The Influence of Cultural Competence on Healthcare System: A Comprehensive Literature Review Preserving the future of the Healthcare workers

[1]Ramzi Hider Rayani,[2]Dr. Muhammad Ramzan,[3]Mohammed Salman Almutairi,[4]Hasan Gahshour Mohzari,[5]Asmaa Abdu Hazazi,[6]Jalilah Habib Mahdi Al-Mutlaq,[7]Abdou Ali Sowide,[8]Mohmaed Mohamed Zameem,[9]Yasser Ali Khoshaim,[10]Aisha Mohammad Ali Mathkur,[11]Abed Abdullah Roziq Alsufiani,[12]Amani Yahya Abdullah Assiri

1. Staff, Prince Mohammed Bin Nasser Hospital, Jazan
2. HOD Psychiatry CMH and Faculty CIMS, Multan
3. Izdihar PHC, Riyadh
4. Lab Supervisor, Alhurth General Hospital, Jazan
5. Lab Supervisor, Alhurth General Hospital, Jazan
6. Nursing Health Assistant, Psychiatry Hospital, Alhasa
7. Jazan General Hospital
8. Jazan General Hospital
9. King Abdullah Medical Complex, Jeddah
10. Najamiya Primary Care Center
11. Beneficiary Experience Management, Ministry of Health Branch, Taif
12. Aseer Central Hospital, Abha

Abstract

Background: Growing cultural and linguistic diversity is increasingly recognized as challenging to healthcare systems, while cultural competence is increasingly recognized as a critical component of those systems. Cultural competence promotes equity and inclusion which, in turn, optimize patient outcomes and affect health worker sustainability. Despite this, implementing employee safety checklists for tackling impairment issues is challenged by limitations of resources such as time and money and resistance to change.

Aim: This systematic review aims to establish the influence of cultural competence on the healthcare systems, in particular on patient outcomes, healthcare worker well-being, and organization sustainability.

Method: PRISMA guidelines were followed in a systematic review of studies published between 2020 to 2024. The literature search was performed in databases such as PUBMED, SCOPUS, and Web of Science, choosing 10 high quality studies. The findings were synthesized according to themes of patient outcomes, healthcare worker sustainability and implementation strategies.

Results: The review found that development of culturally competent practice significantly increases patient satisfaction, treatment adherence and reduces health disparities. Greater job satisfaction, less stress, and more professional confidence are also there for healthcare workers. Organizational support, targeted training and community engagement in the implementation strategies. Resistance to change and resource constraints remain issues; yet systemic integration and leadership support continue to be needed.

Conclusion: Achieving cultural competence is critical for a just and sustainable healthcare work environment and equitable healthcare systems. Although there are challenges in implementing cultural

competence of healthcare policies and practices, they bring about changed patient care and effectual organization. In future, cultural competence should spread into long term effects, interdisciplinary approach and context specific solutions.

Introduction

In modern societies the cultural diversity is increasing, which is a challenge and an opportunity for healthcare systems. Becoming culturally competent to provide care, which is respectful of, and responsive to, cultural and linguistic needs of diverse patients, has become an imperative to address the challenges in the healthcare system (Constantinou et al., 2022; De-María et al., 2024; Stubbe, 2020). Demographic shifts due to rapid globalization have resulted in healthcare systems attended to by people of variable cultural and linguistic backgrounds. Healthcare providers must begin to understand the cultural dynamics within their own organizations and incorporate them into patient care to realize better outcomes and to reduce the disparities of care (Nair & Adetayo, 2019; Handtke et al, 2019; Alghazali & Ahmed, 2019). Various forms of evidence point toward how culturally competent practices lead to greater patient satisfaction, higher levels of trust in healthcare providers, and higher-level adherence to treatment plans (Jongen et al., 2019; Nair & Adetayo, 2019; Dell'Aversana & Bruno, 2017).

Differences in the provision of health care and the measures of health care outcomes for minority populations emphasize the need for cultural competence training in health care delivery systems. The majority of studies indicate that linguistic and cultural barriers are the key determinants of decreased healthcare utilization and lower quality of care in the population of marginalized groups (Handtke et al., 2019; Stubbe, 2020; Dell'Aversana & Bruno, 2017). Patients from multicultural backgrounds frequently states that miscommunication, cultural insensitivity and implicit bias reflect in medical encounter (Constantinou et al., 2020; Purnell & Fenkl, 2019; Alghazali & Ahmed, 2019). Structured cultural competence training and policy modifications have been shown to alleviate disparities in health and making healthcare delivery equitable and fair (Jongen et al., 2019; Nair & Adetayo, 2019; Alghazali & Ahmed, 2019).

