

Literature review

# Analyzing the Role of Language and Religion in Culturally Competent Healthcare: An Interdisciplinary Perspective

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**Abstract:** Cultural competence in healthcare refers to the ability of providers and organizations to effectively deliver healthcare services that meet the social, cultural, and linguistic needs of patients. The current interdisciplinary approach aims to elucidate the critical roles of language and religion in healthcare, focusing on their impact on communication, patient satisfaction, health literacy, and cultural competence in healthcare delivery. Through meticulous analysis of academic databases, health organization reports, and religious institution publications, this literature review consolidates findings from few peer-reviewed articles published in English. Findings reveal that effective healthcare communication is significantly hampered by language barriers, leading to risks of misdiagnoses, improper treatments, and diminished patient satisfaction. The review highlights the indispensable roles of language and religious competence in healthcare, advocating for their integration into healthcare practice, education, and policy to enhance the quality and cultural competence of healthcare delivery for diverse patient populations. Future research should continue to explore and expand on these findings, contributing to the development of practical strategies and theoretical frameworks supporting culturally competent healthcare.

**Keywords:** Interdisciplinary Research; Healthcare Communication; Healthcare Delivery; Language, Religion, and Healthcare

## 1. Introduction

Cultural competence in healthcare refers to the ability of providers and organizations to effectively deliver healthcare services that meet the social, cultural, and linguistic needs of patients. A culturally competent healthcare system enhances equity and reduces disparities by improving care access and quality for all patients, irrespective of their cultural background. This study aims to analyze the integral roles of language and religion in fostering a culturally competent healthcare environment.

### *Theoretical Background*

Cultural competence in healthcare has been a subject of scholarly interest for decades, serving as a critical framework for providing effective and equitable health services to diversely populated communities. Early foundational studies acknowledge the intricate relationship between culture and health, suggesting that patients' cultural attributes significantly influence their health beliefs, behaviors, and outcomes (Betancourt, Green, Carrillo, & Park, 2005).

In a pivotal 2017 study by Smith and Lee, the researchers analyzed the importance of cultural competence among healthcare professionals working with diverse religious groups, noting that cultural sensitivity significantly improves patients' trust and compliance with prescribed medical regimens (Smith & Lee, 2017).

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Similarly, Wang et al. (2018) conducted a longitudinal assessment of linguistic barriers in healthcare settings in multilingual societies. Their findings illustrated that language discordance between patients and providers substantially affected the quality of healthcare delivery, pointing to a pressing need for bilingual healthcare providers or interpreter services (Wang et al., 2018).

Within the broad spectrum of cultural competence, language and religion emerge as pivotal components. Razzaq's (2023) recent study extensively analyzed linguistic features and persuasive strategies within Islamic sermons, highlighting the importance of understanding religious discourse as it significantly impacts believers' perspectives and behaviors, including their attitudes and responses to health and wellness.

Johnson and colleagues (2016) emphasized the necessity of religious literacy among healthcare providers, pointing out that a deep understanding of patients' religious backgrounds and beliefs contributes significantly to providing empathetic and personalized care (Johnson et al., 2016).

Past research has indicated that language barriers impede effective communication between healthcare providers and patients, often resulting in misunderstandings, misdiagnoses, and inappropriate or ineffective treatment plans (Flores, 2006). In their groundbreaking work, Razzaq & Khan (2023) established a link between linguistics and physical therapy, demonstrating that a team approach incorporating linguistic expertise can significantly improve communication and rehabilitation outcomes in physical therapy settings.

Furthermore, studies have unveiled a direct correlation between language competence and health literacy, suggesting that patients who are not proficient in the predominant language of the healthcare system are likely to experience challenges in understanding and navigating medical information and services (Nielsen-Bohlman, Panzer, & Kindig, 2004).

Williams and Martinez (2019) contributed to the discourse by exploring the influence of language proficiency on the effectiveness of telemedicine, concluding that linguistic competence remains crucial, irrespective of the mode of healthcare delivery (Williams & Martinez, 2019).

Similarly, the role of religion in healthcare cannot be overstated. Early studies underscored the influence of patients' religious beliefs on their perceptions of health and illness, treatment preferences, and expectations from healthcare providers (Koenig, McCullough, & Larson, 2001). These studies further highlighted that a lack of understanding or disrespect for patients' religious beliefs could lead to mistrust, dissatisfaction, and non-adherence to medical advice and treatments (Curlin et al., 2007).

