

# Cultural and Linguistic Competency: Discrepancies between Perceived Importance and Actual Practice

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## Background

Between 1990 and 2000, the Hispanic population in South Carolina tripled. As a result, local healthcare systems have not kept pace with the significant influx of new immigrants, many of whom have limited English language proficiency. Systems barriers contributing to limited access and health disparities include lack of bilingual providers and language interpreters, negative provider attitudes, lack of Spanish-language information and materials, lack of transportation, and lack of insurance.

## Purpose of Study

The purpose of this community-based participatory research was to examine the perceived level of cultural and linguistic competency among clinical providers and support staff employed in public and private agencies that provide cancer screening for Hispanic women in South Carolina.

## Methods

The South Carolina Partnership for Cancer Prevention (SCPCP), a multicultural group composed of academic researchers, nurses, public health professionals, programs administrators, and Hispanic community representatives developed two surveys to be administered to healthcare providers and staff.

The practitioner survey was designed for those who provide direct patient services (e.g., RNs, nurse practitioners, physicians, physician assistants, social workers, health educators, and nutritionists). The other version of the survey was for administrative and clinical support personnel, such as nursing and medical assistants, receptionists and other clerical or administrative support personnel.

The instruments were self-administered, paper-pencil surveys. Survey questions addressed the frequency and perceived importance of culturally and linguistically appropriate behaviors and resources at both individual and organizational levels. Surveys were distributed at 8 private provider sites, 4 county health departments, and 1 community-based center with a cancer screening program for indigent patients. The surveys were anonymous. Passive consent was used. Subjects were assumed to consent to participation if they completed the survey.

A cover letter explaining the purpose of the survey, the survey, and an envelope were distributed to each participant. Survey packets were distributed by key personnel at each site. At two of the organizations, respondents were asked to place their completed survey in a sealed envelope to be collected by a contact person in that organization. At the third organization, each participant received a stamped, addressed envelope to return the completed survey directly to the researchers.

The survey was formatted so that respondents answered the same questions from two different perspectives: frequency and perceived importance.

Frequency referred to how often specific services were available and was measured on a scale of 1 to 5, with 1=not at all, 2=seldom, 3=usually, 4=often, and 5=always.

Perceived importance reflected the value respondents attached to those same services, with 1= unimportant, 2=probably not important, 3= undecided, 4= important, and 5=very important.

## Results

A total of 76 individuals completed and returned the survey. Nurses comprised 27% of the sample; 60% were providers and 40% were support staff. By type of service, the sample was composed of participants from county health departments (47%), private providers linked to the cancer prevention network (42%) and the community health center (11%).

- The services and resources most frequently provided included interpreter services (m=3.46) and written materials in Spanish (m=3.3). These services were also highly valued (interpreter services, m=4.35; printed materials, m=4.4).
- The majority (55%) reported having daily or weekly contact with Hispanic clients. However, less than 25% were "often" or "always" satisfied with their ability to provide culturally and linguistically appropriate services.

• Providers perceived language access as very important, although very few (<5%) reported using language assessment tools often or always. Other areas of cultural competency, such as using health risk assessment tools that reflect common Hispanic health beliefs and behavior, or screening health communication materials for cultural stereotypes, were considered less important.

## Discussion

The study results suggested that providers' main concerns revolved around the availability of language access services. Other supportive practices, such as language assessment and documentation, bilingual staff, and other aspects of culturally appropriate care, were considered less important. A definite trend identified in the responses was that perceived importance of specific cultural or linguistic resources and practices was consistently higher than reported frequency. The findings also suggested a lack of provider awareness about the local Hispanic community and discrepancies between provider and client preferences regarding health education approaches. The discrepancies between perceived importance and actual practice may have contributed to the relatively low rate of satisfaction related to the ability to provide culturally and linguistically appropriate services. The results of this and other research have provided the SCPCP member agencies with information for planning strategies to improve the cultural and linguistic competencies of their staff, designing culturally competent outreach strategies for the local Hispanic population, and developing further research around language access to healthcare.