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## Challenges to Implementing Culturally Competent Mental Health Practices with African Americans in Hospital Settings

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Eric Nnanna Ejem

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

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Walden University  
2024.

Abstract

Challenges to Implementing Culturally Competent Mental Health Practices with African  
Americans in Hospital Settings

by

Eric Ejem

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Social Work

Walden University

November 2023

## Abstract

The African American population has been underserved in terms of culturally-competent mental health services. Although researchers have investigated this issue, there is a lack of information on how social workers have responded to the fact that African Americans have not benefited from culturally-competent services. This study involved using the Afrocentricity model to explore challenges faced by social workers in terms of providing culturally-competent mental health care to African Americans in hospitals. It included examinations of social workers and their perspectives on cultural issues they faced when providing mental health services to African Americans in hospital settings as well as perspectives of benefits and strategies of incorporating cultural competence. For this basic qualitative study, individual semi-structured interviews were conducted with 10 full-time social workers with at least two years of experience working with African Americans in hospital settings within Houston, Texas. Emergent themes were extracted from interview data via content analysis. African American denial of mental health services emerged as a significant challenge faced by this population. Attaining effective communication was perceived as a benefit of culturally-competent practice. Another key theme in this study is family engagement. This study could lead to positive social change by developing different approaches that could advance mental healthcare use among African American populations.

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## Dedication

This project is dedicated to God Almighty, who made it possible for me to complete this study. To my loving wife, Ms. Linda Ejem and my beloved children, Eric, Samuel, and Chelsea for all their sacrifices, without which it would have been impossible to accomplish this task. I also dedicate this study to my mother Ms. Jane Ejem and sister Professor Elizabeth Orji, for laying the educational foundation, guidance, support, and discipline that guided me throughout this journey.

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## Section 1: Foundation of the Study and Literature Review

Social workers encounter challenges in providing services to a diverse population and minority groups during hospitalization (Daphna-Tekoah, 2021). According to the National Association of Social Workers (NASW, 2021), social workers must treat every person with respect regardless of race, gender, ethnicity, sexual orientation, or other characteristics. Due to the wide range of backgrounds and identities that make up the population that the social work profession serves, social workers are required to adopt culturally competent measures during practice (Melendres, 2020). The social work profession, which is devoted to advocacy and activism, recognizes the need for cultural competence development and offering considerate and respectful services to their clients of various backgrounds and identities (Melendres, 2020). However, translating theory to practice is fundamentally difficult and the concept of cultural competency contains inherent contradictions in terms of its implementation. Despite ethical and educational requirements of the profession that social workers pursue their professional growth to increase their knowledge and abilities in terms of cultural competency, there exist challenges involving realization of this objective (Melendres, 2020). Although providing culturally proficient care is challenging for medical professionals, there is a need to conduct basic qualitative research to discover social worker challenges in terms of providing a culturally competent mental health practice for African American individuals in hospital settings.

I used a basic qualitative research design to explore challenges of social workers in terms of implementing a culturally-competent mental health practice with African

Americans during hospitalization. Individual interviews were used to explore how social workers describe their experiences deploying culturally competent mental health services to African American populations during hospitalization. Culturally-competent practice is defined in this study as a means of client engagement and way of practice that involves incorporating and recognizing cultural differences to meet presenting needs of individuals by recognizing factors that focuses on biopsychosocial-spiritual factors (McFarland & Webhe-Alamah, 2019). This study could lead to positive social change by adopting improved ideas, approaches, and actions that will improve health outcomes for African American populations.

In the following sections, the problem statement is presented involving challenges of African American populations in terms of use of mental health care in hospitals. The problem statement demonstrates why further information is required for a solution to be possible. The purpose of the study was to explore challenges of social workers in terms of using culturally-competent practices with African American populations in hospitals. This was followed by research questions. I then addressed the conceptual model Afrocentricity, followed by information about the nature of the study. Recent literature related to the study was reviewed.

### **Problem Statement**

The rapid growth of diverse populations, including immigrants and minorities in the U.S., demands healthcare providers care for patients of varying backgrounds, ethnicities, religions, and cultural values. African Americans often receive poorer quality treatment and lack access to culturally-competent care involving mental problems (Gran-

Ruaz et al., 2022). More specifically, in 2018, nearly 70% of Black respondents failed to receive treatment for their mental illness, compared to 57% of the general population (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.). Compared to their White counterparts at 18.3%, 8.6% of African Americans use mental health services (SAMHSA, n.d.). Additionally, African Americans who underuse mental health treatments face psychological distress and higher suicide rates (Carratala & Maxwell, 2020). They also experience increased risk of morbidity and mortality, poor health outcomes, and decreased quality of life (Kim et al., 2020). Despite development of healthcare measures to address these disparities, there are still racial and ethnic health disparities involving behavioral health in the U.S. (Maness et al., 2020).

According to McGregor et al. (2019), Black-White differences in mental health treatment increased from 8.2% to 10.8%, and Hispanic-White differences climbed from 8.4% to 10.9% in 2019. Contributing factors include reduced access to behavioral healthcare, decreased mental health help-seeking, and a lower likelihood of receiving evidence-based mental health therapies. Additionally, racial, and ethnic minorities are overrepresented in poor socioeconomic communities and encounter prejudice and bigotry, leading to cultural mistrust of the healthcare system, which adds to difficulties in terms of obtaining care and negatively impacts healthcare outcomes (McGregor et al., 2019). Black American patients frequently experience institutional oppression in the form of racial discrimination, cultural misinterpretations, and incorrect diagnoses when seeking care from White American clinicians (Stare & Fernando, 2019). These experiences cause skepticism in terms of the healthcare system (Moss & Crewe, 2020).

African American populations have a unique perception of mental health services, which influences their willingness to seek help during mental health crises (Moss & Crewe, 2020). According to Williamson et al. (2019), culturally competent healthcare results in increased patient engagement and favorable outcomes. Healthcare providers must possess cultural care knowledge to appropriately care for African American populations and provide care that is specific to the needs of diverse populations (Adib-Hajbaghery, 2019). Cultural competence is a dynamic process in which healthcare providers seek to provide practical, safe, and high-quality patient care by considering different cultural aspects (Adib-Hajbaghery, 2019). African Americans' unique perceptions of mental health services and cultural beliefs can create challenges for social workers in terms of providing adequate assistance during hospitalization.

Stressors that affect African Americans can increase mental disease and jeopardize their emotional health. These stressors include but are not limited to poverty, lower quality of life, prejudice, unhappiness, lack of potential for employment, and inferior educational success compared to other racial and ethnic groups (Harris et al., 2021). Historical and contemporary issues involving anti-Black racism have resulted in less than 30% of Black Americans with mental health conditions seeking formal mental health services (Coombs et al., 2021). African Americans experience fewer participatory visits with their doctors than other racial or ethnic groups, which leads to shorter visits, reduced patient satisfaction, and poor health outcomes (Lu et al., 2021). Although researchers have investigated this issue, there is a lack of information on how social workers have responded to the fact that African Americans have not benefited from



services and challenges they faced by when providing mental healthcare to this population in hospital settings. This may fill a knowledge gap by giving researchers and practitioners information they need to create programs and policies that could lead to better outcomes and fewer disparities.

I explored challenges social workers face in terms of implementing culturally-competent mental health practices with African American populations in hospital settings. Social workers collaborate with African American communities to provide culturally-appropriate mental health services so they can receive proper mental healthcare. Like other minority groups, barriers for African Americans across all ages result from cultural stigma, lack of accessible services, and lack of transportation (Planey et al., 2019). Professionals working with African American communities must be aware of cultural variations within this group to serve this population effectively. Therefore, social workers must be knowledgeable and skilled regarding implementing multicultural and evidence-based interventions to overcome obstacles and advance social change among these populations.

### **Purpose Statement**

This basic qualitative study involved exploring challenges social workers face in terms of implementing culturally-competent mental health practice in hospitals with African American populations. By encouraging successful mental health treatments and methods when working with these populations during hospitalization, this research will help fill a practice gap, enhance environmental awareness in practice, and fill the gap in literature. Additionally, by doing this study, researchers could better understand what

additional assistance, education, and programs social workers require handling issues with African American communities. Findings could be used as a guide to create initiatives to enhance delivery of culturally competent mental health services to these communities in hospitals. Improved patient engagement and favorable outcomes have resulted from culturally-competent treatment (Williamson et al., 2019). Understanding social workers' difficulties in terms of delivering culturally-competent mental healthcare to African Americans while hospitalized will lead to enhanced practices in hospitals.

### **Research Questions**

RQ1: How do social workers describe how cultural issues create challenges when providing mental healthcare services to African Americans in hospital settings?

RQ2: What do mental healthcare social workers perceive as benefits to providing culturally-competent treatment to African American patients in hospital settings?

RQ3: How do social workers in hospital settings incorporate cultural competence into their work when providing mental healthcare to African Americans in hospital settings?

### **Definitions of Key Terms and Concepts**

In this section, I define key terms and concepts that were used in the study that may have multiple meanings. All definitions are supported by professional literature.

*Culture*: Beliefs, values, attitudes, behaviors, and practices that are characteristic of a group of people (Alghanmi et al 2022). Culture involves ethnic, racial, and socially-acquired qualities that are shared by a community or group (Foronda, 2020).

*Culturally competent:* Client-centered services that are respectful and responsive to the needs of a diverse group of patients.

*Medical mistrust:* Lack of confidence in the healthcare system, organization, or individual (Powell et al., 2019).

*Healthcare disparities:* Inequalities that are unfair, unjust, avoidable, or unnecessary that can be decreased through policy action (World Health Organization [WHO], 2021a) It includes differences that result from differential socioeconomic status and their impact on health as well as discrimination (Lee et al., 2021).

### **Nature of the Doctoral Project**

The research design for this study was a basic qualitative design. This design involves focusing on investigating how people understand their experiences, how they create their worlds, and what significance they assign to those experiences (Muhammad et al., 2019). According to Karatas (2020), the basic qualitative methodology is used to examine people's attitudes, beliefs, or thoughts regarding an event in their surroundings.

Merriam and Tisdell (2016) claimed researchers often deepen their knowledge of culture by conducting basic qualitative studies through open-ended interview questions. This can enhance exploration and collection of data in environments in which participants belong. This design is appropriate for this study because my goal was to explore challenges social workers face in terms of providing culturally-competent mental health services for African Americans in hospital settings. Qualitative researchers are interested in understanding how people interpret their experiences within their environments and what meanings they apply to their experiences (Maral, 2022; Merriam & Tisdell, 2016).

Merriam and Tisdell (2016) explained that a qualitative study design is emergent and flexible and can change as the study evolves.

For this study, individual semi-structured interviews were conducted with 10 participants through Zoom meetings. Qualitative research often involves a smaller sample size, and based on the nature of the research, 10 or fewer participants were required. During semi-structured interviews, researchers plan and direct interviews which may also include specific and personalized follow-up questions within and between sessions (Ravitch & Carl, 2021). Via this method, order of inquiries and wording follows a conversational path that is jointly created with each participant. I used a purposeful sampling strategy, aiming for a sample of full-time mental health social workers with at least two years of experience working with African Americans in hospital settings within Houston, Texas. To proactively manage potential conflicts of interest, I stated in the consent form that participants might already know me as a social worker, but this study was separate from my professional role. Data were also collected and held anonymously to ensure there were no identifying values that could link information to participants.

During purposeful sampling, researchers purposefully select individuals and research locations to learn about the primary phenomenon or understand it (Creswell & Guetterman, 2019). Purposeful sampling is used to discover and explain facts and events (Deniz & Kurt, 2022). To protect participant privacy and confidentiality, interviews were performed through Zoom meetings in a private setting that was convenient for them (office, home, or public space). Ravitch and Carl (2021) explained conducting interviews

through online technologies such as Zoom, Skype, and Google Hangout allows for potential access to a more significant number of people given geographical and other access and mobility issues, as well as potentially lower costs and less inconvenience to participants given there is no travel required. Participants were given information about the study's methodology. They were also informed about how the information they provided during interviews was used for research. I used the format provided by the Institutional Review Board (IRB) Office of Research and Compliance. These include emailing invitations for participation and obtaining participants' informed consent. Participants were contacted through LinkedIn. Interested participants were provided with my contact info to reach out directly to ensure confidentiality. After connecting with participants, I sent an invitation letter through LinkedIn email and requested their consent to participate in the study. Interview questions were also emailed to selected participants. There were no rewards given to participants for taking part in the study. Selected participants were made aware of the study's purpose and how it will be used to advance practice. Each participant was informed and given a choice to decide whether they could commit to individual interviews. Participants were informed that participating in the study was entirely voluntary and they could withdraw at any time. Interviews conducted through Zoom were recorded using a Windows voice recorder.

I requested consent from the participants to audio-record interviews. I reviewed terms of confidentiality and explained the format, structure, and process of interviews before commencement. Information was transcribed using NVivo 14 data analysis and further analyzed using content analysis to find common themes. Electronic devices like

USB drives and personal computers were encrypted using a unique password to store data. The NASW code of ethics and IRB ethical standards were followed while using this data.

### **Significance of the Study**

This study is significant because it may fill a gap in terms of understanding how social workers in hospital settings could improve their ability to integrate culture into their work with African American clients. Findings of this study could serve as a tool which will lead to social change in the social work profession by serving as a foundation for programs that seek to engage communities in terms of change and development of more sustainable societies. The study also may lead to insights regarding cultural barriers and difficulties social workers face when providing mental health services to African Americans in hospital settings, along with effective practical solutions to promote better mental healthcare outcomes for African Americans. The study could contribute to social work administration, especially concerning culturally competent mental health practice with African Americans in hospitals. Result of this study could be of value to health policy authorities in terms of creating a universal healthcare system that will reduce healthcare inequalities and lead to developing culturally-competent training for social workers as well as promote successful outcomes for patients.

The NASW (2021) stated professionals must keep learning to build new skills, become aware of social needs and gaps, undertake research, and increase their expertise in the field. According to Whaley (2019), healthcare workers must be aware of the impact of cultural competence to effectively work and address healthcare needs of African

Americans and other minority groups. Therefore, findings of this study could promote cultural competence awareness and support workers to decrease difficulties experienced by this population. Professionals and leaders will better understand how to support workers and implement effective interventions that will enhance practice by being knowledgeable of cultural needs of African American populations in order to enable them to engage in successful mental health services. This study could help hospital social work practitioners and other clinicians become knowledgeable about cultural approaches that are effective when assessing patients, their family needs, and appropriate intervention plans.

### **Theoretical and Conceptual Framework**

The foundation of this study was created using Dr. Molefi Asante's Afrocentricity conceptual model which involves studying and comprehending African American lives to be aware of the history, culture, and experiences of individuals of African heritage (Asante, 2003; Hong et al., 2020). I selected this theory for this study because it supports culturally relevant healthcare practices based on values, worldviews, lived experiences, and histories of Black individuals of African heritage.

Afrocentricity originated from the need for social workers and other health workers serving African communities to have a practical reference guide to help them gain more understanding of the people they serve (Hong et al., 2020). Use of the Afrocentric approach during mental health practice with African American populations could disrupt systemic discrimination and inequalities and improve their mental health outcomes. Afrocentricity is a social work theory that involves Africans and African

Americans, their unique life experiences, culture, and thoughts which shape their behaviour, including when they are sick (Bent-Goodley et al., 2017; Hong et al., 2020). Bent-Goodley et al. (2017) stated Afrocentricity involves employing African philosophies, histories, and cultures as a point of departure for interpreting social and psychological phenomena in order to develop appropriate individual, family, and social development strategies. Learning about African Americans' philosophical and conceptual thoughts during social work practice would support establishing culturally-competent practices to address present difficulties these communities face.

Afrocentricity calls for the researcher to put participants at the center of the study based on their interactions with African American populations. It could be used as a method of data collection and interpretation in research that promotes culturally-sensitive approaches. Black American culture differs from White American culture regarding its collective value orientation, linguistic patterns, and worldviews (Dillard, 2000).

Black Americans have suffered because of cultural denigration due to slavery, which is evident in the social sciences (Schiele, 1996). As a result, it is crucial to develop cultural values and worldviews of Black Americans to dispel the myth that only Eurocentric values and models can adequately explain behaviors of Black Americans as a means of resolving social issues involving mental health.

### **Values and Ethics**

I followed the NASW Code of Ethics involving ethical obligation to clients regarding cultural competency and honoring their worth and dignity. To fulfill their ethical duty to clients, social workers must be culturally-competent, showing an



awareness of how culture influences human behavior and society while appreciating positive aspects (NASW, 2021). This study may close the practice gap by enhancing social workers' knowledge that will direct practice by showcasing expertise in terms of providing culturally-competent mental healthcare to African Americans in hospital settings.

The NASW (2021) mandated social workers treat each client with compassion and respect, considering cultural and racial diversity. This value was put in place to uphold clients' intrinsic value and dignity. This study could improve clinical practice and effect change in terms of mental healthcare of African American patients. I aimed to address these disparities and find effective practical solutions to promote better mental healthcare outcomes for African Americans.

### **Review of the Professional and Academic Literature**

It is crucial to ensure that healthcare is provided in a culturally-competent way that addresses patients' medical, psychological, and social needs as the population of the U.S. becomes more diverse (Johnson et al., 2020). Healthcare organizations use culturally-competent care to lessen inequities involving access to community healthcare and delivery (McGregor et al., 2019). Social workers and other healthcare workers must be culturally-competent to provide adequate service to individuals with diverse backgrounds. Social workers must implement culturally-driven and evidence-based interventions during practice with African Americans, especially in hospital settings. According to White et al. (2019), providing culturally-competent healthcare services improves health outcomes, increases clinical staff efficiency, and improves patient

satisfaction. The purpose of this basic qualitative research was to explore challenges among social workers involving providing culturally-competent mental health practices to African American populations during hospitalization. In this section, I address the theoretical framework that served as the foundation for this study, and conducted an in-depth literature review that is framed by key ideas. I used the following databases: PubMed, PsycArticles, Google Scholar, Thoreau, Education Source, CINAHL Plus, and SAGE Journals. I used the following key words: *culturally competent*, *African American*, *culture*, *social workers in hospitals*, and *mental health*. Searches resulted in 150 relevant articles. While reviewing articles, I prioritized those that were published between 2019 and 2023.

### **Role of Culture in Culturally-Competent Practice**

Culture is an ethnic, racial, and socially-acquired quality shared by a community or group (Foronda, 2020). Culture is characteristics and knowledge of a particular group of people, encompassing language, religion, cuisine, social habits, music, and the arts (Bravo et al., 2020). It is difficult to agree on characteristics or factors that characterize a cultural group and apply to all people or cultures because the notion of culture is controversial (Bravo et al., 2020). When determining culture, it is crucial to put the person first: if the aim is to provide person-centered care, self-identified cultural affiliation is the necessary identifying attribute (Leininger, 2007). Incorporating culture during practice with African Americans is a critical factor in terms of improving psychosocial health outcomes and patient satisfaction (Johnson & Carter, 2020). Johnson and Carter (2020) looked at applicability of African American values and practices and

how well those factors can forecast African Americans' psychosocial health and confirmed the existence of an interdependent model of Black cultural values based on strengths. Understanding patients' views, values, and preferences regarding their healthcare should be a crucial component of patient-centered treatment (Rathoda et al., 2021; Alghanmi et al., 2022). It is more effective for clinicians to provide high-quality care when they know their patients' culture (Trinh et al., 2020). This is especially crucial because cultural beliefs influence how to define normality and pathology, how long symptoms may last, how psychiatric disorders present, and how to respond to treatment (Trinh et al., 2020). During assessments with clients relating to their mental health and healthcare, it is vital to consider their cultural values (Trinh et al., 2020). Healthcare professionals should actively establish a rapport with patients, respond to their questions, demonstrate a positive impact, and ask open-ended questions (Armstrong et al., 2022). They should also consider how each patient interprets their illness and treatment preferences according to their culture (Armstrong et al., 2022).