More recent studies have continued to explore the intersectionality between language and religion in the context of cultural competence in healthcare. Research conducted by DeLilly and Flaskerud (2012) highlights the importance of considering both linguistic and religious competence as essential components for effectively meeting the needs of diverse patient populations. Another study by Ano and Vasconcelles (2005) explored the psychological mechanism linking religion, spirituality, and health, providing valuable insights into how religious beliefs can significantly impact patients' mental health and coping mechanisms.

#### *Current State of Research*

Recent investigations into culturally competent healthcare have identified an intersectionality between language and religion, recognizing these elements as integral to patients' cultural identities and essential for their engagement in healthcare. This recognition has fueled discussions on the need for healthcare providers to develop both linguistic and religious competence, acknowledging that sensitivity and responsiveness to these cultural aspects are not just ethical imperatives but also prerequisites for effective and efficient healthcare delivery.

#### *Objective of the Present Study*

Building upon this robust theoretical foundation and responding to the identified gaps in the literature, the present study seeks to provide a comprehensive analysis of the roles of language and religion in culturally competent healthcare. Through the literature review of existing literature, this research aims to deepen our understanding of how linguistic and religious competence among healthcare providers contributes to improved communication, increased patient satisfaction, and better health outcomes across diverse patient populations.

## 2. Materials and Methods

### *Research Design*

This research employs a literature review design, meticulously consolidating and analyzing existing scholarly literature to offer a coherent understanding of the intersectionality between language, religion, and cultural competence in healthcare. This design facilitates the identification and synthesis of key themes, findings, and gaps in the current body of knowledge, providing a foundation for future empirical and theoretical endeavors in this interdisciplinary field of study.

### *Data Sources*

Data for the current research were extracted from a variety of authoritative and reliable sources to ensure a comprehensive and nuanced understanding of the research topic:

**Academic Databases:** Scholarly articles constituting the primary data sources were accessed through academic databases renowned for their extensive collections of peer-reviewed journals, books, conference papers, and theses in the fields of healthcare, linguistics, and religious studies.

**Governmental and Non-Governmental Health Organization Reports:** These sources provided invaluable insights into the policy, practice, and advocacy dimensions of culturally competent healthcare, offering a macro-level perspective on the challenges and opportunities associated with integrating language and religion into healthcare delivery.

**Publications from Religious Institutions:** These sources offered theological, ethical, and cultural perspectives on health and wellness, providing a depth of understanding regarding the influence of religious beliefs and practices on health behaviors, patient-provider relationships, and healthcare decision-making.

### *Selection Criteria*

The literature included in this study was selected through a stringent process, adhering to the following criteria:

**Type of Publications:** The review considered peer-reviewed articles published in English, ensuring the credibility, rigor, and accessibility of the selected literature.

**Focus of the Articles:** All selected articles focused on the themes of language, religion, and cultural competence in healthcare, with particular emphasis on the roles and intersections of these elements in healthcare delivery, patient-provider interactions, and health outcomes.

### *Materials and Protocols*

The literature review was conducted using a predetermined protocol designed to ensure comprehensive and unbiased identification, selection, and synthesis of relevant literature. The primary texts for the review included peer-reviewed journal articles obtained from databases-PubMed, Scopus, and Google Scholar. Specific search strings were developed using relevant keywords and Boolean operators to identify articles related to language, religion, and cultural competence in healthcare.

## 3. Results

The literature review yielded critical insights into the roles of language competence and religious competence in healthcare, each significantly impacting various dimensions of healthcare delivery and patient experience.

### *3.1. Language Competence in Healthcare*

The selected studies consistently highlighted the indispensable role of language in the effective communication and comprehension within the healthcare context.

#### *3.1.1. Communication Effectiveness*

**Misdiagnoses and Improper Treatment:** The literature suggests that language barriers often contribute to misunderstandings that could lead to misdiagnoses and subsequently, improper treatment plans. Lack of clear communication compromises the accuracy of the information exchanged between patients and healthcare providers, ultimately affecting the quality of care delivered.

**Patient Satisfaction:** Patient satisfaction levels were observed to be considerably higher when healthcare providers communicated in the patients' native languages. Effective communication fosters a sense of comfort and trust, enhancing the overall patient experience and satisfaction with the healthcare services received.

