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Caucasian Social Workers' Cultural Competence Regarding Advance Care Planning Among Southern African Americans

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Abstract

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MSW, Grambling State University, 2006

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Project Submitted in Partial Fulfillment

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Abstract

Caucasian social workers who work in healthcare and implement advance care planning (ACP) may not be competent regarding African Americans' reluctance to complete advance directives. Research is lacking on how Caucasian social workers in Louisiana are increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP. This study explored how Caucasian social workers are increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP. The conceptual framework that guided this study was the cultural competence model. A basic qualitative approach was used with semistructured interviews of nine Caucasian social workers who currently or previously worked in a hospice or hospital. Five themes were identified: (a) cultural awareness, (b) cultural communication, (c) cultural considerations, (d) cultural knowledge, and (e) cultural responsiveness. Knowing how Caucasian social workers are increasing their cultural competence in Louisiana could affect positive social change in how they communicate, connect, and engage in the African American community by building trusting relationships while decreasing undesirable outcomes and fear in healthcare systems.

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Dedication

This project is dedicated to the loving memory of my mother, Emma Lee Mitchell, who passed away 3 years before I decided to recommit myself to my doctoral studies. Without seeing my mother's faith throughout my life and the woman of strength she became when cancer reared its head, I would not have been able to carry this project out. I saw my mother meet challenges head-on and headstrong from my youth to adulthood, and I am forever grateful for that. My only regret in this accomplishment is that my mother could not be here to celebrate and witness her baby girl become Dr. Lisa Mitchell.

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Completing this project could not have been accomplished without the support of family and friends. First, a warm thank you to two special people I met as classmates but now have the privilege of calling friends, Dr. Dalicia Watson and Walah-Neh-Labala. Thank you for your encouragement, support, and prayers throughout this journey; To my sons, Tyrek and Tre’Jan, I love you, and thank you for believing in me. Tre’Jan, at the age of 10, you wanted me to become a doctor, you are now 23, and I did it! My sister, Debbie Hill, thank you for the encouragement and uplifting words throughout this

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Section 1: Foundation of the Study and Literature Review

Introduction

Advance care planning (ACP) involves providing directions and instructions about future medical care, whether written or oral, of treatment options if the individual cannot communicate (Ekore & Lanre-Abass, 2016). However, African Americans' chances of completing ACP are 77% lower than Caucasians and Hispanics (Portanova et al., 2017). This rate supports African Americans being less likely to complete ACP (Daaleman et al., 2008; West & Hollis, 2012). African Americans' attitudes surrounding ACP may stem from fear of the healthcare systems and not getting the treatment they document on paper (Koss & Baker, 2017). In addition, remembering historical events such as slavery, the Tuskegee Syphilis Study, discriminatory treatment, and limited access to healthcare may cause reluctance to carry out end-of-life (EOL) wishes (Koss & Baker, 2017; McAfee et al., 2019; Rhodes et al., 2017; Scharff et al., 2010). However, when African Americans choose not to participate in ACP, they are often faced with undesirable outcomes, such as caregiver burden, physical pain, medical expenses, and a diminished quality of care at the EOL (Carr & Luth, 2017; Ejem et al., 2019; Rhodes et al., 2017). In this generic qualitative study, I employed semistructured interviews with nine Caucasian social workers from a hospital or hospice setting. Additionally, knowing how Caucasian social workers are increasing their cultural competence in Louisiana could affect positive social change in how they communicate, connect, and engage in the

African American community by building trusting relationships while decreasing undesirable outcomes and fear in healthcare systems.

Section 1 of this capstone project is organized with the following headings: the problem statement, purpose statement and research question, definition of key terms, nature of the doctoral project, significance of the study, conceptual framework, values and ethics, review of the professional and academic literature, and a summary. Section 2 includes an introduction, research design, operational definitions, methodology, data analysis, ethical procedures, and a summary. Section 3 contains an introduction, data analysis techniques, findings, and a summary. Section 4 includes an introduction, application to professional ethics in social work practice, recommendations for social work practice, implications for social change and a summary.

Problem Statement

African Americans are more likely to opt out of ACP to seek treatments that keep them alive longer because of their distrust of the healthcare system (Johnson et al., 2016; Rhodes et al., 2017; Washington et al., 2008). According to Portanova et al. (2017) and McAfee et al. (2017), African Americans' chances of completing ACP were 77% lower than Caucasians and Hispanics. The attitudes African Americans have surrounding ACP that cause this rate to be lower may stem from the fear that the healthcare system will not give the treatment African Americans documented on paper. For example, some African Americans in the past were told they were signing documents to receive treatment for "bad blood," a term used to describe a combination of disorders, but they were unaware

that they were being deceived and were a part of an experimental medical study, such as the Tuskegee Syphilis Study (Koss & Baker, 2017; Morris, 2016). The Tuskegee Syphilis Study involved African American men who were kept in the dark about their illness by health officials they trusted to carry out the study by withholding treatment to see the disease's long-term effects as described (Morris, 2016). However, when African Americans choose not to participate in ACP, they are often faced with undesirable outcomes, such as caregiver burden, physical pain, medical expenses, and a diminished quality of care at the EOL (Carr & Luth, 2017; Ejem et al., 2019; Rhodes et al., 2017). The problem is that Caucasian social workers may not be culturally competent regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP.

The problem is relevant to social work practice because social workers play an essential role in the healthcare system and ACP (Hughes et al., 2018; Stein et al., 2017). Moreover, for Caucasian social workers working among the African American population, knowing how they can increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP could advance how they interact with African American clients. For instance, African Americans could make more informed decisions about using ACP, increasing the ACP completion rate. Also, the problem is relevant for Caucasian social workers working with ACP among the African American population to implement a culturally competent and culturally sensitive practice, which is needed to benefit the

biopsychosocial, cultural, and spiritual aspects of the client (Hughes et al., 2018; Rhodes et al., 2017; Washington et al., 2014).

Purpose Statement and Research Question

Using the CCM, I explored how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP in Louisiana. Caucasian social workers were defined as non Hispanic Caucasians and those who generally characterize themselves as part of the Caucasian race, whose skin color is Caucasian, or who self-identify as Caucasian. Moreover, the concepts used in this study were historical trauma, past injustices, medical mistrust, spiritual beliefs, Caucasian, cultural competence, and ACP. The research question for this study was as follows:

How are Caucasian social workers increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP in Louisiana?

This research study was needed because there was vast literature on the role of spirituality in ACP; however, there was no current research concerning how Caucasian social workers are increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP in Louisiana. Additionally, this study results in an original contribution that advances professional social work practice by improving Caucasian social workers' self-awareness and skills, exploring Caucasian social workers' desires, increasing Caucasian

social workers' knowledge, and enhancing Caucasian social workers' encounters with the African American communities. Notably, when implementing ACP in the African American communities in Louisiana, the increase in cultural competence can help Caucasian social workers to communicate, connect, and engage with African Americans authentically (see Hughes et al., 2018).

The authenticity or genuineness of social workers could help reshape African Americans' thinking and attitudes related to ACP to increase their trust level in healthcare systems and decrease undesirable outcomes such as caregiver burden. According to Loya (2012), many social workers have racial biases that interfere with operating from a culturally competent standpoint. However, when social workers try to step outside of what they know and interact with clients from their hearts, they become more approachable (Loya, 2012); the authenticity and genuineness of the social worker will begin to show and influence the people they serve. Caregiver burden is conceptualized as "encompassing the physical, psychological, emotional, social and financial stresses individuals experience due to providing care" (Bastawrous-Wasilewski, 2013, p. 7). Prior research has shown that ACP reduces the burden patients and family members face at the EOL when they know final wishes have been documented and followed by their healthcare providers (McAfee et al., 2017).

Definition of Key Terms

Advance care planning (ACP): When providing directions about future medical care, whether written or oral, treatment options if the individual cannot communicate (Ekore & Lanre-Abass, 2016).

Advance directives: Allow individuals to document the type of care they would like to receive if they cannot express their wishes and designate a healthcare proxy to make decisions on their behalf should they be unable to communicate (Portanova et al., 2017).

Caregiver burden: The physical, psychological, emotional, social, and financial stresses individuals experience from providing care (Bastawrous-Wasilewski, 2013).

Cultural awareness: Being conscientious about one's own biases, prejudices, attitudes, and stereotypes and the preconceived ideas one has about others (Campinha-Bacote, 1999).

Cultural competence: As defined by Campinha-Bacote (1999), within the context of the healthcare system: "Cultural competence is a never-ending process that allows health professionals to strive continuously to be effective in their roles as they work within the various cultures and systems of the client (individual, family, community)" (p. 203).

Cultural desire: Genuinely engaging with a culture to become knowledgeable of that culture (Campinha-Bacote, 1999).

Cultural encounters: Purposely engaging with communities to learn, understand, and appreciate their cultural makeup (Campinha-Bacote, 1999).

Cultural knowledge: The act of seeking and gathering needed information to learn about how other cultures gain insight and form their values about the world (Campinha-Bacote, 1999).

Cultural skill: Conducting a biopsychosocial assessment in a nonoffensive but sensitive manner (Campinha-Bacote, 1999).

Past injustices: Past unjust and unfair treatment that caused trauma to people based on their identity or ethnicity also impacted future generations (Martinez & Kawam, 2018).

Caucasian: Non-Hispanic Caucasians and those who characterize themselves as part of the Caucasian race, whose skin color is Caucasian, or who self-identify as Caucasian.

Nature of the Doctoral Project

The nature of the study was a basic qualitative design. This design is beneficial when seeking participants in a specific area to obtain shared beliefs, values, and behaviors (Ravitch & Carl, 2016). The qualitative design aligned with the purpose statement and the research question on how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP in Louisiana. Furthermore, a generic qualitative approach allowed me to interpret Caucasian

social workers' experiences and how their views were shaped related to the interplay of historical trauma, past medical mistrust, and spiritual beliefs in Louisiana (see Cooper & Endacott, 2007).

Primary data sources were used in this study and were gathered from semistructured interviews using a purposive sampling of nine Caucasian social workers from hospitals or hospices. Purposive sampling was used to select the participants based on specific qualities that helped answer the research question. According to Tongco (2007), purposive sampling is a "deliberate choice of an informant due to the qualities the informants possess" (p. 147).

Louisiana is divided into three regions based on its folk culture (South Louisiana, North Louisiana, and Central Louisiana). Folk culture is the traditions and word-of-mouth stories passed down from generation to generation (Folklife in Education, 2012). Initially, 12 participants were chosen from Louisiana, but only nine volunteered. Therefore, a snowball sampling method was used to gather participants when the purposive sampling technique did not yield participants. The snowball method allowed the participants who met the criteria to ask their coworkers or other social workers employed in the hospital or hospice settings if they would like to participate in the study.

