Reviewer's report

Title: Interventions to improve cultural competency in healthcare: a systematic review of reviews

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Reviewer: Patriek Mistiaen

Reviewer's report:

General:
Well written paper on a relevant topic.

Method (major compulsory revision):
It is generally the aim of a systematic review to search as sensitive as possible, by using multiple databases and by using sensitive search strategies.

1. With regard to the databases, the authors used sufficient sources, however it is not clear what websites they checked and how they used Google as a data-source.

2. With regard to the sensitive search strategies, I think there could be some improvement: the search strategy consists of 4 components, one with regard to ‘cultural competency’ and the following 3 making the first more focused on different types of intervention, health care providers and type of study. In my opinion a search with only ‘cultural competency’-part and type of study part would have been better. Especially because the authors also state that they were interested in interventions directed at patients, but such kind of interventions are possibly not detected because part 3 is only focused on health care providers and not on patients. In the first component in step1 authors use ‘adj’ to find manuscripts in which culture* is adjacent to some other words; however with the ‘adj’-command Medline searches only for text in which those words are in the same order and with the two words exactly besides each other; better would have been to use e.g. ‘adj2’ that causes Medline to search for words that are within 2 words near to each other and no matter the order. In the fourth component the authors search for review as type of study; however, they do this by a single word. Better would have been to apply a sensitive search filter for systematic reviews; there are many of such filters already developed (Lee et al., 2012).

3. Authors assessed the quality/methodological rigor of the included reviews; however this was done by one review-author and only 10% (meaning 2) by a second author. I would advise that all included reviews are assessed by two authors independently and judgments are discussed, because you give a ‘quality judgment’ to colleague-researchers.

4. One of the inclusion criteria was that the reviews were written in English. I understand the (practical) reason for this, but there is no reason why a review in
Spanish or Chinese would not contain useful information. Especially on a topic of cultural competency, there is a good chance that there are reviews written in other languages. Moreover it would be advisable also to look in other databases, specialized in other languages such as LILACS (http://search.bvsalud.org/portal/).

In conclusion, applied method for this meta-review is adequate in general, but there is chance that relevant evidence has been missed.

Results (discretionary revisions):
5. Authors make a distinction between provider-outcomes, patient-outcomes health service-outcomes: I advise to add the number of reviews for each of those type of outcomes, because in the next sections they use sentences as ‘most of the reviews’ and then the denominator is not clear. Would it also be possible to add some information about the strength of the effect above ‘some evidence of improvement’?

6. I found it remarkable that there were only 22 primary studies that were included by more than one review, while in fact all reviews were studying the same topic. What kind of explanation is there for this?

Details (discretionary revisions):
7. ‘health-evidence.ca’ became ‘healthevidence.org’
8. figure 1: add number of hits for each data-source

REFERENCES

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
'I declare that I have no competing interests'