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# Improving Staff Knowledge of Cultural Competence

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College of Nursing

This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Walden University
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Abstract

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MSN, Walden University, 2013

BSN, Southern Arkansas University, 2001

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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## Abstract

Professional nurses must demonstrate sensitivity to and understanding of a variety of cultures within United States (US) healthcare systems. Such skillsets are needed for the provision of high-quality nursing care across the entire spectrum of healthcare. Nurses should possess competencies consistent with a patient's culture to provide the best healthcare possible. Healthcare clinicians are challenged to provide holistic care that is congruent with each patient's beliefs, practices, and culture. The guided practice-focused question for the project explored if nursing education from a patient-centered care education module regarding culturally competent care improve nursing knowledge. The purpose of this project was to develop an evidence-based orientation module to educate nurses and nursing staff within an acute healthcare setting regarding cultural competence during hospital orientation. This review sought to capitalize on training RNs and frontline nursing employees through a patient-centered integrated active learning orientation. Using the predetermined Likert 5-point scale, I was able to evaluate strength of the evidence. Analysis of published literature suggests there is some evidence supporting the effectiveness of increasing cultural competence through ongoing education. The education module supports nursing knowledge, skills, and practices supported by cultural competence training for frontline RNs and nursing staff. Additional recommendations for further research should include evaluating RNs and patient perceptions of cultural competency in nursing care on an ongoing basis as well as increasing the scope of the project to all nursing facility personnel.

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# Dedication

This project is dedicated to my Savior and Lord-Jesus the Christ for without him I could do nothing. The body of work is also dedicated to my beloved husband, James Renfro. I further dedicate this work to my parents, Reverend Charles Helloms Jr., and Mrs. Freddie Mae Helloms for always showing me the right way and believing in me while standing with me through triumphs and defeats. Thank you to my siblings Charles S., Cathy, and the entire family. I know my late Big Mamma would surely be proud of this accomplishment.

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I want to thank my mother and father who are my biggest fans. They have consistently been my support throughout my lifetime in every endeavor. None of this would be possible without the unending support of my beloved husband, James Renfro.

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Section 1: Nature of the Project

## Introduction

In cities around the United States (U.S), there are individuals from different ethnic and racial groups. of the percentage of White non-Hispanics in the U.S. is 76.3% (U.S. Census Bureau, 2019). According to the American Nurses Association (ANA, 2015a) professional nurses from minority backgrounds represent 19.2% of the registered nurse workforce, with 80. 8% White/Caucasian, 6.2% Black/African American, 7.5% Asian, 5.3% Hispanic, 0.4% American Indian/Alaskan Native, 0.5% Native Hawaiian/Pacific Islander, and 1.7% who are two or more races, as well as 2.9%  of other nurses within the US population. Currently, cultural competency is a part of the curriculum requirements for baccalaureate and graduate nursing education programs as well as some other healthcare tailored programming.

However, transcultural nursing care or cultural competence training programs are not always required in lower levels of nursing education such as diploma programs, associate degree nursing programs, or practical nursing programs. Such training may not always be provided as a standard part of general nursing hospital orientation. This leaves a gap in nursing knowledge related to issues involving research-informed methods which reduce healthcare inequities such as those which highlight cultural competency. For healthcare equity to be achieved, it is essential to create a healthcare system that provides access, removes barriers to care, and provides equally effective treatment to all individuals (Wasserman et al., 2019). Cultural competency training for nurses can help nurses adequately care for diverse populations within the U.S..

Minority nursing students enrolled in baccalaureate nursing prelicensure programs have increased, yet are lower than national averages (Smith, 2017) when compared to overall diversity. The U.S. population is 61.6% White or not of Hispanic origin, 17.8% Hispanic/Latino, 13.3% Black, 5.7% Asian, 1.3% Native American/Alaskan Native, and 2.6% who are two or more races (U.S. Census Bureau, 2019). During the 2019 census span, the nursing school baccalaureate program enrolled 68.4% White or not of Hispanic origin, 10.4% Hispanic/Latino, 9.9% Black, 8.1% Asian/Native Hawaiian/Pacific Islander, 0.5% Native American/Alaskan Native, and 2.7% who were two or more races. The American Association of Colleges of Nurses (AACN) toolbox delineates practice competency levels at both the baccalaureate and graduate levels of nursing. According to Njoku and Baker (2019), growing diversity in the U.S. population encourages the need for culturally competent healthcare professionals and nurses to provide optimal care to diverse populations. Achieving a diverse body of nursing students and nurses is essential to creating a diverse nursing workforce that can apply culturally competent nursing care.

Professional nurses must demonstrate sensitivity to and understanding of a variety of cultures within the healthcare system to provide high quality nursing care across the entire spectrum of healthcare. Nurses should possess competencies consistent with patient cultures to provide the best healthcare possible. Culturally sensitive care provided by nurses impacts patients' overall perception of care and hospital experiences (AACN, 2020). Patients' perceptions in acute settings are measured by Hospital Consumer Assessment of Healthcare Providers (HCAHPS) surveys. HCAHPS shows patient outcomes and can increase or decrease hospital financial revenue. Pay for performance

provides financial incentives that reward health providers with additional payments to improve quality of patient care. The Centers for Medicare & Medicaid Services (CMS) also imposes financial disincentives and monetary penalties when healthcare providers fail to achieve specified goals. Nevertheless, nurses must have knowledge that caring for increasingly diverse populations brings about awareness of healthcare disparities to providers and the public. Healthcare disparities are differences in health outcomes among population subgroups that are linked by factors including race, ethnicity, language, and geographic location (Njoku & Baker, 2019).

An individual's worldview can have significant influence over his or her health behaviors. A nurse may recognize through cultural competency training cultural differences based on patients' needs, desires, and wants. Hospital nursing education and training should promote cultural competencies, democratic values, and respect for fundamental rights of patients while working to mitigate discriminatory practices and biases in care (Hagqvisit et al.,2020). Nurses are then more equipped to meet patients' expectations in the healthcare environment as well as provide safe and effective care in a competent manner. Nurses who can deliver culturally competent care provide more well-rounded experiences for patients and impact patient perceptions of care, therefore directly impacting patient satisfaction survey scores related to patient perceptions. Culturally competent care should be part of on the job orientation for nurses entering the healthcare workforce. Training methodologies should consist of didactic as well as video presentations, discussion, and role playing to enhance overall knowledge and reflective thought related to cultural competency.

The purpose of this project was to develop an evidence-based orientation module to educate nurses and nursing staff within an acute care setting on cultural competence. Healthcare providers and organizations need to understand and respond effectively to cultural needs brought to healthcare encounters or experiences. The hospital in which the project took place is in a community where population by race is 33.1% White or Caucasian, 24.6% Black or African American, 37.7% Hispanic, 2.9% American Indian, 1.3% mixed race , and 0.4% other. This distribution reflects a diverse population in the southern part of the U.S. Also, 31% of households in the community speak Spanish. An evidence-based orientation program module will be implemented to improve culture awareness and competency in a community medical center in a metropolitan area in the southern region of the U.S. The project serves to further enhance current hospital practices. It reinforces current training and goes beyond required annual diversity training sessions to involve a more sustainable training method. The proposed project will validate the education program through a panel of experts in nursing and healthcare regarding cultural competence to increase staff knowledge for diverse hospitalized patients and family members.

## Problem Statement

The exponential growth of diverse populations including immigrants and minorities in the U.S. demands healthcare providers to care for patients of varying backgrounds, ethnicities, religions, and family cultures. For healthcare providers to care for such individuals in an appropriate manner, they must possess cultural care knowledge and provide care specific to the needs of diverse populations of individuals. Cultural

competence is a dynamic process in which healthcare providers seek to provide effective, safe, and high-quality care for patients through the consideration of different cultural aspects (Shairfi, Adib-Hajbaghery, 2019). To effectively address healthcare disparities that exist at a 202-bed medical center, it is necessary that healthcare providers receive initial training during hospital orientation related to transcultural or cultural care. This process emboldens hospital employees providing patient care within the organization to seek out ways to provide culturally sensitive care. The need for more culturally competent care during patient care delivery was identified during patient care rounds and staff communications at the medical center. Both the employee population and patient population of the medical center are diverse. Hospital administrators grapple with what strategies are needed to improve employee knowledge of cultural competence and care delivery, which may positively impact patient outcomes and satisfaction while meeting mandates of the Joint Commission and other consumer watchdogs.

Culture is integral to every individual's life. As more people from a variety of cultures use healthcare facilities, nurses need to be aware of their varying perceptions and care needs. Culture defines the lens in which patients perceive their world and health; therefore, it is intricately bound to quality of care). Nevertheless, cultural competence implies that healthcare practitioners can master diverse cultural experiences, so this type of training brings about practice knowledge. The development of the proposed orientation program can bridge the practice gap by providing knowledge to healthcare providers and nurses related to patients' needs, wants, and desires despite their race, ethnicity, religion, or language.

## Purpose Statement

The purpose of this project was to develop an evidence-based orientation module to educate nurses and nursing staff within an acute care setting regarding cultural competence. The nursing profession involves commitment to lifelong learning. The study involves the provision of culturally sensitive care to mitigate disparities and inequalities in healthcare for minority populations. Evidence-based practice changes will be used to validate and disseminate assessment skills, practices, and strategies to reinforce previously known information about cultural care. The project enables nurses along with frontline staff to become experts in the provision of cultural care while better serving patient populations. This will help close the knowledge gap in terms of caring adequately for different minority patient populations.

Alvidrez et al.,(2019) defined minority health as all aspects of health or disease among racial/ethnic minority populations Ethnic group populations included Blacks/African Americans, Hispanics/Latinos, Asians, American Indians/Alaska Natives, and Native Hawaiians/other Pacific Islanders. Health disparities are differences in outcomes that put minority populations at a disadvantage (Alvidrez et al., 2019). Healthcare knowledge such as cultural competence that helps nurses and staff impact this vulnerable minority population are essential.

The guided practice-focused question for the project was: Does nursing education using a patient-centered care education module regarding culturally competent care improve nursing knowledge? Project objectives have the potential to address the current gap in practice and contribute to additional nursing skills and training for better care

related to cultural competence among diverse populations of patients receiving care within the healthcare system. Validating nursing and staff knowledge of cultural competence in hospitals will help mitigate deficiencies in this area and meet educational requirements. Teaching nurses and healthcare providers how to meet the needs of this growing health care population is of significance.

## Nature of the Project

The proposed doctoral project will be used to validate a culturally competenteducation  module with a panel of experts in nursing and healthcare. The educational module includes interactive discussion questions and case studies embedded in tests. The project design was systematically organized for reading ease, comprehension, and understanding. The project was evaluated to focus on evidence-based changes in nursing practice.