Culture significantly impacts many different areas of mental health, like how people perceive health problems, seek therapy, and cope (Armstrong et al., 2022). For a therapeutic relationship to be successful, patients with mental health issues must feel at ease and understood by their mental health professionals while in the hospital (Trinh et al., 2020). This involves having confidence in their mental health professionals' knowledge while discussing their identity. Patient prognoses often improve when mental health practitioners, including social workers, are aware of the significance of cultural

differences when diagnosing a disorder and take these considerations into account while providing care (Moreno & Chhatwal, 2020).

Mental healthcare for African American populations should be tailored to individuals, their identity, culture, and lived experiences (Johnson & Carter, 2020). Culture, shared community values and experiences, faith and spirituality, resiliency, key relationships, family bonds, and pride serve as sources of strength and support (Johnson & Carter, 2020). Understanding the influence of culture in terms of mental health practices with African American populations can impact how their health information is received, what type of treatment should be given, and who should provide the treatment (Moreno & Chhatwal, 2020). While it is only sometimes possible, finding the right provider with knowledge of African American culture is essential to ensure healing and recovery (Moreno & Chhatwal, 2020). Social workers in practice should recognize the importance of culture and shared values and experiences with African American populations and other minority groups in order to improve their health outcomes (Melendres, 2020).

According to Watson-Singleton et al. (2019), providing culturally-tailored resources using familiar terminology, addressing religious concerns, and including African American practitioners are means to improve healthcare disparities among African American populations. Culturally-competent practice involves establishing effective interpersonal and working relationships as well as higher-quality care and more effective communication (Rathoda et al., 2021). Healthcare workers' capacity to perceive and comprehend patients' views is a crucial component of compassion (Rathoda et al.,

2021). Rathoda et al. (2021) demonstrated patient satisfaction, adherence to treatment, and perceived outcomes of care are more significant when the healthcare provider and patient reach a shared understanding regarding issues by enhancing patient roles in decision-making, developing an understanding of diagnoses, and understanding treatment plans. Rathoda et al. suggested hospital social workers and other healthcare professionals need to be aware of their patients' preferences for being involved in healthcare decision-making. If appropriately used, culturally-competent practice decreases healthcare inequities and leads to high-quality interactions with communities (Rathoda et al., 2021). Culturally-competent practices should be offered in all clinical settings (Rathoda et al., 2021).

### **African Americans and Mental Wellbeing**

Despite being marginalized within the U.S., African Americans represent 41 million people (U.S. Census Bureau, n.d.). 2020 life expectancy rates for Blacks are 77.0 overall, 79.8 for women, and 74.0 for men (U.S. Census Bureau, n.d.). For non-Hispanic whites, projected life expectancies are 80.6 overall, 82.7 for women, and 78.4 for men. Because of systematic racism and social determinants of health, African Americans have experienced healthcare inequalities throughout the history of the U.S. (Amuta-Jimenez et al., 2020). Discrimination experiences negatively impact African Americans' physical and psychological wellbeing (Cavallieri & Wilcox, 2022). Various aspects or problems related to maintaining African American mental healthcare have not been addressed by the current American mental health system. Due to limited cultural awareness and practices, service delivery needs to be improved in order to be culturally-responsive

(Novacek et al., 2020). As a result of a decline in trust in mental health services and caregivers, lack of culturally-validating therapies has led to higher rates of resistance among African American populations (Novacek et al., 2020).

Black Americans exhibit high levels of resilience and culturally-accepted coping mechanisms despite substantial exposure to psychosocial stressors such as trauma and prejudice, as well as systemic hurdles that prevent them from reaching their mental health goals (Novacek et al., 2020). Novacek et al. (2020) noted interventions that are race-aware and culturally competent must take into account variables including prejudice, mistrust of medical professionals, history and racial trauma, as well as social support and culturally-accepted coping mechanisms. When properly implemented, culturally-sensitive interventions successfully improve mental health outcomes of African American populations (Novacek et al., 2020). Supporting patients through interventions, honoring their experiences and value systems, and respecting them is part of cultural competence practice in the social work profession (Margolies & Brown, 2019). Cultural competence care involves employing cross-cultural skills to work effectively with people from many backgrounds by acting as caseworkers, advocates, and brokers (Margolies & Brown, 2019).

Because of issues with trust and historical instances of medical mistreatment, African American populations are reluctant to receive medical treatment (Bogart et al., 2021; SAMHSA, n.d.). Improved quality of life and general health outcomes will result from providing minority populations with standardized healthcare services without prejudice (Williams & Cooper, 2019). Healthcare professionals' self-assessed

competency, awareness, attitudes, and prejudices impact quality of education and training (Hall & Jones, 2019). The concept of culturally-competent practice is vital to address discriminatory mental health care issues with African American populations and other minority groups (Osborn & Karandikar, 2022). This involves addressing racial diversity awareness and acceptance, one's prejudices, understanding cultural norms and realities, and engaging in cross-cultural practices (Nelson, 2021; Osborn & Karandikar, 2022).

African Americans who receive care suffer disadvantages involving perceived prejudice, medical mistrust, and poor communication when interacting with healthcare practitioners (CBHSQ, n.d.). Even when African Americans need mental healthcare, they are usually not keen to use such facilities (CBHSQ, n.d.). This reluctance may result from the historical reality that African Americans' mental health had been abused due to discrimination and lack of respect for their cultural values (Connell et al., 2019). Cultural competence entails taking steps to combat systemic oppression as well as privilege and internalized oppression (Lee et al., 2021). To offer equitable and high-quality patient outcomes that are beneficial to both patients and hospitals, removing cultural barriers can enhance patient-provider communications and patient care experiences (Sciaffing et al., 2020).

The diversity of African American populations creates additional obstacles involving access to healthcare. Also, historical antecedents make culturally-competent mental health practice highly imperative. Culturally-competent practice ensures effective treatment of African Americans who are mentally ill in hospitals. Result of this study could show how attempts to minimize inequalities may be impacted by understanding the

knowledge gap that social workers encounter when delivering culturally-competent mental health practices to African American populations.

Social work involves ensuring culturally-competent healthcare delivery and reducing racial and cultural inequities among people of color (Osborn & Karandikar, 2022). Better awareness of cultural traditions and expectations of African American communities will impact the creation of programs that support culturally-competent care and enhance standards of living (Hani, 2019). Few studies have investigated this topic. This study will contribute to the expanding body of knowledge.

### **African American Mental Health and Psychosocial Challenges**

Adult Black Americans are 20% more likely to report having significant psychological distress than adult White Americans, and they are more prone to feel depressed, hopeless, and worthless (DHHS, n.d.). Furthermore, adult Black Americans living below the poverty line are three times more likely to report severe psychological distress than those living above the poverty line (DHHS, n.d.). Black teenagers are more likely than White teenagers to attempt suicide but are less likely than White teenagers to die by suicide (8.3% versus 6.2%). Although there has been progress in overcoming the impact of discrimination and socioeconomic factors on African Americans' mental healthcare utilization, despite a decline, negative attitudes and prejudices still exist, and they have significant adverse effects (Mental Health America, 2022). According to survey results of Baltimore residents aged 18 and over, 22% of African Americans sought informal mental health care from spiritual advisors, social service providers, and family members (Lee et al., 2021). The socioeconomic disadvantages Black Americans face



result today from historical hardships such as slavery, sharecropping, and the exclusion of some groups from social and economic resources such as health and education because of their race (Hall et al., 2021). Socioeconomic factors greatly influence health and social outcomes for the general population. These factors can have a more pronounced and detrimental effect on vulnerable populations, such as those that experience mental-health concerns (Hall et al., 2021). According to several studies, having a better socioeconomic standing, including improved income level, employment, and a healthy lifestyle, can improve mental health (Nagasu & Yamamoto, 2020). There is indisputable proof that socioeconomic circumstances significantly impact how people behave in terms of their health and social consequences within a group (Nagasu & Yamamoto, 2020). Health and social outcomes are mainly influenced by income, poverty, and education (Nagasu & Yamamoto, 2020). Risk factors such as poverty, inadequate schooling, behavioral and learning issues, criminal activity, and gang membership have been linked to the incidence of mental health distress and psychiatric diseases. The literature review also found that issues with mental illness and addiction have grown to be so common in those who are poor and isolated from society that society is virtually starting to see mental illness and misery as a sign of socioeconomic disadvantage (Nagasu & Yamamoto, 2020). The information in this paragraph is helpful in this study because it has expanded knowledge of existing literature on factors that hinder the African American population from utilizing mental health care. A critical knowledge and service gap for this population can potentially be closed by social workers in hospital settings by pursuing a clearer understanding of the factors associated with Black Americans, such as socioeconomic

deprivation, spirituality, family values, attitudes toward seeking mental health help, and intentions about culturally-relevant engagement strategies and care models.

Despite the apparent need for prevention and treatment of mental health problems, there are racial disparities in the utilization of mental health services. These differences have been linked to systemic, structural, and cultural challenges that ethnic minorities face (Lee et al., 2021). Among Black Americans with mental health issues, less than 30% seek professional mental health services (Coombs et al., 2021). The African American community experience reduced access to necessary mental health care due to a lack of financial means, health insurance, and inadequate culturally acceptable mental health treatments (Coombs et al., 2021). Across all ethnic minority groups, stigma and unfavorable views about mental health care are frequent obstacles that impede service utilization (Lee et al., 2021; Moreno & Chhatwal, 2020). A lack of understanding of mental health issues, social support, and culturally sensitive treatment options are other significant barriers to African Americans obtaining help for mental health problems (Lee et al., 2021). Understanding the significant challenges African Americans face when seeking care for mental health issues and the efficacy of culturally-appropriate engagement tactics during the social worker's assessment could help improve their mental health status.

Black Americans lack the desire to seek mental health assistance (Taylor & Kuo, 2019). Therefore, it is likely that when Black Americans seek professional psychiatric assistance, they do it unwillingly or out of necessity. Clients with unfavorable attitudes toward obtaining help are more likely to experience poor treatment outcomes than those

with positive attitudes toward seeking help (Taylor & Kuo, 2019). With many problems which bedevil African Americans with mental illness, such as a lack of trust in the healthcare system and its workers and the problem of affordability, misunderstanding between them and clinicians, many of them resort to informal support systems.

According to Avent et al. (2021), African Americans frequently turn to various unofficial sources of support, including friends, family, and spiritual authorities. African Americans with mental illness may feel better at ease using these support systems. Clinicians and mental health professionals must thoroughly comprehend the intents, attitudes, and views of the Black community regarding obtaining mental health care (Taylor & Kuo, 2019).

An improved comprehension of the elements influencing Black Americans' attitudes toward receiving mental health care and their intentions about culturally-appropriate engagement strategies and care models can aid in closing the critical knowledge and service gap for this population.

### **Culturally-Competent Practice**

In clarifying the concept of culturally-competent healthcare, it is pertinent to examine how scholars have attempted to conceptualize and operationalize this phrase.

The Association of American Medical Colleges (2016) operationalized cultural competence to be the ability to demonstrate knowledge and an understanding of the role of culture in healthcare (McGregor et al., (2019). According to MacGregor et al. (2019), cultural competency in healthcare settings has long been acknowledged as a crucial component of high-quality healthcare delivery. It will continue to be crucial as society gets more and more diversified. The cultural competence principle will attempt to

untangle how African Americans interpret these experiences and bring it to bear on their attitude to others and their mental health behaviour. In furtherance of the discussion on the importance of cultural competence, the issue of cultural diversity was raised by Foronda (2020), who emphasized the importance of recognizing the diversity and applying cultural humility for successful outcomes. According to the above author, diversity is vastly broad. It includes cultural differences that span from differences in beliefs among nations, communities, and groups to diversity at the individual level, including diversity of thought (Foronda, 2020). The information in this paragraph is essential to this study because it explains progress in the development of the study objective and significance by demonstrating the relevance of culturally-competent mental health care to address health care problems among African Americans in hospital settings.

Culturally-competent practice enhances care provision to various patient populations and lessens healthcare inequities (Macgregor et al., 2019). Experts advise improving patient-provider interaction, such as increasing the provider's understanding of personal and cultural biases and views, the provider's response to patient cultural needs, and trust-building (Adebayo et al., 2020). To ensure that minority and underprivileged communities receive healthcare services effectively, intercultural competence training should be prioritized, especially in medical and nursing schools (Adebayo et al., 2020). The social work profession is responsible for fostering interpersonal trust between patients, families, and communities while addressing communication issues with patients of African heritage. Establishing sincere, culturally safe relationships with patients should

be a top priority for healthcare providers. Patients are more inclined to divulge information about their health if they feel respected and understood by their healthcare professionals (Adebayo et al., 2020). To provide culturally sensitive therapy, one must be aware of the therapist's biases and those of the profession (Kelley et al., 2020).

Healthcare professionals who work with African Americans can employ critical consciousness, which consists of awareness, a cognitive process, sensitivity, and affective awareness. As part of both official and informal continuing education, clinicians should constantly educate themselves about the problems that Black families encounter to improve their capacity to assist Black families effectively. The information in this paragraph is crucial to this study because it demonstrates its significance by showing how cultural competence could be used to ensure adequate provision of mental health care to the African American population.

### **Cultural Care and Racially-Harmonious Workforces**

This idea refers to culturally-based care knowledge, actions, and decisions applied in sensitive and knowledgeable ways to fit the clients' cultural values, beliefs, and lifeways effectively and meaningfully for their health and well-being or to prevent illness, disability, or death (Leininger, 2006a; McFarland, 2018b; McFarland & Webhe-Alamah, 2019). A commonly mentioned approach in workforce management and healthcare is creating a culturally compatible staff that reflects the community (White et al., 2019). The commitment to fostering an inclusive work environment must start at the top with a clear articulation of the institution's vision and mission (Kersey-Matusiak, 2019). This tactic minimizes racial and ethnic minorities' mistrust of healthcare providers

and systems. The results of attempts to increase patients' and caregivers' cultural and racial compatibility depend on the staff's conviction that racial compatibility is a good indicator of superior care (Kersey-Matusiak, 2019). According to experts, increased workforce diversity has advantages, including better patient-provider communication, greater access to healthcare in underprivileged areas, and improved patient trust (Bonar, 2019). Understanding the effects of racial and cultural awareness in healthcare practice requires understanding the caregiver's perspective.

### **Social Workers in Hospitals**

The interface between patients and the mental health treatment system is frequently provided by caregivers or non-professionals who assist in pursuing adequate treatment and improving outcomes. The work of social workers in a healthcare setting is an essential health resource in the United States (Joy et al., 2019). Due to their broad skill sets, social workers carry out a variety of duties in integrated health settings. Social workers are qualified to support the treatment of the "whole person in integrated care settings due to their training and knowledge of psychosocial risk factors for health, as well as their proficiency in behavioral health screening, assessment, and use of evidence-based interventions (Saxe Zerden et al., 2019). In the United States, there are currently 114,040 social workers employed in facilities for mental health and drug abuse treatment (United States Department of Labor, 2016; Nguyen, 2020). In addition to providing direct services, these social workers fulfill various other duties. They have made several contributions to drug treatment programs through their active involvement in creating, putting into practice, overseeing, and assessing clinical treatment programs (Nguyen,

2020). Winnett (2022) described the critical responsibilities of healthcare social workers as pre-admission assessments, high-risk screenings, crisis intervention, short-term counseling, care planning, and patient advocacy with other agencies and specialists. Additionally, hospital social workers engage in resource supply and coordination, longer-term post-hospitalization counseling, and care management for patients and their families (Winnett, 2022). Social workers frequently assist patients and their families in navigating complicated health systems, organizing multifaceted care plans, educating patients on health and wellness, addressing behavioral health through a variety of treatment modalities, facilitating connections to necessary non-medical resources, and advocating for patients across care teams to improve overall access to care (Winnett, 2022).

Social workers engage in patients' discharge planning by assessing patients' needs and educating them on how to be more involved in their healthcare (Ross et al., 2021). Social workers coordinate with other healthcare professionals to ensure patients understand their treatment and discharge instructions (Rowe et al., 2019). Information on the patient's diagnosis, the course of their illness, their medicine, and future appointments are included in the discharge instructions (Steils et al., 2021). It is essential to ensure that patients understand their discharge instructions to ensure adequate health maintenance. Patients who are not engaged and understand their discharge plan are at an increased risk of missing follow-up appointments, making self-care errors, and frequent readmission and poor health outcome (Steils et al., 2021). Social workers participating in discharge planning with patients and their families may increase patients' overall health outcomes and reduce frequent readmission (Steils et al., 2021).

Professional social workers are leading the way in integrating social care into health care, following their recommendations through awareness, adjustment, assistance, alignment, and advocacy (Reed et al., 2020). A long-standing component of professional social work addresses the upstream socioeconomic variables that influence people's health, such as having access to secure housing, safe transportation, and a decent wage (Reed et al., 2020). Social work practice is built on systems integration at various levels of intervention with individuals, families, communities, organizations, and policy. Professional social workers play a distinctive and crucial role in interprofessional teams to improve health and quality of life for people, families, and communities (Reed et al., 2020). The social worker conducts an initial assessment within 48 hours of admission after receiving the patient's consent to treatment (Reed et al., 2020). During this intake, the practical aspects of receiving care are discussed, and home care, family engagement, and other environmental factors are assessed and evaluated (Reed et al., 2020). The social worker conducts screenings for concerns that could hinder a positive health outcome, such as elder or domestic abuse, financial or benefit difficulties, caregiver absence or stress, and treated or untreated mental health conditions (Berrett-Abebe et al., 2020). The psychosocial assessment and the patient's medical needs determine the intervention's care plan and follow-up schedule. Before the patient is discharged from the hospital, the social worker assesses their home care requirements and safety (Ross et al., 2021). In addition to the medical and safety screening, this assessment gives the clinical team additional data to support their decision-making and helps to direct the admission process. The social worker investigates the existence and sufficiency of the patient's health insurance



(Ross et al., 2021; Berrett-Abebe et al., 2020). The social worker also discusses any issues with home accessibility (such as security and whether the elevator works), the state of the house, and any problems with utilities, such as running water, heat, and air conditioning (Ross et al., 2021).

