

Step 3: Provides Culturally Competent Care

The Coalition for Improving Maternity Services:

Karen Salt, CCE, MA

ABSTRACT

Step 3 of the *Ten Steps of Mother-Friendly Care* insures that women receive care that is sensitive and responsive to the specific beliefs, values, and customs of the mother’s ethnicity and religion. The rationale for this step and the evidence in support of its value are presented.

Journal of Perinatal Education, 16(1–Supplement), 23S–24S, doi: 10.1624/105812407X173155


Keywords: culturally competent care, culturally appropriate services, linguistically appropriate services


Step 3: Provides culturally competent care—that is, care that is sensitive and responsive to the specific beliefs, values, and customs of the mother’s ethnicity and religion.

The U.S. Office of Minority Health (2001) 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.”

Culturally Competent Care

Rationale for Compliance	Evidence Grade
Health systems that practice and employ culturally and linguistically appropriate services result in: <ul style="list-style-type: none"> Less miscommunication due to language differences or variations in cultural understanding of health events (Anderson, 2003). Increased client satisfaction with and confidence in health provider (Anderson, 2003). Increased self-awareness of disease or other health problems and use of appropriate interventions (Anderson, 2003). 	<p>Quality: A Quantity: A Consistency: NA*</p> <p>Quality: A Quantity: C* Consistency: NA*</p> <p>Quality: A Quantity: B Consistency: NA*</p>
Culturally competent care can reduce the incidence of medical errors that result from language or cultural misunderstandings. Consequently, this model may potentially improve care by eliminating unnecessary or duplicate testing, as well as inappropriate treatment recommendations (Anderson, 2003; Flores, 2005).	<p>Quality: B Quantity: A Consistency: A</p>

 For a description and discussion of the methods used to determine the evidence basis of the *Ten Steps of Mother-Friendly Care*, see this issue’s “Methods” article by Henci Goer on pages 5S–9S.

 For more information on the Coalition for Improving Maternity Services (CIMS) and copies of the Mother-Friendly Childbirth Initiative and accompanying *Ten Steps of Mother-Friendly Care*, log on to the organization’s Web site (www.motherfriendly.org) or call CIMS toll-free at 888-282-2467.

(Continued)

- Henci Goer, BA, Project Director
- Mayri Sagady Leslie, MSN, CNM
- Judith Lothian, PhD, RN, LCCE, FACCE
- Amy Romano, MSN, CNM
- Karen Salt, CCE, MA
- Katherine Shealy, MPH, IBCLC, RLC
- Sharon Storton, MA, CCHT, LMFT
- Deborah Woolley, PhD, CNM, LCCE

(Continued)

Culturally Competent Care

Rationale for Compliance	Evidence Grade
Providing services and care sensitive to clients' cultural beliefs and language may positively affect how they access services and care in the future.	NEH
Clients with limited English proficiency may experience compromised care if they need, but do not receive, interpretation services or if ad hoc interpreters (including children and marginally bilingual health-service providers who are not trained as professional translators) attempt to facilitate medical translation (Flores, 2005; Tandon, 2005).	Quality: C Quantity: A Consistency: A

A = good, B = fair, C = weak, NA = not applicable, NEH = no evidence of harm, SR = systematic review
Quality = aggregate of quality ratings for individual studies
Quantity = magnitude of effect, numbers of studies, and sample size or power
Consistency = the extent to which similar findings are reported using similar and different study designs
*only one study

REFERENCE

U. S. Office of Minority Health. (2001). *National standards for culturally and linguistically appropriate services in health care*. Washington, D.C.: U.S. Department of Health and Human Services.