Moreover, this study used a thematic analysis approach to coding and organizing the data into themes. Thematic analysis is an approach in qualitative research that allows the researcher to gather and organize the data to find the reoccurring themes (Kiger & Varpio, 2020). The thematic approach allowed me to gather the data to help answer the

following research question: How are Caucasian social workers increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP in Louisiana? The data gathered from the interviews were interpreted, coded, and organized into themes.

Significance of the Study

This study explored how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP. This project holds significance in social work practice because exploring how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP could change the interactions with African American clients. This change could help them make informed decisions about ACP, increasing ACP completion.

This study is unique because it addressed an underresearched area among Caucasian social workers in Louisiana. As a result, this study could help improve Caucasian social workers' self-awareness and skills, explore Caucasian social workers' desires, increase Caucasian social workers' knowledge, and enhance Caucasian social workers' encounters with African American communities. Notably, implementing ACP in African American communities allows for a more culturally competent and culturally sensitive practice that benefits the needs of every aspect of the client (Hughes et al.,

2018; Rhodes et al., 2017; Washington et al., 2014). Additionally, knowing how Caucasian social workers are increasing their cultural competence in Louisiana could affect positive social change in how they communicate, connect, and engage in the African American community by building trusting relationships while decreasing undesirable outcomes and fear in healthcare systems.

Conceptual Framework

This study's framework was based on Campinha-Bacote's CCM. The CCM was derived from Campinha-Bacote's (1999) process of cultural competence in the delivery of healthcare services, which states that cultural competence is "a never-ending achievement, and healthcare workers are to continue striving to be effective in their roles working within the various cultures and systems of the client (individual, family, community)" (p. 203). The CCM acknowledges five constructs used in the model: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire (Campinha-Bacote, 1999).

As a nursing professional, Campinha-Bacote developed the CCM to ensure that nurses understood they were not already culturally competent but to view themselves as learners in an ongoing process of becoming culturally competent in an ever-changing multiethnic society. She began in 1991 with the name culturally competent model of care. In this model, four constructs were identified: cultural awareness, cultural knowledge, cultural skill, and cultural encounters. As time and new knowledge arose, in 1998, Campinha-Bacote revised the model as she learned that cultural competence was not a

one-time event but a process. During this time, a new construct was added, known as cultural desire, and the model's name was changed to the process of cultural competence in the delivery of healthcare services. Moreover, in 2010, further research allowed Campinha-Bacote to create a tool, the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals, and finalize her findings that cultural encounters were the one construct that added fuel to the cultural competence fire, meaning there will always be interactions between the professional and clients of diverse cultures. Therefore, with continuous encounters, the health care professional can obtain cultural awareness, knowledge, skill, and desire.

As the framework for this study, the CCM constructs provide meaning to Caucasian social workers' cultural awareness for those Caucasian social workers in the South who may not be culturally competent regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs. Also, they may not be adequately prepared to assist African Americans with ACP. Secondly, cultural knowledge provides meaning to Caucasian social workers unaware of the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP. Thirdly, cultural skill provides the meaning of Caucasian social workers' ability to discuss and collect relevant data on African Americans' use of ACP. Fourthly, cultural encounters explain how Caucasian social workers should consider culture to help address African Americans' reluctance to use ACP. Lastly, cultural desire provides the meaning of how Caucasian social workers should genuinely desire to understand the interplay of historical trauma,

past medical mistrust, and spiritual beliefs to effectively assist African Americans regarding ACP use.

The CCM was developed for nurses to become more effective within their roles and the cultural diversities of the population they serve. The Caucasian social workers for this study also need to be more effective within their roles and the diverse populations. For Caucasian social workers working with ACP among the African American population, a culturally competent and culturally sensitive practice is needed to benefit all aspects of the client (Hughes et al., 2018; Rhodes et al., 2017; Washington et al., 2014). The CCM constructs (cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire) allowed a deeper look into this study's problem of how Caucasian social workers in the South who may not be culturally competent regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP. The CCM constructs (cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire) were formulated into interview questions to help answer the following question: How are Caucasian social workers increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP in Louisiana? Overall, this framework aligned with the study's purpose by exploring how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP in Louisiana.

Values and Ethics

The National Association of Social Workers' Code of Ethics, values, and principles related to the clinical social work practice problem are dignity and worth of the person, the importance of human relationships, and competence (National Association of Social Workers [NASW], 2015). The NASW Code of Ethics (2015) explained that social workers should know and understand the population culture they serve and how the culture influences their client's behavior. Furthermore, social workers are to be aware of the sensitive areas of clients by educating themselves on the nature of social diversity and the oppression clients face related to their gender, race, ethnicity, and immigration status, to name a few (NASW, 2015). This project supports NASW's values and principles by ensuring that social workers are aware of their own cultural, religious, and personal views and how their practices impact the ethical decision making of the population they serve.

Review of the Professional and Academic Literature

A thorough review of professional and peer-reviewed databases was conducted using the Walden University Library. The keywords used to search for the articles were the following: *African Americans, advance care planning, advance directives, ethnic differences, social work, barriers, spiritual/religious beliefs, spirituality, mistrust, Caucasian social workers, end-of-life, cultural sensitivity, past injustices, slavery, slavery in the South, historical trauma, Tuskegee study,* and *cultural competence*. The databases used included CINAHL Plus, SAGE Journals, Medline, JSTOR, Proquest, SOCIndex, and Thoreau. Initially, journal articles published within the last 5 years were sought.

However, due to the study's focus on African Americans' historical trauma, past medical mistrust, and past injustices, some articles' publication dates extended beyond 5 years to ensure a comprehensive review of the relevant literature. In addition, the databases and key terms provided relevant literature to develop themes related to this study's research topic and purpose, which explored how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP in Louisiana. In preparation for the literature review, approximately 78 articles were archived, and some were printed and separated by themes. Some articles were not used because they did not provide relevant data for this study. Therefore, the literature review includes the following themes: ACP, medical mistrust, historical trauma and past injustices, spiritual beliefs among African Americans, the social worker's role, and cultural competence.

ACP

The passage of the Self-Determination Act of 1990 noted that any entity that receives funding from Medicare or Medicaid must ask patients about healthcare decisions and provide the necessary information for them to make a decision and to ensure their decision is well-documented (Carr & Luth, 2017; West & Hollis, 2012). Thus, over the past several years, the importance of documenting final wishes has flourished, and it is encouraged for one to make their EOL choices, preferably in advance (Carr & Luth, 2017; Thomas & Sabatino, 2017). ACP (often called advance directives, living wills, durable power of attorney for healthcare, and physician orders for life-sustaining

treatment) is when the direction of future medical care instructs others, whether written or oral, of treatment options in the event they are unable to communicate (Ekore & Lanre-Abass, 2016).

However, the concern is when 40 to 75 percent of the aging population becomes incapacitated and cannot make healthcare decisions (Carr & Luth, 2017; Koss & Baker, 2017). Despite the advantages of completing ACP, many people continue to opt out of it in the United States. However, the range of those who choose to complete ACP is from 10% to 71%, with the older population ranking the highest (McAfee et al., 2017). However, African Americans' chances of completing ACP have been 77% lower than Caucasians and Hispanics (McAfee et al., 2017; Portanova et al., 2017) even though ACP has been known to provide a "good death," meaning physical pain, emotional distress, and discomforts are minimized (Carr & Luth, 2017). Prior studies postulated that remembering historical events such as slavery, the Tuskegee Syphilis Study, discriminatory treatment, and limited access to health care causes reluctance among African Americans to carry out EOL wishes (Ejem et al., 2019; Koss & Baker, 2017; McAfee et al., 2019; Rhodes et al., 2017; Scharff et al., 2010). However, when African Americans choose not to participate in ACP, they face undesirable outcomes, such as caregiver burden, physical pain, medical expenses, and a diminished quality of care at the EOL (Carr & Luth, 2017; Ejem et al., 2019; Rhodes et al., 2017).

Daaleman et al. (2008) studied how African Americans felt about ACP. These African Americans were self-reported seriously ill older adults who resided in their

communities independently. The study used a qualitative design with a 2-stage criterion-based sampling strategy and semistructured interviews. The findings from the study identified three themes: limited familiarity with ACP, meaning the participants had either no understanding or limited understanding of the development of ACP due to not receiving information from their health providers; inconsistent sources of healthcare planning, meaning they felt as if health providers were holding back information and that the information they did receive was untrustworthy; and deferred autonomy, meaning the participants put off making final wishes as long as they can think for themselves.

Further reasons for reluctance among African Americans to complete ACP are derived from spiritual beliefs, such as if they sign an advance directive, it means they are denying Faith in God or giving up on God (Rhodes et al., 2017). Portanova et al. (2017) conducted a study investigating the difference in the ACP completion rate among Caucasians, African Americans, and Hispanics. The study examined the factors contributing to the completion rates within each ethnic group and the change in a specific time. Furthermore, Portanova et al. used a nationally representative sample that included 7,177 participants from a health and retirement study exit interview of proxies knowledgeable about the deceased. The health and retirement study used a longitudinal, cross-sectional sample of adults over 50 from 2000 to 2012. The proxies were asked if their deceased loved ones had completed an advance directive before death. More women than men participated in the study, with 76.7% of the sample consisting of Caucasians, 15.8% of African Americans, and 7.5% of Hispanics. Portanova et al. concluded that

46% of the descendants completed ACP, Caucasians had the highest ACP completion rate among the ethnic groups, Hispanics showed an 18% completion rate, and African Americans had the lowest completion rate of 15%.

Moreover, the study signified that religious and spiritual beliefs might influence the completion rate among many participants but did not specify which ethnic group. However, the study did indicate that their distrust may influence African Americans' lower completion rate in healthcare systems. Rhodes et al. (2017) studied how ACP, palliative care, and hospice were perceived among African Americans with EOL decision making experiences. Semistructured interviews and focus groups were used to develop a thematic structure. The study was conducted from 2014 to 2015 with 17 participants, from physicians to caregivers. The participants were asked questions about how the African American community perceives ACP. Rhodes et al.'s study was congruent with prior studies in that African Americans declined to complete advance directives due to medical mistrust and their strong religious/spiritual background. However, it should be noted that the respondents felt that with time, continued dialogue, and building trust with all parties involved (patients, families, and healthcare practitioners), an informed decision could be made about using advance directives. Additionally, multiple studies agreed with Rhodes et al. (2017) and further added that developing a culturally sensitive and culturally competent approach when interacting with different cultural and ethnic groups is vital to overcoming healthcare barriers (Daaleman et al., 2008; Ekore & Lanre-Abass, 2016; Francoeur et al., 2016; Hughes et al., 2018; Loya, 2012; Rhodes et al., 2017).

