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Staff Education to Increase Knowledge and Awareness of Cultural Sensitivity Among Providers

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Walden University

College of Nursing

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Stephanie Anyanwu

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Walden University
2025

Executive Summary: Staff Education Project
Staff Education to Increase Knowledge and Awareness of Cultural Sensitivity Among
Providers

by
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Summary

With increasing global migration, health care delivery has become more diverse, necessitating an understanding of various cultural norms, beliefs, and practices to meet the needs of individual patients and families. However, despite this demographic shift, many health care providers are not adequately educated in cultural sensitivity as they struggle to maintain a balance when caring for diverse populations. Thus, the purpose of this Doctor of Nursing Practice (DNP) project was to determine whether an educational intervention focused on cultural sensitivity increased knowledge and awareness among providers and staff in a local organization. Nine individuals participated in the educational intervention. The average age of the participants was 38.22 years ($SD = 3.78$), ranging from 33 to 45 years. Seven (78%) reported being female, and two (22%) participants indicated that they were male. The mean pretest score for knowledge was 4.33 ($SD = 0.87$) with a range of 3 to 6, and the mean posttest score was 8.56 ($SD = 1.01$) with a range of 7 to 10. A Wilcoxon signed-rank test was used to estimate the data; results shows a statistical difference in pretest and posttest scores ($z = -2.70, p < 0.01$), indicating an increase in knowledge among the participants. Participants were asked to rate their awareness of four specific areas related to cultural sensitivity using a Likert scale. A Wilcoxon signed-rank test showed a statistical difference between pretest and posttest scores among all four content areas. The increased knowledge and awareness of cultural sensitivity among the participants may translate into practice and ultimately lead to positive patient, provider, and organizational outcomes.

Background

In 2023, the U.S. foreign-born population reached a record 47,800,000 people, accounting for 14.3% of the U.S. population (Gamboa, 2025). As a result, the United States has more immigrants than any other country in the world, and the rapid pace of global migration has transformed the country's demographic landscape, making cultural sensitivity an essential component of health care delivery (Alizadeh & Chavan, 2016). *Cultural sensitivity* refers to the awareness and understanding of the diverse cultural backgrounds, values, and beliefs that patients bring to their health care interactions (Brooks et al., 2019). This awareness is critical for fostering effective communication, establishing trust, and delivering high-quality care, particularly in today's increasingly multicultural society. Further, cultural sensitivity goes beyond mere acknowledgment of cultural differences as it involves actively engaging with patients' cultural contexts to enhance health care delivery and patient satisfaction (Cipta et al., 2024).

Despite the growing need for cultural sensitivity, many health care providers struggle to effectively care for individuals from different backgrounds. Alkhamees and Alasqah (2023) posited that providers and patients from diverse cultural backgrounds often face barriers to understanding each other, which can impede quality of care and patient outcomes. Research has demonstrated that health care providers may exhibit bias by relying on their own cultural beliefs and experiences (Marcelin et al., 2019), which can lead to the formation of stereotypes that affect patient care and treatment approaches (Hall, 2024). As a result, health care providers may not know how to communicate with persons from culturally diverse backgrounds (Efstathiou & Clifford, 2011 as cited in

Brooks et al., 2019). This reliance can lead to misinterpretations, stigmatization, and an inability to recognize and address the distinct needs of diverse populations.

Interestingly, improving cultural sensitivity among health care staff has been linked to better patient outcomes (Ogunlana et al., 2023). For example, Lauwers et al. (2024) posited that culturally sensitive care can reduce health disparities by promoting health equity and improving the quality of care delivered to underserved populations. An estimated 72% of the patients of the local organization came from various cultural backgrounds. As a result, organizational leadership has acknowledged the benefits of culturally sensitive care delivery and has recognized the need to improve staff knowledge and awareness of cultural sensitivity in their care delivery. Although previous efforts have been made to increase the cultural sensitivity of staff, there appears to be a gap in knowledge among the staff as demonstrated in recent assessments. Thus, the purpose of this DNP project was to determine whether an educational intervention focused on cultural sensitivity increased the knowledge and awareness among health care providers and staff members.

