

The cultural competence of health professionals in the care of cancer patients: a scoping review



Competencia cultural de profesionales de salud en la atención a pacientes con cáncer: scoping review

Competência cultural dos profissionais de saúde no cuidado de pacientes oncológicos: revisão de escopo

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ABSTRACT

Objective: To explore the available evidence on the cultural competence of health professionals in the care of cancer patients.

Methods: Scoping review carried out between April and May 2024. The databases Scopus, Medline (via Pubmed) and BVS (Lilacs) were used as sources. The sample included articles from the last ten years, resulting from primary research, literature reviews and systematic reviews in English, Portuguese and Spanish. Data were manually extracted and analyzed using an inductive thematic construction process.

Results: 31 studies were included, mostly quantitative research produced in North America. Four themes emerged from the synthesis: 1) Barriers to culturally competent care in oncology settings; 2) Strategies for implementing cultural practices; 3) Intervention measures to improve the cultural competence of oncology care providers; and 4) Outcomes of cultural competence on patient satisfaction and professional development.

Conclusion: Evidence reveals that cultural barriers limit effective cancer care. However, strategies and interventions to improve cultural competence increase patient satisfaction and benefit providers' professional development in oncology care.

Descriptors: Cultural competency; Culturally competent care; Neoplasms; Health personnel

RESUMEN

Objetivo: Explorar la evidencia disponible sobre la competencia cultural de los profesionales de salud en la atención a pacientes con cáncer.

Método: Scoping review ejecutada entre abril y mayo de 2024. Se empleó como fuente las bases de datos Scopus, Medline (vía Pubmed) y BvS (Lilacs). La muestra incluyó artículos de los últimos diez años, resultantes de investigación primaria, revisiones de literatura y sistemáticas en inglés, portugués y español. Los datos se extrajeron manualmente y fueron analizados empleando un proceso de construcción temática inductiva.

Resultados: Se incluyeron 31 estudios, en su mayoría investigaciones cuantitativas producidas en Norteamérica. Resultado de la síntesis se obtuvieron cuatro temas: 1) Barreras que impiden la atención culturalmente competente en entornos oncológicos; 2) Estrategias para la implementación de prácticas culturales; 3) Medidas de intervención para mejorar la competencia cultural de proveedores de atención oncológica y 4) Resultados de la competencia cultural en la satisfacción del paciente y el desarrollo profesional.

Conclusión: La evidencia revela que las barreras culturales limitan la atención oncológica efectiva. Sin embargo, las estrategias e intervenciones para mejorar la competencia cultural aumentan la satisfacción del paciente y benefician el desarrollo profesional de los proveedores en la atención oncológica.

Descriptores: Competencia cultural; Asistencia sanitaria culturalmente competente; Neoplasias; Personal de salud.

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RESUMO

Objetivo: Explorar as evidências disponíveis sobre a competência cultural dos profissionais de saúde no cuidado de pacientes oncológicos.

Método: Scoping review realizada entre abril e maio de 2024. Foram utilizadas como fontes as bases de dados Scopus, Medline (via Pubmed) e BvS (Lilacs). A amostra incluiu artigos dos últimos dez anos, resultantes de pesquisas primárias, revisões de literatura e sistemáticas em inglês, português e espanhol. Os dados foram extraídos manualmente e analisados por meio de um processo de construção temática indutiva.

Resultados: foram incluídos 31 estudos, em sua maioria pesquisas quantitativas produzidas na América do Norte. Como resultado da síntese obtiveram-se quatro temas: 1) Barreiras que impedem o cuidado culturalmente competente em ambientes oncológicos; 2) Estratégias para implementação de práticas culturais; 3) Medidas de intervenção para melhorar a competência cultural dos prestadores de cuidados oncológicos e 4) Resultados da competência cultural na satisfação do paciente e no desenvolvimento profissional.

Conclusão: As evidências revelam que as barreiras culturais limitam o atendimento oncológico efetivo. No entanto, estratégias e intervenções para melhorar a competência cultural aumentam a satisfação do paciente e beneficiam o desenvolvimento profissional dos prestadores de cuidados oncológicos.

Descritores: Competência cultural; Assistência à saúde culturalmente competente; Neoplasias; Pessoal de saúde.

■ INTRODUCTION

Cancer is one of the most relevant non-communicable diseases in the current landscape of public health, and one of the main causes of morbidity and mortality worldwide. According to the World Health Organization (WHO), in 2022, 1.4 million deaths were attributed to cancer, and 45.1% of them affected those below 69 years of age. In the same year, 4.2 million new cancer cases were reported in the Americas, and estimates indicate that, by 2045, this number will have increased to 6.7 million⁽¹⁾. As a consequence, this disease continues to be a significant emotional and financial burden for patients and health systems^(2,3). In many low-to-medium income countries, health systems deal with considerable challenges in order to manage this increasing number of patients, which leads to limited access to adequate diagnostic and treatment services for cancer patients⁽⁴⁾.

