

CULTURAL COMPETENCE OF HEALTH CARE WORKERS: A STUDY OF SASARAM/BIHAR

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ABSTRACT

The socio-cultural diversity of our society makes it difficult for medical practitioners to provide high-quality medical care. The strategic approach to enhancing the quality and efficacy of healthcare services for socially and culturally diverse groups is to address the cultural competencies of the healthcare practitioner. Cultural competency is the professional's capacity to understand, value, and respect the beliefs, preferences, and needs that patients who are seeking their care have stated. In rural healthcare settings, ethnic and cultural differences based on caste, class, and gender pose serious obstacles for healthcare professionals trying to meet patients' expectations and needs. This leads to misunderstandings and patient dissatisfaction, which even brings into question the ethical standards of the healthcare workers. As a result, cultural competency must be extremely successfully integrated into medical procedures. Evidence from various studies suggests that cultural competence training for professionals is very helpful for creating knowledge, attitudes, abilities, and actions of the profession on cultural sensitivity that can be valuable in achieving the goal of health for all. Therefore, this study placed a strong emphasis on comprehending the problems related to the cultural competency of the healthcare professional and investigating the current effects of deficits in cultural components of health care. The social work intervention concentrated on providing health professionals with in-depth training on cultural competence and cross-cultural difficulties as well as making sure multidomain teams function to successfully overcome the cultural barrier.

Keywords: Cultural Competence, Health, Health Care, Health Care Workers.

Citation: NARULA, V., PRAKASH, R. (2022). "Cultural Competence of Health Care Workers: A Study of Sasaram/Bihar", İMGELEM, 6 (10): 261-276.

Atf: NARULA, V., PRAKASH, R. (2022). "Sağlık Çalışanlarının Kültürel Yeterliliği: Sasaram, Bihar Üzerine Bir Araştırma", İMGELEM, 6 (10): 261-276.

Başvuru / Received: 13 Nisan 2022 / 13 April 2022

Kabul / Accepted: 09 Temmuz 2022 / 09 July 2022

Araştırma Makalesi / Research Article.

INTRODUCTION

The entitlement to the highest attainable standard of health is one of the fundamental rights of every human being despite their race, religion, political belief, or economic or social condition which signifies that every individual should access health care services whenever and wherever they need them without any difficulties (Ghebreyesu 2017). However, In the Indian context, the increasing trends of socio-economic inequalities between having and have-nots lead to inconsistent universal health coverage distressing the health outcomes of marginalised groups. On the one hand where India becoming the hub for medical tourism, attracting many people from different countries to avail of quality low-cost health care on the other hand many Marginalized Individuals in the country are deprived of accessing quality primary health care

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services in their localities. These Inequalities generate serious ethical dilemmas for the healthcare communities because ethical morals of the healthcare providers suggest that they should treat every individual with compassion and respect to ensure dignity in this unequal society but actually in many instances they are failed to do nondifference between the service provider and the health care seeker can influence the understanding and communication between them which will influence the treatment procedures. For example, if there are cultural differences between the health care providers and patients and during the diagnosis process due to miscomputation the patients will not be able to communicate his actual problems and simultaneously the health care professional will not diagnose the disease properly and the patient will be prevented to access the quality health care. When the health care professional failed to recognize the differences between him and his patients then there is a high chance that the quality of the services provided to them will be below. However, one of the effective and powerful tools the health care professional possess is cultural competencies which can help the health care professional to address the inequality that people experience while seeking health care services because of their marginalization and diverse low social and cultural status. Cultural competencies of the health care professional can ensure equal access to health care for every Individual they need to live healthier lives.

