

# Cultural Competency in Research

**Presented by:**  
**Katrice D. Cain, MA**  
**Mary Ellen Lawless, MA, RN**



“Cultural Competency in Research” provides an introduction to cultural competency in research and overview of the importance of considering culture throughout the research process.

## Case Center for Reducing Health Disparities

- Ash Sehgal, MD, and Daryl Throntorn, MD Co-directors
- 2004- Created by CWRU and MHMC
- 2007, 2011- Funded through a P60 & CTSC from the NIH



The Case Center for Reducing Health Disparities (CRHD) is co-directed by Dr. Ash Sehgal and Dr. Daryl Thorntorn. The center was established in 2004 by Case Western Reserve University, (CWRU) and MetroHealth Medical Center, (MHMC) to reduce health disparities through research on root causes, mechanisms, and intervention; through education of students, providers, and policy makers; and through partnership with community organizations and government agencies.

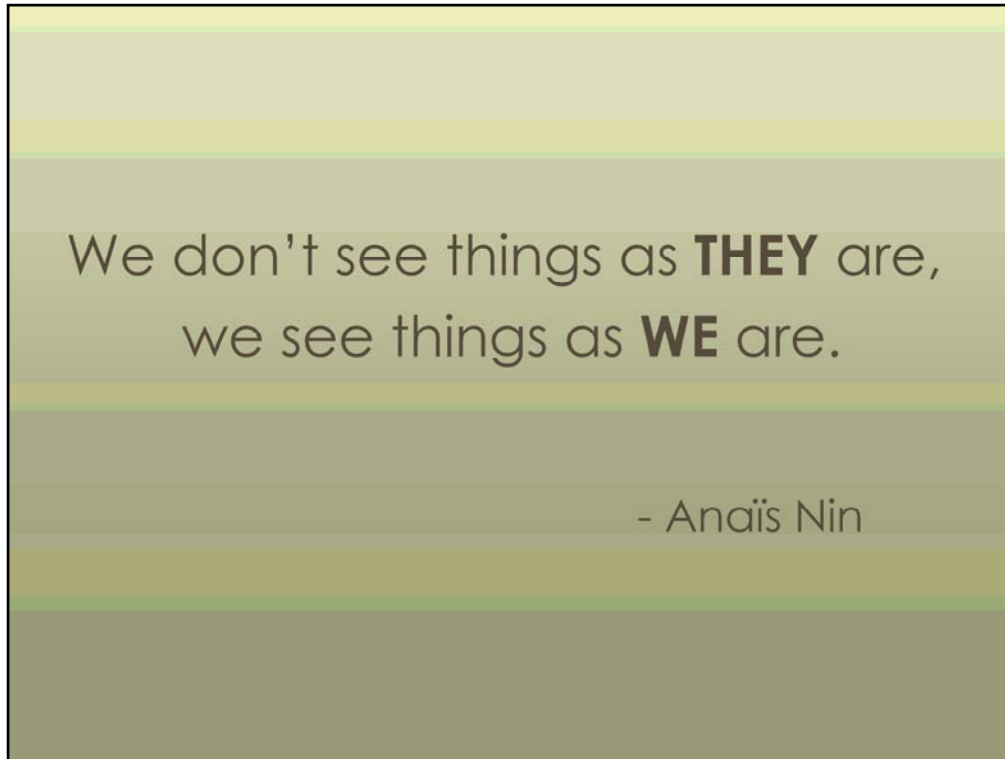
The center is funded through a NIH P60 grant, National Center on Minority Health and Health Disparities (NCMHD) and Clinical Translational and Science Collaborative (CTSC) award.

## Objectives

- **Define** cultural competency in research
- **Recognize** that culture is multifaceted and the importance of integrating cultural considerations into the research process
- **Describe** one action to begin the process of integrating cultural considerations into your research efforts



The objectives for this activity are listed on the slide above. At the end of this learning activity, you will be able to define cultural competency, recognize the importance of integrating cultural considerations into the research process and describe one action you will take to start to integrate culture into your research efforts.



This quote, by Anais Nin exemplifies the importance of being mindful to integrate cultural considerations into research. This quote, “We don’t see things as they are, we see things as we are” is a reminder that our preconceptions can dramatically alter the way we perceive the world.

The researchers and research participants “worlds” may be different because of cultural experiences. We tend to view things not as they truly are, but in the context of our own personal preconceived notions and prejudices. Our previous experiences will often affect our expectation of future events.

**Questions**

- Can you think of 3 culturally **incompetent** research studies?
- Can you think of 3 culturally **competent** research studies?

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Based on your current knowledge/thoughts of what cultural competency is, please answer the above questions.