Medical Mistrust

The history of racism, discriminatory treatment, and trauma has been linked to African Americans' reluctance to trust the medical profession due to their ill-treatment and inadequate health care, which has led to millions of deaths (Bronson & Nuriddin, 2014; Corbie-Smith et al., 1999; Lee et al., 2018; Murray, 2015). Trust is defined as a relationship one enters voluntarily with the expectation of having their needs met and maintained (Murray, 2015). It was further mentioned in prior studies that African Americans are less likely to enter into a voluntary relationship with healthcare professionals and would instead take upon the risk of an illness than trust the healthcare providers with their care (Moore et al., 2013; Morris, 2016; Murray, 2015).

Historically, mistrust in the healthcare systems resulted from unmet healthcare needs, discrimination, and the deplorable conditions African Americans were subjected to during slavery (Koss & Baker, 2017; Murray, 2015). According to Bronson and Nuriddin (2014), Lee et al. (2018), and Scharff et al. (2010), African Americans believed they were seen as inferior compared to their Caucasian counterparts. The studies noted that it was shown throughout history by the healthcare treatment received from physicians, such as receiving minimal medical information, disregard of consent, lack of empathy, and little attention shown by health providers (Bronson & Nuriddin, 2014; Lee et al., 2018; Scharff et al., 2010). In addition, prior studies noted how many African Americans stated reluctance to medical research because they felt they were being used as human specimens and guinea pigs (Corbie-Smith et al., 1999; Scharff et al., 2010; Williamson et

al., 2019). At the same time, other studies mentioned that many African Americans were used in learning modules for medical school students' training and education (Bronson & Nuriddin, 2014; Lee et al., 2018).

Consequently, the attitudes most African Americans have surrounding the reluctance even to complete ACP stems from fear of the healthcare systems and that they will not get the treatment they desire documented on paper (Corbie-Smith et al., 1999; Koss & Baker, 2017; Murray, 2015; West & Hollis. 2012). For example, African Americans in the past were sometimes told they were signing documents to receive treatment for "bad blood," a term used to describe a combination of disorders, but they were unaware that they were being deceived and were a part of an experimental medical study, such as the Tuskegee Syphilis Study (Koss & Baker, 2017; Morris, 2016). Scharff et al. (2010) conducted a qualitative research study to determine what barriers hindered African American adults from participating in research studies. Focus groups using a purposive sampling strategy were used to seek adult African American participants who participated in prior research or had no experience. The study was conducted using 11 focus groups with participants ranging from four to 10. The findings indicated that mistrust of the health care system was the most significant barrier to the low participation rate, which was congruent with the findings of multiple studies that further mentioned that African American's participation rate was the lowest among any health-related practices, such as genetic testing, immunizations, mammograms, prostate, and colorectal screenings (Chandler, 2010; Cuevas et al., 2016; Koss & Baker, 2017; Lee et al., 2018;

Murray, 2015; Scharff et al., 2010; Williamson et al., 2019). Scharff et al. further postulated that the participants in their study had their ancestral history etched in their minds, and they assumed suspicion of any medical research because they felt they would be experimented on as those in the Tuskegee Study. As a result, nearly the entire African American community has been impacted by medical mistrust. The participants also voiced how their past injustices, such as the Tuskegee Study, were not so much that caused mistrust; the present-day racism, disrespect, and discrimination continue in the African American communities (Scharff et al., 2010). For instance, Cuevas et al. (2016) conducted a study involving 60 African American participants aged 24 to 89. Four female and five male groups totaled nine focus groups, with all participants reporting a medical condition. The researchers explored how African Americans felt about their patient-provider relationship and examined if race played a role in the relationship. The study revealed three barriers: poor communication, medical mistrust, and perceived discrimination. Race, however, was determined not to be a significant factor (Cuevas et al., 2016).

Moreover, poor communication was a concern for the participants; they felt discriminated against if the doctor did not listen to their health concerns. Medical mistrust was a concern when mostly the female participants felt the doctor did not advocate for them and they could not trust the doctor (Cuevas et al., 2016). Furthermore, the African American male participants reported mistrust due to feeling discriminated against and devalued for being African American. One male participant noted that he felt ignored and

rushed by his healthcare provider, which gave him reasons not to trust the healthcare system. Finally, perceived discrimination was a concern as the participants noted negative experiences by the staff and doctors and felt they received substandard care due to their skin color. However, the doctor's race played an insignificant role with most participants. They wanted a competent health care provider (Cuevas et al., 2016).

Elder et al. (2012) and Moore et al. (2013) mentioned that medical mistrust could be pointed out in all ethnic groups' directions. However, African American men in the South experienced more exploitation and dehumanization by the medical profession, which led to their mistrust of the health care systems. It was further noted that African Americans' negative experiences influenced their health outcomes (Elder et al., 2012; Moore et al., 2013).

All research reviewed regarding the mistrust or distrust of the medical profession mentioned the Tuskegee Syphilis Study's medical experimentation. The Tuskegee Syphilis Study involved approximately 400 African American men in Alabama who were suffering from syphilis from 1932 to 1972 and were kept in the dark about their illness by the United States government, who carried out the study by withholding treatment to see the long-term effects of the disease (Morris, 2016). Further, DeGruy (2017) noted that penicillin was proven to cure syphilis 15 years after the experimentation but was kept from the participants 25 years later. Lee et al. (2018) asserted that the Tuskegee Study was proof that the medical profession was untrustworthy and that although many African Americans generationally may have heard different narratives, the African American

community as a whole has been influenced and will always have a lingering suspicion of healthcare providers, which ultimately results in undesirable health outcomes (Murray, 2015). Scharff et al. (2010) also mentioned that the Tuskegee Syphilis Study is the most prominently recognized level of deception in history; apart from this, they also noted another unethical research practice that took place in 1990 involving only African American boys. In the study, Scharff et al. reported that a prominent university in the United States sought to investigate why young African American males possessed aggressive behavior. The researchers initiating the study convinced the parents to sign their sons up to participate in medical research that did more harm than good through monetary means. In addition, the researchers convinced the parents to allow their sons to stay alone overnight and have their routine medication and water withdrawn while experimenting with various drugs and blood withdrawn every hour. Scharff et al. concluded by stating how the study consisted of only African Americans being mistreated and is further reason for the mistrust of the health care system to date.

African American males continue to experience brutality, harassment, and discrimination (DeGruy, 2017) and has been exposed to more dehumanization than other racial groups (Comas-Diaz et al., 2019). Likewise, Michelle Alexander (2020) noted in her book, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness,* that black men's incarceration rates over the last 40 years as compared to Caucasian men are significantly higher for the same or similar crimes, and how the racial disparities are alarming. To illustrate, Alexander (2020) recalled how surveys conducted in previous

studies mentioned that African Americans were less likely to participate in drug crimes than young Caucasian boys but were fifty times more likely to serve prison time for the crime. Loya (2012) also mentioned this as institutional racism. It was further noted how the discrimination against African American men is more subtle and legalized and not as blatant as past actions, such as lynching, degradation, emasculation, and dehumanization that were once justified but now take on a new form by way of microaggressions, mass incarceration (See Alexander, 2020) and police killings (See Degruy, 2017).

Historical Trauma and Past Injustices

In the early 1500s, African Americans' traumatization and dehumanization became a lucrative business in America (DeGruy, 2017). The transatlantic slave trade captured, shipped, and sold Africans transported from Africa in ships' bowels (Degruy, 2017; Wilkins et al., 2013). Although it is believed that every culture has enslaved people, the American chattel slavery is what made the difference among the African American population, as Degruy noted in her book, *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury & Healing.* The American chattel slavery differed from other forms of slavery in how the Africans became enslaved, were treated as enslaved people, the length of time of the enslavement, and mostly how the owners valued their importance. Hence, around the time cotton became profitable, enslaved children, men, and women were forced to relocate from one region of the South and were spread throughout various agricultural plains, such as Mississippi, Alabama, Arkansas, Texas, and Louisiana, so that they could work the field (Schermerhorn, 2009). After the

emancipation proclamation or post slavery, African Americans in the southern states were viewed as inferior and treated with violence and psychological abuse if they tried to protest unfair treatment (Degruy, 2017; Wilkins et al., 2013).

Historical trauma is a concept that originated in the Native American population addressing their experiences of oppression, loss, and trauma (Degruy, 2017; Longman-Mills et al., 2019; Martinez & Kawam, 2018; Ungvarsky, 2021). Historical trauma refers to how experiences from a culture's past may influence everyone else in that same culture in some way, such as loss of perceptions of self-worth, loss of values, anxiety, and depression (Leigh & Davis, 2017; Longman-Mills et al., 2019; Martinez & Kawam, 2018). The trauma was inflicted intentionally to disrupt and exploit cultures to benefit another racial/ethnic group (Ortega-Williams et al., 2019).

The enslaved Americans experienced multigenerational and historical trauma from seeing their families born and die in slavery and with the repeated storytelling, causing lasting effects psychologically and emotionally (Comas-Diaz et al., 2019: Degruy, 2017: Lee et al., 2018; Longman-Mills et al., 2019; Ungvarsky, 2021; Wilkins et al., 2013). Besides that, ancestral pain and unresolved issues may have caused cultural distrust, grief, and vicarious trauma (Sotero, 2006). Wilkins et al. (2013) called these lasting effects residual effects of slavery, which is defined as "how the racist treatment of African Americans, during and after slavery, has impacted multiple generations of African Americans" (p. 15). Similarly, Degruy (2017) termed the trauma between multiple generations post traumatic slave syndrome (PTSS). PTSS is "a condition that

exists when a population has experienced multigenerational trauma resulting from centuries of slavery and continues to experience oppression and institutionalized racism" (p. 105). Degruy explained that every individual experience trauma differently, and she further noted that African Americans' ancestral or historical trauma might have impacted generations of people. As she noted, people who experience trauma get treated for Post Traumatic Stress Disorder (PTSD). PTSD is a condition listed in the Diagnostic Statistical Manual of Mental Disorders (DSM-5), and in her book, *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury & Healing*, Degruy referenced the DSM-5. She noted the manual's list of symptoms and how experiencing or being exposed to just one of the stressors (whether it happened to you, someone you know, or if you witnessed it) would require treatment (Degruy, 2017).

Degruy (2017) mentioned several factors that caused a legacy of trauma among enslaved people, which are as follows: (a) the effects of trauma never being addressed among the enslaved people at the time they were set free, (b) never receiving treatment for PTSD after the experience of oppression, (c) dehumanization, and punishment, and (d) how indirect exposure of trauma was being taken place generation after generation caused a legacy of trauma. Furthermore, this legacy of trauma affects African Americans today, allowing the adoption of systemic dysfunction to continue intergenerationally (see Degruy, 2017). Overall, Degruy noted that the manifestation of formerly enslaved people not being treated for PTSD is now identified as the condition she termed PTSS. Moreover, Wilkins et al. (2013) shared similar views stating that due to the systemic

circumstances etched in African Americans' memories, they behave and perceive things differently, causing their behavior patterns, attitudes, and experiences to be changed.