Social workers encounter challenges in hospital settings during practice with patients in medical and mental health care (Daphna-Tekoah, 2021). Occasionally, physical care and psychological therapy are combined to treat trauma victims. The therapy is focused, immediate, and varies from department to department. Social workers encounter patients who have gone through life-threatening traumatic incidents, mental health issues, injuries, acute or chronic illnesses, and death both during their regular hospital job and when they are on call for emergencies (Daphna-Tekoah, 2021). Social workers may face challenges and opportunities while working in interprofessional, integrated care teams. Finding ways to help social workers operate more effectively in teams can lead to better patient care (Zerden et al., 2019). Krunkberg (2019) named stigma, the problem of affordability and accessibility, and the challenge of working with interdisciplinary teams as crucial issues facing mental health social workers. This is especially so in the case of mentally ill African Americans because this population is already stigmatized in the US. Krunkberg (2019) further pointed out that social workers may face the challenge of working in an interdisciplinary team in which other members do not understand the social worker's contributions to the treatment of patients. This becomes a challenge to the social worker as he/she struggles to advocate for and educate the patient. Importantly, it is difficult for the social worker to accomplish this task if

he/she does understand the patient's perceptions, beliefs, and experiences. Notably, a lack of effective communication between the patient and the social worker may create a significant challenge for the social worker because it can impede the patient's recovery. Kerrigan et al. (2021) observed that patient-centred communication is not prioritized in hospitals due to how hospital processes are implemented. The dominant attitude is that doctors believe we are here to do medicine, not the soft stuff (2021). This indicates that doctors do not consider communicating effectively with patients essential, making the health practitioner lose a significant ingredient that boosts treatment outcomes. Kerrigan et al. (2021) also found that accelerated discharge and poor communication often result in patients' readmission, contributing to the negative perception of patients who were labeled frequent flyers. Frequently readmitted patients are perceived as a chore and an inconvenience in your day. This experience stresses the importance of effective communication through culturally competent principles. This implies that some of them found in hospitals may not want to sustain the hospital encounter, which may create problems for the social worker. Professional counsellors must be aware of African American clients' religious backgrounds as those culturally informed increase help-seeking and retention of counselling (Kerrigan et al., 2021). As demonstrated in this paragraph, understanding social workers' challenges during practice with patients support this study's purpose.

In an integrated health and social care system, a social worker's duty in an acute hospital can be broadly defined as determining the service users and their family's need for social and medical care and assuring their social well-being. In their research, Heenan

and Birrell (2019) examined hospital-based social work difficulties at the intersection of health and social care. The study results show that social workers thought their jobs were difficult to define since they were complex, wide-ranging, and multifaceted. Their difficulties include coping with complicated family relationships, which are often in crisis, and working with elderly patients who have trouble making decisions. (Heenan & Birrell, 2019; Schultz et al., 2021). Intersectoral communication and a lack of time to handle routine duties, which hindered coordination, were other difficulties met by social workers that this study discovered. The results of their study are pertinent to my research because they support the development of the objective of my research and facilitate its conclusions by revealing the roles and challenges social workers face when providing mental health services to the African American population in hospital settings.

### **Afrocentrism**

The foundation for this study was Dr. Molefi Asante's Afrocentric conceptual model which holds that studying and comprehending African Americans' lives requires an awareness of the history, culture, and experiences of individuals of African heritage. The Afrocentric perspective aims to combat oppression and promote ideals like culture, spirituality, community, and cooperation inside and outside the African American community (Asante, 2003; Hong et al., 2020). This theory is pertinent to this study because it offers a framework that directs and instructs social workers on how to deal effectively with clients who are facing social exclusion. With the use of the Afrocentric social work method, social workers may better comprehend how historical oppression and ongoing racial discrimination at the structural level led to various difficulties and

obstacles encountered by the African American population at the individual level (Hong et al., 2020). Gaining insight into this orientation could enable social workers providing mental healthcare services to African Americans during hospitalization to understand the patients' perceptions, beliefs, and attitudes toward mental healthcare and the healthcare system. This awareness could make it possible for the social workers to improve their knowledge on the utilization of culturally-competent mental healthcare practice with African American population.

The Afrocentric social work approach is founded on critical tenets of the Afrocentric perspective. The guiding principles promote knowledge of Black people and their rich culture that honors and fosters Black joy, love, excellence, and group power and well-being (Liben et al., 2022). In addition, the principles provide Black people with a means of affirming and strengthening family, community, and culture and help them create a peaceful and harmonious oneness in their struggle for freedom, justice, peace, and human flourishing in the world (Liben et al., 2022; Gebremikael et al., 2022). One can discover life's purpose, improve self-esteem, and gain social skills by cultivating harmonious relationships. As essential cultural values, friendship, compassion, sharing, honesty, courage, harmony, and self-control are upheld by interconnected connections (Liben et al., 2022). Considering this, isolated circumstances like social isolation and alienation from interrelated human interactions may be the root of certain people's issues and dysfunctions (Hong et al.; Liben et al., 2022). The spirituality that unites all people with one another and with the creator or invisible universal substance is another crucial concept. Since the spiritual nature of people can transcend the current time and space,

emphasizing spirituality from an Afrocentric perspective necessitates a paradigm shift in how we value people. Rather than their current social and economic standing, we should value people for who they are as human beings (Hong et al., 2020). According to the Afrocentric viewpoint, spirituality comprises the act of caring and sharing and moral development in addition to spiritual development. This idea is pertinent to this study since the tenets of the Afrocentric approach to Black health encourage culturally relevant healthcare based on the beliefs, worldviews, and histories of Black people of African origin (Hong et al., 2020). Social workers' use of the Afrocentric approach during mental health practice with African American population could disrupt systemic discrimination and inequalities and improve their mental health outcomes.

Afrocentricity originated from the need for social workers and other health workers serving African communities to have a practical reference guide to help them gain more understanding of the people they serve. The Afrocentric paradigm offers a crucial organizing principle for the growth of social work knowledge at the individual, group, societal, and global levels (Schiele, 1996). While highlighting the African American population's distinctive contributions, capacities, and capabilities, it also emphasizes the value of humanity (Bent-Goodley et al., 2017). It serves as a reminder to social workers that they must address the human condition and be committed to a person's development regardless of their color, ethnicity, gender, social class, or region (Bent-Goodley, 2017). Doing so offers a perspective that is open to all people while still emphasizing what it means to belong to the African American community. Afrocentricity as a social work theory beams its light on Africans/African Americans, their unique life

experiences, their culture, and the peculiar African thought which shape the behavior of the people, including their behavior when they are sick (Bent Goodley et al., 2017; Hong et al., 2020). According to Bent-Goodley et al. (2017), Afrocentricity uses African philosophies, histories, and cultures as a point of departure for interpreting social and psychological phenomena to develop appropriate strategies for societal change and promote personal, family, and community development. Learning about African Americans' philosophical and conceptual thought during social work practice may inspire the adoption of culturally competent practice to address the difficulties these communities are now facing (Bent-Goodley et al., 2017; Hong et al., 2020).

Although the Afrocentric perspective is essential for promoting utilization of African American strengths, there has been considerable discussion regarding whether the Afrocentric social work method ignores the complexity, distinctiveness, and diversity of cultures within African American communities (Hong et al., 2020). However, the Afrocentric social work approach respects diversity instead and supports the cultural diversity of people of African heritage (Hong et al., 2020). Working across all individuals, family, and community systems is one philosophy and method that can be effective in the Afrocentric social work approach. Others include eradicating oppression and fostering collectivism and spirituality, acknowledging the socio-cultural distinctiveness of people of African descent, developing a collective understanding of human identity and needs, recognizing the importance and relevance of spirituality, and elevating race and racialism (Hong et al., 2020). The fundamental tenets and values of the Afrocentric approach form the basis of the social work profession. As we position this

perspective at the core of the helping process closely matched with client strengths, the Afrocentric social work approach not only supports culturally competent practice but also encourages empowerment, growth, and transformation (Liben et al., 2022). By understanding African culture, social workers in the hospital setting can determine the cultural challenges of providing adequate mental health service to African American population. The Afrocentric theory is relevant for this study because it allows social workers to be part of the African American culture, which can aid in the cultural sharing pattern while conducting basic qualitative research.

When employed in a research study, Afrocentric theory exposes scholars to an ideology that emphasizes African American values, spirituality, and ritual (Pellebon, 2007). Consequently, selecting Black Americans as the research's focus group enables an analysis based on African tradition, history, and culture (Turner, 2002). The African-centered researcher is dedicated to advancing studies supporting participants' voices. It is based on the notion that each person's experience is distinctive, and that each person's story contributes to creating new knowledge (Bent-Goodley, 2017). As a result, research that respects and honors the person and the community is attained. The researcher sees the community as depending on them. Other proponents of Afrocentric theory also held the need for focus research on Black Americans. W.E.B. DuBois had a significant role in the development of Afrocentric theory. According to DuBois (1929), the American public and Black people both believed that the abolition of slavery would usher in wealth. However, this was not the case because Black people encountered a political and social

undercurrent of dread and fear. To analyze the information gathered, DuBois adopted an Afrocentric viewpoint.

Afrocentric theory has been applied in relevant studies in social work research. In his research, Koketso (2019) used the Afrocentric theory to examine the romantic relationships of teen dads in Vaalbank, Mpumalanga Province, South Africa. Through semi-structured interviews, his study investigated the experiences of seven participants who were teen dads. The study found that their parents and peers encouraged them when the subjects revealed they were adolescent fathers. Others emphasized that they had discovered they needed to get employment as fathers through speaking with their peers. The community, however, required a deeper level of comprehension than the families and friends of the teen dads. Residents of the community anticipate a grown man, not a teenager, to be a father. This article demonstrates how the community has preconceived notions about young fathers, viewing them as outcasts who do not adhere to cultural norms (Koketso, 2019). Understanding the cultural values of African American population and how they influence their decision-making and quality of life is relevant in defining the purpose of this study. Social workers in hospital settings can improve practice with African American populations with a mental health problem when they understand the values they attach to their problem and how these values impact their mental health problems.

Lewis et al. (2022) investigated the contextual elements and interpersonal interactions that support the development of a close bond between Black sons-in-law and their in-laws. Using a semi-structured interview method, Black/African American sons-



in-law were questioned about the quality of their interactions with their in-laws. The study results indicate that sons-in-law felt that sharing common interests and trying to participate in family events and gatherings shaped the relationship. Shared beliefs, open lines of communication, and mutual support were also seen as essential elements of a good and happy relationship (Lewis et al., 2022). The outcome of this research is relevant to my study because it supports the development of the study's objective by illustrating the impact of incorporating culture and value systems during practice with African American population. Social workers in hospital settings can improve mental health care for African American population by adopting culturally oriented communication skills, mutual support, and shared value method of practice.

As such, applying the Afrocentricity theory to this study could further contribute knowledge in culturally competent mental health practice with African Americans in hospitals. In applying this theory to the study, what immediately comes to mind is diversity, discrimination, oppression, incarceration, and the trauma associated with African Americans, which impact their behaviour and mental health. Also, these experiences encountered by African Americans in American society culminated into and added to the unique cultural orientation of the people (Novacek et al., 2020). Gaining insight into this orientation could enable social workers providing mental health services to African Americans to understand the patients' perceptions, beliefs, and attitudes toward mental healthcare. This insight could make it possible for social workers to understand effective cultural measures to adopt to reduce the challenges of providing mental health

practices to African Americans in hospital settings which is part of the purpose of this study.

### **Application of Theoretical Framework to Promote Social Change**

The Afrocentric theory was used in this study to analyze the challenges faced by social workers in implementing a culturally competent practice with African Americans in hospitals. Understanding the Afrocentricity model and its application could enable social workers and other healthcare providers to provide culturally sensitive interventions, implement individualized treatment, and increase service outcomes. The theoretical framework may also empower social change in the social work field by serving as a foundation to develop a culturally competent practice model that will help eliminate healthcare disparities experienced by African American population. To advance social work practice, professionals must implement research-based strategies to increase their intercultural awareness of the African American population. Due to the continuous need to provide mental healthcare to African Americans in the United States, understanding the challenges social workers encounter while implementing culturally competent mental healthcare to this population during hospitalization may be used to implement social change in the social work field and within African American population. My proposed research study could contribute to advancing and adopting new concepts, methods, and strategies that restore the successful use of a culturally competent practice with a varied population to enhance their health outcomes. An academic movement enhancing mission-driven change is an instance of positive social change (Walden University, 2015). The results of my research project could impact Walden's

mission of social change by establishing a learning community where knowledge is leveraged to identify and address significant societal problems.

### **Summary**

In Section 1, I described the study's goal involving using a basic qualitative research design to examine social worker challenges when establishing culturally-competent mental health practices with African Americans in hospitals. The healthcare industry faces difficulties in terms of ensuring equal care because of demographic diversity. Cultural competence is a measure to address equity in terms of access to and quality of care for African American populations in hospitals. Despite being the second-largest minority group in the U.S., African Americans still faces unnecessary obstacles in terms of high-quality healthcare compared to their White counterparts. As a profession based on caring, social workers are expected to address healthcare disparities among minority groups. This study involved gathering information using semi-structured interviews via Zoom. I also discussed the basic qualitative research design this section, along with Afrocentricity. Additionally, I researched academic studies on strategic factors. The research design, methodology, data analysis strategy, and ethical procedure are all addressed in Section 2.

## Section 2: Research Design and Data Collection

I aimed to explore challenges social workers face when implementing culturally-competent mental health practices with African American populations in hospitals. In this chapter, I outline the research design and methodology and provide a rationale to support use of a basic qualitative research design. The data analysis plan and ethical procedures are addressed.

### **Research Design**

I used the basic qualitative research design to explore challenges social workers face when implementing culturally-competent mental health practices with African American populations in hospital settings. The research questions in this study were:

RQ1: How do social workers describe how cultural issues create challenges when providing mental healthcare services to African Americans in hospital settings?

RQ2: What do mental healthcare social workers perceive as benefits to providing culturally-competent treatment to African American patients in hospital settings?

RQ3: How do social workers in hospital settings incorporate cultural competence into their work when providing mental healthcare to African Americans in hospital settings?

The qualitative research method is often used in the human services field to gather data involving gaining an in-depth understanding of a selected group's perceptions, levels of satisfaction, and needs based on a specific topic (Ravitch & Carl, 2021). According to Merriam and Tisdell (2016), basic qualitative research can be used to investigate and

characterize experiences involving a situation or event. My goal was to identify best ways to describe or investigate experiences.

### **Methodology**

The purpose of this study was to explore experiences of social workers involving implementing culturally-competent mental health practice with African Americans in hospital settings. For this study, individual semi-structured recorded interviews and open-ended questions were used to obtain data from 10 selected participants through Zoom meetings. Via semi-structured interviews, I organized and guided interviews to include specific and tailored follow-up questions within and across interviews. Order of questions and wording of specific questions followed a conversational path that was co-constructed with each participant. To protect participant privacy and confidentiality, interviews were performed through Zoom in a private setting that was convenient for them (office, home, or public space). Ravitch and Carl (2021) explained that conducting interviews through online technologies such as Zoom, Skype, or Google Hangout allows for potential access to a more significant number of people given geographical and other access and mobility issues, as well as potentially lower costs and less inconvenience to participants given that there is no travel required. Interviews were recorded using a computer voice recorder. Information gathered from interviews was then transcribed and coded to find similar themes during data analysis. Pseudonyms were used throughout the data collection process to ensure confidentiality for participants. USB drives and personal computers were encrypted using a unique password to store data. I followed the NASW code of ethics and IRB ethical standards. Retrieved data went through coding cycles to find

similar themes. Results of the study were shown using data that were analyzed. Data analysis is shown in tables.

I used reflexive journaling to document my thoughts and feelings as I conducted interviews and listened to participants' reflections on their experiences. According to Meyer and Willis (2019), reflexive journaling can be used to develop strategic and carefully considered ways to address challenges and help researchers understand positionality. Interview questions were limited in number and open-ended. They were written so they were readily understood, made sense, and were answerable. Participants were given 45 to 60 minutes to complete interviews and respond to questions. To ensure suitability of this time frame, I conducted a mock interview with two of my colleagues to determine the estimated time it would take for participants to respond to interview questions. It took an average of 48 minutes to an hour for each of my colleagues to complete the mock interview test.

### **Participants**

The purpose of this study was to explore experiences of social workers in terms of implementing culturally-competent mental health practices with African Americans in hospital settings. I used a purposeful sampling strategy to select participants and research locations in order to learn about the main phenomenon and understand it. Participants were 10 full-time mental health social workers with at least 2 years of experience working with African Americans in hospital settings within Houston, TX. Qualitative research often involves a smaller sample size, and based on the nature of the research, 10 or fewer participants were required.

All participants in this study lived in Houston TX, were full-time mental health social workers with at least 2 years of experience working with African Americans, and were employed within a hospital healthcare system. There were no criteria for ethnicity and gender; all nationalities were eligible for participation in the study. Participants were contacted using LinkedIn. After connecting with participants, I sent them invitation emails. After establishing their interest in participating in the study, I sent consent forms to request formal volunteer social worker participation. I selected from those participants who agreed to eligibility terms and signed consent forms. Data were collected using in-depth and face-to-face interviews via Zoom that were open-ended (see Appendix A). I requested from selected participants permission to schedule interviews. Participants were asked to select suitable dates and times for interview and notified about Zoom links. Interested participants were provided with my contact information to ensure confidentiality. Participants were given information about the study's methodology. I used the format provided by the IRB's Office of Research and Compliance. There were no rewards to participants for taking part in the study. Selected participants were made aware of the study's purpose and how it could be used to advance practice. Each participant was informed and given a choice to decide whether they could commit to individual interviews. They were informed that participating in the study was entirely voluntary and they could withdraw at any time. They were given 45 to 60 minutes to complete interviews and respond to questions.

## **Instrumentation**

According to Ravitch and Carl (2021), the researcher is the primary data collection instrument in a basic qualitative research study. Other instruments used for this research study include semi-structured interviews and open-ended questions to gain insight into the participant's knowledge about the phenomenon. In this approach, the order of questions and wording of specific questions follow a similar conversational path co-constructed with each participant (Ravitch & Carl, 2021). According to Price and Smith (2021), semi-structured interview data give us a view into the complex cognitive links that humans draw in our minds when processing our social worlds. This type of interview is conversational, with the interviewer asking questions and following up the participant's responses with questions that gain clarification or further insight (Price & Smith, 2021). In addition, researchers can use a semi-structured interview approach to gain insights into a topic by organizing several questions before engaging in talks with participants (Patton, 2015). The phenomenon of interest was investigated using an open-ended interview question. According to Patton (2015), open-ended questions reduce the imposition of predefined responses like fixed survey items. It is preferable to offer open-ended questions so that respondents can react using their own words (Patton, 2015). With the open-ended question, the interviewees are free to express themselves in whatever way they choose and with any words they feel comfortable with (Patton, 2015).

Additional instruments that were used for data collection include, a computer voice recorder, a laptop with a camera or mobile phone, a Zoom video conferencing device, and a journal. The data analysis plan used includes using NVivo 14 computer data



analysis software and content analysis. The interview consisted of questions based on the theoretical concept supported by the empirical literature. I used reflexive journaling to capture any pertinent contextual material that comes to mind. Reflective journaling can enhance engagement and decision-making and can support researchers in learning cultural humility (Burner, 2019).

### **Data Analysis**

The purpose of this basic qualitative study was to explore the experiences of social workers in implementing a culturally competent mental health practice with African Americans in hospital settings. The main research questions used to explore this problem include: how do social workers describe how cultural issues create challenges when providing mental health care services to African Americans in hospital setting? What do mental health care social workers perceive as the benefits to providing culturally competent treatment to African American patients in hospital settings? How do social workers in hospital settings incorporate cultural competence into their work when providing mental health care to their African American patients? In alignment with the research approach, my analysis plan included using NVivo 14 computer data analysis software to transcribe recorded interviews verbatim and content analysis to search for recurring words or themes.