Cultural competence in health care is a phenomenon that signifies a few important perspectives. Firstly it signifies delivering effective, quality care to patients despite people's diversity based on their beliefs, attitudes, values, behaviours and cultural backgrounds. Secondly, Cultural competencies ensure the personalization of health care according to cultural and linguistic differences. Further, it emphasizes the importance of understanding the potential impact that cultural differences can have on healthcare delivery (Tulane University school of public health & Tropical Medicine 2021). Hence cultural competence is defined as the ability of healthcare providers and organizations to efficiently deliver healthcare services that meet the social, cultural, and linguistic needs of patients (Betancourt et al. 2002) While cultural competence in health care is primarily discussed as meeting the needs of people from distinctive ethnic and racial groups, it is now discussed as meeting the needs of people with disabilities from diverse socioeconomic backgrounds including sexual minorities. Therefore, it can be argued that health care systems with cultural competencies can be significant in improving quality healthcare and positive health outcomes through the elimination of racial and cultural health disparities in the country. Hence enhancing and inculcating skills and practices that

integrate cross-cultural communication is the need of the hour and can play an effective role in delivering equitable health care (Berg-Weger 2019).

Hence, this study focuses to investigate the existing practices and challenges associated with the health care practice in rural healthcare settings and how the difficulties associated with cultural competencies affect healthcare delivery in the rural healthcare settings and proposed social work interventions to enhance the cultural competencies of the healthcare professionals for effective health care delivery. The result of the study provides a reference for the health care department to design in-service training provisions for healthcare practitioners that can enhance the cultural competence of the professional and also the quality of services.

The term cultural competence was first used in 1989 by Terry L. Krauss and others (Gilbert 2014). By the 2000s, cultural competence in health and health care emerged as a field and has since been included in medical education curricula and has since been taught as a subject around the world. Several theories have been given to understand cultural competence. One such model has also been given by Purnell & Paulanka (Purnell & Paulanka 2008), which is called the Purnell model. This model is very useful in the health sector because this model incorporates ideas between healthcare workers, their services and patients, as well as motivates them to maintain professional relationships. The model serves to integrate awareness and connection between healthcare workers and patients from different cultures during healthcare. The health workers can utilise this model during their practice. One of the studies conducted by Grandpierre, Milloy, Sikora, et al. (2018) among the minorities living in America, for whose rehabilitation work was being done highlighted that Health workers played a major role in the process of rehabilitation. The study found that service personnel had to face difficulties while working with minorities, as well as many psychological and behavioural problems faced by the clients. The service personnel who did not take care of the language of the client faced a lot of trouble. When it came to the treatment of children who could not speak the language of the service worker, the parents of the children played the role of a bilingual person. Still, the coordination was not better between the client and the service provider. Due to this the process of providing health services was obstructed. When the service personnel were studied, most of the service personnel responded that they did not get enough facilities to become competent in the field of cultural competence. In this way, it is clear in this research that service personnel working on a large scale as government and non-government officials are not able to become proficient in the field of cultural competence because they do not have the proper training.

One of the studies highlighted that physicians who were facing some kind of problem due to a lack of cultural competence went through training on cultural competence and because of training and attention to cultural competence their knowledge about cultural competence increased among health workers. It also argued that through the training programme their behavioural skills enhanced, and it helped them in positive attitude formation. The study emphasized that cultural competence interventions in the health sector have seen significant improvements in improving the relationship between health workers and patients. It signifies that cultural competence training has the potential to enhance the cultural competence capabilities of the health care professional. One similar study titled “Cultural Competency: A Systematic Review of Health Care Provider Educational Interventions” amplifies that training on cultural competence is an effective strategy to enhance the knowledge, attitude and skills of the professional. On the other hand, the impact of the training promotes cultural sensitiveness among the professionals leading to improvement in patient adherence to the health care services. Therefore the author advocates for exploring effective teaching methods and content which enhance the cultural competence among health care professionals (Beach et al. 2005).