Cancer services must employ patient-focused care, which implies in not only treating the disease, but also in understanding the beliefs, values, and cultural practices of patients. Cultural competence is defined as the process in which health workers make a continuous effort to develop their skills and their willingness to work in an effective way, considering the cultural context of people, families, and communities⁽⁵⁾. It is an essential element of an integral care that respects cultural diversity and promotes equity in the access to health services⁽⁶⁾.

Research has shown that cultural competence can improve patient satisfaction, especially for minorities^(7,8). When health workers are culturally competent, they are better prepared to adapt their actions in order to satisfy the needs and expectations of different populations, improving the quality of attention and the experience of patients⁽⁷⁾. Furthermore, cultural competence has been associated with a decrease in medical care inequality,

better health outcomes, and more satisfaction with care services⁽⁹⁾.

Previous scoping reviews have examined the strategies of health care organizations to provide culturally competent care to patients from many cultural origins in different care contexts^(10,11). Nevertheless, cancer care poses its own, specific challenges, due to the complex nature of these prolonged interactions between health workers and patients throughout a process that involves diagnosis, treatment, and follow-up. As a result, focusing specifically in cultural competence for cancer care is essential, since patients not only have to face physical challenges associated with cancer, but also emotional and psychological ones, often profoundly influenced by their cultural background. Thus, it is fundamental to map literature in order to identify and analyze factors that influence the implementation of cultural competence in health workers, in the field of oncology. Systematizing elements that facilitate or hinder their implementation can generate evidence to support future research, the development of policies, and the elaboration of institutional mechanisms that promote the training and consolidation of cultural competence in oncological health professionals.

This study aims to summarize available literature, identifying obstacles, strategies, results, and interventions related to the cultural competences of health workers who provide care for cancer patients.

■ METHOD

Scoping review, following the Joanna Briggs Institute (JBI) parameters⁽¹²⁾. The resulting report was elaborated following the guidelines of the PRISMA-ScR Extension⁽¹³⁾, and its protocol was registered and is available in the Figshare platform: <https://doi.org/10.6084/m9.figshare.25505155.v3>.

Review question

The review question was designed using the PCC model of the JBI methodology, where Population referred to health workers (physicians, nurses, psychologists), Concept, to cultural competence, and Context, to settings for outpatient or clinical cancer patient care. As a result, the question posed was as follows: What is the evidence available on the cultural competence of health workers in cancer patient care?

Search strategy

The studies were identified from April to May 2024, in the databases Scopus, Medline (via PubMed), and BvS (Lilacs). The search was limited to articles in English, Spanish, and Portuguese, published in the last 10 years (2014-2024). This period was chosen due to the fact that, in the last decade, there was an increase in the production of evidence about the implementation and evaluation of cultural competence in regard to cancer care. We included primary research (qualitative,

quantitative, and mixed), as well as systematic and literature reviews. Search descriptors (MeSH and DeCS) were chosen for each component of the PCC question: P: "Physicians," "Nurses," "Psychologists"; C: "Culturally competent care" and "Cultural Competencies" and C: "Cancer," "Neoplasm" and "Oncology". As an example, Chart 1 shows the complete search strategy used in Medline (via PubMed).

Inclusion criteria

The following inclusion criteria were determined: 1. The study addresses the care provided by physicians, nurses, psychologists, or medical students specializing in oncology, with the exception of undergraduate students; 3. The study examines obstacles, strategies, outcomes, and interventions related to cultural competence, defined as the ability to provide respectful care that is adapted to the beliefs, practices, and needs of culturally diverse patients⁽⁵⁾; and 3. The study is focused on cancer patient care, regardless of age, in any clinical or outpatient setting.

Chart 1. Example of a complete search strategy for databases. Bogotá, Colombia, 2024.

Database	Search strategy
Medline (vía Pubmed)	("physician s"[All Fields] OR "physicians"[MeSH Terms] OR "physicians"[All Fields] OR "physician"[All Fields] OR "physicians s"[All Fields] OR ("nurse s"[All Fields] OR "nurses"[MeSH Terms] OR "nurses"[All Fields] OR "nurse"[All Fields] OR "nurses s"[All Fields]) OR ("psychologist s"[All Fields] OR "psychology"[MeSH Terms] OR "psychology"[All Fields] OR "psychologist"[All Fields] OR "psychologists"[All Fields])) AND ("culturally competent care"[MeSH Terms] OR ("culturally"[All Fields] AND "competent"[All Fields] AND "care"[All Fields]) OR "culturally competent care"[All Fields] OR ("cultural competency"[MeSH Terms] OR ("cultural"[All Fields] AND "competency"[All Fields]) OR "cultural competency"[All Fields] OR ("cultural"[All Fields] AND "competencies"[All Fields]) OR "cultural competencies"[All Fields])) AND ("neoplasm s"[All Fields] OR "neoplasms"[MeSH Terms] OR "neoplasms"[All Fields] OR "neoplasm"[All Fields] OR ("cancer s"[All Fields] OR "cancerated"[All Fields] OR "canceration"[All Fields] OR "cancerization"[All Fields] OR "cancerized"[All Fields] OR "cancerous"[All Fields] OR "neoplasms"[MeSH Terms] OR "neoplasms"[All Fields] OR "cancer"[All Fields] OR "cancers"[All Fields])) Filters: from 2014 – 2024

Source: Research data extracted from the reports, Bogotá, Colombia, 2024.