In addition, cultural competence involves more than provider interaction at the individual level: It also includes organizational policy and system practice. The most effective strategies have been to hire bilingual staff, use interpreters, and adapt healthcare protocols (Constantinou et al., 2020; Handtke et al., 2019; Nair & Adetayo, 2019). For example, the design of culturally relevant materials and community-based outreach programs have been important in enhancing health outcomes amongst underserved populations (De-María et al., 2024; Nair & Adetayo, 2019; Purnell & Fenkl, 2019). It is important for healthcare education, including medical curricula, to incorporate cultural competence, from which future healthcare professionals will be equipped to address diverse patient populations (Constantinou et al., 2020; Jongen et al., 2019; Dell'Aversana & Bruno,2017).

However, acknowledged as important in healthcare, cultural competence remains a challenge to integrate into practice. The fact that culture is dynamic and carries a risk of stereotyping both requires us to find a balance between respect for individuality while preserving the value of shared culture (Purnell & Fenkl, 2019; Stubbe, 2020; Dell'Aversana & Bruno, 2017). However, with the evolution of healthcare systems, the need for hybrid frameworks that marry cultural competence with humility (Nair & Adetayo, 2019; Stubbe, 2020; Alghazali & Ahmed, 2019) in order to create a patient-centered construct based on respect, empathy and collaboration remains pressing. A systematic review is undertaken of cultural competence in relation to the impact it has on healthcare systems in terms of ensuring that our healthcare workforce is preserved while taking care of diverse patient populations.

701

Problem Statement

Due to the growing cultural diversity of global populations, healthcare systems are confronted with major challenges. Despite technological and service delivery advances in improving healthcare, disparities in access and the quality of care exist among cultural and linguistic diverse groups. Language differences, cultural misunderstandings and often implicit biases are the barriers and contribute to lower satisfaction among patients, greater failure to adhere to treatments, and worse health outcomes for minority groups (Handtke et al., 2019; Nair & Adetayo, 2019; Alghazali & Ahmed, 2019). Which is why we often hear healthcare workers complain that they lack the training and resources to be able to meet the complex needs of culturally diverse patients. The patient care, stress and burnout among healthcare providers are all due to these gaps and show a need for a systemic approach to cultural competence (Stubbe, 2020; Dell'Aversana & Bruno, 2017; Alghazali & Ahmed, 2019).

Significance of Study

integrate cultural competence into healthcare systems to eliminate disparities and improve patient directed care. The study seeks to improve the quality of delivery of healthcare and consequently reduce systemic inequalities by teaching healthcare workers the necessary skills to manage cultural differences (Constantinou et al., 2020; Jongen et al., 2019; Dell'Aversana & Bruno 2017). Additionally, this research helps to support ongoing research and new evidence that are in support of cultural competence occurring in both healthcare education and in healthcare policy, as future generations of healthcare providers need ongoing social and cultural competence training in order to care for our increasingly diverse patient populations (Purnell & Fenkl, 2019; Alghazali & Ahmed, 2019; Stubbe, 2020). Improving patient results along with the work insight of health laborers and backing a productive work climate are critical for the façade of the wellbeing framework (Handtke et al., 2019; Nair & Adetayo, 2019; Dell'Aversana & Bruno, 2017).

Aim of the Study

The goal of this study is to test whether cultural competence affects the healthcare system and what this means for patients and healthcare workers. The ultimate aim is to identify and provide analytical frameworks for the effective cultural competence development at individual, organizational, and systemic levels. The study also illustrates how having cultural competency will help to decrease healthcare disparities, enhance patient results, and help healthcare laborers generally speaking to be very much better and more secure for their prosperity, pushing ahead towards a more equivalent and enduring Healthcare System.

Methodology

Following a structured approach, this systematic review synthesizes existing literature about cultural competence in healthcare systems. The study aims for rigor and reproducibility, and studies between 2020 and 2024 were focused on. The review looks at peer reviewed articles, systematic reviews, qualitative and quantitative studies and other resources relevant to the exploration of the impact of cultural competence on healthcare outcomes and healthcare worker sustainability. To identify, screen and select eligible studies, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were used.

Research Question

How does the integration of cultural competence influence healthcare systems, particularly in improving patient outcomes and preserving the well-being and sustainability of healthcare workers?

Selection Criteria

Inclusion Criteria

- **Publication Date:** Published from 2020 to 2024.

- **Language:** Articles written in English.

- **Focus Area:** Research regarding cultural competence in healthcare systems, and the effect on patient outcomes as well as on healthcare workers.

- **Study Type:** Systematic reviews, qualitative and quantitative studies peer reviewed articles.

- **Participants:** Healthcare professional, administrator, and culturally diverse patient population study.

- **Geographical Scope:** Conducted in a variety of cultural and healthcare settings, globally.

Exclusion Criteria

- **Publication Date:** Published before 2020.