One of the important characteristics of India is diversity which indicates that diversity is very predominant in the country. It is believed that in India the language changes every 13 to 20 Km. The social structures of the country again segregate its members based on their religion and caste. The religion and caste based segregation of society promotes different traditional values and cultural practices which influence the behaviour, communication pattern and rationalization capabilities of the people. These personal traits of the individual influenced by environmental factors can lead to misinterpretation of faces in the communication process. Therefore, the health care provider needs to acknowledge and understand how their cultural sensitiveness through their belief systems and prejudices influence their practices (Grandpierre et al. 2018). Cultural competence gives a chance to every professional to change their perspectives of being an expert in their profession to being a lifelong learner through the practice. Considering the challenges of cultural competencies in healthcare practices and the urgency to address the issues this study focused on the following research question: What are the challenges the healthcare professionals face in their profession while engaged with the culturally diverse community through the healthcare delivery system? And how they are addressing such issues and enhancing their perspectives to be more culturally sensitive? Considering the complex nature of the phenomenon of “cultural competencies” this study focused on the respondent’s self-reported challenges and experiences. The study further aims

to suggest social work intervention (SWI) module for identifying cultural competencies in healthcare practice and for proposing various strategies by adopting social work methods to enhance cultural competencies among healthcare professionals.

Conceptual Framework

A review of the various literature emphasized that cultural competence needs a holistic process-oriented approach. Through this study the four-approach framework the researcher would like to approach:

1. Self-awareness and exploration.
2. Cultural awareness initiatives.
3. Enhancement of cultural competence skills.
4. Practical application into the practice.

Self-awareness is the first component in the process of enhancing cultural competence among professionals. Self-awareness will help the professionals to understand their self-concept in terms of role performance, and personal identity as personal identity plays an influential role in determining the tough process and behaviour which is demonstrated in their role performance. So if cultural competence has to enhance then it should start at a personal level. The training and educational initiatives or Inservice professional enhancement initiative should emphasize self-exploration activities through the human lab process which helps the professionals to understand themselves.

The second step in the process of cultural competence enhancement should be cultural awareness initiatives. The cultural awareness initiatives include all the training initiatives to help the professional to understand the need, importance and theoretical background of the concept of cultural competence. This initiative will help the professionals to familiarise themselves with the cultural characteristic, historical background, values and belief systems of other cultures which will help to develop sensitivity in their performance.

The third component of the framework emphasized the skill enhancement of the professional through various skill-based training. The skill-based training amplifies the ability of the professional to demonstrate the cultural competencies in their performance. The process of skill enhancement includes problem-solving skills, analysing the cause-and-effect relationship of the problem, analysing and finding out the root cause and developing strategies for the intervention. Further enhancing skills in communication and observation will help the

professional to function effectively while demonstrating cultural competence in their intervention (Poole DL. 1998).

The fourth component for the cultural competencies enhancement is Practical application into the practice of the professional. Only learning or developing skills is not enough to address the issues related to cultural competence but the professional need the motivation to demonstrate in their intervention, the motivation has to be at a personal level and organization level. All the working place needs to motivate the professionals and create opportunities for them to demonstrate their learned skills and techniques related to cultural competencies in their performance (U.S. Department of Health and Human Services Office of Minority Health 2008).

Methodology

Through this research, an attempt has been made to understand the conceptualisation of healthcare workers in terms of cultural competence, their training in cultural competence, health workers' view on the effectiveness of cultural competence in health care and challenges faced by healthcare workers in the practice of cultural competence.

The methodology of the study is qualitative in nature hence data from the universe were collected by the researcher utilizing the basic qualitative research method approach like in-depth semi-structured interviews and focus groups. The predicated eligibility criteria for the respondent to participate in the research study required that he/she should be a nursing professional working in a different capacity at Sadar Hospital in the Rohtas District of Bihar. The interview protocol was developed based on the literature review and included all the respondents who willingly participated in the study. A semi-structured interview schedule has been used for the data collection. The Interview questions allowed the contributors to share in detail their challenges and experiences with cultural competence practise as health care professionals.