The NVivo 14 is simple to use and regarded as excellent for analyzing both organized and unstructured data, extracting information about participant experiences, assessing theories, and producing conclusions and outcomes (Harris, n.d.). Application of the NVivo qualitative software could produce findings that are supported by evidence and

disclose an in-depth understanding of the issue (Harris, n.d.). In comparison to manual coding, using NVivo software makes it simpler to find themes and patterns. It enables collaboration and data comparison among numerous research team members. Reviewing each line, phrase, or paragraph will help me identify the themes and ideas that best capture what the participants' replies meant to me. Content analysis is a general term for identifying, organizing, and categorizing narrative text content. According to Patton (2015), it involves searching the text for and counting recurring words or themes. Content analysis usually involves analyzing interview transcripts, diaries, or documents to identify core consistencies and meanings (Patton, 2015).

### **Ethical Procedures**

In this current study, I adopted ethical procedures by sending out invitations to participate in the research study through emails and informed consent to selected participants before data collection (Walden University). According to Trachsel and Holtforth (2019), informed consent is a requirement for all interventions and a moral obligation that reflects the individual's right to self-determination, patient well-being, protection, and the principle of doing no harm. Participants were assured that the data collected was kept private, secured, and only used for this study. Confidentiality pertains to a person's privacy and involves deciding how and what participant data will be shared (Ravitch & Carl, 2021). Participants were promptly notified that some of their identifying information, such as names, distinctive qualities, or job titles, will not be included in their final report. Coded items were used to avoid revealing participant's name or any other

aspect of their identity. Participants were reminded of their freedom to decline participation without incurring any penalties.

The researcher respected the participants by clearly reviewing the informed consent form and giving participants adequate time to review it and ask questions (Ravitch & Carl, 2021). As the researcher, I was mindful of the participant's feelings and respectfully listened and engaged with them during the interview. Before the study, participants were made aware that there would be no compensation for their participation. It was apparent to participants that participating in the study is entirely voluntary and that they are free to stop at any moment. Electronic equipment like a USB drive and a personal computer were encrypted with a personal password to store the data obtained during the interview. These data were utilized following the NASW code of ethics and IRB ethical standards. Participants included social workers from different cultural backgrounds as a method to incorporate cultural competence during the interview. The researcher adopted a culturally sensitive and unbiased interview approach that promotes respect for the diversity of the participants and cultural factors that can affect their language, communication style, beliefs, attitudes, and behaviors (Ravitch & Carl, 2021).

### **Summary**

In Section 2, I introduced the research design and data collection methods, which involved using a basic qualitative design to explore challenges of social workers in terms of implementing culturally-competent mental health practices with African Americans in hospital settings. The data collection method involved individual semi-structured and recorded interviews with selected participants through Zoom. I described the purposeful

sampling strategy, aiming for a sample of 10 full-time mental health social workers with at least 2 years of experience working with African Americans in hospital settings within Houston, TX. I also reviewed the data analysis plan involving content analysis and NVivo 14. I addressed ethical procedures relating to this study. Data analysis technique and findings are in Section 3.

### Section 3: Presentation of the Findings

The purpose of this basic qualitative study was to explore experiences of social workers in terms of implementing culturally-competent mental health practices with African Americans in hospital settings within Houston, Texas. The research questions were:

RQ1: How do social workers describe how cultural issues create challenges when providing mental healthcare services to African Americans in hospital settings?

RQ2: What do mental healthcare social workers perceive as benefits to providing culturally-competent treatment to African American patients in hospital settings?

RQ3: How do social workers in hospital settings incorporate cultural competence into their work when providing mental healthcare to African Americans in hospital settings?

I used individual semi-structured recorded interviews and open-ended questions to obtain data from 10 selected participants through Zoom meetings. An interview protocol was used to organize and guide interviews, and follow-up questions were asked during interviews. In Section 3, I present data analysis techniques involving coding data, presentation of coding, categorization, and themes based on participant responses. This section also contains findings of the study. I address professional ethics in social work practice, recommendations for social work practice, and implications for social change.

## **Data Analysis Techniques**

### **Data Collection**

The Walden University IRB approved the study on May 26, 2023. Participant recruitment and interviews were conducted between June 6 and August 10, 2023. The IRB approval number is #05-26-23-0660523. I used the LinkedIn website portal for a purposeful sampling of social workers with experience providing mental health services to African American populations in hospital settings within Houston, TX. Participants were contacted through LinkedIn. After connecting with participants, I sent them invitation emails. After establishing interest in the study, I sent consent forms to selected participants. I included in the email I used to send out the consent form a request from potential participants to confirm their eligibility to participate in research. I selected those participants who agreed to eligibility terms and consent form. All participants provided consent through email by replying with the words “I consent.” Interested participants gave their consent within 10 days of the time the consent form was sent. I scheduled interviews for 45 to 60 minutes with each participant at a convenient time. Zoom meeting links and access information for participation were sent to participants via email. Using Zoom, I conducted interviews using my laptop in my home office. Data were obtained from 10 participants using semi-structured interviews. Researchers use semi-structured interviews to obtain in-depth and rich data and ensure vital information is noticed (Ravitch & Carl, 2021).

Participants chosen for the research project were interviewed using interview questions (see Appendix A). Questions were developed to understand social worker

challenges involving providing mental health services to African American populations in hospital settings. The interview technique presented no noticeable difficulties. There were no technical issues or interruptions due to background noise or individuals.

Zoom links and meeting IDs were sent to each participant at least 48 hours before meetings. Because Zoom is web-based, users can quickly join a session by clicking a button. There were no technical issues with Zoom. All participants were familiar with it. Zoom was used to record interviews.

Participants freely responded to questions by sharing their detailed experiences of challenges while providing mental health services to African American populations in hospital settings. Every participant received a personalized email with interview transcripts for their review and permission. The data collection process involved recruitment of participants, obtaining their consent, scheduling and conducting interviews, transcribing interview data, and transcription approval for each participant, which occurred within 6 weeks from the day of the interview. Having verified interview transcripts, I began the data analysis process.

### **Data Analysis**

The 10 interview transcripts were arranged following the planned interview order. Each transcript document file was given a name based on identifying pseudonyms (SW1, SW2, SW3, SW4, SW5, SW6, SW7, SW8, SW9, and SW10). Interview transcripts were structured in a Word document. They were read several times to understand participants' experiences. I categorized ideas and data from participants. I used NVivo 14 for data

analysis. I could find themes, annotate them for coding, and classify them based on my research findings.

The content analysis process was used for identifying, organizing, and categorizing narrative text. According to Patton (2015), it involves searching text for and counting recurring words or themes. Content analysis usually involves analyzing interview transcripts, diaries, or documents to identify core consistencies and meanings (Patton, 2015). It also involves reading interview transcripts multiple times to understand them and determine text that is relevant to the research topic (Patton, 2015).

Information included participant feedback and phrases. Developed codes were then divided into various clusters or groups. Categories were organized into groups, and themes emerged. Writing and reviewing concepts then served to characterize the phenomenon. Themes were used to establish how they relate to participant experiences involving the research topic. Codes, categories, and themes were grouped under each research question.

After creating the project file, I clicked on the external data button and imported the 10 interview transcript files that were saved in Microsoft Word. To import files into NVivo for analysis, I navigated to the folder, selected every file, and then clicked open. In NVivo, imported files were shown on the source folder in ascending sequence, from SW1 to SW10. I opened each interview transcript by clicking on it to display its contents, and then I began coding data in NVivo. Codes were created based on the meaning of codes in interview transcripts regarding each research question. I moved and highlighted



text where information was based on participants' exact words. The codes that were developed based on RQ1, RQ2, and RQ3.

### Codes and References

**Table 1**

*Title of Table 1*

<b>Codes for RQ1</b>	<b>Files</b>	<b>References</b>
<b>(RQ1) Cultural Issues and Challenges</b>	10	27
<b>cultural variations and disparities</b>	1	1
<b>Denial of Mental Health</b>	8	9
<b>Disengaged family background.</b>	1	1
<b>Hospital Rules and Policies</b>	1	1
<b>Inadequate feelings</b>	1	1
<b>Inadequate time frame</b>	1	2
<b>lack of cultural knowledge</b>	2	2
<b>Lack of Training</b>	1	1
<b>Providers being culturally incompetent</b>	3	3
<b>providers with diversity</b>	1	2
<b>Resistance with sharing information</b>	2	4

**Table 2**

*Title of Table 2*

<b>Codes for RQ2</b>	<b>Files</b>	<b>References</b>
<b>(RQ2) Benefit of Culturally Competent</b>	10	25
<b>Autonomy</b>	1	1
<b>Better communication</b>	3	3
<b>Feeling more comfortable</b>	1	1

<b>Gaining In depth knowledge of client's problems</b>	2	2
<b>Improved Assessment</b>	2	3
<b>improved outcome because am black</b>	1	2
<b>improved self-believe</b>	3	3
<b>Modification of practice</b>	1	1
<b>More Understanding</b>	3	4
<b>Non-judgmental</b>	1	2
<b>Patients satisfactory and improved outcome</b>	1	1
<b>Safe and effective Discharge outcome</b>	1	1

**Table 3**

*Title of Table 3*

<b>Codes for RQ3</b>	<b>Files</b>	<b>References</b>
<b>(RQ3) Strategies to Incorporating Cultural Competence</b>	9	39
<b>Acknowledging them</b>	3	4
<b>Active listening</b>	1	3
<b>Assertive communication</b>	1	1
<b>Being empathetic</b>	3	4
<b>Being open</b>	2	3
<b>diverse providers</b>	1	1
<b>Improved self-awareness</b>	3	3
<b>Involving family During Intervention</b>	5	6
<b>Meeting patients where they are</b>	5	7

From the above tables, files represent the number of participants connected to a specific code, while references are the number of significant information connected to a specific code. Categorization was done by exporting all codes from NVivo to Word

documents by clicking on the export list. I started categorization with the dominant codes by placing them in each cluster and dragging each related code to each dominant code. After clustering, I labeled each cluster to form themes related to each research question, as shown below (table 4, 5, and 6).

**Categorization of Codes**

**Table 4**

*Title of Table 4*

<b>Cluster 1, Denial of mental health services.</b>	<b>Cluster 2: Cultural Diversity in healthcare</b>	<b>Cluster 3: Being Culturally incompetence</b>	<b>Cluster 4: Inadequate hospital programs.</b>
<b>Denial of Mental Health</b>	Cultural variations and disparities.	Culturally incompetent.	Hospital Rules and Policies.
Resistance with sharing information	Providers with diversity	lack of cultural knowledge	Inadequate time frame
Disengaged family background.		Lack of Training	
<b>Inadequate feelings</b>			

**Table 5**

*Title of Table 5*

<b>Cluster 1: Effective communication</b>	<b>Cluster 2: Attaining Comprehensive assessment</b>	<b>Cluster 3: Improved patient resilience</b>	<b>Cluster 4: Effective discharge outcome</b>	<b>Cluster 5: Supports Patient focused intervention.</b>

<b>More Understanding</b>	Gaining In-depth knowledge of client's problems	Improved self-belief.	Patients satisfactory and improved outcome	Modification of practice
<b>Better communication</b>	Improved Assessment	Feeling more comfortable		Autonomy
<b>Non-judgmental</b>			Improved outcome because am black.	
			Safe and effective Discharge outcome	

**Table 6***Title of Table 6*

<b>Cluster 1: Respecting diversity</b>	<b>Cluster 2: Involving family</b>	<b>Cluster 3: use of empathy</b>	<b>Cluster 4: learning about biases and culture</b>	<b>Cluster 5: recognizing spirituality</b>	<b>Cluster 6: Active listening</b>
<b>Meeting patients where they are.</b>	Involving family During Intervention	Being empathetic	Improved self-awareness	Recognizing spirituality and religion	Active listening
<b>Acknowledging them</b>		Talking to them politely	Providers awareness of biases		Assertive communication
<b>Patient Diversity</b>			Diverse providers		Being open

As previously mentioned, the themes were created by classifying each code into several groups or clusters. I then inserted the highlighted text into the newly developed theme. Once all pertinent texts had been classified under the theme based on participant replies to each study question, the process was repeated numerous times. Finally, I produced the report in Table 7 below using the NVivo program. Each study topic, which examined the difficulties faced by social workers in delivering mental health care to African Americans in hospital settings, served as the foundation for the report.

### **Themes from Data Collection**

**Table 7**

*Title of Table 7*

	<b>Files</b>	<b>References</b>
<b>(RQ1) Cultural Issues and Challenges</b>	10	27
<b>(Theme) Culturally incompetence</b>	6	6
<b>(Theme) Cultural Diversity in healthcare</b>	2	3
<b>(Theme) Denial of mental health services.</b>	10	15
<b>(Theme) Inadequate hospital programs.</b>	1	3
	10	25
<b>(RQ2) Benefit of Culturally Competent</b>		
<b>(Theme) Attaining Comprehensive assessment</b>	4	5
<b>(Theme) Effective communication</b>	5	9
<b>(Theme) Effective discharge outcome</b>	3	4

<b>(Theme) Improved patient resilience</b>	4	4
<b>(Theme) Supports Patient focused intervention.</b>	1	2
	9	39
<b>(RQ3) Incorporating Cultural Competence</b>		
<b>(Theme) Active listening</b>	4	7
<b>(Theme) Involving family</b>	5	6
<b>(Theme) learning about biases and culture</b>	3	6
<b>(Theme) recognizing spirituality</b>	1	1
<b>(Theme) Respecting diversity</b>	5	12
<b>(Theme) use of empathy</b>	4	6

### **Data Validation Procedures**

The main research questions, the interview technique, and the questions (Appendix A) utilized to collect data for this study were reviewed by three specialists. These specialists included my research committee chairperson, second committee member and the Walden University research review member. These specialists were academic professionals skilled in using qualitative research techniques and culturally competent practice. To broaden the scope of the study, the committee chairperson and second committee member suggested using three research questions. The third expert who is a research review member acknowledged that the research questions aligned with the study's purpose. The experts recommended adding an interview protocol to maintain a consistent interview format for each participant. The experts endorsed the validity of the questions, confirming that they were well-structured and free of any personal bias based on the topic of interest. The IRB examined and approved the approach for purposeful sampling, participant selection, semi-structured interviewing techniques, in-person Zoom

interviews, and open-ended questions. I used the approved procedure to guide my conduct of the interviews for this research study.

To ensure that the researcher's findings might be replicated in any other research and to increase the reliability of this study, interviews were done with similar procedures. To guarantee that the information gathered was accurate and consistent, participants were emailed a copy of their transcription within 30 days after the interview for their review and approval. This process was completed within six weeks of the interview date.

### **Limitations of the Study**

The research's time frame constituted a limitation because participant availability for interviews depended on their schedules. The participant's responses may have been biased toward the phenomenon under study due to their own experiences because the researcher depended on their information to gather research data. The research purpose and the fact that there were no right or wrong responses to the interview questions were disclosed to the participants to address the limitation. I also asked open-ended questions pertinent to the research study while being objective.

As was the case in this current study, small sample sizes can restrict the study's generalizability (Merriam & Grenier, 2019). To address this problem, the approach employed in this study is created to offer insightful, detailed information on the participants' perspectives on the research phenomenon. Semi-structured interviews and open-ended questioning techniques were utilized to help the researcher understand the research phenomena and reach data saturation (Patton, 2015). Due to my knowledge of the research phenomenon and my professional expertise, there may have been researcher

bias. Practicing reflexivity, which I did to examine how researchers' beliefs, judgment, and practices during research could influence the research, helped mitigate this limitation (Ravitch & Carl, 2021). Throughout the data-gathering process, I maintained objectivity, asked open-ended questions pertinent to the research study, and kept a reflective journal.

## **Findings**

### **Characteristics of Participants**

Ten social workers with at least two years of working experience providing services to the African American population with mental health problems in hospital settings within Houston, Texas, participated in this research study. The participants were employed within a hospital healthcare system in Houston, Texas. The allocation of pseudonyms with alphanumeric codes protected the participant's confidentiality. SW1, SW2, SW3 SW4, SW5, SW6, SW7, SW8, SW9, and SW10, were used to represent the participants. The table below shows the number of participants and their positions.

**Table 8**

*Participants' Positions*

<b>Participants</b>	<b>Position</b>
<b>SW1</b>	<b>Social Worker care manager</b>



**SW2**      **Medical**  
**Social**  
**Worker.**

**SW3**      **Social**  
**Worker**  
**Therapist**

**SW4**      **Social**  
**Worker**  
**care**  
**manager**

**SW5**      **Clinical**  
**Social**  
**Worker**

**SW6**      **Clinical**  
**Social**  
**Worker**

**SW7**      **Clinical**  
**Social**  
**worker**

**SW8**      **Social**  
**Worker**  
**Therapist**

<b>SW9</b>	<b>Clinical</b>
	<b>Social</b>
	<b>Worker</b>
<b>SW10</b>	<b>Medical</b>
	<b>Social</b>
	<b>Worker</b>

Four themes were utilized to analysis data from research question one. Those themes were: Theme 1: Denial of Mental Health Services, Theme 2: Being Culturally Incompetence, Theme 3: Cultural Diversity in Healthcare, Theme 4: Inadequate Hospital Programs.

Different themes related to each research question were formed and utilized. The themes were employed to assist with directing the data analysis process using Egberto Ribeiro Turato, (2017) seven-step content analysis method to develop data from the participant interviews. The following Table 9 below shows the summary of the themes for RQ1, the number and percentage of the participants associated with each theme.

**Table 9**

*Summary of Themes Report for RQ1*

<b>Themes for RQ1</b>	<b>Participants</b>	<b>Total</b>	<b>% of participants</b>
<b>(Theme 1) Denial of mental health services.</b>	SW1, 2, 3, 4, 5, 6, 7, 8, 9, 10	10	100%
<b>(Theme 2) Culturally incompetence</b>	SW1, 5, 7, 8, 9, 10	6	60%
<b>(Theme 3) Cultural Diversity in healthcare</b>	SW 4, 9	2	20%

<b>(Theme 4) Inadequate hospital programs.</b>	SW1	1	10%
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### **Theme 1: Denial of Mental Health Services**

All the participants (100%) identified denial of mental health services as a significant cultural issue they encounter while providing mental health care services to African Americans in hospital settings. In the context of these findings, denial of mental health services involves the inability of people to recognize their mental health conditions and accept treatment. Denial of mental health services emerged as a theme across most of the interview questions but reflected more frequently following participants responses relating to IQ1. Most of the participants illustrated how difficult it is to engage with the African American patients with mental health problems when they fail to admit they have mental health problems. The participants believed that African American patients with mental health problems are often unconvinced about the reality of mental health problem and often decline to seek mental health care.

When asked to provide examples of situations where they experienced challenges providing mental health services to African American patients, most participants illustrated situations they struggled to provide adequate mental health services to African American patients because of their unwillingness to understand how to overcome mental health problems and respond to proper mental health treatment during hospitalization. During the interview all the participants gave similar responses regarding their view of the African American reluctance to accept and participate in mental health care. The participants noted that many African American patients resist mental health services

because they lack self-belief on attaining a successful outcome. The participants reported that seeking mental health care is not something that's valued within the African American culture. SW1 said:

Understanding how a specific cultural group, such as the African American population, feels about mental health care is essential. In most cases, some African American patients I provide services often find it difficult to admit they have mental health problems. With this mindset, they decline to seek mental health care. That makes it difficult during my engagement with them. They are skeptical about calling it a mental health problem. They refer to mental health as just being a little crazy because they believe every individual has some amount of craziness in them. SW 1 further stated that such mindset and resistance make it more challenging for her to educate African American patients about the importance of seeking mental health care and to follow up with preventive care. African American patients try to normalize mental health problems with the belief that they can withstand mental health-related problems. They possess this natural belief of being strong enough to withstand the symptoms associated with mental health problems.

