

2023

Screening for Depression in Immigrants in Their Host Country

Hortense Bissila
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Nursing Commons](#), and the [Psychiatric and Mental Health Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Nursing

This is to certify that the doctoral study by

Hortense Bissila

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Barbara Gross, Committee Chairperson, Nursing Faculty
Dr. Andrea Tatkon-Coker, Committee Member, Nursing Faculty
Dr. Corinne Wheeler, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Screening for Depression in Immigrants in Their Host Country

by

Hortense Bissila

MS, Walden University, 2018

BS, Baptist College of Health Sciences, 2009

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

January 2023

Abstract

The initial need for care for depression is greater for immigrants, who encounter linguistic, cultural, structural, and attitudinal hurdles to mental health care that render them more susceptible to increased levels of depressive symptoms compared to populations of hosting country. The aim of this Doctor of Nursing Practice project was to educate frontliners in the community on how to assess for depression in immigrants in culturally congruent ways. This project addresses gap in mental health care practice that needs urgent redress in promoting self-cultural competence and raising awareness to assess for depression on immigrants. To meet the aims of the project, both secondary and primary data were used based on current literature. Primary data were obtained from a sample of 15 participants ($N=15$) engaged in a range of educational activities to better assess for depression amongst immigrants. Pre-test and post-test data were collected through questionnaires on the teaching tool and analyze. The mean pretest score for knowledge was 7.45 ($SD = 1.76$) while the mean posttest score for the same was 8.75 ($SD = 1.29$). The mean pretest score for self-assessment was 3.65 ($SD = 1.50$) while the mean posttest score was 5.85 ($SD = 1.09$). The statistically significant difference between pretest and posttest scores for knowledge ($z = 3.14, p < 0.01$) and awareness ($z = 3.78, p < 0.001$) indicated increased knowledge and awareness in health care staff of the need for screening of depression amongst immigrants. This project may provide stakeholders with positive social change by strengthening their skills to assess for depression in immigrants. The screening interventions will enhance strategies, skills, and knowledge in handling immigrants with depression.

Screening for Depression in Immigrants in Their Host Country

by

Hortense Bissila

MS, Walden University, 2018

BS, Baptist College of Health Sciences, 2009

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

January 2023

Dedication

Most holy Virgin Mary, Mother of God, to whom I dedicate this project for being the source of my strengths throughout this DNP journey. And to you, Almighty God, for being the source of inspiration, wisdom, thoughts, words, and actions.

To my departed father and mother, I wish you were here to see how far I have gone with the foundation you provided by raising me, and the education you ensured that me and my siblings had while growing up; I can see the smile on your faces; Thank you.

To my children, Samira-Lauren, Claude Junior, Julia-Christie, and Lance-Theodore, who constitute an invaluable component of my life. You have been my number one supporters and cheerleaders during this journey.

A special feeling of gratitude to my brothers and sisters whose consistent support, words of encouragement, and push for tenacity continue ringing in my ears.

I also dedicate this DNP project to my numerous friends who did not hesitate to lend me help when I needed it. I will always be glad and appreciative of all the things they have done to make this journey easy and memorable.

I also dedicate this work and give special thanks to colleagues and classmates, who despite being my critics most of the time, helped me remain on track when pursuing this doctorate program. We shared ideas about dissertation projects and that gave me profound insights on what I needed to do to complete this project.

Acknowledgments

I would like to appreciate and thank the following individuals, without whom I might not have been able to complete this project and without whom I would not have made it through my DNP program.

To the faculty team at Walden University, especially my chair Dr. Barbara Gross, whose knowledge, insights, and guidance into the subject matter as well as the entire project, have steered me through the completion of this DNP, thank you for not giving up on me. Thank you to my second committee member, Dr. Andrea L Tatkon-Coker, for making it easy for me to present my project. To my URR, Dr. Corinne Wheeler, thank you for taking your time to shorten my feedback, moving me faster through this process.

To my preceptors, Dr. Melanie Nolan, and Dr. Sharon Ward, thank you for your immense contribution professionally and towards my personal growth into completing this project, and subsequently my DNP. To the staff of the community clinic who voluntarily participated in the educational program that helped in completing my project, thank you.

Table of Contents

List of Tables	iii
List of Figures	iii
Section 1: Nature of the Project	1
Introduction.....	1
Problem Statement.....	2
Purpose Statement.....	3
Nature of the Doctoral Project	3
Significance.....	5
Summary.....	6
Section 2: Background and Context	8
Introduction.....	8
Concepts, Models, and Theories.....	8
Dr. Leininger’s Culture Care Theory.....	9
The Neuman Systems Model	10
Theory of Learning	11
Relevance to Nursing Practice	12
Local Background and Context	14
Role of the DNP Student.....	16
Role of the Project Team	16
Summary.....	16
Section 3: Collection and Analysis of Evidence.....	17

Introduction.....	17
Practice-Focused Question.....	18
Sources of Evidence.....	18
Evidence Generated for the Doctoral Project	20
Participants.....	21
Procedures.....	21
Protections.....	23
Analysis and Synthesis	24
Summary.....	24
Section 4: Findings and Recommendations.....	26
Introduction.....	26
Findings and Implications.....	27
Findings.....	27
Implications.....	30
Recommendations.....	32
Contribution of the Doctoral Project Team	33
Strengths and Limitations of the Project.....	34
Summary.....	35
Section 5: Dissemination Plan	37
Introduction.....	37
As a Scholar	38
As a Project Manager.....	38

Summary	39
References.....	41
Appendix: Panel Evaluation of Staff Education	46

List of Tables

Table 1. Descriptive and Inferential Statistics, $N = 15$	29
---	----

List of Figures

Figure 1. Panel Evaluation of Staff Education.....	30
--	----

Section 1: Nature of the Project

Introduction

Most of the immigrants from least developed nations settling in developing countries show higher depressive risks when compared to the host population. Missinne and Bracke (2012) in their survey established that most immigrants from, the United States, Western Europe, and Northern Europe recorded high symptoms of depression. There is evidence that the higher risks of depression among immigrants in a host nation are linked to severe conditions encountered in the host country. For instance, studies such as Jurado et al. (2017), ten Kate et al. (2017), and Honkaniemi et al. (2020) have identified more than three conditions that could be linked to the prevailing health situation. First, poor socioeconomic status as revealed by indicators such as unemployment, occupation level, or education level is linked to depression (Honkaniemi et al., 2020; Jurado et al., 2017; ten Kate et al., 2017). Several studies such as Missinne and Bracke, Levecque and Van Rossem (2015), and Foo et al. (2018) mostly conducted in European nations have demonstrated that the lower socioeconomic condition that immigrants find themselves in when living in developed nations contribute to greater risks of depression symptoms. Second, studies such as Jurado et al., Wallace et al. (2016), and ten Kate et al. have observed that unfair treatments or individually perceived discrimination based on ethnic origin are linked to depression risks. Moreover, such findings, as also established in Ikram et al. (2015) and Missinne and Bracke, have been used to explain partly how unfair treatment led to depressive moods among immigrants. Third, due to acculturation or culture shock resulting from the movement to a new

environment, immigrants are found to undergo stress in the quest to adjust, which consequently raises the risk of depression (Foo et al., 2018; Morawa & Erim, 2014). Foo et al. and Morawa and Erim (2014) identified the cultural challenges as including poor language skills, differing gender roles, loss of culture, culture discordance, among others.

The increased cases of depression have been linked to the high cost of health care across the globe, especially where the government pays for the cost of primary care. The high prevalence of depression and associated functional disabilities increase the economic burden. It is considered a global disorder, and the associated functional impairment reduces quality of life (Cho et al., 2019; Park & Kim, 2020). Chronic diseases such as diabetes, heart diseases have been linked to depression (Cho et al., 2019; Park & Kim, 2020). Therefore, it is important to understand the demographic and health-related issues for better policy implications.