Study selection

All articles found in the search were uploaded into the online platform Rayyan Systems, Inc[®], to find and eliminate duplicates. Later, a selection process was applied, closely abiding by the inclusion criteria determined. All members of the research team, independently, read the title, the abstract, and the full text of the reports found. Any uncertainties in the selection process were settled by a second reading, carried out by another member of the team. Additionally, the references of each study selected were reviewed in order to find other sources. In this stage, the quality of the studies was not evaluated or considered (methodological limitations or the risk of bias), as this is not the focus of this type of review⁽¹⁴⁾.

Data extraction and analysis

Two forms were created in Excel[®] to extract and synthesize the data. The first included fields for the bibliographic and methodological characterization of the reports; the second form was used to manually extrapolate the findings and relevant details, in order to answer the research question.

Data was analyzed in a process of inductive thematic construction, specific for scoping reviews⁽¹⁵⁾. This process was implemented in three stages: at first, the characteristics of the studies were submitted to a descriptive analysis (type of design, population, geographical location), to provide a general overview of the field. In the second stage, a qualitative thematic analysis of the information extracted from the texts was carried out, identifying recurring patterns and categories through an iterative process where similarities and differences were grouped, which allowed refining emergent themes. Finally, the topics were interpreted in light of their implications for practice, policies, and future research.

■ RESULTS

31 of the 871 records found in the sources evaluated were considered for the synthesis in this review. The number of sources of evidence examined, evaluated for eligibility, and included in the review can be found in Figure 1.

Characteristics of the studies included

The results of the characterization showed that the date of publication of the studies varied throughout the last ten years, with most publications taking place from 2017-2022 (n=27) and being in English (n=31). Regarding their geographical distribution, most studies were carried out in the United States (n=20), followed by Australia (n=4), the Netherlands (n=2), Switzerland (n=2), Germany (n=1), Austria (n=1), and Turkey (n=1). Despite the presence of criteria to enable the inclusion of works in Spanish and Portuguese, there was a remarkable absence of research from Latin America.

Regarding health workers, the studies included physicians (n=12), nurses (n=6), or both (n=13). No study considered psychologists among the health professionals evaluated.

Regarding methodological design, most studies were quantitative (n=12), followed by qualitative research (n=9), systematic reviews (n=4), literature reviews (n=3), and mixed studies (n=3). Chart 2 shows additional details about the articles included.

Thematic findings

As a result of the above summarization, the data extracted was classified in four topics, specified below in Figure 2.

Topic 1: Challenges to a culturally competent care in oncology environments

In regard to the cultural competence in the delivery of health care to cancer patients, barriers were found that affected the quality and effectiveness of the attention provided. One of these barriers was the linguistic difficulties reported by some studies, both in clinical and outpatient contexts. Communication issues emerge when languages and cultural backgrounds are different, significantly affecting how the patient understands their treatment and their ability to be an active participant in the decisions made about their care^(15,16,18,21-26,29,42,43,46).

These linguistic barriers not only affect the ability of patients to fully understand their diagnosis and therapeutic options, but also limit their ability to express their needs and concerns, which is essential for