The project was designed to validate an educational tool using a Likert five-point questionnaire.  A Likert scale in the form of a five-point questionnaire will be administered to the panel of experts after a thorough review of the education program. The panel of experts in the healthcare setting will include an expert panel comprised of two nursing educators and one human resource (HR) hospital director. The team of expert panelists will help establish that module provides accurate and dynamic strategies to provide knowledge to nurses attending presentations. Two of the panelists are Doctor of Nursing Practice (DNP) practitioners working in nursing education, and the other is a director of HR who works in a major medical center in a local hospital. The HR director is responsible for the teaching of cultural competence at the major medical center in

which she works. She therefore brings expert knowledge to the team. Culturally competent education training during hospital orientation will provide knowledge to individuals completing the training. Results of the Likert questionnaire were statistically analyzed to determine validity and reliability of cultural competency training within the hospital.

Culturally competent knowledge is an important concept in nursing and patient care. This is especially important to the medical center that serves a diverse population of patients and employs a diverse population of nurses and other ancillary employees. Stakeholders include nursing staff, patients, families, and hospital administration as well as the community at large. The project will impact positive patient outcomes and lead to the development of significant methods for the acute care setting. The project is sustainable and supports current hospital practices along with culture of care.

At the end of the program, a summative evaluation will be conducted. Summative evaluation is used to determine the usefulness or value of a solution (Khayat, Karimzadeh, Ebert, & Ghafoor, 2020). The evaluation will explain desired outcomes and analyze if project intentions make it worthwhile to pursue the validated educational program related to cultural competency. The nursing practice change goal is to magnify the significance of cultural competence education and augment current nursing knowledge and practice.

Sources of evidence in the literature support this educational project. Evidence in the literature is required regarding education related to cultural competence, which with further help healthcare providers with high-quality care. Providers cannot deliver

exceptional healthcare without taking into account differences in ethnicity, religion, gender, age, sexual orientation, socioeconomic status, language, education, ability, and geographic background (Brottman et al.,2020). Additional sources of evidence for this project were obtained from current peer-reviewed publications through the Walden Library. Online databases explored were CINAHL, Medline, Psyinfo, Socindex, and ScienceDirect. Other sources included professional nursing organizations and the U.S. Census Bureau and Department of Health. Key words included The project followed the guidelines set forth in the Walden University DNP Staff Education Manual and was conducted with permission from the hospital nursing administrator.

## Significance

The ability of healthcare providers to care for a diverse healthcare population is pivotal to providing high-quality impactful care to patients within the acute care setting, as well as elsewhere. Stakeholders are important to the success of implementation of education that is inclusive of healthcare personnel, patients, family, staff, nursing administration, and the community at large. The project not only provides a training program for hospital personnel but can impact the trajectory of training within other healthcare facilities, organizations, and communities. People of color suffer higher rates of chronic diseases (Subica & Brown, 2020). Nurses who are knowledgeable about culturally competent care can decrease negative impacts of these areas of care by providing responsive care to those disproportionately affected by cultural disparities and inequities.

In the U.S. healthcare system, people of color suffer increased disparities related to healthcare outcomes (Subica & Brown, 2020). Causes include patterns of poorer health outcomes as indicated by the overall rate of disease occurrence, prevalence, morbidity, mortality, and survival in minority health populations as compared to general populations (Alvidrez et al., 2019). Nevertheless, the U.S. is home to persistent racial disparities in terms of health coverage, chronic health conditions, mental health, and mortality. These disparities are the direct effect of decades of systematic inequality in American economic, housing, and healthcare systems (Carratala & Maxwell, 2020). Cultural competence training within hospital settings can provide pivotal information in terms of closing the healthcare gap for diverse patient populations.

Table 1

*Patient Population Percentages at Practice Site*

| Practicum Site Patient Population | 2020 |
|---|---|
| Caucasian/White | 57.2% |
| Hispanics | 37.0% |
| African American/Black | 18.50% |
| Other | 14.60% |
| Asians | 5.2% |
| Multiracial | 3.55% |
| American/Native Indian | 0.80% |
| Pacific Islanders | 0.06% |

With the dramatic rise in diverse populations nationwide, it is imperative that healthcare providers implement cultural competency training to directly impact care provided to diverse population. The hospital in which the project was conducted serves a

robust number of minority populations. Compared with the general population, racial/ethnic populations have poorer health outcomes due to preventable and treatable diseases such as cardiovascular disease, cancer, asthma, human immunodeficiency virus, and acquired immunodeficiency syndrome than those in the majority population (Jackson & Garcia, 2014). Increasing knowledge of cultural competency and validating an educational program tool will promote the development of experts in cultural care within the hospital. This process will bring insights to highly specialized discipline of cultural care for providers of care within the hospital. It is apparent that as the U.S. population becomes more diverse, pursuing the goal of cultural competence in the healthcare system is a leading strategy in terms of reducing disparities.

Healthcare organizations are driving evidence-based practice changes to suit customer needs while promoting positive health outcomes. Such outcomes may directly impact reimbursements and incentives received by the hospital. RNs must offer leadership as part of interprofessional teams during transitions from episodic care to seamless, affordable, and quality care.

## Summary

Section 1 introduced the gap in practice within the organization. The project question is: Does nursing education using a patient-centered care education module regarding culturally competent care improve nursing knowledge? Section 2 describes the theory framing the project, evidence supporting the project, and my role in the project.

Section 2: Background and Context

## Introduction

The project site has implemented training for current staff related to patient satisfaction which have produced less than favorable sustainable outcomes for patients served by the medical center. Trainings have not impacted patient satisfaction in a positive manner, decreased falls or response time, or assured timely and consistent bedside reporting. Adjunctive training in culturally competent care during hospital orientation is seen as an optional plan to improve patient care related to diverse populations served. The main goal of culturally competent nursing care is to promote the delivery of culturally competent, meaningful, high-quality, purposeful, and safe care practices to patients belonging to similar or diverse cultures (Albougami, Pounds, & Alotaibi, 2016). Therefore, the project's purpose is to provide evidence-based culturally competent knowledge during initial orientation. The intention of this focus was to create synergy around the important topic of culturally competent care, leading to improving nursing care for patients in accordance with cultural needs, values, beliefs, perspectives, and desires in support of the hospital mission and goals. The question for this project is: Does nursing education using a patient-centered care education module regarding culturally competent care improve nursing knowledge? Becoming skilled in gaining knowledge related to culturally competent care will allow nurses and hospital employees to meet patients' needs within the medical center setting.

The DNP project will validate education for nurses and staff during orientation on culturally competent care with a Likert questionnaire and panel of experts. The

fundamental objective will be to validate an education program regarding the provision of culturally competent care to avoid delays in care, adverse reactions, negative communications, and unmet patient and family needs. Despite annual culture training as well as other online training, there remains a lack of knowledge regarding identifying and responding to cultural needs of patients and family members. Without early interventions, poor outcomes and healthcare disparities occur for the diverse population served at the medical center. Challenges include missed care opportunities, slow response times, miscommunication, unmet needs, and decreased patient satisfaction. Disparities in care cost $93 billion in excess medical costs and $42 billion in lost productivity per year along with economic losses due to premature deaths (Artiga, Orgera, & Pham, 2020).

## Concepts, Models, and Theories

Leininger's culture care model was the theoretical foundation for this project. The transcultural model provides nurses with foundational information for gaining knowledge about different cultures during healthcare delivery. Globalization has brought about changes to societies within the U.S. and around the world. Increased numbers of immigrants and refugee populations has led to increased diversity among patients, making culturally congruent healthcare a necessity.

In the 1950s, Leininger began to conceptualize the meaning behind culturally competent care. Prior to Leininger, there had been no recorded relevant studies of this nature regarding caring. The study of anthropology was compared to nursing by Leininger which helped aid in the discovery of transcultural nursing. Leininger found it difficult to provide care to individuals despite being knowledgeable about

psychotherapies and mental health. The behavior care needs of African, Jewish, Appalachian, and German children were different from Anglo-Americans (McFarland & Wehbe-Alamah, 2019). Leininger was able to postulate the need for transcultural care in terms of providing meaningful, therapeutic, holistic, and high-quality nursing knowledge and skills.

The culture of Care theory involves detecting ways to provide culturally sensitive care to people of different or similar cultures to gain benefits of health practices in a culturally appropriate manner (Betancourt, 2016). This is pivotal to providing multicultural care for a diverse population served within healthcare systems around the world. A nurse is more impactful in terms of delivery of care when trained to provide and deliver transcultural care to all patients.

The metaparadigm concepts of person, nursing, health, and environment is a focus of Leininger's theory which further emphasizes transcultural care. She used the term human instead of person since many non-Western cultures do not use the word person figuratively. Leininger focused on viewing nursing as a learned humanistic profession with a focus on human care which enables individuals, families, and groups to maintain or regain wellbeing and face handicaps or even death in a culturally meaningful way. Both health and environment are significantly important and related to culturally competent health care. These constructs affect an individual's interpretation and social interactions in a cultural setting (Betancourt, 2016). A primary part of culture care is to understand differences and similarities among and between cultures.

The aim of this project is to connect transcultural nursing training education to provisions of high-quality nursing care for all. Culturally congruent practice is the administration of evidence-based nursing practices that agree with preferred cultural values, beliefs, and worldviews of healthcare patients, consumers, and stakeholders (ANA, 2015a). Cultural competence represents the essence of the process by which nurses can demonstrate culturally consistent practice. Nurses within healthcare develop, design, and direct culturally corresponding practice and services for diverse consumers to improve their care. Culturally sensitive care within diverse populations allows consumers to improve access to care, promote positive outcomes, and reduce disparities. The proposal for the project site takes into consideration strategies that will result in substantial improvements by providing culturally congruent care to patients within this hospital.

## Definition of Terms

The terms culturally competent care may be used interchangeable with transcultural care or intercultural care. Describing cultural competence may be expansive as it has many different meanings. Nevertheless, the Joint Commission made mandates that healthcare providers be culturally competent to provide culturally competent care and increase patient satisfaction (Govere & Govere, 2016).

*Culture*: Learned and shared knowledge, beliefs, arts, morals, laws, attitudes, customs, and ways of life exhibited by a person or particular group (Govere & Govere, 2016).

*Culturally competent care:* Type of care that involves facilitating patients' treatment and care within a dynamic setting (Govere & Govere, 2016).

*Cultural diversity:* Differences or variables in care, beliefs, meanings, values, symbols, and life ways that exist between individuals and cultures (Young & Guo, 2016).

