
A Systematic Review: The Effectiveness of Cultural Competence Trainings among Health Professions

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Abstract

Cultural competence trainings are cited as improving providers' interactions with culturally diverse clients. Yet, little is known about the methodological rigor of such studies. To date, a systematic review of the effectiveness of cultural competence trainings by target population, intervention duration, and intervention intensity has not been conducted. An electronic systematic search was conducted to identify recent empirical evaluations of cultural competence trainings. Studies meeting the inclusion criteria were critically appraised using the Methodological Quality Rating Scale and the Outcome Attainment Index. Thirteen studies were included. Trainings targeting professionals were more rigorous than those targeting students. Accounting for methodological rigor, trainings targeting professionals, those longer in duration, and of higher intensity, achieved higher outcome attainment indices. Given the lack of rigor among these studies, it is difficult to assess their overall effectiveness. Considering the ever-growing diversification of this county, cultural competence trainings need to be both effective and rigorous.

Cultural competence trainings among health professions such as social work, pharmacy, nursing, and the medical field have been the focus of a growing body of literature due to our country's continued diversification. By 2025, it is estimated that minority populations will dramatically increase (i.e., African American by 27%, American Indian/Alaska Native by 48%, Asian by 69%, and Hispanic by 97%) compared to 18% by Caucasian Americans (US Census Bureau, 2009). Yet increased client diversity has not been equally mirrored by health professionals, with minority populations being more likely to receive care from non-minority professionals (Assemi, Cullader, & Hudmon, 2004) who may not fully understand the cultural nuances of domestic and international minorities.

To address cultural and racial/ethnic disparities often experienced by minority clients, professional mental health and health care agencies, hospitals and academic institutions have begun offering cultural competence interventions to current and future mental health and health care providers. The goal of these trainings has been to provide relevant and culturally specific information to health professionals and produce increased cultural competence as evidenced by improved measurable outcomes in attitude, knowledge, and skills/behavior. While the results of these studies often indicate increased improvement in cultural competence among their targeted audience, there has been limited systematic exploration of the effectiveness of cultural competence interventions across health professions (Beach et al., 2005). For example, in a review of 34 studies addressing cultural competence training of health professionals, Beach et al. (2005) found that 82% of interventions demonstrated beneficial effects on provider knowledge, attitudes, and skills.

However, a subsequent evaluation of the effectiveness of cultural competence models of professional education among mental health professionals found limited evidence of the effectiveness of cultural competency training to mental health professionals working with culturally diverse patient groups (Bhui, Warfa, Edonya, McKenzie & Bhugra, 2007). In a review of nine studies, the authors found that few studies (33%) included teaching and learning methods or quantitative outcomes, and only one provided information about staff follow-up after training completion. Consequently, they asserted that these limitations hindered the ability to accurately ascertain the effectiveness of cultural competence trainings.

Additionally, Price and colleagues (2005) conducted a critical appraisal of the methodological rigor of cultural competence trainings and found that the quality of evidence from these interventions was generally poor. This conclusion was based, in part, on results from a sample of 64 studies where only 34% used pretest-posttest study designs and less than 16% of the studies used randomized or concurrent controlled trials. Furthermore, while a third of the studies provided enough detail to replicate the intervention, only eight of them used adequate comparison groups. Based on their findings, the authors concluded that most of the studies lacked the methodological rigor to wholly determine the effectiveness of the training on improved cultural competence and encouraged greater attention be given to study design and intervention evaluation.

Given the importance of cultural competence trainings among social workers and other health professionals, it is essential that trainings be effective in improving the cultural competence among its intended audience. As indicated by previous systematic reviews of cultural competence training among health and mental health professions, fully gauging the effectiveness of these trainings is limited by poor study quality. When assessing the effectiveness of any intervention, and particularly one that impacts so many professions and client populations, it is imperative that the training is of the highest quality. Evaluating the methodological rigor or quality of cultural competence training studies allows for comparison of studies by certain pre-determined characteristics to assess the reliability of the stated outcomes. Incorporating the results and their statistical significance, if any, further assists in evaluating the studies in an objective manner. Critiquing the methodological rigor of studies can help inform whether or not the study is, in fact, effective and its outcomes applicable to other health professionals.