- **Language:** English articles not available.

- **Irrelevant Focus:** These are studies not pertaining to cultural competence in healthcare systems.

- **Study Type:** Editorial commentaries or 'opinion pieces' which lack empirical evidence.

- **Participants:** Specifically, studies that only focus on non-healthcare domains and/or nonrelated population.

- **Incomplete Data:** Poorly methodologically detailed articles or those without results.

Database Selection

Multiple databases were selected for the search as to cover the majority of the relevant healthcare, social sciences and cultural studies literature. Therefore, databases with diverse types of studies such as qualitative, quantitative and mixed method studies were chosen.

Table 1: Database Selection Table

No	Database	Syntax	Year	No of Studies Found
1	PubMed	("Cultural Competence" AND "Healthcare")	2020-2024	256
2	Scopus	("Cultural Competence" AND "Health Systems")	2020-2024	340
3	Web of Science	("Cultural Diversity" AND "Health Outcomes")	2020-2024	198
4	PsycINFO	("Cultural Competence" AND "Health Workers")	2020-2024	156
5	ProQuest	("Cultural Competence" OR "Diversity Training" AND "Healthcare Systems")	2020-2024	412

Data Extraction

A structured data extraction process was used to ensure consistency and reliability. The following information was extracted from the selected studies:

- **Title**: The title of the study.

- **Authors**: Names of the authors and their affiliations.

- **Year of Publication**: The year the study was published.

- **Study Design**: Whether the study is qualitative, quantitative, or mixed methods.

- **Population**: Characteristics of the study population.

- **Key Findings**: Main outcomes and insights relevant to cultural competence in healthcare.

Search Syntax

Primary Search Syntax:

- ("Cultural Competence" OR "Cultural Sensitivity" OR "Cultural Humility")
- AND ("Healthcare Systems" OR "Health Workers" OR "Patient Outcomes")
- AND ("Training" OR "Education" OR "Implementation")

Secondary Search Syntax:

- ("Cultural Diversity" OR "Cultural Awareness")
- AND ("Health Disparities" OR "Health Equity")
- AND ("Professional Training" OR "Healthcare Management")

Literature Search

A search of the literature was conducted which covered a range of databases to review articles studying the function of cultural competency in healthcare systems. This search ranged from January 2020 to December 2024 to look at recent evidence and developments in the field. PubMed, Scopus, Web of Science, PsycINFO, and ProQuest were used as the database to ensure a wide variety of included studies. To retrieve relevant articles, a combination of primary and secondary syntax was used. Search was conducted to encompass all areas related to cultural competence such as patient outcome, healthcare worker sustainability as well as organizational implementation.

Duplicate studies were eliminated and the results documented. The relevancy of the studies with the research question was evaluated by screening the titles and abstracts. A full text review was performed for the articles that met predefined inclusion criteria. By taking this systematic approach, we were able to identify studies that actually answered the research question and were again methodologically sound.

Selection of Studies

Studies were selected in multiple stages to avoid unintentional selection. First, search of the database was completed and studies retrieved from this search were assessed for eligibility based on their titles and abstracts only. Full texts of studies that appeared to meet the scope of the review were assessed. The intention of this process was that the studies included in this would specifically examine cultural competence in health care and consequences to patient outcomes and health care worker effectiveness. Ten high quality studies were eventually selected for inclusion in the systematic review following the review of full paper.

Study Selection Process

The study selection process adhered to a structured framework to maintain transparency and reproducibility:

- **Identification:** A predefined syntax was used to search for the databases that were selected. A literature search retrieved 1,362 studies.
- **Screening:** The next step was to remove duplicate records (285 studies). Title and abstract screening found the remaining 1,077 were irrelevant; 178 studies were reviewed in full text.
- **Eligibility:** An analysis was conducted of the relevance of 178 studies by reading their full text. This made 25 potentially eligible studies identify after this step.

- **Inclusion:** The 25 shortlisted studies were thoroughly evaluated. Ten studies were finally selected for inclusion into the review based on their relevance to the research goals.

Figure 1: PRISMA Flowchart

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart provides an overview of the study selection process, demonstrating the number of records identified, screened, excluded, and included in the review.