Problem Statement

In 2017, the U.S. foreign-born population was estimated to be 44.5 million; in 2014, there was an estimated 12.1 million legal immigrants, with an unclear percentage of undocumented immigrants. These immigrants, whether documented or undocumented, face multiple social problems including mental health stigma, marginalization, difficulties with acculturation, and fear of deportation, causing difficulty in seeking help (Chang, 2019). Given the increase of immigrants in the United States, it is important to learn how to approach them for better assessment and far-reaching care. The gap in practice conveyed by this doctoral project was the inability to assess immigrants with depression, in addition to the lack of a current evidence-based and systematized teaching

tool that health care workers could use to assess for depression in immigrants. This education will be fundamental in equipping nurses and nurse practitioners to successfully assess this population group, thereby addressing this gap.

There is evidence that most immigrants have experienced high depressive symptoms compared to the population of the hosting nation (Missinne & Bracke, 2012). The higher risks of depression are linked to severe conditions encountered in the host countries. Jurado et al. (2017), ten Kate et al. (2017), and Honkaniemi et al. (2020) have attributed these risks to poor socioeconomic status, unfair treatment, and acculturation in the host nation. The increased cases of depression have been associated with a high cost of health care globally. The prevalence and associated functional disabilities increase the economic burden, thus reducing quality of life (Cho et al., 2019; Park & Kim, 2020). Certain chronic diseases, including diabetes and heart diseases, have been attributed to depression (Cho et al., 2019; Park & Kim, 2020). Consequently, screening for depression in immigrants will be necessary to address the social problem.

Purpose Statement

The purpose of this Doctor of Nursing Practice (DNP) project is to educate nurses and nurse practitioners in the community on how to assess for depression on immigrants.

Nature of the Doctoral Project

The local community clinic that I used for this doctoral project serves about 80% of immigrants in the area. This clinic is run by a government grant program with an emphasis on mental health treatment and prevention. The staff at this clinic are really dedicated to their service and implementing this teaching tool will help enhance their

service to better attract immigrants, thus facilitating their diagnosis and provision of care accordingly. To complete the goal of this staff education, a comprehensive search of multiple peer-reviewed journals and course books was established to obtain the necessary information for this doctoral project. The sources of evidence included but were not limited to the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Ovid, Medline, PubMed, Google Scholar, Cochrane, and other databases for relevant evidence-based literature related to immigrants, depression, and social determinants. Key terms used when conducting literature searches through the Walden Library focused on topics related to immigrants:

- culture diversity
- migration
- depression in migration
- mental problems associated with migration
- immigrants
- psychiatric problems in immigrants
- diagnosis of mental problems
- cultural perception of mental illnesses
- nursing practice
- evidence-based practice

Through this project, I aimed to investigate the effect of depression on immigrants and the challenges encountered in accessing screening services to propose a workable policy. There is a high prevalence of depression cases among immigrants when compared

to the rest of the population of the hosting nation. The condition reduces the quality of life among immigrants. Through this research, I thus sought to identify the barriers to depression screening among immigrants to identify the optimal strategy for addressing them. The current research will be important for the host government in addressing the health inequality affecting immigrants through the initiation of a better or more inclusive health policy. Immigrants will benefit from the research, as their plights will be highlighted and strategies for addressing the issue will be incorporated into social welfare programs.

Significance

The primary stakeholders for this DNP project include nursing staff, nurse practitioners, physician assistants, and administrative assistant staff, as well as present and future patients of African origin who are registered in the clinic. The education will provide the stakeholders with tools regarding how to understand and be culturally sensitive to properly identify and treat mental illness in immigrants; it will also provide education to increase their knowledge and self-awareness to control their depression (Davies, 2011).

Mental illnesses affect people regardless of their locations in the world with the origin from different factors. Some immigrants view depressive disorder as a myth and remain in denial that they can suffer from such a disorder; Africans believe that depression, like other mental illnesses, has a traditional and/or spiritual etiology. Therefore, educating stakeholders on how to approach and assess this population will create a positive outcome in addition to reducing the impact of depression on patients and

their families. Stakeholder education will help increase immigrants' understanding of the signs and symptoms of depression and when to seek help. There is a high prevalence of depression cases among immigrants when compared to the rest of the population of the hosting nation. The condition reduces the quality of life among immigrants. I thus sought to identify the barriers to depression screening among immigrants to identify the optimal strategy for addressing it. The current research will be important for the host government in addressing the health inequality affecting immigrants through the initiation of a better or more inclusive health policy. Immigrants will benefit from the research, as their plights will be highlighted and strategy for addressing the issue will be incorporated into social welfare programs.

Summary

In the process of acculturation or culture shock resulting from the movement to a new environment, immigrants are found to undergo stress. The quest to adjust to such stress consequently raises the risk of depression (Foo et al., 2018; Morawa & Erim, 2014). Foo et al. (2018) and Morawa and Erim (2014) identified cultural challenges as including poor language skills, differing gender roles, loss of culture, and culture discordance, among others. Culture is a main factor that influences how an individual conceptualizes and manifests mental disorders such as depression. Acculturation is the process of adapting to a new cultural environment. Acculturative stress is defined as the psychosocial and somatic difficulties experienced with acculturation (Morawa & Erim, 2014).

Health care workers, including those in nursing care, will be culturally congruent and beneficial only when clients are known by them and when the client's patterns, expressions, and cultural values are used in appropriate and meaningful ways. This DNP project focused on empowering nursing staff by promoting self-cultural competence as well as raising awareness of educational tools in cultural competence, suggesting the use of continuing education (CE) hours, which has the advantage of providing education for self-development, the integration of diversity, and the promotion of cultural competence in nursing courses (Richardson-Melecio, 2019).

The following section will provide a detailed review of the theories and framework that served as the origin of this DNP project. In addition, I will address the project's impact on nursing practice, particularly concerning the benefits that it will provide to the local clinic. The impact of each stakeholder, and the DNP student

Section 2: Background and Context

Introduction

According to Sagar (2011), there are multiple reasons for using cultural care diversity and universality (CCDU) in nursing administration and leadership: providing a shift from uniculturalism to multiculturalism, the necessity for reexamination of organizational values in recruitment and retention practices, and development of organizational structures and function consistent with cultural and gender differences in nursing. Continuing in that, emphasizing the vital role of theoretical knowledge and skills is to direct management and leaders in their relationship's decisions, and skills relevant to changing organizational structures.

A nurse leader has the responsibility not only to promote self-cultural competence, but also to create a focus on having regularly scheduled educational offerings in cultural competence for staff. Such efforts are aligned with the Walden University goal “to provide its programs through diverse process-learning approaches, all resulting in outcomes of quality and integrity” (Walden University, 2022).

Concepts, Models, and Theories

The purpose of this project is to help fight depression among immigrants. The objective is to help nurses become culturally educated to help fight depression among immigrants, as well as to outline barriers to accessing depression screening services by immigrants. The aim is that nurses and immigrants will understand that depression is a real problem and that there are elements to help with depression and even prevent it.

Attitudes toward mental illness vary with different factors such as country, ethnicity, personality, culture, and family. Culture and religion have an impact on beliefs concerning the origin and nature of mental disorders. Cultural and religious teachings shape the attitude of individuals toward mental illness. The ability of a person to seek mental health services is influenced by how the society that surrounds the person perceives mental illness (Gray et al., 2017). The staff education and health literacy teaching guide were based on Dr. Leininger culture care theory.

