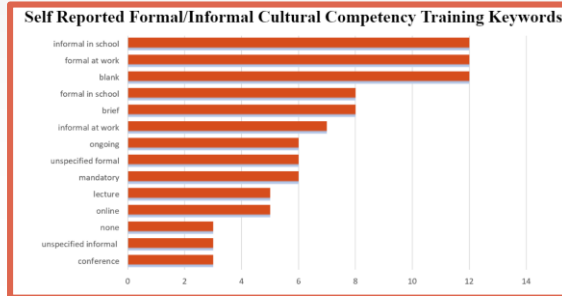


Figure 2. Participants were asked to describe any formal or informal cultural competency training they've received.

DISCUSSION

- Most providers self-reported high confidence in their own overall cultural competency skills.
- Despite overall confidence, a large group of providers surveyed lacked any formal cultural competency training.
- Providers were most uncomfortable with collaboration with spiritual and cultural healers.
- Many providers reported lack of key resources available in their workplace to help patients of varying backgrounds overcome barriers to care.

CONCLUSION

As the healthcare system shifts towards a holistic model providers have a responsibility to be aware and open to the cultural needs of their patients. They require access to key resources at their workplace to practice a more inclusive and modern standard of care.

Next Steps:

- Repetition of this survey on a larger scale, including providers other than PAs and in other states
- Address gaps identified in this study through improved additional and ongoing formal cultural competency training, both in school and in the workplace
- Organizational provision of resources for patients and providers to ensure equal access to care

REFERENCES

- 1.) Center for Substance Abuse Treatment (US). Appendix C. Tools for Assessing Cultural Competence: Improving Cultural Competence. *Treatment Improvement Protocol (TIP) Series*. 2014; 59.
- 2.) American Speech-Language-Hearing Association. Cultural Competence Checklist: Personal reflection. 2010.
- 3.) Weech-Maldonado, R., Dreachslin, J. L., Brown, J., Pradhan, R., Rubin, K. L., Schiller, C., & Hays, R. D. Cultural competency assessment tool for hospitals: evaluating hospitals' adherence to the culturally and linguistically appropriate services standards. *Health Care Management Review*. 2012;37(1):54-66. doi:10.1097/HMR.0b013e31822e2a4f
- 4.) American Speech-Language-Hearing Association. Cultural Competence Checklist: Policies and Procedures. 2010.
- 5.) American Academy of Physician Assistants. Kentucky PA Practice Profile. *AAPA Salary Report*.