Developing Cultural Education and Framework to Increase Cultural Awareness in the Women's Pavilion: Executive Summary

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Main Points

- **Population:** Nursing staff who work in the Women's Pavilion: Labor and delivery, postpartum, newborn nursery, and special care nursery. Patients from India and surrounding countries who receive care in the Women's Pavilion.
- Cultural education on India and surrounding countries and basic cultural awareness techniques were implemented in a three-part series over three months. Data were collected by using convenience sampling from nursing staff and patients to evaluate the impact of cultural education on nursing staff's cultural awareness scores, patient satisfaction, nursing communication, and patients' trust in nursing.
- Based on the process of developing and implementing the cultural education, a conceptual framework was innovated, Developing Cultural Education, by using the Community-Based Participatory Research Conceptual Model as a guideline. This conceptual framework will help guide other healthcare providers in developing and implementing cultural education in the future.

Background and Purpose

Due to increasingly diverse populations driven by globalization, nurses provide care to culturally diverse patients. This is evident in a 250-bed community hospital in North Carolina's Piedmont. At this hospital's Women's Pavilion, the nursing staff cares for approximately 20% of patients from India and surrounding countries. This leads to a disconnect between the nurses and their patient population from this area. At the request of nursing management and staff, cultural education modules were developed,

with a subsequent plan to develop a conceptual framework to support the healthcare system in implementing cultural education on other cultures. Thereby enhancing cultural awareness and competency within this healthcare system.

When nurses are not culturally aware, it leads to miscommunication, misunderstanding, and underutilization of healthcare services, which can result in decreased trust in the provider, a reduction in patient satisfaction, and decreased communication between the providers and patients (Anzini et al., 2025; Blevins, 2025; Salahshurian & Moore, 2024; Shorey et al., 2021; Skaria et al., 2025). Improving communication and increasing active listening create a foundation of trust and respect in the patient-provider relationship, enabling nurses to understand the patient's perspective on healthcare and fostering an empathic relationship (Anzini et al., 2025; Bozkurt & Gazarian, 2024; Kriebs, 2022). With these characteristics, nurses are well-equipped to deliver holistic care to their patients, thereby achieving better patient outcomes.

To enhance cultural awareness among healthcare professionals, researchers have employed a range of techniques, primarily focusing on improving education through self-reflection during the community health course, digital applications, role-playing, simulation experiences, study abroad, and education on cultural competence and knowledge (Emerson et al., 2024; Leyva-Moral et al., 2023). Ehmke et al. (2025) recognized that exposure to topics such as unconscious bias provided a foundation for nursing students to develop self-awareness and self-reflection about their behavior, which subsequently influenced how they interacted with culturally diverse patients as professionals. Lauwers et al. (2024) found that patients wanted providers to have a basic knowledge of their culture, including rituals and traditions. This research demonstrates how improving education across cultures and fostering cultural awareness, competence, and humility can influence nurses' behavior when interacting with patients, leading to more holistic care. Sadly, there is a large gap in how to ideally develop and implement cultural education among nurses (Emerson et al., 2024). Most studies do not specify the type

of cultural education presented, whether it focuses on the culture itself or on cultural competence, humility, and awareness.

Methodology

A quality improvement project was conducted using convenience sampling of nurses and patients. Nurses were administered two different surveys, one on cultural awareness and another on feedback on the learning modules. Data from patients and their families of Asian race were collected through the community hospital's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys administered through Qualtrics; results were collected from the hospital's Women's Pavilion, Obstetrics Emergency Department, Neonatal Intensive Care Unit, and Newborn Nursery.

To maximize exposure to cultural education while providing utmost flexibility, three learning modules were created as PowerPoint presentations and emailed to staff members in the Women's Pavilion. Two of the learning modules focused on the cultures of India and surrounding countries, while a third focused on general principles of cultural competence. The author developed all three learning modules through research, and they were then critiqued by two stakeholders who are part of these cultures and employed by the healthcare system. The three learning modules were implemented over 12 weeks from January 19 to April 12, 2026. A new learning module was implemented approximately every 4 weeks. This allowed nurses who were not actively working to review the learning module before the next one was emailed.

In addition to the learning modules, a conceptual framework, Developing Cultural Education (Appendix), was developed to guide other providers in the future as they create cultural education in healthcare settings. Developing Cultural Education was innovated based on the Community-Based Participatory Research Conceptual Model (Belone et al., 2016; Oetzel et al., 2018). Belone et al. (2016) and Oetzel et al. (2018) validated the Community-Based Participatory Research Conceptual Model for

use across multiple scenarios and populations. This provided Developing Cultural Education with a validated foundation during development.

Results

The cultural modules were emailed to 253-288 staff members during implementation. Due to staffing changes, each module had a different number of staff members who received the information. Using the set number of 250 staff members ensured a consistent count across all statistics. Roughly 8.7% of nursing staff participated in the baseline Cultural Awareness for Nursing Professional survey, but by the end, only 3.3% participated. Even with the low participation rate, there was a 9.44% increase in the overall mean cultural awareness score. To evaluate the impact on patients and their families, patient survey results from the hospital's HCAHPS system were compared to the implementation timeline, which demonstrated the outcome measures. Appendix C demonstrates the patients' scores at baseline, January 1 to May 31, 2025, during each module implementation timeframe, January 19 to February 15, 2026, February 16 to March 15, 2026, and March 16 to April 12, 2026, and throughout the whole implementation process from January 19 to May 18, 2026. When comparing baseline scores to those during the whole implementation time, two of the measurements, patient net promoter and nurse communication, decreased by 16.63% and 9.39%, respectively. In contrast, there was a 30.20% increase in trust to take care of needs.