Dr. Leininger's Culture Care Theory

Madeleine Leininger was a pioneer in the development of transcultural nursing. She started studying and applying transcultural nursing to practice in the 1950s. She was a respected scholar and teacher. She died at the age of 87, leaving a history of an extraordinary career. Dr. Leininger authored numerous books and journal articles on transcultural nursing and was a leader in bringing transcultural nursing into the classroom so that nurses would be educated on different cultures and their beliefs. She saw the importance of nurses getting an unbiased view of different cultures and pushed for educators to provide this.

The health literacy teaching guide was based on Dr. Leininger's theory, using layman's terms to interact with immigrants. Health care professionals can play a significant role in improving the health literacy of patients. Their role demands developing a trustworthy and interactive relationship with patients while understanding and respecting patients' needs, level of understanding, cultural traditions about medicine, practices (e.g., forbidden foods), and so forth. They must be equipped with knowledge

and be up to date about latest research. They must be able to transform knowledge from technical language to layman's language before conveying it to patients (Barton et al., 2018).

When a mental condition comes with a stigma, it makes it difficult for a person to seek health care services for fear of carrying the stigmatization for life. It is of importance to implement an appropriate mental health care strategy with a good understanding of the cultural beliefs of individuals. Cultural competency is classified as a high priority in addressing mental health care in society. It facilitates the access and use of mental health care services with the local beliefs of mental illnesses from one location to another (Hammad & Hamid, 2021). Several strategies can be used by health care professionals to improve health literacy, including brochures, flyers, and so on, all written in plain language, with visual aids to explain health information and ways to seek help. Nurses can create health literacy sites with simpler language.

The Neuman Systems Model

The systems model presents the client as an open system that is influenced by stressors in the environment. The systems model is an open system-based perspective that focuses on approaching a wide variety of global health concerns. The systems model is open to creative interpretation and acts as a model for academic excellence in nursing practice, education, research, and administration. The ideas that surround the model are solely based on arising care trends and issues that present themselves in today's health care fields (Neuman, 2011). The purpose of the Neuman Systems Model Trustees Group,

Inc. is to preserve, protect, and maintain the integrity and importance of the model for the global nursing community and global health care community (Neuman, 2011).

Dr. Betty Neuman has worked to advance the Neuman systems through the improvement of her model. The theory is built on the assumptions that each client/client system is unique and is in constant dynamic change due to various environmental stressors. Neuman incorporated the four metaparadigm concepts of person, environment, health, and nursing in her theory. She views the person/client as an individual, family, group, community, or social issue. The person is in a state of nonstop fluctuation as an open system in interchangeable interaction with the environment. Neuman's systems model is one of the most important contributions in the field of nursing. Neuman believes in an absolute wholistic and methodical perspective on learning. This model was developed to teach to beginning nursing students an introductory nursing course aiming to provide wholistic analysis to the four aspects of a person (Neuman, 2011). I found this appropriate for the teaching in my DNP project.

Theory of Learning

Abraham Maslow was a psychologist who proposed a theory in which experience is the most relevant and rooted study on human learning behavior. He highlighted specific areas such as the evaluation of choice, creativity, values, and self-realization as significant human qualities in the use of meaningfulness and subjectivity rather than objectivity. Maslow also believed that human potential and self-worth were the ultimate concerns to human natures Maslow continued in his famous proposition that the drive to learn is fundamental and is to bring about self-actualization. Psychological health plays a

big contributing role in learning. Other goals of learning should include discovery of one's calling, awareness of values, sense of achievement, and so on. Maslow's theory on the hierarchy of needs emphasized the variances between experimental knowledge and spectator knowledge. However, spectator (scientific) knowledge is less valuable than experimental (practical) knowledge (Wininger & Norman, 2010). The stakeholders in this DNP project learn and transmit knowledge on a regular basis during their interaction with patients and family members, as well as among colleagues. For that reason, it is imperative for them to stay educated and knowledgeable to be able to return the teaching to others; this DNP project is geared toward teaching stakeholders and empowering them to teach back for positive outcomes.

Relevance to Nursing Practice

Depression in the general population and my target population, immigrants, presents several implications for advanced nursing practice. Nurses require knowledge and understanding of every individual to provide quality care. The presence of increased immigrants in the United States requires more cultural care skills for better assessment. To understand and be culturally sensitive to these individuals requires an acknowledgement that cultural differences exist and can impact how individuals are assessed and diagnosed. Nurses are trained to treat patients from a holistic viewpoint; knowledge about a patient's culture increases a nurse's ability to treat all patients more effectively and competently and enables fulfillment of the obligation of beneficence.

The nursing profession embraces excellence, commitment, and competence as core values in its mission. Working together, innovation and improved technology, as

well as compassion for the community, are pertinent to the nursing mission (Mittal, 2015). The principle of a collaborative relationship is encouraged among nurses by the American Nurses Association (ANA). The ANA indicates that it is mandatory for nurses to work as a team to achieve a set of objectives. Teamwork is thought to create a conducive working environment for health officers (ANA, 2015). It will take teamwork to create a supportive environment that will encourage immigrants at the clinic site to be open about how they feel in their host country.

In the period following World War II, many immigrants and refugees from diverse cultures moved to the United States and to other places worldwide. There was a need to bring this knowledge into nursing as a sound basis for the new discipline of transcultural nursing. People in different cultures perceive, know, and practice care in different ways, yet there are some commonalities about care among all cultures of the world. Many direct observations and experiences with clients of diverse cultures with a variety of health conditions led the theorist to realize that the human care mode was important for recovery from illness and maintaining health and well-being (Leininger & McFarland, 2006).

The most interesting part is the different part that make up the metaparadigm, the person and health are what I picked an interest on. Person is probably the most important proposition in the metaparadigm. Nurses are supposed to nurture and treat people as they would like to be treated: as human beings. Nurses should make people feel like they genuinely care for their health and well-being and want to see them get better. Positive or negative attitude indirectly affects how well a person recovers from an illness. Because

the term *health* is to be viewed as a more relative term, its definition can change from person to person and case to case. Thus, a good nurse needs to be able to evaluate a patient based upon their individual health issues and not based upon what the average person feels and how the average person would handle the illness (McEwen & Willis, 2011).

Local Background and Context

This project was carried out in a community clinic in an underserved area in the east side of Memphis, TN. Among the individuals that the clinic serves, about 80% are immigrants of African origin; thus, the clinic was suitable in terms of the population used to complete the project. This mental health clinic has been in this community for over 20 years. I was privileged to be part of the staff years ago, and the present issue of depression was poignant and needed attention. It was easy for me to pick a topic that would create a better environment for the immigrants.

For a mental health professional, it is important to focus heavily on instilling the knowledge and skills needed for performing evidence-based assessment and treatment. Migrating takes a toll on migrants and their surroundings, opening door to stress and depression to settle in. Depression is usually the result seen during this process. Considering those aspects is important for providers in managing immigrants and thus providing better care (Garrido et al., 2019).

Diverse cultures have a significant influence on the view of mental illnesses as seen in depression, anxiety, and posttraumatic stress disorder (PTSD). Given the complexity of this phenomenon for immigrants, receiving acculturation to the cultural

values and social organization of the host country is crucial. Factors such as immigration motives, preacculturation, translocation stress in the native society, immigrant group density, and host country's support system are challenges for immigrants (Idemudia & Boehnke, 2020). For this project to be successful, it is important to teach and educate the stakeholders on immigrants and their background/culture. After meeting with the administrative staff to discuss my project, I found that the clinic mission statement aligned with this project, which involved providing an evidence-based, standardized health literacy teaching guide for the staff who had more interaction with patients at the clinic. The teaching will therefore increase the nurses' knowledge and awareness to provide effective education to their patients, resulting in improvement to the quality of care and outcomes. The goal is for stakeholders to be culturally aware to improve the services in their community, the majority of which is made up of immigrants and which there is a need for this teaching to improve care

The practice guidelines for the management of depression require a comprehensive assessment with the goal to obtain a proper diagnosis. It is of importance to gather a detailed patient history, conduct a physical examination, observe for nonverbal cues, and most importantly, conduct a Mental State Examination (MSE). In some cases, the history may be difficult to obtain from the patient; usage of all sources is allowed to obtain vital information for successful treatment options. Finally, it is necessary to record the diagnosis per current occurrence criteria. Teaching staff how to approach this population will provide positive outcomes (Silverman et al., 2015)

Role of the DNP Student

As the DNP student in this project, I sought to educate nurses and nurse practitioners in the community on how to assess for depression in immigrants. The education was based on specific information on a predeveloped educational tool that would help health care providers assess for depression in immigrants and that provided guidelines to follow. Nurse practitioners were trained on how to assess and measure depression, followed by the next step to take. I used my background to educate all involved members on the protocol to follow.

