

Assessing cultural competence education in healthcare: a cross-national perspective

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Abstract: This study used five major factors—healthcare policy, curriculum, diversity, training, and assessment—to evaluate cultural competence in healthcare. This study looked at how well different programs work to improve global competency using a data mining technique and a qualitative analysis methodology. Finding significant patterns and insights in qualitative data is the main goal of data mining techniques that incorporate qualitative analysis. This method, which makes use of methods like content analysis, grounded theory, and thematic analysis, focuses on comprehending the underlying themes and contexts within the data. The findings demonstrated how important healthcare policies, curricula, diversity, training, and evaluation are in promoting cultural competency. Improving cultural competency and guaranteeing equitable healthcare globally require a thorough strategy that incorporates these five factors.

Keywords: Cultural competence, Healthcare policies, Healthcare curriculum, Healthcare diversity, Healthcare training, Healthcare assessment, Data mining

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INTRODUCTION

Cultural competency is now a crucial part of healthcare education in a world that is becoming more interconnected by the day. The set of skills, attitudes, and knowledge needed for healthcare professionals to work well with patient groups who are culturally and ethnically diverse is known as cultural competency (Campinha-Bacote, 2020). Understanding the social factors that contribute to health disparities, such as ethnic inequality and the various cultural beliefs that affect health behaviors, is necessary for this competence (Constantinou et al., 2022). The importance of culturally sensitive communication and treatment techniques increases because of globalization and migration, which expose medical professionals to a wider range of patient populations (Badanapurkar et al., 2025). To ensure that all patients receive care that is culturally appropriate and eliminate health disparities, effective cultural competence is essential (Matlhaba 2025).

The challenge for healthcare systems around the world is to address health disparities and make sure that providers have the skills they need to deal with cultural variations as

populations become increasingly varied (World Health Organization, 2020). Research shows that adding cultural competence instruction to nursing and medical programs improves the capacity of healthcare professionals to provide patient-centered care while lowering health disparities (Cruz et al., 2021). Because of their sociopolitical settings, healthcare regulations, and educational systems, many nations have created unique strategies for integrating cultural competency into healthcare education (Shepherd & Willis-Esqueda, 2020). While some countries emphasize cultural competence in undergraduate programs, others implement continuous professional development strategies for practicing healthcare workers (Kohlbray, 2021). Understanding these variations can provide insights into best practices and the effectiveness of different models in improving patient outcomes.

Statement of the problem

This research analyzed the cultural competence in healthcare education, such as healthcare policies, healthcare curriculum, healthcare diversity, healthcare training, and healthcare assessment in selected countries in Asia, Europe, North America, and South America.

METHODOLOGY

Research design

To methodically examine the results of studies and research on cultural competency in healthcare education carried out in multiple nations, this study used a data mining technique. To find trends, patterns, and connections, the study employed a meta-analysis research approach, which entails methodically going over and combining previous findings. Healthcare policies, healthcare curricula, healthcare diversity, healthcare training, and healthcare assessment were among the elements that were the focus of the analysis. To extract and analyze pertinent material from a large database of peer-reviewed articles, academic reports, and empirical studies pertaining to cultural competency in healthcare, the study performed a systematic review and synthesized data.

Locale of the study and respondents

The study has a worldwide reach, examining data from multiple nations to emphasize the significance of healthcare policies, curricula, diversity, training, and assessment in fostering cultural competency. The research participants are drawn from a wide range of ages, educational backgrounds, and cultural backgrounds, guaranteeing thorough and objective coverage of the topic at hand. To ensure diversified representation within cultural and technological contexts, data were gathered from institutional databases, online learning platforms, and survey findings from various groups.

Research instruments

The study's main tools were structured surveys, online learning environments, and institutional databases. The investigation of the importance of healthcare policies, curricula, diversity, training, and assessment in promoting cultural competency was made easier by the extensive data set provided by these instruments. Surveys designed to learn more about the experiences and opinions of students and teachers regarding various tactics.

Data analyses procedure

The data were analyzed using a qualitative approach, employing thematic analysis, grounded theory, and content analysis. These methods were applied to identify and examine variables such as healthcare policies, curricula, diversity, training, and assessment. The analysis emphasized the importance of healthcare policies, curricula, diversity, training, and assessment

in promoting cultural competency across nations. The results were contextualized to highlight both common trends and distinctive cultural or systemic differences observed among countries.

FINDINGS AND DISCUSSION

Healthcare policies

Healthcare policies play a crucial role in integrating cultural competence into healthcare education and service delivery worldwide.

