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Patient Centeredness, Cultural Competence, and Healthcare Quality

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Synopsis

A comparison of the histories of patient centeredness and cultural competence in health care delivery reveals that, despite some differences, these quality initiatives share many of the same core concepts.

Background

Patient centeredness and cultural competence are two approaches to enhancing health care delivery that emphasize different aspects of quality. Patient centeredness aims to improve quality by including the patient perspective; cultural competence primarily focuses on reducing disparities in health care. Both movements have expanded substantially in scope and popularity, but there is considerable ambiguity regarding their similarities and differences.

"Healthcare organizations and providers should adopt principles of both patient centeredness and cultural competence jointly, so that services are aligned to meet the needs of all patients, including people of color and other disadvantaged groups, whose needs and preferences may be overshadowed by those of the majority."

Evolution of Two Quality Movements

Patient-Centered Care

Coined as a term in 1969, the concept of patient-centered medicine arose as a prescription for how physicians should interact and communicate with patients. A patient-centered physician might be described as someone who "tries to enter the patient's world, to see the illness through the patient's eyes." Key elements of the patient-centered approach include viewing the patient as a person, rather than focusing strictly on the disease, and building a therapeutic alliance based on the patient's and physician's perspectives.

The scope of patient centeredness expanded beyond the realm of patient–physician communication to the level of the health system care. Patient-centered health delivery emphasizes aspects of care that are important to patients, such as the convenience and timeliness of services, and focuses on outcomes such as

patient satisfaction, quality of life, and functional status. In "Crossing the Quality Chasm," the Institute of Medicine endorsed patient-centered care as one of six goals for health system improvement.

Cultural Competence

Cultural competence arose more recently, but has nonetheless generated substantial interest among researchers and providers interested in eradicating racial and ethnic disparities in health care. Early on, the primary aim of this movement was to bridge the "cultural distance" between providers and immigrant patients through the use of interpreters and "cultural brokers," and by becoming familiar with the histories and cultural norms of different immigrant populations. Ideally, the culturally competent provider would have respect for patients' health beliefs, understand the biopsychosocial context in which patients experience illness, and develop a mutually agreeable treatment plan.

In the late 1990s, the concept of cultural competence expanded to include all disadvantaged patients and tackled issues such as prejudice, stereotyping, and social determinants of health. As the scope of this movement expanded beyond cross-cultural care to include health systems and communities, cultural competence has evolved into a means of addressing interpersonal and institutional sources of racial disparities in health care.

Commonalities and Differences

The patient-centered model has the potential to reduce disparities in health care by seeking to equalize power between providers and patients. Conversely, because cultural context and effective communication are relevant to the care of all patients—not only minorities—cultural competence has the capacity to enhance patient centeredness and improve overall health care quality.

Both movements also intersect and complement one another at the health system level. For example, patient-centered health systems emphasize features such as same-day appointments and continuity of care across settings; culturally competent health systems seek to employ a diverse work force that reflects the patient population and strikes partnerships with communities to set priorities and planning.

The Bottom Line

Patient centeredness and cultural competence hold promise for improving the quality of health care for individual patients, communities, and populations. However, at this time, the authors suggest that the concepts remain distinct, so that important aspects of both movements are not lost or overshadowed, even as providers and heath systems strive to incorporate both.

Citation

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