

## Identifying experiences, enablers and barriers of healthcare providers for delivering culturally competent care

Claeys, Ann; Berdai Chaouni, Saloua; De Donder, Liesbeth

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**POSTER ABSTRACT****Identifying experiences, enablers and barriers of healthcare providers for delivering culturally competent care**18<sup>th</sup> International Conference on Integrated Care, Utrecht, 23-25 May 2018Ann Claeys<sup>1,2</sup>, Saloua Berdai-Chaouni<sup>2</sup>, Liesbeth De Donder<sup>2</sup>

1: Erasmus University College Brussels, KC Brussels Integrated Care, Belgium;

2: Vrije Universiteit Brussel, department of educational sciences, Belgium

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Western cities are facing an increasing number of patients from diverse cultural, ethnic and linguistic background. Together with an apparent negative attitude towards all what is perceived as 'different' more attention is needed for cultural competences of care professionals. Research for example has shown that patients from ethnic minority groups receive lower quality of care and less accurate diagnosis. To reduce these health discrepancies it is important to identify critical barriers and enablers of culturally competent integrated care delivery.

Therefore, this study aims to explore experiences of health care providers in caring for patients with a migration background, and to explore their definitions and visions of culturally competent care. In addition, this study aims to identify barriers and enablers they experience for delivering integrated culturally competent care.

7 Focus groups n =38 were conducted with 6 types of respondents: nurses, midwives and physicians student and qualified. All participants had internship or working experience in Brussels. Thematic analysis was used to analyse the data.

Results demonstrate that healthcare providers that belong to an ethnic minority group are more aware of their own culture and are hence sensible to cultural differences with the patient. In the same line of reasoning, healthcare provider express the need to build up experience about providing culturally competent care, which empowers them to deal with difficult situations.

Respondents talked about different dimensions of culturally competent care. Cultural skills and sensitivity are perceived as more important while cultural knowledge is perceived as less important by the healthcare provider. Findings identified several barriers and enablers for healthcare providers to deliver integrated culturally competent care: 1 having a common language was shown to be an essential element 2 the opportunity to discuss and analyse difficult situations with peers or a supervisor can also contribute to a better quality of care, and 3, the point of view of the healthcare organisation where the respondent was employed on culturally competent care could facilitate or hamper the work of the individual healthcare

provider e.g. facilitating framework conditions to organize discussion sessions and expert support, or to embrace culturally competent care as key-value in the organisation.

This study helps to understand how culturally competent care is perceived and implemented in daily practice. As the role of the healthcare organisations appears to be crucial in supporting the healthcare provider to deliver qualitative, culturally competent health care, healthcare organisations are encouraged to pay more attention to the enablers and the barriers of culturally competent care in order to improve quality care for all patients groups. The results of this study have the potential to formulate evidence-based policy and practical recommendations to influence future clinical practice and will therefore have implication for nurses, nurse educators and managers. As care providers work more cultural competent, this has strong potential to improve access, quality and user satisfaction of the service, as key-elements of integrated care. Future studies should include input client and organisation level to successfully implement culturally competent integrated care into practice.

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**Keywords:** culturally competent care; cultural competencies; health disparities; experiences; healthcare providers

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