Before the final study, the tools were developed and discussed along with the guide and other few experts followed by a pilot study to scientifically determine the overall methodology of the study such as respondent's eligibility criteria, recruitment approaches, interview protocol, and data analysis. Eligibility criteria determined for the study as discussed earlier focused on one criterion that he/she should be a trained Nurse (ANM, GNM, BSc. Nursing) working in Sadar Hospital in the Rohtas District of Bihar. Realizing that cultural competencies are one of the mandated for every professional regardless of their personal and educational background there were no restrictions on participants' specific demographic information. Another specific

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criterion fixed for the study was the employment time frame. It was decided to consider the respondents for the study who have at least practised as a Nurse for a minimum of 6 months after they completed the training and practice in the decided geographical area.

Participants for the study were recruited through convenience sampling through a personal approach by visiting the geographical area. Once the respondent fulfils the eligibility criteria and gave consent for their participation they were briefed about the purpose of the study, the extent of their engagement and the ethical consideration which include confidentiality. Before each interview, the concept of cultural competence was explained to them and the interview was recorded with due intimation and permission. For confidentiality purposes, the edification information like the name was changed.

Finally, a total of 20 respondents were considered for the study. The interview process for each respondent lasted for a minimum of 30 minutes to 50 minutes maximum on average. At the end of the interview, the FGD was conducted including ten respondents who could manage their time to participate in the process to summarize the learning and sharing.

As far as the study area Rohtas district is concerned it is one of the literate districts out of the thirty-eight (38) districts of Bihar under the Patna division. Languages spoken in this area are Bhojpuri, Hindi and English. The Administrative headquarter of the district is Sasaram. As far as the health care facilities are concerned the sadder hospital is one of the top-rated hospitals with all advanced facilities to ensure medical emergencies and quality health care. At an affordable rate. It delivers both emergency and elective services with efficient staff to provide the best quality care to the patient.

Discussion

The study finding tried to articulate various themes related to cultural competencies discussed through the study which is as follows: (1) demographic profile of the respondents (2) cross-cultural perception of the health care professional (3) Area of practice and feeling of insufficiency (4) factors vital for enhancing cross-cultural competence (5) suggestion to improve the cultural competence in health care settings.

Social demographic profile of the Respondents

Tables 1 demonstrate the breakdown of socio-demographic aspects of the respondents. It depicts that out of the total 20 respondents majority 45 per cent belonged to the middle-aged group followed by young adult respondents. Gender-wise segregation demonstrates that the

majority of the respondents were female as the nursing profession is female-dominated. Professional qualification distribution shows that out of 20 respondents majority of fifty-five per cent completed their General Nursing Midwives training and working as a Nurse whereas six respondents were Auxiliary Nurse Midwives and only 3 completed Bsc. Nursing. From the analysis, it is further evidence that the majority of 40 per cent of respondents were practising the profession for 10 years whereas 25 per cent of respondents were in the profession for 5 to 10 years and only twenty per cent were fresher who has recently joined in the profession.

Socio-Demographic Aspects of The Respondent			
Variables		Frequency	Percentages
Age	18 -30 yrs.	07	35.00
	31. 45 yrs.	09	45.00
	46 – 60 yrs.	04	20.00
Gender	Male	05	25.00
	Female	15	75.00
Religion	Hindu	06	30.00
	Buddhist	09	45.00
	Muslim	02	10.00
	Christian	03	15.00
Caste Category	SC	09	45.00
	ST	03	15.00
	Gen	04	20.00
	OBC	02	10.00
	Minority	02	10.00

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Prof Qualification	ANM	06	30.00
	GNM	11	55.00
	BSc Nursing.	03	15.00
Year of Practice	1 – 2 yrs.	04	20.00
	2.1 – 5 yrs.	03	15.00
	5.1 – 10 yrs.	05	25.00
	10 yrs. and above	08	40.00

Table 1.1. Demographic profile of the Respondents

Cross-Cultural Perception of The Health Care Professional

All the participants confirm that although they have some extent of understanding of cultural competence but never realized that aspect from cultural competence perspective. From the analyses, it is evident that the majority 70 per cent of the sample strongly believe that all health care service professionals should consider patients' cultural profiles when they engage in the treatment process. Similar 75 per cent of respondents pinioned that providing best-health care service awareness on cultural competence is important. Similarly, around 85 per cent of respondents pinioned that being able to communicate cross-culturally efficiently is one of the best practices to deliver the best health care services.