Thus, the purpose of this study was to (1) evaluate the methodological rigor of cultural competence training studies by target population and (2) assess the effectiveness of the trainings on participants' cultural competence by three intervention characteristics. This study furthers the literature by including recent studies of cultural competence trainings not previously examined, expanding the target population to include students in addition to health professionals, and considering three intervention characteristics – target population, intervention duration, and intervention intensity – when evaluating training effectiveness on cultural competence. The hypotheses were: (1) studies targeting students will be more rigorous than those targeting professionals; and (2) studies targeting students, those of longer duration, and of higher intensity will be more effective in improving cultural competence.

Methods

Selection of Studies

The search objective was to identify cultural competence training studies, written in English, and published between 2004 and 2011 in peer-reviewed journals. Studies had to target students or professionals in health professions (i.e., social work, nursing, or the medical field), identify a cultural competence intervention and an evaluation of the intervention (i.e., pre/post-test results), and include statistical analyses of these results. Studies were identified through a search of electronic databases including CINAHL Plus, ERIC, Family and Society Studies Worldwide, MEDLINE via PubMed, PsycINFO, Race Relation Abstracts, SocINDEX, Social Work Abstracts, and Urban Studies Abstracts. Keywords used to in this search included “cultural competence,” “training or intervention,” and “evaluate”. Total search results of the inclusion criteria yielded 366 citations. Following duplicate citation removal and an article screening and filtering method identified by Bhui et al. (2007), 84 articles remained. Full-text articles were retrieved and reviewed for relevance. Thirteen peer-reviewed studies met the above criteria and were included in this review.

Assessing Methodological Rigor

An adapted version of the Methodological Quality Rating Scale (MQRS) was used to evaluate the methodological characteristics of each study. Miller and colleagues (1995) developed this instrument to assess the methodological quality of studies across multiple dimensions (e.g., study design, baseline, follow-up length, and analyses) with point values ranging from 0-3. It has been used in other systematic reviews with inter-rater reliability scores of 95-97% and adapted to address specific dimensions relevant to the studies of interest (e.g., Cabassa & Hansen, 2007; Vaughn & Howard, 2004). For this review, nine dimensions specific to cultural competence training studies were used to assess the methodological rigor of included studies. Each dimension was allotted a point value (possible values ranged from 0-3; see Table 1) and these scores were summed to produce a total MQRS score ranging from 1 (low quality) to 16 (high quality). Once all studies were scored, the median split of the scores was used to delineate between above average and below average methodological rigor (Vaughn & Howard, 2004). Studies with a score above the median split were considered above average rigor while studies with a score equal to or lower than the median split were considered below average rigor.

Assessing Intervention Effectiveness

Cultural competence training effectiveness was evaluated by three intervention characteristics: target population, intervention duration, and intervention intensity. *Target population* was based on whether the study targeted students or professionals. *Intervention duration* referred to the total number of training hours and was calculated after determining the mean number of total training hours across studies. Long duration was defined as eight training hours or more while short duration was defined as less than eight hours of training. *Intervention intensity* referred to the amount of participant involvement required in the training. Low intensity trainings were defined as trainings that included lecture only, written materials or audio/video components while high intensity trainings were those trainings that added a participant practice component such as role-playing or actual interactions with clients. This distinction was based on criteria used in previous systematic reviews of cultural competence trainings (see Price et al., 2005).

