Diversity and cultural competence are now part of a major phenomenon in our changing demographics, and the way we deliver care. This should be the norm rather than the exception, not just in health care settings, but in every workplace. As the issue of cultural sensitivity and inclusion relates to clinical and research settings, it is an inevitable fact that patients will look, think, act, and speak different from their clinicians and providers. They also will have a wider range of ethnic identifications, religions, beliefs, customs, behaviors, and so on that lead to rich diversity and cultural complexity.

As such, it is critical that the merits of multicultural observation and recognition in clinical and research context be celebrated—not negated. Especially since the provider–patient relationship is quite unique. For starters, therapeutic recommendations can never substitute for a clinician’s conscientious attempts to understand and become acquainted with the population being served. More specifically, health care professionals who genuinely hope to deliver culturally relevant services to diverse ethnic and racial patient populations must have substantial training and experience in working with the diverse groups they wish to serve.

Unbiased, open-minded multicultural observation and therapeutic recommendations can serve as learning moments that can facilitate a better patient–provider relationship, and provide guidelines that stimulate and inform clinicians and practitioners towards best practices in treating conditions and issues specific to certain groups or populations. Such knowledge should be based on the major components and concepts of multiculturalism and must facilitate sound understanding of, and sensitivity towards, the worldviews of the various racial/ethnic minority groups.

While the recommendations are stated explicitly, clinicians and practitioners must also understand their rationale and conceptual framework before applying them. This is where in-depth multicultural observation from a clinical and research point of view becomes critical. Uninformed application and lackluster observation and experience in the field may result in barriers to care, including but not limited to: little to no access to services and under-utilization of the services that are in fact available, and can often result in overall inappropriate and nonbeneficial services to patients and the research field in general.

Furthermore, such applications should never be practiced, recommended, or applied rigidly without regard for multicultural context, individual differences, subgroup variations, and the specific life circumstance of diverse patient or client populations and their unique settings, circumstances, and conditions. As health care providers, this fundamental shift in demographics and the way we deliver care, remind us there is no “one size fits all” in medicine.

To this end, it is critical that unbiased multicultural observation in clinical and research contexts be placed at the forefront of all interaction with patients and clients. It is even more critical for multicultural contextual knowledge to be disseminated and reflected in clinical and research vehicles geared towards educating not just those working in the field, but also the public. This inclusion must also reflect the necessary components to facilitate the ongoing dialogue about the importance of the acknowledgement of culture in informing clinical and research work, and improving health and patient outcomes.

Without this acknowledgement, racial and ethnic-related health disparities will only increase. Furthermore, there will be even more room for biases, prejudices, and stereotyping,
which are harmful, and have proved fatal in some cases. It is critical to understand that multicultural aspects of research and observation, and the inclusion and cognizance of cultural competence in working with diverse and specific populations, are never ending states. In other words, there is, and always will be, a need for clinicians to stay abreast of changes and updates, as well as improvements and growth in multicultural inclusion in clinical and research contexts through continuing education on the part of clinicians, practitioners, educators, and researchers.

Essentially, the path to becoming culturally proficient in working with a plethora of racial/ethnic minority populations, and discovering and maintaining the standards and the merits of unbiased multicultural observation in clinical and research contexts are, and should always remain as part of, an ongoing process that encompasses a continuous and lifelong journey for clinicians, educators, researchers, and all health care professionals—allied and otherwise.

Finally, the merits of unbiased multicultural observation in clinical and research contexts are numerous. They include but are not limited to: better, more equitable health care for all; improved patient–provider relationship; and a greater understanding of the role of culture in sickness, illness, and cultural beliefs of the causes of ill health and diseases. Such initiatives must include a sincere and genuine cognizance of multicultural observation to facilitate better access to health services, and to reduce health disparities towards a better health care system.

Ideally, the improved system will be less of a financial burden on the health care system, the government, the economy and the nations’ gross domestic product expenditure overall. This modified way of thinking and observing the importance of culture in clinical settings will get us closer to a healthier America, a better health care system, and a more comparable health expenditure to that of other industrialized nations, including but not limited to Canada, Norway, Switzerland, France, Germany, and Japan.

Correspondence: Dr. Judith-Jolie Mairs-Levy, DHEd, MPH, CHES, CCTC. National Graduate School of Quality Management, Dissertation Chair of Health Care Systems, Arlington, VA, email: jmairs@ngs.edu.