Positively around 75 per cent of respondents considered that for a health care professional it is important to learn about different cultures as part of the practice. Similarly, around 80 per cent of the respondent think that learning cultural aspects can improve service delivery while working with patients from different cultural backgrounds. Further, the analysis signifies only around 30 percentages respondents tried to attend to the cultural need of the patients from a different cultural backgrounds whereas all of them claimed that they treat a patient with a cultural difference based on caste and class and linguistic group every day in their practice. As far as perception regarding the difficulties faced by the respondent shows that around 30 per cent considered that it is very difficult for them to deal with people from different cultural backgrounds. Further, it is evident from the group discussion and semi-structured

interview that many of the respondents perceive cultural competency differently which is demonstrated in table 1.2 below.

Response	Per cent
Approach	50
Technique	30
Skill	20

Table 1.2: Perception of The Respondents Toward The Cultural Competence

Table 1.2 shows that 50% of health workers responded to cultural competence as an approach. It is meant to solve the problem of the clients by not showing disparity towards their caste, religion, gender, class, or views, whereas 30% of health workers described cultural competence as a technique. Technique means understanding the physical and mental conditions of the clients during their practice and taking care of them by understanding their values accordingly. 20% of healthcare workers have reported cultural competence as a skill. Skill means to complete any tasks better and easily in less time. The health workers have also admitted that while maintaining trust in their clients, they do not feel any hesitation in revealing their problems, therefore they (clients) should trust the health workers. It is the skill of a health worker to encourage the clients as well as increase their self-confidence.

Area of Practice and Feeling of Insufficiency

Through the study, it is evident that all the respondents feel comfortable with their ability to practice cultural competence, especially with a patient who shares similar socio-cultural background or identity only 45 percentages respondents express their feeling of inadequacy due to lack of familiarity to support their opinion on their inadequate capabilities respondents shared certain incidences where clients directly sowed their disappointment with the services rendered to them as it was concerned with their cultural backgrounds and identities and they consider these as their inadequacy to deliver quality health care services to the patient. Similarly, around 35 per cent of the respondent's opinion that they are regularly compactors in various situations in which they automatically feel inadequate. During the FGD process, all the respondents collectively confess that although they are practising cultural diversity and dealing with such challenges in daily life yet they have to learn many aspects related to cultural

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competence associated with their field and with their profession. And from the group discussion, it is concluded that their feeling of expertise although satisfactorily yet needs to enhance for integration into their practice which will give them a sense of expert. In the process of discussion, it was confessed by the participant that the feeling of inadequacy generated in their professional life because of the various reason, for instance, the lack of incorporation of strategies like self-evaluation, and lack of team approach sometimes.

As far as training obtained by the participant in the context of cultural competencies the responses of the participants have been demonstrated in table 1.3 below.

Response	Percentage
Effective medium	80
Ineffective medium	20
The total	100.0

Table 1.3: Training Obtained by A Health Worker in The Context of Cultural Competence

Table 1.3 shows that 80% of health workers in medical services work have described cultural competence as an effective approach because during practice many types of clients have to be seen, some physically disabled and some have mental health problems. In such a situation, the health workers need to treat and understand the confusion going on in the mind of service users. 20% of health workers in medical service work described cultural competence as an ineffective approach. During their practice, they sometimes have to face a lot of problems. For example, during this Covid-19 pandemic patients have often argued with them.

