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Increasing Knowledge and Awareness of Cultural Competency Among Providers

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Walden University

College of Nursing

This is to certify that the doctoral study by

Veronica Rodriguez

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

Review Committee

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Walden University
2025

Executive Summary: Staff Education Project
Increasing Knowledge and Awareness of Cultural Competency Among
Providers

by

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Executive Summary Submitted in Partial Fulfillment
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Summary

In today's challenging healthcare environment, coupled with increasing global migration, healthcare delivery has become more diverse, and providers must deliver high-quality, patient-centered care across diverse populations. Cultural competency (i.e., the ability to understand and effectively interact with patients from diverse backgrounds) is essential for reducing health disparities, improving patient satisfaction, and enhancing health outcomes. However, many providers struggle to integrate these practices into daily care due to limited or inconsistent knowledge on applying these concepts in real-world settings. Thus, the purpose of this Doctor of Nursing Practice (DNP) project was to determine whether an educational intervention focused on cultural competency increased knowledge and awareness among providers and staff in a local organization. Ten individuals were able to participate in the educational intervention. The average age of the participants was 39.80 years ($SD = 5.673$), ranging from 33 to 52 years. Seven (70%) reported being female and three (30%) participants indicated that they were male. The mean pretest score for knowledge was 7.80 ($SD = 1.476$) with a range of 6 to 10, and the mean posttest score was 13.60 ($SD = 0.516$) with a range of 13 to 14. Using a Wilcoxon signed-rank test, there was a significant difference in pre- and posttest scores ($z = -2.836$, $p < 0.01$), indicating increased knowledge among participants. They rated their awareness of four specific areas related to cultural competency on a Likert scale, with the test showing significant differences across all seven content areas. I hope that this increased knowledge and awareness will translate into practice, leading to positive outcomes for patients, providers, and organizations.

Background

In today's increasingly diverse healthcare settings, cultural competency has become an essential skill for healthcare providers tasked with delivering effective and equitable patient care. Cultural competence in health care involves delivering effective, quality care tailored to patients' diverse beliefs, attitudes, values, and backgrounds, necessitating systems that accommodate cultural and linguistic differences while recognizing the potential impact of these differences on healthcare delivery (Tulane University, 2021). The act of understanding and respecting the beliefs, values, and practices of individuals from diverse backgrounds and integrating that understanding into healthcare delivery aligns with the position of Ogunlana et al. (2023) who stated that cultural competence in healthcare is demonstrated when practitioners recognize and respect diverse health beliefs and behaviors, acknowledge and value variations among cultural groups, and modify their practices to deliver effective interventions for individuals from various ethnic backgrounds. Moreover, the need for cultural competency in healthcare arises from the fact that cultural differences can create communication barriers between providers and patients, potentially leading to misinterpretations, lower quality care, and compromised treatment decisions (Tulane University, 2021). Cultural competency in healthcare has been shown to directly help nurses provide high-quality care to diverse populations, supporting them in achieving their professional goals (Ogbolu et al., 2018, as cited in Abubakari et al., 2024). The rationale for incorporating cultural competence into organizational policy is underscored by the U.S. Census Bureau's projection that by 2060, significant demographic changes will lead to a more diverse population characterized by age, race, ethnicity, and foreign-born status, with the

United States becoming a plurality nation by 2044, where no single race or ethnic group will exceed a 50% share of the total population, despite the non-Hispanic White population remaining the largest (Georgetown University, n.d.)

As patient populations become more heterogeneous, healthcare providers frequently encounter individuals from diverse backgrounds, which can lead to misunderstandings and miscommunications if cultural nuances are not adequately acknowledged. Cultural care in nursing faces several challenges, primarily due to the lack of adequate cultural knowledge and training among healthcare providers because many nurses do not receive sufficient education on cultural competence, resulting in gaps in understanding and potentially biased care (Chu, 2025). Additionally, language differences can significantly hinder communication and patient care, leading to misunderstandings that may result in misdiagnoses, inappropriate treatments, decreased patient satisfaction, and the unconscious application of stereotypes or prejudiced views, which can further exacerbate health disparities (Chu, 2025). These challenges can adversely impact patient satisfaction, hinder health outcomes, and perpetuate existing health disparities. Thus, a pressing need exists for comprehensive staff education focused on cultivating cultural competency in healthcare settings to ensure all individuals receive care that respects their cultural identities and preferences. Moreover, the rise in international migration and cultural diversity has highlighted the need for clinical cultural competence to improve healthcare accessibility, satisfaction, and quality because studies have indicated that unconscious biases can adversely affect patient care and ratings, prompting scholars to advocate for incorporating cultural competence training in healthcare education to enhance the knowledge, skills, and awareness necessary for delivering quality care to

diverse populations (Ogunlana et al., 2023).

