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# Evaluating cultural competency and patient satisfaction in an urban dermatology clinic

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## Abstract

Cultural competency continues to gain increased attention in medicine. Not only does it play a significant role in the delivery of health care and patient outcomes, but it also remains a major determinant of patient satisfaction. This study investigated how patients in an urban dermatology clinic rated their satisfaction with cultural competency. Compared to White patients, satisfaction scores were greater for Hispanic or Latino patients and less for Asian patients, while there was no significant difference for Black or African American patients. There were clear differences in patient satisfaction rates of various dimensions of cultural competency. A follow-up study with a larger sample size is needed for closer examination into the conclusions.

*Keywords: cultural competency; dermatology; patient satisfaction; bioethics; physician patient relationship*

## Introduction

Cultural competency continues to gain increased attention in medicine. Not only does it play a significant role in the delivery of health care and patient outcomes, but it also remains a major determinant of patient satisfaction [1-3]. The effects of cultural competency may be most magnified in diverse urban settings. With the recent adoption of the Affordable Care Act and the push to tie physician reimbursements to patient satisfaction, cultural competency is more important now than ever before.

## Methods

An optional 20-item survey was presented to patients who had an appointment at our Philadelphia dermatology clinic from August to November, 2014 in order to investigate how they rate their satisfaction with the cultural competency of an urban dermatology clinic using a comprehensive set of qualitative criteria. Participants rated 10 dimensions of cultural competency on a 5-point scale. Top-box scoring was utilized and t-test and ANOVA were performed. IRB deemed the study to be exempt.

## Results

Responses were returned from 239 patients. The majority preferred English (90%) compared to Chinese (4%), Spanish (3%), and other languages. The majority were White (63%) compared to Black or African American (16%), Asian (8%), Hispanic or Latino (6%), and other races and ethnicities.

The overall mean satisfaction score for the dimensions of cultural competency surveyed was 4.82. Compared to White patients, the mean satisfaction score was greater for Hispanic or Latino patients (4.82 vs. 4.97,  $p=0.00012$ ) and less for Asian patients (4.82 vs. 4.71,  $p=0.00515$ ); there was no significant difference for Black or African American patients (4.82 vs. 4.81), (**Figure 1**). Compared to White patients, the percentage satisfied was greater for Hispanic or Latino patients (84.6% vs 96.6%,  $p=0.00007$ ) and less for Asian patients (84.6% vs 78.1%,  $p=0.0254$ ). Again there was no significant difference for Black or African American patients (84.6% vs 85.1%), (**Figure 2**).

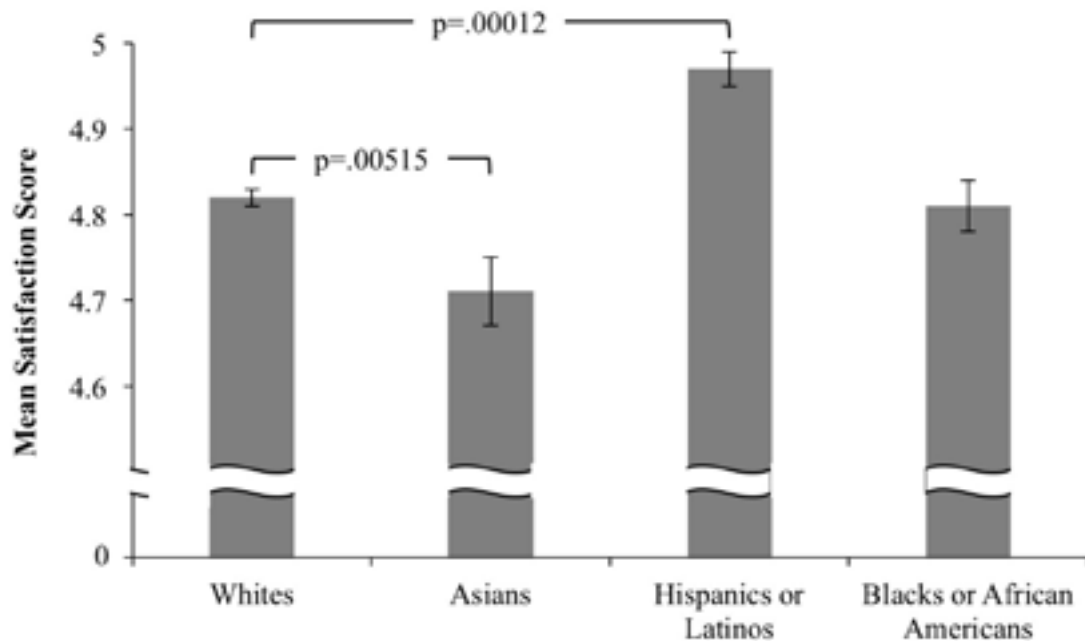


Figure 1. Satisfaction scores by race and ethnicity.