Opinion Towards Factors Vital For Enhancing Cross-Cultural Competence

Through the process of study, the effort has been taken to understand the opinion of the respondents words the factors which are vital for enhancing cross-cultural competence because it was evident from the process that they strongly believe the role of cultural competence in their effective delivery of health care services. To understand the opinion words the factor vital for enhancing cross-cultural competence first effort has been taken to understand their view on the main challenges in practising cultural competencies which are demonstrated in table 1.4 below.

Response	Percentage
Linguist difference	60
Differences in personal values and beliefs	20
Gender difference	20
The total	100.0

From table: 4, it is clear that 60% of health workers have mentioned linguistic differences as the main problem in the practice of cultural competence. Language is a powerful medium of communication through which individuals express their thoughts and feelings to each other. When the language is similar, it helps to understand each other's thoughts clearly. When there is a difference in language, problems arise for both the service taker and the service provider, due to which the practice also faces hindrance. The majority of the health service receivers are Bhojpuri speakers which are not known by some of the health workers, this creates problems in practice. In such a situation, the health workers try to understand the physical gestures through their skills and provide services to them. From this, it is evident that health care professional needs cross-cultural training opportunity to develop their perspectives.

Most all the respondents pinioned that the formal cross-cultural education and training would improve their capabilities to ensure cross-cultural health care. They suggest integrating multi-cultural customs into the learning process. Around 70 per cent opinioned that education sessions and training should be integrated considering the diverse culture of the country. Further, around 80 per cent pinioned that there should be regular educational seminars or sessions for the professional focusing on the different cultural aspects of health care.

The second aspect highlighted by the participant is that a cross-cultural team of professionals as 90 per cent believed that if the multicultural team is there in the workplace, then it can be very helpful in overcoming such challenges by seeking help in the interpretation of the factor associated with cross-cultural aspects.

Through the study, the effort was taken to understand the opinion of the respondents with regards to strategies for enhancing the cultural competence of the professionals in the health care settings.

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The majority of the respondents i.e., 95 per cent pinioned that continuous education and training will be one of the effective strategies to address the issues of cultural competencies among the health care professionals. Around 80 per cent of the respondents pinioned that the training should be mandatory for the professionals and around 80 per cent suggested that trainers/speakers from different cultural backgrounds should be engaged to help the participant to understand the different perspectives of cultural competence.

Further few respondents argued that staff diversity should be focused although many claimed that diversity exists. However, they come to the consensus that if a more diverse team will be in place, then the team will be more culturally competent.

CONCLUSION

Based on the above analysis of facts, it can be said that not all health workers have been aware of cultural competence. Health worker needs to be culturally aware in their practice which will help them and their clients to better service delivery.

The differences like gender, personal values and beliefs, and linguistic barriers need to be looked at by health workers to bring equality in the field of healthcare. When there is equality in society, then only the thoughts of the individual can be changed and the feeling of unity can be awakened ^[2]. The health workers also realized that culture-related training should be taken, not only by the health workers but also by the administration and employees of healthcare sectors because day-to-day administration of health services is looked at by them.

Therefore, it is necessary that such training should be provided to all employees and administration as well, only then equality and cultural awareness will be established. Based on the above facts, it can be said that it is necessary to respect all aspects of human beings in this practice.

In the present research, health workers said that after training in cultural competence, while diagnosing the problems of patients, they have developed more understanding than before and they find their practice easy, work among clients convenient and normal. It helped them know the root causes of their problem and take care of them. Health workers reported that they often come across clients who try to commit suicide due to depression and anxiety. Here, training in the cultural competence of health workers also helps them in counselling their clients. By establishing communication with clients and understanding their environment, the cause of their entire problem is found. It is successful in getting detailed information about the social, economic, political, and family backgrounds of all the clients and a better relationship

is established with them during their care. Based on the above facts, it can be said that the health worker should study the totality of the client and get information about their main causes and take better care and treatment of them. It is also important that the client should increase his awareness of the changing society, respect everyone's culture and respect health workers and doctors.