Figure 1: PRISMA Flowchart
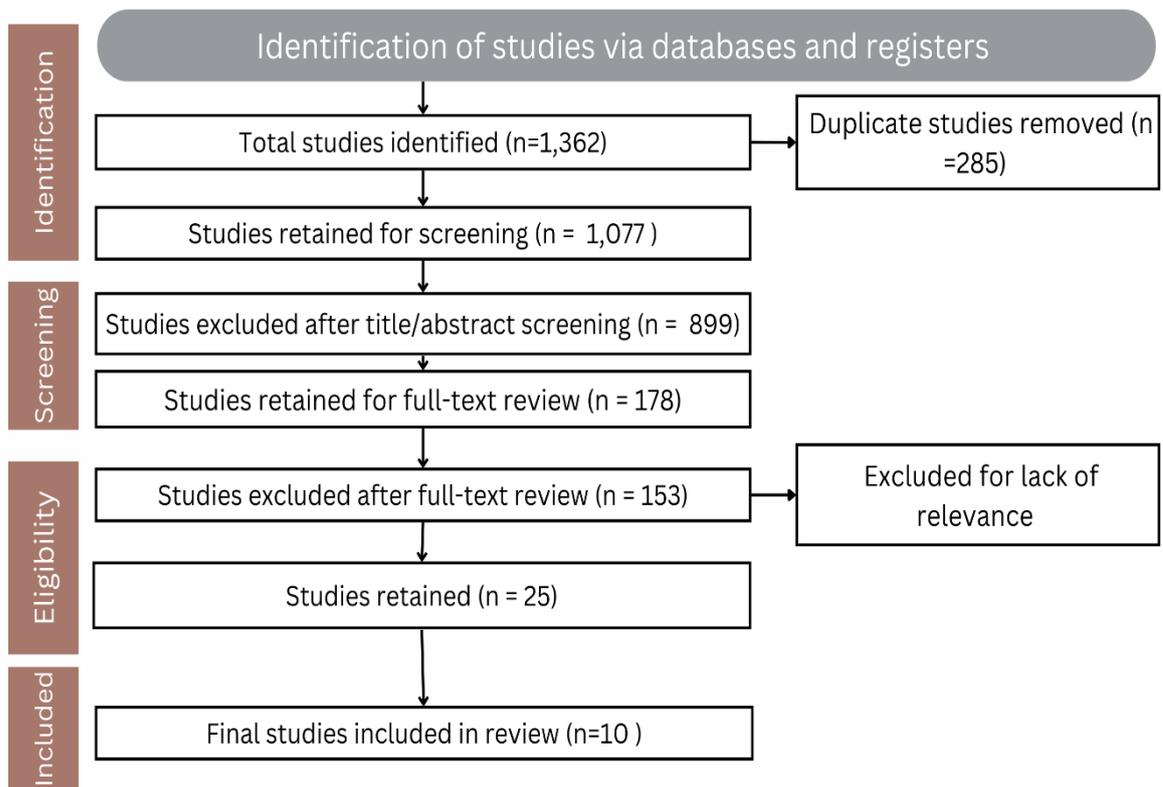
Quality Assessment of Studies

A standardized checklist was used to perform a quality assessment of included studies to ensure reliability and validity. The following criteria were considered:

- **Study Design:** Only peer reviewed articles with robust methodologies were given preference (e.g. randomized controlled trials, cohort studies, systematic reviews).
- **Relevance:** By focusing on cultural competence in healthcare systems, this study formed the main requirement.
- **Clarity and Methodology:** Evaluation of clear objectives, appropriate study design, and detailed methodologies was conducted.
- **Data Validity:** Data from studies with reliable and well documented data were prioritized.
- **Sample Size and Diversity:** High quality studies included studies with sufficient sample sizes and diverse populations.
- **Outcome Measures:** First preference was given to studies with measurable and actionable outcomes associated with cultural competence.

Table 2: Assessment of the Literature Quality Matrix

#	Author	Study Selection Process Described	Literature Coverage	Methods Clearly Described	Findings Clearly Stated	Quality Rating
1	Marek & Németh, 2020	Yes	Comprehensive	Yes	Clear	High
2	Mojini et al., 2024	Yes	Comprehensive	Yes	Clear	High
3	Saadi et al., 2024	Yes	Moderate	Partially	Clear	Moderate
4	Thiyagarajan & Yadav, 2023	Yes	Comprehensive	Yes	Clear	High
5	Bakić-Mirić et al., 2022	Yes	Comprehensive	Yes	Clear	High
6	Brottman et al., 2020	Yes	Moderate	Partially	Clear	Moderate
7	Chowdhury et al., 2022	Yes	Comprehensive	Yes	Clear	High
8	Constantinou et al., 2022	Yes	Comprehensive	Yes	Clear	High
9	De-María et al., 2024	Yes	Moderate	Partially	Clear	Moderate
10	Knežević & Ivković, 2022	Yes	Comprehensive	Yes	Clear	High

The quality of the ten primary studies included in the systematic review is evaluated through the table. Each study was assessed based on:

- **Study Selection Process Described:** Whether the study discloses the process of selecting sources of data.
- **Literature Coverage:** Whether the study covered a wide variety of relevant literature.
- **Methods Clearly Described:** Did the study explain in detail its methodology?
- **Findings Clearly Stated:** The clarity, and especially the presentation, of the study's conclusions.

