Assessing and Improving Nurses' Cultural Competence

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Abstract

Introduction: Cultural competence is an important component of patient care and needs to be implemented more by nurses. Addressing cultural competence will assist in improving patients' health, decreasing healthcare disparities, and increasing patient satisfaction. This qualitative improvement project aimed to assess and improve nurses' cultural competence. **Method:** A quality improvement project was implemented at a North Carolina hospital, which included a pre- and post-survey and an education intervention. The Cultural Competence Scale for Nurses Short Form (CCSN-SF) was used pre- and post-survey. The Plan-Do-Study-Act (PDSA) cycle was utilized to determine the need for changes in the project. **Results:** The pre-and post-survey results revealed that the cultural competence education was effective. **Discussion:** Increasing nurses' cultural competence can help immigrant patients overcome healthcare barriers and it is important for an organization to emphasize cultural competence education. The CCSN-SF can be implemented to assess nurses' cultural competence without utilizing too much time.

Assessing and Improving Nurses' Cultural Competence

This quality improvement project, which includes assessing and improving nurses' cultural competence, was implemented in a North Carolina hospital. In healthcare, there is great diversity in the patients seen each day due to the increase in immigrants over the past two decades. North Carolina has an immigrant population of eight percent (American Immigration Council, 2020). Migrants and ethnic minorities are at an increased risk of unequal access to healthcare and potentially at a higher risk for illnesses (Schenk et al., 2022). In order to provide quality care for patients of different backgrounds, nurses need to understand cultural competence and execute that in their practice. Cultural competence is the knowledge and ability to provide care that harmonizes with the patient's cultural beliefs and practices. Nurses must provide culturally competent care because if the treatment plan does not align with patients' health beliefs, dietary practices, and views of wellness, they are less likely to follow that plan (Purnell & Fenkl, 2020). This project aimed to help nurses provide culturally adequate care to immigrant patients of different cultural backgrounds, which comes with the challenges of different opinions, health beliefs, traditions, and norms.

The quality improvement project included assessing nurses' cultural competence with the Cultural Competence Scale for Nurses Short Form (CCSN-SF), initially a 33-item questionnaire but condensed to 14-items by Drs. Chae and Park. The purpose of the shortened form is to measure cultural competence effectively without utilizing too much of nurses' time so that the CCSN-SF can be implemented more frequently (Chae & Park, 2018). The CCSN-SF was used as a pre- and post-survey, and an education intervention was implemented, which included definitions and examples of each cultural competence domain.

The project partner is a private, non-profit hospital that works to improve the health and well-being of North Carolinians. One of the values of this organization is to build an inclusive and equitable environment that supports the diversity of the patients (About Us, n.d.). This quality improvement project aimed to help this organization provide culturally competent care for over 800,000 immigrants in North Carolina, which would greatly support this organization's values. It is found that organizations cannot directly change an individual's actions, but they greatly influence whether an individual strengthens or inhibits their cultural competence. Organizations or hospitals that emphasize the importance of cultural competence and encourage participation in training can positively impact cultural competence skills among their staff (Schenk et al., 2022).

Intervention

The intervention included utilizing the Cultural Competence Scale for Nurses Short Form (CCSN-SF) as a pre-and post-survey and an education session. The Cultural Competence Scale for Nurses Short Form continues to maintain validity and reliability even after being condensed to a 14-item questionnaire (Chae & Park, 2018). The education session was held during the nurses' staff meeting during which they could participate in the pre-and post-survey. The pre-survey, the CCSN-SF, was completed before the education session to determine the nurses' baseline knowledge of cultural competence. After that, an education session was conducted in PowerPoint format. The presentation included education on the four domains of cultural competence, which included cultural knowledge, cultural skill, cultural sensitivity, and cultural awareness. The education session also included examples for each cultural competence domain and two case studies for the nurses to discuss. The presentation lasted approximately 15 minutes, followed by the post-survey. The post-survey was the CCSN-SF, and the results were compared

to the pre-survey. The answer choices for the CCSN-SF used a 7-point scale from 1 (strongly disagree) to 7 (strongly agree), and only one answer choice was allowed to be selected for each question.

Methodology

The education intervention was presented to nurses at four different staff meetings. After each meeting, a PDSA cycle was performed to determine if any changes needed to be made to the education intervention. The changes included adding a hyperlink for the nurses to access the pre-and post-survey. A QR code was already included in the PowerPoint, but nurses that utilized their phones to join the meeting utilized the link for better access. The pre-and post-survey results were recorded on Qualtrics software, which was reviewed and recorded on to an Excel spreadsheet. Each question was listed on the Excel spreadsheet, and a column was included for each answer choice, which included a column for the 7-point scale. The percentage was calculated based on the number of nurses that answered 7 for strongly agree out of the total number of answers for each question. Once the percentage was calculated, the average percentage was calculated for each cultural domain, and the pre-and post-survey results were compared to determine if there was an improvement in the scores.