SW2 said:

So, you know, I hate to say it, but that is an easy question. And the answer is that the African American population tends not to believe that mental illness is real. You know, as African Americans, we grow up with that belief. It is a cultural belief that has been in existence from our forefathers. I believe it is one of the

main challenges I face when providing services to African American people with mental health in hospitals. You cannot even treat something you do not believe is real." With this mindset, they resist mental health intervention, and by the time they realize what is going on, their mental health decompensates and affects different aspects of their life.

All participants noted that the black culture lacks the belief that black people could have mental health problems because of their belief of being mentally strong.

SW3 said, "based on different African American dynamics, I have seen many families that believe black people do not have mental health illnesses and that it is typically a white cultural thing." Furthermore, because of that expectation, they turn down various mental services offered to them while hospitalized. SW3 said:

I think the issue is also with the African American family dynamics, believing seeking mental health services is not okay which goes back to slavery when black folks had to endure a lot. So, because we endured slavery, we are always expected to be strong.

SW 4 stated:

One challenge is the African American population's lack of acceptance of their mental health diagnosis. This challenge affects their willingness to understand how to overcome mental health problems and respond to proper mental health treatment during hospitalization. African Americans often feel that mental health problems are not a serious issue to them, notwithstanding the severity of their mental health and how it negatively impacts their life. Sometimes, I feel like they

may be too scared to face the stigma and reality of their mental health because of how they may be treated in their community.

SW 5 shared:

Many African American patients resist mental health services because they lack self-belief on a successful outcome. They believe that they have passed through this process before and that they will fail again, or it will not work, so why do it again? In essence, it appears like they are losing hope. In such situations, they set unrealistic goals, are verbally aggressive, and will not appreciate your effort as a social worker to help.

SW 6 shared:

From a cultural standpoint, African Americans do not usually believe or give credibility to mental health services. It is not something that's valued within the culture. So, knowing that this is something they do not like to participate in helps me strategize my approach during engagement with them. I have experienced some of them asking to be released against medical advice to decline any form of mental health treatment.

SW 7 shared:

I would say that the biggest challenge I face is working with African American patient that has a negative view of mental health and those who experience cultural stigma. In the community I grew up in, for instance, we never really understood the meaning of mental health. They don't attach seriousness to mental health. For example, they refer to someone who is an alcoholic as just an

alcoholic, somebody who is on drugs as just a drug addict, and someone with mental health as just crazy. Like Uncle Eddie, he's just crazy. In the community where I grew up as an African American, we don't identify with mental health problems; we instead shelter or absorb them. When asked to provide examples of situations where you experienced challenges providing mental health services to African American patients?

SW8 shared:

Some patients I have provided services to display a lack of self-belief because they feel their options for getting quality care are limited. It is a cultural thing among African Americans probably because of their history of discrimination, especially in healthcare. For instance, one of my African American patients with mental health problems once stated, "I have been trying to get Social Security for years telling them that I had pain in my leg, and they kept denying me just because I am black, so why would they change now because am still black."

Sometimes, it can be frustrating and disheartening when you have a patient who comes in and declines services and would rather be on the streets just because of their belief in discrimination based on race.

SW 9 shared:

During patient engagement, I have encountered patients with mental health problems from the African American community who believe they are not crazy and sincerely presume one does not have to be crazy. They feel like they are being judged when you refer to them as being mentally ill, making them resist any form

of mental health services. You know, the black population has at the back of their mind this notion of Is it because I am black? As providers, we need to understand that there is a distrust among African American patients with mental health problems, which has nothing to do with the providers but rather a generational conception.

In addition, SW10 shared:

One of the issues I have faced in getting African American patients mental health care is that some refuse to participate in mental health treatment. For instance, an African American patient was brought in for mental health issues. However, anytime the psych team and therapist visited his room to conduct an assessment, he would resist and refuse to provide them with vital information to help his treatment plan. In such a case, the patient may be discharged without adequate mental health care.

## **Theme 2: Cultural Incompetence**

Sixty percent of participants identified issues relating to cultural incompetence as some of the cultural problems they encounter while providing mental health care services to African Americans in hospital settings. Based on these findings, cultural incompetence is the failure of healthcare providers to acknowledge diversity in culture during practice with African American patients. Healthcare providers' display of cultural incompetence during practice with African Americans emerged as a theme following participants' responses relating to IQ3. Sixty percent of the participants illustrated their experiences that multiple providers lack the knowledge to recognize and understand the role culture



plays in providing mental health care to African American patients. The participants specifically identified providers who are not associated with African American cultures as the ones who display more difficulties in providing adequate care to African American patients with mental health problems. One of the participants noted that providers who lack good knowledge of the African American culture fail to understand that aspect of African American culture and its influence on the intervention outcome with African American patients. Another participant reported that some providers have preconceived negative notions about African American patients, like this patient is just crazy, is difficult, or does not want to seek treatment or talk to me.

Moreover, the reality is that these patients want to deal with providers who can share their feelings and understand their problems, which may be culturally motivated. When asked questions on how their knowledge of the African American cultural group influenced their practice with them in hospital settings, SW 1 highlighted the preference of African American patients with mental health problems working with providers of a similar race.

SW 1 shared:

During my over 30 years of experience providing mental health services to African American patients, I feel like some of the providers, especially those who are not associated with African American cultures, lack the knowledge to recognize and understand the role culture plays in providing mental health care to African American patients. This lack of cultural knowledge about African American patients often results in misdiagnoses and undertreatment of their

mental health problems. I believe hospitals must learn how to attract, retain, and promote highly motivated, skilled providers who can identify issues with patients notwithstanding their cultural background. SW 5 Shared: One of the challenges I face is that it has not been easy for me to understand the African American culture through only education and stories from patients with African heritage. Most of my knowledge and experience of African American culture comes through the media. As a Korean of Asian descent, it is more difficult for me to provide mental health care to the African population, considering their solid cultural orientation. Notwithstanding the number of experiences, I have gained growing up in America or a Western nation with the African American population, I firmly believe there are gaps in my knowledge of the African American culture, which impacted my engagement with them. There are some struggles the population faces, especially those with mental health services, that I honestly will not understand. I can read about it, understand the statistics, and know the sources of these problems, but I still struggle to provide culturally competent service to them during hospitalization.

SW 7 stated:

We have providers who need help understanding what the African American culture sometimes means. Such providers struggle to provide adequate mental health services to the African American population in hospital settings. As providers, it is significant to understand some African American challenges and barriers to receiving mental health care. That comes with one understanding of the

African American culture, their historical context, not just culture, but the historical context of what they have experienced or their level of healthcare knowledge, which is often limited. I always do my best to educate some providers with limited knowledge of the African American culture about the population's culture. For instance, “the way they talk may be intimidating and aggressive because of their accent, and people may assume they are aggressive”. I try to be mindful of their choice of language by not expecting them to use formal language because that is different from who they are.

SW 8 Shared:

Some doctors often use jargon that patients do not understand during engagement with patients. Doctors can unintentionally use unfamiliar words to their patients without realizing the meaning is not straightforward, especially with African American patients with low health literacy. In my opinion, Doctors should first establish what the patient knows and understands before launching into a discussion that begins at a level either too complex or too simple for the patient. Some Doctors need to pay more attention to the importance of speaking slowly, avoiding jargon, and repeating significant points to help improve patients' understanding, especially during engagement with patients with low health literacy. Responding to interview question 1: How would you describe the challenges you face in providing culturally competent mental health care to African Americans in a hospital setting? SW 9 Shared: I have often experienced when some professionals or doctors speak medical terminology without breaking

it down for patients to understand. So, when engaging with patients without advanced education, you must break it down to the level of a third-grader or level of high school graduate. I believe it is a lack of awareness of the use of culturally competent practice with patients by some providers. I have spent time educating the providers, especially on the cultural values of the African American population. They do not understand that aspect of culture and its influence on the intervention outcome with African American patients. Some providers have preconceived notions about African American patients, like this patient is just crazy, is difficult, or does not want to talk to me. Moreover, the reality is that these patients want to deal with providers who can share their feelings and understand their problems, which may be culturally motivated. With my vast experience providing mental health services to African American patients, I can easily state that this population prefers working with providers of a similar race.

SW 10 Shared:

I work well with African American patients, including those with mental health problems. Moreover, sometimes, it helps to understand the African American culture when working with the population. When they see another African American provider assigned to them, it makes a difference. Sometimes, they feel like, okay, this person will help me more. They feel like, as an African American, I can relate to them a little more, making them disclose things that they might not disclose to another provider from a different ethnicity or culture. The African American population, just like any other cultural group, often feels more

comfortable with providers with whom they share a similar cultural background. This is different when they are assigned providers who they believe do not share their values. Such a situation often leads to their resistance towards mental health service, inappropriate care transition, and inadequate patient adherence to provider recommendations and follow-ups after discharge.

### **Theme 3: Cultural Diversity in Healthcare**

About twenty percent of the participants (20%) identified issues relating to cultural diversity in healthcare as part of the cultural problems they encounter while providing mental healthcare services to African Americans in hospital settings. Based on the participants' comments, cultural diversity in the healthcare system is the existence of various cultural or ethnic groups within the hospital settings. Issues relating to cultural diversity in healthcare emerged as a theme based on participants' responses to interview question number 1: When asked to describe the challenges they face in providing culturally competent mental health care to African Americans in hospital settings? SW4 responded, "I believe that negative stereotypes often create a problem integrating multicultural teams. "During team meetings, I have experienced instances where providers with multicultural background struggle to adopt specific intervention approach that is more culturally oriented to favor an African American patient with mental health problems. During my years of experience providing mental health services to the African American population in hospital settings, I can categorically state that the providers who are part of the minority group, especially those from African American, are limited in numbers. In such cases, patients from the African American population are often assigned

providers who are Caucasians with limited knowledge of the impact of the African American way of life on their mental health care.

SW 9 Shared:

I have encountered situations where a lack of effective communication with providers hindered my ability to provide adequate mental health services to my American patients during hospitalization. I think the problems are more pronounced when there are minimal providers of color. Professional communication is often misinterpreted or complex to understand when working with other providers with different languages and cultural backgrounds. For instance, team meetings are a crucial part of intervention for patients with mental health problems; any breach of communication during team meetings can result in poor discharge planning and overall patient recovery outcomes. Sometimes, I feel less satisfied with each team member's motives and ineffective communication when team members emerge from different cultures. This attribute hinders the quality of services often provided to African American patients with mental health problems.

#### **Theme 4: Inadequate Hospital Programs.**

Ten percent of the participants (10%) identified inadequate hospital programs as an issue that hinders social workers' efforts to provide culturally competent mental health services to African Americans in hospital settings. One of the participants described her experiences with working in hospitals that lack an adequate culturally motivated workforce that supports the provision of culturally competent practice to diverse

populations, including the African American population. When asked to describe the challenges social workers face in providing culturally competent mental health care to African Americans in a hospital setting, SW 1 further responded that successful implementation of a culturally competent workforce requires an organizational commitment to building a system that will encourage providers and healthcare professionals to work effectively in cross-cultural situations. Working in a hospital environment with programs to support culturally competent practice with a diverse patient population makes much difference. “I have worked with some hospitals that lacked adequate resources and programs supporting culturally competent practice with minority groups”. In some cases, I had to engage in private training to keep myself abreast of new ideas or recommendations for servicing the mental health status of some patients with diverse backgrounds. I stay educated to improve my cultural awareness during practice with patients from multicultural backgrounds.

**Table 10**

*Summary of Themes Report for RQ2*

<b>Themes for RQ2</b>			
<b>(Theme 1) Effective communication</b>	SW 1, 3, 7, 8, 10	5	50%
<b>(Theme 2) Comprehensive assessment</b>	SW 1, 3, 4, 7	4	40%
<b>(Theme 3) Patient resilience</b>	SW 6, 7, 9, 10	4	40%
<b>(Theme 4) Positive discharge outcome</b>	SW 1, 2, 6	3	30%
<b>(Theme 5) Patient focused intervention.</b>	SW 5	1	10%

**Theme 1: Effective Communication**

The first theme that emerged from the data relating to research question two was effective communication. Fifty percent of the participants (50%) identified effective communication as a benefit of providing culturally competent treatment to African American patients in hospital settings. In the context of these findings, effective communication is the interaction between two or more individuals to convey, receive, and comprehend the relevant message. Fifty percent of the participants believed that effective communication between healthcare providers and African American patients with mental health problems often produce positive outcome. Effective communication emerged as a theme across most interview questions but reflected more frequently following participants' responses to interview question number 4: How has your knowledge of this cultural group influenced your practice with them in hospital settings? Five of the participants believed that their vast experience providing mental health services to the African American population in hospital settings has helped each of them improve their communication with them during practice.

SW 1 shared:

"My knowledge of African American values, beliefs, and background has allowed me to communicate better and build strong working relationships, which has helped improve their health outcomes." I can communicate effectively and relate with African American patients since I know their historical challenges and what they may be experiencing. Moreover, I also have success with this population because I understand some factors that may hinder their access to mental health



care. Because I can communicate with them more effectively, I can provide support and community resources that will assist them with improving their mental health care. When asked a similar question on how their knowledge of the African American culture has influenced their practice with them in hospital settings, SW 3 related her experience with her African American family member with a history of mental health problems.

SW 3 responded:

"My experience is with my family and mother, who is an African American with a history of mental health problems, specifically schizoaffective and depressive disorders." She has siblings who do not understand her condition but will belittle her and make her sad. They ignore her call for help and display bad behavior towards her. "They are very callous to her and even call her crazy." Because I am a social worker and have knowledge of the stigma faced by the African American population with mental health problems, I communicate better with my mother, treat her with the utmost care, and assist her with navigating her mental health struggles. It is not just about my mother and her struggles with her family's lack of understanding of her mental health; I believe it is a common experience with African American patients. A provider who can relate to a patient's cultural values can communicate better with the patient during engagement and intervention. SW 7 illustrated how essential it is to spend time trying to listen to the patients to understand their challenges and family dynamics and identify the best way to help them.

SW 7 further narrated that:

"My knowledge of the African American population has helped me improve my communication skills with them during the intervention." People's views, political and social interests, and cultural backgrounds affect how they react to things and their overall behavior. Because I understand these values and how they may impact African American patients' views towards mental health services, I can effectively communicate with them and obtain in-depth information that will assist in their mental health treatment.

When the participants were asked about how they overcome challenges in providing services to African American patients,

SW 8 said:

"Because I have a good knowledge of the African American culture, I have developed a specific skill set for interacting and building good rapport with them during intervention in hospital settings". I stay motivated, knowing too well that I will walk into this patient's room and use my skills to communicate and motivate them to be more receptive to the information and resources provided. Because I am culturally familiar with the African American culture, I am often more open to their views and perspectives during communication with them. Educating myself on the experience of African American patients within their local community has influenced my ability to provide updated information that will help address their concerns and improve my communication with them during assessment.

SW 10 further stated:

"I have good knowledge of African American culture because I come from that cultural group. How we say things or express ourselves might differ from other cultures". My colleagues from different cultures have asked me on several occasions to explain to them the meaning of African American patients' comments or statements. The effect is that once patients feel that a provider does not understand their feelings, language, and way of life, they resist mental health services. Because I know the African American population, I have not had any significant communication issues with them. However, it would be different if I were working with patients from other populations or cultural backgrounds.

## **Theme 2: Comprehensive Assessment**

The second theme that emerged from the data relating to research question two was comprehensive assessment. Forty percent of the participants (40%) identified attaining comprehensive assessment as a benefit of providing culturally competent treatment to African American patients in hospital settings. Based on the framework of these findings, a comprehensive assessment evaluates a patient's resources, strengths, and family support system that could be useful during treatment and discharge planning. About forty percent of the participants identified their ability to conduct a comprehensive assessment of patient's mental health problems as a significant benefit of providing culturally competent treatment to African American patients during hospitalization. The participants also concluded that their vast knowledge of the African American culture contributed to their ability to treat them with so much respect and dignity and effectively provide mental health services to them, which led to improved mental health outcomes.

When asked to describe their most recent experience on how culture influenced the outcome of their intervention with an African American client in hospital settings and how they could incorporate a culturally competent practice into their work when providing mental health care to African American patients,

SW 1 shared:

“Based on my knowledge of the African American culture and their usual resistance to mental health care, I treat them with so much respect and dignity.” By respecting their feelings and the meaning they attach to mental health, I can engage with them and conduct an in-depth assessment that helps me, and other treatment teams objectively identify the unique needs and concerns of the patients and identify any potential barriers to care that may affect compliance and outcome following discharge. The participants noted that their awareness of the values and morals of the culture of the African American population is often significant and valuable and helps them conduct in-depth assessments to understand factors that may hinder African American patients' access to mental health care. SW I also stated that by "engaging with the patient and the patient's family, I can gain in-depth knowledge of the patient's living condition, history of mental health problems, psychosocial concerns, and socio-economic factors."

In response to the question, "How has your knowledge of this cultural group influenced your practice with them in hospital settings?"

SW 3 said:

"I am biracial and grew up in an American culture and black household; that is the family I identify with." Initially, it was like the black side of my family versus the white side. So, it is just how I grew up". My knowledge of the African American culture puts me in a position to effectively engage with them during assessment. By displaying empathy, respect, and understanding based on my awareness of the culture, I can extract in-depth information about African American patients presenting problems during assessment. My knowledge of the African American culture helps me conduct an assessment that establishes the patients' physical, psychological, social, and economic conditions, which will assist in developing the care plan.

When asked to explore how knowledge of the African American culture influenced their practice in hospital settings.

SW 4 feedback was that:

"My knowledge of the African American culture has helped me model how I interact and conduct assessments with them". For instance, asking about their family support system and knowing how important family plays in the lives of African American patients has helped me a lot to improve the outcome of my assessment and intervention with them while in the hospital. For instance, some of my patients have children and grandchildren, so asking them about their children, grandchildren, and sometimes about their community and religious leaders makes them feel comfortable and open up during assessment. I can weigh into their social and psychosocial well-being and ask relevant questions that will improve

the outcome of my assessment with them. I constantly reflect on my background and experiences as an African American, which influence my behavior and how I conduct assessments with African American patients.

SW 7 Shared:

When conducting practical assessments with African American patients with mental health problems, “I spend reasonable time listening to them to understand their challenges and family dynamics and to identify the best way to help them”. Sometimes, respecting people's differences in identity gives you a fresh start and the ability to succeed with them during assessment. Because we have different equity views, political views, and backgrounds, which affect how we react to things and live our lives, I always take the time to listen to my patients and respect their views regarding their mental health and social problems. I also maintain a good rapport and adopt practical communication skills with them during assessments to improve the expected outcome. Because the goal of assessment is to obtain in-depth information about patients that will assist in their treatment and discharge plan, my knowledge of the African American Culture helps me understand the type of questions to ask to maintain the respect and trust of patients.

### **Theme 3: Patient Resilience**

The third theme that emerged from the data relating to research question two was patient resilience. Forty percent of the participants (40%) identified improved patient resilience as a benefit of providing culturally competent treatment to African American

patients in hospital settings. Based on these findings, participants believed the use of culturally oriented intervention with African American patients could successfully help them to adapt to complex or challenging life experiences through mental, emotional, and behavioral flexibility and adjustment to external and internal demands, especially with their mental health problems. The participants also reported that their vast knowledge of the African American culture contributed to their ability to effectively engage with them and help them build their resilience to overcome the stigma associated with mental health, especially within the African American community.

