INTRODUCTION
- As Korean society enters a multicultural society, Korean nurses need cultural competence to provide effective and safe health care to diverse groups.
- Intervention studies or systematic review of cultural competences reported to date have been conducted mainly in advanced English-speaking countries (Kim et al. 2014).
- In Korea, intervention studies have been reported since 2013, and it is necessary to grasp the empirical evidence on the effects of cultural competence education including latest domestic and international studies.

PURPOSE
- To assess the effectiveness of cultural competence educational interventions for health professionals working in health care settings on patient outcomes and health professional outcomes.
- To identify an effective way to educate health professionals.

METHODS
- We performed electronic searches in three international databases and six Korean databases for original articles published in either English or Korean in July 2016.

Electronic Searches
- International: Ovid-Medline, Ovid-Embase, Cochrane Library
- Korean: KoreaMed, KMbase, KISS, RISS, NDSL, and KistI
- Search Keywords
  - "Nurse or physicians or doctor or social worker(s) or medical staff or hospital worker or medical worker or healthcare professional or community health worker(s)"
  - and "cultural competence or cultural competency"
- Inclusion criteria
  - Randomized controlled trials (RCTs) or Quasi-experimental studies
  - Studies that had reported cultural competence educational intervention for health professionals
  - Studies that had measured impact on health professional or patient outcomes
- Exclusion criteria
  - Editorials, letters, reviews, case reports, qualitative research studies
  - Gray studies without peer review, such as abstracts or theses
  - Studies that do not give valid effect of education

Evaluation of the quality of studies: Cochrane Risk of Bias (RoB)
1) Random sequence generation
2) Allocation concealment
3) Blinding of participants and personnel
4) Blinding of outcome assessment
5) Incomplete outcome data
6) Selection reporting
- We judged whether a study has a low, high, or unclear risk of bias using Cochrane Handbook for Systematic Reviews of Intervention.

Extraction
Two groups (two authors in each group) independently screened all articles and extracted the data.
- 1st selection: Review title and abstract
- 2nd selection: Review original texts of studies
- Any disagreement between researchers were resolved through discussion.

Data analysis
- The qualitative analysis was conducted due to the heterogeneity of the study caused by the diversity of participants (doctor, nurse, nursing assistant, social worker, patients, etc.), training programs, and training periods.

Ethical consideration
- Approval from the author’s Institutional Review Board was obtained (approval No. 1040198-160603-HR-039-05).

RESULTS
- Initial search identified 1,794 potentially relevant studies and only nine (health professional = 778, patient = 7,991) met the inclusion criteria.
- Six out of nine studies were RCTs and three were quasi-experimental design studies. And seven were from USA and two were from Korea.
- All reported health professional outcomes and two reported patient and health professional outcomes.
- Seven studies reported the effectiveness of education on health professional outcomes. It also proved to have benefits on patient outcomes.
- However, teaching methods and the duration of training included in these studies were diverse. The risk of bias was high.

CONCLUSIONS
- Cultural competence training of health professionals has been proven as beneficial to improve both health professional and patient outcomes.
- However, it is undeniable that there is a considerable lack of research assessing whether increased health professionals’ cultural competence improved patient outcomes.
- Also, since previous studies used diverse teaching methods, it is seemed as difficult to determine the most effective way of training. Therefore further research in this field is considered necessary.

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