“Thumbs Up” Means What? A Case for Cross-Cultural Nursing Education

Michele Harris MSN, RNC-OB, CNL
NorthBay Medical Center, Fairfield, California

Statement of the Problem

“Of all the forms of inequality, injustice in health is the most shocking and inhumane.” (Glima Motb Eng, J., 1992)

- Significant disparities still exist for the current minorities in most markers of healthcare equity, access, and quality of care (American Public Health Association, 2011).
- National population demographics are projected to shift from a majority of Caucasians to a majority of current minorities between 2012 and 2060 (The United States Census Bureau, 2013).
- Cultural disconnects in healthcare are a patient safety issue.

Cultural Care

- Every culture defines what health means for its members, what the origin of illness is and prescribes how healing is accomplished (Campinha-Bacote, 2012).
- Research focused on clinical encounters showed evidence of stereotyping, biases, and uncertainty on the part of healthcare providers contributing to unequal treatment of patients (Expert Panel on Global Nursing & Health, 2010).
- Nurses are responsible for addressing their own biases and improving self-awareness. (American Nurses Association, 2013)
- Systematic reviews have shown that patient related outcomes improved in 7 of 9 reviews secondary to culturally relevant patient education (Sheng et al., 2013).

Examples of Two Time Paradigms

- Deontological paradigm
  - Low context communication
  - Individualistic culture
  - Western medicine
  - Physiological illness
- Confucian paradigm
  - High context communication
  - Collectivist culture
  - Traditional medicine
  - Spiritual illness

Figure 1. Power Point Slide (March 5, 2013)

PICO Question

Does evidence-based cultural-care education improve self-reported cultural care competence of Registered Nurses (RNs) as compared to current diversity and inclusion training offered at a community hospital?

Patient Demographics

- Caucasian: 56,120
- African American: 16,140
- Hispanic: 13,776
- Unknown/ Other: 12,672
- Asian: 981
- Pacific Islander: 5441

Table 1: Patient Demographics for 2013 and 2014

Analysis


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Reliability: Cronbach’s Alpha .83

Validity: verified by expert review

- Pre/Post assessment questionnaires
- 4-point Likert Scale
- 25 items measure five cultural constructs: Desire; Awareness; Knowledge; Skills; Encounters

Rating

Scores range from 25-100

- Culturally Incompetent: 25-50
- Culturally Aware: 51-74
- Culturally Competent: 75-90
- Culturally Proficient: 91-100

Higher scores represent higher degree of cultural competence

Figure 2: Three-Field Competency Improvement

Results

Figure 3: Pre and Post Intervention Graph

Contact Information

Michele H. Harris, MSN, RNC-OB, CNL
mharris777@mac.com

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Conclusions

- Cultural competency training improved self-reported care competence from 16% to 47% in RNs per pre/post IAPCC-R © assessment
- Organizational cultural care initiatives are worth the investment of time and resources

Recommendations

- Development of annual culture specific competency training and evaluation
- Further studies to include patient input
- Study of impact on patient health outcomes and patient satisfaction with care must be ongoing measures that guide education

Acknowledgements

Thank you for your support and expertise in advancing the nursing profession:

NorthBay Healthcare
Elsia Jang MS, RN, CNS
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Cook Ross Inc.
For granting temporary access to the CultureVision cultural competence website for this project

Transcultural C.A.R.E. Associates
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References


1. Pre Intervention: Culturally Incompetent: 0
2. Culturally Aware: 16
3. Culturally Competent: 3
4. Culturally Proficient: 0

Pre and Post Intervention Graph

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Pre and Post Intervention Graph

Figure 2: Three-Field Competency Improvement

Figure 3: Pre and Post Intervention Graph

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