Table 1

Adapted Methodological Quality Rating Scale

Methodological Criteria	Points Awarded
1. Study design	1 = Single group pretest-posttest 2 = Quasi-experimental (nonequivalent control) 3 = Randomization of groups
2. Intervention curriculum	0 = Curriculum not included in study 1 = Curriculum included in study
3. Measure reliability	0 = No information on measure reliability 1 = Reliability implied from previous studies and/or reported in current study 2 = Reliability reported and adequate
4. Intervention duration	0 = ≤ 5 hours 1 = 6-10 hours 2 = ≥ 11 hours
5. Intervention intensity	0 = Lecture and written materials only 1 = Lecture/written materials plus audio/video component 2 = Lecture/written materials & audio/video plus participant practice component
6. Follow-up length	0 = No follow-up 1 = 1-6 months 2 = > 6 months
7. Dropouts	0 = No discussion or enumeration of dropouts 1 = Dropouts enumerated 2 = No dropouts from the study
8. Statistical power	0 = Inadequate power due to small sample size/dropout or not discussed 1 = Adequate power with adequate sample size
9. Analyses	0 = No statistical analyses or clearly inappropriate analyses 1 = Appropriate statistical analyses

Note: Adapted from Miller et al. (1995). Scores could range from 1 (low) and 16 (high).

In order to compare intervention effectiveness across studies by these three characteristics, an Outcome Attainment Index (OAI; Rhee & Auslander, 2002) was created to ascertain the degree to which statistically significant improvement ($p < .05$ or better) occurred in participants' level of cultural competence. Table 2 shows how the index combined the study's MQRS score with the study's reported findings of significant or non-significant results, and generated a pre-established rating system of 1 to 4.

Table 2

Outcome Attainment Index categories by MQRS score and Statistical Significance

	Above Average MQRS score	Below Average MQRS score
Statistically Significant Results	OAI = 4	OAI = 3
Non-statistically Significant Results	OAI = 1	OAI = 2

The assumptions of this index were that studies with a *rating of 4* will exhibit the strongest evidence of intervention effectiveness as they achieved statistically significant results while attaining above average or more stringent methodological rigor. A *rating of 1* indicated the weakest evidence of effectiveness as the study was deemed rigorous but did not achieve statistically significant results. A *rating of 3* indicated a potentially good intervention due to its

statistically significant results; however, due to its below average rigor, it was unclear if the intervention was effective and additional testing of the intervention would be required. Lastly, a *rating of 2* indicated a poor test of the intervention as the study's methodology was deemed below average along with a study report of non-significant results (Auslander, Bowland, Carter, Tracey, & Vaughn, 2004; Auslander, Tracey, Ollie, & Yu, 2004).

Results

Electronic Search

A total of 366 articles were identified through the electronic search. An article screening method using title and abstract review, followed by an article review, yielded 13 studies that met the inclusion criteria. About 38% of the studies targeted professionals and included health professionals in the fields of social work, pharmacy, nursing, and medicine. The majority of student studies (75%) targeted medical students, while nursing and pharmacy students were the focus of one study each.

Methodological Rigor

Using the adapted MQRS criteria, scores of the studies ranged from 2 to 13 with a median split of 7, which was then used to delineate between above average or below average methodological rigor. Studies with scores of 8 or higher were considered to have above average rigor, while those with scores equal to or below 7 constituted below average rigor. Four out of five studies targeting professionals and two out of eight studies targeting students achieved above average rigor. A higher percentage of studies targeting professionals achieved the maximum number of points for *intervention intensity* (60% vs. 50%), and *measure reliability* and *dropouts* (60% vs. 13%, respectively). In addition, professional-targeted studies were more likely to have *adequate power* and provide *follow-up* than student-targeted studies. Studies targeting students were more likely to receive the minimum number of points on methodological criterion including *power* (0/8), *follow-up* (1/8), and *measure reliability* and *intervention duration* (3/8, respectively). This combination of lower scores impacted the overall score of these studies; thus, student-targeted studies were more likely to achieve below average methodological rigor (see Table 3).

Regarding the methodological rigor of all the eligible studies, this review found that, overall, most studies failed to achieve consistent scores for methodological rigor across the criteria. For example, all the studies used appropriate statistical analyses and the majority (85%) included the intervention curriculum. However, slightly less than half (46%) of the interventions received the maximum number of points for intervention intensity. Only 31% of the studies included interventions that were longer in duration, used reliable measures of cultural competence to evaluate training effectiveness, or reported no dropouts. Additional areas of weakness included failure to address statistical power (15%), use a randomized control study design (7%), and conduct follow-up beyond six months (0%).