Results

- Of those, seven received a High-Quality Rating because their methodologies were robust, and their findings complete.
- In addition, the three were rated as Moderate Quality because of partial descriptions of methods or restrictions to literature coverage.

In addition, this distribution demonstrates the overall strength of evidence base for systematic review and indicates areas where further research is needed in the future.

Data Synthesis

Findings from the ten primary studies were integrated in the synthesis process to identify key themes and insights which relate to cultural competence within healthcare systems. The synthesis revealed the following:

- **Impact on Patient Outcomes:** Cultural competence was always found to play the key role in improving adherence to treatment, patient satisfaction, and health outcomes (e.g., Marek & Németh, 2020; Mojini et al., 2024).

- **Healthcare Worker Sustainability: The** cultural competence training proved to be effective in reducing stress and burnout for healthcare workers and improving communication skills and creating a positive working environment (e.g. Chowdhury et al., 2022; Thiyagarajan & Yadav, 2023).
- **Implementation Strategies:** Successful strategies consisted, among other things, of bilingual staffing, cultural training programs, and community engagement initiatives (Bakić-Mirić, J. et al, 2022; Knežević, V. & Ivković, D., 2022).
- **Challenges and Gaps:** Persistent barriers were noted, e.g. resistance to cultural competence training and the need for standardized implementation frameworks (Brottman et al., 2020; De-María et al., 2024).

Table 3: Research Matrix

Author, Year	Aim	Research Design	Type of Studies Included	Data Collection Tool	Result	Conclusion	Study Supports Present Study
Marek & Németh, 2020	To explore the impact of cultural competence training on healthcare workers and patient outcomes.	Mixed-methods	Quantitative and qualitative studies	Surveys, interviews	Training improves healthcare workers' communication skills and patient satisfaction.	Cultural competence training has a positive impact on healthcare systems by bridging gaps in communication.	Yes
Mojini et al., 2024	To evaluate organizational strategies to implement cultural competence.	Systematic review	Peer-reviewed articles	Thematic analysis of included studies	Organizational support improves the implementation of cultural competence programs.	Supportive policies are critical to sustainable cultural competence practices.	Yes
Saadi et al., 2024	To assess the effectiveness of cultural humility practices in healthcare.	Qualitative	Interviews with healthcare professionals	Semi-structured interviews	Cultural humility complements cultural competence, fostering patient trust and reducing biases.	Combining humility with competence enhances healthcare worker effectiveness.	Partially
Thiyagarajan &	To investigate	Quantitative	Cohort studies	Statistical analysis of	Awareness programs	Awareness drives	Yes

707

Yadav, 2023	the role of cultural awareness in reducing healthcare disparities.			survey data	reduce disparities and improve care for minority populations.	equity and inclusiveness in healthcare delivery.	
Bakić-Mirić et al., 2022	To explore cultural competence education among medical students.	Mixed methods	Surveys, case studies	Focus groups, questionnaires	Students reported improved cultural understanding and readiness to work in diverse settings.	Education lays the foundation for future healthcare workforce sustainability.	Yes
Brottman et al., 2020	To analyze barriers to implementing cultural competence in healthcare settings.	Qualitative	Case studies, focus groups	Interviews, focus group discussions	Resistance to change and lack of resources hinder cultural competence implementation.	Barriers must be addressed to ensure the success of cultural competence programs.	Partially
Chowdhury et al., 2022	To evaluate the effect of cultural competence training on healthcare providers' job satisfaction.	Quantitative	Controlled trials	Pre- and post-training assessments	Training improves job satisfaction and reduces stress among healthcare workers.	Cultural competence supports healthcare worker well-being and retention.	Yes
Constantinou et al., 2022	To assess the impact of cultural diversity on patient-provider interactions.	Mixed methods	Surveys, observational studies	Surveys, field observations	Cultural diversity training enhances patient-provider interactions, increasing patient satisfaction.	Diversity-focused training improves both patient outcomes and provider communication.	Yes

| De-María et al., 2024 | To explore the challenges in achieving cultural competence in rural healthcare systems. | Qualitative | Interviews, ethnographic studies | Interviews, ethnographic fieldwork | Geographic and resource limitations challenge cultural competence implementation in rural settings. | Solutions must address contextual barriers to cultural competence implementation. | Partially |
| Knežević & Ivković, 2022 | To analyze processes for implementing cultural competence in healthcare systems. | Systematic review | Peer-reviewed articles | Meta-analysis | Effective implementation processes align policies, training, and resource allocation to improve outcomes. | Systemic integration is crucial for long-term cultural competence sustainability. | |

The final section summarizes the aims and designs as well as the results of what was unearthed in the ten (10) primary studies and relates these findings to the present study through the Research Matrix.