*Cultural knowledge*: Continuous information acquisition about different cultures. To acquire such knowledge, healthcare providers need to integrate their knowledge about health-related beliefs, cultural values, and cultural norms, along with incidence and prevalence of illnesses and treatment effectiveness (Sharifi, Adib-Hajbaghery, & Najafi, 2019).

*Doctor of Nursing Practice (DNP):* A practice-focused doctoral expert prepared in advanced nursing practice completing a program focused heavily on practice that is innovative and evidence-based. The practice reflects the application of credible research findings.

*Evidence-based practice*: Integration of best research evidence, clinical research, and patient values in making decisions about the care of individual patients or groups of patients (AACN, 2015).

*Healthcare disparities:* Inequitable differences between groups in terms of health coverage, access to care, and quality of care received (Wassermann et al., 2019).

*Registered Nurse (RN):* A graduate-trained nurse who has been licensed by a state authority after qualifying for registration.

*Transcultural nursing:* Competencies for holistic cultural care which involve helping individuals and groups maintain or restore health as well as cope with disability,

death, or other human conditions in an appropriate or beneficial manner (Sharifi et al., 2019).

## Literature Review

Over the past decade, the importance of cultural competency and diversity in patient care has been addressed by multiple national nursing organizations. Diversity may be a catalyst to marginalization and discrimination, which may further underscore individuals that perceive they are different from the majority because of ethnicity or language (Zazzi, 2019). National organizations of nurses have taken steps to address this systemic problem by creating competencies as the impetus for underscoring the way healthcare professionals should care for the growing diverse population in the U.S. Furthermore, cultural competencies propagate health professionals understanding of patients' attitudes, cultural nuances, cultural beliefs, values, and healthseeking behaviors related to various groups with optimal services to a diverse population as the objective (Smith, 2017). The National Council of State Boards of Nursing (NCSBN), American Nurses Association (ANA), National League of Nursing (NLN), and American Association of Colleges of Nurses (AACN), have issued statements or guidelines regarding cultural competencies for nurses. AACN and ANA have been front leaders in this global war focusing on the provision of culturally competent nursing care to all populations (ANA, 2015a). Professional nursing organizations, hospital systems, and leaders within the healthcare settings recognize the need for culturally competent professionals within healthcare and nursing education. *Standard 8. Culturally Congruent Practice and Associated Competencies* amplifies twenty cultural competency practices

for nursing schools at every level to adopt. A reoccurring theme in the literature reflects the need to have nurses adhere to cultural competencies in which professionals demonstrate culturally congruent care in nursing practice (Marion et al., 2016). Such competencies help align health care practices which impact diverse populations by decreasing disparities and inequities related to the provision of care.

Relevant literature personifies the need to impact the growing diverse healthcare population in the U.S. by providing culturally competent care. Addressing health disparities requires a robust multidimensional approach from various sectors, including the field of nursing education (Njoku & Baker, 2019). Diverse populations are growing however inequities and disparities are also growing among this diverse population. As nurses care for diverse patients, it is vital that they strive to understand cultural related concepts that affect the way care is delivered. Literature suggest that nurses should possess enough information about different cultural backgrounds and customs to be able to provide holistic patient care, patient assessments, and patient interactions (Alougami, Pounds, & Alotailbi, 2016). Providing patient care to the diverse population emphasizes the patients believes, heritage, and religious preferences. There is no cookie cutter methodology involved in learning to care for diverse populations. It is of uttermost importance that nurses care for patients from the patient's worldview and not their own. Nursing leaders should strive to provide to nurses the needed tools such as education and training.

Literature review also strongly support the education and training of healthcare professionals regarding cultural competence. Training ranges from online programs, one-

hour in-services, clinical training, and face to face training. Globalization has changed both the workforce and the users of the organization healthcare systems. The platform for training highlights the specific needs of the healthcare systems or a tailored approach. A paramount theme that surfaced in the literature review aims at seeing diversity as a positive rather than a negative challenge. In fact, the premise for managing diversity is the recognition of differences as positive attributes of healthcare systems, rather than a problem to be solved (Stefano, Cataldo, & Laghetti, 2019). Training modules for cultural competency oftentimes are predicated on the need for healthcare systems to acknowledge, understand, and value cultural differences of both the internal client (staff) and external client (patient consumer) while also supporting the vision, mission, and goals of the healthcare. Crucial factors to achieving successful practice in providing culturally competent care is cultural education and cultural exposure (Baghadi & Ismaile, 2018). According to (Young & Guo, 2020), there is a need for cultural diversity training and competency evaluation.

Despite loose guidelines and established assessment tools within the medical center complexities around care complications persist related to care for the diverse population served. In the organization gaps exists in nursing education and knowledge therefore deficiencies in care have been identified as well as persistent low patient satisfaction scores. To avoid the cascade of poor outcomes it is essential that RN's lead frontline patient assessments along with quality care efforts by implementing safe, high-quality, cultural care for the culturally diverse populations. Lack of cultural

understanding in nursing care can negatively impact the compliance, wellness, and healing diverse patients with diverse cultures (Chen, Jensen, Chung, & Measom, 2020).

## Relevance to Nursing Practice

The United States has become more culturally diverse however the nursing workforce has not grown in diversity at the same pace as the United States population. Due to the shortage of nurses across the country hospitals hire from the available pool of qualified Registered Nurses within their application hiring pool (Smith, 2017). Oftentimes, communities around the U.S. have a high populous of white non-Hispanic or European Americans RN's to care for patients (Smith, 2017). This is sometimes the only available solution to meet supply and demand. There is a gap in professional knowledge and skills as it relates to measures to have culturally competent care practices align to meet the needs of diverse populations  Provisions to address such gaps in practice area cause a significant impact that directly effects patient perception of care, patient response to care, and patient outcomes. Effective communication strategies are discussed as essential in *Healthy People 2020* to improve population health and achieve health equity (Polster, 2018). The Joint Commission also requires additional training and utilization of resources addressing cultural competence within health care settings (Polster, 2018). Nurses face many challenges in caring for diverse populations when cultural and literacy barriers are present. It is necessary that hospitals and healthcare organizations to look at the growing challenges that globalization brings regarding changes in the workforce as well as changes in the populations served within hospital systems of care. Of paramount concern is how to deal with growing cultural diversity in a way that produces positive

results (Stefano, Cataldo, & Laghetti, 2017). Such results are inclusive in terms of productivity, service quality, and patient satisfaction – for health care organizational systems and for people, both workers and patients. To aspire with in an upward trajectory of culturally sensitive care within the hospital RN's must collaborate and execute using a higher level of knowledge, education, and training to focus on elevating the quality of care around patient's needs and well-being (Salmond & Echevarria, 2017) regarding culturally competent care. The overarching project holds relevance to the nursing profession and nursing practice by contributing to evidence-based practice while centering on positive patient outcomes, patient satisfaction, and the meeting of organizational goals and objectives.

## Local Background and Context

The health care setting for this proposal is an acute care setting, community medical center located in the United States. The institution is accredited by the Joint Commission. The mission of the organization is to deliver compassionate, quality care to patients while bettering the community served.

The 202-bed hospital houses a family birth center which offers labor, delivery, recovery, and postpartum services as well as a nursery. The comprehensive range of health services provided in the hospital include 24-hour emergency services, critical care, medical, surgical, and cardiac services including open heart surgery, outpatient surgery, orthopedics, and imaging services.

Over 265 registered nurses are employed in the hospital with almost 400 physicians on staff. During an interview with a nurse manager it was reflected that many

new nurses initially lack the pre-requisite knowledge required by the hospital to successfully initiate culturally competent care (Personal communication, August 4, 2020). Individuals within the facility receive annual training designed to support a work environment of inclusion for healthcare delivery and customer service. The organization takes responsibility for building a workforce that reflects the diversity of the community. Nevertheless, challenges persist in providing culturally competent care when patients' and health providers such as nurses differ in their worldview.

The organization further takes on the responsibility of meeting the needs of the diverse population of individuals served. This can be achieved by providing and requiring cultural well-tailored competency training program for employees, A major goal of such a program is to provide key frontline workers such as RN's with awareness of cultures other than one's own. Significantly enough this will allow health care providers to provide holistic care that congruent to each person beliefs and practices (Alougami, Pounds, & Alotailbi, 2016).

## Role of the DNP Student

My role will be to develop for the hospital, a culturally competent care module to present to RN's and healthcare providers during an education platform provided by the hospital for orientation. I have over 28 years of nursing experience during which I have worked in the acute care setting, mental health setting, leadership roles, and as a nurse educator. I have also traveled internationally abroad and to numerous states within the continental United States. I have firsthand experience as an African American (AA)

woman of the various aspects of cultural competencies as well as disparities in healthcare practices.

Just recently my mother was hospitalized and experienced inequities in health practices that could have cost her life. My mother was diagnosed with needing a pacemaker however what she really was experiencing was a pulmonary embolus. I was at bedside the entire time asking questions, asking for different test, calling for specialist, so finally we got to the root of her problem. I am certain that my presence and knowledge as a nurse helped the situation immensely. I remember many times acting as a messenger decoder for my 72-year AA mother. I have also worked as an advocate in a civil rights organization in which I have been a member for over twenty years. I have worked on improving my skills as a leader , innovator, and motivator throughout many years of my profession. Although I am passionate about the subject matter related to culturally competent care, it was important for the success of the project for me to remain sensitive to others who may not see my perspective. It is vital for me to present information which creates synergy around the topic without creating bias or judgement. The overall purpose of the proposal is to improve staff knowledge about culturally competent care to the diverse population served in the southern region of the U.S.

As the DNP student, I will disseminate the educational sessions and collect the Likert questionnaires after completion of the education session. I will collect the data and utilized descriptive analysis of the data to determine if the educational sessions were effectively validated. The group of panelist team will evaluate and appraise the evidence of the project and discuss barriers, obstacles, and challenges that require additional

improvements. The team will discuss if objectives of the project have been met, partially met, or not met at all. Measuring program outcomes is one of the most vital parts of the evidence-based project. Literature reflects that culturally competent care may reduce the healthcare disparities experienced by diverse populations (Guerro, Garner, Cook, & Kong, 2020). The end results of the project resonate on the impact on quality care and positive patient outcomes. Future endeavors for the project will consider other areas inclusive of outpatient satellite facilities owned by the medical center.