Past training has tried to help staff be more culturally aware, but recent checks show staff at the practicum site do not have enough knowledge. Given the evidence that culturally attuned care enhances outcomes across patients, clinicians, and institutions, organizational leadership endorses culturally informed care and identified a need to augment staff proficiency and awareness in delivering culturally competent services. Therefore, the purpose of the educational intervention was to increase the knowledge and awareness of healthcare providers regarding cultural competency, enabling them to better understand and meet the cultural needs and preferences of their patients in diverse clinical settings. I conducted this initiative to equip medical professionals with the essential tools necessary to engage effectively with patients from various cultural backgrounds, thereby enhancing the overall quality of care provided. The educational program focused on educating healthcare providers about relevant cultural factors that influence patient health behaviors, communication styles, and attitudes toward treatment.

Staff Education Project Development

During the initial evaluation, I conducted an organizational readiness assessment using the Organization Readiness for Implementing Change tool to evaluate the readiness of the project site. Additionally, a stakeholder analysis was conducted to identify individuals that would be impacted by this project. From these assessments, the organizational leadership team acknowledged the importance of cultural competency because this aligned with their goal of enhancing care delivery. In addition, I completed a strengths, weaknesses, opportunities, and threats analysis at the project site. The findings of the strengths, weaknesses, opportunities, and threats analysis showed that internal

strengths were a diverse workforce, management support for education, accessible resources, and a collaborative environment, while weaknesses encompassed limited awareness, time constraints, and weak emphasis on evaluation. External opportunities were the shift toward patient-centered care and health equity as well as a strong organizational reputation for quality staff, with external threats including high staff turnover and competing priorities.

Following formal approval of the project and informed by the evidence, I conducted a review of the literature to identify relevant articles on cultural competency and how the training has impacted clinicians. Drawing from the evidence, I developed an educational intervention (Appendix A), pretest (Appendix B), and posttest (Appendix C). Following the development of the materials, an expert panel reviewed the educational intervention, pretest, and posttest to establish the content validity of each item. The Item-Content Validity Index and Scale-Content Validity Index were used as a guide, and the expert panel review determined that the indices of each tool were 1.0, which met and exceeded the threshold of 0.80 as acceptable standards across all three tools (see Polit & Beck, 2006).

I invited a convenient sample of providers, physicians and staff working at the project site organization to participate in the educational intervention. Participation was voluntary, and the participants were not compensated for attending. Prior to the commencement of the educational intervention, the participants were asked to create a unique identifier to identify and link their pre- and posttests. I also asked the participants to complete the pretest, which consisted of eight demographic questions to describe the sample, 14 true/false questions to assess their knowledge on cultural sensitivity, and four

Likert-scale questions to determine their awareness level. The Likert-scale questions ranged from 1 = *no awareness* to 5 = *full awareness* of seven content areas: awareness of how your own cultural beliefs and background influence your interactions with patients; awareness of the steps you can take to create a more inclusive environment for patients from diverse backgrounds; awareness of how cultural differences can affect communication with patients; awareness of how stereotypes and generalizations about cultural groups impact your clinical practice; awareness of the strategies you can use to improve your cultural competence in the workplace; awareness of how to better support patients in navigating the healthcare system, considering their cultural backgrounds; and awareness of how to involve patients in their own care plans in a culturally sensitive way. After the completion and collection of the pretest, the educational intervention took place.

Upon the conclusions of the educational intervention, I asked the participants to complete a posttest. The posttest consisted of the same 14 true/false questions to assess participants' knowledge and the four Likert-scale questions to determine their awareness level on a scale of 1 = *no awareness* to 5 = *full awareness* as the pretest. After the completion of the posttest, the educational intervention concluded.