**Examples of incompetent studies would be:** 1)The Public Health Service (PHS) Syphilis Study, (1932-1972) better known as the “ Tuskegee Syphilis Study.” 2) Havasupai Indians DNA study. 3) HeLa (The Immortal Life of Henrietta Lacks)

**Examples of competent studies would be:** 1)The Framingham heart study 2) The CRIC study

Think of incompetent studies as those that used or abused research subjects through lack of informed consent, deception, withholding information, withholding available treatment, putting people at risk without their knowledge of the potential risks, exploitation of vulnerable groups who would not benefit from participation, invasion of privacy, failure to maintain adequate confidentiality, etc.

Think of competent studies as those that have engaged the community, such as non-English speaking individuals, and included cultural considerations throughout the research process.

**Why Cultural Competency in Research?**

- Understand the needs and perspectives of different groups
- Community Outreach and Engagement
- Contextualization of research knowledge
- Increase in the community relevance of research findings

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### **Why is cultural competency important in research?**

Cultural competency is critical to reducing health disparities and improving access to high-quality health care, health care that is respectful of and responsive to the needs of diverse patients. When developed and implemented as a framework, cultural competence enables systems, agencies, and groups of professionals to function effectively to understand the needs of groups accessing health information and health care—or participating in research—in an inclusive partnership where the provider and the user of the information meet on common ground. *Adapted from U.S. Department of Health and Human Services; National Institutes of Health (NIH)*

By 2050, 54 percent of the population will be minorities (2010 U.S. Census). Institutions recognize the challenge presented by the health care needs of a growing number of diverse racial and ethnic communities and linguistic groups, each with its own cultural traits and health challenges. Institutions also recognize the need to apply research advances in such a way as to ensure improved health for all Americans.

As well, a lack of cultural competence on the part of the researcher may hinder engagement with certain communities, such as minority or non-English speaking individuals, and may lead researchers to impose their beliefs, values, and patterns of behavior upon those from other cultural backgrounds. Leininger M. *Transcultural Nursing: Concepts, Theories, Research, and Practices*. New York: McGraw-Hill; 1995.

## Culture

- Pattern of learned beliefs, values, and behavior that are shared within a group

(Betancourt, et.al, 2005)



This is one definition of culture. Culture shapes the way we approach our world and affects interactions between patients and clinicians.

## Culture

Shaped by:

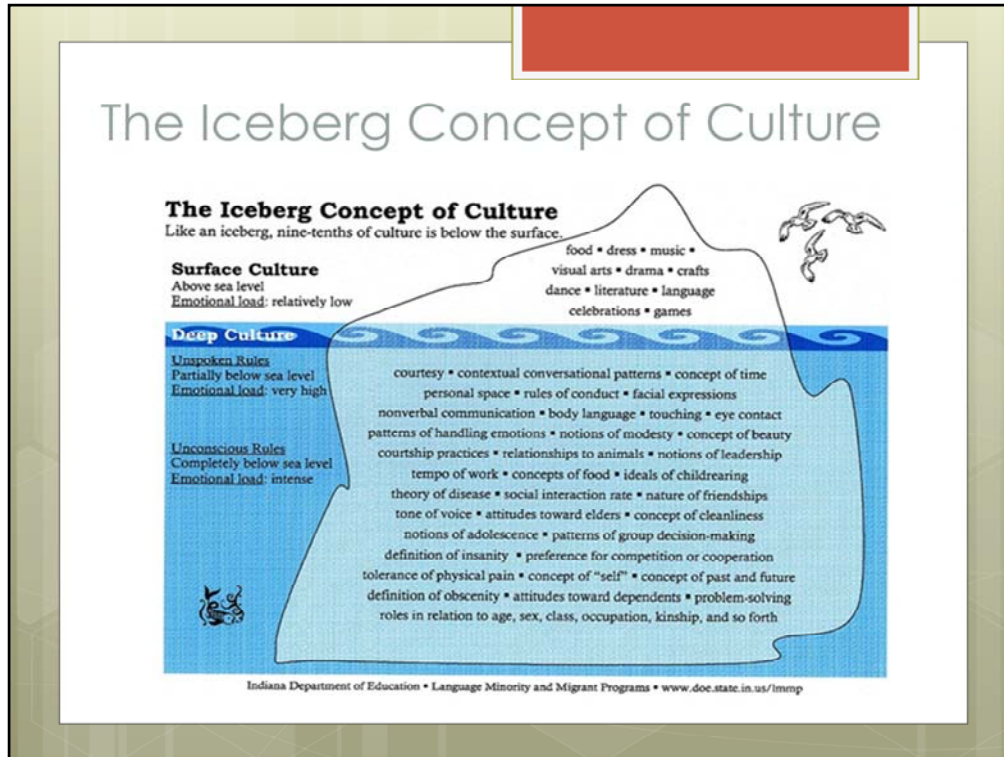
- Race
- Ethnicity
- Religion/Spirituality
- Language
- Nationality
- Region
- Gender
- Sexual Orientation
- SES
- Affiliation
- Education
- Customs

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Culture is not simply defined as race and ethnicity- this is a common misconception. Culture is complex and context is critical. Culture is also not static.