Role of the Project Team

Staff members coordinated the pre- and posttest for all trainees to ensure that the learning was effective. The cultural education will serve as a guide and as a resource for health care staff on optimizing immigrant assessment for depression.

Summary

This project was designed to empower nurses and nurse practitioners on how to be culturally sensitive while assessing depression in immigrants. A pretest and posttest were given to all trainees to ensure that the learning was effective. The cultural education will serve as a guide and as a resource to health care staff on optimizing immigrant assessment for depression.

Section 3: Collection and Analysis of Evidence

Introduction

This DNP project was rooted in my exposure to this clinic years ago, which made me realize the urgent need to facilitate care for immigrants at this site. The inability for immigrants to come forth and discuss their depression; the lack of initial intervention on assessing immigrants; creating this teaching tool will encourage self-confidence of health care providers in identifying depression in immigrants. Teaching this assessment strategy through a culturally tailored approach will encourage the immigrant population at this site to be more open and provide useful information that will aid in the identification of those who are mentally ill in the identification of those who are mentally ill so that further measures can be taken to help them.

Health literacy in this DNP project was based on transcultural nursing as outlined by Madeleine Leininger related to understanding about health and related services. The alarming fact is that although lack of health literacy can become a matter of life and death, 9 out of every 10 adults lack essential skills for health management (Murphy, 2006). It is important to implement health promotion and health education programs in this community for a successful solution. Transcultural nursing focuses on worldwide cultures and comparative cultural caring, health, and nursing phenomena (Murphy, 2006).

The strategy required to develop a trusting and interactive relationship with members of the community involved understanding and respecting their needs, level of understanding, cultural traditions about medicine, and practices. Additionally, the strategy involved being equipped with knowledge and being up to date about the latest

research. Lastly, it involved transforming knowledge from technical language to layman's language (Bissila, 2022). The goal of this DNP project was to promote health education for stakeholders in this community on how to assess and provide help with depression in immigrants. Health education can help to demystify social norms and encourage safe health practices that will encourage the immigrants of this clinic to come forth with their issue of depression and will be applicable in other places (Bissila, 2022).

Practice-Focused Question

This doctoral project was designed to educate staff members on how to approach all immigrants and their families as they are screening them for depression from different location in the United States. The gap in nursing practice that this doctoral project addressed was that there was currently no evidence-based and standardized health literacy staff education guide that would help nurses assess and diagnose all immigrants for depression using a culturally sensitive approach. Creating this educational tool helped in finding out how depression affects immigrants in the United States and determining the proper way to approach them specifically. The practice-focused question for this project was the following: Does providing staffing education and a cultural teaching guide improve skills and knowledge on how to approach immigrants to improve health literacy and immigrants' well-being?

Sources of Evidence

The research relied on secondary data to analyze the behaviors, thoughts, feelings, and perceptions of immigrants, thus leading to a better understanding of the phenomenon of interest. The study used data from various databases, including the National Bureau of

Economic Research (NBER), ProQuest, and EBSCO. The study relied on keywords such as *screening*, *depression*, and *immigrants* as well as inclusion and exclusion criteria to narrow down the search. I further read the abstracts of the potential sources to establish the more relevant studies to incorporate in the research (Adewunmi, 2015).

According to Hammad and Hamid (2021), mental illnesses affect people despite their locations in the world and are derived from many factors. In their nursing practice, nurses should understand and be culturally sensitive to arriving refugees. Some of these arriving refugees view the disorder as a myth and think that such disorders can never happen to them. Mostly, refugees receive a typical screening for their physical health but not for mental health disorders for reasons including high cost, lack of time and services, culture, and language. By reviewing evidence from research studies on this topic, I identified content needed to develop an educational opportunity for health care professionals (staff) about supporting migrant health. Furthermore, I sought to debunk myths by focusing on the problem to promote changes (Kotter, 2007).

People move from one place of residence to another as they migrate. The process of migration produces significant stress on migrants and their families. Going through these processes can trigger depression even though it is not very consistent. As people migrate, they bring their culture to the new place of residence. Different cultures have a great influence on views of mental illnesses such as traumatic stress, depression, and anxiety (Davies, 2011). As such, it is a very complex phenomenon for the immigrants to receive acculturation to the cultural values and social organization of the host country. Immigration motives, preacculturation, translocation stress in the native society,

immigrant group density, and the host country's support system are some of the factors that affect the acculturation of immigrants (Davies, 2011).

Evidence Generated for the Doctoral Project

The Iowa Model for Evidence-Based Practice to Promote Quality Care is designed to convey the continuity of EBP, interprofessional change implementation, and patient-centric care for clinicians at all levels of practice, providing them with a team-based, multiphase process to create a better outcome. This model was suitable for this DNP project because it facilitated the teaching process concerning how stakeholders could approach immigrants at this site to identify and treat their depression. In addition to the teaching, the stakeholders be evaluated for their learning process with valuable feedback and recommending on how to culturally implement the teaching (Titler et al., 2001).

For a thorough evidence-based practice project, a detailed literature search was carried out to gather vital information that served as a base to go by. The literature search was first performed within the Walden University Library; I then used CINAHL, NBER, ProQuest, Medline, Cochrane Library, EBSCO, and Google Scholar to identify literature on patient education on self-care management of depression, mostly concerning immigrants. Before formulating a teaching tool, I consulted a group of managing staff to approve and support the educational tool. This group included my preceptor, a psychiatrist, and administrative manager, a social worker leader, and the director of nursing. The educational tool was formulated after the literature search and information

gathering, in addition to the formulation of the pretest and posttest. The stakeholders approved the teaching tool and agreed on self-education following a pretest and posttest.

Participants

Participants were invited and recruited on a voluntary basis to contribute to this DNP staff education project; the nature of the project attracted a lot of participants, which left me to be selective. I mostly considered frontline staff members—those in direct contact with the patients. The stakeholders for this project included two advanced practice registered nurses, six registered nurses with a strong psychiatric background, four licensed practical nurses, and three behavioral health technicians. The participants were aware that project participation was voluntary; they were not remunerated for their valuable input, which was needed for the successful completion of the project. Everyone involved seemed engaged due to the importance of the health literacy teaching and the change it would bring to their community.

Procedures

A committee formed to support my project included my preceptor, a psychiatrist, an administrative manager, a social worker leader, and the director of nursing. I asked the members of this committee to review and establish the validity of the teaching guide following Institutional Review Board (IRB) approval.

Health literacy in this DNP project was based on transcultural nursing as outlined by Leininger as a framework, using the theory of learning of Maslow for the implementation of this teaching tool. To facilitate the teaching and learning process, I ensured that everyone involved was able to read and understand the process for more

transparency and comprehension. The education provided specific information on a predeveloped educational tool that would help health care providers to assess for depression in immigrants and guidelines to follow. All members were educated on the protocol to follow and trained on how to use the Patient Health Questionnaire—9 (PHQ-9) screening tool for depression. A pretest and posttest with a nine-question series were given to all trainees to ensure that the learning was effective.