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 organization. Additionally, a stakeholder analysis was conducted to identify individuals who would be affected by this project. From these assessments, the organizational leadership team acknowledged the importance of cultural sensitivity as this aligned with their goal of enhancing care delivery. In

addition, a strengths, weaknesses, opportunities, and threats analysis was completed at the project site. Some of the strengths of the organization include its commitment to excellent personalized patient care and dedicated team members. However, the organization faces weaknesses such as limited education in cultural sensitivity among providers and a lack of structured self-assessment tools on cultural sensitivity, compounded by competing organizational priorities. Opportunities arise from the increasing emphasis on health equity and culturally sensitive care, allowing the practice to leverage its strong reputation and community ties to implement targeted educational interventions. Conversely, threats from larger health care systems with extensive cultural competency training programs and rapid changes in health care policies could challenge the organization's competitiveness and reputation if not addressed promptly.

Following formal approval of the project and informed by the evidence, I conducted a review of the literature to identify relevant articles on cultural sensitivity. Drawing from the evidence, I developed an educational intervention (see Appendix A), pretest (see Appendix B), and posttest (see 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. The indices of each tool were 1.0, which met and exceeded the threshold of 0.80 as acceptable standards across all three tools (Polit & Beck, 2006).

Procedures

A convenience sample of providers, physicians, and staff were invited 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 pretest and posttest. The participants were also asked to complete the pretest, which consisted of seven demographic questions to describe the sample; 10 true/false questions to assess their knowledge on cultural sensitivity; and four Likert-scale questions to determine their awareness level. The Likert-scale ranged from 1 (*no awareness*) to 7 (*full awareness*) and was used to measure participants' awareness in four content areas: the ability of cultural sensitivity to improve patient–provider relationships, the importance of cultural beliefs and practices in providing effective patient care, recognition and addressing of language barriers in health care settings, and ongoing education and training in cultural sensitivity for health care providers. After the completion and collection of the pretest, the educational intervention took place.

After the educational intervention, I asked the participants to complete a posttest. The posttest consisted of the same 10 true/false questions to assess their knowledge and the four Likert-scale questions to determine their awareness level on a scale ranging from 1 (*no awareness*) to 7 (*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 pretest and posttest were reviewed and scored for the number of correctly answered questions to create a pretest and posttest score. Demographic information, pretest, and posttest scores were entered into a Microsoft Excel spreadsheet and uploaded into SPSS Statistics for analysis. Descriptive statistics were used to describe the sample, and inferential statistics were used to determine if there were differences in pretest and posttest scores.

Results

Demographic Results

A total of 13 individuals were invited to participate in the educational intervention, and with leadership support, nine participants were able to attend over the course of 10 days. The average age of the participants was 38.22 years ($SD = 3.77$), ranging from 33 to 45 years. Of these participants, 78% ($n = 7$) identified as female and 22% ($n = 2$) as male. Regarding ethnic identify, 56% ($n = 5$) identified as White, 33% ($n = 3$) as Black, and 11% ($n = 1$) as Asian. In terms of professional roles, 67% ($n = 6$) indicated they worked as nurse practitioners, 22% ($n = 2$) as physicians, and 11% ($n = 1$) as a secretary. The mean years of practice among participants was 4.56 years ($SD = 2.55$), with a range of 2 to 10 years, while the average duration in their current positions was 1.89 years ($SD = 0.60$), ranging from 1 to 3 years. Table 1 includes participant demographics.

Table 1

Sample Descriptive Statistics (N = 9)

Characteristic	<i>n</i>	%	<i>M</i>	<i>SD</i>	Range
Gender					
Female	7	78			
Male	2	22			
Race					
White	5	56			
Black	3	33			
Asian	1	11			
Role					
Nurse practitioner	6	67			
Physician	2	22			
Secretary	1	11			
Age			38.22	3.78	33–45
Years in practice			4.56	2.55	2–10
Years in current position			1.89	0.61	1–3

Statistical Analysis

Knowledge

The mean pretest score for knowledge was 7.24 ($SD = 1.48$) with a range of 5 to 10, and the mean posttest score was 9.12 ($SD = 0.78$) with a range of 8 to 10. Using a Wilcoxon signed-rank test to estimate the data, I found a statistically significant difference between the pretest and posttest scores ($z = -3.83$, $p < 0.001$) indicating an increase in knowledge among the participants.

