

# Cultural Competence: A Survey of Hospital Managers

Ahmadreza Raeisi<sup>1</sup>, Mohanna Rajabi<sup>1\*</sup>, Mahmoud Keyvanara<sup>1</sup>

<sup>1</sup> Department of Health Services Management, Isfahan University of Medical Sciences, Isfahan, Iran

## Abstract

**Background and Objectives:** Effective communication between managers and staff is a prerequisite to organization success. Cultural competence is key to effective communication. The aim of this study was to survey cultural competence in managers of selected hospitals.

**Methods:** Twenty teaching hospital managers and four private hospital managers of senior level participated in the study. Data were collected via research-made questionnaire which was examined in terms of validity and reliability. The questionnaire consisted of 30 questions related to three dimensions of cultural competence, including cultural awareness, cultural knowledge, and cultural skills. Data were summarized using descriptive statistical methods. T-test was used for comparison of the mean values.

**Findings:** The average score of cultural awareness, cultural knowledge and cultural skills was found to be 42.41, 45, 44.12, respectively giving a total cultural competence score of 43.84. No significant difference in cultural competence and its dimensions was observed between managers of teaching and private hospitals.

**Conclusions:** According to our study, the surveyed hospital managers enjoy a relatively high cultural competence, though there is still room for further improvement particularly in terms of cultural skills. The relatively small sample of this study, however, warrants caution in generalization of the results and call for further large-scale studies to explore this important factor among hospital managers.

**Keywords:** Cultural competence; Hospital manager; communication; Hospital performance

## Background and Objectives

Hospitals are organizations that provide health care services in urban and rural areas and play a fundamental role in public health promotion and fulfillment of national health system mission and goals [1-3]. Since most of the activities and processes in every hospital are based on interpersonal communication and interaction, optimal provision of services and process improvement is possible only with participation of all hospital staff [1, 4, 5]. Cultural, racial and ethnical diversity in hospital staff shapes the communication and interaction between the people from different cultural and socioeconomic backgrounds [6]. Staff is the most

important resource in health care organizations, especially hospitals [7], and a key factor for achieving organizational goals [8]. Communication between managers and staff in hospital is inherently important, and achieving the hospital's mission is not possible without full participation of all staff [7, 9].

Effective communication and interaction between managers and staff is a prerequisite for organization success. Without effective interaction, hospitals cannot achieve their mission, which is delivery of physical and psychological services [10-13]. Cultural competence is known as a strategy for effective communication and a key factor in management for any organization [14, 15]. Cultural competency between managers, staff, patients and customers has been recognized as an important issue relevant to all health systems, and the final outcome of a culturally competent health system is the provision of efficient and effective services to the community [14, 16, 17].

\*Corresponding author: Mohanna Rajabi, Department of Health Services Management, Isfahan University of Medical Sciences, Isfahan, Ira., Tel: +98 910 3465523, Email: rajabimohana68@gmail.com

Cross (1989) stated that cultural competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals, and enables that system, agency, or those professionals to work effectively in a cross-cultural situation [18]. In Campinha-Bacote's model of cultural competence in health care delivery, cultural competence is viewed as the ongoing process in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client including individual, family and the community [19]. She promotes a five-component system for cultural competence in healthcare delivery, which focuses on cultural awareness, cultural knowledge, cultural skills, cultural encounters and cultural desire [19]. These are linked in that cultural desire is seen as an attribute that allows a person to genuinely seek cultural encounters, obtain cultural knowledge and skills, make culturally sensitive communication and assessments, and accept and adapt to the process of cultural awareness [19].

Intercultural communication competence is commonly known as the knowledge, motivation and skills to interact effectively and appropriately with the members of different cultures [20]. Ineffective intercultural communication between the managers and staff can lead to stress, anxiety, poor performance, conflict, and job dissatisfaction [6, 21]. Therefore, it is necessary that managers continuously develop their skills, knowledge and awareness in cultural and social issues to create an environment in which hospital staff is able to do their best to achieve the goals of the hospital [22].

The present study aims to investigate the level of cultural competence in the senior managers of training and private hospitals in Isfahan with emphasis on cultural awareness, cultural knowledge and cultural skills.

## Methods

### Study design, variables, and data collection

This study was a descriptive-analytic study was conducted in summer 2014 aiming to determine the hospital managers' level of cultural competence including cultural awareness, knowledge, and skills. The study populations were the senior managers of training and private hospitals located in Isfahan, Iran. Data were collected via self-made questionnaire. The questionnaire consisted of the demographic characteristics of participants and 30 questions in three sections including cultural awareness, cultural knowledge and cul-

tural skills. We utilized a five-point Likert scale from strongly disagree (1) to strongly agree (5) to collect and analyze the data.

A total of 30 questionnaires were distributed to the hospital senior managers and 24 questionnaires were returned. Validity of the questionnaire was approved under the guidance of the research supervisor and consultants, and the reliability was obtained via Cronbach's Alpha ( $\alpha=.863$ ) that indicated high reliability.