When asked to describe how their knowledge of the African American group influenced their practice with them in hospital settings, some of the participants responded that right now, we do not have as much diversity as we could in the healthcare system, which often creates an environment that makes minorities uncomfortable seeking services and healthcare.

SW 6 shared that “embracing diversity in the hospital system makes patients from diverse backgrounds, including African Americans, improve their resilience to seek mental health care and participate in improving their overall well-being”. A patient receiving culturally competent intervention is more comfortable and willing to share their presenting problems, knowing they will be heard. When, as providers, we try to recognize the diversity of patients, it impacts patients' feelings of inclusion and belonging. Also, patients who communicate effectively with their treatment team may feel empowered to self-advocate for their needs.

They also develop trust in the healthcare system, which can improve their desire to continue to seek mental healthcare.

SW 7 stated:

It is essential to understand and listen to African American patients to explore why they have some of their challenges and barriers to receiving mental health care. I strive to empower and help them identify their needs by making them feel I understand their feelings and challenges and their level of healthcare knowledge, which is often limited. By educating them and respecting their right to self-determination, I assist them in building their level of resilience to participate in mental health care. In addition, SW 9 shared that "because I am always trying to speak with the African American patients with an open mind and connect with them, I make them feel empowered and willing to participate in their treatment and discharge planning." Unlike some professionals or doctors who speak in medical jargon, the participants believe it is more effective to break it down with patients to make sure they understand every aspect of their communication, especially with the uneducated ones. SW 9 further reported that "I think having more providers, not only providers who look like a patient but providers who are aware of their biases and are willing to accept different cultural values associated with minority groups, could make a whole lot of difference, especially with African American patients. In response to interview question five: How would you describe your most recent experience on how culture influenced the outcome of your intervention with an African American client in a hospital setting?

SW 10 said:



“I work well with the African American population. Sometimes, I think it helps to be African American when you are working with the patient, and they see another African American assigned to them as their provider". Under such a scenario, the patient quickly builds their resilience and confidence by developing feelings that the provider will relate to and help them. They feel more comfortable disclosing things to me as an African American provider that they might not disclose to providers from another ethnicity or culture. When patients realize their providers do not understand their language, feelings, and problems, they feel rejected, disvalued, and, in most cases, will lack the desire to accept mental health treatment.

#### **Theme 4: Positive Discharge Outcome**

Thirty percent of the participants (30%) identified improved discharge outcomes as a benefit of providing culturally competent treatment to African American patients in hospital settings. In the context of these findings, three participants reported that their advanced knowledge of the African American culture assisted them in improving patients' discharge outcomes by assisting patients in meeting their physical, social, and emotional needs based on what is important to them. In response to interview question 4: How has your knowledge of this cultural group influenced your practice with them in hospital settings? The participants believed that they were successful in assisting African American patients to obtain effective discharge outcomes because of their knowledge of some factors that may get in the way of receiving mental health care.

SW 1 reported that:

My knowledge of the African American culture has helped me reduce some biases that can lead to inaccurate diagnoses and treatment and increases the chances that patients will be more compliant with a medical recommendation to gain improved health outcome. Also, through an in-depth assessment of patients' problems, which I achieve through effective communication, I can provide African American patients with adequate resources that will help them improve the outcome of their mental health problems.

When participants were asked to provide examples of situations where they experienced challenges providing mental health services to African American patients and to explain how they overcame and resolved such challenges,

SW 2 narrated an encounter with an African American female who presented to the hospital for an untreated mental health problem. SW 2 stated, "I had an African American female patient who presented to the hospital with many mental health problems and was readmitted. She comes to the hospital quite often, and everybody knows her. Her most recent admission a couple of months ago was marked by her aggressive and threatening behavior, which led to poor discharge and mental health outcomes. In this current hospitalization, the patient resisted engaging in any treatment. When I was assigned to complete her initial assessment, I was pre-warned about her aggressive behavior. So, I went in there to see her, and because I reviewed her chart and history, I realized we both came from the same community. I respectfully spoke to her and shared a little story about our community. "I said, you have been cutting up," and she started laughing

because she knows what cutting up means. "I said I hope nothing will start flying across this room, and she laughed hard." She was immediately calm and pleasant and provided me with in-depth information that assisted the treatment team in developing her treatment plan and discharge planning. The patient was successfully treated and discharged to a group home, which impacted her mental health outcome.

When asked a similar question, SW 6 shared:

"I believe in equality and the need for providers to be culturally competent during practice with African American patients and patients from other minority groups".

It is essential to recognize that certain cultural groups, like the African American population, need a small quantity of extra care or attention in health care because of the discrimination they face, especially in the healthcare system. She further narrated her motivation for providing mental health care to this group, which she related to include her ability to relate to African American patients and provide that extra care that can help them improve their mental health outcomes. All the participants reported that African Americans' denial of mental health treatment has inspired them to incorporate culturally motivated intervention strategies during engagement with them, which have undoubtedly resulted in their improved mental health outcomes.

#### **Theme 5: Patient-Focused Intervention**

Ten percent of the participants (10%) identified patient-focused intervention as a benefit of providing culturally competent treatment to African American patients in

hospital settings. The participant described patient-focused intervention as a method of providing care to patients that respects their preferences, needs, values, and knowledge of their right to self-determination. When asked to explore most recent experience on how culture influenced the outcome of intervention with an African American client in hospital settings,

SW 5 added,

"I am all about autonomy." I want all patients to make their own decisions if they have the correct information. I educate them on their right to make their own choices regarding mental health treatment and during discharge planning. "When patients know their input matters considerably during the assessment, it encourages active dialogues in which patients and providers can ask questions, correct misunderstandings, and build trust." Culturally competent practice embraces health equity through patient-centered care, which requires seeing each patient as unique. The participant emphasized that recognizing and listening attentively to patients' cultural values and beliefs during the assessment promotes culturally congruent and patient-centered intervention.

**Table 11**

*Summary of Themes Report for RQ3*

<b>Themes for RQ3</b>			
<b>(Theme 1) Family Engagement</b>	SW 1, 2, 3, 4, 7	5	50%
<b>(Theme 2) Respecting diversity</b>	SW 2, 4, 7, 9, 10	5	50%
<b>(Theme 3) Active listening</b>	SW 4, 6, 7, 9	4	40%
<b>(Theme 4) use of empathy</b>	SW 1, 2, 3, 9	4	40%
<b>(Theme 5) learning about biases and culture</b>	SW 5, 6, 9	3	30%

### **Theme 1: Family Engagement**

The first theme from the data relating to research question three was family engagement. Fifty percent of the participants (50%) identified family engagement as a strategy to incorporate cultural competence into their work when providing mental health care to African Americans in hospital settings. The participants recounted that family engagement with African American patients are significant in developing their treatment and discharge planning because patients' family impact their physical and emotional, social-economic, and overall mental health well-being. Five participants believed family engagement with African American patients could lead to positive discharge. Family engagement emerged as a significant theme resulting from most of the interview questions but reflected more frequently following participants' responses to interview question number 6: How do you incorporate a culturally competent practice into your work when providing mental health care to African American patients? Some of the participants illustrated with examples of how they can incorporate culturally competent practice during intervention with African American patients with mental health problems. Participants SW1, SW2, SW 3, SW 4, and SW 7 all believed that their vast knowledge of the African American culture has influenced their decision to uphold family engagement while providing mental health services to African American patients.

SW 1 illustrated a most recent experience with an African American female patient who resisted receiving mental health care.

SW 1 shared having an encounter with an African American patient who declined to provide reliable information about her mental health struggles and other social problems during the assessment. "Based on my vast knowledge of the African American culture and family's role in their lives, I requested a county investigation to contact the patient's family". "I got hold of the patient's sisters and cousins, who were willing to assist in her treatment and discharge planning. They provided information about her living condition, presenting problems, and the care that she is receiving at home. The patient was hospitalized, and with the in-depth knowledge gained from her family members, I was able to provide a safe and effective discharge plan for the patient".

SW 2, shared:

"During assessments with African American patients, especially those with mental health problems, I always seek their consent to engage their families in their discharge planning." One cannot over-emphasize the importance of family assistance in helping African American patients with mental health problems in their quest to manage their mental health diagnoses, including social needs. SW 2 also demonstrated an instance with a young African American female who presented to the hospital with severe mental health. "The patient refused to take medication and comply with any form of mental health treatment. "The good thing is that she did give me permission to call and communicate with her mother about her care. With her mother's support, the patient complied with the treatment

team. I provided her with resources and ensured she had access to the resources provided to her”.

SW 3 responded that:

"One can quickly put all the responsibility on the government to provide resources, support, and policies to promote mental health care among the African American community. However, I think patients' family dynamics have a solid role in the treatment plan for African American patients, especially those with mental health problems". SW 3 further stated that a family system willing to accept the importance of mental healthcare would go a long way to assist another family member in overcoming the challenges associated with mental health problems. From my experience, African American patients with mental health problems feel more comfortable opening up about themselves when their family members are involved in their treatment plan and discharge planning. During family meetings or visiting periods, most patients present as being happy and pleasant and become emotional and tearful when their family leaves after visiting hours.

SW 4 stated that:

"I incorporate culturally competent mental health practice during practice with African American patients by being aware of how I communicate with them using descent language, simple English, and affirmation. “All five participants who contributed to the development of this theme declared that how you interact with African American patients with mental health problems can influence how they

respond to you. SW 4 stated, "I ask them about their family support system, demographics, socio-economic factors, and past hospital visits". The participants revealed that by incorporating a patient's family dynamic, they can obtain information revealing the origin of a patient's problems related to their poor mental health. Based on the information obtained, they can provide patients with adequate mental health services that will assist them in getting back to their baseline.

SW 7 said:

"During assessments with African American patients, I always ask questions about their family dynamics, which I believe are critical in providing them with adequate mental health care." I had this patient, an African American male who presented to the hospital with a history of schizophrenia and bipolar. During my engagement with him, he was visibly nervous and scared". The patient reported that he was rejected and thrown out by his family after he threatened to stab their elderly aunt. Based on my vast knowledge of mental health practice with African patients, it was easier for me to process the situation and realize how important it is to involve his family in his treatment and discharge planning. I called the patient's family with his permission and educated them on the usefulness of family support for individuals with severe mental health problems. The patient's family illustrated their concern with the patient's non-adherence to his medication regimen. All parties agreed that the patient should be discharged to a group home to assist him with housing, medication management, and daily care.



**Theme 2: Respecting diversity.**

The second theme from the data relating to research question three was respecting diversity. Fifty percent of the participants (50%) identified respecting diversity as a strategy they use to incorporate cultural competence into their work when providing mental health care to African Americans in hospital settings. Five participants believed respecting diversity in the healthcare system could lead to a favorable mental health treatment and discharge outcome for the African American population. Respecting diversity also emerged as a significant theme resulting from the interview questions but reflected more frequently following participants' responses to interview question number 6: How do you incorporate a culturally competent practice into your work when providing mental health care to African American patients? Participants SW2, SW4, SW 7, SW 9, and SW 10 all believed their vast knowledge of the African American culture has influenced their ability to practice with patients from culturally diverse backgrounds effectively.

SW 2 Shared:

“During practice with patients from culturally diverse backgrounds, I put in more effort to explain their diagnoses and treatment plans to them to ensure they understand”. I listen attentively to their concerns and educate them where necessary to ensure patients and their families understand the medical issue and options for treatment. This African-American woman presented to the EC under police warrant for untreated mental health problems resulting in aggressive behavior. When I went to complete her psychosocial assessment, she was

delighted because I listened to her concerns and respected her views about her mental health struggles. She gave me no problem. I mean, it was just a different outcome. I had the opportunity to explain to her how serious her mental illness was affecting her overall quality of life. However, as I spoke to her, I often reminded her of her right to autonomy, knowing too well that she has a history of negative perceptions about mental health treatment. She felt okay with that and cried about it, and I thought she probably just needed somebody who looked like her and respected her cultural diversity to share her feelings with.

SW 4 Shared:

My knowledge of the African American culture has helped me model how I interact and conduct my assessment with them. To display my knowledge of the African population, I recognize and appreciate diversity as essential to patient-centered care. In doing so, I can respect and assist patients in developing a safe discharge plan and achieving better patient outcomes. I treat every patient fairly, transparently, and without discrimination based on their cultural background. I want the patient to feel that they are treated as equals and accorded the dignity and respect they deserve, notwithstanding their diversity.

SW 7 Shared:

I incorporate culture into my practice with African American patients by considering each patient's values and goals and helping them achieve them. I stay focused, identify, communicate with, and better serve their needs. I create an environment that fosters inclusiveness in every area possible and allows my

patients to share their feelings and ideas regarding their treatment and discharge planning without discrimination. I use my knowledge of their culture to educate and relate to them better, be non-judgmental, and avoid stereotyping them.

SW 9 Shared:

I always work with African American patients with an open mind, and I try to meet every patient at the point of their needs and level of understanding about mental healthcare. So, being open-minded, willing, and able to learn helps me practice effectively with the African American population. I am reasonably sensitive to them by appreciating their cultural expectation, which defines their willingness to accept mental health care. My knowledge of the African American culture improves my awareness to reinforce the primary goal of diversity skills to help each patient feel respected, valued, and treated fairly. When asked to describe what could be done to improve mental health care for the African American population during hospitalization, SW 9 stated, "I strive to promote an inclusive work environment to strengthen my patient's sense of belonging and purpose related to their goals." When asked a similar question,

SW 10 responded:

I ask my patients questions to carefully understand them regarding their presenting problems and avoid making assumptions based on cultural stereotypes. Depending on their literacy level, I meet the patients where they are and spend more time explaining things to them. For those with low levels of health literacy, I might have to change how I speak to them. Especially in hospital settings, it

becomes overwhelming for patients to deal with providers from different cultural backgrounds. So, as a provider, one must meet the patient where they are culturally. So, if you want to meet the person where they are, ask them if they are clear on the plan or need more explanation.

### **Theme 3: Active Listening**

Forty percent of the participants (40%) identified active listening as a strategy to incorporate cultural competence into their practice when providing mental health care to African Americans in hospital settings. The participants believed active listening involves listening attentively to patients during practice, understanding their needs and feelings, and responding to them positively. Active listening emerged as a significant theme and was reflected more frequently when participants were asked to answer interview question 6: How do you incorporate a culturally competent practice into your work when providing mental health care to African American patients? All four participants believed that their vast knowledge of the African American culture influenced their ability to understand the importance of listening attentively to African American patients during engagement with them. The participants specifically reported that during visits with African American patients with mental health problems, they listen attentively to the patients with an open mind to acknowledge where they are and their challenges and determine how they can help them.

SW 4 Shared:

I involve them in establishing their plan and goals. Whatever the case is, I go with what the patient wants, as far as I can relate to that person on their level. By

listening to and respecting their feelings about their presenting problems, I can understand the origin of their problems as they relate to their poor mental and physical health, and based on the outcome, I can provide services that will get them to the next level of care. When you listen to the patients, they feel you are fully engaged and value what they are saying. Similarly, to the response from SW4, SW 6 Shared: "I display good listening skills and openness to overcome the challenges of providing mental health care to African American patients with a shared history of resisting mental health services. "The idea is to recognize how their background, culture, and socioeconomic factors affect their ability to seek mental health care. I have worked with several African American patients with mental health problems who distrust the healthcare system. You know, that feeling that the providers do not care about them. In such situations, paying attention to the patient's emotional expression and explosion puts me in a better position to identify various options of intervention strategies that will improve the patient's mental health outcome.

SW 7 Shared:

My vast knowledge of the African American culture helps me establish a rapport quickly with them during engagement and assessment of their mental health problems. I try to listen, acknowledge, and talk to them to understand and identify how to address their problems. Sometimes, all it takes is to listen to them and create an impression that you care and are willing to help them with their mental health struggles. I had another patient, an African American female with a history

of schizophrenia, who presented to the hospital for medication noncompliance. During the assessment, she asked me if I was interested in listening to her story, and I said yes and paid good attention to her. She talked about her book that was published. She was excited that I could listen to her story, which made a difference. We engaged her in in-depth assessment and developed an effective treatment and discharge plan suitable for her needs.

SW 9 stated that being open-minded, willing, and able to learn are practical, culturally competent measures that can help during practice with the African American population. During engagement with African American patients, I use responsive, positive facial expressions, reasonable eye contact, and body movements during interaction with all my patients, including African Americans and other minority groups. I ask patients for clarification and follow-up questions to ensure that the patient has received the right message. I also provide affirmations to improve patients' confidence and trust in mental health care.

#### **Theme 4: Use of Empathy**

The fourth theme that emerged from the data relating to research question three was the use of empathy. Forty percent of the participants (40%) identified using empathy as a means to incorporate cultural competence into their practice when providing mental health care to African Americans in hospital settings. SW1, SW2, SW3, and SW9 in their responses to interview questions 6: How do you incorporate a culturally competent practice into your work when providing mental health care to African American patients? And interview question 8: In your opinion, what do you think can be done to improve

mental health care for the African American population during hospitalization? Described the use of empathy as their ability to understand and relate to the feelings of African American patients with mental health problems. SW 1 Shared: "I try to engage with African American patients in a way that makes them feel like I am genuinely interested and willing to help them. "When asked to identify ways to improve mental health care for the African American population during hospitalization,

SW 1 said:

"I would say that I know how to probe without being offensive". Thus, learning how to communicate and use those engagement skills is significant. I am very comfortable conducting assessments with African American patients because I have over 30 years of experience providing mental health services to them in community and hospital settings. One of my supervisors once told me you conduct good assessments because you can bring so much information about a patient on your first visit. I pay good attention to the patient's concerns and feelings.

SW 2 Shared:

I am a social worker, true to the heart, and I know that African American people, black folks, do not believe in mental health. They shut it down, whereas the white population is known to seek mental health services. For instance, you will have a white man with antisocial personality disorder who will be admitted to a mental health hospital for a couple of weeks. I have never seen a black folks present to the hospital for such a diagnosis. So, whenever I am assigned to African

American patients, I am very motivated to see how I can educate and provide services to them on issues relating to mental healthcare and how it impacts their daily lives. I try to put myself in their shoes, exercise patience with them, and be non-judgmental. I am very motivated to support the African American population with mental health problems during hospitalization, knowing their poor perception and reception when seeking mental health care.

SW 3 Stated:

I am biracial but grew up in an American culture and married to a black household. So, my background encourages me to expand my knowledge of the African American culture. I could say I am in a reasonable position where I am more empathetic and understanding during engagement with African American patients with mental health problems. With my level of awareness regarding the African American culture, I am more empathetic and understanding when they resist receiving mental health services during hospitalization. I am more conscientious and willing to give patients more time to understand the need to accept mental health services. SW 9 emphasized that many African American patients resist any form of mental health service because they believe they are not crazy. To rectify this setback, SW 9 shared: "In such situations, I show them empathy, make more effort to relate to them, and make them understand that I am here to look for ways to help them manage their mental health struggles." I am always working with them with an open mind and avoiding stereotypes". I show them compassion and encourage open communication to allow the patients to



share their feelings and participate in discharge planning. I try to prioritize using empathy and modeling desired behavior to the patients during psychosocial assessment and group therapy.