Cultural awareness is essential in cultural competence (Kaihlanen, Hietapakka & Heponiemi 2019) Cultural competencies, attitudes, values and techniques are important when it comes to practice. In the health sector, it involves working with different beliefs and providing care to clients. Every health worker should ensure that service is provided to all, regardless of caste, gender, age, disability and socioeconomic status. As a health worker, one has to create a better society to raise awareness about cultural awareness, beliefs, values, stereotypes and prejudices so that the clients can be served according to their values and it is necessary to take care of the values and beliefs of the health worker too.

This study emphasizes that cultural competence is an important aspect of the healthcare profession as healthcare professionals have to engage with numerous people with diverse cultural backgrounds. This diversity sometimes leads to miscommunication and affects the quality of healthcare outcomes. Hence this study argues that cultural competence should be considered a major area of intervention in the professional domain. If the health care professional will sensitize with cultural competence then their intervention will be effective in health outcomes and help in the actualization of the vision of health for all. Therefore from the social work perspective, it is argued in this paper that cultural competence should be strongly integrated into their intervention so that the quality of health care services can be extended to minority sections who are deprived because of their cultural differences. Therefore this paper strongly advocate for the intervention which can acknowledge the importance of cultural competence and integrated through intensive capacity building and practice through their professional engagement.

REFERENCES

- Beach, M. C., Price, E. G., Gary, T. L. et al. (2005). Cultural Competence: A Systematic Review Of Health Care Provider Educational Interventions, *Medical care*, 43(4), 356–373.
- Berg-Weger, M. (2019). *Social Work And Social Welfare: An Invitation* (5th ed.), Routledge, Carter.
- Betancourt, J. R., Green, A. R. & Carrillo, J. E. (2002). *Cultural Competence In Health Care: Emerging Frameworks And Practical Approaches*, New York: The Commonwealth Fund.

Cultural Competence of Health Care Workers: A Study of Sasaram/Bihar

- Ghebreyesus, T. A. (2017). Health is a fundamental Human right. WHO?. <https://www.who.int/news-room/commentaries/detail/health-is-a-fundamental-humanright#:~:text=The%20right%20to%20health%20also,treated%20with%20respect%20and%20dignity>
- Gilbert, P. (2014). The Origins And Nature Of Compassion-Focused Therapy, *British Journal of Clinical Psychology*, 53(1), 6-41.
- Grandpierre, V., Milloy, V., Sikora, L. et al. (2018). Barriers And Facilitators To Cultural Competence In Rehabilitation Services: A Scoping Review, *BMC health services research*, 18(1), 1-14.
- Jongen, C., McCalman, J. & Bainbridge, R. (2018). Health Workforce Cultural Competency Interventions: A Systematic Scoping Review, *BMC health services research*, 18(1), 1-15.
- Kaihlanen, A. M., Hietapakka, L. & Heponiemi, T. (2019). Increasing Cultural Awareness: A Qualitative Study Of Nurses' Perceptions About Cultural Competence Training, *BMC nursing*, 18(1), 1-9.
- Poole, D. L. (1998). Politically Correct Or Culturally Competent?, *Health Soc Work*, 23(3), 163-166.
- Purnell, L., Paulanka, B. J. (2008). The Purnell Model For Cultural Competence, *Transcultural Health Care: A Culturally Competent Approach*, 3, 19-56.
- Tulane University School Of Public Health & Tropical Medicine. (2021). How to Improve Cultural Competence in Health Care. <https://publichealth.tulane.edu/blog/cultural-competence-in-health-care/>
- U.S. Department of Health and Human Services Office of Minority Health. (2008). National Standards for Culturally and Linguistically Appropriate Services in Health Care. Washington, DC; 2001, March. <http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf>