### Statistical analysis

The data were analyzed using the SPSS software (ver. 16). Descriptive statistical analysis included mean and standard deviation. For inferential statistical analysis, we used independent t-test ( $P < 0.05$ ). Based on the responses obtained from each manager, the score of each component was calculated. Finally, by adding the score of three components, level of cultural competence was determined. If the final score of cultural competence was in the range of 30-60, the managers were classified at cultural incapacity level; if it was between 61-90, they were classified at cultural blindness level; if it was between 91-120, they were classified at cultural pre-competence level, and if the final score for the managers' cultural competence was between 121-150, they were classified at culturally competent level.

### Ethical Issues

Ethical issues (including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors. By the way, this study was approved by the Ethics Committee of Isfahan Medical University (MUI).

## Results

The results of this research, studying cultural competence in the managers of training and private hospitals in Isfahan, are shown in Tables 1 and 2.

24 (80%) of the 30 senior managers completed the questionnaires, 11 (45.8%) were male and 13 (54.2%) female. The age range of managers was from 30 to 60 years. 62.5% of the participants had BS degree, 12.5% had MS degree, and 25% were physician. The details of demographic characteristics of the respondents are presented in Table 1.

Table 2 shows the mean score of cultural competence components for senior managers in training and private hospitals. In this table, the mean score

of the senior managers' cultural awareness in training hospitals is higher than in the private hospitals. Also the mean scores of the senior manager's cultural knowledge and cultural skills in training hospitals are lower than in the private hospitals. The mean score of the senior managers' cultural competence in training and private hospitals is 131.6 and 131.25, respectively. Thus senior managers' cultural competence is high in both types of hospitals.

To sharpen the conclusion independent t-test was performed, and the results showed no significant difference for the senior managers' level of cultural awareness, knowledge, skills and cultural competence in the training and private hospitals so that their cultural awareness, knowledge, and skills in the training and private hospitals are same; also their cultural competence in both types of hospital were the same; thus they were classified as cultural competence level.

## Discussion

Cultural competence refers to a set of congruent attitudes, practices, policies, and structures that come together in a system or agency, and enable professionals to work more effectively in cross-cultural situation [18, 23]. In this study, to determine the level of cultural competence, the scores of each cultural competence component such as cultural awareness, cultural knowledge, and cultural skill were calculated, and final score of cultural competence was determined. These components were also used by other researchers in preparation of a model and making tools for assessing cultural competence.

Tilki and O'Shaughnessy (2007) provided a cultural competence training model for physiotherapy to improve care and increase job satisfaction [24]. The core components in their model were cultural awareness, cultural knowledge, and cultural sensitivity [24], which are similar to the cultural competence components in our study. Leung and Cheung (2013) approved the validity and reliability of cultural competence self-assessment tool for children's protective services, and classified the main components in this assessing tool in three groups, including cultural attitude, cultural knowledge and cultural skills [25]. Also they introduced this tool as an educational means for all professionals in diverse organizations for effective communication and interaction [25]; the main components in this assessing tool are similar to the core components in our study for effective communication. Durand et al. (2012) aimed to improve the students' level of cultural competence through assess-

**Table 1 Socio-demographic characteristics of participants**

Variable	N	%
Gender (n=24)		
Male	11	45.8
Female	13	54.2
Age(n=24)		
31-40	4	16.7
41-50	18	75
51-60	2	8.3
Work experience (n=24)		
5-10	1	4.2
11-20	11	45.8
21-30	12	50
Education (n=24)		
B.S degree	15	62.5
M.S degree	3	12.5
Physician	6	25

ing pharmaceutical students' cultural competence at the beginning and at end of the course by using the inventory for assessing the process of cultural competence-student version (IAPCC-SV) that is based on Bacote's model in cultural competence [26] cultural awareness, cultural knowledge and cultural skills in this study are similar to core components in our study. Dusi et al. (2014) introduced social skills, attitude, and cultural knowledge as the main components for effective intercultural communication in multi-cultural situations [27]; these components are also similar to the cultural competence component in the present study. Acosta et al. (2011) in their study classified

**Table 2 Mean score and analysis of independent t-test for senior managers' cultural competence**

Variable	Type of hospital	N	Mean Score	Sig
Cultural awareness	training	20	42.7	0.339
	private	4	41	
Cultural knowledge	training	20	44.9	0.678
	private	4	45.5	
Cultural skills	training	20	44	0.702
	private	4	44.75	
Cultural competence	training	20	131.6	0.935
	private	4	131.25	

the core components of cultural competence into four groups, including cultural awareness, cultural knowledge, cultural skills, and cultural advocacy [28]. They explained that these components have been developed to help guide their medical school curriculum, and encourage the faculty to facilitate and integrate these core components of cultural competence in their course curricula, which are similar to the cultural competence component in our study [28].

Similar to the present study, all of these studies found cultural awareness, cultural knowledge and cultural skills as the core cultural competence components, which are critical elements for achieving high level of cultural competence and effective interpersonal communication and interaction. These components are used to evaluate the level of cultural competence.

## Conclusions

Effective communication and interaction between managers and staff is a prerequisite for organization success. Cultural competence is known as a strategy for effective communication and a key factor in management for any organization. Based on our study and other researches, cultural awareness, cultural knowledge and cultural skills are critical elements for effective interaction and communication between people, and should be used for evaluating and achieving high level of cultural competence.

## Competing Interests

The authors declare no competing interest.

## Authors' Contributions

All authors have contributed equally.

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