### **Theme 5: Awareness of Biases**

The fifth theme that emerged from the data relating to research question three was Awareness of biases. Thirty percent of the participants (30%) identified Awareness of biases as strategies to incorporate cultural competence into their practice when providing mental health care to African Americans in hospital settings. Awareness of biases emerged from participants' responses to interview question 6: How do you incorporate a culturally competent practice into your work when providing mental health care to African American patients? The participants reported that their willingness to pay attention to their feelings and beliefs was an excellent strategy for incorporating culturally competent practice with African American patients. By recognizing their feelings towards African American patients, the participants can be more considerate and inclusive during practice with African American patients with mental health problems. In addition to these findings, SW 5 further Shared: "Personally speaking, as a Korean, most of my knowledge and experience of African American culture is from education and through social media." I share different cultural values with my assigned African American patients. However, as a professional, I ensure respect and equity by identifying my blind spot and actively eliminating any stereotypes and attitudes that could affect my communication with them, especially those with mental health problems. I avoid making assumptions about patients based on race, which is why assessments are essential. I focus

on getting information about patients based on their characteristics and presenting problems, avoiding affiliating them to any cultural group.

SW 6 Shared: While engaging with African American patients with mental health problems, I recognized that each patient is unique, with a different mindset and perspective towards mental health care. I try to deploy my knowledge of the African American culture by recognizing how their background, religion, and family background can impact their behavior and decision towards receiving mental health services. I am often conscious of my biases because I have a different cultural background from the African American patients. I am open to recognizing their differences in reasoning and belief, making them feel more comfortable, making their choices based on the options provided to them. I also perform self-reflection to address issues regarding power imbalances common in clinician-patient relationships, which may arise during patient engagement.

SW 9 Shared:

I interact with African American patients with an open mind, non-judgmental, and avoid generalizing their situation based on their cultural group. So, just being open-minded, being willing and able to learn and cut out a challenging game always helps me during practice with the African American population. I feel there is a distrust among African American patients towards receiving mental health services, which I believe is more of a generational problem. Some African American patients feel mistreated, untrusted, and denied access to quality mental healthcare. For instance, we as providers can not perceive African American

patients as someone who is just trying to exploit the system but should be more empathetic, understanding, culturally aware, politically aware, and sensitive in providing mental health services to them.

### **Theme 6: Recognizing Spirituality**

Ten percent of the participants (10%) identified recognizing spirituality as a method of incorporating cultural competence into their practice when providing mental health care to African Americans in hospital settings. SW 6 illustrated the significance of recognizing and respecting patients' religion, spirituality, cultural background, and feelings toward their presenting problems. SW 6 also shared "that based on my knowledge of the African American culture, I would say that religion and spirituality play a significant role in their lives." For instance, I had this experience with an African American female patient who presented to the hospital with auditory and disorganized speech symptoms. The patient was very resistant to any form of treatment or intervention. During the patient's assessment, "I asked if there was anything I could do to help her, and she requested that I call her pastor." We called her pastor, who prayed and encouraged her to cooperate with the treatment team." The patient, after that, was calm and pleasant and participated in her treatment plan.

### **Interpretation of Findings**

This section describes the findings based on peer-reviewed articles, journals, and books used in this research study. The literature review provided the context for understanding the challenges faced by social workers in providing culturally competent mental health practice to the African American population in hospital settings. Healthcare

hospital systems require culturally competent practice to meet the standards of providing crucial components of high-quality healthcare delivery that will benefit the African American population and other multicultural groups. The findings of this study were interpreted based on each of the research questions used in this study.

### **RQ1**

#### **Theme 1: Denial of Mental Health Services**

The first theme from my study based on the first research question was that social workers considered African American patients' constant denial of mental health services as a significant cultural issue they encounter while providing mental health services to African Americans in hospital settings. My study revealed that African American patients often find it difficult to admit that they have mental health problems. With this mindset, they decline to seek mental health care, making it challenging for social workers to engage with them in hospital settings. This study shows that African American patients are skeptical about calling it a mental health problem but would rather call it just being a little crazy. With such a mindset and resistance, educating them about the importance of seeking mental health care and following up with preventive care is challenging. Based on the literature, the African American population has a unique perception of mental health services, influencing their willingness to seek help during mental health crises (Moss & Crewe, 2020). Their suspicion is well-founded, considering Black American patients frequently experience institutional oppression through racial discrimination, cultural misinterpretations, and incorrect diagnoses when seeking care from a profession dominated by white American clinicians (Stare & Fernando, 2019).

This study also showed that African American patients' resistance to mental health services is associated with their cultural belief that has been in existence from their forefathers who were subjected to all kinds of discrimination. They normalize mental health with the belief that they have the natural ability to withstand mental health-related problems. From Existing literature, African American resistance to mental health care may have resulted from the historical reality that African Americans' mental health had been abused and their mental health treatment administered with a liberal dose of discrimination and lack of respect for their cultural values (Connell et al., 2019). As a result of a decline in trust in mental health services and caregivers, a lack of culturally validating therapies has led to higher rates of resistance by the American population (Novacek et al., 2020).

### **Theme 2: Cultural Incompetence**

This study revealed that social workers perceive providers' cultural incompetence as cultural issues they encounter while providing mental health services to African Americans in a hospital setting. The study reveals that some providers, especially those who are not associated with African American cultures, lack the knowledge to recognize and understand the role culture plays in providing mental health care to African American patients. This lack of cultural knowledge about African American patients often results in misdiagnoses and undertreatment of their mental health problems (Kim et al., 2020). Existing literature indicates that because there is limited cultural awareness and practices from providers, service delivery to African American patients' needs to be improved and transformed from professionally underutilized to culturally responsive care

(Novacek et al., 2020). As a result of a decline in trust in mental health services and caregivers, a lack of culturally competent services has contributed to higher rates of resistance shown by the African American population towards mental health care (Novacek et al., 2020).

I found out that social workers and providers who share different cultural backgrounds with African American patients struggle to provide a culturally competent mental health practice to them in hospital settings. Most of them depend on education, social media as means of building their knowledge of the African American culture which they described as insufficient. Also, social workers with diverse background who grew up in the United States, notwithstanding the number of experiences they have gained familiarizing with the African American population, still believe there are gaps in their knowledge of the African American culture, which may have impacted their practice with them.

The outcome of this study also shows that providers may unintentionally use words that are unfamiliar to their patients without realizing that the meaning is not straightforward especially during intervention with African American patients with low levels of health literacy. The result of this study indicates that some Doctors also undermine the importance of speaking slowly, avoiding jargon, and repeating significant points to help improve patients' understanding, especially during engagement with patients with low levels of health literacy. To offer equitable, high-quality patient outcomes that benefit both patients and hospitals, removing cultural barriers can enhance patient-provider communication and patient care experiences (Sciaffing et al., 2020).

Experts advise improving patient-provider interaction, such as increasing the provider's understanding of personal and cultural biases and views, the provider's response to patient cultural needs, and trust-building (Adebayo et al., 2020).

### **Theme 3: Cultural Diversity in Healthcare**

This study identified cultural diversity in healthcare as part of the cultural problems faced by social workers while providing mental health services to African Americans in hospital settings. Providers with multicultural background struggle to adopt specific intervention approach that is more culturally oriented to favor an African American patient with mental health problems. I discovered that a provider's cultural orientation influences their approach during engagement with patients from multicultural backgrounds. Based on the literature, social workers may face the challenge of working in an interdisciplinary team in which other members do not understand the social worker's contributions to the treatment of patients (Krunckberg, 2019). This becomes a challenge to the social worker as he/she struggles to advocate for and educate the patient.

This study showed that social workers feel like professional communication, especially during team meetings, are often misinterpreted or complex to understand when working with other providers with different languages and cultural backgrounds. I found that because team meetings are a crucial part of intervention for patients with mental health problems, any breach of communication during team meetings can result in poor discharge planning and overall patient recovery outcomes. Krunckberg (2019) named stigma, the problem of communication, accessibility, and the challenge of working with diverse interdisciplinary teams as crucial issues facing mental health social workers.

Based on the outcome of this study, breach in communication between social workers and other providers is more pronounced in situations with very limited providers of color.

This study also discovered that social workers feel a sense of less satisfaction and less favorable attributions about each of the team members' motives, and ineffective communication when team members emerge from different cultures. This attribute hinders the quality of services often provided to African American patients with mental health problems. The dominant attitude is that doctors believe we are here to do medicine, not the soft stuff (Kerrigan et al., 2021). Finding ways to help social workers operate more effectively in teams can improve patient care (Zerden et al., 2019).

#### **Theme 4: Inadequate Hospital Programs**

This study's result reveal that inadequate hospital programs may have hindered social workers' effort in providing mental health services to African Americans in a hospital setting. The result shows that some hospitals lack adequate resources and programs that support culturally competent practice with minority groups. Such hospitals need more programs to monitor and improve culturally motivated patients and provider communication. The study result also shows that some social workers resorted to private training and education to keep abreast of new ideas or recommendations for servicing the mental health status of some patients with diverse backgrounds. Based on the literature, the successful implementation of a culturally competent workforce requires an organizational commitment to building a system that will encourage providers and healthcare professionals to work effectively in cross-cultural situations (White et al., 2019). Working in a hospital environment with programs to support culturally competent



practice with diverse patient population makes a whole lot of difference (White et al., 2019). A commonly mentioned approach in workforce management and healthcare is creating a culturally compatible workforce that reflects the community being served (White et al., 2019). The commitment to fostering an inclusive work environment must start at the top with a clear articulation of the institution's vision, mission, and programs (Kersey-Matusiak, 2019).

## **RQ2**

### **Theme 1: Effective Communication**

The first theme from my study based on the second research question was that social workers identified effective communication as a benefit of providing culturally competent treatment to African American patients in hospital settings. I discovered that social workers who reported having vast knowledge of African American values, beliefs, and backgrounds could communicate effectively and build strong working relationships with African American patients, influencing patients' mental health outcomes. This study is consistent with previous literature, which revealed that culturally competent practice allows practitioners to establish effective interpersonal and working relationships correlated with perceptions of higher-quality care and more effective communication that supersede cultural differences (Rathoda et al., 2021).

According to the literature, increased workforce diversity has advantages, including better patient-provider communication, greater access to healthcare in underprivileged areas, and improved patient trust (Bonar, 2019). I discovered that social workers who reported having in-depth knowledge of African American patients with

mental health problems could interact with them and identify required information, community resources, and support to improve their mental health care. Based on the study, social workers with good awareness of the African American culture displayed specific communication skills such as active listening, rapport development, staying motivated, and respecting patients' feelings, which are required to effectively provide mental health service to the African American patient (Kerrigan et al., 2021). This study revealed that providers who were culturally competent with the African American culture were more open to their views and perspectives during communication. Previous literature indicates that, for therapeutic relationships to be successful, patients with mental health issues must feel at ease and understood by their mental health professionals in the hospital (Trinh et al., 2020).

Social workers with vast knowledge of the African American culture successfully engaged patients who displayed resistance toward mental health treatment and discharge planning (Trinh et al., 2020). The study discovered that providers who share limited knowledge of the African American culture and values struggled to understand their language style and to communicate effectively with them during mental health treatment. The effect is that once a patient feels that a provider does not understand their feelings, language, and way of life, they may resist mental health services (Trinh et al., 2020). On the contrary, patients will build confidence in their mental health professional's engagement if such a provider displays knowledge of the patient's culture and belief system (Trinh et al., 2020).

**Theme 2: Comprehensive Assessment**

This current study shows that, culturally competent social workers could effectively conduct comprehensive mental health assessments with African American patients. Based on the study, social workers who displayed empathy, respect, and understanding and their awareness of the African American culture were able to extract in-depth information about their patients regarding their physical, psychological, social, and economic problems during assessment. Patients are more inclined to divulge information about their health if they feel respected and understood by their healthcare professionals (Adebayo et al., 2020). Previous literature shows that the cultural competence principle attempts to untangle how African Americans interpret these experiences during assessment and bring it to bear on their attitude toward others and their mental health behavior (McGregor et al., 2019). This study established that social worker who asked African American patients questions regarding their family support system, knowing how vital family plays a role in their lives, successfully completed a practical assessment with them during hospitalization. For instance, social workers who asked African American patients questions about their children, family dynamics, community, and religious leaders made them feel comfortable and open up during the assessment.

Previous research indicates that respecting people's differences in their identity gives you a fresh start and the ability to be successful with them during assessment (Adebayo et al., 2020). Because patients have different equity views, political views, and backgrounds, which affect the way they react to things and live, healthcare providers

must take the time to listen to their patients and respect their views regarding their presenting mental health and social problems (Kelley et al., 2020). This study discovered that providers' knowledge of the African American culture has helped them identify and understand the type of questions to ask during patients' assessments to maintain their respect and trust and ability to retrieve vital information about their problems. The current study identified that respecting the feelings of an African American patient with mental health problems and the meaning they attach to mental health can help social workers objectively identify their unique needs and concerns and any potential barriers to care that may affect patients' compliance and outcome following discharge.

### **Theme 3: Patient Resilience**

The current study shows that social workers recognized improved patient resilience as a benefit of providing culturally competent treatment to African American patients in hospital settings. This study showed that when providers make an effort to recognize the diversity of patients, it impacts patients' feelings of inclusion and belonging and resilience to seek mental health care. Based on the literature, providers' ability to embrace diversity in the hospital system makes patients from diverse backgrounds, including African Americans, improve their resilience to seek treatment and participate in improving their overall well-being (Schultz & Brindle, 2022).

I discovered in this study that social workers could assist African American patients in building their resilience by educating them, listening, being empathetic, and respecting their feelings and right to self-determination. This study is consistent with previous literature, which states that solid social support and culturally motivated intervention

from one's healthcare team have been positively associated with better patient health outcomes, resilience, and positive adjustment (Schultz & Brindle, 2022). In this current study, I found that African American patients feel more comfortable and more resilient when assigned social workers and providers with similar cultural backgrounds. Patients feel empowered and respected in such situations, knowing their right to self-determination will be respected (Schultz & Brindle, 2022). Furthermore, research on the impact of provider–patient interactions on health outcomes suggests that positive expectations from the provider and a warm and positive attitude are associated with increased patient satisfaction and well-being (Schultz & Brindle, 2022).

#### **Theme 4: Positive Discharge of Outcome**

In this study, social workers with good knowledge of African American culture reported reduced biases that can lead to inaccurate diagnoses and treatment. I also found that culturally competent social workers can conduct an in-depth assessment of patients' problems and provide African American patients with adequate resources that will help them improve their mental health outcomes following discharge from the hospital. Culturally appropriate services include care delivered to patients that is sensitive to patient culture, religion, or other individual preferences (Schiaffino et al., 2020). This study shows that it is essential for providers to recognize that certain cultural groups, like the African American population, need a small quantity of extra care or attention in mental health care because of the discrimination they face, especially in the healthcare system. Healthcare providers must be motivated and willing to provide a culturally competent mental health service to African American patients to improve their health

outcomes following discharge (Schiaffino et al., 2020). Based on existing literature, social and cultural barriers can lead to access barriers, medical errors, and misunderstandings between patients and providers (Schiaffino et al., 2020). Addressing cultural and linguistic barriers can improve patient-provider communication and patient experiences of care and help deliver equitable, high-quality patient discharge outcomes that benefit both patients and hospitals (Schiaffino et al., 2020).

### **Theme 5: Patient-Focused Intervention**

The outcome of this study shows that social workers identified patient-focused intervention as a benefit of providing culturally competent treatment to African American patients in hospital settings. In this study, social workers who believed they were culturally competent embraced patients' autonomy and right to make their own decisions during treatment and discharge planning. These social workers prioritized educating patients and providing them with resources to build their resilience and make decisions regarding mental health treatment and discharge planning. This study is consistent with existing literature, which states that when patients know that their input matters a lot during the assessment, it encourages active dialogues in which patients and providers can ask questions, correct misunderstandings, and build trust (Rathoda et al., 2021; Alghanmi et al., 2022). The culturally competent practice embraces health equity through patient-centered care, which requires seeing each patient as unique (Rathoda et al., 2021; Alghanmi et al., 2022). Understanding patients' views, values, and preferences regarding their healthcare should be a crucial component of patient-centered treatment (Rathoda et al., 2021; Alghanmi et al., 2022). I also discovered that during assessment, recognizing

and listening attentively to patients' cultural values and beliefs promotes culturally congruent and patient-centered intervention.

### **RQ3**

#### **Theme 1: Family Engagement**

The first theme from my study based on the third research question was that social workers identified family engagement as a strategy to incorporate cultural competence into their work when providing mental health care to African Americans in hospital settings. This study showed that social workers with vast knowledge of the African American culture understood the role family plays in the lives of African American patients during assessment, intervention, and discharge planning. This study is consistent with existing literature, which shows that African American culture, shared community values and experiences, family bonds, dimensions of their faith and spirituality, resiliency, key relationships, and pride serve as their source of strength and support (Johnson & Carter, 2020). This study revealed that social workers who involved patients' families in their treatment and discharge planning successfully achieved a positive outcome, especially with African American patients known to resist mental health treatment. Based on existing literature, culturally motivated patient care involves collaborating with patients and families at all levels of care and in healthcare settings and acknowledging that families are essential to patients' health and well-being (Adebayo et al., 2020). Social workers could display a culturally competent practice with African American patients by recognizing and promoting patient and family-centered care through information sharing, participation, and collaboration.

Based on the literature, engaging families in patient care offers a promising pathway toward better-quality healthcare, more efficient care, and improved population health (Cameron et al., 2022). I found that African American patients with mental health problems feel more comfortable accepting and open about their mental health problems when their family members are involved in their treatment and discharge planning, as evidenced during family meetings or visiting periods. The result also shows that social workers depended on collateral information from patients' families during the placement of patients to other care facilities following discharge from mental health hospital settings. Based on the literature, when the possibility of placing an African American patient with mental health problems outside the home is considered, it is recommended to include family in the decision-making process to preserve the African American culture as well as empower the patient and their families (Cameron et al., 2022).

### **Theme 2: Respecting Diversity**

This study shows that social workers recognize diversity as a strategy to incorporate cultural competence into their work when providing mental health care to African Americans in hospital settings. This study shows that social workers incorporate culturally competent mental health practice with the African American population by modeling how they interact with them and appreciating diversity as an essential part of patient-centered care. This study is consistent with previous literature, which reveals that social workers and other providers can incorporate culture into their practice by treating patients fairly, transparently, and without discrimination based on their cultural background (Johnson & Carter, 2020). Their focus is to ensure that African American



patients are treated as equals and accorded the dignity and respect they deserve, notwithstanding their diversity (Johnson & Carter, 2020).

Based on the literature, being culturally competent involves creating an environment that fosters inclusiveness in every area possible and allows patients to share their feelings and ideas regarding their treatment and discharge planning without discrimination (Watson-Singleton et al., 2019). It involves working with patients from diverse cultures with an open mind, meeting each patient's needs as individuals, and understanding their mental healthcare (Watson-Singleton et al., 2019). According to Watson-Singleton et al. (2019), providing culturally tailored resources, using culturally familiar terminology, addressing religious concerns, and including African American practitioners are suitable cultural competence measures to improve healthcare disparities among African American populations. This study shows that social workers who reported in-depth knowledge of the African American culture improved their awareness to reinforce the primary goal of diversity skills that will help each patient feel respected, valued, and treated fairly. These social workers strive to promote an inclusive work environment to strengthen patients' sense of belonging and purpose related to their goals.