China, South Korea, and Japan prioritize education and accreditation systems in their healthcare policies to enhance culturally competent treatment in East and Southeast Asia. Cultural competence seminars greatly enhanced Chinese nursing students' awareness and abilities, as shown by Liu et al. (2018). Han and Jeong (2023) discovered that customized teaching programs improved public health nurses' capacity to deliver culturally appropriate treatment in South Korea. To promote the care of international patients, Japan's Ministry of Health launched environmental management and accreditation initiatives (Matsumoto et al., 2018). Despite the paucity of specialized research, regional partnerships in Indonesia and the Philippines continue to promote cultural competency.

Across Europe, healthcare policies in Germany, Switzerland, Belgium, the UK, and Denmark focus on integrating cultural competence into medical curricula. Mews et al. (2018) noted that German-speaking medical schools have introduced cultural competence courses, although systematic integration remains a challenge. Switzerland's approach includes best-practice training followed by evaluation (Vissandjée et al., 2016). Belgium's social network analysis highlights the role of leadership in cultural competence (Dauvrin & Lorant, 2015). The UK and Denmark have implemented policies emphasizing cultural competence training to address health disparities (Kaihlanen et al., 2019; Sorensen et al., 2019).

In Africa, healthcare policies in South Africa, Nigeria, Uganda, Ghana, and Kenya emphasize training programs and collaboration with traditional healers. Matthews and Van Wyk (2018) found that South African medical students recognized the need for curricula addressing cultural competence. Nigeria's healthcare system has seen inconsistent training, highlighting the need for standardized policies (Faloye & Govender, 2023). Uganda's THETA initiative integrates traditional and biomedical healthcare practices to improve patient outcomes. Ghana has incorporated cultural competence into nursing and medical curricula, while Kenya has developed training programs to enhance patient-provider interactions.

Cultural competency training is a key component of North American healthcare programs in both the United States and Canada. To enhance the cultural competency of healthcare providers, the U.S. Department of Health and Human Services (OMH) offers free online educational programs (Office of Minority Health, 2025). Indigenous healthcare education is a key component of Canada's Indigenous Cultural Safety Training Program and the Calls to Action issued by the Truth and Reconciliation Commission of Canada (2024). To guarantee culturally relevant services, Mexico, Guatemala, and Belize incorporate traditional medicine within their healthcare regulations.

Across South America, healthcare policies in Brazil, Argentina, Chile, Peru, and Colombia incorporate cultural competence training in medical curricula. Brazil's Ministry of Health has mandated cultural competence education (Ministry of Health, 2021), while Argentina and Chile emphasize intercultural communication and indigenous health practices (Kaihlanen et al., 2019).

In Oceania, Australian and New Zealand healthcare policy places a high priority on training indigenous healthcare professionals. To place students in Aboriginal Community Controlled Health Organizations, Monash University has incorporated cultural competence training into its medical courses (Uni puts cultural healthcare to heart, 2024). As per Pacific

Cultural Competencies: A Literature Review (2008), cultural competence training is promoted by the government literature reviews and New Zealand's eCALD initiative. Samoa, Fiji, and Papua New Guinea prioritize incorporating traditional beliefs into contemporary medical procedures to promote accessibility and trust. Oceania emphasizes the importance of incorporating cultural competency into healthcare education to improve health outcomes for diverse groups, with programs and policies tailored to each nation's cultural context.

Healthcare curriculum

In Hong Kong, an "infusion model" is recommended to embed cultural competence within core courses (Vandan et al., 2023). Similarly, Malaysia, South Korea, Pakistan, and South Africa prioritize cultural competence in medical and nursing education to improve professional readiness. Cultural awareness training has been implemented into Singapore's residency programs to ensure long-term learning.

African nations such as Nigeria, Zimbabwe, Kenya, and Ghana have also adopted training modules to improve healthcare delivery in multicultural settings. In Europe, Portugal mandates Cultural Competence Seminars, while Germany, Austria, and Switzerland are working on structured integration (Alves et al., 2020; Mews et al., 2018). Belgium, the UK, and Norway have implemented initiatives like social network analysis and European projects to enhance cultural competence in medical education (Dauvrin & Lorant, 2015; Papadopoulos et al., 2012; Dogra et al., 2016).

In Australia and New Zealand, cultural competence is crucial, especially for Indigenous healthcare. New Zealand pioneered "cultural safety" in the 1980s, influencing global practices. Pacific nations such as Fiji, Samoa, and Papua New Guinea have adopted culturally appropriate training through initiatives like the Pacific Open Learning Health Net.

Latin American countries, including Chile, Ecuador, Bolivia, Colombia, and Peru, have integrated indigenous health practices with Western medicine to foster intercultural competence.