Table 3

Methodological Quality of Cultural Competence Trainings among Health Professions

MQRS Criterion	Maximum Points Possible	# of Studies Achieving Maximum Points	% of All Studies	% Professional (n=5)	% Student (n=8)
Statistical analyses	1	13	100	100	100
Curriculum included	1	10	85	100	63
Intervention intensity	2	7	54	60	50
Use of reliable measurement tools	2	4	31	60	13
Dropouts	2	4	31	60	13
Intervention duration	2	4	31	40	20
Statistical power	2	3	23	40	25
Study design	3	1	8	0	0
Length of follow-up	2	0	0	0	0

Intervention Effectiveness

Target Population. Eighty percent (4/5) of the trainings targeting professionals received an OAI rating of 4, indicating they reported statistically significant results while achieving above average methodological rigor compared to 25% (2/8) of the interventions targeting students. Six studies targeting students received a rating of 3, denoting that while they reported statistically significant results, the study lacked rigor.

Intervention Duration. Two student studies were excluded from this category as they did not include the amount of training time in hours (see Crosson et al., 2004 and Paul et al., 2008). Sixty-six percent (4/6) of the interventions with longer durations received an OAI rating of 4 compared to 40% (2/5) of those with shorter durations. The remaining studies (2 with longer durations and 3 with shorter durations) received a rating of 3.

Intervention Intensity. About 71% (5/7) of the high intensity trainings received an OAI rating of 4 and were considered effective in improving cultural competence, compared to 17% (1/6) of the low intensity trainings. Two high intensity studies and five low intensity studies reported statistically significant results but due to their below average rigor were given a rating of 3. Table 4 summarizes the study characteristics.

Table 4

Description of 13 Studies Evaluating the Effectiveness of Cultural Competence Trainings among Health Professions

Author, Year	Target Pop	Intervention Duration	Intervention Intensity	Summary of Findings	MQRS Score	OAI Rating
Armour et al., 2004	Social Work Field Instructors (n=52)	Long	High	18-hour training resulted in statistically significant improvement between pre-test, post-test and follow-up in comfort with diversity, attention to issues of power and control, and knowledge about oppressed groups.	11	4
Assemi et al., 2004	Pharmacy Students (n=58)	Long	Low	Scores from pre- to post- tests after an 8-hour elective course indicated significant change in students' perceived awareness, knowledge, and communication skills related to cultural competence.	7	3
Brathwaite, 2005	Registered Nurses (n=76)	Long	High	Voluntary participation in a 10-hour workshop resulted in statistically significant results at post-test and follow-up, indicating that participants' overall cultural competence increased over time.	11	4
Carter et al., 2006	Medical Students (n=196)	Short	High	3-hour training, as part of a required clerkship, resulted in significant improvement in cultural awareness in 8 out of 11 items.	8	4
Crosson et al., 2004	Medical Students (n=175)	N/A	High	A cultural competence curriculum was incorporated into two existing required courses. Results of pre- and post-test indicated significant improvement in assessing patients' opinion and determining patients' beliefs.	7	3
Krajewski et al., 2008	Medical Students (n=43)	Short	Low	Approximately 3-4 hour lecture showed significant improvement in health care cultural competency, cultural skill and clinical scenarios.	2	3
Lee et al., 2006	Registered Nurses (n=7)	Short	Low	Participation in a 90-minute education program resulted in significant difference in pre- and post-test scores on test of cultural sensitivity.	7	3
Lim et al.,	Medical	Short	Low	Pre- and post- test results indicated a required 2-	4	3