It is shaped by many things and are noted above. Great variability exists between individuals and within the same group. There is also a “research” culture that exists, for example related terms including randomized, control, cohort, recruitment, retention, trial, etc. Combine the research culture with other cultural influences of individuals and or communities can create cultural clashes.





An iceberg metaphor is often used to illustrate the varying levels of culture. Only about ten percent of an iceberg is visible above sea level, see above. The majority of the iceberg is hidden below sea level. Edward T. Hall (1979) suggested that culture has two components and that only ten percent of culture (as known as surface culture) is easily visible, similar to the tip of an iceberg. These characteristics include: dress, language, behaviors, and physical characteristics. Ninety percent of culture (also known as deep culture) is hidden below the surface, similar to the bottom of an iceberg. This includes beliefs, expectations, learning styles, assumptions, roles, patterns of group decision making, concept of "self", and body language. Our interactions with others are often based on "surface" cultural characteristics (i.e. appearance, language). However, information about deep surface characteristics is communicated through extended, individualized interaction and information gathering. Hall, E. T. (1976). *Beyond culture*. Garden City, N.Y: Anchor Press.

Individuals often make assumptions about another cultural group without understanding the "deep culture" that embodies that culture's values and belief system. To avoid this, researchers should focus learning about both surface and deep cultural aspects of an individual. In the field of research, deep and surface cultural aspects can impact study design, selection of target populations, and interaction with research participants.

Think about this concept in terms of your life.

Think about this concept as it relates to your research participants.

## Cultural Competency

- No uniform definition
- The ability to work effectively with individuals of different cultural backgrounds
- An ongoing process

(Kosko-Lasaki, et.al, 2006, O'Brien, et.al, 2006, Betancourt,et.al, 2003.)



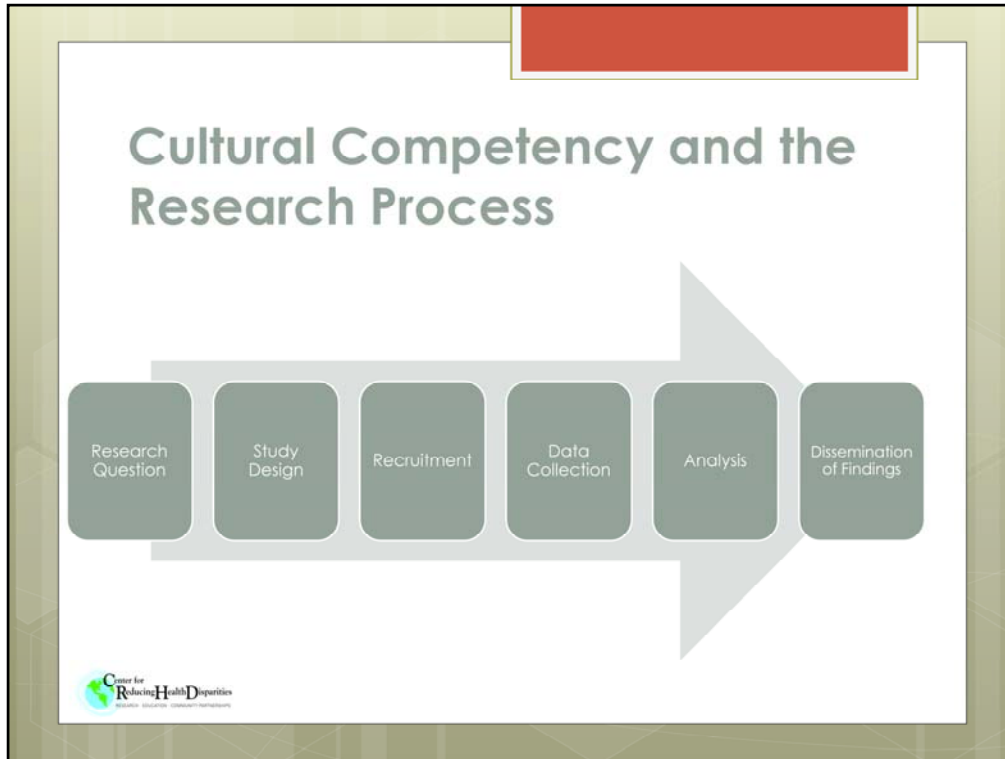
There are several definitions of cultural competency. One definition of cultural competency is noted in the above slide. Cultural competency is an ongoing process that requires awareness, knowledge and skills. An attitude of being willing to engage in ongoing learning is critical to the process.