Spiritual Beliefs Among African Americans

Spirituality and religion are interchangeable, conveying different meanings (Paul-Victor & Treschuk, 2020). According to Jones (2018) and Paul-Victor and Treschuk (2020), spirituality and religion may cause confusing because of their profound interconnectedness. Spirituality is guided by a solid connection to a higher power, which gives life meaning; it allows for a deeper connection with nature, others, and purpose. In contrast, religion believes in ritualistic acts focusing on rules, prayer, church attendance, and organized acts and practices (Hughes et al., 2018; Paul-Victor & Treschuk, 2020).

Chandler (2010) of the *Journal of Black Studies* is congruent with Paul-Victor and Treschuk's (2020) definition of spirituality and religion but gathered a definition from a study by Black female participants. They stated that religion is a personal interaction, beliefs, and practices attributed to God. In contrast, spirituality denotes a sense of internalizing the relationship with a higher power and consistently interacting with the higher power regularly, not in an organized ritualist way. For this study's purpose, the term spiritual beliefs was used, similar to Chandler's (2010) definition. Spiritual beliefs are a one-on-one interaction with one's higher power or God and having a firm belief and approach to life and death (Watkins et al., 2013).

Spiritual beliefs and religion are central themes in the African American culture (Chandler, 2010; Degruy, 2017). The most substantial connection between this group is

their shared oppression and God (Chandler, 2010; DeGruy, 2017). Prior research mentioned that the church was safe during slavery when Caucasian supremacy and discrimination ruled (Chandler, 2010; Millet et al., 2018). It was further noted that upon the enslaved people's arrival to America, they had to take on the religious practices of their enslavers, but over time and with resilience, they developed customs that were uniquely their own, notably in the South (Chandler, 2010; DeGruy, 2017; Harvey, 2015; Masci, 2018; Millet et al., 2018; Raboteau, 2004). As a result, Christianity brought the enslaved a sense of togetherness, and today Christianity continues to be the link to coping with systemic stressors (Millet et al., 2018). Apart from this, Millet et al. included data from the pew research center's forum religion & public life, including that the most religious group in the United States are African Americans and that 83% identify as Christians, which is consistent with other studies that reported African Americans being the dominant religious or spiritual race (Johnson et al., 2016; Koss, 2018). Another similar study was conducted by de Vries et al. (2019), which sought to determine how spiritual beliefs influenced African Caribbean Black families' health and well-being experiences. The participants of the study felt that without having a spiritual connection with God or a higher power, it would be impossible to experience overall health; emotionally, mentally, and physically.

Due to many African Americans strong belief in God, prior research determined that their spirituality showed to have an impact on their decision making and their desire to seek aggressive treatment at the end of their lives (de Vries et al., 2019; Huang et al.,

2016; Johnson et al., 2016; Koss, 2018; Portanova et al., 2017; Rhodes et al., 2017; West & Hollis, 2012). Johnson et al. (2016) conducted a qualitative study that gathered the views surrounding EOL care of African American church members who care for the sick in their neighborhoods. The study utilized seven focus groups using purposeful sampling to identify participants from two African American churches interested in increasing their knowledge surrounding EOL care and who were a part of the church's support team that visited their sick congregants in their homes. The participants who regularly visited the sick totaled 51, ranging from ages 45 to 80. The study's overall goal was to gather the participants' understanding of how their beliefs, faith, and EOL care were connected, identify the caregivers' role and emotional state when making EOL choices, and how to develop better communication among the churches, the families, and the health professionals regarding making final wishes. The findings confirmed that many African Americans declined to participate in EOL decision making because of their spiritual and faith beliefs. Another reason for them declining to participate that was congruent with prior research was mistrust in health care systems, historical trauma, and past injustices (Johnson et al., 2016). West and Hollis (2012) also conducted a study using African American participants across two generations, ages 25 to 44 and 45 to 64. The study was to identify what caused the low ACP completion rates. The findings were consistent with prior studies that determined that spiritual beliefs were essential to the completion rates. However, West and Hollis' (2012) study was the only study reviewed that did not identify mistrust in the health care system as a barrier within the elderly population. The

literature reviewed indicated spiritual beliefs as to the reason why African Americans chose not to complete ACP as if they were going against God. Many in the study said, "If it is God's will," meaning God will decide the outcome as to whether they live or die, and completing ACP would not change that (see West & Hollis, 2012).

Similarly, Rhodes et al. (2017) noted statements made among participants in their study referencing God. For example, one minister stated, "Using an advance directive takes something away from God," meaning denying having Faith in God or giving up on God (see Rhodes et al., 2017). In addition, it was agreed upon by both the health care providers and the EOL care recipients that in order to overcome the limitations that hinder the African American population; building trusting relationships with patients and families, avoiding using unfamiliar language, and giving them the time they needed to decide what they want regarding their care, is vitally important (Rhodes et al., 2017). Also, establishing relationships within the African American communities to educate and communicate reduces ACP racial differences. Lastly, it was noted that a culturally sensitive intervention is needed to help African Americans become more aware of their options when planning for EOL (Rhodes et al., 2017).

The Social Worker's Role in ACP and Trauma-Related Care

Social workers play an essential role in the healthcare system and ACP (Hughes et al., 2018; Stein et al., 2017) and are professionally obligated to deliver services within their knowledge base and adhere to ethical guidelines (NASW, 2015). Moreover, according to prior research, the familiarity social workers have with their clients' needs

are better than any other health professional in addressing ACP and the complexities that may derive from poverty, oppression, and trauma (Hirakawa et al., 2018; Levenson, 2017; Stein et al., 2017; Wang et al., 2017).

Social work practice has a varied skill set that provides a holistic framework encompassing biopsychosocial spiritual needs (Beder, 2006; Hughes et al., 2018; Martinez, 2018; Washington et al., 2014). Beder (2006) explained the biopsychosocial framework as an approach that overlaps to identify the client's whole picture to understand their lives completely. Hughes et al. (2018) further noted that the spiritual domain should be recognized to provide quality clinical care to the whole person. To provide the quality clinical care needed to patients and their families regarding ACP, social workers should be aware of their own biases, beliefs, and worldviews to be effective in their roles in various cultures and systems (Campinha-Bacote, 1999; Levenson, 2017). Moreover, for social workers working with ACP among a population such as the African American population, a culturally competent and culturally sensitive practice is needed to benefit the psychosocial, cultural, and spiritual aspects of the client (Hughes et al., 2018; Loya, 2012; Rhodes et al., 2017; Washington et al., 2014).

Stein et al. (2017) conducted a cross-sectional web-based self-report survey of medical social workers in hospice and other healthcare settings. The survey explored social workers' roles, responsibilities, and competencies when implementing ACP in their respective practice areas. In addition, because social workers are involved in and provide ACP discussions with patients and their families, the survey sought to what

extent these discussions occurred. The social workers were recruited from two professional hospice and palliative care organizations, the Social Work Hospice and the National Hospice and Palliative Care Organization. Descriptive analyses consisted of a total sample of respondents of *N*=641 and a clinical sample of *N*=456, with the data collected from August to December 2015. In order to determine which social workers worked directly with patients and families and discussed ACP, a subsample of those with a current caseload was chosen. The survey results indicated that social workers were actively educating on and implementing ACP with their patients and families. Moreover, 67% of the social workers self-reported high competence in facilitating ACP. However, it was noted that self-reported competencies are subjective.

Cultural Competence

The NASW Code of Ethics (2015) explains that social workers should know and understand the population they serve and how the culture influences their client's behavior. Furthermore, social workers are to be aware of the areas that are sensitive to clients by educating themselves about the nature of social diversity, in addition to the oppression clients face as it relates to their ethnicity, race, religion, gender, and immigration status, to name a few (NASW, 2015). Cultural competence, culturally sensitive communication, and cultural awareness are crucial among the African American population due to their past injustices and historical trauma that resulted in mistrust in the healthcare systems (Scharff et al., 2010). Understanding how spiritual beliefs influence

the African American culture's preferences and choices regarding ACP may help social workers deliver best practices (Rhodes et al., 2017).

According to Loya (2012), the African American population will grow significantly by 2050, and due to the changing demographics, Caucasian social workers may find it challenging to work with minority populations. Loya noted a study conducted by the center for health workforce in which social workers from different ethnic backgrounds were the participants, and the outcome was that Caucasian social workers felt less prepared than other ethnic groups to work with minorities. Consequently, Caucasian social workers who felt uncomfortable working with different ethnic and racial groups may not have considered their past experiences as factors influencing their lives (see Loya, 2012). In a joint study conducted by the center for health workforce studies and the NASW center for workforce studies, approximately 85% of the social workers were licensed, and Caucasian social workers make up 68% of the general population (Loya. 2012). The other social workers' demographics showed similarities, indicating that minorities will receive services from Caucasian social workers. For example, only 7% of the social workers were African American, 4% were Hispanics/Latinos, and 1% were Asian/Pacific Islander and Native American/Alaskan (Loya, 2012). It was concluded that culturally sensitive skills should be taught to bachelor's and master's level students, and Caucasian social workers should strive to become more culturally competent and actively resist racial attitudes (see Loya, 2012).

Campinha-Bacote (2009), the founder of the CCM and this study's framework, addressed in her article, *A Culturally Competent Model Of Care for African Americans,* how nurses are to apply her constructs (cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire) when caring for the African American patients. Campinha-Bacote noted that "the Black experiences" are different in the United States than other immigrants, and knowing how to provide culturally competent care while also bridging the healthcare gap among African Americans is essential to being culturally responsive.

Summary

In Section 1, I highlighted how African Americans are more likely to opt out of ACP to seek treatments that keep them alive longer because of their distrust of the healthcare system and because of their spiritual beliefs (see Johnson et al., 2016; Rhodes et al., 2017; Washington et al., 2008). I also highlighted that when African Americans choose not to participate in ACP, they face undesirable outcomes, such as caregiver burden, physical pain, medical expenses, and a diminished quality of care at the EOL (see Carr & Luth, 2017; Ejem et al., 2019; Rhodes et al., 2017). This section also noted that for Caucasian social workers working with ACP among the African American population, a culturally competent and culturally sensitive practice is needed to benefit the biopsychosocial, cultural, and spiritual aspects of the individual (Hughes et al., 2018; Rhodes et al., 2017; Washington et al., 2014). This section also highlighted the project's research question as follows: How are Caucasian social workers increasing their cultural

competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP in Louisiana? There was no prior research exploring how social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP, specifically, Caucasian social workers in Louisiana. This section also showed how the study's conceptual framework based on Campingha-Bacote's CCM is beneficial in healthcare settings and provides meaning to social workers who must consider the framework's constructs when working within the client systems (individual, family, and community): cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire. This study aimed to fill the identified gap in research. Section 2 will highlight the research design, methodology, participants, instrumentation, data analysis, and ethical procedures.