## Role of the Project Team

The project team of panelist will review the education module and methodology and provide feedback related to the tool effectiveness along with the pre and posttest. The panelist includes two nurse educators who are Doctorally prepared as Doctor of Nursing Practice (DNPs). Panelist A has been in nursing practice for over forty years and works as a Dean of Nursing (DON) in a 4-year nursing program at a for profit nursing college. Panelist B has been a nurse for thirty-five years and works as faculty at a 2-year for profit associate degree program (ADN). Panelist C is a Director of Human Resources for a major medical center in the region. She has over twenty-five years of human resources experience and holds a bachelor's degree in human resources. She also teaches cultural competency within the organization in which she works as a primary responsibility. All panelists will receive information to review the project via email. Meetings will be scheduled to discuss the project and allow for interaction and timely communications. The panelists will serve as experts and provide real-time feedback regarding the educational design, efficacy, objectives, training materials, and methodology. Effective

communication between the panelist is an integral part of the project. The role of the team panelists will be collaborative and constructive. Likewise, literature review highlights that as diversity in populations have increased so has challenges for health care providers and recipients of health care (Young & Guo, 2020).

## Summary

Section 2 introduced the culture care theory developed by Madeline Leininger, the relevant literature that supports the project development, the local background and context for the project, my role, and the role of the project team. Section 3 will describe the planning, implementation, and evaluation proposed for this project. The analysis of the data from the pre/posttests will be aggregated and place in chart format.

# Section 3: Collection and Analysis of Evidence

## Introduction

There was a gap in practice as evidenced by patient perception results and lack of a robust training model for hospital orientation regarding culturally competent care. Meanwhile, the exponential growth of diverse populations in the U.S. requires healthcare systems adopt a more rigorous proactive approach to cultural competency. The U.S. population currently has a population of over 30% ethnic minorities, and that number will increase to half the population by 2050 (Hordijk et al., 2019). The hospital also employs many foreign-born employees within the acute hospital setting. A fully effective orientation program which provides educational training interventions to assist nurses and staff in improving their cultural competence is key. Such training is in alignment with specific knowledge, attitudes, and skills to care for patients of different cultures, ethnic groups, and social backgrounds. The practice of cultural competence is a needed provision of care in terms of helping mitigate healthcare disparities, decrease inequities and improve patient outcomes and improve perceptions of care.

## Practice-Focused Question

Nursing leader interviews and observed nursing team interactions at the project site demonstrated a need for training related to competence in providing culturally sensitive care. There was a dearth of knowledge in this area as evidenced by patient complaints, increased falls, and prolonged call light response times. Nurse managers agreed that there were periods of time that communication barriers impeded care regimes. The result of such barriers yielded ineffective communication, misunderstandings,

misperceptions, and missed opportunities for hospital nurses and staff in terms of meeting the needs of patients in a culturally competent manner. Also, the hospital has been unable to report overall sustainable patient satisfaction scores even after trainings. The project question is: Does nursing education using a patient-centered care education module regarding culturally competent care improve nursing knowledge?

The purpose of this project was to provide an educational intervention to improve cultural competence knowledge of employees during initial hospital orientation. This training will allow nurses to apply knowledge in healthcare practices as they care for diverse populations from their community. The Department of Health and Human Services calls for healthcare professionals to provide high-quality care and services that are responsive to diverse cultural beliefs, practices, and actions.

## Sources of Evidence

### Participants

A panel of three expert members was used to assess the reliability and validity of the education program and tool. The team of expert panelists included two DNP nurses with over 75 years of nursing experience. The third expert member was the Director of Human Resources for a major medical center in the area who had 25 years of experience. Panelists reviewed the teaching methodology, PowerPoint presentation, and substantive documents related to the program. Upon completion of document review and discussion, Likert assessments were completed along with additional discussions.

## Procedures

The expert team of panelists completed a review of education materials. The information included a PowerPoint presentation and pre and posttest (see Appendix B). Findings were documented using the Likert questionnaire (see Appendix C). The expert panel consisted of two DNP nurse educators and one HR personnel with a combined 100 years of healthcare and community experience.

## Protections

The team of panelists approved the proposal for the staff education doctoral project in accordance with the DNP Manual for Staff Education Projects. To ensure ethical protection and confidentiality for participants, the project was presented to the Institutional Review Board (IRB) at Walden University for approval prior to the beginning of the program at the project site. For this specific project, consent forms for program participants were required. Participants completed pre and posttests and signed consent forms for anonymous questionnaires. Pre and posttests had identifying information. Pre and posttests were numbered at the top of the front page as the identifier such as 1A and 1B. the Numbers corresponded to pretest and posttest scores which allowed for easy data aggregation. A Likert scale completed by expert panelists was used to provide feedback regarding instructional evaluation. Expert knowledge feedback served to assist in fortifying appropriate objectives, information, and evaluations.

## Analysis and Synthesis

The project site is a 202-bed medical center in the southern region of the U.S. The hospital serves a large minority population. The focus of the DNP project is to validate

cultural competency training for RNs and frontline health providers caring for diverse patients within this setting. TRNs contribute to the project by driving patient outcomes along with satisfaction. The program method is aligned with the hospital's mission statement and is logical and meaningful, allowing stakeholders to easily understand the educational program. Leininger's theory was used for the project.

The PowerPoint presentation was developed with an introduction to Madeleine Leininger. An in-depth view of cultural care findings will be explained during the educational presentation and interactive sessions. The purpose of culturally competent care education programs was discussed at length with expert panelists. Programming for cultural competency training aligns with established goals, objectives, and current practices of the major medical center organization. Cultural competency training is part of TJC standards hospitals adhere to. Further focus on obtaining and maintaining TJC standards aligns with the need for culturally competent practices at the major medical center.

The validated educational module was evaluated by a panel of experts for program effectiveness and support of evidence-based practice change. Validating an education tool involves measuring the reliability of data. Validity refers to whether a questionnaire is measuring what it is supposed to or intended to measure (Arora, Sinha, Malhotra, & Ranjan, 2017). The five-point Likert questionnaire was administered and analyzed. Each question addressed the educational activity and was used to evaluate objectives of culturally competent materials addressed in the program through ratings from a scale of one (strongly disagree) to five (strongly agree).

Description statistics was used to analyze pre and posttest scores and responses. The Likert scale was composed of five Likert-type items that represent similar questions combined into a single composite score of value. Analysis and synthesis of the data was performed once the Likert questionnaires were collected from the panelist. It took approximately five days to conduct the descriptive statistical significance analysis. Descriptive statistical analysis is commonly utilized in data analysis to add rigor to the scientific underpinnings of the evidence-based practice change (Phutela & Kaur, 2018). Over the course of project, the program will be evaluated on a continuum and reevaluated upon completion of the program change. If positive outcomes present after the analysis, future endeavors will be to extend the project change to other areas to include outpatient settings of the medical center.

The following process addresses the summary and flow for a sustainable project change:

- Establish a project change: A needs assessment was identified during patient rounding, and current significant literature reviewed.
- Lead stakeholder was the DNP student: The DNP student coordinated the project and implement the validated education program upon approval from the team of panelist. Panelist also reviewed the program for alignment with organizational goals and provide the final program implementation approval.
- Integrate theories and models: Madeline Leininger's theory provided the framework for implementing change.

- Develop a timeline: Timelines kept the project on target with small, predicted goals and frequent evaluations.
- Motivate and cultivate change: Effectively communicate and collaborate through routine meetings and discussing identifiable barriers to cultivate change was utilized.
- Educational materials: Educational materials were developed by the student with the expert panel members assistance and collaboration as needed. Panelist approved the education module (PPT), pretest, posttest and complete the Likert scale program evaluation.
- Validation of an educational tool: Expert panelist validated an educational tool
- Roll out and implement the proposed project change.
- Collect the pre and posttest and participants evaluation.
- Statistically analyze the data: Analyzing the data was an integral aspect of this quality program as well as statistically significant findings of effective educational initiatives (Portela et al., 2015).
- Conduct summative and formative evaluation: This evaluation allows for engagement with the learner and instructor to conduct strategic evaluation of judgments and feedback of the program to elicit approaches to make impactful changes in the future. (Shavelson, 2018).

## Summary

Sources of evidence, participants, procedures, evidence, and protections were discussed. Plans for data collection and analysis were introduced. Section 4 includes findings from analysis and synthesis of evidence.

Section 4: Findings and Recommendations

## Introduction

Culturally competent care by RNs and nursing staff was an additional impetus to the provision of safe and effective care across the spectrum of healthcare. Within the context of shifting demographics, the U.S. healthcare system must provide treatment and services that are both culturally appropriate and effective to diverse populations.

In compliance with Walden's doctoral education staff manual, I contacted the Institutional Review Board (IRB) at Walden University and obtained approval to formally conduct this project. Obtaining approval from an accredited IRB is a vital step for conducting and publishing project information and findings. According to Lapid, Clarke, and Wright (2019) IRB approval is required for all research involving data, specimens, and individuals. The current organization where the project was conducted received IRB approval in accordance with Walden University.

A multidisciplinary team of three experts in nursing education and HR was established to validate an educational session regarding a culturally competent PPT program. The team included a HR director, dean of nursing education, and faculty member of a nurse education program. Two of the panelists were also RNs, and one candidate was responsible for training newly-hired RNs and nursing employees within the major medical center in which she works. Each member of the panel reviewed the PPT including case scenario presentations, pre and posttest, and the Likert validation tool I developed. Having a diverse multidisciplinary team of experts to review the educational module contributed significantly to the project as it provided expert knowledge,

understanding, and opinions regarding the validity and reliability of the program. Expert multidisciplinary panelists were strategically chosen to enhance the goals of the project with the end goal of increasing knowledge of RNs and clinical staff by offering valuable information that impacts high-quality nursing care that impacts patient outcomes.

After delivering the PPT with case studies to the expert panel, the pre/posttest was also reviewed. The pre/posttest measured the participants' knowledge gained from the PPT. A five-point Likert questionnaire was also administered. The questions on the questionnaire addressed the value and significance of the educational module to provide essential knowledge to RNs and clinical staff to advance culturally competent delivery of care through knowledge. The Likert scale included five questions to address the gap of nursing knowledge of culturally competent patient care. Each answer was rated from one (strongly disagree) to five (strongly agree). The questionnaire collects data and displays results in a reliable way to present metrics validating the educational module and performance measures.

## Findings

The questionnaire was administered after the educational module and pre/posttest was presented and reviewed by the panel of experts. Documents were collected in a confidential manner through an electronic data form. End results for each question on the Likert scale were statistically analyzed for mean scores. The expert panel explained methodologies used in clinical, health services, and research to achieve consensus. Overall, the panel agreed that the educational program addressed a significant gap in healthcare. The newly prescribed program adequately addressed the practice issue of

cultural competence among RNs and clinical frontline workers within an acute hospital setting with the aim of providing knowledge relative to the practice issue. Furthermore, the collaborative team of experts described additional measures that help facilitate the education process involving culturally competent care. The feedback from the panel of experts afforded me an opportunity to strengthen the project in terms of achieving aligned goals and objectives.