INCLUDED STUDIES

- Anderson, L. M., Scrimshaw, S. C., Fullilove, M. T., Fielding, J. E., & Normand, J. (2003). Culturally competent healthcare systems: A systematic review. *American Journal of Preventive Medicine*, 24(35), 68–79.
- Flores, G. (2005). The impact of medical interpreter services on the quality of health care: A systematic review. *Medical Care Research and Review*, 62(3), 255–299.
- Tandon, S. D., Parillo, K. M., & Keefer, M. (2005). Hispanic women's perceptions of patient-centeredness during prenatal care: A mixed-method study. *Birth*, 32(4), 312–317.

EXCLUDED STUDIES

- Alpers, R. R., & Zoncha, R. (1996). Comparison of cultural competence and cultural confidence of senior nursing students in a private southern university. *Journal of Cultural Diversity*, 3(1), 9–15. **Reason:** Study superseded by Anderson et al. (2003) SR.
- Barton, J. A., & Brown, N. J. (1992). Evaluation study of a transcultural discovery learning model. *Public Health Nursing*, 9(4), 234–241. **Reason:** Not relevant.
- Betancourt, J. R., Green, A. R., Carrillo, J. E., & Ananeh-Firemong, I. O., (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports*, 118(4), 293–302. **Reason:** Not relevant.
- Blackford, J., & Street, A. (2002). Cultural conflict: The impact of western feminism(s) on nurses caring for women of non-English speaking background. *Journal of Clinical Nursing*, 11(5), 664–671. **Reason:** Not relevant.
- Dronin, J., & Rivet, C. (2003). Training medical students to communicate with a linguistic minority group. *Academic Medicine: Journal of the Association of American Medical Colleges*, 78(6), 599–604. **Reason:** Not relevant.
- Gemson, D. H., Ashford, A. R., Dickey, L. L., Raymore, S. H., Roberts, J. W., Ehrlich, B. G., et al. (1995). Put-

ting prevention into practice. Impact of a multifaceted physician education program on prevention services in the inner city. *Archives of Internal Medicine*, 155(20), 2210–2216. **Reason:** Not relevant.

- Marvel, M. K., Grow, M., & Morphew, P. (1993). Integrating family and culture into medicine: A family systems block rotation. *Family Medicine*, 25(7), 441–442. **Reason:** Not relevant.
- Mayberry, R. M., Mili, F., & Ofili, E. (2000). Racial and ethnic differences in access to medical care. *Medical Care Research and Review*, 57(Suppl), 108–145. **Reason:** Study superseded by Anderson et al. (2003) SR.
- Nora, L. M., Daugherty, S. R., Mattis-Peterson, A., Stevenson, L., & Goodman, L. J. (1994). Improving cross-cultural skills of medical students through medical school-community partnerships. *The Western Journal of Medicine*, 16(2), 144–147. **Reason:** Not relevant.
- Scisney-Matlock, M. (2000). Systematic methods to enhance diversity knowledge gained: A proposed path to professional richness. *Journal of Cultural Diversity*, 7(2), 41–47. **Reason:** Not relevant. Speculative educational proposal.
- Smith, L. S. (2001). Evaluation of an educational intervention to increase cultural competence among registered nurses. *Journal of Cultural Diversity*, 8(2), 50–63. **Reason:** Not relevant.
- St. Clair, A., & McKenry, L. (1999). Preparing culturally competent practitioners. *The Journal of Nursing Education*, 38(5), 228–234. **Reason:** Not relevant. Study presents educational guidelines.
- Ulrey, K. L., & Amason, P. (2001). Intercultural communication between patients and health care providers: An exploration of intercultural communication effectiveness, cultural sensitivity, stress, and anxiety. *Health Communication*, 13(4), 449–463. **Reason:** Not relevant.
- Warner, J. R. (2002). Cultural competence immersion experiences: Public health among the Navajo. *Nurse Educator*, 27(4), 187–190. **Reason:** Not relevant.

KAREN SALT is an author, childbirth educator, doula, and former cochair of the Coalition for Improving Maternity Services. She currently attends Purdue University in West Lafayette, Indiana, as a full-time doctoral student, specializing in nationalism, race, and gender studies.