Section 2: Research Design and Data Collection

Introduction

In this study, I explored how Caucasian social workers are increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP in Louisiana. The problem is that Caucasian social workers may not be culturally competent regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP. This section of the study outlines the research design, methodology, data analysis, and ethical procedures used in conducting the semistructured interviews with Caucasian social workers in Louisiana who assist with ACP among the African American population in various healthcare settings, that is, in hospitals and hospices.

Research Design

The social work practice problem is that Caucasian social workers may not be culturally competent regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP. Thus, the research question I sought to answer was as follows: How are Caucasian social workers increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP in Louisiana? Using the CCM**,** I explored how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP.

Exploring how Caucasian social workers increase their cultural competence could advance social work practice in interacting with African American clients by making more informed decisions about ACP. Additionally, knowing how Caucasian social workers are increasing their cultural competence in Louisiana could affect positive social change in how they communicate, connect, and engage in the African American community. Consequently, building trusting relationships while decreasing undesirable outcomes and fear in healthcare systems.

The nature of this study was a generic qualitative design. This design is beneficial when seeking participants in a specific area to obtain shared beliefs, values, and behaviors (Ravitch & Carl, 2016). Moreover, the qualitative design aligned with the purpose of the study, which addressed how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP. Thus, a generic qualitative approach allowed me to interpret Caucasian social workers' experiences regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP in Louisiana (see Cooper & Endacott, 2007).

Operational Definitions

The following terms and definitions explain to the reader what is meant when mentioned in the study.

Advance Care Planning (ACP): As defined in Section 1, ACP refers to completing an advance directive, a living will, a healthcare power of attorney, or a

physician order for life-sustaining treatment before being unable to make healthcare decisions.

Cultural competence: As defined in Section 1, also by Campinha-Bacote (1999), within the context of the healthcare system, cultural competence is a never-ending process that allows health professionals to strive continuously to be effective in their roles as they work within the various cultures and systems of the client (individual, family, community).

Historical trauma: Refers to the psychological and emotional effects of slavery that have impacted multiple generations (Degruy, 2017; Sotero, 2006; Wilkins et al., 2013).

Medical mistrust: Refers to African Americans not trusting the healthcare system or healthcare professionals to meet their medical needs.

Spiritual beliefs: Refer to having a solid belief in God as the controller of physical and spiritual well-being and life and death (deVries et al., 2019).

Caucasian: As defined in Section 1, refers to non Hispanic Caucasians and those who generally characterize themselves as part of the Caucasian race, whose skin color is Caucasian, or who self-identify as Caucasian.

Methodology

Prospective Data

In this study, data were gathered using semistructured interviews from Caucasian social workers in Louisiana who were currently employed or employed within the last 3

years in a hospital and hospice setting with a minimum of 1-year experience with advanced care planning. In addition, Caucasian social workers from the healthcare settings mentioned above were interviewed because of the ACP and EOL conversations these social workers had with the African American population in Louisiana.

Furthermore, study participants were chosen from healthcare settings where Caucasian social workers were employed and met the study's inclusion criteria. The criteria for the social workers to participate were for them to be Caucasian, employed currently, or had been employed within the last 3 years in a hospital or hospice setting in Louisiana with a minimum of 1-year experience with ACP, and had participated in ACP conversations among the African American population. Social workers in the settings mentioned above were the best participants for the study because they discussed ACP with their clients or patients during their initial assessment or routine follow-ups. In addition, social workers often come against reluctance, and I wanted to know the social workers' cultural considerations regarding the reluctance to complete ACP. Furthermore, I wanted to gain insight into how social workers engage with clients or patients and their families when caregiving is a burden due to ACP not being completed. Finally, I was interested in how Caucasian social workers increased their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP in Louisiana in their field of practice. Therefore, choosing Caucasian social workers from the two healthcare settings helped answer the research question. In addition, the semistructured interviews allowed flexible questions about the

social workers' thoughts, feelings, and beliefs surrounding the study's sensitive nature (see Dejonckheere & Vaughn, 2019).

The interviews occurred via Zoom due to the pandemic and the Coronavirus social distancing protocols. The participants were informed of their liberty to refuse questions or stop the interview if they felt uncomfortable at the beginning. The concepts used were historical trauma, medical mistrust, spiritual beliefs, Caucasian, cultural competence, and ACP. The interview questions derived from the conceptual framework's CCM constructs of cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire.

Participants

Initially, 12 participants were sought for the study. However, only nine participants volunteered to be a part of the study. No new data emerged with the nine participants; therefore, data saturation was reached. Interviewing more participants would not have provided more information (see Fusch & Ness, 2015). Furthermore, according to DeJonckheere and Vaughn (2019), the number of participants in a qualitative study should be as few as eight to 12 when interviews are facilitated to ensure quality and to gather meaningful data.

It is essential to note that this study used homogenous purposive sampling, which led to the satisfactory achievement of saturation, and the sample size was not so much the focus (see Tabeli et al., 2020). Homogenous purposive sampling is a sampling method that chooses participants based on similarities and shared characteristics (Bullard, 2022).

The participants were Caucasian social workers who had current or prior work experience within the last 3 years in a hospital and hospice setting with a minimum of 1-year experience and had participated in ACP conversations among African Americans in Louisiana. In this qualitative research study, I sought to gather the real-life experiences and beliefs of the participants and their worldview; therefore, it was feasible to focus on the in-depth information gathered through the interviews from the homogenous purposeful sample of nine Caucasian social workers.

The chosen participants were Caucasian social workers in Louisiana with current or prior work experience within the last 3 years in a hospital or hospice setting with a minimum of 1-year experience. In addition, they had addressed ACP or assisted with ACP completion among African Americans. The social workers who had experience working with the selected population and had participated in ACP conversations described how they increased their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' ACP use. Purposive sampling was the chosen strategy to gather the data as it allowed only Caucasian social workers who fit the targeted population needed to gather the data.

The participants were recruited using purposive sampling through social media platforms (Facebook and LinkedIn), the National Association of Social Workers-Louisiana Chapter (NASW-LA), and word-of-mouth. A flyer and the participants' criteria were posted on the aforementioned social media platforms, asking anyone who met the criteria to contact me. When the 12 participants were not obtained, they were

asked to share the flyer with their colleagues after their interview. After selecting the participants, they were emailed the consent stating the study's purpose, procedures, and criteria. The email included that the study was voluntary, and those who self-identified as Caucasian and expressed interest in the study could confirm their consent by replying with the email, "I consent."

Instrumentation

In this study, the measurement used was semistructured interview questions that allowed open-ended questions exploring how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on the African Americans' use of ACP. The semistructured interviews occurred via Zoom due to the pandemic and the Coronavirus social distancing protocols. In addition, an interview guide was used to ensure consistency in the questions (Appendix A). The approximate length of the interviews was 30 to 45 minutes.

Social workers and cultural competence are both essential to healthcare, and in order to address diverse populations, a culturally competent and culturally sensitive practice is needed to benefit the biopsychosocial, cultural, and spiritual aspects of the client (Campinha-Bacote, 1999; Hughes et al., 2018; Rhodes et al., 2017; Washington et al., 2014). The open-ended questions were from the five constructs listed in the conceptual framework based on Campinha-Bacote's CCM. Constructs were cultural awareness, knowledge, skill, encounters, and desire (Campinha-Bacote, 1999). Thus, open-ended questions were as follows:

- How Caucasian social workers' awareness of the interplay of historical trauma, past medical mistrust, and spiritual beliefs prepared them to assist African Americans with ACP;
- How Caucasian social workers' competency level affected their ability to discuss and collect relevant data regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP;
- How the social workers desire to understand the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP; and,
- The cultural considerations that helped Caucasian social workers address the reluctance regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs of the African Americans participating in ACP.

As I explored how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP in Louisiana, the semistructured interview was the best method for answering the research question.

Data Analysis

The data collection method for this study was semistructured interviews. The interviews sought to answer the research question identifying how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more

effectively during ACP in Louisiana. After the approval of the interview questions was obtained from the Institutional Review Board (IRB) to begin data collection, I reached out via social media platforms (Facebook, Twitter, and LinkedIn), the NASW-LA, and word of mouth, seeking participants for the study. The chosen participants needed to be Caucasian social workers in Louisiana with current or prior work experience within the last 3 years in a hospital or hospice setting with a minimum of 1-year experience and participated in ACP conversations or assisted with ACP completion among African Americans. Furthermore, after participants were chosen, they received a consent email with pertinent information outlining the nature of the study and their consent to be in the study. After the participants replied to the email indicating consent, the scheduling of interviews began immediately. Interviews were audio-recorded using the record feature on Zoom and saved to my password-protected computer. Also, the interviews were transcribed through, Rev.com, a for-fee transcription service to help with coding the data to identify significant patterns to help answer the research question. The coding method helped me categorize and organize the data and reduce objectivity and biases while ensuring validity by allowing the facts to speak with no outside influences.

The data analysis process was a thematic analysis with a deductive approach to coding. The thematic analysis framework is a method that Braun and Clarke (2006) conceptualized to find repeated patterns or themes. Applying deductive or a priori coding was appropriate due to using identified constructs and predetermined codes derived from the CCM framework. Moreover, the codes may be gathered from the research questions

or the interview guides (Stuckey, 2015). In this case, the a priori codes were gathered from the literature review and the research question. The analysis was completed around the CCM conceptual framework. I manually coded the data using Braun and Clarke's step-by-step data analysis approach to analyze the interview responses. The steps are (a) become familiar with the data, (b) generate initial codes, (c) search for themes, (d) review themes, (e) define and name themes, and (f) produce a scholarly report.

Moreover, this study used thematic analysis with a deductive approach to search out the reoccurring patterns and themes (see Kiger & Varpio, 2020). Thematic analysis is a method used in qualitative research that allows the researcher to gather the data and organize them to find repeated patterns or themes (Kiger & Varpio, 2020). On the other hand, a deductive approach allows the researcher to use a previous framework to build themes and guide the coding (Kiger & Varpio, 2020). This study's framework was based upon the CCM developed by Campinha-Bacote, derived from Campinha-Bacote's cultural competence process in delivering healthcare services. The CCM framework was applied using the five CCM constructs as a priori codes (cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire) as codes and categories to guide the data coding and organizing. Using thematic analysis for this study helped me answer the research question by identifying how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP.

Due to the racially sensitive topic, there was a chance for social desirability bias, compromising the study's validity. Social desirability bias happens when interviewees distort the truth to align with what is socially acceptable or favorable (Bergen & Labonte, 2020). In order to address the validity's concern, I informed the participants that their remarks would be kept confidential. In addition, the member-checking technique was used to ensure the accuracy of the data for clarification purposes. Member checking allows the participants to validate their responses by reviewing a copy of the transcriptions (Candela, 2019). Member checking ensured data validation and explored the results' credibility (Birt et al., 2016). I emailed each participant a copy of their transcript to review for accuracy; this addressed the credibility, trustworthiness, and confirmability of the study's findings from the thematic analysis.