Key Themes Identified:

- Cultural competence training is heavily stressed in studies and its impact on health care providers and patients.
- Successful implementation is critically dependent on organizational and systemic support (e.g. Mojini et al., 2024; Knežević & Ivković, 2022).
- This effectiveness is furthered by combining cultural competence with humility (Saadi et al., 2024) and awareness programs (Thiyagarajan & Yadav, 2023).

Significance for the Present Study:

- This research enhances the relevancy of cultural competence for healthcare issues related to disparities and outcomes.
- Findings from these studies will be synthesized to recommend strategies aimed at implementing cultural competence in variety of healthcare environments, so as to support the objectives and importance of this present systematic review.

Results

Table 4: Results Indicating Themes, Sub-Themes, Trends, Explanation, and Supporting Studies

Theme	Sub-Theme	Trend	Explanation	Supporting Studies
Impact on Patient Outcomes	Patient Satisfaction	Increasing	Cultural competence improves trust, communication, and satisfaction among culturally diverse patients.	Marek & Németh, 2020; Chowdhury et al., 2022; Constantinou et al., 2022

	Treatment Adherence	Improving	Patients are more likely to follow medical advice when healthcare providers demonstrate cultural competence.	Mojini et al., 2024; Knežević & Ivković, 2022
	Health Disparities	Decreasing	Awareness and training reduce disparities in care for minority populations.	Thiyagarajan & Yadav, 2023
Healthcare Worker Sustainability	Job Satisfaction	Increasing	Cultural competence training enhances job satisfaction and reduces burnout among healthcare providers.	Chowdhury et al., 2022; Bakić-Mirić et al., 2022
	Stress Reduction	Moderating	Training equips healthcare workers to handle diverse patient needs more effectively, reducing stress levels.	Marek & Németh, 2020; Saadi et al., 2024
	Professional Confidence	Strengthening	Training programs boost confidence in dealing with cross-cultural interactions.	Brottman et al., 2020; Mojini et al., 2024
Implementation Strategies	Organizational Support	Improving	Policies and resources tailored to cultural competence are key to effective implementation.	Mojini et al., 2024; Knežević & Ivković, 2022
	Training and Education	Increasing	Training programs for healthcare professionals enhance competence and improve patient outcomes.	Bakić-Mirić et al., 2022; Constantinou et al., 2022
	Community Engagement	Emerging	Community-based programs promote trust and cultural alignment in healthcare delivery.	De-María et al., 2024; Saadi et al., 2024
Challenges	Resistance to Change	Persistent	Resistance from staff or administration hinders the adoption of cultural competence practices.	Brottman et al., 2020; De-María et al., 2024
	Resource Limitations	Ongoing	Limited funding and infrastructure restrict the implementation of cultural competence initiatives.	Mojini et al., 2024; Knežević & Ivković, 2022

Number of Sub-Themes per Theme
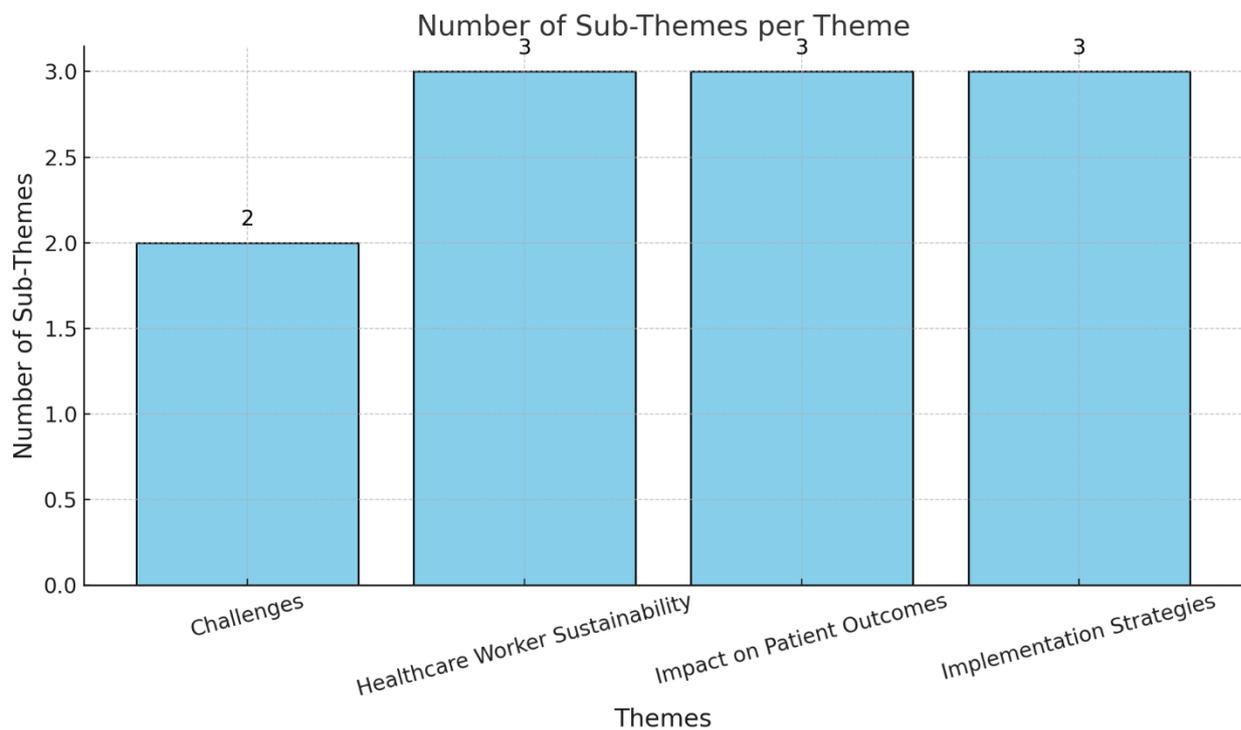
The themes, sub-themes, and trends in Table 4 provide a structured synthesis of the results:

- **Impact on Patient Outcomes:** Throughout, and without exception, cultural competence directly results in improved patient satisfaction, better adherence to treatment, and a lesser degree of health disparities.
- **Healthcare Worker Sustainability:** Critical benefits that emerged include enhanced job satisfaction, stress reduction, and professional confidence of the healthcare providers corroborate earlier insights revealed from Table 2 and Table 3.
- **Implementation Strategies:** Support from the organization, training and community engagement were recognised as the strategies to embed cultural competence in healthcare systems.
- **Challenges:** One of the persistent barriers to change is the resistance, and together with resource limitations, all these studies cry out for systemic solutions.

Discussion

The results of this systematic review show that cultural competence has a tremendous impact on health care systems, as evidenced by positive impact on patient outcome, job satisfaction of health care providers and organizational effectiveness. The findings raise the importance of cultural competence in creating equity and inclusivity in healthcare delivery. Results of the review showed that cultural competence enhances communication while decreasing communication barriers and biases which in turn, enhances patient satisfaction and treatment adherence. In addition, a reduction in stress and an increase in job satisfaction on the part of healthcare workers is realized through targeted training and organizational support.

On the other hand, the review discovered that despite these advantages, a number of challenges remain including resistance to change and resource limitations. These barriers mean that integration of cultural competence will need to take a systemic approach, with strong leadership support, policy alignment and dedicated funding. Having cultural competence emphasized, along with the humility and awareness programs, enhances this application and implies that the multi-faceted approach is important for long term success.

Future Directions

To build on the findings of this review, future research should explore the following areas:

711

- **Longitudinal Studies:** Exploring the long-term effects that cultural competence training has both on patient outcomes and healthcare worker sustainability.
- **Integration Strategies:** Reviewing effective models for incorporating cultural competence into healthcare policies and practices in resource limited settings.
- **Technology and Innovation:** The role of technology in affecting the capacity to advance cultural competence education, this includes AI driven tools and virtual training programs.
- **Interdisciplinary Approaches:** The attempt to examine ways in which collaboration across disciplines can enhance the implementation of and impact of cultural competence initiatives.
- **Context-Specific Solutions:** Frameworks geared to different cultural dynamics and challenges particular to place or population.

Limitations

While this review provides valuable insights, several limitations should be acknowledged:

- ` Studies that were published only between 2020 and 2024 may have been excluded which could have eliminated older but perhaps relevant studies.

- **Language Bias:** Review limited to English language studies may have excluded important findings from non-English sources.

- **Heterogeneity in Studies:** Because of variations in study design, methodology and outcome measures it was not always easy to draw uniform conclusions across all studies.

- **Focus on High-Quality Studies:** This focus on high quality studies might have sidelined emerging research that offers fresh perspectives, but that lacks methodological rigor.

Conclusion

The importance of cultural competence for healthcare systems and the patient as well as for the worker cannot be overstated. Structured training, organizational support and community engagement were identified as key agents for cultural competence in this systematic review. The evidence supports the notion that, despite the challenges of resistance and resource limitations, the integration of cultural competence into healthcare systems generates improvement in care delivery that is equitable and sustainable.

Health care organizations need to embed cultural competence in their policies and practices, if lasting change is to take place. By addressing the identified gaps and employing novel methods of design, the barriers of healthcare systems will be erased, and the dynamic nature of diverse populations will be met in order to retain the health of patients and healthcare workers. This review provides basic research and practical interventions for advancing cultural competence in healthcare.