Awareness of Ability to Improve Patient–Provider Relationships

The mean pretest score for awareness of the ability of cultural sensitivity to improve patient–provider relationships was 2.44 ($SD = 1.01$) with a range of 1 to 4. The mean posttest score for awareness of the ability of cultural sensitivity to improve patient–provider relationships was 6.00 ($SD = 0.87$) with a range of 5 to 7. Using a Wilcoxon signed-rank test to estimate the data, I found a statistically significant difference between

the pretest and posttest scores ($z = -2.74, p < 0.01$) indicating an increase in the awareness of the ability of cultural sensitivity to improve patient–provider relationships.

Awareness of Cultural Beliefs and Practices

The mean pretest score for awareness of the importance of cultural beliefs and practices in providing effective patient care was 2.44 ($SD = 1.01$) with a range of 1 to 4. The mean posttest score for awareness of the importance of cultural beliefs and practices in providing effective patient care was 5.89 ($SD = 0.93$) with a range of 5 to 7. I used a Wilcoxon signed-rank test to estimate the data. Results showed a statistically significant difference between the pretest and posttest scores ($z = -2.75, p < 0.01$) indicating an increase in the awareness of the importance of cultural beliefs and practices in providing effective patient care

Awareness in Recognizing and Addressing Language Barriers

The mean pretest score for the awareness in recognizing and addressing language barriers in health care settings was 3.22 ($SD = 1.30$) with a range of 1 to 5. The mean posttest score for the awareness in recognizing and addressing language barriers in health care settings was 6.33 ($SD = 0.71$) with a range of 5 to 7. Using a Wilcoxon signed-rank test to estimate the data, I found a statistically significant difference between the pretest and posttest scores ($z = -2.70, p < 0.01$) indicating an increase in awareness in recognizing and addressing language barriers in health care settings.

Awareness of Ongoing Education and Training

The mean pretest score for awareness of ongoing education and training in cultural sensitivity for health care providers was 2.88 ($SD = 0.99$) with a range of 1 to 4.

The mean posttest score for awareness of ongoing education and training in cultural sensitivity for health care providers was 6.33 ($SD = 0.71$) with a range of 5 to 7. I used a Wilcoxon signed-rank test to estimate the data. Results showed a statistically significant difference between the pretest and posttest scores ($z = -2.64, p < 0.01$) indicating an increase in awareness of ongoing education and training in cultural sensitivity for health care providers. Table 2 provides comparative data on the pretest and posttest means and standard deviations for the knowledge and awareness variables.

Table 2

Means and Standard Deviations of Knowledge and Awareness Variables (N = 9)

Variable	<i>M</i>	<i>SD</i>	Range
Knowledge*			
Pretest	4.33	(0.87)	3–6
Posttest	8.56	(1.01)	7–10
Awareness of improved patient–provider relationships*			
Pretest	2.44	(1.01)	1–4
Posttest	6.00	(0.87)	5–7
Awareness of cultural beliefs and practices*			
Pretest	2.44	(1.01)	1–4
Posttest	5.89	(0.93)	5–7
Awareness recognizing and addressing language barriers*			
Pretest	3.22	(1.30)	1–5
Posttest	6.33	(0.71)	5–7
Awareness of ongoing education and training*			
Pretest	2.88	(0.99)	1–4
Posttest	6.33	(0.71)	5–7

* $p < 0.0$.

Strengths and Limitations

A significant strength was the supportive organizational culture, characterized by a strong motivation for change and robust backing from the leadership team, which facilitated the implementation of the educational intervention. Despite these strengths, the

project had notable limitations. First, given that the participants were drawn from a convenience sample from a single organization, the results may not be generalizable to other settings. Further, the sample of nine participants may only adequately represent part of the population of the organization, warranting replication with a larger sample for validation of the results. Last, given the data were measured at a single point in time, the sustainability of the knowledge and awareness is unknown.

