Culture within the context of care: an integrative review
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CRD summary
The review assessed the effect of culturally relevant health care interventions on a diverse range of health outcomes. The authors concluded that health outcomes were significantly improved for health problems including diabetes, drug addiction, and sexually transmitted diseases. This review has several methodological weaknesses and the authors’ conclusions may not be reliable.

Authors’ objectives
To examine the literature on culturally relevant health care interventions and their effect on health care outcomes.

Searching
MEDLINE and CINAHL were searched from 1980 to 2001; the key search terms were provided.

Study selection
Study designs of evaluations included in the review
Experimental and quasi-experimental studies were eligible for inclusion; descriptive studies were excluded. The studies included in the review were randomised controlled trials (RCTs), controlled trials (CCTs) and uncontrolled studies with a pre-test post-test design.

Specific interventions included in the review
Studies assessing culturally competent health care interventions were eligible for inclusion. Studies were classified as culturally competent if they used cultural-specific approaches and strategies to address the development, implementation and testing of culturally relevant material and methods for a culturally matched target group. Studies that investigated culture as a mediating variable in assessing health outcomes were not eligible for inclusion. A range of interventions were assessed in the included studies, such as a culturally sensitive video of breast-feeding and smoking prevention, health education and support, peer-counselling, and counselling with a facilitator of the same gender and ethnicity.

Participants included in the review
Studies of ethnic minority populations were eligible for inclusion. The ethnic groups in the eligible studies included African American, Native American, Latino, Hispanic, Vietnamese and Mexican American participants.

Outcomes assessed in the review
Inclusion criteria were not specified for the outcomes. The outcomes assessed included physiological measures of smoking cessation and blood sugar levels, measures of knowledge and attitude, and behavioural measures such as condom acquisition.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction.
Methods of synthesis
How were the studies combined?
The authors did not synthesise the results from the studies. The results of the individual studies were tabulated.

How were differences between studies investigated?
Differences between the studies could be investigated through an examination of the study details presented. The authors also discussed some differences between the studies in the text.

Results of the review
Fourteen studies were included: 8 RCTs, 2 CCTs and 4 uncontrolled studies using pre- and post-measurement.

It is not possible to report any overall findings because the studies were not synthesised. The results of the individual studies were tabulated in the paper.

Authors' conclusions
Culturally relevant interventions significantly improve health outcomes for health problems including diabetes, drug addiction, and sexually transmitted diseases.

CRD commentary
The review question was clearly stated except for the outcomes eligible for inclusion. Only two relevant electronic databases were searched and no specific attempts were made to identify unpublished studies. Therefore, studies might have been missed and there is a possibility of publication bias. The study selection and data extraction processes do not appear to have been carried out in duplicate or checked, thus introducing the possibility of error and bias in the review procedures. Study quality was not assessed. Appropriate information on the included studies was reported and there was some discussion of differences between the studies. It would have been appropriate to have carried out a narrative synthesis of the included studies; however, the authors did not go beyond reporting the results of the individual studies. Given the methodological weaknesses of this review, the authors’ conclusions may not be reliable.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that research with long-term follow-up of participants is required, as is research investigating the process and methods of culturally relevant interventions. Future research should also ensure that the interventions for the experimental and control groups are of equal duration.

Bibliographic details

PubMedID
12894959

Indexing Status
Subject indexing assigned by NLM

MeSH
Cross-Cultural Comparison; Cultural Diversity; Delivery of Health Care /organization & administration; Humans; Outcome Assessment (Health Care); Professional Competence; Social Class; United States
AccessionNumber
12003006639

Date bibliographic record published
30/04/2005

Date abstract record published
30/04/2005

Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.