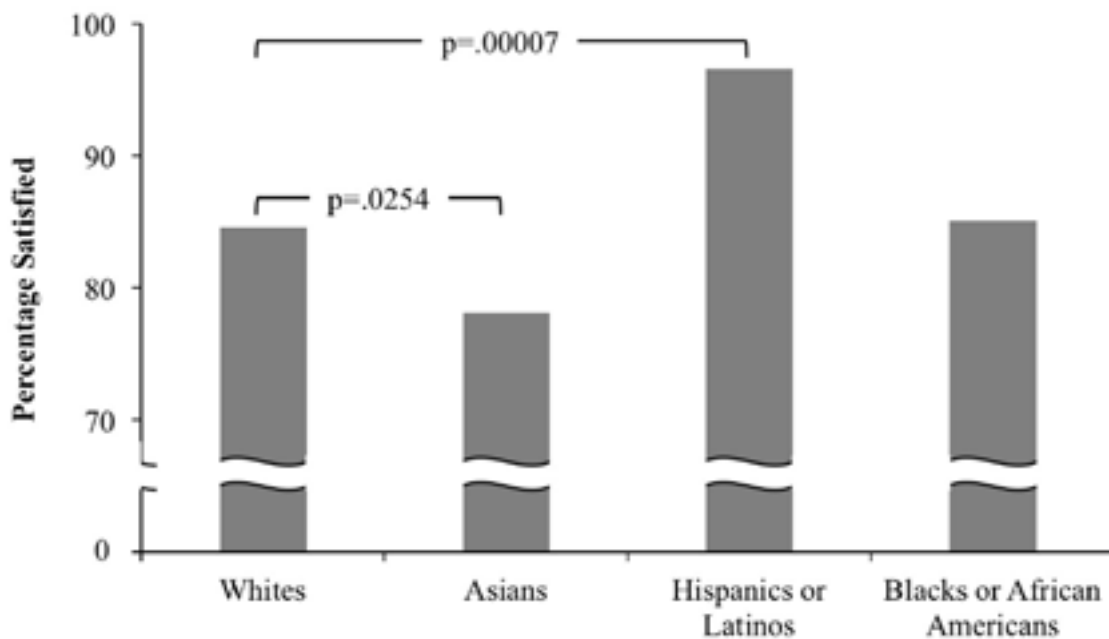


Figure 2. Number satisfied by race and ethnicity.

Of the dimensions of cultural competency investigated, clear differences in patient satisfaction rates were shown (Table 1). No significant differences were found for individual dimensions between races and ethnicities.

### Conclusions

Hispanic and Latino patients showed the highest rates of satisfaction with regard to cultural competency. Previous studies have evidenced that Hispanic, Latino, and Spanish-speaking patients have shown lower

satisfaction with their health care when compared to White and English-speaking patients [4, 5]. Our data surprisingly supports an opposite conclusion for no specific reasons that have been identified. Perhaps the clinicians at our academic medical center are more comfortable providing care to this patient population. There are several competency outreach programs geared toward navigating the Spanish language as well as caring for Hispanic and Latino patients. A follow-up study with a larger sample size is needed for closer examination into our conclusion.

Asian patients had the lowest rates of satisfaction with regard to cultural competency. Since our clinic's location is in close proximity to a large Asian population, our health system employs live interpreters for Asian languages, which our clinic utilizes. It is generally accepted that live interpreters offer several advantages and greater satisfaction [6, 7]. However, we suggest this may not be true in dermatology. Although we did not specifically determine the cause of their lower satisfaction, we suspect it may relate to exposing one's skin to live interpreters. In our clinic, the interpreters often stay in the room during the exam and turn their back to the patient unless either the patient or clinician requests they leave the room. This certainly provides potential for increased patient discomfort and embarrassment. However, a follow-up study is needed to further investigate the cause of their low satisfaction and to better characterize this practice by the interpreters.

Interestingly, the dimension with the least satisfaction was overall experience with nursing and office staff. When implementing programs designed to increase the cultural competency of clinics, focus has generally been placed on clinicians since they provide the bulk of care. However, patients spend a significant amount of time interacting with nursing and ancillary office staff, which often accounts for the majority of their time in the clinic. By becoming more inclusive with our cultural competency and bioethics training, we may increase patient satisfaction scores and subsequently increase reimbursements.

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