**Enhanced Communication through Translation Services:** Several studies emphasized the positive impact of providing translation services within healthcare settings. Translation services mitigate language barriers, facilitating more accurate and effective communication, which is crucial for diagnosis, treatment planning, and patient education.

#### *3.1.2. Health Literacy*

The review identified a strong correlation between language competence and health literacy. Patients with limited proficiency in the language used by their healthcare providers often found it challenging to comprehend medical information, instructions, and advice, which could lead to suboptimal health outcomes. Studies highlighted the necessity of addressing language disparities to improve health literacy and empower patients to make informed health decisions.

### *3.2. Religious Competence in Healthcare*

Insights into the intersection of religion and healthcare elucidated the significant influence of religious beliefs and practices on patients' health behaviors, perceptions, and expectations.

#### *3.2.1 Religious Sensitivity*

The selected literature revealed that sensitivity and acknowledgment of patients' religious beliefs and values are vital in building trust and rapport between patients and healthcare providers. This sensitivity is instrumental in creating an inclusive and respectful healthcare environment that accommodates and understands the diverse religious beliefs of patients.

#### *3.2.2. Ethical Considerations*

Healthcare providers often encounter ethical dilemmas and decision-making challenges, especially in contexts involving end-of-life care and other significant treatment decisions. The reviewed studies indicated that understanding and considering patients' religious beliefs and doctrines are crucial in navigating these ethical challenges while ensuring that patients' wishes and values are respected and upheld.

### *3.3. Intersection of Language and Religion*

The review also illuminated the interplay between language and religion, both central to patients' cultural identities and crucial for patient engagement and culturally competent care.

#### *3.3.1. Cultural Identity*

Language and religion are integral elements of cultural identity. The studies underscored that acknowledgment and respect for patients' linguistic and religious identities are essential for culturally sensitive and competent healthcare.

### 3.3.2. Patient Engagement

The literature supports the notion that patients are more inclined to actively engage in their healthcare when healthcare providers demonstrate respect and understanding for their linguistic and religious identities. Engaged patients are more likely to adhere to treatment plans, attend follow-up appointments, and participate actively in their healthcare, leading to better health outcomes.

## Summary

The results shed light on the intricate dynamics between language and religion in healthcare, emphasizing the necessity of competence in both areas to enhance communication, patient satisfaction, and engagement, thereby improving the quality and effectiveness of healthcare delivery. These findings offer valuable insights for healthcare professionals, educators, and policymakers aiming to foster a more inclusive and culturally competent healthcare environment.

## 4. Discussion

### *Overview:*

The synthesized findings from the literature review offer significant insights into the roles of language and religion within the healthcare sphere, emphasizing their intrinsic value in fostering culturally competent healthcare delivery. Below, researchers discuss the implications of these findings in depth, considering the practical and theoretical contributions they make to the existing body of knowledge.

### 4.1. Language Competence and its Implications

The observed relationship between language competence and effective communication within healthcare settings cannot be overstated. Language barriers not only impede accurate diagnostics but also hinder the establishment of trust and understanding between patients and healthcare providers.

**Miscommunication Risks:** The risks associated with miscommunication due to language disparities underscore the necessity of linguistic competence or effective translation services within healthcare settings. This is crucial not just for diagnosis and treatment, but also for providing patients with a clear understanding of their health conditions and care plans, ultimately affecting their health outcomes and satisfaction levels.

**Enhancing Health Literacy:** The review highlights the direct impact of language competence on health literacy. With improved language compatibility between patients and providers, patients are better equipped to understand and navigate healthcare information and services. This enhanced understanding is pivotal for informed decision-making and adherence to prescribed treatments and medications, consequently improving patients' overall health and well-being.

### 4.2. The Significance of Religious Competence:

Religious beliefs and doctrines play a significant role in shaping patients' perceptions, values, and attitudes towards health and healthcare, influencing their expectations and interactions with healthcare providers.

**Building Trust through Religious Sensitivity:** Acknowledging and respecting patients' religious beliefs and values fosters a supportive and trusting healthcare environment. This trust is fundamental in establishing positive patient-provider relationships, facilitating

open communication, and ensuring patients feel respected and understood in their healthcare experiences.

**Ethical Navigation:** The knowledge of patients' religious beliefs aids healthcare providers in navigating complex ethical dilemmas, particularly in critical care and end-of-life situations. The review indicates that religious competence is integral in ensuring ethical, respectful, and patient-centered care, accommodating patients' wishes and values while making critical healthcare decisions.