After completing the intervention, I matched each pretest with its posttest using the unique identifier. Each pre- and posttest were reviewed and scored for number of correctly answered questions to create a pre- and posttest score. Demographic information and pre- and posttest scores were entered into a Microsoft Excel spreadsheet and uploaded into Statistical Package for the Social Sciences for analysis. I used descriptive statistics to describe the sample and inferential statistics to determine if there were differences in pre- and posttest scores.

Results

Demographic Results

I invited a total of 15 individuals to participate in the educational intervention, and with leadership support, 10 participants were able to attend over the course of 10 days. The average age of the participants was 39.80 years ($SD = 5.673$), ranging from 33 to 52 years. Of these participants, 70% ($n = 7$) identified as female and 30% ($n = 3$) as male. Ethnically, 50% ($n = 5$) identified as White, 30% ($n = 3$) as Black, and 20% ($n = 2$) as Asian. In terms of professional roles, 60% ($n = 6$) indicated they work as nurse practitioners, 30% ($n = 3$) indicated they worked as physicians, and 10% ($n = 1$) worked as a secretary. The mean years of practice among participants was 5.70 years ($SD = 3.80$), with a range of 2 to 14 years, while the average duration in their current positions was 2.70 years ($SD = 1.95$), ranging from 1 to 8 years. (

Statistical Analysis

Knowledge

The participants' mean pretest score for knowledge was 7.80 ($SD = 1.476$) with a range of 6 to 10, and the mean posttest score was 13.60 ($SD = 0.516$) with a range of 13 to 14. I used a Wilcoxon signed-rank test to estimate the data, and the results showed there was a statistically significant difference between the pre- and posttest scores ($z = -2.836$, $p < 0.01$), indicating an increase in knowledge among the participants.

Awareness of How Cultural Beliefs and Background Influence Interactions

The mean pretest score for awareness of how one's cultural beliefs and background influence interactions with patients was 3.50 ($SD = 0.85$) with a range of 2 to 5. The mean posttest score for awareness of how one's cultural beliefs and background

influence interactions with patients was 4.80 ($SD = 0.422$) with a range of 4 to 5. A Wilcoxon signed-rank test was used to estimate the data, showing there was a statistically significant difference between the pre- and posttest scores ($z = -2.754, p < 0.01$), indicating an increase in the awareness of how one's cultural beliefs and background influence interactions with patients.

Awareness of Patients Support

The mean pretest score for awareness of how to better support patients in navigating the healthcare system, considering their cultural backgrounds was 3.00 ($SD = 0.707$) with a range of 3 to 5. The mean posttest score for awareness of how to better support patients in navigating the healthcare system, considering their cultural backgrounds was 4.80 ($SD = 0.422$) with a range of 4 to 5. I employed a Wilcoxon signed-rank test to estimate the data, which determined there was a statistically significant difference between the pre- and posttest scores ($z = -2.516, p < 0.01$), indicating an increase in the awareness of how to better support patients in navigating the healthcare system, considering their cultural backgrounds.

Awareness of the Steps to Create a More Inclusive Environment

The mean pretest score for the awareness of the steps taken to create a more inclusive environment for patients from diverse backgrounds was 3.10 ($SD = 0.994$) with a range of 2 to 5. The mean posttest score for the awareness of the steps taken to create a more inclusive environment for patients from diverse backgrounds was 4.70 ($SD = 0.483$) with a range of 4 to 5. Using a Wilcoxon Signed Rank test to estimate the data, I found that there was a statistically significant difference between the pre- and posttest scores ($z = -2.455, p < 0.01$), indicating an increase in awareness of the steps taken to create a

more inclusive environment for patients from diverse backgrounds.