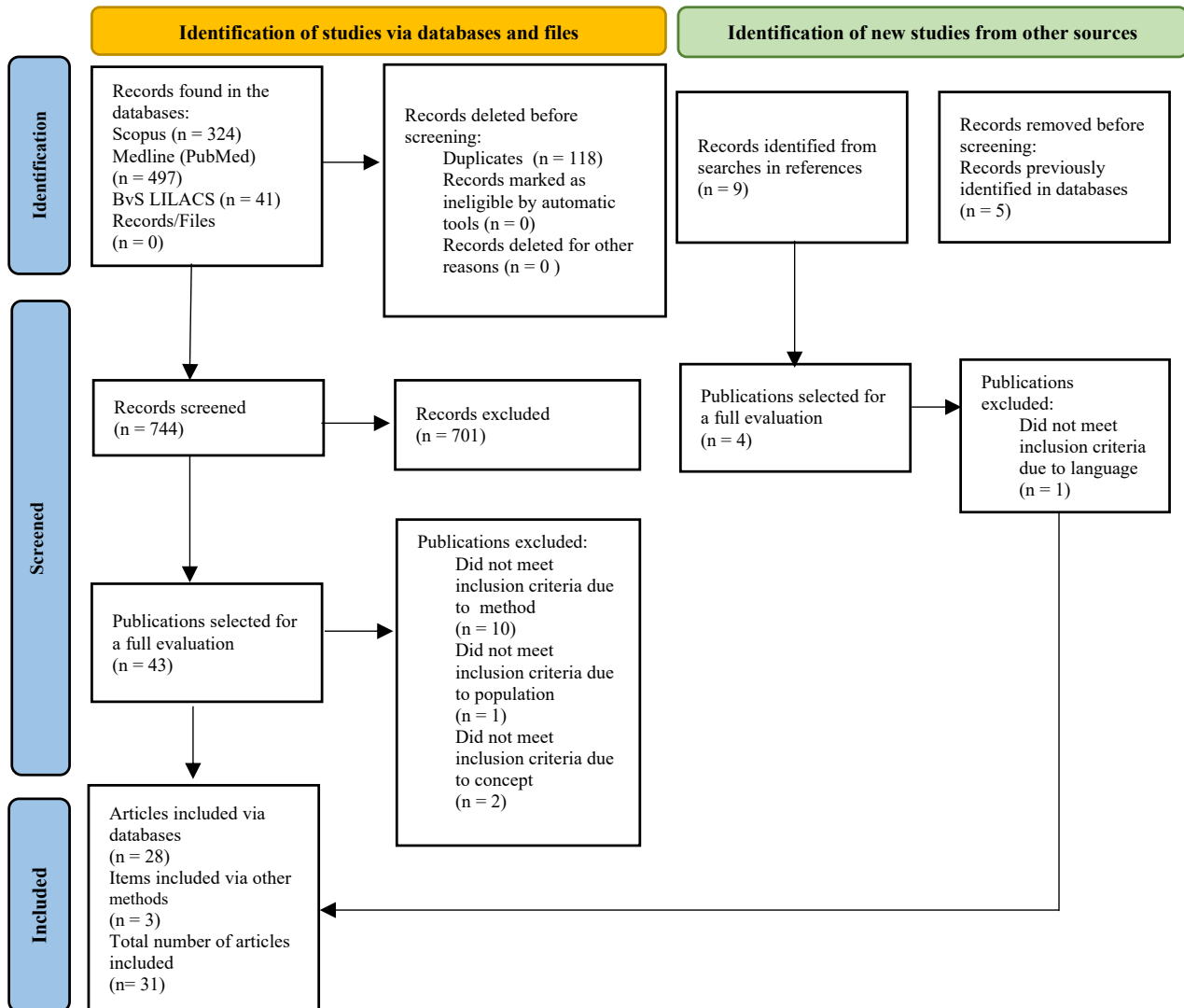


Figure 1. PRISMA-ScR flowchart. Bogotá, Colombia, 2024

Source: Adapted from systematic search data, 2024.

Chart 2. Characterization of the studies included. Bogotá, Colombia, 2024.

Authors (year of publication)	Country	Type of study	Type of health worker	Type of patient and sociocultural characteristics
Davey MP, Waite R, Nuñez A, Niño A, Kissil K. (2014) ⁽¹⁶⁾	United States	Quantitative cross-sectional study	Physicians	Racially and ethnically diverse adults and migrant patients
Doorenbos AZ, Morris AM, Haozous EA, Harris H, Flum DR. (2016) ⁽¹⁷⁾	United States	Quantitative cross-sectional study	Physicians	Racially and ethnically diverse adult patients
Weber O, Sulstarova B, Singy P. (2016) ⁽¹⁸⁾	Switzerland	Quantitative cross-sectional study	Physicians and nurses	Migrant adult patients
Wells JS, Pugh S, Boparai K, Rearden J, Yeager KA, Bruner DW. (2016) ⁽¹⁹⁾	United States	Quasi-experimental study	Physicians	Racially and ethnically diverse adult and migrant patients
Radix A, Maingi S. (2017) ⁽²⁰⁾	United States	Literature review	Nurses	Adult LGBT patients
Suurmond J, Lieveld A, van de Wetering M, Schouten-van Meeteren AYN. (2017) ⁽²¹⁾	The Netherlands	Qualitative descriptive	Physicians and nurses	Pediatric migrant patients
Schrank B, Rumpold T, Amering M, Masel EK, Watzke H, Schur S. (2017) ⁽²²⁾	Austria	Qualitative descriptive	Physicians and nurses	Pediatric migrant patients
Spence C, Wells JN (2017) ⁽²³⁾	United States	Descriptive qualitative study	Physicians and nurses	Migrant patients
Watts KJ, Meiser B, Zilliacus E, Kaur R, Taouk M, Girgis A, et al. (2017) ⁽²⁴⁾	Australia	Descriptive qualitative study	Physicians and nurses	Ethnically diverse adult patients and migrants
Durey A, Halkett G, Berg M, Lester L, Kickett M. (2017) ⁽²⁵⁾	Australia	Mixed-methods study	Physicians	Ethnically diverse adult patients

Chart 2. Cont.