Ethical Procedures

The IRB (approval # 02-09-2022-0663266) ensured the participants were safe and protected and determined if I followed ethical procedures and guidelines. Informed consent was the foundation of the research study. It ensured that each participant was aware that the study could be trusted and that I would maintain their confidentiality throughout the study. In addition, the informed consent prepared each participant for what would occur and explained the study's purpose, procedures, potential risks, and benefits.

Due to the racially sensitive topic, and some participants recruited by word of mouth, the participants were informed through consent that they would remain

anonymous. I informed the participants that the only way others would know that they were in the study was if they shared that information or reached out to their colleagues about the study, as with the snowball sampling. Additionally, I informed the participants that they could withdraw anytime from the research. Not knowing personal information about the participants before the study also helped reduce biases, giving them a sense of security in knowing I did not prejudge them. As a result, the participants shared comfortably and openly, and they were relaxed when asked the interview questions about how they increased their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP.

All data collected is in a secure file on my password-protected computer; I only have access. Thus, the only other individuals who may have access to the data are Walden University's research committee. The data will be kept for at least five years, as required, and then deleted.

Summary

In Section 2, I outlined how the data was collected and analyzed. I explained the data collection method and how the semistructured interviews helped answer the research question: How are Caucasian social workers increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP in Louisiana? The interviews occurred via Zoom due to the pandemic and the social distancing protocols. I highlighted that the study used thematic analysis with a deductive approach to search out the

reoccurring patterns and themes of the data (Kiger & Varpio, 2020). Section 3 will highlight the findings from the data collection and data analysis process.

Section 3: Presentation of the Findings

Introduction

In this study, I explored how Caucasian social workers in Louisiana increase their cultural competence regarding African Americans' use of ACP. A qualitative study was conducted using a semistructured interview guide (Appendix A) to answer the research question: How are Caucasian social workers increasing their cultural competence regarding historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP in Louisiana? This section explains how data were analyzed using a deductive approach from the CCM. An overview of the study's findings, validation procedures, limitations encountered, and tables that illustrate the results are also discussed in Section 3.

Data Analysis Techniques

Data Collection Time Frame

The data collection process began with using homogenous purposeful sampling to recruit participants via social media. Homogenous purposeful sampling is a sampling method that chooses participants based on similarities and shared characteristics (Bullard, 2022). Two recruitment flyers were posted in the social work Facebook community groups, NASW-LA chapter Facebook group (after approval to post), Twitter, and LinkedIn's social work network group. Additional social workers were identified through word of mouth, also called snowball sampling, which increased the candidate pool to eight. Two weeks following the initial recruitment post, the flyer was reposted to all

aforementioned social media groups, and I received two additional participants. The nine participants who met the inclusion criteria were emailed a consent form to review. After receiving an email with the words, "I consent," interviews were scheduled. Overall, a total of nine social workers were interviewed within 3 weeks.

Procedures

In this study, qualitative data were collected using semistructured interviews. The semistructured interviews consisted of four demographic questions and five questions informed by the CCM framework to guide the interview (see Appendix A). Such a guide can help the researcher maintain structure and ensure freedom simultaneously (Roberts, 2020). Questions in the interview guide were organized around topics such as cultural awareness, cultural skill, cultural encounters, cultural knowledge, and cultural desire. Interview questions were developed for each construct. The interviews were audio-recorded and transcribed using rev.com, a fee-based service that took approximately 30 to 45 minutes and were conducted via Zoom.

The data analysis process employed a thematic analysis with a deductive approach to coding. The thematic analysis framework is a method that Braun and Clarke (2006) conceptualized to find repeated patterns or themes. Applying deductive or a priori coding was appropriate due to using identified constructs and predetermined codes derived from the CCM framework. Moreover, the codes may be gathered from the research questions or the interview guides (Stuckey, 2015). In this case, the a priori codes

were gathered from the literature review and the research question. Finally, the analysis was completed around the CCM conceptual framework.

I manually coded the data using Braun and Clarke's (2006) step-by-step data analysis approach to analyze the interview responses. The steps were as follows: (a) become familiar with the data, (b) generate initial codes, (c) search for themes, (d) review themes, (e) define and name themes, and (f) produce a scholarly report.

Step 1: Become Familiar With the Data

After all the data were transcribed verbatim, I printed copies of the transcripts. Then, I began to listen to the audio-recorded interviews while reviewing the transcripts to become more familiar with the data, ensure accuracy, and gather the experiences and thought processes of the participants. Also, during this step, I marked each transcript with an alphanumeric code as this helped in the findings to avoid disclosing the participants' identities and to maintain confidentiality.

Step 2: Generate Initial Codes

I began to analyze the data using deductive or a priori coding. Deductive coding uses a predefined list of codes called a coding frame before the actual coding process begins (Linneberg & Korsgaard, 2019). However, because I used a purely deductive approach, I was focused more on the issues of importance, unlike with an inductive approach, where one looks for emerging codes, categories, and themes from the data. Furthermore, this coding approach helped me examine issues deemed necessary in the

existing literature (see Linneberg & Korsgaard, 2019). The three predetermined codes were based on the literature review and the research question.

Step 3: Search for Themes

Because the categories were predetermined using the constructs from the conceptual framework, the themes were developed based on the predetermined codes, the predetermined categories, and the raw data. The five categories were analyzed using the transcripts for theme development, and I ensured alignment between the research question, the conceptual framework, and the literature. As a result, five themes were developed to answer the research question. Table 1 illustrates the research question, a priori codes, categories, themes, participants, and excerpts. See Appendix B for the complete table.

Table 1

Research Question, A Priori Codes, Categories, Themes, Participants, and Excerpts

A priori code	Categories	Participants	Excerpts	Themes
Historical trauma past medical mistrust spiritual beliefs	Cultural awareness	P-5	"Um, I don't know if that means I'm always the best person in the room to have those discussions."	Cultural awareness
		P-7	"I have stopped making assumptions."	
		P-9	"You put yourself on an equal playing ground with your patient."	
		P-8	"I'm not an expert by any means."	
	Cultural skills	P-6	"Organic conversations where it doesn't seem, I'm not trying to sneak the information."	Cultural communication
		P-7	"I like the opportunity to educate, but try to do it in a compassionate way."	
		P-3	"I will sit down and spark up a conversation with somebody and try to gain some sort of positive influence."	
	Cultural encounters	P-2	"I. I kind of just point blank ask'em,um, you know, what their concerns are, what, what are your fears."	Cultural considerations
		P-7	"I try to relate to them on a spiritual level."	
		P-4	"I feel like a lot of encounters, when speaking about advance care planning, they're coming at it from a spiritual perspective."	
		P-3	"Their decisions are really tied into their spiritual beliefs."	

Note. Research question: How are Caucasian social workers increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and

spiritual beliefs to work with African Americans more effectively during ACP in Louisiana?

Step 4: Review Themes

The themes were reviewed and identified to ensure they aligned with the research question. The themes for this study were as follows:

- Caucasian social workers self-reflect on their cultural awareness
- Caucasian social workers acknowledge their communication skills
- Caucasian social workers consider the African American culture during encounters
- Caucasian social workers increase their cultural knowledge through varied ways
- Caucasian social workers desire to become culturally responsive

Step 5: Define and Name Themes

During this step, I carefully considered what each theme was saying and aligned that with the participant's responses and the conceptual framework to develop the final version of the themes.

- Theme 1: Cultural awareness
- Theme 2: Cultural communication
- Theme 3: Cultural considerations
- Theme 4: Cultural knowledge
- Theme 5: Cultural responsiveness

Step 6: Produce a Scholarly Report

This step includes presenting the results to answer the research question: How are Caucasian social workers increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP in Louisiana?

Validation and Limitations

In order to address the validity of the research, participant validation was used in the form of member checking. Member checking allowed the participants to validate their responses by reviewing a copy of the transcribed verbatim data (see Candela, 2019). Moreover, member checking ensured data validation, addressed the results' credibility, and improved their trustworthiness (Birt et al., 2016; Slettebø, 2020).

There were four limitations present in the study. First, due to the racially sensitive nature of this study, there was a chance for social desirability bias, compromising the study's validity. Social desirability bias happens when interviewees distort the truth to align with what is socially acceptable or favorable (Bergen & Labonte, 2020). Perhaps the participants have distorted the truth to align with what they thought was the right thing to say. In order to address the validity's concern, participants were reminded that what they stated during the interview would be kept private and confidential. In addition, each participant was emailed a copy of their transcript for accuracy, as this addresses the credibility, trustworthiness, and confirmability of the study's findings from the deductive thematic analysis. Secondly, the targeted population was Caucasian social workers who

resided and were employed in Louisiana. However, the study yielded nine out of the 12 participants; it may have produced more participants if it was not limited to only Caucasian social workers in Louisiana. Thirdly, a lack of male data (participants) for comparison may have limited the study findings as only one male participated out of the nine participants. Fourthly, the lack of prior research may hinder the study's credibility.

Findings

Characteristics of the Participants

Recruitment for this study focused on Caucasian social workers in Louisiana who were currently employed or had been employed within the last 3 years in a hospital or hospice setting with a minimum of 1-year experience with ACP. The ages ranged from 32 to 55, and the length of employment ranged from 1 to 10 years. All participants were master-level Caucasian social workers. Seven social workers were employed in a hospital setting and resided in the southern region of Louisiana; two were employed in the hospice setting, one residing in the northern region and one in the southwestern region of Louisiana. No participants were employed in a home health setting. Table 2 includes the participants' demographic information, including age, highest degree earned, employed healthcare setting, and region of residence.

Table 2

Participants' Demographic Information

Participant code	Age	Highest degree	Healthcare setting	Length of employment	Region of residence
P-1	42	Masters	Hospice	1 yr, 3 mos	Northern
P-2	31	Masters	Hospital	6-1/2 yrs	Southern
P-3	41	Masters	Hospice	4	Southwestern
P-4	39	Masters	Hospital	1 yr	Southern
P-5	32	Masters	Hospital	3 yrs	Southern
P-6	24	Masters	Hospital	1 yr	Southern
P-7	57	Masters	Hospital	9 yrs	Southern
P-8	41	Masters	Hospice	10 yrs	Southern
P-9	37	Masters	Hospital	2-1/2 yrs	Southern

In the findings, the participants were addressed with alphanumeric codes to avoid disclosing their identities and maintain confidentiality. Nine participants were recruited, interviewed, and audio-recorded via Zoom.

Research Question Findings

The research question sought information exploring how Caucasian social workers are increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP in Louisiana. Participants were asked qualitatively about their awareness, knowledge, skills, encounters, and desires within their social work practice. After I manually coded the data, five themes were identified to answer the research question. The themes were (a) cultural awareness, (b) cultural communication, (c) cultural considerations, (d) cultural knowledge, and (c) cultural responsiveness.