Implication for the Organization

As evidenced by the results, the educational intervention increased participants' knowledge and awareness of cultural sensitivity. As a result, there are several important implications for the organization. First, this project demonstrated the value of using data to identify issues and concerns in clinical practice. I used data to identify the concern and the best possible evidence to address the concern. With these underpinnings, the intervention ensured that the education delivered was relevant to nursing and nursing practice. Second, the educational intervention increased the knowledge and awareness of cultural sensitivity among the participants, which has the potential to improve nursing practice. Thus, the increase in knowledge and awareness may then translate into practice, which in turn, may result in positive patient, provider, and organization outcomes. Last, this project demonstrated the importance of using educational interventions to educate nurses on important clinical issues such as cultural sensitivity.

Implications Beyond the Organization

The outcome of this project also has implications beyond the organization. Given the significance of this educational intervention for cultural sensitivity, leaders should

consider sharing the findings with other health care institutions through presentations at local conferences and community forums. This dissemination will 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 knowledge and awareness of cultural sensitivity. The increased knowledge and awareness may be translated into practice and results in positive patient, provider, and organizational outcomes and ultimately, positive social change.

Recommendations

Based on the results of this DNP project, I offer several recommendations. First, I recommend that this educational intervention be shared with all employees in the organization. Once the education is disseminated throughout the organization, the organization may wish to build on this topic using the current evidence surrounding cultural sensitivity. Second, to maintain the current knowledge and awareness levels, I suggest that the educational intervention be incorporated into the organization's annual training requirements and onboarding process for new staff. Ensuring that all staff members, both new and current, understand the significance of cultural sensitivity in patient care is essential to fostering an inclusive health care environment. Last, given the organization's commitment to continuous quality improvement, it is vital to share the results of this project with organizational leadership. Emphasizing the importance of cultural sensitivity may strengthen the organization's dedication to high-quality, patient-

centered care and reinforce the message that inclusivity is fundamental to the organization's mission.

Conclusions

This DNP project demonstrated the importance of education to increase the knowledge and awareness of cultural sensitivity among participating health care providers and staff members working in the local organization. Equipping providers and staff with the knowledge and awareness of cultural sensitivity has the potential to translate the increased knowledge and awareness into improved practices in clinical settings. To ensure the sustainability of this increased awareness, leaders at the target organization should incorporate the educational intervention into annual training and onboarding processes for new staff. The findings of this project carry implications for both the local organization and the broader health care community, serving as a call to action for other institutions to prioritize education on cultural sensitivity.

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Appendix A: Outline of Educational Intervention

- 1. Introduction**
 - Overview of cultural sensitivity in healthcare
 - Objectives of the educational intervention
- 2. Understanding Cultural Sensitivity**
 - Definition and importance of cultural sensitivity
 - Key concepts: cultural competence, humility, and awareness
- 3. Impact of Cultural Sensitivity on Health care Delivery**
 - Effects of cultural misunderstandings on patient outcomes
 - Case studies illustrating the consequences of inadequate cultural sensitivity
- 4. Importance of Cultural Sensitivity Training**
 - Rationale for training healthcare providers
 - Benefits for patient-provider relationships and health outcomes
- 5. Components of Cultural Sensitivity in Practice**
 - **Communication Styles** (Verbal and non-verbal communication across cultures)
 - **Cultural Beliefs and Practices** (Understanding diverse health beliefs and practices)
 - **Patient Engagement** (Strategies for involving patients in their care)
 - **Addressing Bias and Stereotypes** (Recognizing and mitigating personal biases)
 - **Creating an Inclusive Environment** (Best practices for fostering inclusivity)
- 6. Strategies to Enhance Cultural Sensitivity in Patient Care**
 - Practical tools and techniques for providers
 - Role-playing scenarios to practice cultural sensitivity skills
- 7. Tips and Takeaways**
 - Key points to remember for daily practice
 - Resources for further learning and development
- 8. Questions and Answers**
 - Open forum for participants to ask questions and share experiences
- 9. Conclusion**
 - Summary of key concepts covered
 - Call to action for implementing cultural sensitivity in practice

Appendix B: Pretest

Thank you for agreeing to participate in this educational intervention. Please create a unique ID that is only known to you. You will not be asked to share this ID with anyone, nor should you share your ID with anyone. The ID will only be used to match your pretest with your posttest. No identifying information will be asked for and please do not provide any additional information outside of the questions being asked. All information collected will be reported in the aggregate. Thank you again for agreeing to participate in this educational intervention.