Awareness of How Cultural Differences can Affect Communication With Patients

The mean pretest score for awareness of how cultural differences can affect communication with patients was 2.90 ($SD = 0.73$) with a range of 2 to 4. The mean posttest score for awareness of how cultural differences can affect communication with patients was 4.60 ($SD = 0.516$) with a range of 4 to 5. I conducted a Wilcoxon signed-rank test to estimate the data and found that there was a statistically significant difference between the pre- and posttest scores ($z = -2.85, p < 0.01$), indicating an increase in the awareness of how cultural differences can affect communication with patients

Awareness of how Stereotypes and Generalizations About Cultural Groups Impact Clinical Practice

The mean pretest score for awareness of how stereotypes and generalizations about cultural groups impact clinical practice was 2.80 ($SD = 0.632$) with a range of 2 to 4. The mean posttest score for awareness of how stereotypes and generalizations about cultural groups impact clinical practice was 4.80 ($SD = 0.422$) with a range of 4 to 5. Using a Wilcoxon signed-rank test to estimate the data showed that there was a statistically significant difference between the pre- and posttest scores ($z = -2.87, p < 0.01$), indicating an increase in the awareness of how stereotypes and generalizations about cultural groups impact clinical practice.

Awareness of the Strategies to Improve Cultural Competence in the Workplace

The mean pretest score for awareness of the strategies to improve cultural competence in the workplace was 3.10 ($SD = 0.994$) with a range of 2 to 5. The mean posttest score for awareness of the strategies to improve cultural competence in the

workplace was 4.70 ($SD = 0.483$) with a range of 4 to 5. I used a Wilcoxon signed-rank test to estimate the data, which showed that there was a statistically significant difference between the pretest and posttest scores ($z = -2.584, p < 0.01$), indicating an increase in the awareness of the strategies to improve cultural competence in the workplace.

Awareness of how to Involve Patients in Their Own Care Plans in a Culturally Sensitive Way

The mean pretest score for awareness of how to involve patients in their own care plans in a culturally sensitive way was 3.30 ($SD = 0.675$) with a range of 2 to 4. The mean posttest score for awareness of how to involve patients in their own care plans in a culturally sensitive way was 5.0 ($SD = 0.00$) with a range of 5. I performed a Wilcoxon signed-rank test to estimate the data and found that there was a statistically significant difference between the pretest and posttest scores ($z = -2.859, p < 0.01$), indicating an increase in the awareness of how to involve patients in their own care plans in a culturally sensitive way.

Strengths and Limitations

A substantial strength was the organizational culture of support, marked by a pronounced propensity for change and robust endorsement from the leadership group, which facilitated the deployment of the educational intervention. Notwithstanding these strengths, the project exhibited notable limitations. The use of a convenience sample drawn from a single organization raises questions about generalizability to other contexts. The sample comprising 10 participants may only partially capture the organization's heterogeneity, underscoring the need for replication with a larger cohort to validate the

findings. Finally, given that data were collected at a single temporal juncture, the durability of the acquired knowledge and awareness remains indeterminate.

Conclusions

Implication for the Organization

The findings indicate that the educational intervention significantly enhanced participants' understanding and awareness of cultural competency. Consequently, this has several critical implications for the organization. The project underscored the importance of leveraging data to identify challenges and concerns within clinical practice. Employing data to pinpoint these issues and utilizing the most pertinent evidence to address them ensured that the educational content was directly applicable to nursing and its practices. Additionally, the educational intervention not only augmented participants' knowledge and awareness of cultural competency but also holds the potential to enhance nursing practice. I anticipate that this increase in knowledge and awareness will translate into improved practice, with the potential of facilitating favorable outcomes for patients, providers, and the organization as a whole. This project highlighted the significance of implementing educational interventions aimed at equipping nurses with the necessary knowledge to address critical clinical issues, such as cultural competency.

Implications Beyond the Organization

The outcomes of this project also have implications beyond the project site organization. Given the significance of this educational intervention on cultural sensitivity, leaders should consider sharing the findings with other healthcare institutions through presentations at local conferences and community forums. This dissemination could highlight the importance of cultural sensitivity education and may encourage

collaboration among organizations to adopt similar initiatives. Additionally, the results of this project demonstrated that an educational intervention can increase staff's knowledge and awareness of cultural sensitivity. I hope that the increased knowledge and awareness is then translated into practice and results in positive patient, provider, and organizational outcomes as well as, ultimately, positive social change.

Recommendations

In light of the findings from this DNP project, I have several strategic recommendations. I suggest disseminating this educational intervention across the entire organization. Once this knowledge is shared, the organization should consider expanding upon this subject by integrating the latest evidence related to cultural competency.