Limitations and Strengths

Limitations of this project were demonstrated through the participation rates in the cultural education and surveys, the lack of willingness from nurses to increase their own cultural awareness and humility, patients' and their families' lack of submission of patient surveys about their hospitalization in the Women's Pavilion, and the hospital's discontinuing surveys related to newborn patients. All of these contributed to reduced data and affected the realistic impact of cultural education.

Strengths of this project were the enthusiasm of a small group of nursing staff and the site liaison. The small group of nursing staff was extremely passionate about receiving any education they could about the cultures of people from India and the surrounding countries. They encouraged nurses to read the educational modules, discussed with them the importance of learning the information, and guided changes to increase visibility. The site liaison continued to develop new pathways to increase exposure by suggesting that the hospital's Department of Cultural Diversity be informed about the creation of the cultural education modules and their implementation into the hospital's learning module system. With others' enthusiasm, it will continue to increase exposure to the learning modules and further impact the clinical practices of the nursing staff at this community hospital's Women's Pavilion.

Implications and Conclusion

Cultural education has demonstrated improvement in cultural awareness among participants and trust between patients and healthcare providers. With increasing globalization, the focus on this topic will remain highly important to patients and healthcare providers. It is also important to continue researching ways to enhance cultural awareness and competence among nurses to improve patient outcomes, trust in the healthcare system, and communication between patients and healthcare providers. Nurses learning about their patients' culture is part of holistic patient care (Lauwers et al., 2024). Cultural education should be implemented during undergraduate and graduate education, as well as at the professional level. Ehmke et al. (2025) found that exposure to this topic improved appreciation of cultural differences and was important for maintaining mutual respect. Without respect and effective communication, nurses are unable to provide beneficial, holistic patient care.

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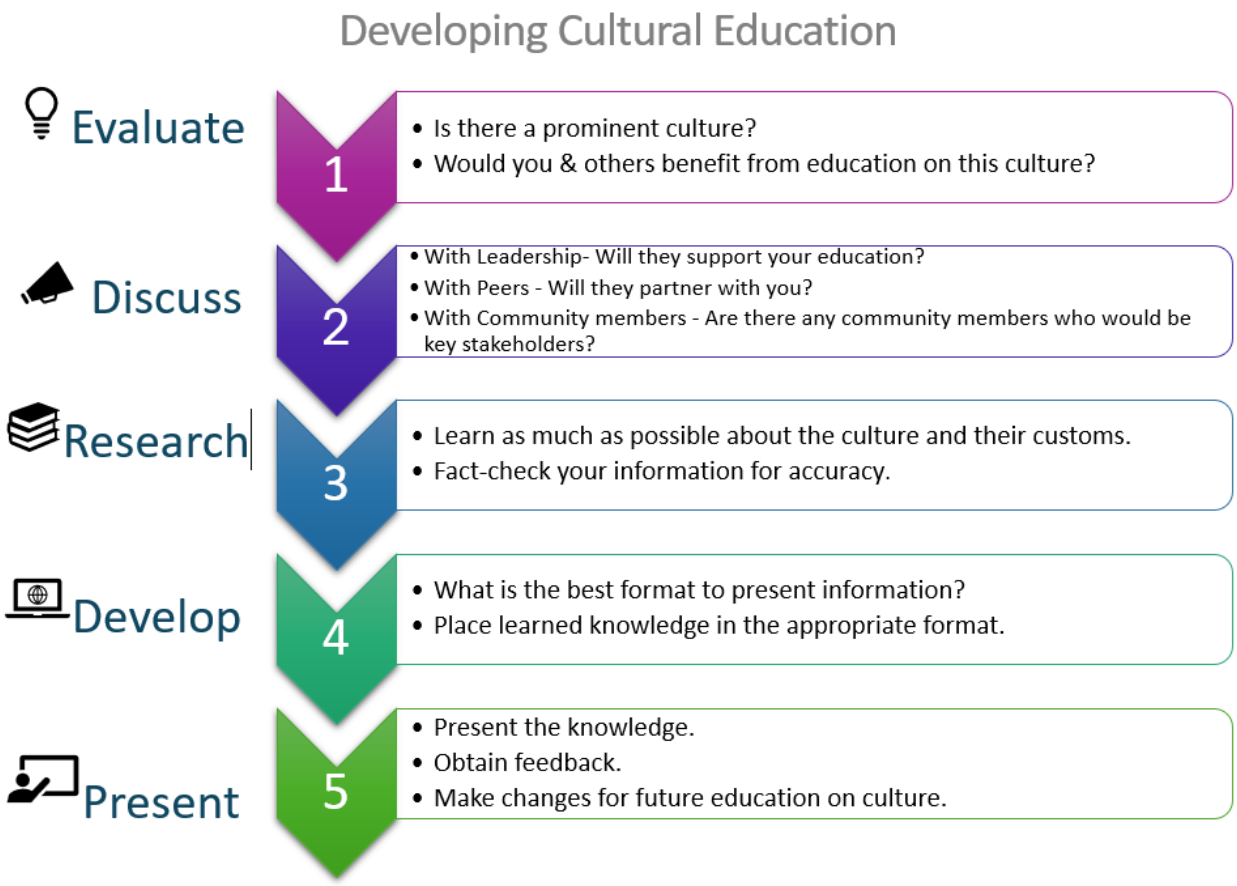
Appendix

Developing Cultural Education



Note: Developing Cultural Education is a conceptual framework that can guide healthcare professionals in creating cultural education for any specific cultural group. It will guide any healthcare professional through the initial stages to the end.