Results

Questions 1-4 of the CCSN-SF focused on cultural awareness and an improvement in scores was seen in the post-survey, with a 17.6%, 33.2%, 25.5%, and 17.6% increase, respectively. Questions 5-7 of the CCSN-SF focused on cultural knowledge, and scores showed improvement in the post-survey, with a 123.1%, 180%, and 53.9% increase, respectively. Questions 8-11 of the CCSN-SF focused on cultural sensitivity and an improvement in scores was seen in the post-survey, with a 55.2%, 17.6%, 53.9%, and 42.8% increase, respectively.

Questions 12-14 of the CCSN-SF focused on cultural skills, and an improvement in scores was seen in the post-survey, with a 227.1%, 132.9%, and 90.4% increase, respectively. During the pre-survey, the strongest domain of cultural competence was cultural awareness and cultural sensitivity, and the weakest domain was cultural knowledge and cultural skill. When comparing the pre-and post-survey results, the domains with the most improvement included cultural knowledge and cultural skill, which were the weakest cultural domains presented by the pre-survey results. The education intervention was shown to be effective with the increase in the number of nurses selecting 7 for strongly agree as the answer choice.

Figure 1

CCSN-SF pre- and post-survey results
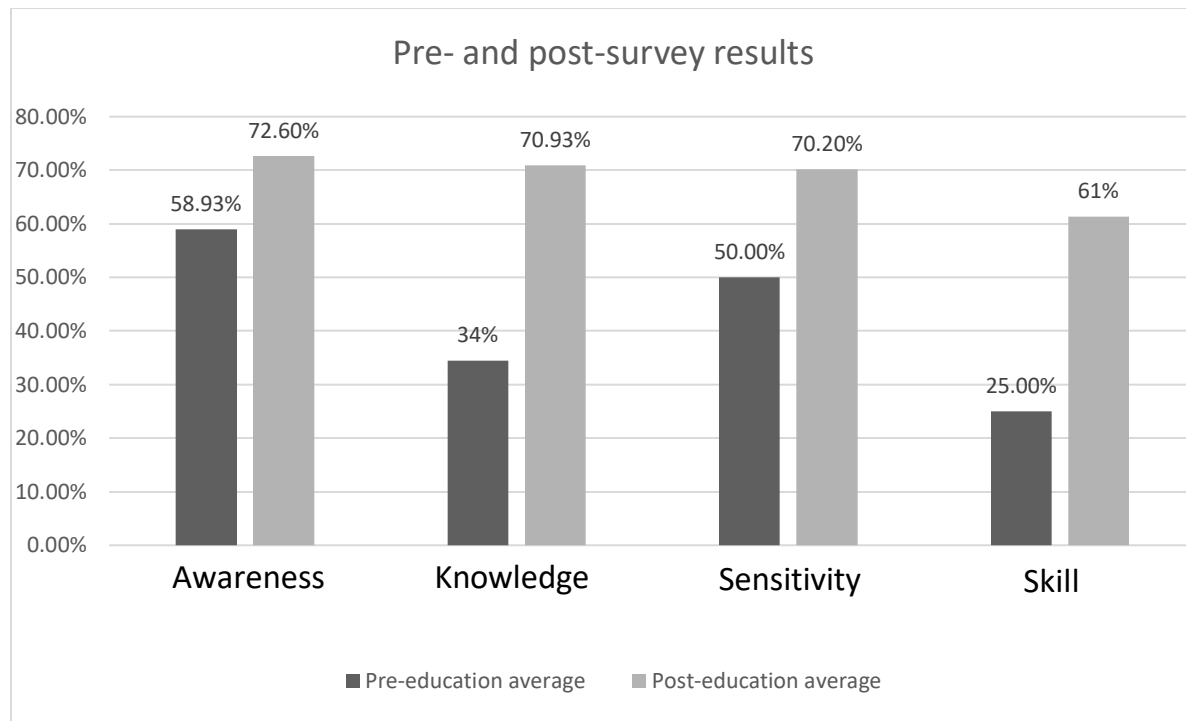
Discussion

Cultural competence can address healthcare disparities in migrants and ethnic minorities. Culturally competent nursing is a strategy an organization can encourage to improve treatment

quality and patient satisfaction (Schenk et al., 2022). Although cultural competence is learned over time and is a continuous process, nurses can be equipped with the appropriate knowledge to care for immigrant patients. The goal is to enhance nurses' cultural competence, decrease knowledge gaps, and diminish healthcare disparities (Lin & Hsu, 2020).

The education intervention was effective in improving nurses' cultural competence. A recommendation for improving this quality improvement project would be to allow more time for the education session. The intervention was implemented during nurses' staff meetings, which was convenient, but there were time limitations. It would also be beneficial to create educational opportunities on cultural competence that offered continuing education credits to the nurses who attended. Another recommendation would be to create a class that teaches cultural competence to allow more time to go into detail. The organization could also require nurses to attend a cultural competence class to ensure that each nurse has the same education opportunities.

Declaration of Conflicting Interest

The author declared that there is no conflict of interest.

IRB Review

The University and Medical Center IRB performed prescreening, which deemed the project did not require IRB review.

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