Furthermore, to sustain the enhanced levels of knowledge and awareness, I recommend that this educational intervention be incorporated into the organization's annual training protocols and the onboarding process for new personnel. Ensuring that all staff members, both existing and newly hired, comprehend the critical importance of cultural competency in patient care is essential for cultivating an inclusive healthcare environment.

In alignment with the organization's commitment to ongoing quality enhancement, it is crucial to communicate the outcomes of this project to organizational leadership. Highlighting the significance of cultural competency can reinforce the organization's commitment to delivering high-quality, patient-centered care and underscore the principle that inclusivity is integral to the organization's mission.

Summary

This DNP project highlighted the critical role of education in enhancing the knowledge and awareness of cultural competency among healthcare providers and staff within the local organization. Empowering these individuals with a deeper understanding of cultural competency has the potential to translate this knowledge into enhanced clinical practices.

To ensure the longevity of this heightened awareness, I suggest integrating the educational intervention into the annual training curriculum and the onboarding processes for new personnel. The implications of this project extend beyond the local organization, serving as a catalyst for the broader healthcare community to prioritize cultural competency education. I anticipate that such an emphasis will lead to improved patient experiences, more effective provider interactions, and favorable organizational outcomes, thereby reinforcing the significance of inclusivity in healthcare delivery.

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Appendix A: Outline of the Educational Intervention

1. Introduction to Cultural Competency

- Conceptualizing Cultural Competency
- Overview of the concept and its relevance in healthcare.
- Objectives of the Training
- Goals and expected outcomes for participants.

2. Understanding the Foundations of Cultural Competency

- Key Components of Culturally Competent Care
- Cultural Awareness: Self-reflection on one's own cultural worldview.
- Respect for Cultural Differences: Fostering positive attitudes toward diverse cultures.
- Cultural Knowledge: Understanding various cultural beliefs and practices.
- Cross-Cultural Skills: Development of effective communication and interaction strategies.
- Attitudes, Knowledge, and Skills Interconnectedness
- Discussion on how these three components support and enhance one another.

3. Recognizing and Addressing Health Disparities

- Historical Context of Health Disparities
- Overview of systemic inequalities that affect health outcomes.
- Impact on Diverse Populations
- Examination of how disparities influence healthcare delivery.

4. Effective Cross-Cultural Communication

- Communication Styles
- Understanding the differences in verbal and non-verbal communication.
- Building Rapport with Patients
- Strategies for establishing trust and effective relationships.

5. Understanding Bias and Cultural Dynamics

- Implicit Bias and Its Impact
- Exploring implicit biases and their effects on healthcare delivery.
- Microaggressions and Cultural Sensitivity
- Recognizing subtle discriminatory behaviors and fostering cultural sensitivity.
- Cultural Humility
- Emphasizing the importance of self-reflection and learning from patients.

6. Resources to Manage Cultural Diversity

- Translator Services
- Accessing translation resources and guides for effective communication in healthcare settings.
- Community Resources
- Identifying local resources pertinent to culturally diverse patients.
- Cultural Competency Toolkits
- Utilization of toolkits that provide strategies and guidelines for culturally competent care.

7. Practical Tools and Approaches to Cultural Competency

- Case Study Analysis

- Review of scenarios illustrating successful and problematic cultural interactions.
- Interactive Role-Playing

8. Continuous Learning and Professionalism

- Resources for Lifelong Learning
- Recommended readings, workshops, and online courses.
- Professionalism and Ethical Practice
- Principles that should guide healthcare professionals.

9. Q&A and Dialogue

- Open Forum for Discussion
- Opportunity for participants to share experiences and ask questions.

10. Conclusion and Call to Action

- Summarizing Key Takeaways
- Developing Personal Action Plans
- Encouragement for participants to create actionable steps for implementing training concepts in their practice.

Appendix B: Pretest

I would like to extend my heartfelt gratitude to you for agreeing to participate in this important educational intervention. Your involvement is crucial to the success of this study, and I truly appreciate your willingness to contribute.

As part of the pretest process, I kindly ask you to create a unique identification number (ID) that is exclusively known to you. This ID serves an essential purpose: it will be used solely to match your pretest responses with your posttest results. It is important to emphasize that you will not be required to share this ID with anyone, nor should you disclose it to anyone else. This measure is in place to ensure your privacy and the confidentiality of your responses.