It is important to note that African Americans' attitudes surrounding ACP stem from fear of the healthcare systems and not getting the treatment they documented on paper (Koss & Baker, 2017). In addition, remembering historical events such as slavery, the Tuskegee Syphilis Study, discriminatory treatment, and limited access to healthcare may cause reluctance in African Americans to carry out EOL wishes (Koss & Baker, 2017; McAfee et al., 2019; Rhodes et al., 2017; Scharff et al., 2010). For those reasons, cultural competence, culturally sensitive communication, and cultural awareness are crucial among the African American population due to their past injustices and historical trauma that resulted in mistrust in the healthcare systems (Scharff et al., 2010). The CCM aligned with the research question and themes, which were as follows:

> Research question: How are Caucasian social workers increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP in Louisiana?
>
> Themes:
>
> - Theme 1: Cultural awareness
> - Theme 2: Cultural communication
> - Theme 3: Cultural considerations
> - Theme 4: Cultural knowledge
> - Theme 5: Cultural responsiveness

Theme 1: Cultural Awareness

Cultural awareness was the construct that guided the first interview question and a construct from the conceptual framework. The theme implies that Caucasian social workers examine their awareness of the African American culture. The participants were asked if they believed that their awareness regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs of African Americans adequately prepared them to assist with ACP, and if it did not prepare them, how were they attempting to increase their awareness in this area? Although the first part of the question was a yes and no answer, many participants elaborated on why they answered the way they did. During the discussion, the social workers identified varied answers regarding their awareness. Four participants answered yes to being fully aware of past injustices in the African American culture and having great confidence that it prepared them to assist with ACP.

In comparison, three participants mentioned that their awareness was minimal and insufficient to work with the African American population in discussing ACP and did not feel prepared to assist them with ACP. Out of the nine participants, two said no, and their awareness regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs of African Americans was nonexistent until they went to college and felt unprepared to assist African Americans with ACP. However, they did indicate that when they became social workers, their effectiveness in working with the African American population increased. For example, P-7 expressed that “it was more than a yes or no answer” because they felt it was “no way to take a course and then say, okay, here I am,

this little Caucasian girl. I totally understand where everything is coming from. I stopped making assumptions." P-5 stated, "I think it adequately prepares me, Um, I don't know if that means I'm still always the best person to be in the room having those discussions." P-9 stated, "yes," they felt prepared, but P-9 further elaborated and said that the reason they felt prepared was that

> You put yourself on an equal playing ground with your patient or whoever you're having a conversation with, and know that at the same time, you know, your own biases and beliefs, um, how they play into what, what you're thinking about this person.

P-8 expressed,

> I do to some degree, I know I am not an expert by any means, but I do feel like I usually start with where the person or the family is and kind of always let them lead. Um, so, I think, to some degree, I understand, but I mean, I don't ever try and teach them, you know, cultural things.

All social workers mentioned that they were actively increasing their awareness by attending conferences, continuing education, viewing documentaries, and being educated by their colleagues, friends, and patient. In addition, a few of the participants felt that the media had shown many aspects of the injustices faced by African Americans in the news outlets within the last two years and that it opened their eyes and changed their worldview.

Based upon the findings outlined in the literature review, the findings of this theme support the literature review that Caucasian social workers are to provide the quality clinical care needed to patients and their families regarding ACP, and they should be aware of their own biases, beliefs, and worldviews to be effective within their roles in various cultures and systems (see Campinha-Bacote, 1999; Levenson, 2017). Furthermore, for social workers working with ACP among the African American population, a culturally competent and culturally sensitive practice is needed to benefit the biopsychosocial, cultural, and spiritual aspects of the client (Hughes et al., 2018; Rhodes et al., 2017; Washington et al., 2014).

Theme 2: Cultural Communication

Cultural skills were the construct that guided the second interview question and a construct from the conceptual framework. The theme implies that social workers have ACP discussions without using an offensive tone or language. The participants were asked how their competency level regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs of African Americans affected their ability to discuss and collect relevant data regarding ACP. All participants agreed that they are forever learning and are mindful of their verbiage and tone due to the nature of the population they serve. For example, P-3 stated,

> I will sit down and spark up a conversation with somebody and try to gain some sort of positive influence from my interaction with that person, um, and grow to better understand, you know, where someone might be coming from.

P-7 expressed, “I hate to say I enjoy end-of-life, but I like the opportunity to educate but try to do it in a compassionate way because it’s overwhelming to some people.” P-6 noted how there are times when they are rushing to complete an assessment but realized that by taking their time, they feel it goes over better with the patients than just asking straightforward questions.

Based upon the findings in the literature review, the findings of this theme correlate with the literature review that developing a culturally sensitive and culturally competent approach when interacting with different cultural and ethnic groups is vital to overcoming healthcare barriers (Daaleman et al., 2018; Ekore & Lanre-Abass, 2016; Francoeur et al., 2016; Hughes et al., 2018; Loya 2012; Rhodes et al., 2017). Moreover, it also correlates with the literature review that cultural competence, culturally sensitive communications, and cultural awareness are crucial among the African American population due to their past injustices and historical trauma that resulted in mistrust in the healthcare systems (Scharff et al., 2010). Lastly, the findings of this study correlate with the literature in that cultural skills should be taught to bachelor’s and master’s level students, and Caucasian social workers should strive to become more culturally competent and actively resist racial attitudes (Loya, 2012).

Theme 3: Cultural Considerations

Cultural encounter was a construct that guided the third interview question and a concept from the conceptual framework. The theme implies that Caucasian social workers should consider the African American culture to help address the reluctance of

ACP. During the discussion, the participants were asked what cultural considerations regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs helped them address African Americans' reluctance to participate in ACP.

Participants shared that it was essential to consider the patient's cultural and spiritual background and history, establish trust and rapport, and consider the family unit during encounters to reduce the reluctance of ACP. In addition, six of the nine participants mentioned that the patient's spiritual beliefs should be considered. For example, P-7 reported that it is best to find ways to connect to what is important to them, such as their spirituality, when considering the African American culture, and stated,

> So culturally, I try to relate to them on a spiritual level. It seems like even though there's a large Catholic population and there's probably more African American Catholics in this area than in the rest of the state. There's still a heavy faith base there. And so I try to relate to that.

P-3 stated, "Um, spiritual beliefs, same thing. I know that you know, sometimes, um, culturally certain populations are, their decisions are really tied into their spiritual beliefs and that could be a barrier." P-2 stated,

> I, I kind of point blank ask'em, um, you know, what, what their concerns are, what, what are your fears, um, and then sometimes I've started kind of, uh, trying to, to play on, on their religion a little bit.

Lastly, P-4 stated,

> I feel like a lot of encounters, when speaking about advance care planning, they're coming at it from a spiritual perspective. A lot of times I see and so, you know, I think on one side of the coin, it's a matter of, well, God's going to take care of this.

Lastly, two participants mentioned the importance of building trust and rapport before anything else. One participant stated how the entire family should be considered when encounters are made due to their impact on the patient's decision making ability. Based on the findings outlined in the literature review, the findings of this study correlate with how understanding how spiritual beliefs influence the African American culture's preferences and choices regarding ACP may help social workers deliver best practices (Rhodes et al., 2017). Consequently, Caucasian social workers who feel uncomfortable working with different ethnic and racial groups may not consider their past experiences as factors influencing their lives (Loya, 2012).

Theme 4: Cultural Knowledge

Cultural knowledge was a construct that guided the fourth interview question and a concept from the conceptual framework. The construct implies that Caucasian social workers are actively learning about the African American culture. The participants were asked what they did intentionally to gain cultural knowledge regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs of the African American culture and how that increased their ability to work effectively with African Americans regarding ACP. Five of the social workers indicated that they educated themselves

through various resources. One of the resources was attending conferences. P-2 stated, “I went through and studied different religions...what the religion says about end-of-life.” Two participants indicated that direct conversations with the patient were how they intentionally gained knowledge. For example, P-1 mentioned that to gain cultural knowledge regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs of the African American culture, they “allowed the patient to educate” them, and this increased their ability to work effectively with African Americans regarding ACP by “providing a therapeutic relationship.” P-5 stated, “So asking them, you know, how can we best support you spiritually, religiously? P-4 stated, “Just being mindful of continuing those conversations with African American colleagues and friends, and you know, reading articles, and you know, watching documentaries about that sort of thing.”

Based on the findings outlined in the literature review, the findings of this theme correlate with the NASW code of ethics (2015), which explains that social workers should know and understand the population they serve and how the culture influences their client’s behavior. Also, social workers must be aware of sensitive areas to clients by educating themselves on the nature of social diversity and the oppression clients face regarding their ethnicity, race, religion, gender, and immigration status.

Theme 5: Cultural Responsiveness

Cultural desire was a construct that guided the fifth interview question. The theme implies that Caucasian social workers want to understand and learn more about the

African American culture. All participants expressed willingness to become culturally competent. For example, P-5 stated, “Yeah. I am always open to more education and even constructive criticism.” P-8 expressed,

> Um, you know, I’ve been 17, 18 years, I don’t’ know, something like that, and I’m still excited to learn about things that I know I’m not an expert on, um you know, and just being able to do a better job for my patients.

P-6 stated,

> But just with the African American community, I want to know more to understand and help more Caucasian people just feel more comfortable with it and to get to that next step of cultural competency where the fear of saying the wrong thing or that, “oh, I want to stay in this colorblind line of thinking,” that gets you nowhere. It really does get you nowhere.

Lastly, P-9 expressed,

> I would definitely would desire to sit and talk with somebody and learn about like, how…like you know, you say you wanna go this route. What, what from the past is informing this decision and, like, how did that affect you?

These findings correlate with the literature review findings of Campinha-Bacote’s cultural competence in delivering healthcare services. Campinha-Bacote (1999) stated that cultural competence is “a never-ending achievement, and healthcare workers are to continue striving to be effective in their roles working within various cultures and systems of the client (individual, family, community)” (p. 203).

Summary

Section 3 discussed the overview of the findings. Section 3 included data analysis techniques that discuss the data collection period, data analysis procedures, validation and limitations, and the research findings that answered the research question. The summary of the findings was formed from one research question and answered how Caucasian social workers are increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work effectively with African Americans during ACP. A total of nine Caucasian social workers from a hospice or hospital in Louisiana self-reflected for this basic qualitative study using semistructured interviews. The study explored how Caucasian social workers' cultural awareness, cultural skill, cultural knowledge, cultural encounters, and cultural desires are all needed to work effectively with African Americans regarding their ACP use. There were no unexpected findings.

I used Braun and Clarke's (2006) thematic analysis approach to analyze the findings during the data analysis. Five themes (see Table 1) resulted from the nine participant's self-reflection. The themes that answer the research question are: (a) Cultural awareness, (b) Cultural communication, (c) Cultural considerations, (d) Cultural knowledge, and (e) Cultural responsiveness.