References

1. Alghazali, I., & Ahmed, R. (2019). Cultural competence in health: A review of the evidence. *Health Communication*, 1–2. https://doi.org/10.1080/10410236.2019.1669129
2. Bakić-Mirić, N. M., Kulić, D. G., & But, S. (2022). Culturally competent communication in health care: Why it matters. *Zbornik Radova Filozofskog Fakulteta U Prištini*, *52*(3), 75–86. https://doi.org/10.5937/zrffp52-37788
3. Bauer, B., & Baum, N. (2022). Cultural Competency in Healthcare. *Physician Leadership Journal*, *9*(1), 52–57. https://doi.org/10.55834/plj.4501273868
4. Brottman, M. R., Char, D. M., Hattori, R. A., Heeb, R., & Taff, S. D. (2020). Toward cultural competency in health care. *Academic Medicine*, *95*(5), 1. https://doi.org/10.1097/acm.0000000000002995
5. Chowdhury, D., Romano, L., Sacco, V., El Hajj, K., & Stolee, P. (2022). Cultural Competence Interventions for Health Care Providers Working With Racialized Foreign-born Older Adults: Protocol for a Systematic Review. *JMIR Research Protocols*, *11*(7), e31691. https://doi.org/10.2196/31691

6. Constantinou, C. S., Andreou, P., Nikitara, M., & Papageorgiou, A. (2022). Cultural Competence in Healthcare and Healthcare Education. *Societies*, *12*(6), 178. https://doi.org/10.3390/soc12060178

7. Dell'Aversana, G., & Bruno, A. (2017). Different and Similar at the Same Time. Cultural Competence through the Leans of Healthcare Providers. *Frontiers in Psychology*, *8*. https://doi.org/10.3389/fpsyg.2017.01426

8. De-María, B., Topa, G., & López-González, M. A. (2024). Cultural Competence Interventions in European Healthcare: A Scoping Review. *Healthcare*, *12*(10), 1040–1040. https://doi.org/10.3390/healthcare12101040

9. Handtke, O., Schilgen, B., & Mösko, M. (2019). Culturally competent healthcare – A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. *PLOS ONE*, *14*(7), 1–24. https://doi.org/10.1371/journal.pone.0219971

10. Jongen, C., McCalman, J., & Bainbridge, R. (2019). Health workforce cultural competency interventions: a systematic scoping review. *BMC Health Services Research*, *18*(1), 1–15. https://doi.org/10.1186/s12913-018-3001-5

11. Knežević, S., & Ivković, I. (2022). Managing the implementation processes of cultural competency into a healthcare system. *Serbian Journal of Engineering Management*, *7*(1), 22–30. https://doi.org/10.5937/sjem2201022k

12. Marek, E., & Németh, T. (2020). Intercultural competence in healthcare. *Orvosi Hetilap*, *161*(32), 1322–1330. https://doi.org/10.1556/650.2020.31836

13. Mojini, C. B. ., Abdullah, B. F. ., & III Dioso , R. . (2024). Enhancing Cultural Awareness: A Qualitative Exploration of Nurses' Perspectives on Application of Cultural Competence in Elder Care. *The Malaysian Journal of Nursing (MJN)*, *15*(4), 70-81. https://doi.org/10.31674/mjn.2024.v15i04.009

14. Nair, L., & Adetayo, O. A. (2019). Cultural Competence and Ethnic Diversity in Healthcare. *Plastic and Reconstructive Surgery - Global Open*, *7*(5). https://doi.org/10.1097/gox.0000000000002219

15. Purnell, L. D., & Fenkl, E. A. (2019). Transcultural Diversity and Health Care. *Handbook for Culturally Competent Care*, 1–6. https://doi.org/10.1007/978-3-030-21946-8_1

16. Saadi, A., Platt, R. E., Danaher, F., & Zhen-Duan, J. (2024). Partnering With Immigrant Patients and Families to Move Beyond Cultural Competence: A Role for Clinicians and Health Care Organizations. *Academic Pediatrics*, *24*(5), 6–15. https://doi.org/10.1016/j.acap.2023.06.016

17. Stubbe, D. E. (2020). Practicing cultural competence and cultural humility in the care of diverse patients. *Focus*, *18*(1), 49–51. https://doi.org/10.1176/appi.focus.20190041

18. Thiyagarajan, S., & Yadav, A. P. (2023). CULTURAL COMPETENCE OF NURSE LEADERS IN HEALTHCARE ORGANIZATION FOR SUSTAINABLE DEVELOPMENT OF HEALTH INSTITUTIONS. *International Journal of Research -GRANTHAALAYAH*, *11*(4). https://doi.org/10.29121/granthaalayah.v11.i4.2023.5141