The cultural education served as a guide and as a resource for health care staff on optimizing immigrant assessment for depression. The staff members were taught how to administer the PHQ-9 with an increased awareness of culturally sensitive information, using evidence-based practice to facilitate their encounter with this population. Resettlements bring about changes that can impact immigrants to adapt to a new environment. As a result, stressors may build that lead to increased risk of emotional disturbances, followed by mental health disorders (Holland, 2017). Therefore, it is important to use this tool when assessing patients who appear to be depressed with the goal of appropriate treatment and follow-up.

To complete this teaching process, each participant needed to create a personal confidential file identifier and respond to five demographic questions (age, gender, education, years in psychiatric nursing, knowledge of cultural sensitivity) and answer nine pretest questions, in addition to answering two Likert-scale questions requesting the participants to rank their comfort level in assessing and identifying depression in immigrants. Prior to this, I called for a meeting with my support group and the participants; this first meeting was held for 30 minutes for everyone involved to

physically meet, to establish the ground rules by which everyone would abide, and then to complete the pretest to accomplish the educational process. It was mutually agreed that participants would create a personal identifier known to them only for this journey. Then we met again for a longer time for the actual educational process.

We all met for the second time for the actual teaching process. To keep participants engaged, the teaching process was turned into a fun activity. The 1-hour scheduled time was filled with activities, including interaction with role playing and then switching roles for everyone to understand the material provided. Written material with visual aids was used; all information was provided to take home and continue reading for future reference and availability. I covered all expenses for the materials requested to complete a posttest using their unique identifier. Following the educational intervention, the participants were requested to complete a posttest using their unique identifier.

Protections

This project followed guidelines based on the approval of the Walden IRB at the project's inception. For this project, I protected the human subjects' identity, anonymity, and rights. Participation was voluntary, not coerced; participants agreed and consented at their own will. The information collected was coded for use in the DNP project only, without violating the rights of each participant. This DNP project was conducted following all Walden University IRB guidance to protect the rights and anonymity of human subjects for a quality improvement project. The clinic data, name, and location will remain anonymous. At the end of this project, there will be no direct

information given or used that pertains to individual data collected or reported as a part of this DNP project.

Analysis and Synthesis

I ensured that privacy guidelines were followed appropriately. Participants' data for the pretest and posttest were gathered per unique identifiers previously set, then transferred to a protected Excel spreadsheet and to SPSS for better manipulation of data. To define the sample, descriptive statistics were used, followed by inferential statistics to determine the balance in learning before and after the educational intervention. This process enabled me to define the gap in the teaching process on screening depression in immigrants to determine the effectiveness of the teaching and the difference that implementing a more culturally sensitive screening tool for depression in immigrants has created, followed by knowledge gained, and lastly awareness and comfort in using the teaching tool.

Summary

Nursing is a profession whose members advocate care and respect for human dignity. Achieving this as a nurse requires continued education that increases knowledge on the aspects of human dignity and the role of sociocultural factors at the same time for the respect of diversity in society. In this section of my DNP project, I presented an overview of the doctoral project, including collecting and analyzing information to address the practice-focused question: Does providing staffing education and a cultural teaching guide improve skills and knowledge on how to approach immigrants to improve health literacy and immigrants' well-being?

The next section includes an evaluation of the effectiveness of the program through findings from the pre and post questionnaires. In addition to the results' interpretation and application in the local clinical setting, I present findings and recommendations based on the evidence from research, and I address the strengths and limitations of the project.

Section 4: Findings and Recommendations

Introduction

The increase of immigrants within the United States in the present era has generated challenges in the provision of health care services. Immigrants originate from different backgrounds, with diverse cultural and religious beliefs on depression and mental health problems. This situation has prevented most immigrants from seeking medical solutions for the treatment of depression. Some immigrants believe that mental problems are usually attributed to religious and spiritual conditions within the environment, which minimizes their capability to seek medical solutions to alleviate mental health problems.

Nurse practitioners have experienced significant challenges in providing health care services to this population, especially because of their religious and cultural beliefs. Additionally, the increasing number of immigrants within the United States has occasioned the existence of both undocumented and documented immigrants. The undocumented immigrants are cautious of accessing medical services in public facilities because they could be identified as illegal migrants and subjected to deportation to their countries of origin.

The purpose of this DNP project was to develop an educational program for frontliners on how to culturally assess for depression in immigrants using the PHQ-9 at this chosen site due to the influx of immigrants into the community. Additionally, the gap identified in nursing practice at this site is the lack of initial intervention on assessing immigrants; creating this teaching tool will encourage the self-confidence of health care

providers in identifying depression in immigrants as well as enhance staff skills to better serve this community. The practice-focused question was the following: Does providing staffing education and a cultural teaching guide improve skills and knowledge on how to approach immigrants to improve health literacy and immigrants' well-being? This DNP project was conducted to accomplish the purpose set forth to educate nurses, and nurse practitioners in the community on how to assess for depression in immigrants.

The sources of evidence for the current project were derived after a comprehensive review of the existing scholarly literature to access relevant information on the challenges encountered by immigrants during the screening and prevention of depression. The existing literature provided evidence-based interventions for addressing the relevant challenges among immigrants. The extensive literature search was conducted using course books and peer-reviewed journals to obtain adequate information for the DNP project. The sources of evidence for this study included websites such as Medline, CINAHL, Cochrane, Ovid, Google Scholar, and PubMed. Further, I sought information from other databases containing information concerning depression, immigrants, and social determinants.

Findings and Implications

Findings

A total of 15 individuals ($N/15$) participated in the staff educational intervention, with an 100% response rate due to people coming forward and volunteering to help address the gap of knowledge in the community. Most of the participants ($n = 13$) were female (70%), and the mean age of the participants was 36.23 years ($SD = 7.94$) with a

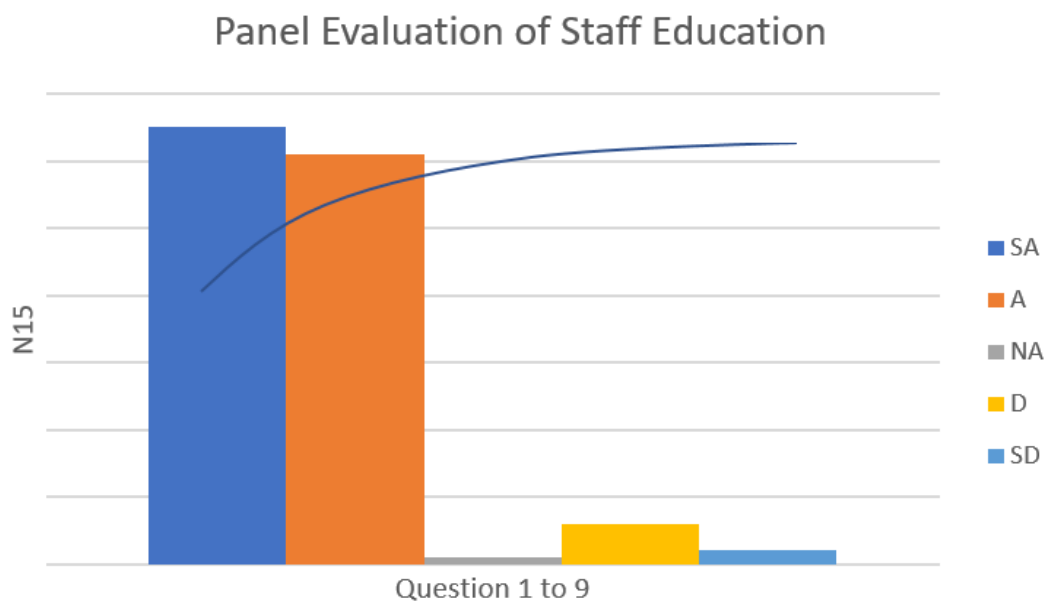
range from 28 to 55 years. Educationally, 46.66% of the participants ($n = 7$) had a bachelor's degree; 40% ($n = 6$) had a master's degree, and 13.33% ($n = 2$) had a doctoral degree. For each gender, years of nursing experience ranged between 5 and 30 years; on average, the females had 10.69 years ($SD = 8.14$) of nursing experience while the males had been in their current position for 15 years ($SD = 7.07$).