## Related Terms

- Cultural Awareness
- Cultural Humility
- Cultural Knowledge
- Cultural Sensitivity
- Linguistic Competence



There are many related terms. Cultural competency involves all of these terms. Cultural Competence goes beyond cultural awareness or sensitivity. It includes not only possession of cultural knowledge and respect for different cultural perspectives but also having skills and being able to use them effectively in cross-cultural situations.



This diagram shows cultural competency and the research process. It is important to think about integrating cultural considerations at every step of the research process.

## Case Example

You are recruiting for a study focused on health literacy and Korean-American women with Breast Cancer. The study will include an in-depth, open-ended interview that will be conducted by a research assistant who is fluent in Korean. The research assistant will also assist with the informed consent process to ensure that all participants fully understand the details of the study and their rights as a participant. It is anticipated that 50 women will be enrolled in the study.

You attend a cultural event in a predominately Korean-American neighborhood. You're prepared with study flyers that are translated into English and Korean. Some of the women take the flyer, place it in their purses and walk away from the table. Others smile and engage in conversation. They appear very interested in participating in the study, but state that they will discuss the information with their spouses. Following the event, you have spoken to approximately 75 women and believe that the event was a success.

You decide to continue using the same strategy and attend numerous community events to recruit participants for the study. After three months of speaking to over 150 women, you realize that only 8 women have enrolled in the study.

### Read the case example and consider the following:


- How was the study tailored to meet the specific needs of the target population?
- What factors may have led to the low enrollment rate?

### Let's take a closer look....

- It appears that the appropriate steps were taken in regards to having a research assistant fluent in Korean, attending local cultural events to recruit participants, and distributing culturally appropriate flyers. However, these are only “surface culture” characteristics. It is important to remember all aspects of culture. This includes “deep culture” characteristics. By understanding more about the culture, you and your research team could have taken the following items into consideration:
  - Asian Americans and Pacific Islanders tend to consult with their family, especially spouses, if in a relationship, before making decisions.
  - The women may have appeared interested due to their culture's value of respecting authority. They may have only taken the flyer and appeared interested to show respect to the researcher.
  - Research indicates that there are barriers to medical research and the health care system due to lack of health insurance, lack of knowledge about research, mistrust in the health care system, and past experiences of disrespect and/or discrimination.
  - Many individuals within this culture do not feel comfortable disclosing information to those outside of their immediate circle (i.e. close relatives

## Consequences

- Stereotyping
- Tokenism
- Mistrust
- Inability to engage certain communities
- Poor health and research outcomes

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Not including cultural considerations in the research process results in consequences list above.

- Stereotyping is believing unfairly that all people or things with a particular characteristic are the same.
- Tokenism involves the representation of different cultural groups without valuing their input or providing them with a voice. Always remember: representation does not mean inclusion.
- One participant barrier to participating in research, is fear and mistrust of the health care system and medical research.
- Researchers and practitioners need to understand the cultural dynamics of specific groups and institutions in order to build respect and trust with various communities.
- Without cultural competence, researchers risk imposing their beliefs, values and pattern of behavior upon cultures other than their own. This perspective may lead to poor health outcomes and invalid research data.


## Cultural Competency: What it **IS**

- An ongoing process
- Value and respect for others
- A willingness and openness to change attitudes and behaviors



Cultural Competency:  
What it is **NOT**

- A checklist of do's and don'ts
- Creating a “formula”
- Following “The Golden Rule”

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Cultural Competency is NOT:

- A checklist of do's and don'ts related to working with individuals of various cultural groups.
- Creating a “formula” of how to interact with individuals and applying it to all cultural groups.
- Following “The Golden Rule”- It's not about treating others as **we** would have them treat us. It's about treating others, as **they** would like you to treat them.