I analyzed the five-point Likert questionnaire outcomes using descriptive statistics and measured them using a standard mean calculation. The project revealed statistically significant results which strongly impact RNs and frontline nursing staff's knowledge involving culturally competent care. Each expert panelist individually agreed that educational materials addressed the deficiency of knowledge related to RNs and frontline nursing staff need to understand how to achieve the provision of culturally competent care. Information provided in the PPT was displayed in a format that was easy to understand as it conveyed the significance of knowledge and understanding related to the delivery of culturally competent care to patients. Members of the panel provided various insights that were constructive and built on foundational knowledge and underpinnings of the project.

Panel responses revealed the project was supported by evidence-based practice while the educational material strongly impacts bridging evidence and clinical practice settings together. According to Gonzalez-Garcia et al. (2020) nursing research should be geared towards the study of principles for effective and efficient nursing practice and factors that affect perception of health and wellbeing. The clinical proposal related to

knowledge involving provision of culturally competent care which impacts individuals, communities, and healthcare services. With positive feedback and statistically significant results, the doctoral evidence-based project contributes to promoting nursing excellence, patient safety, and quality patient outcomes.

Madeleine Leininger's transcultural care theory was used for this evidence-based project. The team discussed the importance of the underlying framework of the project along with its relevance to practice and evidence-based knowledge. The project highlighted the importance of the provision of culturally competent care knowledge among RNs and frontline clinical employees. The educational module fostered basic knowledge about cultural care, cultural inequities, shifting demographics, and benefits to patient care with the adoption of the methodology. The five-point Likert scale was used along with validations by expert panel of pre and posttests. Validation by expert panelists makes the questionnaire more meaningful, trustworthy, and applicable to the practice area (Arora, Sinha, Malhotra, & Ranjan, 2017).

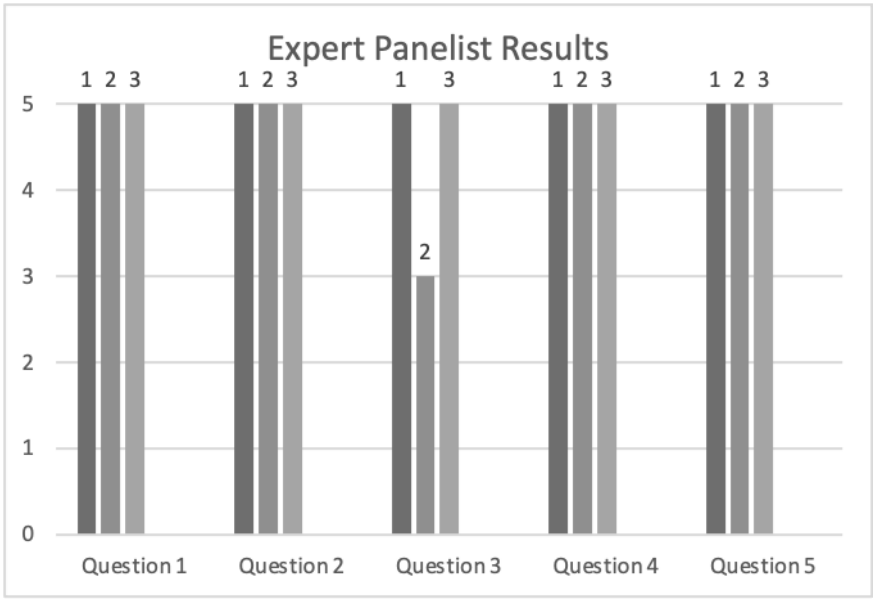


*Figure 1*. Expert Likert five-point panel results for each question.

The primary goal of the project was increased RN and frontline nursing staff knowledge in terms of caring for diverse populations within the healthcare setting. Healthcare providers cannot deliver comprehensive healthcare without taking into consideration differences in ethnicity, religion, gender, age, socioeconomic status, language, education, ability, and geographic location, thereby meeting individual patient needs. Secondary outcome measures include reductions in healthcare inequalities, enhancing patients' trust in healthcare systems, and improving cultural safety in the acute care organization.

## Recommendations

After the educational initiative was presented to the panel of experts, the team expressed their viewpoints, thoughts, and perspectives to validate, improve, and affirm materials. They agreed that the PPT provided the best platform to succinctly present this information during hospital and nursing orientation. The PPT would allow for educators

to make small timely modifications to the tool if needed in the future. Insights from the panel of experts included a suggestion to include a personal self-assessment tool regarding cultural care competency for each program participant (see Appendix D). It was also suggested that training incorporate role playing and vignettes as measures to accommodate different learning styles.

A significant finding was suggested by panelist two regarding question 3 marked as 3 (undecided). The panelist scored the question with a 3 because the concept of diversity is rather broad and fluid. According to panelist 2, the presentation only addresses the "tip of the iceberg" with preparing RN's and acute care employees in the healthcare field for caring for the increasing diverse populations served within the U.S. population. The panelist wanted to make sure that naïve employees did not think that the information presented was the only information needed to be prepared to care for diverse individuals within the environment of care. The panelist believed that participant should be aware that the information was an introduction and learning about the topic should be ongoing and dynamic. After much reflection, the panelist suggested that the question be re-worded to include language which highlights that the information presented was an introduction to culturally competent training. It was suggested that the question be re-written to state: The material presented will provide an introduction about diversity to RN's and acute care employees in the field when caring for a diverse population of patients within the healthcare setting? The panelist would be able to provide a "strongly agree" to a question written in such a manner.

An additional recommendation was that the education PPT be presented to all employees throughout the hospital during annual training. Such training would be inclusive to clinics, emergency personnel, physicians, and outpatient areas. The training would help meet the overarching compliance relative to training as assigned by the Joint Commission on cultural diversity. The nursing education system as well as healthcare organizations have pivotal roles in improving nurses' cultural competence (Sharifi, Adib-Hajbaghery, & Najafi, 2019). Future recommendations would be to extend the training program to other satellite health care systems in the organization, locally throughout the state, and expand to a national initiative for all acute care facilities. Such work would work in tandem with achieving HCAHPS goals.

## Contribution of the Doctoral Project Team

The project team was led by the doctoral student. The core panel was chosen for their content knowledge, expertise, health care background, and leadership ability. The two nurses on the panel are leaders within the nursing education platform and have several years of nursing experience. The human resources individual on the team has over 20 years of experience as well and currently teaches new employees within a local facility cultural competence during hospital orientation. The project team is committed to the organizational goals, mission to improve quality, and outcomes relevant to culturally competent care. The organization is major medical center located in the northwestern part of the state in the southern sector of the nation. The area has a growing diverse population as the actual hospital serves many African Americans and Latinos.

Interdisciplinary collaboration was a vital aspect to the workflow of this educational initiative. According to (Alvidrez et al., 2019) such teams must understand health disparities, health promotion, and health equities by applying a multidimensional research lens. This process provides the means for expert panelist to validate an educational tool to promote culturally competent care. Constructive comments and return feedback were regarded as valuable input received by experienced professional panelist.

## Enhancing Social Change

The doctoral educational initiative project was instrumental in the changing nursing landscape as well as creates an introduction to a variety of positive social changes. The approach and framework of the project illuminates cultural competence for RN's and frontline clinical employees to alter patient's hospital experiences and perception of care. The project pioneers that RN's and clinical frontline employees foster the provision of care to patients with respect to the culture and worldview of the patient. Thus, further reinforcing the execution of knowledge that takes into consideration individual patient needs, desires, and culture to enhance overall care. Expert opinions and knowledge composed of declarative and procedural knowledge helped facilitate the validated module utilized with the current project as well as its use for future projects and endeavors. The end users were engaged in the process which not only supported the provision of safe care but also fostered patient centered care.

Presently, there is a constant revolving door in healthcare and the nursing profession as evidence by the continued nursing shortage. The changes were inclusive in relationship to healthcare policy, staffing, personnel inclusion, and budgets along with

new approaches to evidence-based practice changes. For RN's and frontline clinical employees to remain abreast of such changes there was an identified need for ongoing education. Nursing education is an ongoing fluid process which takes commitment as it promotes equity, social justice, self-knowledge, service, and collaboration (Read, Betancourt, & Morrison, 2016). The educational module gives RN's and frontline clinical employees the ability to transform their mindset and care practices to effectively meet patients' cultural needs. Such actions lead to positive social changes such as decreased inequities and disparities in health care. The current doctoral project boosts knowledge, strategies, and professional growth of the audience aligned with a readiness as well as rich culture for change.

Social changes that impact patient care run parallel to the doctoral project goals by lowering high rates of morbidity and mortality in diverse populations. According to (Stefano, Cataldo, & Laghetti, 2019), the aim is to propose a client-oriented model of cultural competence, meaning the ability of a health organization to acknowledge, understand, and value cultural differences of staff and patients alike. Such is an important paradigm to meet patient needs as well as achieving the organizations mission, goals, and vision while considering the patient's cultural identity and individual needs. The current project is a catalyst to improve outcomes for diverse patient populations and leads to high-quality nursing care and optimal outcomes (Ost et al, 2020).

Operational costs for the doctoral project were minimal and patient outcomes forecast positive financial gains for the organization. Gains can be manifested in employee satisfaction and patient satisfaction leading to decreased turn over and positive

patient satisfaction which adds to the bottom line through pay for performance initiatives. The cost of the power point, project supplies, and capital expenses were nominal as the education budget allocated funds for nursing and hospital orientation. The panel of experts volunteered their time and knowledge to bring the project into fruition. The educational module was developed by the doctoral student along with the pre and posttest, and 5-point Likert scale. Globalization has deeply changed the profile of both the workforce and users of hospital healthcare organizations (Stefano, Cataldo, & Laghetti, 2019). By intervening early with education to ensure that RN's and frontline clinical employees are knowledgeable as well as understand cultural competence is a priority. Culturally competent care creates a work environment nurturing teamwork, participation, and cohesiveness.

## Strengths of the Project

The current evidence-based project change was to validate an orientation module to educate nurses and nursing staff within an acute care setting on cultural competence. The educational practice change afforded an opportunity for RN's and nursing staff employees to expand their skills, knowledge, and attributes of culturally competent care. The information provided was timely and relevant to guidelines that reinforce standards of care that affect diverse populations in healthcare systems and organizations.

