Examining the Qualities and Behaviors of Healthcare Providers That Contribute to an Inclusive Patient Experience Among Diverse and Underrepresented Populations

University of Kentucky College of Health Sciences

College of Health Sciences
Department of Physician Assistant Studies

Tiffany Arms, BS; Katie Chheang, BS; Lexie Damron, BS; Dalia Eloraby, BS; Taylor Gilbert, BS; Amani Miles, BS; Virginia Valentin, DrPH, PA-C

INTRODUCTION

- Cultural competency is essential in healthcare, impacting patient outcomes, satisfaction, and health equity.[1,2]
- As the US population diversifies, healthcare providers must understand and respect the cultural and linguistic needs of diverse patients.[3,4]
- By 2045, minorities will comprise over half of the US population, highlighting the need for a diverse healthcare workforce.[5]
- Studies revealed culturally competent care leads to better disease control and reduced disparities among racial and ethnic minority groups.[6,7]
- In response, cultural competency training programs aim to educate providers about cultural differences and implicit biases, but concerns exist about their effectiveness and standardization.[8,9]

PURPOSE OF STUDY

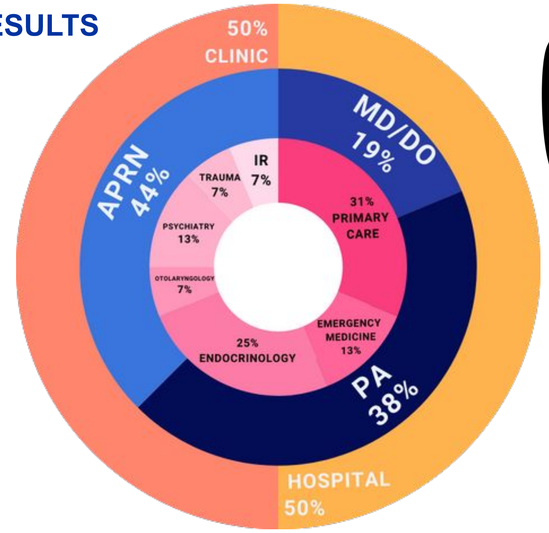
- To identify key attributes and behaviors of healthcare providers that contribute to creating inclusive and welcoming environments for all patients, with the intention of leading to improved health outcomes.

- To provide insights for developing more targeted and effective approaches to enhancing cultural competency in healthcare, ultimately aiming to improve health outcomes for diverse populations.

METHODS

Study Design	A qualitative study utilizing semi-structured Zoom interviews with healthcare providers.	• In this study we conducted 20 minute zoom interviews with PAs, NPs, MDs and DOs. The interviews consisted of 14 questions total. • The goal of the interview questions was to discern what strategies these providers use to make diverse populations comfortable receiving care from them. Interviews were conducted after IRB approval • Study design was reviewed and approved by the IRB (#92418)
Population Sample	Nurse Practitioners, Physician Assistants, Medical Doctors, and Doctors of Osteopathic Medicine that have been in practice for at least 1 year at any UK hospital/clinic.	• Providers found via UK listserv directory and directly reaching out to UK providers. • Subjects were recruited via email with informed consent and recruitment cover letter attached. • N=16
Analysis	During the interviews, one team member questioned the provider, while another team member documented the responses.	• Responses were recorded for each interview question and transferred into a secured drive. • Once all the data had been collected, survey responses recorded and reviewed by the research team for themes. • Consistent themes in the answers were applied to the results and discussion.

RESULTS

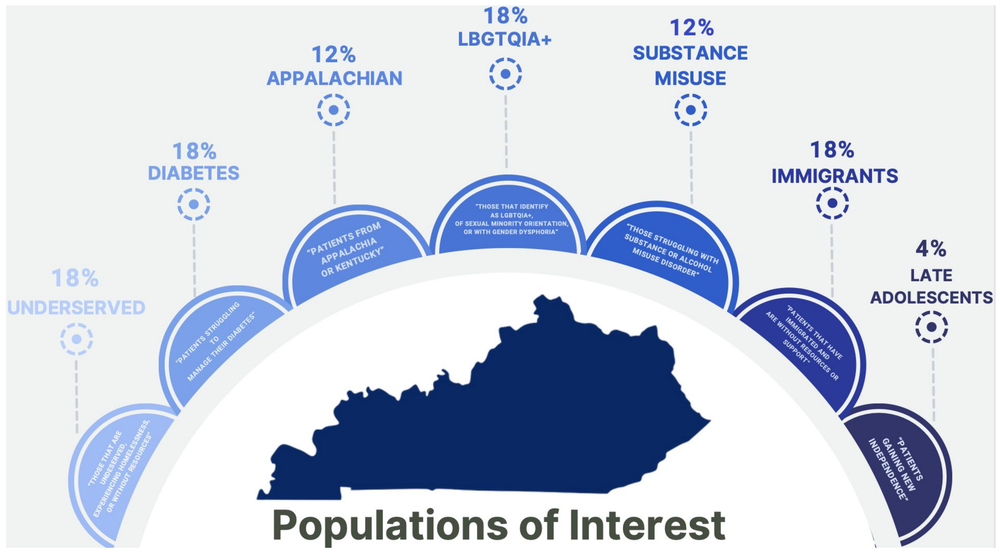


DEMOGRAPHICS OF STUDY PARTICIPANTS

"Notice when you have biases and try to reduce it"

"Meeting people where they are in their amount of support and state of need is so important and dramatically influences the plan of care for a patient"

- **56%** of study participants stated that they used **teach-back method** in their practice to improve communication and understanding with their patients.
- **50%** of study participants stated that they had to become **aware of their own unconscious bias** before being able to grow and care well for patients from all backgrounds.
- **75%** of study participants had specific examples of times they have used **self-reflection** to **become a more inclusive provider**/improve the experience for all.
- **62%** of study participants **found cultural competency trainings as not helpful** or found **optional trainings to be significantly more beneficial in practice implementation** than required courses.



"You have to know the resources available to you to be able to help"

SUMMARY OF RESULTS

The majority of providers stated that they…

- Use the teach-back method to ensure patient understanding
- Let patients guide the conversation to best determine their needs
- Made an effort to learn about their patients cultures through hands-on experiences outside of the workplace

DISCUSSION

The study identified the discrepancies in the clinical effectiveness of required cultural competency trainings. The principle finding that made providers culturally sound was being aware of their own implicit bias. Building rapport with patients and understanding their lives outside of being a patient allowed providers to extend care beyond the clinical setting. Participants found that using the "teach-back" method with their patients improved communication and overall patient experience and satisfaction. The greatest contributor to aiding in diversity and inclusion practices in healthcare are based off the providers experiences which explains the growing necessity for cultural competence training; emphasizing proactive actions versus reactive.

Limitations: small sample size, participants limited to affiliation with UK healthcare systems, possible self-serving bias of study participants

Future Research: survey questionnaire is reproducible, implement in focus groups. A larger sample size of expanded background and geographic area could provide a better, more diverse understanding of this topic.

CONCLUSION

The findings of this study highlight the importance of cultural competence in clinical practice and healthcare delivery while underscoring the pressing need for ongoing exploration of the disconnect between training and tangible, reproducible improvements in patient outcomes.

Key factors that shape diversity and inclusion practices in healthcare settings were broadly identified to include recognizing and acknowledging implicit bias, establishing genuine rapport, the employment of strategies that enhance and bridge communication barriers.

Despite sample size and geographic limitations, this study suggests avenues for future investigation into methods that yield a significant positive impact on patient outcomes and equitable healthcare environment.

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