Throughout this process, I will not request any identifying information from you. I ask that you refrain from providing any additional personal details outside of the specific questions that will be presented to you. Rest assured that all information collected during this intervention will be reported only in aggregate form, meaning that individual responses will not be identifiable.

Once again, I sincerely thank you for your willingness to participate in this educational intervention. Your contribution is invaluable, and I look forward to your insights.

My Unique ID: _____

Demographic Information

Age (in years): _____

Gender:

- Male
- Female
- Non-Binary
- Prefer not to say
- Other (please specify): _____

Race:

- White
- Black / African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Multi-Racial
- Other (please specify): _____

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to say

Current Role in the Practice:

_____ Physician

_____ Nurse Practitioner

_____ Physician Assistant

_____ Licensed Practical Nurse

_____ Social Worker

_____ Other (please specify): _____

Years in Practice: _____

Years in Current Position: _____

Primary Language Spoken at Home:

_____ English

_____ Spanish

_____ Mandarin

_____ Arabic

_____ Other (please specify): _____

Knowledge Questions: Please answer **True or False** to the following statements

1. Cultural competency is important for improving patient satisfaction and health outcomes. True | False
2. Cultural beliefs can influence a patient's understanding of their illness and willingness to seek treatment.
True | False
3. All cultural groups have the same health risks and access to healthcare resources.
True | False
4. Healthcare providers should avoid making assumptions about a patient's beliefs based solely on their cultural background.
True | False
5. Language access services, such as translation, are critical for effective communication with patients who speak different languages.
True | False
6. Implicit bias can affect a healthcare provider's clinical decisions and interactions with patients.
True | False
7. Cultural humility encourages healthcare providers to engage in continuous learning and self-reflection about their own cultural biases.
True | False
8. Microaggressions can harm the patient-provider relationship and contribute to health disparities.
True | False
9. Cultural competency training is an ongoing process, rather than a one-time event.

True | False

10. Understanding a patient's cultural background is essential for providing personalized and relevant care.

True | False

11. Stereotyping is a constructive way to understand and categorize the cultural differences among patients.

True | False

12. Healthcare practices should prioritize culturally competent care to support the unique needs of diverse populations.

True | False

13. Engaging with patients about their cultural practices can lead to better health outcomes.

True | False

14. Having a single cultural competency training session is sufficient for healthcare providers to become fully culturally competent.

True | False

Awareness Questions: Please rate your awareness of the following statements using the indicated scale of 1 to 5. Where

1 - No Awareness

2 - Slight Awareness

3 - Moderate Awareness

4 - High Awareness

5 - Full Awareness

Awareness of how your own cultural beliefs and background influence your interactions with patients.

Rate your level of awareness:

1 - No Awareness

2 - Slight Awareness

3 - Moderate Awareness

4 - High Awareness

5 - Full Awareness

Awareness of the steps you can take to create a more inclusive environment for patients from diverse backgrounds.

Rate your level of awareness:

1 - No Awareness

2 - Slight Awareness

3 - Moderate Awareness

4 - High Awareness

5 - Full Awareness

Awareness of how cultural differences can affect communication with patients.

Rate your level of awareness:

1 - No Awareness

2 - Slight Awareness

3 - Moderate Awareness

4 - High Awareness

5 - Full Awareness

Awareness of how stereotypes and generalizations about cultural groups impact your clinical practice.

Rate your level of awareness:

1 - No Awareness

2 - Slight Awareness

3 - Moderate Awareness

4 - High Awareness

5 - Full Awareness

Awareness of the strategies you can use to improve your cultural competence in the workplace.

Rate your level of awareness:

1 - No Awareness

2 - Slight Awareness

3 - Moderate Awareness

4 - High Awareness

5 - Full Awareness

Awareness of how to better support patients in navigating the healthcare system, considering their cultural backgrounds.

Rate your level of awareness:

- 1 - No Awareness
- 2 - Slight Awareness
- 3 - Moderate Awareness
- 4 - High Awareness
- 5 - Full Awareness

Awareness of how to involve patients in their own care plans in a culturally sensitive way.