Besides increasing knowledge, the project's primary point was to change the current practices that alleviate health inequities and health care disparities among racial and ethnic minorities which leads to poor outcomes. The goals of the project met expectations for the RN's who led nursing teams as well as highlighted aspects for other

nursing employee team members. Nevertheless, healthcare disparities undermine the health and well-being of individuals who are members of minority, marginalized, stigmatized, and vulnerable populations (Alvidirez et al., 2019).

The doctoral student driven project utilized an array of a power point, pictures, case studies, and vignettes as part of the educational module. The presentation also utilized consistent stop points to allow for content discussion. The learning setting engages RN's to lead the team by engaging and increasing inter-professional communication related to cultural competence. Culturally competent assessment skills by RN's are essential to facilitate communication and demonstrate respect for cultural diversity (Hswen et al., 2020). The benefit of the power point design of the doctoral project was significant to engaging the intended audience in a way that helps RN's foster needed skills, attitudes, and aptitude that lead to delivery of culturally competent care. The project was also dedicated to uncovering and studying expressions of care and caring that affect health, wellness, illness, dying and death (Ray, 2019).

Additionally, an apparent strength of the project was the group of expert panelists who participated to validate the culturally competent education module. Another positive factor in the process was the high degree in which the panelist participated in reviewing and probing documents and information. The panelist was clearly vested in the process. The stakeholders incorporated into the effective educational endeavor where proponents for change strengthened and enriched the process.

## Limitations of the Project

In the current organization, RN's play a major role in assessing and admitting individuals into the major medical center. Limitations presented in this project include the narrowed focus of training new nursing during hospital and nursing orientation. Expanding the scope of the project to RN's and frontline employees throughout the 202-bed medical center would be more beneficial. To magnify the impact of the doctoral project all existing nursing employees in the organization would need to be trained on cultural competence. Such training would serve as impact the significance and aptitude of the project.

In addition, the nursing employees in the organization can be resistant to change which presents another challenge. The work environment within the project organization was more of a family- like environment in which teams share decision making duties. Therefore, it may be a barrier for hospital and nursing leaders to prescribe to needed hospital wide changes. According to (Whalen, Baptiste, & Maliszewski, 2020), as nursing grows in healthcare, the engagement of frontline nurses in evidence-based practice, quality improvement, and research is expected. Creating educational modalities that stimulate end users is an important element to sustain motivation, compliance, innovation, and engagement around providing culturally competent care to each patient. The process to create synergy in this area requires continuous growth and alignment in relation to the changing landscape of providing culturally competent care. Nurse educators are paramount in helping teams' transition. As an educator and transformation

leader one must understand the beliefs, values, and strategies to minimize the resistance to change (Salam & Alghamdi, 2016).

Another limit to the project was having a small panel of experts. Instead of five to seven panelist I opted to have a panel of three. Perhaps a larger more diverse population of panelist would have provided more data points. Expert panelist that works as a chief nursing officer (CNO) might have provided additional insight related to strategies within the hospital setting. Nevertheless, barriers to EBP implementation include inadequate knowledge and skills along with a lack of experienced mentors to facilitate the process and the perception that implementing EBP is too time-consuming.

Section 5: Dissemination Plan

Disseminating evidence-based practice staff education was essential for impactful change to occur. The doctoral project was focused on disseminating knowledge to newly employed RNs and frontline nursing employees during hospital and nursing orientation. The project study included the need for the project, purpose statement, practice problem, methodology, project results, and applications to nursing practice.

I selected additional resources such as case studies, active learning exercises, examples, vignettes, and components to help learners use critical thinking, clinical judgement, and different communication techniques. Such techniques assist learners in learning and developing clinical practice skills. It was found necessary to help RNs and frontline nursing employees to think outside of their own worldview. According to Young and Guo (2020), communication styles and interpreter services require attention in providing care for diversified populations. The education building provided two large spaces in the form of conference rooms to hold scheduled monthly orientations including culturally competent training PPT. The education building is a separate building attached to the main hospital. The location of the building provides for a quiet location for training to occur.

## Analysis of Self

The doctoral project provided an excellent opportunity for me to learn and grow while exploring ways to improve care of diverse minority populations. Working with an experienced and well-rounded panel of experts assisted me in developing substantive high-level knowledge in the field of nursing and nursing leadership. Initially, I wanted to

pursue evidence-based research regarding Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). Unbeknownst to me, the evidence that I uncovered pointed to a knowledge deficit regarding inequities in diverse populations cared for at the major medical center. While diversity in populations has steadily increased, so have challenges for healthcare providers as well as recipients of healthcare (Young & Guo, 2020). Data revealed that the population of individuals being cared for was becoming more diverse, in addition to RNs and frontline nursing employees. This facilitated a need for additional knowledge, training, and insight for bedside RNs along with nursing frontline employees. The project implemented advanced my role from doctoral student to a well-rounded leader bearing many of the *DNP AACN Essentials* attributes.

The doctoral study has prepared me for a pioneer role in helping to educate others in terms of providing culturally sensitive nursing care. I have not only the skillset to teach in this area but also lead with passion and compassion to make a difference. The significance in preparing RNs and nursing frontline care providers to promote culturally competent care is not just about checking a box. Diversity in care practices is about building constructs to sustain and reflect care practices that honor and respect as well as mitigate disparities and inequities in healthcare.

## Summary

This DNP project holds significance to the nursing profession and promotes education for the organization. The use of the educational module enhances RNs and frontline nursing employees' knowledge as well as patient outcomes. The project provides learners with the necessary tools to care for growing global diverse populations.

The program also afford a meaningful approach to evidence-based practice through analysis of literature and guidelines that support the project's endeavors. The doctoral project was focused on strengthening academic partnerships and professional growth for targeted RNs and frontline nursing employees during hospital or nursing orientation within the organization. The educational project involved implementing a multilevel approach to advance the nursing profession through evidence-based knowledge.

The project question was about whether nursing education from a patient-centered care education module on culturally competent care improves nursing knowledge regarding assessment and management of culturally competent care for RNs and nursing employees at the time of hospital orientation. Results and outcomes of the doctoral educational project answered the question by showing positive outcomes. The project will increase RNs' knowledge as leaders of the healthcare team along with other nursing personnel within the team. Evidence-based practice is an ideal problem-solving approach based on the application of the best research in making healthcare decisions as well as improving the quality of health services. Increasing awareness, knowledge, and skills related to culturally competent care are key factors in sustainable healthcare improvements for diverse populations cared for in acute care hospital settings.

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Appendix A: Cultural Competence Teaching Module

# IMPROVING STAFF KNOWLEDGE of CULTURAL COMPETENCE

Sherry Akins, DNP, MSN, RN
NURS 8701
September 18, 2020

Doctor of Nursing Practice Project:
Meeting Outcomes of DNP Program

Program Goal: *"…augment healthcare delivery, and improving patient outcomes"* by promoting improved knowledge of nurses regarding providing culturally competent care

WALDEN UNIVERSITY

*A higher degree. A higher purpose.*

# This Project Reflects the Following Program Learning Outcomes (PLO)

1. *Translate research findings to direct evidence-based nursing practice.*
2. *Develop organizational system changes for quality improvement in healthcare delivery in response to local and/or global community needs.*
3. *Apply optimal utilization of healthcare information technology across healthcare settings.*
4. *Advocate for the advancement of nursing and healthcare policy through sharing of science-based knowledge with healthcare policy makers.*
5. *Demonstrate leadership to facilitate collaborative teams for improving patient and populations health outcomes.*
6. *Utilize advanced nursing practice knowledge to implement methodologies to improve population health outcomes.*
7. *Establish a foundation for lifelong learning for continual elevation of contributions to the field of nursing through active involvement in professional organizations and/or other professional bodies.*

## Culture Care Nursing Theory

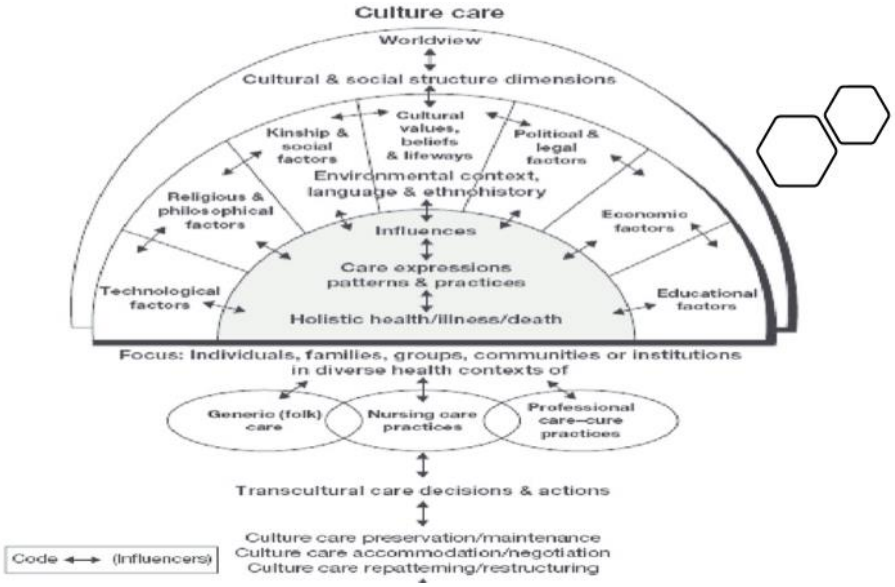
Madeleine Leininger

"She identified a lack of cultural and care knowledge as the missing link to nursing"

"Patients have to have confidence in the person who is caring for him"

"Caring is the essence of nursing..."

**No Care-No Cure**




# MUTUAL RESPECT and EMPATHY

*The HEART of cultural competency is*
*effective communication, which desires <u>both</u> parties to demonstrate <u>mutual</u> respect and empathy with:*

*ATTITUDES*

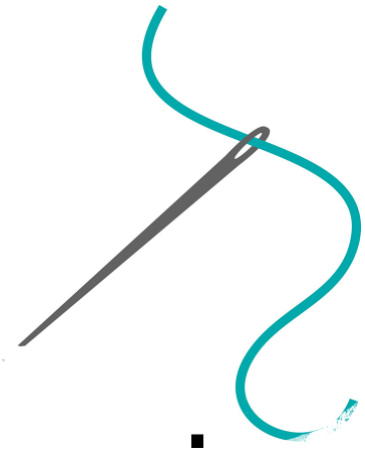
*AWARENESS*

*KNOWLEDGE*

*SKILLS*

## Cultural Competence in Healthcare

"Tailoring" the care we (nurses) give to meet the patient's specific cultural and linguistic needs




## Culture considers...

- Language
- Finances/socioeconomic
- Communication
- Religion
- Values/Customs/Beliefs
- Mental Illness/Mental Health
- Body size (obesity)
- Habits
- Foods/Cuisine

## Culture considers…


- Gender
- Modesty
- Faith
- Sexual orientation
- Profession
- Age
- Perceptions about death/dying
- Abilities-Disabilities
- Ethnicity and Race
- Response Pain





Check Point Time:
Why is this information important to nursing?