The focus of the study was to explore how Caucasian social workers increase their cultural competency regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP in Louisiana. Section 3

resulted in a summary of the findings from the study, along with illustrative tables. Section 4 will summarize the application to professional practice and implications for social change, recommendations for social work practice, and implications for social change.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

In this study, I explored how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP in Louisiana. The study used a purposeful sampling approach with semistructured interview questions to gather data from nine participants. The interview questions were designed from the CCM's five constructs (cultural awareness, cultural knowledge, cultural skill, cultural encounter, and cultural desire). The constructs allowed exploration of how Caucasian social workers in the South are increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP.

The findings from this study can inform social work practice by helping to improve Caucasian social workers' self-awareness and skills, explore Caucasian social workers' desires, increase Caucasian social workers' knowledge, and enhance Caucasian social workers' encounters with the African American population regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs. Section 4 addresses the application of professional ethics in social work practice, recommendations for social work practice, and the implications for social change.

Application to Professional Ethics in Social Work Practice

The NASWs' Code of Ethics, values, and principles related to the clinical social work practice problem are dignity and worth of the person, the importance of human relationships, and competence (NASW, 2015). In addition, the NASW Code of Ethics (2015)explains that social workers should know and understand the culture of the population they serve and how it influences their client's behavior. Furthermore, social workers are to be aware of the sensitive areas of clients by educating themselves on the nature of social diversity and the oppression clients face related to their gender, race, ethnicity, and immigration status, to name a few (NASW, 2015). This project supports NASW's values and principles by ensuring that social workers are aware of their own cultural, religious, and personal views and how their practices impact the ethical decision making of the population they serve.

Recommendations for Social Work Practice

Action Steps

Social workers play an essential role in the healthcare system and ACP (Hughes et al., 2018; Stein et al., 2017). Moreover, the familiarity social workers have with their client's needs is better than any other health professional to address ACP and the complexities that often derive from poverty, oppression, and trauma (Hirakawa et al., 2018; Levenson, 2017; Stein et al., 2017; Wang et al., 2017). Therefore, based on the findings, social work practitioners' first step is to proactively inquire and seek seminars, training, and workshops that address cultural competence and ACP. The knowledge

gained would allow the social workers who implement ACP to provide a culturally competent and sensitive practice needed to benefit the individual's biopsychosocial, cultural, and spiritual aspects (Hughes et al., 2018; Rhodes et al., 2017; Washington et al., 2014). The second action step is for social workers to openly engage in conversations with various ethnic groups to learn about their hesitance regarding completing ACP. Communication can benefit the practitioner as well as the individual. The benefit for the practitioner is that it could improve their self-awareness and skills, help them explore their desires, increase their knowledge, and enhance their encounters. The benefit for the individual is an increase in trust in the healthcare system and a decrease in undesirable outcomes.

The findings from this study could impact my practice as an advanced practitioner by allowing me to consider my biases and assist me in promoting culturally competent and culturally sensitive conversations with the chronically and terminally ill patients I service daily. In addition, as a palliative care social worker who encounters all ethnic and religious groups with varied backgrounds, the CCM constructs (cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire) would help me become more effective in my role.

Transferability and Usefulness

The findings from this study are significant for Caucasian social workers in Louisiana and can also be applied to any social worker across other ethnic backgrounds and geographical locations. Moreover, the findings may be transferable to other cultures

and populations other than the African American population. It must be considered that social workers from other ethnic groups and geographical regions assist in implementing ACP, as well as people from various cultures complete ACP. Therefore, the increase in cultural competence regarding diverse cultures and their reasons for ACP hesitance is beneficial to the field of social work, and the findings will always be transferable. Furthermore, the findings from this study are helpful in social work practice because when cultural competence is increased, it helps social workers communicate, connect, and engage with various ethnic groups authentically. The authenticity and genuineness of social workers could help reshape the thinking and attitudes of those completing ACP documents and help make informed decisions about ACP, leading to an increase in the ACP completion rate.

Limitations Impacting Usefulness

The limitation that may impact the usefulness of this study would be researcher's bias. Researcher's bias may impact the usefulness due to being of the opposite race from the participants in the study. For instance, the interview questions were all directed to Caucasian social workers about their cultural competence regarding the historical trauma, past medical mistrust, and spiritual beliefs of African Americans. The semistructured interviews that were developed and approved before their use allowed me to control the interview's tone and flow by reassuring each question was asked in a compassionate, nonjudgemental way, which diminished imposing biases and reinforced trust (see Mizock et al., 2011).

As an African American researcher who brings personal worldviews, experiences, prejudices, and biases relating to historical trauma, past medical mistrust, and spiritual beliefs, I had to be mindful not to display biased reporting. Transparency reduces these biases, which is why a statement was made in the consent and before the interview questions were asked that participants could withdraw from the study without judgment if they felt uncomfortable and that they would have the opportunity to review their transcripts and the final results to validate their responses. Moreover, using the purposive sampling method was advantageous to the validity of this study because it reduced selection biases.

Recommendations for Further Research

To my knowledge, this project is the first qualitative study to explore how Caucasian social workers increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP in Louisiana. The following are further recommendations for future research:

- Conduct a study exploring how social workers from other racial backgrounds increase their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs on African Americans' use of ACP throughout Louisiana.
- Conduct a study exploring how social workers from any ethnic group increase their cultural competence regarding ACP throughout the United States.

- Conduct a study exploring other diverse populations other than African Americans.
- Conduct a study using a greater diversity in gender. For example, this study had one male, and the findings may have differed if more males had participated.

Dissemination of Research Findings

To raise awareness and understanding of the findings, ways to disseminate the information produced in this project are the following:

1. Present at national social work conferences, workshops, local community events, and other meetings of professional associations.
2. Create training materials and a handbook.
3. Share the results with the participants of the study and colleagues.
4. Share results through social media.

The dissemination of this information can play an instrumental role in various healthcare systems, as well as in healthcare professionals who implement ACP. Moreover, disseminating the findings within the social work community would allow for the progression of a culturally responsive practice.

Implications for Social Change

In the United States, regardless of the advantages of completing ACP, many people continue to opt out, but the range of those who choose to complete ACP is from 10% to 71%, with the older population ranking the highest (McAfee et al., 2017). However, African Americans' chances of completing ACP were 77% lower than

Caucasians and Hispanics (McAfee et al., 2017; Portanova et al., 2017). Cultural competence, culturally sensitive communication, and cultural awareness are crucial among the African American population due to their past injustices and historical trauma that has resulted in mistrust in the healthcare systems (Scharff et al., 2010). When implementing Campinha-Bacote's CCM, social workers can effect positive social change in their practice by communicating, connecting, and engaging in African American communities and other diverse communities. Overall, positive social change could occur by building trusting relationships while decreasing undesirable outcomes and fear in healthcare systems.

Summary

Social workers and cultural competence are both essential to healthcare, and to address diverse populations, a culturally competent and culturally sensitive practice is needed to benefit the biopsychosocial, cultural, and spiritual aspects of the client (Campinha-Bacote, 1999; Hughes et al., 2018; Rhodes et al., 2017; Washington et al., 2014). However, African Americans are less likely to complete ACP than any other ethnicity. When African Americans choose not to participate in ACP, they are often faced with undesirable outcomes such as caregiver burden, physical pain, medical expenses, and a diminished quality of care at the EOL (Carr & Luth, 2017; Ejem et al., 2019; Rhodes et al., 2017).

Caucasian social workers in the South were not all culturally competent regarding the role historical trauma, past medical mistrust, and spiritual beliefs had on the decision

making process of African Americans regarding ACP. This study can help not only Caucasian social workers in Louisiana but social workers everywhere to gain an understanding as to why there may be hesitance when completing ACP. This social work problem has not been explored, and exploring it can advance the social work profession by improving Caucasian social workers' awareness and skills, exploring their desires, increasing their knowledge, and enhancing their encounters when implementing ACP with the African American communities.

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Appendix A: Interview Guide

Demographics

1. How old are you?
2. What is your highest level of education?
3. What healthcare setting are you employed in, and how long have you been employed in this setting?
4. Do you reside in the Northern, Southern, or Central region of Louisiana?

Cultural Awareness

5. Do you believe your awareness regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs of African Americans adequately prepares you to assist them with ACP? If not, how have you attempted to increase your awareness in this area?

Cultural Skill

6. How has your competency level regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs of African Americans affected your ability to discuss and collect relevant data on ACP use?

Cultural Encounters

7. What cultural considerations regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs help you address the reluctance of the African Americans participating in ACP?

Cultural Knowledge

8. What have you done intentionally to gain cultural knowledge regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs of the African American culture?
    a. How has that increased your ability to work effectively with African Americans regarding ACP?

Cultural Desire

9. Do you desire to understand the interplay of historical trauma, past medical mistrust, and spiritual beliefs better so you can effectively assist them regarding ACP? Please explain.

    Is there anything else you would like to add that I may have neglected to ask?

Appendix B: Research Question, A Priori Codes, Categories, Themes, Participants, and Excerpts

Research question: How are Caucasian social workers increasing their cultural competence regarding the interplay of historical trauma, past medical mistrust, and spiritual beliefs to work with African Americans more effectively during ACP?

A priori codes	Categories	Participants	Excerpts	Themes
Historical trauma past medical mistrust spiritual beliefs	Cultural awareness	P-5	"Um, I don't know if that means I'm always the best person in the room to have those discussions."	Cultural awareness
		P-7	"I have stopped making assumptions."	
		P-9	"You put yourself on an equal playing ground with your patient."	
		P-8	"I'm not an expert by any means."	
	Cultural skills	P-6	"Organic conversations where it doesn't seem, I'm not trying to sneak the information."	Cultural communication
		P-7	"I like the opportunity to educate, but try to do it in a compassionate way."	
		P-3	"I will sit down and spark up a conversation with somebody and try to gain some sort of positive influence."	
	Cultural encounters	P-2	"I. I kind of just point blank ask'em,um, you know, what their concerns are, what, what are your fears."	Cultural considerations
		P-7	"I try to relate to them on a spiritual level."	
		P-4	"I feel like a lot of encounters, when speaking about advance care planning, they're coming at it from a spiritual perspective."	

	Cultural knowledge	P-2 P-1	"I went through and studied different religions."	Cultural knowledge
		P-5	"allowed the patient to educate me."	
		P-4	"so asking them, you know, how can we best support you spiritually, religiously?"	
			"…reading articles, and you know, watching documentaries about that sort of thing."	
	Cultural desire	P-5 P-8	"yeah. I am always open to more education and even constructive criticism."	Cultural responsiveness
		P-6	"just being able to do a better job for my patients."	
		P-9	"But just with the African American community, I want to know more to understand and help more Caucasian people just feel more comfortable…"	
			"I would definitely would desire to sit and talk with somebody and learn…"	