#### *4.3 Intersectionality of Language and Religion*

The complex interplay between language and religion within healthcare settings demands attention, as these elements collectively influence patients' identities, healthcare experiences, and outcomes.

**Recognizing Cultural Identity:** Understanding that both language and religion are significant components of cultural identity is crucial for healthcare providers. This acknowledgment informs culturally sensitive practice, ensuring that care is not only clinically appropriate but also culturally congruent, fostering an inclusive and respectful atmosphere within healthcare settings.

**Promoting Patient Engagement:** Engaging patients in their care is fundamental for successful healthcare delivery. When patients feel understood and respected in their linguistic and religious identities, they are more likely to engage actively in their care, adhere to treatment plans, and report higher satisfaction with healthcare services.

#### *4.4 Practical Implications of the Study*

The current study has direct implications for healthcare practice, education, and policy:

- Healthcare providers should receive training and development opportunities to enhance their language and religious competence, improving communication and relationships with diverse patient populations.
- Institutions should consider implementing language services and religious support within their healthcare delivery models, acknowledging the diverse needs of their patient communities.
- Educational programs for healthcare professionals should incorporate modules or courses on cultural, linguistic, and religious competence, preparing future practitioners for the diverse and globalized healthcare environment.

##### *4.4.1 Theoretical Contributions*

The current research contributes to the theoretical understanding of cultural competence in healthcare, underscoring the importance of considering both language and religion as significant influencers on patient engagement and satisfaction. It fosters a more nuanced conceptualization of cultural competence, providing a foundation for future empirical and theoretical work in this area.

## **5. Conclusions**

The present study meticulously explored the crucial roles and interplay of language and religion in healthcare delivery, revealing their indispensable contributions to effective, respectful, and culturally competent care. As healthcare environments continue to diversify, the findings of the study are particularly pertinent, offering valuable insights for practitioners, educators, and policymakers in the healthcare field. The findings bear significant implications for the practice of healthcare. While this review sheds light on the vital roles of language and religion in healthcare, it also highlights areas where further research is needed. Future studies might explore the practical implementation of language and religious competence training programs for healthcare providers and assess their effectiveness. Additionally, future research could investigate patients' perspectives and experiences related to language and religious

competence in healthcare, providing a more comprehensive understanding of their needs, preferences, and expectations.

### *Final Thoughts*

The current study highlights the imperative for language and religious competence in healthcare settings, advocating for an integrated, respectful, and culturally sensitive approach to healthcare delivery. Implementing the insights derived from this review can significantly contribute to promoting health equity, inclusivity, and the provision of care that is attuned to the diverse cultural identities of patients. Through concerted efforts to enhance cultural competence in healthcare, practitioners can better meet the needs of all patients, ensuring that care is not only clinically effective but also culturally congruent and respectful.

## 6. Patents

**Author Contributions:** Nasir Razzaq (NR): As the primary author, NR conceptualized and designed the study, providing a significant intellectual contribution to the research topic and framework. He took the lead in conducting the literature review, meticulously identifying, selecting, and analyzing relevant articles. NR was actively involved in interpreting the data and synthesizing the findings from various studies. He was primarily responsible for drafting the manuscript, articulating the research objectives, methods, results, discussion, and conclusions. Additionally, NR took the initiative to revise and refine the manuscript based on feedback and insights from co-authors and reviewers, ensuring its coherence, accuracy, and integrity.

Eesha Farzeen Khan (EFK): EFK, as the second author, made substantial contributions to the design and methodology of the review. She played a pivotal role in the data collection process, assisting in identifying and selecting articles that met the inclusion criteria. EFK collaborated closely with NR in analyzing and interpreting the data. She provided valuable insights and perspectives that enriched the discussion and interpretation of the review findings. EFK also actively participated in revising and enhancing the manuscript, offering critical feedback and suggestions to improve its quality and relevance.

Dr. Salma (DS): As the third author, DS brought her expertise and knowledge to the research, providing a critical review and intellectual input to the study's design and methodology. She acted as a supervisor and advisor throughout the research process, offering guidance, support, and feedback to enhance the rigor and quality of the study. DS contributed to refining the study's focus and objectives, ensuring it addressed relevant and significant issues within the field. She reviewed and provided constructive feedback on the manuscript, helping shape the final version for publication. DS also ensured that the research adhered to ethical standards and scholarly practices, validating its credibility and reliability.

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