**Cultural Competency:  
A Closer Look**

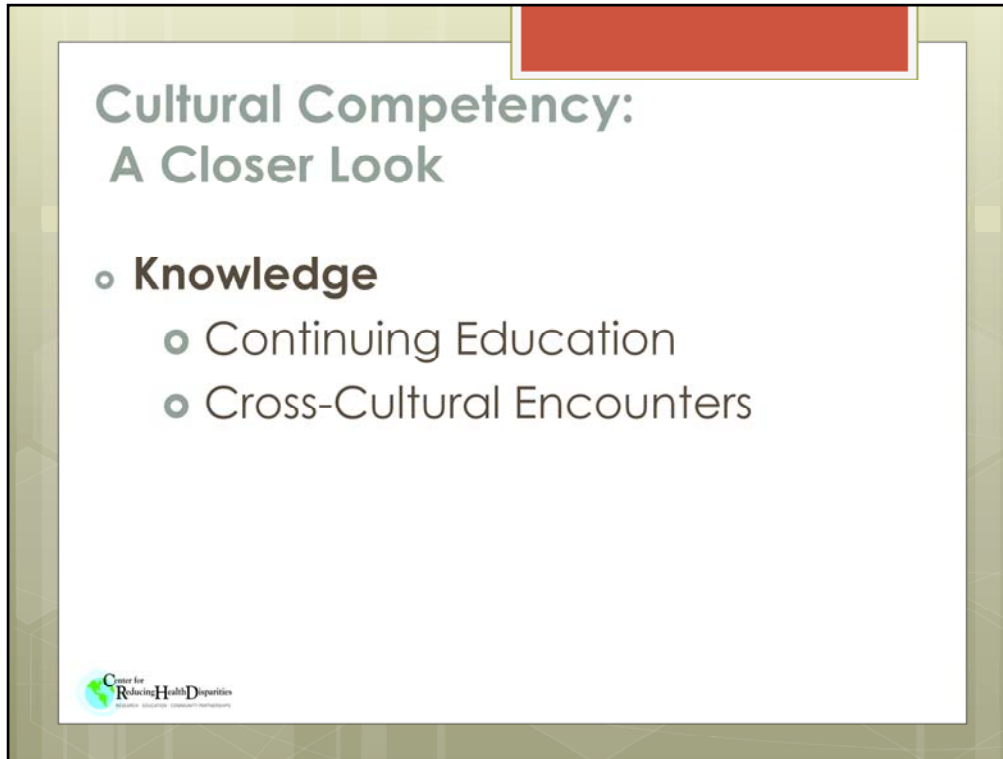
- **Attitudes**
  - Self-Awareness
    - Individual and Institutional Level
  - Acknowledging cultural differences
  - Attitudes towards research (General and Project Specific)

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Awareness relates to individual and institutional attitudes about the differences that exist among potential research subjects.

**How can this be done?**

- Enhance self-awareness of your own attitudes and beliefs in order to minimize the influence of stereotypes in clinical practice.
- Become aware of possible feelings of anger toward perceived preferences, guilt about disparities, denial of differences, or tendency to blame the victim. These are not unusual attitudes.
- Discuss your attitudes in a non-judgmental context and seek to understand them.



Knowledge is gained by experience. We gain knowledge through continuing education (articles, books, workshops, etc.) and cross-cultural encounters.

The continuing education enables us to examine the “surface” level characteristics of culture. These cross cultural Encounters enable us to examine the “deep” level characteristics of culture

It is important to use this knowledge. How? For example, we may know that certain cultures value family decision making over individual. Even though we know this, it would be important to verify that with an individual.

For the specific populations you work with, become knowledgeable of:

- Cultural beliefs
- Behaviors and common practices
- Attitudes toward healthcare and health-seeking behaviors
- Specific preferences of individual patients and families you serve

## Cultural Competency: A Closer Look

- **Skills**

- Incorporate knowledge into research efforts
- Be sensitive to cultural differences
- Take Action!



It is important to engage in situations that allow you to practice using the knowledge, for example, if religion or spirituality is important to an individual, recognize this!

Engage in situations that allow you to practice using the knowledge, for example:

- Learn to ask appropriate questions about race, ethnicity, family, religion, relationships, immigration experiences, social support, healthcare beliefs, & health-seeking behaviors
- Become proficient in the use of language interpreters
- Extend cultural competence skills to working as a member of a healthcare team comprised of different health professions

## Final Thoughts

- Starts with **Awareness**
- Grows with **Knowledge**
- Enhanced with **Specific Skills**
- Polished through **Cross-Cultural Encounters**

Cultural Diversity and Health Care - UCLA

**Moving Forward...What will  
be your next steps?**



## Contact Information

Katrice D. Cain, MA, PC  
Program Development Manager  
216-778-8467  
[kcain@metrohealth.org](mailto:kcain@metrohealth.org)

Mary Ellen Lawless, MA, RN  
Community Development & Programming  
216-778-1304  
[mell5@case.edu](mailto:mell5@case.edu)

[www.ReduceDisparity.org](http://www.ReduceDisparity.org)