Authors (year of publication)	Country	Type of study	Type of health worker	Type of patient and sociocultural characteristics
Nageswara Rao A, Warad D, Rodriguez V. (2017) ⁽²⁶⁾	United States	Systematic review	Physicians	Ethnically diverse pediatric patients
Eche IJ, Aronowitz T. (2017) ⁽²⁷⁾	United States	Quantitative cross-sectional study	Nurses	Pediatric, ethnically diverse, and migrant patients
Margolies L, Brown CG. (2018) ⁽²⁸⁾	United States	Literature review	Nurses	Adult LGBT patients
Witt A, Cunningham FC, Bailie R, Percival N, Adams J, Valery PC. (2018) ⁽²⁹⁾	Australia	Descriptive qualitative study	Physicians and nurses	Ethnically diverse adult patients
Wheldon CW, Schabath MB, Hudson J, Bowman Curci M, Kanetsky PA, Vadaparampil ST, et al (2018) ⁽³⁰⁾	The Netherlands	Descriptive qualitative study	Physicians and nurses	Adult LGBT patients
Nageswara Rao AA, Warad DM, Weaver AL, Schleck CD, Rodriguez V. (2019) ⁽³¹⁾	United States	Quantitative cross-sectional study	Physicians	Racially and ethnically diverse pediatric patients and migrant patients
Broom A, Parker RB, Kirby E, KokanoviĀ R, Woodland L, Lwin Z, et al (2019) ⁽³²⁾	Australia	Qualitative descriptive	Physicians and nurses	Migrant adult patients
Seay J, Hicks A, Markham MJ, Schlumbrecht M, Bowman M, Woodard J, et al. (2019) ⁽³³⁾	United States	Multi-method study	Physicians	Adult LGBT patients

Chart 2. Cont.

Authors (year of publication)	Country	Type of study	Type of health worker	Type of patient and sociocultural characteristics
Phillips S, Villalobos AVK, Crawbuck GSN, Pratt-Chapman ML. (2019) ⁽³⁴⁾	United States	Quantitative cross-sectional study	Physicians and nurses	Adult LGBT, racially and ethnically diverse, and migrant patients
Hill C, Deville C, Alcorn S, Kiess A, Viswanathan A, Page B. (2020) ⁽³⁵⁾	United States	Systematic review	Physicians	Disabled patients (deaf)
Üzar-Özçetin YS, Tee S, Kargın M. (2020) ⁽³⁶⁾	Turkey	Qualitative descriptive	Nurses	Adult patients Unspecific socio-cultural characteristic
Seay J, Hicks A, Markham MJ, Schlumbrecht M, Bowman-Curci M, Woodard J, <i>et al.</i> (2020) ⁽³⁷⁾	United States	Quasi-experimental study	Physicians	Adult LGBT patients
Nolan T, Alston A, Choto R, Moss K. (2021) ⁽³⁸⁾	United States	Systematic review	Nurses	Racially and ethnically diverse, LGBT, low-income, and rural adult patients
Rosser BRS, Rider GN, Kapoor A, Talley KMC, Haggart R, Kohli N, <i>et al.</i> (2021) ⁽³⁹⁾	United States	Systematic review	Physicians	Adult LGBT patients
Liu MM, Miller MO, Merrell SB, Bruce JS, Kin C, Morris AM. (2021) ⁽⁴⁰⁾	United States	Mixed-methods study	Physicians and nurses	Racially and ethnically diverse adult patients
Dawadi A, Lucas T, Drolet CE, Thompson HS, Key K, Dailey R, <i>et al.</i> (2022) ⁽⁴¹⁾	United States	Quantitative cross-sectional study	Physicians	Racially diverse adult and older patients

Chart 2. Cont.

Authors (year of publication)	Country	Type of study	Type of health worker	Type of patient and sociocultural characteristics
Rakic M, Hengartner H, Lürer S, Scheinemann K, Elger BS, Rost M. (2022) ⁽⁴²⁾	Switzerland	Quantitative cross-sectional study	Physicians and nurses	Pediatric migrant patients
Hurst DJ, Potter J, Naumann P, Baig JA, Evatt M, Lockhart JS, <i>et al.</i> (2022) ⁽⁴³⁾	United States	Qualitative exploratory	Nurses	LGBT and low-income adult patients
Seay J, Hernandez EN, Pérez-Morales J, Quinn GP, Schabath MB. (2022) ⁽⁴⁴⁾	United States	Experimental study	Physicians	Adult LGBT patients
Pratt-Chapman ML. (2022) ⁽⁴⁵⁾	United States	Quasi-experimental study	Physicians and nurses	Adult LGBT patients
Rost M, De Clercq E, Arnold L, Rakic M. (2023) ⁽⁴⁶⁾	Germany	Systematic review and meta-analysis.	Physicians and nurses	Racially and ethnically diverse adult and migrant patients

Source: Research data extracted from the reports, Bogotá, Colombia, 2024.

