The understanding of Cultural Competence, a study to an ambiguous concept in its context

*A mixed-method study to the definition of Cultural Competence and its relation to the treatment process outcome of mental health professionals
in the context of I-psy*

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Summary

The increase of the development of technology, logistics and communication has led to an tremendous increase of human mobility worldwide. In the Netherlands, the diversification of the population in terms of cultural backgrounds is increasing. This phenomenon is demanding new approaches within the health sector as the concept of adequate health care differs among cultures. In the Netherlands, but also in other countries, populations from different cultural backgrounds often have a lower mental health outcome than the native population. This difference in mental health outcome has been assigned to social-economic factors. However, the approach of the mental health professional, in regard to the cultural difference, is also theorized to be accountable for this disparity. The role of the mental health professional suggests that there might be a lack of adequacy in the providence of mental health. As human mobility is observed globally, research to the role of mental health professional's approaches to patients with a different cultural background and the possible effect upon mental health outcome is highly relevant. The objective of this research is to identify what cultural competencies are and whether the development of these competencies are influenced by the broader context of mental health professionals by assessing the perceptions of managers on cultural competencies and identifying the relationship between the mental health professional's level of cultural competence (CC) and the level of treatment process in the context of the management of the mental health professional on a clinical and regional level.

In this research, CC is defined as "the ability of the Dutch psychologists to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs within the systemic borders of the Dutch mental health care system", which is modified from the definition of Betancourt(2003), and is placed within the context of the mental health professional. Even though CC is often theorized, both the theoretical and practical process of being culturally competent or the development of cultural competence remains ambiguous. As the Western medical world evolves around evidence-based medicine(EBM). The concept of CC, with its ambiguous and subjective nature, is difficult to measure within this paradigm. As the environment in mental health care is less evolved around CC, there is limited space to experiment with the practical implications of CC. The context of this research, I-psy, is specialized in intercultural psychology and offer ethnic matched mental health care.

The model of Mead and Bower(2000) is used to contextualize the patient-centered doctor-patient relationship, which also theorizes that the environment of the mental health professional is also of influence to this relationship.

The conceptual model conceptualizes that the development of CC of mental health professionals as described by the model of Campinha – Bacote, is a part of the individual as described in the model of Bronfenbrenner, conceptualizing the interaction between the development of CC and the environment of the mental health professional.

The research questions proposed in this research are the following: what is the perception of CC of managers from mental health facility clinics? Do mental health professionals who have a higher position in the spectrum of CC have a better treatment process outcome? What aspects of CC are related to a higher cultural competence level? What is the effect of clinics and management regions in which mental health professionals function upon their position in the spectrum of CC? and What is the relation between ethnic matching upon the effect of CC on the treatment process?

The research design is a sequential exploratory research design. Managers of I-psy have been interviewed about their perception about CC. The data for the statistical analysis is gathered via conducting a questionnaire, the Cultural Competence Checklist, and using a patient dataset from I-psy. Statistical analysis evaluated the effect of CC on treatment outcome, the effect of ethnic matching, the effect of possible confounding factors and the effect of the clinics and management

regions upon CC and its relation to treatment process. Generalized structural equation modelling, principal component analysis and the multi-level analysis were used to generate these results.

The interviews reveal that there is a common idea about what characteristics a CC MHP should have. However, ideas about what the process of the development of CC is or what their role would be in stimulating this development, are not mentioned. The perceptions about the nature of CC, it being a clinical or a non-clinical competence, divides the managers in two groups. The group that perceives CC to be a clinical competence, perceive CC to be a subset of the clinical competence, of which the value lays in improvement of the efficacy. This group also lays more emphasis on cost-effectiveness and ethnic matching. The stimulation of the development of CC is also seen as a part of a clinical training. The group that perceives CC as a non-clinical skill, envisions CC to be a different competence that is used next to the clinical competence during the clinical process. The value of CC is seen as a competence that can improve the understanding of the patient's context. This group emphasizes less on cost-effectiveness and matching, yet more on the eclectic approach towards standardized treatments. The stimulation of the development of CC is perceived to involve to improvement of knowledge about different cultures, rather than a clinical skill.

The quantitative results reveal that within the latent approximation of CC the constructs as measured in the questionnaire have unequal contributions to the latent variable of CC. Whereas the direct outcome of the questionnaire has a significant effect on the treatment process outcome, the latent approximation has not. The effect of the regions and clinics on the relation between MHP, CC and the treatment process outcome is not significant. Ethnic matching does have a declining effect on the effect of CC. CC is found to be confounded by the most of the possible confounding factors.

In conclusion, the qualitative data reveals that the managers have similar ideas about the personal characteristics MHPs should have to be CC, what influences the development of CC. The underlying idea about the nature of CC, is different among the respondents. However, how to stimulate the development of CC and what role they have in this part, is unknown. This result might explain why there is no significant influence from regions or clinics upon the relation of MHP, CC and the treatment process outcome. The significant differences between the latent approximation of CC and the outcome of questionnaire in relation to treatment process outcome may indicate that the questionnaire is lacking accuracy in measuring CC. The fact that CC is confounded by many factors reveals that the concept of cultural competence is hard to isolate as a single factor and that the context of the MHP is important to take into consideration when CC is measured. There is a negative relationship between ethnic matching and CC, which may imply that the effect of CC is confounded by ethnic matching.

The following aspects need to be taken into account while interpreting the results of this research, however the relation between MHP and patient are theorized to be equally of importance in establishing the patient-centered relationship, the perspective of patients are not taken into account. Next to this, is the MLA as used in this research not found to be significant, therefore these results need to be interpreted as indicative. In future research it is recommended to extend this research in terms of involving a broader scope of stakeholders in CC, such as patients, and involve other social-ecological factors to explore the underlying factors of CC.