Culturally Competent Care Impacts Bottom Line of the Healthcare Economy

Cultural Incompetence in healthcare results:

- Declining Reimbursements (impacts raises and newer equipment)
- Lower Patient Satisfaction Scores (age of social media and transparency)
- Lower Employee Engagement (impacts retention of staff)
- Decline in the ability to compete and perform with other healthcare agencies

## Poor Clinical Outcomes occur when….

- Patients do not understand the causes, treatments and ways to prevent illnesses
- **Patients feel disrespected, judged, shamed, dismissed or insignificant**

## Poor Clinical Outcomes May Include:

- Sub-standard pain management
- Earlier mortality and morbidity
- Medication errors
- Increase number of falls in hospitals
- Surgical and procedural mishaps
- Increase reports of emotional trauma
- Increase reports of declining psychological health (depression and anxiety)

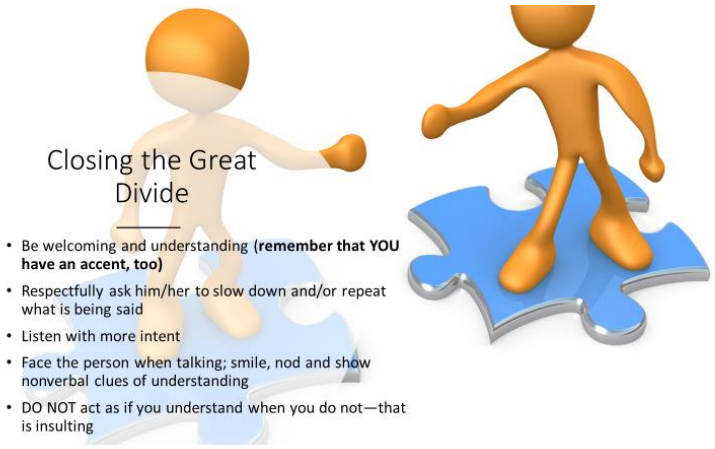
Minority Healthcare Delivery is Negatively Impacted when Nurses are Culturally Incompetent

HealthyPeople2020 has clearly defined that minority groups are most often negatively impacted when cultural inconsideration along with social determinants of health are disregarded

Great Divide often Exists

Patients

Healthcare Providers and Nurses




## Check Point

Finish this sentence:

An interesting thing I learned, since being a nurse, about another culture is_____

Cultures are dynamic, expansive, ever changing, and multidimensional in context

## Language Barriers and Cultural Competency

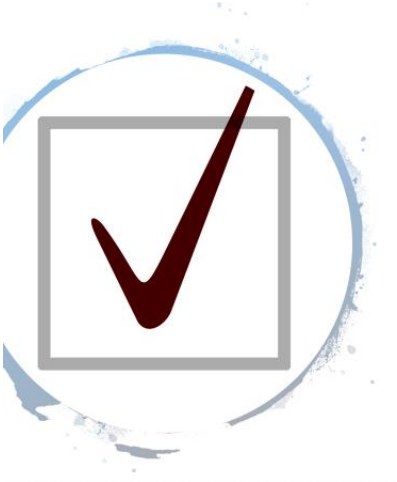
The U. S. Department of Health and Human Services released 15 standards for hospitals to follow regarding providing culturally competent care

### Principal Standard

*Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs*

## Did you know that….?

***Language Assistance is the MOST CHALLENGING standard for healthcare providers to follow***



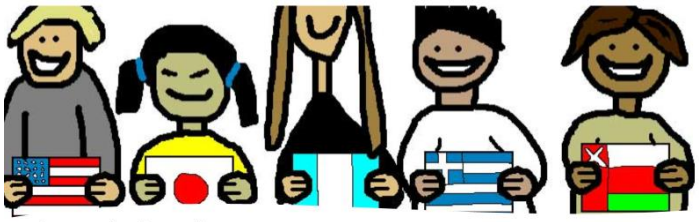
## Check Point

Why do <u>YOU</u> think Language and Communication is such an important part of cultural competency?

■

Communication and Language Assistance Standards
(1 of the 4 standards)

*Offer language assistance to individuals who have limited English proficiency and/or other communication needs, <u>at no cost to them</u>, to facilitate timely access to all health care and services.*



Communication and Language Assistance Standards (2 of the 4 standards)

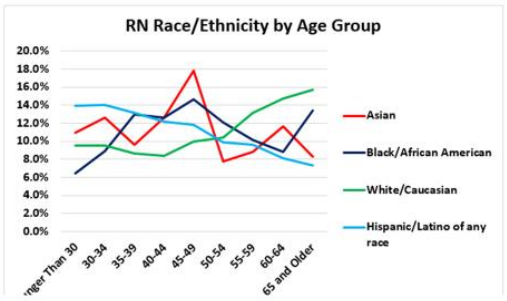
*Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.*

Communication and Language Assistance Standards (3 of the 4 standards)


*Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.*

Communication and Language Assistance Standards (4 of the 4 standards


*Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.*




2017 Nursing Workforce Study by the National Council of State Board of Nursing

(2020 Workforce Study is pending)

## Comparison of Local-State Cultural Demographics

**Practicum Site Patient Population**

- Caucasians/White 57.2%
- Hispanics 37%
- African Americans/Black 18.50%
- Other 14.60 % (no standard definition)
- Asians 5.2%
- Multiracial 3.55%
- American-Native Indian 0.80%
- Pacific Islanders .06%

**Registered Nurses in the State**

- Caucasians/White 65%
- Hispanics 6.57%
- African Americans 11.65%
- Other 8.1%
- Asians 8.62%
- Multiracial –no data available
- American Indian 0.41%
- Pacific Islanders-no specific data available

# 2.86 million Registered Nurses in United States (2018)

**REGISTERED NURSES**

- 65% identify as Caucasians
- 9.9% Black or African American (non-Hispanic) nurses
- 8.3% Hispanic or Latino nurses
- 17% Asian and Pacific Islanders
- 0.4% American Indian or Alaskan Native nurses
- Almost 9% male nurses (ethnicity not noted)

**USA POPULATION**(300+Million)

- 60%Caucasian Patients
- 12% Black or African American Patient:
- 18% Hispanic/Latino patients
- 5.2% Asian Americans and Pacific Islanders
- 1-2% American Indian or Alaskan Native nurses
- 49% Males in USA

## Reminder about Communication and Language

Foreign born healthcare workers may encounter the same discomforts with communication as the patients we serve

1 in 5 healthcare workers in the USA are foreign born and English is NOT their first language; in major metropolitan cities it may be 1 in 3 as of 2020

## Hispanic vs Latino vs Latinx
## African American vs Black vs Black American

- Hispanic is related to Spanish speaking (people) from Spain or Latin countries
- Latino is related to the country the person is from
- Latin X is a more modern spin on both
- Many people prefer to be identified from their country of origin such as Mexican, Cuban, Puerto Rican, Brazilian……
- African –American vs Black vs Black- American

**Best Practices: Ask the person how he/she identifies**

## Examples of Cultural Norms with African-Americans

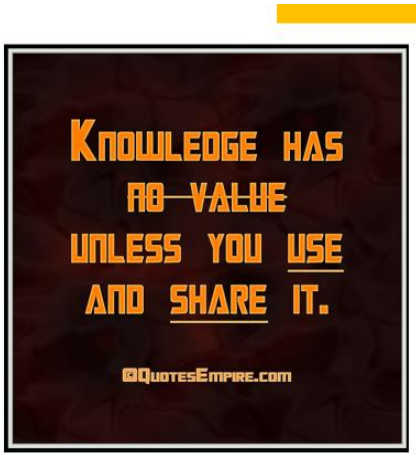
- Many African Americans do not trust doctors (stemming from historical traumas like the Tuskegee experiments)
- Many African Americans will not make sudden health care decisions such as signing forms, initiating healthcare treatments, accepting hospice services
- Many African Americans see “time-punctuality” as fluid which results in them being “late” for scheduled appointments or not canceling appointments early enough
- Many African American families are highly matriarchal (female dominated)
- Extended family members are often intimately involved in healthcare decision making

## Examples of Cultural Norms with Hispanic or Latino Americans

- Many Hispanic or Latino patients (especially females) expect personal warmth when visiting the healthcare provider
- Many Hispanic or Latino patients may get "dressed up" to visit the doctor's office ("church clothes or formal clothes and shoes")
- Many Hispanic or Latino patients tend to see time as fluid which results in them being "late" for appointments
- Many Hispanic or Latino patients will be accompanied by multiple family members to an appointment
- Many Hispanic or Latino cultures are highly patriarchal (male dominated)

YOUR TURN…..

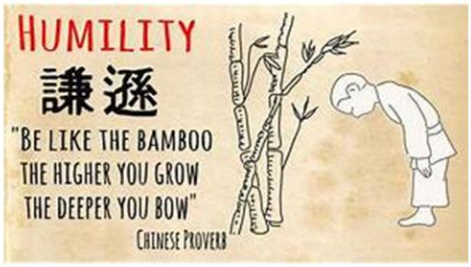
Share some cultural norms you know?




Cultural Humility: **Cultural Humility Is Critical to Health Equity**

- "A humble and respectful attitude towards individuals of other cultures"
- It involves ongoing self-exploration PLUS with a willingness to learn from others
- It helps us recognize our own cultural biases

## Practicing Cultural Humility




## Cultural Diversity: *Culture is neither right or wrong*

- Should stimulate critical thinking
- Should be enlightening and informative
- Should be an opportunity for self-reflection

Check Point
What have you learned about being a culturally competent nurse?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## Appendix B: Cultural Competence Pretest and Posttest

Who is the nursing theorist that developed the concept of transcultural care?

Florence Nightingale

Faye Abdellah

Madeline Leininger

Sister Callista Roy

The _____involves knowing and understanding different cultures with respect to nursing health-illness caring practices with respect to beliefs and values according to their needs and values.