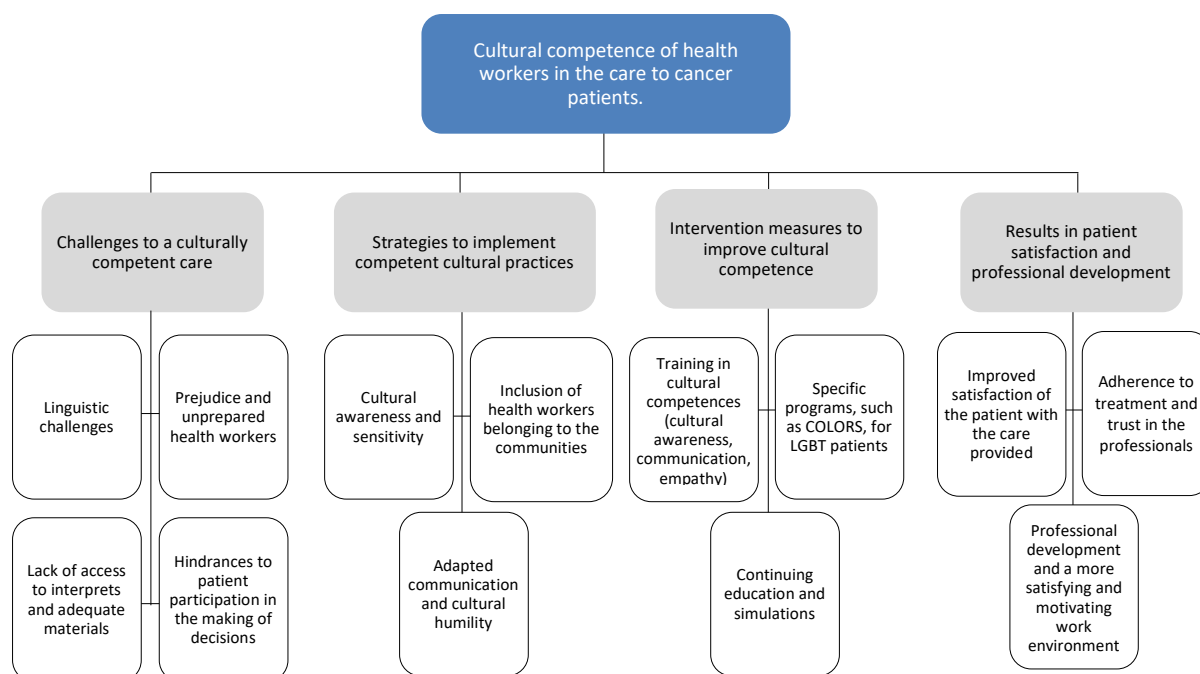


Figure 2. Topics that emerged from the synthesis. Bogotá, Colombia, 2024

Source: The authors, based on the synthesis of the data, 2024.

patient-focused oncological care. These challenges are also associated to lacking institutional policies and little-to-no access to professional interpreters or informative materials in multiple languages⁽¹⁸⁾ or adapted to sign languages, in the case of deaf persons⁽³⁵⁾. It is also associated with the limited time destined for providing care, especially from nursing workers⁽³⁶⁾.

Moreover, the obstacles to the participation of patients in decision making are an additional challenge, with factors such as socioeconomic status, education, gender, and the attitudes of family members and health providers significantly restricting one's effective participation in the decision-making process that involves their treatment^(16,23,24,26,27,29,35,43,46).

On the other hand, health workers were found to be remarkably ill-prepared to adequately address the cultural diversity of cancer patients⁽⁴⁴⁾. Six studies pointed out that standard didactic training in cultural competence is not enough to attend LGBT patients in specific, as they have unique demands that must be addressed^(20,28,30,33,37,44). This gap in cultural competence can lead to suboptimal care, with unrecognized prejudice and stereotyping negatively impacting the interaction with the patient and the quality of care^(16,18,24-27,29,40,42,46).

Topic 2: Strategies to implement competent cultural practices

Strategies to improve communication and understanding in health workers and patients from several cultural origins are a critical component of cultural competence in the attention to cancer patients. The summary of the articles reviewed showed several strategies focused on the promotion of cultural awareness and sensitivity, as well as the development of adaptive communicative and educational skills.

A key strategy identified was the promotion of cultural awareness and sensitivity among care providers^(17-19,21,22,36,40). This implies an education aimed at developing a profound understanding about the cultural and linguistic perspectives that patients bring into the context of cancer care. Training, in this regard, aims to equip professionals with the skills needed to recognize and address their own prejudice and stereotyping behaviors, promoting a medical care that is truly inclusive and respectful towards the culturally diverse, considering ethnic and racial particularities, disabilities, and sexual and gender differences^(16-18,24-27,29,30,37,40,45,46).