Rate your level of awareness:

- 1 - No Awareness
- 2 - Slight Awareness
- 3 - Moderate Awareness
- 4 - High Awareness
- 5 - Full Awareness

Appendix C: Posttest

I sincerely appreciate your continued participation in this important educational intervention. Your involvement remains vital for the success of this study, and I am grateful for your ongoing contribution.

For the posttest, I kindly ask you to use the same unique identification number (ID) that you created during the pretest. This ID is exclusively known to you and is essential for matching your pretest responses with your posttest results. Please remember that you should not share this ID with anyone else, as it helps preserve your privacy and the confidentiality of your responses.

At no point will I request any personal or identifying information beyond the questions provided. I ask that you refrain from sharing any additional personal details. All data collected will be reported in aggregate form only, ensuring that individual responses remain anonymous and confidential.

Thank you once again for your willingness to participate in this educational intervention. Your insights are greatly valued, and I look forward to your responses.

My Unique ID: _____

Knowledge Questions: Please answer **True or False** to the following statements

15. Cultural competency is important for improving patient satisfaction and health outcomes. True | False

16. Cultural beliefs can influence a patient's understanding of their illness and willingness to seek treatment.
True | False
17. All cultural groups have the same health risks and access to healthcare resources.
True | False
18. Healthcare providers should avoid making assumptions about a patient's beliefs based solely on their cultural background.
True | False
19. Language access services, such as translation, are critical for effective communication with patients who speak different languages.
True | False
20. Implicit bias can affect a healthcare provider's clinical decisions and interactions with patients.
True | False
21. Cultural humility encourages healthcare providers to engage in continuous learning and self-reflection about their own cultural biases.
True | False
22. Microaggressions can harm the patient-provider relationship and contribute to health disparities.
True | False
23. Cultural competency training is an ongoing process, rather than a one-time event.
True | False

24. Understanding a patient's cultural background is essential for providing personalized and relevant care.

True | False

25. Stereotyping is a constructive way to understand and categorize the cultural differences among patients.

True | False

26. Healthcare practices should prioritize culturally competent care to support the unique needs of diverse populations.

True | False

27. Engaging with patients about their cultural practices can lead to better health outcomes.

True | False

28. Having a single cultural competency training session is sufficient for healthcare providers to become fully culturally competent.

True | False

Awareness Questions: Please rate your awareness of the following statements using the indicated scale of 1 to 5. Where

1 - No Awareness

2 - Slight Awareness

3 - Moderate Awareness

4 - High Awareness

5 - Full Awareness

Awareness of how your own cultural beliefs and background influence your interactions with patients.

Rate your level of awareness:

- 1 - No Awareness
- 2 - Slight Awareness
- 3 - Moderate Awareness
- 4 - High Awareness
- 5 - Full Awareness

Awareness of the steps you can take to create a more inclusive environment for patients from diverse backgrounds.

Rate your level of awareness:

- 1 - No Awareness
- 2 - Slight Awareness
- 3 - Moderate Awareness
- 4 - High Awareness
- 5 - Full Awareness

Awareness of how cultural differences can affect communication with patients.

Rate your level of awareness:

- 1 - No Awareness
- 2 - Slight Awareness
- 3 - Moderate Awareness

4 - High Awareness

5 - Full Awareness

Awareness of how stereotypes and generalizations about cultural groups impact your clinical practice.

Rate your level of awareness:

1 - No Awareness

2 - Slight Awareness

3 - Moderate Awareness

4 - High Awareness

5 - Full Awareness

Awareness of the strategies you can use to improve your cultural competence in the workplace.

Rate your level of awareness:

1 - No Awareness

2 - Slight Awareness

3 - Moderate Awareness

4 - High Awareness

5 - Full Awareness

Awareness of how to better support patients in navigating the healthcare system, considering their cultural backgrounds.

Rate your level of awareness:

- 1 - No Awareness
- 2 - Slight Awareness
- 3 - Moderate Awareness
- 4 - High Awareness
- 5 - Full Awareness

Awareness of how to involve patients in their own care plans in a culturally sensitive way.

Rate your level of awareness:

- 1 - No Awareness
- 2 - Slight Awareness
- 3 - Moderate Awareness
- 4 - High Awareness
- 5 - Full Awareness