Culture Care Theory

Transformation of Care Theory

Selfless Module of Care

The Theory of Human Caring

Mutual respect and _____ are at the heart of cultural competency.

behavior

awareness

advice

empathy

Case Study One

Danny a British-born RN who has lived in the United States (US) for 25 years and Cathy Canadian-born RN who has lived in the (US) for 4 years are working triage during the Saturday night shift in a busy Emergency Department in the rural southern region of

the US. Neither Danny nor Cathy speak any other language other than English fluently. Jane is an RN/OB nurse working on the 2nd floor who speaks Spanish fluently and is certified to interpret within the hospital. The hospital serves a remarkably diverse population of immigrants including Hispanics, African Americans, and Asians. A child ran into the ER lobby at around 11:30 pm yelling, "dolor" while pointing to an elderly gentleman a few feet behind him. The elderly gentleman is well-dressed, frail, and exhibiting signs of fatigue as he leans over and points to his left leg saying, "dolor" and speaking in Spanish. The boy explained in English that his grandfather's name was Jose and that he spoke "no English" but needed help.

Danny **quickly** moves toward Jose while asking Cathy to page Jane to the ER STAT. Danny recognizes:

a. The patient has taken a drug overdose

b. Cultural considerations relating to language and communication

c. Barriers to care as the patient is elderly with a young grandson

d. The patient needs help walking

Cathy had heard about recent gang violence from the Hispanic population occurring in a local hospital 6 blocks away from the hospital location, so she calls for extra security instead of paging Jane STAT. Cathy's **actions** are a result of:

a. Cultural considerations

b. Misunderstanding Danny's instructions

c. Stereotyping

d. Being eager to help

Cathy asked the grandson to tell her what his grandfathering was saying since she did not speak Spanish. Jane told the grandson to stay and interpret to and for his grandfather. Jane showed that:

a. She is an excellent RN

b. She did not need Jane as the grandson spoke English well

c. She only needed security

d. She did not understand facility policy

Extra security, Jane, and Jose's wife, six daughters, three sons, and 22 grandchildren arrived in the ER lobby at the same time. Danny quickly recognized the need to send away the extra security and have Jane talk with Jose while he spoke to the male family members. Danny was able to recognize:

a. There was no armed facility security

b. The culture is highly patriarchal

c. The family wanted to outnumber security

d. The culture often consists of several wives with one husband

Jose explained to Jane during the interview that he attempted to tend the rose garden for his wife while she was out with their daughters for a few hours. He had accidently landed in a bed of roses whose thorns had pierced his legs causing bleeding and pain. He was visiting the hospital simply for something to relieve his pain: He really did not want his family to worry. Jane smiled, laughed, and interpreted Jose's story in the friendly way it was given. Jane realized immediately:

a. She needed to help meet Jose's communication needs

b. It was necessary to call the police because of Jose's large family

c. Jose was seeking IV drugs to medicate his pain

d. Jose was confused about his identity

Case Study Two

Lisa, RN a foreign-born nurse from the Philippines who has been nursing in the US for 3 years. She is working with high-risk OB patients in a local clinic setting. Lisa has recently transferred from Midwest US region to East coast US region. Lisa speaks Spanish fluently however she has never worked with such a diverse group of patients. Her patient group load consists of 3 Hispanic, 4 Caucasian/White, 3 Black/African American (AA), and 4 Asian patients. All group members all speak English fluently. Lisa is aware that she must:

a. selectively communicates with each group of patients by race

b. determines communication techniques based on cultural considerations

c. understand that patients should be communicated with in a group setting only

d. dictate cultural considerations for each group member to follow

While conducting group sessions with the patient group Lisa observes extraordinarily little conversations being shared along with little eye contact from one or more individuals from this group:

a. Hispanic

b. Caucasian/White

c. Black/African American

d. Asian

Lisa makes an appointment to meet with her supervisor Karen to talk about group dynamics and her professional concerns about the group. Karen Lisa's supervisor is a foreign-born nurse from the Ukraine who has lived and nursed in the US for over 30-years. It is important to know that in 2020 statistics related to foreign-born nurses reflects:

a. 1 in 5 healthcare workers in the US are foreign-born

b. 1 in 20 healthcare workers in the US are foreign-born

c. 25% of healthcare workers in the US are foreign-born

d. 1 in 3 healthcare workers in the US are foreign-born

Karen offers to provide support to Lisa. She recommended several training classes to help improve Karen's knowledge related to areas of challenge reflected. Lisa was offered a class related to:

a. Mutual respect and sympathy

b. Cultural competency

c. Fetal monitoring class

d. Cultural differences

Case Study Three

Helena J. is a - year African American (AA) woman who presents to the local emergency room the morning (6am) after Mother's Day complaining of vision being blurry, shortness of breath, and a nagging headache. She is accompanied by her three adult children. One of her children works as a certified nursing assistant at a local long-term care facility. The patient reports being diagnosed with "too much fluid around the

heart", "high sugar" and "high blood pressure" years ago. She does not know the names of her medications, but she does report that the medication for her "sugar" make her have "diarrhea", so she "quit" taking it and that she takes her "pressure" medicine every day. She reports that her "fluid pill" makes her have to "pee too much" so she does not take it every day. She reports last seeing her primary care doctor over 6 months ago. She then adds that the doctor is "young and white" and always telling her that she will "die too early" if she does not "lose weight" and keep her doctor appointments.

Her physical exam reveals: Weight 304 pounds Height 5'4"

Sitting Blood Pressure 188/98 Respiration 24 Pulse Oximetry on Room Air 84%

Oral Temperature 98.2F

Random blood glucose: 408 (last meal over 12 hours ago)

What cultural factor may have contributed to her presenting to the emergency room today?

a. Previous history of not keeping doctor's appointments

b. Her primary healthcare provider's office is not open

c. She is easily embarrassed

d. She waited to go to the emergency room when she had her children with her

Which cultural factors would contribute to the patient making the comment that her primary care provider is "young and white" and always telling her to "lose weight" or she may "die" prematurely?

a. Mistrust of information from some members of the healthcare systems

b. Making general conversation with the nurse

c. She is a racist

d. She is making excuses for why she has not seen her provider in over 6 month

Many African Americans will not hesitate to make sudden health care decisions such as signing forms and initiating healthcare treatments

a. Many African Americans will make sudden health care decisions with little to no information

b. Many African Americans will not hesitate to make sudden health care decisions such as signing forms and initiating healthcare treatments

c. Many African American will wait for the oldest male family member to give the official consent for treatments

Many African Americans will only accept information from other African American healthcare workers

## Appendix C: Expert Panel Validation Form

Please complete the form below and place your best answer by choosing the number describing how you rate the educational information provided. Please enter your expert opinion and comments below each question.

1. Does the education provided meet criteria for RN's and nursing acute care employees to recognize critical aspects of culturally competent healthcare practices?

    1. Strongly disagree
    2. Disagree
    3. Undecided
    4. Agree
    5. Strongly agree

Comments:

2. Is the educational module ( PPT) addressing the gap in knowledge related to culturally competent care to diverse populations?

    1. Strongly disagree
    2. Disagree
    3. Undecided
    4. Agree
    5. Strongly agree

Comments:

3. The material presented will prepare RN's and nursing acute care employees in the field when caring for a diverse population of patients within the healthcare setting?

1. Strongly disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly agree

Comments:

4. Does the education provide a clear and concise approach to easily understand the significance of the provision of culturally competent care?

1. Strongly disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly agree

Comments:

5. Is it obvious that the program will increase RN and nursing acute care employees knowledge of cultural competence as supported by evidence-based practice?

1. Strongly disagree
2. Disagree

3. Undecided
4. Agree
5. Strongly agree

Comments:

Thank you for your time and feedback.

## Appendix D: Self-Assessment of Personal Culture Competence

Cultural competence is the ability to understand, accept, respect, lead, work, and collaborate with people from other cultures and backgrounds. Cultural competence can be measured by the extent to which individuals and organizations can create and maintain an environment that is welcoming, equitable and supportive of difference in the pursuit of common goals. Read the statements below and indicate your response to each. 5 Strongly Disagree 4 Disagree 3 Neutral 2 Agree 1 Strongly Agree

_____I acknowledge my personal values, biases, assumptions, and stereotypes.

_____I am aware of my own cultural identity and recognize how culture affects my personal interactions.

_____I can appreciate the ways diversity has benefitted and enriched my life experiences.

_____I recognize the advantages and privileges in our society, and I can see, and articulate areas of disadvantage faced by others.

_____I am aware of the cultural barriers and issues faced by colleagues and peers in my workplace.

_____I am comfortable being with groups different from my own. I can embrace different values and viewpoints.

_____I know how to respond to insensitive comments and inappropriate behaviors.

_____I am comfortable discussing cultural competence and diversity.

_____I support expanding access to opportunities and power to all groups.

_____I am familiar with cultural and racial group holidays within the communities that I serve.

_____I am familiar with the social problems within the communities that I serve.

_____I am aware of the various religions that are reflected within the communities that I serve.

_____I am aware of how cultural norms influence communication, such as eye contact, personal space, use of gestures, turn-taking, etc.

_____I am aware of how culture can affect child-rearing practices such as discipline, dress, communications, and expectations for the future.

_____I know what languages are used within the communities that I serve.

_____I am familiar with the language assistance and translation services provided by my organization.

_____I am familiar with the Culturally Linguistic and Appropriate Services (CLAS) Standards that were issued by the U.S. Department of Health & Human Services.

_____I can listen and respond to others in a non-defensive manner.

_____I can respond effectively to issues of privilege and prejudice.

_____I can help people from different cultural backgrounds connect, work together, and build mutual trust and understanding.

_____I am knowledgeable about institutional racism, sexism, religious discrimination, and other types of oppression.

_____I recognize the impact of hiring and employment practices and policies on people of color, women, military veterans, those with disabilities, and people with different sexual orientation.

_____I am comfortable interacting with people who are lesbian, gay, bisexual, or transgender.

_____I understand demographic trends and their impact on the workplace.

_____I understand how racism, gender bias, language bias, age bias, prejudice toward those with physical or mental challenges, and other forms of bias effect the lives of those targeted, both in the workplace and in daily life.

_____I understand the difference between affirmative action and valuing diversity.

_____I know what it means to be inclusive in the workplace.

_____I am familiar with health disparities that exist among racial groups in our health care system.

Add the points you assigned to each. Total Points: ___ Your Overall Scoring:

1-28 Not Culturally Competent

29-56 Minimally Culturally Competent

57-84 Somewhat Culturally Competent

85-112 Very Culturally Competent

Remember, cultural competence does not imply that you know everything about every culture. It is having the capacity to demonstrate behavior that is respectful of and responsive to the cultural needs of others. It is equally important to remember that every person has a unique personal history and belief system, and what may be true for some people of a particular culture may not be true for all. *For more information on Cultural Competency or the CLAS Standard.*