Based on the literature, providers can recognize diversity during practice with patients by taking the time to thoroughly explain medical terminologies and avoiding jargon and procedures to people from culturally diverse backgrounds (Rathoda et al., 2021). Culturally competent practice allows practitioners to establish effective interpersonal and working relationships that are correlated with perceptions of higher-quality care and more effective communication that supersede cultural differences

(Rathoda et al., 2021). I discovered that social workers could embrace culturally competent mental healthcare practice with African American patients by creating situations that can improve their mental health outcomes, increase patient satisfaction, and reduce overall frustration, stereotyping, and disbelief of mental healthcare. Based on the literature, a patient's prognosis often improves when mental health practitioners, including social workers, are aware of the significance of cultural differences in diagnosing a disorder and consider these considerations while providing care (Moreno & Chhatwal, 2020)}.

Mental healthcare for the African American population should be tailored to the individual, their identity, culture, and lived experience (Johnson & Carter, 2020). African American culture shared community values and experiences, dimensions of their faith and spirituality, resiliency, key relationships, family bonds, and pride serve as their source of strength and support (Johnson & Carter, 2020). According to Watson-Singleton et al. (2019), providing culturally tailored resources, using culturally familiar terminology, addressing religious concerns, and including African American practitioners are suitable cultural competence measures to improve healthcare disparities among African American populations. Culturally competent practice allows practitioners to establish effective interpersonal and working relationships that are correlated with perceptions of higher-quality care and more effective communication that supersede cultural differences (Rathoda et al., 2021). Approaches to social justice and diversity in social work practice and education have emphasized the importance of enhancing care

that is attentive to patients' cultural, religious, or other personal preferences (Sciaffing et al., 2020).

### **Theme 3: Active Listening**

The findings of this study show that social workers identified active listening as a strategy to incorporate cultural competence into their practice when providing mental health care to African Americans in hospital settings. This study shows that social workers adopt culturally competent practice methods with African American patients by actively listening, being open-minded and responsive, using positive facial expressions, reasonable eye contact, and body movement during engagement. The study reveals that social workers perceive follow-up questions and affirmative and affirming statements as effective, culturally motivated strategies to ensure that the patient has received the right message and improved participation in mental health treatment. Based on the literature, listening implies more than just audio listening of words; it also focuses on comprehending the meaning of what is said (Wallace et al., 2021). When you listen to the patients, they feel you are fully engaged and value what they are saying (Kirst-Ashman & Hull, 2018)

The outcome of this research shows that social workers with good knowledge of African American patients recognized the importance of paying attention to patient's emotional expression and explosion, which can help them identify various options of intervention strategies that will improve the patient's mental health outcome. Sometimes, all it takes is to listen to patients and create an impression that you care and are willing to help them with their mental health struggles (Ricks & Brannon, 2023). Based on the

literature review, by listening to and respecting the feelings of African American patients with a mental health problem, providers can understand the origin of patient's problems as it relates to their poor mental and physical health, and based on the outcome, could provide services that will get them to their baseline (Karen Kay Kirst-Ashman & Grafton H Hull, Jr, 2018).

#### **Theme 4: Use of Empathy**

The outcome of this study shows that social workers considered use of empathy as a strategy to incorporate cultural competence into their practice when providing mental health care to African Americans in a hospital setting. This study shows that social workers display their knowledge of culturally competent mental health practice with African American patients by engaging them to make them feel like you are genuinely interested and willing to help them overcome their mental health challenges. Based on the literature, empathy involves being in tune with how a client feels and conveying to that patient that you understand how they feel (Karen Kay Kirst-Ashman & Grafton H Hull, Jr, 2018). It is acknowledging that you understand the client's situation (Karen Kay Kirst-Ashman & Grafton H Hull, Jr, 2018).

This study is consistent with existing literature, which states that providers can adopt culturally competent practices with patients by exercising patience, non-judgmental, and understanding during engagement with patients in hospital settings (Rathoda et al., 2021). Culturally competent practice recognizes the idea of displaying empathy and compassion in practice, a critical component of healthcare professionals' abilities (Rathoda et al., 2021). Based on the literature, empathy enables the worker to

establish an initial rapport with the patient and to keep up with the patient and their concerns throughout the worker-patient relationship (Karen Kay Kirst-Ashman & Grafton H Hull, Jr, 2018) This study shows that using empathy gives the social worker a means of getting at feelings that are not expressed verbally and makes confrontation less hostile, especially when providing mental health services to African Americans known to resist mental health treatment during hospitalization.

### **Theme 5: Awareness of Biases**

Based on these research findings, social workers recognize awareness of biases as a strategy to incorporate cultural competence into their practice when providing mental health care to African Americans in hospital settings. This study shows that social workers can incorporate culturally competent practice with African American patients by identifying their blind spots while actively eliminating any form of stereotypes and attitudes that could affect their communication with the patients, especially those with mental health problems. I discovered that to minimize bias against African American patients, social workers must avoid making assumptions about them based on their race and cultural background (Adebayo et al., 2020). This study is consistent with other literature, which states that providers should focus on getting information about their patients based on their characteristics and presenting problems and avoid affiliating them to any cultural group (Johnson & Carter, 2020).

This study indicates that social workers who understand the African American culture recognize that each patient is unique and could have a different mindset and perspective toward mental health care. Based on this study, I learned that social workers

could deploy knowledge of the African American culture by recognizing how their background, religion, and family impact their behavior and decision-making toward receiving mental health services. Based on the research outcome, social workers who share different cultural backgrounds from the African American patients reported being more conscious of their biases while being open to recognizing their differences in reasoning and belief systems. Based on the literature, social workers perform self-reflection to address issues regarding power imbalances common in clinician-patient relationships (Adebayo et al., 2020). Experts advise improving patient-provider interaction, such as increasing the provider's understanding of personal and cultural biases and views, the provider's response to patient cultural needs, and trust-building (Adebayo et al., 2020).

#### **Theme 6: Recognizing Spirituality**

This study shows that social workers recognize spirituality as a technique they often use to incorporate cultural competence into their practice when providing mental health care to African Americans in hospital settings. This study shows that social workers recognize the need to respect the spirituality, religion, cultural background, and feelings of African American patients toward receiving mental health treatment. Based on the literature, which is consistent with the outcome of this study, religion and spirituality play a significant role in the lives of the African American population (Avent et al., 2021). According to Avent et al. (2021), African Americans frequently turn to various unofficial sources of support, including friends, family, and spiritual authorities. African Americans with mental illness may feel better at ease using these support systems (Avent

et al., 2021). Clinicians and mental health professionals must thoroughly comprehend the Black community's intents, attitudes, and views regarding obtaining mental health care (Taylor & Kuo, 2019). This study shows that social workers who sought assistance from patients' spiritual leaders successfully engaged with African American patients with mental health problems, especially those who resisted treatment.

### **Summary**

In section 3, I presented the data analysis techniques used to code the data collected, the presentation of the coding, categorization, and themes based on participant responses. This section also contains the findings of the study based on each research question. Findings from the first research question: How do social workers describe how cultural issues create challenges when providing mental health care services to African Americans in hospital settings? Included (a) Denial of Mental Health Services, (b) Culturally Incompetence, (c) Cultural Diversity in Healthcare, and (d) Inadequate Culturally Driven Hospital Programs. Findings from the second research question: What do mental health care social workers perceive as the benefits of providing culturally competent treatment to African American patients in hospital settings? Included: (a) Effective Communication, (b) Comprehensive Assessment, (c) Patient Resilience, (d) Improved Discharge Outcome, and (e) Patient-Focused Intervention. Findings from the third research question how do social workers in hospital settings incorporate cultural competence into their work when providing mental health care to their African American patients? included (a) Family Engagement, (b) Recognizing Diversity, (c) Active Listening, (d) Use of Empathy, (e) Awareness of Biases, and (f) Recognizing Spirituality.

The next section covers the application of professional ethics in social work practice, the recommendations for social work practice, and implications for social change.



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

The purpose of this basic qualitative study is to explore experiences of social workers in terms of implementing a culturally-competent mental health practice with African Americans in hospital settings within Houston, TX. I used individual semi-structured recorded interviews and open-ended questions to obtain data from 10 selected participants through Zoom. I used a purposeful sampling strategy aiming for a sample of full-time mental health social workers with at least 2 years of experience working with African Americans in hospital settings within Houston, TX. Data were collected and held anonymously to ensure no identifying values could link information to participants. An interview protocol was used to organize and guide interview. Participants were contacted through LinkedIn. This research could help fill a practice gap and enhance environmental awareness in practice. Findings could be used as a guide to create initiatives to enhance delivering culturally-competent mental health services to African American communities in hospitals. Additionally, by doing this study, researchers could better understand what additional assistance, education, and programs social workers require in terms of handling issues within African American communities.

Findings included insights regarding cultural barriers and difficulties social workers face in terms of providing mental health services to African Americans in hospital settings, along with effective practical solutions to promote better mental healthcare outcomes for African Americans. This study is significant because it may fill a gap in understanding by focusing specifically on how social workers in hospital settings could improve their ability to integrate culture into their work with African American

clients. This study could help hospital social work practitioners and other clinicians become knowledgeable regarding practical and cultural approaches when assessing African American patients and their family needs and determine appropriate intervention plans.

### **Application to Professional Ethics in Social Work Practice**

I followed the NASW Code of Ethics for clients regarding cultural competency and honoring their worth and dignity. To fulfill their ethical duty to their clients, social workers must be culturally-competent, showing an awareness of how culture influences human behavior and society while appreciating every culture's positive aspect (NASW, 2021). This study shows social workers who reported having vast knowledge regarding African American cultures, beliefs, and backgrounds were able to communicate effectively and build strong working relationships with African American patients, which influenced their mental health outcome.

Based on the study, social workers who displayed empathy, respect, and understanding as well as awareness of African American culture could extract in-depth information about their patients regarding their physical, psychological, social, and economic problems during assessment. Patients are more inclined to divulge information about their health if they feel respected and understood by their healthcare professionals (Adebayo et al., 2020).

This study showed when providers make an effort to recognize diversity of patients, it impacts their feelings of inclusion, belonging, and resilience in terms of seeking mental health care. Providers' ability to embrace diversity in the hospital system

makes patients from diverse backgrounds, including African Americans, improve their resilience to seek treatment and participate in improving their overall wellbeing (Schultz & Brindle, 2022). This study may close the practice gap by enhancing social workers' knowledge regarding direct practice by showcasing expertise in terms of providing culturally-competent mental health care to African Americans in hospital settings.

The NASW Code of Ethics mandates social workers treat each client with compassion and respect, considering cultural and racial diversity. I upheld participants' intrinsic value and dignity. This study shows that social workers who believed they were culturally-competent embraced protecting patients' autonomy and right to make their own decisions during treatment and discharge planning. This study indicates that social workers who understand African American culture recognize each patient is unique and could have different mindsets and perspectives toward mental healthcare. Based on this study, I learned that social workers could deploy knowledge of African American culture by recognizing how their background, religions, and families impact their behavior and decision-making regarding receiving mental health services. This study could inform clinical practice and lead to change in terms of mental healthcare of African American patients.

### **Recommendations for Social Work Practice**

The purpose of this basic qualitative study is to explore experiences of social workers in terms of implementing a culturally-competent mental health practice with African Americans in hospital settings within Houston, TX. I addressed cultural issues

they face and different ways they can implement culturally-competent mental health practices with African Americans in hospital settings.

By conducting this study, researchers could better understand the additional support, training, and programs that social worker would need to deal with problems they face when providing services to the African American community. The results may serve as a benchmark for programs to improve the provision of culturally appropriate mental health treatments to the African American community in hospitals. The study's results may impact my practice as an advanced practitioner by shedding light on the various cultural obstacles and challenges social workers encounter when providing mental health services to African Americans in hospital settings and by offering the chance to advocate for improved mental healthcare outcomes for African Americans. The study results could aid social workers in understanding some unvarnished truths about the African American population they serve, the need for culturally competent interventions, and how they could affect their choice to engage in mental health practice. The outcome of this study could be helpful to health policymakers in developing a universal healthcare system that will lessen healthcare disparities, improve culturally competent social worker training, and support positive patient outcomes. The result of this study may spur social workers to educate the public about the cultural barriers that prevent the African American population from seeking mental health care and may give the African American community more leverage to advocate for policy change.

More research is required to understand the patients' perceptions better, as healthcare systems continue to work to offer culturally competent care for various

groups. Cultural competence is the provider's self-reported skill, but the care recipient's perception is missing from the conversation (Sciaffing et al., 2020). The recommendation is that researchers adopt and engage in more research methods that will include members of the African American community and offer them the opportunity to illustrate what is important to them during research. The findings that could emerge from these recommended studies could help inform the development of programs and strategies that partner with the researcher and the community they aim to support through their finding. The results of this study emphasize the need for more research on assessing the efficacy of culturally-sensitive practices aimed at enhancing African Americans' access to healthcare.

The fact that this study is restricted to Houston, Texas, USA, is another drawback. I will advise future researchers to broaden the geographic scope of similar research to include more cities in the USA to see if the themes will differ. Understanding cultural issues surrounding social workers' use in providing mental healthcare services to African Americans in hospital settings is crucial in healthcare hospital systems across the United States of America. The qualitative design of this study and its small sample size/population are further drawbacks. This limitation could affect the transferability or generalizability of findings associated with conducting a basic qualitative research study with a small sample size (Creswell, 2018; Peoples, 2021). I recommend that future researchers increase the sample size and apply other research methods, including mixed research methods, to provide a better and deeper understanding of the phenomenon (Ravitch & Carl, 2021). Future researchers could examine the consequences of this study

by examining how well the knowledge gained from it can be applied to other healthcare organizations outside of the hospital system.

### **Implications for Social Change**

The themes found in this study are consistent with the ongoing debate about the mental health care and overall health of African Americans. Healthcare inequalities disproportionately affect the African American community, which has difficulties obtaining and using healthcare services (Racial/Ethnic Differences in Mental Health Service Use Among Adults and Adolescents (2015-2019) | CBHSQ Data, n.d.). Perceived racism, medical mistrust, and breakdowns in patient/provider communication all exacerbate these barriers and disparities (Bogart et al., 2021). The results of this study may provide additional support for the creation of a culturally competent workforce that will enhance a healthcare system devoid of discrimination as healthcare on a global scale develops and puts into practice strategies aiming to improve the health of the African American population and other underrepresented ethnic and racial minorities. The findings of this study also present practice recommendations related to culturally competent care as a strategy to address disparities impacting the health of the African American community.

The outcome of this study could be used as a tool to bring about social change in the field of social work by acting as the basis for initiatives to involve African American communities in change and create more sustainable societies. The result of this study could be of value to health policy authorities in creating a universal healthcare system that will reduce healthcare inequalities, develop culturally competent training for social

workers, and promote successful outcomes for its patients. This study can influence the government to design laws and regulations to guarantee that healthcare organizations and other public sectors develop a multicultural and racially harmonious workforce that will endorse staff that reflects their community. Recruiting staff members who reflect the community and are culturally competent is a strategy that is frequently referenced in workforce management and healthcare (White et al., 2019). This idea refers to culturally based care knowledge, actions, and decisions applied in sensitive and knowledgeable ways to fit the clients' cultural values, beliefs, and lifeways effectively and meaningfully for their health and well-being or to prevent illness, disability, or death (Leininger, 2006a; McFarland, 2018b; McFarland & Webhe-Alamah, 2019).

The results of this study demonstrate the importance of culturally competent practice in improving mental health care through social workers' contributions to providing top-notch mental healthcare services to the African American population in hospital settings. By understanding the cultural issues faced by social workers in providing mental health services to African American patients, the outcome of this study could help social work practitioners and other clinicians become knowledgeable of the cultural approaches that are effective when assessing African American patients, their family needs which could help determine appropriate intervention plans. The themes revealed in this study identified the significance and strategies that clinicians could adopt in providing culturally competent mental health practice to African American patients, which could lead to positive social change by thoughtfully designing new approaches to education and training programs aimed at developing cultural competence among other

social workers and providers. Thus, the knowledge gathered in this study may be implemented in the healthcare sector to increase comfort, engagement, and the ability to serve each patient's requirements, the community, and the society at large.

At the organizational level, this study demonstrated how social workers employed in healthcare hospital systems contribute to social change by enhancing the provision of culturally-competent mental health services to patients from various backgrounds. Hospital systems may experience exceptional organizational performance and patient care through a workforce driven by their culture. According to this study, social workers conversant with African American culture can better assess African American patients thoroughly, minimize bias, and interact with them effectively, especially when they have mental health issues. This study could contribute to social change by sharing social workers' knowledge on adopting culturally-competent mental health practices to improve quality healthcare service delivery to society and achieve organizational goals. Based on the findings of this research, the review of the challenges faced by social workers in providing culturally-competent mental health practice and understanding the benefits and strategies of adopting culturally-competent practice can contribute to the practice of healthcare delivery in the healthcare industry.

### **Summary**

In completing this study, I explored social workers challenges in providing a culturally competent mental health practice with African Americans in hospital settings. A vital part of high-quality healthcare delivery that will help the African American community and other multicultural groups is implementing culturally competent practice



in healthcare hospital systems (Macgregor et al., 2019). To be effective, social workers must acknowledge the individuality of each patient and make an effort to comprehend these distinctions by implementing a practice motivated by cultural factors to improve patients' health outcomes and meet organizational objectives (Macgregor et al., 2019). The findings from research question one identified some cultural issues that create challenges for social workers when providing mental health care to the African American population in hospital settings. They Included (a) Denial of Mental Health Services, (b) Culturally Incompetence, (c) Cultural Diversity in Healthcare, and (d) Inadequate Culturally Driven Hospital Programs. The second research question identified the benefits of providing culturally competent treatment to African American patients in hospital settings. They Included (a) Effective Communication, (b) Comprehensive Assessment, (c) Patient Resilience, (d) Improved Discharge Outcome, and (e) Patient-Focused Intervention. Findings from the third research question identified strategies social workers can use to incorporate cultural competence into their work when providing mental health care to their African American patients. The strategies included (a) Family Engagement, (b) Recognizing Diversity, (c) Active Listening, (d) Use of Empathy, (e) Awareness of Biases, and (f) Recognizing Spirituality. The Afrocentric conceptual model, "Afrocentricity," served as the foundation of this study. The Afrocentric model holds that studying and comprehending African American lives requires an awareness of the history, culture, and experiences of individuals of African heritage (Asante, 2003; Hong et al., 2020). The findings of this study could serve as a tool to achieve social change in the profession of social work by serving as a foundation for programs that seek

to engage African American communities in change and the development of more sustainable societies.

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## Appendix A: Interview Questions

Dear Social Worker,

My name is Eric Ejem, and I am a graduate student at Walden University. As part of my research study, I am seeking the interest of social workers volunteers to take part in a research study about social workers challenges in implementing a culturally competent mental health practice with African Americans in hospital settings. This study seeks at least 10 volunteers who are full-time mental health social workers. They should have at least two years of experience working with African Americans with mental health problems in hospital settings within Houston Texas. The interview duration will be in the range of 45-60 minutes.

**Here are the interview questions:**

The interview questions are semi-structured with open-ended questions, and designed to encourage in-depth responses from participants.

- How would you describe the challenges you face in providing culturally competent mental health care to African Americans in hospital setting?
- Provide examples of situations where you experienced challenges providing mental health services to African American patients? If so, what did you do to overcome such challenges? How were they resolved?
- How do you describe your knowledge of the African American culture?
- How has your knowledge of this cultural group influenced your practice with them in hospital settings?

- How would you describe your most recent experience on how culture influenced the outcome your intervention with an African American client in hospital settings?
- How do you incorporate a culturally competent practice into your work when providing mental health care to the African American patients?
- How do you describe your motivation as a social worker in providing mental health care to African American patients?
- In your opinion what do you think can be done to improve mental health care for African American population during hospitalization?