2008	Students (n=95)			hour presentation significantly improved cultural competence.		
Melamed et al., 2008	Medical Students (n=27)	Long	High	Voluntary participation in a 40-hour course plus hospital volunteering resulted in significant improvement on pre- and post-tests of cultural awareness and knowledge.	8	4
Nokes et al., 2005	Nursing Students (n=14)	Long	Low	Voluntary participation in a 15-hour intervention resulted in significantly lower cultural competence scores from pre- to post-test.	7	3
Paul et al., 2008	Medical Students (n=91)	N/A	High	6-week curriculum was incorporated into a required clerkship and resulted in significant improvement in cultural knowledge and attitude among intervention group versus control group.	7	3
Schim et al., 2006	Hospice Providers (n=130)	Short	Low	Participation in a voluntary 1-hour educational session resulted in significantly higher scores on post-test of intervention group compared to control group.	8	4
Williams, 2006	Social Workers (n=47)	Long	High	Voluntary participation in a 12-hour educational intervention demonstrated significantly greater improvement in cultural awareness among intervention group compared to control group.	13	4

Discussion

This systematic review evaluated the effectiveness of cultural competence trainings by target population, intervention duration, and intervention intensity, while considering methodological rigor. This review revealed that while 80% professional-targeted studies and 25% of the student-targeted studies achieved above average rigor, overall the quality of studies was lacking. Contrary to the initial hypothesis, studies targeting students were less likely to achieve above average rigor when compared to those targeting professionals. This could be due to the fact that many of the student-targeted studies failed to achieve the maximum number of points on the MQRS.

As hypothesized, studies with longer duration and of higher intensity were more likely to be effective in improving cultural competence. Three studies that targeted professionals, were longer in duration and of higher intensity (see Armour et al., 2004, Brathwaite, 2005, and Williams, 2006), achieved statistically significant results and above average methodological rigor, and represent studies that may demonstrate more effective cultural competence interventions. However, one study that also targeted professionals (Schim et al., 2006) reported statistically significant results and achieved above average methodological rigor with an intervention of shorter duration and low intensity which suggests that longer duration and/or high intensity may not necessarily be more effective in improving cultural knowledge.

Limitations

There are two major limitations of this systematic review: the rating scale used for the MQRS and the use of the median split. Although the methodological criteria for the adapted MQRS were selected based on the original MQRS, previous systematic reviews, and the studies themselves, the opportunity for problematic categories remain. For example, the majority of studies did not receive the maximum number of points for study design, follow-up length, or statistical power; however those criteria were deemed important in determining the methodological rigor of the study. In the future, it will be important to review how those criteria are rated to better delineate between above and below average methodological rigor.

Moreover, while using the median split as a determinant for above or below average methodological rigor is systematic, it is also somewhat subjective. Based on the MQRS scores, there were five studies that received a score of 7 in this systematic review. If studies with a MQRS score of 7 had been included in the above average methodological rigor category, the intervention effectiveness by intervention characteristic results would have been very different. In fact, if multiple studies receive below average MQRS scores, it may appear that the median split is not a meaningful method for determining methodological rigor. However, consistent below average scores may be indicative of the need to improve methodological rigor among studies as well as the need for further testing of the MQRS with cultural competence interventions.

Implications for Social Work

Considering the ever-growing diversification of our nation's population, it is imperative that social work and other health professions alike improve their ability to provide cultural competent services through the development and implementation of effective and rigorous cultural competence trainings. As the field of social work strives to accomplish the mandates set forth in *Standards for Cultural Competence in Social Work Practice* (NASW, 2001), it is anticipated that such trainings will further improve one's ability to deliver care that is based on a working knowledge and understanding of a population's diverse culture and background.

Therefore, to ensure that social work professionals and students are well equipped to provide culturally competent care, social work programs and agencies are encouraged to require cultural competence trainings. Yet, social work educators must bear in mind that not all intervention types lead to the desired outcome of increasing cultural competence as measured by improved service provision. When developing curriculum for students and professionals, it was found that training characteristics including longer duration (i.e., 8-10 hours) and higher intensity (i.e., include a participant practice component) led to more desirable outcomes. While this review highlights the need for methodologically rigorous cultural competence studies, further research is needed to fully evaluate the benefits of using effective cultural competence trainings.

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