The mean pretest score for knowledge was 0.27 ($SD = 0.4$), with a range of scores between 4 and 15. Participants were also asked to assess their awareness using a Likert scale from 1 to 7, with the results as follows: 1 = *no awareness at all* and 7 = *full awareness*. The mean pretest self-assessment of awareness was 0.13 ($SD = 0.34$) with a range of responses between 2 and 15. Following the educational intervention, the participants completed the posttest. The mean posttest score for knowledge was 0.73 ($SD = 0.44$), and the range was between 11 and 15. The participants' post awareness demonstrated a mean of 0.93 ($SD = 0.25$) with a range between 14 and 15.

The overall improvement in the participants' results before and after the educational program (see Table 1 and Figure 10 shows the effectiveness of the teaching process; the awareness and application of the teaching improved the stakeholders' skills in assessing depression in immigrants).

Table 1*Descriptive and Inferential Statistics, N = 15*

	<i>N</i>	Frequency %	Mean (<i>SD</i>)	Range
Gender				
Male	3	30%		
Female	12	70%		
Age				
Females	13	86.66%	36.23 (7.94)	28–55
Males	2	13.33%	41.5 (7.74)	40–43
Years in nursing				
Females			10.69 (8.14)	5–30
Males			15 (7.07)	10–20
Highest education				
Diploma				
Bachelor's degree	7	46.66%		
Master's degree	6	40%		
Doctoral degree	2	13.33%		
Pretest scores	15		0.27 (0.4)	4–15
Posttest scores	15		0.73 (0.44)	11–15
Pretest awareness	15		0.13 (0.34)	2–15
Posttest awareness	15		0.93 (0.25)	14–15

Figure 1*Panel Evaluation of Staff Education*

Note. SD = *strongly disagree*, D = *disagree*, NA = *not applicable*, A= *agree*, SA = *strongly agree*.

Implications

The findings revealed that the screening of depression among the immigrant population increased the knowledge and understanding of the stakeholders on how to identify depressed immigrants and minimize the effects of depression on this population. Additionally, the findings of the present study indicated that the frontliners acknowledged the significance of the screening process to facilitate the identification and prevention of depression among the immigrant population to enhance members' well-being.

This knowledge could enable them to understand the challenges encountered by the immigrants and strive toward the treatment and prevention of this medical condition

among the marginalized community. The project may enable the stakeholders to understand the diverse categories among the immigrants and facilitate providing enhanced care services that would improve the lives of the immigrants within the society. The use of technology and increased interventions among the patients with mental health conditions in the community are significant for the identification and treatment of depression and therefore improving the quality of life among the immigrants.

The results generated from the present project contribute to the existing literature on the nursing profession concerning the appropriate intervention and treatment of immigrants with mental health problems. The implications of the study include increased knowledge and skills among the participants and the need to seek further strategies to understand, identify, and prevent depression among immigrants, both documented and undocumented.

The community will also benefit from increased knowledge and understanding of depression, minimizing cultural beliefs on the mental condition, minimizing stigma and marginalization, and increasing quality of life among the immigrant population. Implications of the project for the institution include increased knowledge, skills, and understanding on strategies for dealing with cultural beliefs on screening and preventing depression in society.

The present project has potential implications for positive social change because it will encourage members of the immigrant population with varied beliefs on mental health problems to come forward to be assessed and look past their traditional and religious beliefs on the cause of depression. The immigrant population may visualize appropriate

treatment for depression as a medical necessity that must involve the development of a solution and intervention. Caregivers may also develop an enhanced mindset and attitude on handling cases of depression in the community. The increased education, skills, and knowledge for screening and prevention of depression among frontliners may also increase the overall quality of life within the community setting.

Recommendations

The existing gap in nursing practice was the limited knowledge among health care workers regarding screening and prevention of depression among the immigrant population, especially because of their different beliefs on the causes of mental problems among individuals, associated with spiritual and traditional factors. A screening and prevention program was established to facilitate bridging the inherent gap. The posttest findings on the educational plan and tool demonstrate the significance of enhancing knowledge and skills on the strategies for screening followed by the intervention for depression among the immigrants in the community.

The screening interventions will enhance and facilitate continuing professional development, in addition to the strategies, skills, and knowledge of handling immigrants with depression. It will be beneficial for leaders to reorganize and update the existing screening and intervention program based on recent evidence-based information on screening and prevention of depression. It is also recommended that a depression screening coordinator be established within the nursing institution to ensure that the proposed programs and interventions are consistently executed among the health care workers. Undiagnosed depression and failure to treat depression appropriately could lead

to the degradation of an affected person's mental status or even death. Therefore, I proposed promoting further nursing research or doctoral projects specific to screening depression in immigrants of various backgrounds and implementation of a staff development teaching tool that will include ongoing training of current staff members and an established orientation package for the newly hired at orientation.

Contribution of the Doctoral Project Team

The doctoral project team comprised two groups. First, a committee formed to support my DNP project included my preceptor, a psychiatrist, an administrative manager, a social worker leader, and the director of nursing put in place to review, support, and establish the validity of the teaching guide. The second group of actual participants in the project included two advanced practice registered nurses; six registered nurses with a strong psychiatric background; four licensed practical nurses, and three behavioral health technicians. The overall groups included individuals with knowledge and expertise from different professional disciplines.

Professionals from different backgrounds were incorporated into the project to facilitate the successful implementation of the screening teaching program through communication, collaboration, and consultation. I presented the relevant evidence and information from the study to the team. The project team therefore evaluated the information and evidence and provided active contributions to all phases in the project and facilitated the establishment of appropriate goals and objectives for the program. The committee team exhibited commitment in their contributions to the project.

During the implementation, the participants exercised appropriate respect among each other, maintaining effective communication with the institution to ensure that the project attained successful results. The project team engaged in an elaborate and constructive debate to facilitate the incorporation of the screening and intervention program into the procedures of the institution. The leaders of the project team facilitated efforts to ensure that the procedures for screening and intervention for depression were understood by the frontliners and aligned with the policies, vision, and mission of the institution.

The project team also organized and engaged in virtual discussions with the institutional administrators to facilitate incorporating the screening intervention within the annual requirements of the health care workers. There is a plan to intensify screening and intervention programs beyond the DNP doctoral project to facilitate establishing the program within the nursing profession. The future of the present project will generate a consistent training and learning opportunity for developing knowledge and skills concerning depression screening of immigrants among nursing professionals.

Strengths and Limitations of the Project

The main strength of the project was derived from the motivation and aspirations among the nurse professionals who participated in the screening and intervention program. In addition, the significant response on the project (93%) exhibited the substance and validity of the program. Similarly, the strong support received from the institutional leadership and other stakeholders facilitated the development and execution of the project. For instance, the recommendations and evaluations of the project from the

panelist on the screening interventions facilitated the identification and prevention of depression among immigrants. The project therefore promoted the increase in skills and knowledge among the frontliners on the strategies for screening and prevention of depression among the immigrant population in that community and may extend it to a broader community.

Even though the project had various strengths, I also encountered significant limitations during the study. For example, the target community included immigrants from African origin and few of Hispanic origin. The findings of the study should therefore not be used in generalizations of other communities in society. In addition, the sample size of 15 did not include enough participants in the educational teaching process of the project.