My Unique ID: _____

Demographic Information

Age (in years): ____

Gender:

_____ Male

_____ Female

_____ Nonbinary

Race:

_____ White

_____ Black/African American

_____ American Indian or Alaska Native

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

Ethnicity:

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Current Role in the Practice:

_____ Physician

_____ Nurse Practitioner

_____ Physician Assistant

_____ Nurse

_____ Aide

_____ Receptionist / Support Staff

Years in Practice: _____

Years in Current Position: _____

Knowledge Questions

Please answer True or False to the following statements.

1. Cultural sensitivity is only important when treating patients from minority backgrounds.

True _____ False _____

2. Effective communication is a key component of cultural sensitivity in healthcare.

True _____ False _____

3. Cultural beliefs can influence a patient's understanding of their health and treatment options.

True _____ False _____

4. All patients from the same cultural background will have the same health beliefs and practices.

True_____ False_____

5. Cultural sensitivity training is beneficial only for frontline healthcare providers, such as nurses and doctors.

True_____ False_____

6. Understanding a patient's cultural background can help improve patient-provider relationships.

True_____ False_____

7. It is unnecessary to consider language barriers when providing care to patients from diverse backgrounds.

True_____ False_____

8. Cultural sensitivity can lead to better patient adherence to treatment plans.

True_____ False_____

9. Healthcare providers should avoid discussing cultural differences with patients to prevent discomfort.

True_____ False_____

10. Continuous education on cultural sensitivity is essential for all healthcare providers.

True_____ False_____

Awareness Questions

Please rate your awareness of the following statements using the indicated scale of 1 to 7 where 1 = “no awareness” and 7 = “full awareness”.

Awareness of the ability of cultural sensitivity to improve patient-provider relationships.	1	2	3	4	5	6	7
Awareness of the importance of cultural beliefs and practices in providing effective patient care.	1	2	3	4	5	6	7
Awareness in recognizing and addressing language barriers in healthcare settings.	1	2	3	4	5	6	7
Awareness of ongoing education and training in cultural sensitivity for healthcare providers.	1	2	3	4	5	6	7

Appendix C: Posttest

Thank you again for agreeing to participate in this educational intervention. Please do not provide any additional information outside of the questions being asked. All information collected is anonymous and will be reported in the aggregate. Please complete this posttest using the ID that you created for your pretest. The ID will be used to match your pretest with your posttest.

My Unique ID: _____

Knowledge Questions

Please answer True or False to the following statements.

1. Cultural sensitivity is only important when treating patients from minority backgrounds.
True_____ False_____
2. Effective communication is a key component of cultural sensitivity in healthcare.
True_____ False_____
3. Cultural beliefs can influence a patient's understanding of their health and treatment options.
True_____ False_____
4. All patients from the same cultural background will have the same health beliefs and practices.
True_____ False_____

5. Cultural sensitivity training is beneficial only for frontline healthcare providers, such as nurses and doctors.

True_____ False_____

6. Understanding a patient's cultural background can help improve patient-provider relationships.

True_____ False_____

7. It is unnecessary to consider language barriers when providing care to patients from diverse backgrounds.

True_____ False_____

8. Cultural sensitivity can lead to better patient adherence to treatment plans.

True_____ False_____

9. Healthcare providers should avoid discussing cultural differences with patients to prevent discomfort.

True_____ False_____

10. Continuous education on cultural sensitivity is essential for all healthcare providers.

True_____ False_____

Awareness Questions

Please rate your awareness of the following statements using the indicated scale of 1 to 7 where 1 = “no awareness” and 7 = “full awareness”.

Awareness of the ability of cultural sensitivity to improve patient-provider relationships.	1	2	3	4	5	6	7
Awareness of the importance of cultural beliefs and practices in providing effective patient care.	1	2	3	4	5	6	7
Awareness in recognizing and addressing language barriers in healthcare settings.	1	2	3	4	5	6	7
Awareness of ongoing education and training in cultural sensitivity for healthcare providers.	1	2	3	4	5	6	7