Another strategy that stood out was the implementation of communication practices adapted to cultural

humility. These practices are designed for health providers to recognize and value the individual preferences of the patients, adapting their communication methods to attend to the distinctive needs of each user^(16,18,24,34,38,39). Cultural humility, when it comes to this strategy, emphasizes the importance of active listening and flexibility in dealing with patients' beliefs and desires, which is essential to build a therapeutic relationship based on trust and mutual respect^(24-27,29,30,34,38,39).

In the case of indigenous communities, three studies highlighted the importance of incorporating health workers from these same communities, which provides a more agreeable experience to patients and increases their adherence to conventional medical care settings^(25,29,34).

Topic 3: Intervention measures to improve the cultural competence of oncological health care providers

This review found essential interview measures to improve intercultural communication and the sensitivity and health workers in cancer care.

Cultural competence training is mainly targeted at improving communication skills of cancer care providers, allowing them to interact effectively with patients from many different cultural and linguistic backgrounds. The training programs highlighted include modules on cultural awareness, empathic communication skills, and techniques to overcome cultural and linguistic barriers^(17,21,24-27,30,31,33,34,36,38,40-42,44). The goal is giving health workers the necessary knowledge and tools to deliver a type of patient-centered care that respects their values and individual preferences^(17,21,24-27,30,31,33,34,36,38,40-42,44).

Some studies highlighted the implementation of specific training programs, such as COLORS, designed to address the unique needs of specific populations, such as LGBT patients^(33,37,44). These initiatives aim to create more inclusive health care settings, improving the understanding of providers about the unique experiences and challenges faced by these groups of patients. When incorporating specific perspectives and knowledge about the particular health needs of these patients, these programs seek to promote empathy and provide effective care^(30,33,37,44).

Continued education and experience-based training for health care providers are among the measures that can improve cultural competence in cancer care.

Training programs that incorporate simulations and role-playing, as well as experience-based modules, allow professionals to practice and improve culturally competent communication skills in controlled environments. This approach promotes personal reflection and active learning^(17,19,21,24-27,30,31,33,40,44,45).

Along the same lines, some studies highlight the implementation of workshops especially designed to promote personal reflection and collaborative learning among health workers, in order to improve their ability to provide culturally congruent care^(25,26). One study also highlighted the adaptation of training programs to the different health professionals and the different dynamics of cultural competence, suggesting that customized training programs would be necessary⁽⁴²⁾.

Regarding the measurement of the interventions to improve cultural competences, a meta-analysis showed that, although most interventions have differential effects, their findings show an improvement in dimensions of knowledge related to transcultural competence and behavior in oncology health professionals⁽⁴⁶⁾.

Topic 4: Results of cultural competence in patient satisfaction and professional development

Finally, we also identified results associated with strategies and interventions carried out to improve cultural competence. Our findings emphasize how important these interventions are in increasing patient satisfaction and professional development, shedding light on the fact that more inclusive and culturally competent practices can have a significant impact on both patients and health workers.

One key result is the improvement in patient satisfaction. Cultural competence training and interventions to address linguistic and cultural barriers were found to be effective, as they align the care provided with the expectations of the patients^(16,17,23,25,33,43). This not only improves the general experience of the patient in the health system, but also contributes to better health outcomes^(20,33,41), since a greater satisfaction is often associated with a better adherence to treatment⁽¹⁶⁾, greater survival⁽²⁰⁾, and increased trust in health care providers^(25,37). A form of care that respects the cultural background of patients and establishes effective communication, in a language they understand, is essential to reach this goal^(16,24-27,29,34,37,41,43,46).

Another important finding is related to professional development and the increased confidence in health workers. Interventions focused on improving communication skills and cultural sensitivity benefit patients while furthering the professional development of physicians, nurses, and other health professionals involved. As health workers increase their understanding about cultural and linguistic needs of their patients, they become more competent and secure in their ability to provide effective and empathetic care. This, in turn, can promote a more satisfying and motivating work environment, contributing to staff retention and leading to more cohesive and effective care teams (16,18,19,22,24-27,29-31,33,45).

■ DISCUSSION

This scoping review on cultural competence in cancer health care consolidated findings about the influence of cultural barriers that impact treatment efficacy and patient satisfaction. Additionally, it uncovered strategies to overcome these barriers, as well as interventions designed to improve the cultural competence of health workers, whose impact is reflected on patient satisfaction and professional development.

Our findings suggest that a lacking cultural competence may generate misunderstandings in the communication between patients and health workers, complicating both diagnosis and treatment. This is especially critical in oncology, where precise communication is essential for an effective management of the disease and the making of informed decisions by patients and their families⁽⁵⁾. Moreover, unrecognized prejudices and stereotypes were found to be significant barriers, hindering interactions and affecting the quality of care. Previous studies confirm the presence of obstacles to culturally diverse patients, such as communication issues, inappropriate resources, insufficient cultural training, and challenging therapeutic relationships⁽⁴⁷⁾, also suggesting that discrimination and racism can lead to inadequate care to patients from different origins⁽⁴⁸⁾.