These demonstrations may prevent the audience from generalizing the existing results to other immigrants within society. It is therefore recommended that additional projects be conducted on the relevant topic using the same study method to facilitate replicating the present project with different ethnic communities of immigrants, hence enabling the generalization of the project findings.

Summary

Depression and mental health conditions have been identified as significant health problems that cause significant health challenges to the detriment of the social wellness of individuals in society. Because depression experienced by immigrant populations generates social stigma and affects quality of life among immigrants, health care workers

and frontliners should be equipped with appropriate knowledge and skills for screening and preventing depression within a multicultural society setting.

The findings of the present project will be substantiated because the nurse professionals will focus on patient-centered care for a specific population based on identified issues around mental health and depression. The health care workers' lack of appropriate knowledge and skills for screening and prevention of depression among the immigrants triggered the need to create the teaching tool, which will be used to enhance their ability to assess and refer individuals appropriate treatment if needed. The present project aims to improve the knowledge and understanding among the practitioners on the identification of depression and mental problems among immigrants, followed by a proposed solution for treatment options, and therefore improve the quality of life within the target population. Section 5 addresses the dissemination plan and my participation in this project-based teaching.

Section 5: Dissemination Plan

Introduction

The result of the present project is knowledge- and education-based and will be presented to a variety of nursing organizations, starting from the initial project site, for a massive spread of utilization, mainly through PowerPoint presentations. Additionally, I will create orientation entry packages that include the teaching material, and a pretest and posttest for outcome. The target audience for the proper dissemination of this project will be at the entry level of assessment in all settings.

Professionally, I can connect with leaders of various organizations; I will ensure that the results of this project are disseminated toward published articles on peer-reviewed journals, including the *The Journal of Nurse Practitioners* (JNP). The JNP provides readers with high-quality peer-reviewed articles related to nursing and clinical practice, educational tools, and original research, in addition to sections that equip nurse practitioners with skills to provide client-centered care across the life span and in all areas of specialization.

As professional nurse, I am open to collaborating with my colleagues in the nursing profession for the publication and dissemination of the project. The dissemination of the project results would facilitate nurse professionals enhancing their practice within the health care facilities by identifying the appropriate strategies for screening and prevention of mental health conditions among immigrants.

As a Scholar

This DNP project journey has been enriching, empowering, and mostly educational throughout the evidence-based research process. I can easily say that I have grown in teaching skills and ability to interact with professionals of all levels; the satisfaction gained during the process was tremendously rewarding.

I have gained new ways to communicate, collaborate with others in an organization, and enhance and acquire leadership skills. As a DNP-prepared nurse, I have managed to bring to light a knowledge gap and prepare an educational tool to help enhance nursing staff/frontliners' skills to assess depression in immigrants. The educational tool was prepared using culturally sensitive terms, plain language, and health literacy principles.

As a Project Manager

DNP projects involve a comprehensive process and require practitioners to exhibit maximum commitment. As a professional nurse, I have learned to apply the vast knowledge, expertise, experience, and knowledge that I have gained over the years, and during this course to transform research into evidence. The objectives of the current project are to educate health care providers on the essence and strategies of screening and prevention of depression among immigrants. Therefore, the project will enable the stakeholders to acquire appropriate knowledge and skills on ethical matters and form effective and critical responses to the ethical issues that affect immigrants and caregivers through the application of evidence-based decisions to provide solutions for inherent problems. The project has enabled me to translate evidence to practice and demonstrate

how the increase of knowledge can change practicing standards to enhance health outcomes.

Summary

The increase of immigrants within the United States in the recent era has caused increased depression and mental health conditions among the immigrant population. These immigrants originate from different nations with different cultural and religious backgrounds, which affect their ability to access medical services, including screening and prevention of mental health problems. Additionally, some of the immigrants are withdrawn from other individuals in society due to language barriers and fear of expressing themselves and being unheard. Furthermore, their legal status may cause them to fear being recognized and facing consequences that could result in being deported back to their country of origin.

It was determined that health care workers, and mostly frontliners, have limited knowledge of screening for and prevention of depression among the immigrant population with cross-cultural and diverse religious beliefs. The present project was conceived, developed, and implemented to enhance the skills among the stakeholders for the screening and prevention of depression among the immigrant population. The goal this educational project was to improve the knowledge gap among the nursing staff based on evidence-based guidelines.

It is recommended that the knowledge developed by the present study be used by other structures and practitioners facing similar challenges to enhance the standards of practice within the nursing profession. The results of this project will be communicated to

the nurse practitioners, doctors, and other health care personal to inform them of the culture-centered approach to assess for depression in immigrants, followed by appropriate treatment to decrease the stigma and enhance confidence to come forward.

References

- Adewunmi, O. (2015). *Acculturation stress and the coping strategies of Nigerian immigrant women in the United States* [Doctoral study, Walden University]. Scholar Works. <https://scholarworks.waldenu.edu/dissertations/1664/>
- American Nursing Association. (2015). *ANA principles*. Retrieved August 10, 2022, from <https://www.nursingworld.org/principles>
- Barton, A. J., Allen, P. E., Boyle, D. K., Loan, L. A., Stichler, J. F., & Parnell, T. A. (2018). Health literacy: Essential for a culture of health. *The Journal of Continuing Education in Nursing*, 49(2), 73-78
- Bissila, H. K. (2022). *Screening for depression on immigrants in their host country* [Unpublished manuscript]. Walden University.
- Chang, C. D. (2019). Social determinants of health and health disparities among immigrants and their children. *Current Problem in Pediatric and Adolescent Health Care*, 49(1), 23-30.
- Cho, Y., Lee, J. K., Kim, D. H., Park, J. H., Choi, M., Kim, H. J., Nam, M., Lee, K., Han, K., & Park, Y. G. (2019). Factors associated with quality of life in patients with depression: A nationwide population-based study. *PloS One*, 14(7), Article e0219455. <https://doi.org/10.1371/journal.pone.0219455>
- Davies, K. (2011). Formulating the evidence-based practice question: A review of the frameworks. *Evidence Based Library and Information Practice*, 6(2), 75-80.
- Foo, S. Q., Tam, W. W., Ho, C. S., Tran, B. X., Nguyen, L. H., McIntyre, R. S., & Ho, R. C. (2018). Prevalence of depression among migrants: A systematic review and

- meta-analysis. *International Journal of Environment Research and Public Health*, 15(9), Article 1986. <https://doi.org/10.3390/ijerph15091986>
- Garrido, R., Garcia-Ramirez, M., & Balcazar, F. E. (2019). Moving towards community cultural competence. *International Journal of Intercultural Relations*, 73, 89-101.
- Gray, J. R., Grove, S. K., & Sutherland, S. (2017). *Burns and Grove's the Practice of Nursing Research* (8th ed.). Elsevier.
- Hammad, J., & Hamid, A. (2021). Migration and mental health of Arabic-speaking communities. In D. Moussaoui, D. Bhugra, R. Tribe, & A. Ventriglio (Eds.), *Mental illness and migration* (pp. 271-305). Springer. https://doi.org/10.007/978-981-10-2366-8_37
- Holland, K. (2017). *Cultural awareness in nursing and health care: an introductory text*. Routledge.
- Honkaniemi, H., Juarez, S. P., Katikireddi, S. V., & Rostila, M. (2020). Psychological distress by age at migration and duration of residence in Sweden. *Soc Sci Med*, 250, 112869. <https://doi.org/10.1016/j.socscimed.2020.112869>
- Idemudia, E., & Boehnke, K. (2020). *Psychosocial experiences of African migrants in six European countries*. Springer. <https://doi.org/10.1007/978-3-030-48347-0>
- Ikram, U. Z., Snijder, M. B., Fassaert, T. J., Schene, A. H., Kunst, A. E., & Stronks, K. (2015). The contribution of perceived ethnic discrimination to the prevalence of depression. *Eur, J Public Health*, 25(2) 243-248. <https://doi.org/10.1093/eurpub/cku180>
- Jurado, D., Alarcón, R. D., Martínez-Ortega, J. M., Mendieta-Marichal, Y., Gutiérrez-

