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Health Care Leadership Article Critique

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## Health Care Leadership Article Critique

**Introduction**

The title of the article to be analyzed is “Becoming a Culturally Competent Health Care Organization” which was written by the American Hospital Association. The article has focused on guiding health care organization leaders on how they can enhance cultural competence in their facilities by reducing disparities and enhancing diversity in management. Additionally, through following the steps required as well as providing educational programs to healthcare staff, cultural competence will be enhanced. Hospitals should prepare their staff in relating to patients of diverse backgrounds to intensify their interactions and education and to help eradicate racial and ethnic differences. Hence, in my position, I agree that cultural competence in health care facilities and enhancing education to staff concerning the different cultures will play a critical role in enhancing the clinician-patient relationship and enhance the quality of care.

**Summary**

The article has presented key points concerning the importance of having culturally competent healthcare facilities. For example, cultural competence provides the capacity for healthcare facilities to deliver care to patients with diverse standards, principles and behaviors. Furthermore, the quality of patients cares and satisfaction is enhanced because, through culturally competent organizations, patient-centred care and accountable facilities are established. The article has started by presenting the background of the topic and argued that cultural competence in health care will help healthcare administrations to decrease discrepancies and encourage diversity in healthcare management. There exist many advantages when implementing cultural competence in healthcare organizations ranging from societal, health and business benefits. Specifically, healthcare results play a critical role in the success of the hospital and care facilities mission, intensify respect and common understanding between the hospitals and patients as well as augment the involvement from the neighboring communities. Also, other benefits involve reduced charges and healthcare discrepancies.

Another argument presented is concerning the steps hospitals should take to become culturally competent. Considering that the article has guided in becoming socially knowledgeable, the institution has argued that hospital management team should first recognize their society as well as their role in society. Then they will have to examine the data and microtargeting investigations to enhance their services. The second step is to share the findings to obtain urgencies and finally provide training to clinicians and staff while positioning the plans with resources available to achieve community requirements. The last argument is efficient educational plans to the staff which comprises cultural evaluation, several training programs, continuing coaching and measurement and following. According to the study conducted in Advocate Lutheran General Hospital, in analysis of patient’s data, they added new employees and formed a diversity group program that would offer cultural awareness days and after identifying the priorities they opened a south Asian cardiovascular centre which accepted their ethnic views.

**Critique**

The article has provided a guide on how hospitals and healthcare facilities can become culturally competent, therefore, providing the advantages that cultural competence has on the

organizations, as well as the steps to be followed to be culturally competent, will provide a way for organizations to adopt. Besides, the strengths of the article are on the previous results presented concerning the organizations that have implemented cultural competency and it has worked perfectly, for instance, the case of Advocate Lutheran General Hospital in Chicago which analyzed their patient's data to identify the ethnic culture being served and hence developed the South Asian Cardiovascular Center to enhance clinical outcome. Also, the case of Lutheran Medical Center in New York operates in Brooklyn and serving almost seventy-three languages. Finally, developing culturally competent programs such as establishing a culturally competent department and employing a multilingual a multicultural patient relation staff helped towards patient satisfaction rate.

The weakness of the article was on presenting the steps to be used when an organization needs to become culturally competent. Although many organizations have not developed programs of enhancing cultural competence, there is a need to provide recommendations that health care organizations might do in enhancing cultural competence in their care and services. Similarly, the article is more applicable to all health care organizations' management which has not implemented and adopted culturally competent programs in their facilities. Different hospitals have diverse cultural communities and thus they will have different programs based on their analysis, thus evaluation of the local community plays a key role in developing cultural competency.

The current world is full of people from different demographics due to migrations. Therefore, due to increased diversity in societies, health care organizations need to adapt to the changes so that they can provide necessary services and care to patients. Normally, the main mission of health care organizations is to deliver quality care and guarantee safety to patients. As people move from one place to another, they lead to increased diversity which has both opportunities and challenges in health care organizations, services and policies in offering culturally competent services which will decrease disparities in healthcare. Often, certain types of cultural challenges in hospitals can have significant effects on healthcare results and cause affluent causes in the hospital systems.

Henderson et al. (2018) argued that enhancing cultural competency in hospitals requires considering the experiences, qualities and costs of cultural competence which results in a decrease in discrepancies in healthcare. Thus, a major opportunity in enhancing cultural competency in health care facilities is through an examination of ethical perceptiveness as a precursor for clinicians to promote cultural competence. While the American Hospital Association is working on encouraging health care organizations to become culturally competent, Jeffreys (2015) worked on creating a plan that will ensure all hospital and care systems employ cultural competency during their care. This will be achieved by making culturally competent practice in the healthcare field by offering the training to clinicians on how to respect patients' different cultures in school rather than training them at work.

Becoming culturally competent requires the leadership of the health care organization to be involved significantly. According to Dauvris & Lorant (2015), cultural competence of hospital clinicians is related to the cultural competence of the leaders. Therefore, this relation is substantial in two realms of cultural competence including the intercession and model because of the differences in situation and sociodemographic. Moreover, while working on developing competency programs, cultural competence within clinicians is obtained partially through

leadership. For that reason, when developing culturally competent approaches and programs it is important to deliberate on social interactions and leadership impacts on health services. However, this necessitates a careful technique because majority of vital personnel are not the same individuals as the formal leaders.

### **Conclusion**

Cultural competence plays a critical role in ensuring the quality of care and reducing diversity. Therefore, health care organizations are required to prepare their staff and when involving with patients of diverse cultures and enhance their relationships as well as training to eradicate racial and ethnic discrepancies in healthcare. Moreover, healthcare organizations are required to recognize the benefits of cultural competence and develop the steps for implementing cultural competency in the organization. However, based on the analysis, it is important to consider making cultural competency a practice for clinicians and physicians. Therefore, they should be trained in school how to respect patients' cultural backgrounds. Also, cultural competency for staff is related to leadership. More research needs to be done on the implementation of cultural competency as a practice in nursing schools.

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