In North America, the United States mandates cultural competence in medical education through the Liaison Committee on Medical Education, while Canada and Mexico have incorporated similar initiatives to improve patient-physician interactions (Cultural competence training for health care professionals, 2020). Central American countries like Guatemala and Belize are also beginning to include cultural competence in healthcare education to address their diverse populations. These global efforts highlight the growing recognition of cultural competence as a fundamental aspect of healthcare education, ensuring better patient outcomes and more inclusive healthcare systems.

Healthcare training

Healthcare training in cultural competence varies globally, with studies highlighting both gaps and advancements. In Pakistan, medical students face limited exposure to diverse patients and insufficient faculty training, necessitating interactive learning and faculty development (Abdullah et al., 2024). Nurses in Thailand, China, Indonesia, and Vietnam emphasize patient-centered care and require training in multicultural skills and language proficiency (Songwathana et al., 2020). South Korean public health nurses exhibit moderate cultural competence, with only 18% receiving cultural education, underscoring the need for tailored programs (Kim & Kim, 2023).

In Ethiopia and South Africa, research suggests targeted training for nurses and midwives to enhance cultural sensitivity (Aragaw et al., 2023; Shopo et al., 2023). Nigeria, Uganda, and ECSACOP member countries emphasize formal training and interdisciplinary collaboration to improve healthcare in diverse populations (Ogunbiyi et al., 2023).

In Europe, cultural competence integration remains inconsistent across curricula, with calls for structured educational interventions (Salzmann-Manrique et al., 2018; González-Brignardello et al., 2023). Latin American initiatives, including Colombia's competency-based training and Brazil's Quilombola-focused module, address cultural diversity in medical education (Romero et al., 2023; Mota et al., 2020).

In North America, the U.S. and Canada incorporate cultural competence frameworks, while Mexico and Cuba focus on training for indigenous and migrant populations (Lakra et al., 2023).

Australia and New Zealand integrate Indigenous perspectives into medical education, enhancing healthcare access for Aboriginal and Māori communities (Rissel et al., 2022). Pacific nations like Fiji and Samoa emphasize culturally appropriate care through education on traditional practices. These global efforts underscore the necessity of comprehensive healthcare training to improve culturally competent care worldwide.

Healthcare assessment

In Thailand, China, Indonesia, and Vietnam, nurses emphasized patient-centered care, spiritual considerations, and the need for training in multicultural care (Songwathana et al., 2020). South Korea identified gaps in cultural competence education among public health nurses, recommending tailored training programs (Kim & Kim, 2023). China's study on a one-day workshop showed significant improvements in nursing students' cultural competence (Zhou et al., 2018).

In Ethiopia and South Africa, studies found moderate levels of cultural competence among nurses and midwives, stressing the need for targeted training (Aleign et al., 2023; Shopo et al., 2023). Kenya and Ghana addressed language barriers and AI-driven communication tools to improve healthcare delivery (Ouédraogo, 2024). Zambia utilized AI for maternal healthcare diagnostics, enhancing cultural competence in resource-limited settings (Pilling & Murray, 2024).

European countries like Austria, Germany, Spain, Slovakia, and Italy used various assessment tools to measure and improve cultural competence in healthcare education and practice (Osmancevic et al., 2023; Klein et al., 2024; Vázquez-Sánchez et al., 2023).

Australia and New Zealand integrated cultural competence into medical training, focusing on Indigenous populations (Mathur et al., 2025).

In the Pacific, traditional healing practices remain integral to healthcare in Fiji, Tonga, and Samoa, requiring culturally competent assessments (Garrett et al., 2025).

Latin American countries like Chile, Peru, Brazil, Ecuador, and Bolivia emphasized the integration of traditional medicine with modern healthcare (Pedrero et al., 2020).

North American countries, including the United States and Canada, mandated cultural competence in medical curricula, while Mexico, Costa Rica, and Panama incorporated training programs to enhance culturally sensitive healthcare assessments ((Tool for Assessing Cultural Competence Training (TACCT) | AAMC, n.d.; Royal College of Physicians and Surgeons of Canada, 2024). These studies highlight the global significance of cultural competence in ensuring effective and respectful healthcare delivery.

CONCLUSIONS

The findings across various countries underscore the critical role of healthcare policies, curriculum, diversity, training, and assessment in fostering cultural competence. Policies mandating cultural competence, such as in the U.S. and Canada, ensure standardized approaches to inclusive healthcare. Integrating cultural competence into curricula prepares future professionals to address diverse patient needs. Diversity in healthcare settings,

particularly in multilingual regions necessitates AI-driven communication tools to bridge language barriers. Training initiatives, including workshops and tailored programs, significantly improve healthcare providers' ability to deliver culturally competent. Finally, assessment tools, such as the CCA and CCA Tool, ensure that cultural competence is effectively measured and improved in countries. A comprehensive approach that integrates these five variables is essential to enhancing cultural competence and ensuring equitable healthcare worldwide.

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