- Rojas, L., & Gurpegui, M. (2017). Factors associated with psychological distress or common mental disorders in migrant populations across the world. *Rev Psiquiatr Salud, Ment, 10*(1), 45–58. <https://doi.org/10.1016/j.rpm.2016.04.004>
- Kotter, J. P. (2007). Leading change: Why transformation efforts fail. *Harvard Business Review, 85*(1), 96-103.
- Leininger, M.M., & McFarland, M. (2006). *Culture care diversity and universality: A worldwide nursing theory* (2nd Ed.). Sudbury, MA: Jones & Bartlett.
- Levecque, K., & Van Rossem, R. (2015). *Depression in Europe: Does migrant integration have mental payoffs?* A cross-sectional comparison of 20 European countries. *Ethnicity & Health, 20*, 49-65.
- McEwen, M. & Wills, E. M. (2011). *Theoretical basis for nursing* (3rd Ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Missinne, S., & Bracke, P. (2012). *Depressive symptoms among immigrants and ethnic minorities: A population-based study in 23 European countries.* *Soc Psychiatric Psychiatric Epidemiol, 47*, 97-109.
- Mittal, S. (2015). *Nursing's Mission, Vision, and philosophy Statements-* Valley health System Retrieved January 3, 2017, from <http://www.valleyhealth.com/NursingAtValley.aspx?=4902>.
- Morawa, E., & Erim, Y. (2014). Acculturation and depressive symptoms among Turkish immigrants in Germany. *Int J Environ Res Public Health, 11*, 9503–9521.
- Murphy, S. C. (2006). Mapping the literature of transcultural nursing. *Journal of the Medical Library Association, 94*, 143-151. Retrieved from

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1463039/>.

Neuman, B. (2011). *Neuman Systems Model*. Retrieved from

<http://www.Neumansystemmodel.org/>.

Park, S. C., & Kim, D. (2020). The centrality of depression and anxiety symptoms in major depressive disorder determined using a network analysis. *Journal of Affective Disorders, 271*, 19-26. <https://doi.org/10.1016/j.jad.2020.03.078>.

Richardson-Melecio, J. (2019). *The Integration of Cultural Competency in Delivery of Mental Health Services to Latinos*. State University of New York at Albany.

Sagar, P. L. (2011). *Transcultural nursing theory and models: Application in nursing education, practice, and administration*. Springer Publishing Company.

Silverman, J. J., Galanter, M., Jackson-Triche, M., Jacobs, D. G., Lomax, J. W., Riba, M. B., ... & Yager, J. (2015). The American Psychiatric Association practice guidelines for the psychiatric evaluation of adults. *American Journal of Psychiatry, 172*(8), 798-802.

ten Kate, J., de Koster, W., & van der Waal, J. (2017). Why are depressive symptoms more prevalent among the less educated? The relevance of low cultural capital and cultural entitlement. *Sociological Spectrum, 37*, 63–76.

Titler, M. G., Kleiber, C., Steelman, V. J., Rakel, B. A., Budreau, G., Everett, L. Q., ... & Goode, C. J. (2001). The Iowa model of evidence-based practice to promote quality care. *Critical care nursing clinics of North America, 13*(4), 497-509.

Walden University. (2022). Vision, mission, and goals. In 2022-2023 Walden university catalog. <https://catalog.waldenu.edu/content.php?>

- Wallace, S., Nazroo, J., & Bécaries, L. (2016). Cumulative effect of racial discrimination on the mental health of ethnic minorities in the United Kingdom. *Am J Public Health, 106*, 1294-300.
- Wininger, S. R., & Norman, A. D. (2010). Assessing Coverage of Maslow's Theory in Educational Psychology Textbooks: A Content Analysis. *Teaching Educational Psychology, 6*(1), 33-48.

Appendix: Panel Evaluation of Staff Education

Kindly answer the following questions based on your individual experience after the educational process. The survey will facilitate the teaching and learning process effectiveness: also serve as a data base for the project topic on educating frontliners to culturally assess for depression on immigrants.

Scale:

SD=Strongly Disagree D=Disagree NA=Not Applicable A=Agree SA=Strongly Agree

	1=SD	2=D	3=NA	4=A	5=SA
Q1: The education brought light in the topic	0	0	0	10	5
Q2: I gain Knowledge on education and understanding of transcultural nursing.	0	0	0	8	7
Q3: I understand the content of the education and can comfortably use to assess depression on immigrants.	0	1	0	12	2
Q4: The educations will facilitate the use of PHQ 9 depression scale assessment skill on immigrants?	0	2	1	10	2

Q5: Was the education current to nursing standard of practice?	0	0	0	3	12
Q6: Did the education address the gap in knowledge in this community?	0	0	0	5	10
Q7: I can agree it was challenging to learn a culturally sensitive approach to assess this population?	0	0	0	8	7
Q8: I understand the importance to use plain language during Assessment	0	0	0	0	15
Q9: I feel confident after the education to assess depression on Immigrants	2	3	0	5	5

N	Age	Years in Nursing	Degree
Females: 13			
1	28	5	Bachelor
2	29	5	Bachelor
3	29	5	Bachelor
4	30	6	Bachelor
5	31	5	Bachelor
6	32	5	Master
7	32	6	Master
8	32	10	Master
9	39	14	Master
10	39	11	Master
11	45	12	Master
12	50	25	Master
13	55	30	Doctorate
Males: 2			
14	40	10	Bachelor
15	43	20	Bachelor

Values for Pretest and Posttest

N=15	PRETEST	POSTTEST	PRETEST AWARENESS	POSTTEST AWARENESS
1	YES	YES	NO	YES
2	NO	YES	NO	YES
3	NO	YES	NO	YES
4	NO	NO	NO	YES
5	NO	NO	NO	YES
6	NO	NO	NO	NO
7	YES	YES	YES	YES
8	NO	YES	NO	YES
9	NO	YES	NO	YES
10	YES	YES	YES	YES
11	NO	YES	NO	YES
12	NO	YES	NO	YES
13	YES	YES	YES	YES
14	NO	YES	NO	YES
15	YES	YES	NO	YES

Staff Questionnaires

Questions	Pretest	Posttest	Pretest Awareness	Posttest Awareness
1-Are you interested in learning to culturally assess for depression on immigrants?	YES	YES	NO	YES
2-Do you know how to assess depression on immigrants	NO	YES	NO	YES
3-Is depression different for immigrants and citizen?	NO	YES	NO	YES
4-Does this facility use a culturally sensitive approach to assess for depression?	NO	NO	NO	YES
5-Do immigrants in this facility easily come forward to be assessed?	NO	NO	NO	YES
6-Do you often see Immigrants report depression?	NO	NO	NO	NO
7-Do you feel the need to implement a special assessment for immigrants?	YES	YES	YES	YES

8 -Is culturally sensitive approach important to assess for depression?	NO	YES	NO	YES
9- Can immigrant experience depression?	NO	YES	NO	YES
10 Do you know how to use the PHQ 9?	YES	YES	YES	YES
11- I understand what transcultural Nursing is?	NO	YES	NO	YES
12- I understand how health literacy relates to immigrants	NO	YES	NO	YES
13- I will participate in a one-day training about culturally appropriate mental health assessment.	YES	YES	YES	YES
14- Do you feel confident using the PHQ 9 on immigrants?	NO	YES	NO	YES
15- Are you aware of what the PHQ 9 revealed?	YES	YES	NO	YES