On the other hand, the strategies found by the studies, such as increased awareness, sensitivity, and cultural humility on the part of health workers, are essential steps towards improving cultural competence in oncological care. For the implementation of these practices to be effective, there must be institutional commitment to

training and professional development, ensuring that health workers are adequately equipped to serve the needs of an increasingly diverse patient population.

Likewise, the interventions reported reflect the need of an integral perspective in order to improve cultural competence. By directly addressing health worker needs for training and proposing specific strategies to improve transcultural communication and understanding, these interventions are crucial to promote a more equal and effective care, one that is sensitive to the cultural diversity of its patients⁽⁴⁹⁾. The successful implementation of these measures requires a continued commitment by health institutions and a proactive focus on integrating cultural competence as an essential component of cancer care⁽³⁴⁾.

Nevertheless, adopting these strategies and interventions to promote cultural competence is not without challenges. These include resistance from the staff to these changes, the lack of financial resources, and the limited time available for training. Overcoming these challenges requires effective institutional leadership, proper resource allocation, and the implementation of clear policies that prioritize cultural competence. The Registered Nurses' Association of Ontario (RNAO) supports the implementation of culturally competent health settings in its evidence-based Best Practice Guidelines⁽⁴⁹⁾, which are currently being implemented in Latin American institutions. The RNAO advocates for a better understanding and planning of work environments to identify culturally competent practices that improve the outcomes of nurses, patients, and institutions.

The findings of this research also suggest that cultural competence can have a positive influence on patient satisfaction and professional development in the context of cancer care. The implementation of training and development strategies whose goal is improving cultural competence not only has the potential to improve the quality of care, but also promotes a more inclusive and respectful health care environment for all those involved. The evidence gathered here, in line with systematic reviews carried out in several contexts of care^(50,51), emphasizes that it is necessary to continue promoting and evaluating the impact of these interventions and ensure that health systems will provide effective responses to the cultural diversity of the population they serve. Relevant indicators may include patient satisfaction, adherence to treatment, and clinical

results; still, investigating this would require the quality levels of the studies, in order to produce reliable results. A previous review study that summarized evidence on how to enable a culturally competent communication between patient and provider in regard to patients with cancer diagnosis has confirmed, in its conclusion, that it is necessary to generate rigorous evidence in the scope of cultural competence in oncological settings⁽⁵⁾.

As a limitation of this review, it is worth noting that it did not detail the difference between the specific characteristics of the patients in the studies, including their ages and cultural variations associated with ethnic minorities, disabilities, sexual, and gender differences, although this information was considered by the studies present here (Chart 2). Future investigations should investigate these differences in depth, as patient experience could be quite different depending on these variables. Furthermore, since the level of evidence of the studies included was not classified, the results of this review should be taken with a grain of salt. It is essential to consider this in order to facilitate the most appropriate use and application of these findings in clinical practice.

Finally, due to the scarcity of investigations in this regard in Latin America, it is essential to carry out studies specific to this region. Latin American cultural and social dynamics may have a significant impact on the cultural competence of oncology health workers. Addressing this context will enable the elaboration of interventions that are better adjusted to local reality, thus improving the effectiveness of health services in the region.

Additional investigations should also be carried out to ascertain how the cultural competence of medical health providers influence the long-term outcomes of patients. The analysis of the cultural competence of psychology professionals is another aspect to take into consideration in future studies, since this field of knowledge is intrinsically related to the understanding of sociocultural and psychological factors that affect the mental health and wellbeing of patients. Additionally, psychologists, as they work with people from many cultural backgrounds, face specific challenges that could affect the effectiveness of interventions and patient communication, especially in settings such as cancer care, in which culturally competent emotional support is essential for integral treatment and patient adherence.

■ CONCLUSION

This review reiterates that cultural barriers are a significant obstacle to effective cancer care, hindering both patient satisfaction and clinical outcomes. Nonetheless, interventions and strategies to improve the cultural competence of health workers were found to have a positive effect on the experience of patients and the professional development of health personnel. In this sense, cultural competence training programs must be structurally integrated into oncological care, promoting a deep understanding of cultural differences and an active willingness to address them.

A robust institutional approach must be adopted, including clear policies and protocols to improve cultural competence in all levels of cancer care. This implies not only in continuous training for health personnel, but also in the establishment of practices and resources that facilitate the effective management of cultural diversity in the delivery of health services. An approach based on the evaluation and improvement of these practices will help optimize care quality and patient satisfaction, while dealing with disparities in the care provided to cancer patients in different cultural contexts.

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■ **Availability of data and materials**

The data used may be accessed upon request to the corresponding author to ensure compliance with regulations related to the use of sources and copyrights.

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