Improving Cultural Competence in the Nurse to Reduce Adverse Patient Events

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Key Terms

- Culture (Rose, 2020)
- Cultural competence (Sharifi et al., 2019)
- Adverse patient event (Skelly et al., 2023)
- Limited English Proficiency Patient (LEEP) (Schoyer, 2020)
Research Question:

• How does culturally competent nursing care affect patient outcomes?

Methodology:

• Summarize and correlate current research concerning culturally competent nursing
• Assess culturally competent nursing and its effects on clinical patient outcomes
• Provide a theoretical model for closing gaps in research and reforming policy change
The Why:

- Diversity
- Trust and Rapport (Brenan, 2023)
- Patient Safety
## The Why (cont.)

### Figure 1. Benefits of Becoming a Culturally Competent Health Care Organization

<table>
<thead>
<tr>
<th>Social Benefits</th>
<th>Health Benefits</th>
<th>Business Benefits</th>
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<tbody>
<tr>
<td>• Increases mutual respect and understanding between patient and organization</td>
<td>• Improves patient data collection</td>
<td>• Incorporates different perspectives, ideas and strategies into the decision-making process</td>
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<td>• Increases trust</td>
<td>• Increases preventive care by patients</td>
<td>• Decreases barriers that slow progress</td>
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<td>• Promotes inclusion of all community members</td>
<td>• Reduces care disparities in the patient population</td>
<td>• Moves toward meeting legal and regulatory guidelines</td>
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<tr>
<td>• Increases community participation and involvement in health issues</td>
<td>• Increases cost savings from a reduction in medical errors, number of treatments and legal costs</td>
<td>• Improves efficiency of care services</td>
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<td>• Assists patients and families in their care</td>
<td>• Reduces the number of missed medical visits</td>
<td>• Increases the market share of the organization</td>
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<tr>
<td>• Promotes patient and family responsibilities for health</td>
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</tbody>
</table>

*Source: American Hospital Association, 2013.*
Cultural awareness:
• Self-reflection of one’s own cultural and professional background.
Cultural knowledge:
• Obtaining information about different cultures
Cultural skills:
• Assessment of cultural data of the patient
Cultural encounters:
• Personal experiences with patients of different backgrounds
Cultural desire:
• The process of wanting to be more culturally competent
(Campinha-Bacote, 2002)
Review of Literature

- Impact of culturally appropriate communication (Handtke et al., 2019)
- Limited English proficiency (Schoyer, 2020)
- Family role in making healthcare decisions
- Stereotyping/Discrimination
- Decreased medication adherence
- Patient adverse events (Brach et al., 2019; Buikema et al., 2021)
Current Evidence-Based Suggestions

• Self-Assessments and self-teaching (Younas, 2020)
• Cultural competence training (Kaihlanen et al., 2019)
• Learn in the moment, then reflect later
• "Continual development of oneself (Okere, 2022)"
• RAISE the bar (Marion et al., 2016)
• Toolkits
  ➢ National Culturally and Linguistically Appropriate Services (CLAS) Standards (Centers for Medicare and Medicaid, 2016)
  ➢ Becoming a Culturally Competent Healthcare Organization (American Hospital Association, 2013)
  ➢ Joint Commission Road Map (The Joint Commission, 2010)
Example of Application to Practice

Figure 4. Staff Education for Cultural Competence

- Cultural Assessment
  - Conduct an assessment to understand staff’s knowledge on cultural competence before any educational program begins.
  - Using the assessment data, examine the working relationship with diverse cultures and the impact on clinical encounters.

- Multiple Training Methods
  - Conduct a case study review.
  - Have live interactions with patients.
  - Use online education and orientation.

- Ongoing Education
  - Schedule continuous staff education and include periodic assessments.

- Measurement and Tracking
  - Track data from patient satisfaction scores.
  - Track data from health care disparities data.
  - Track data from market share.

Gaps in the Literature

• Current suggestions are abstract and vague
• Time commitment concern
• Suggestions are organizational—not specific to the nurse
• Limited research on implementation of tools and policies
• Outdated models and framework
Proposed Practice Model

• Simple and accessible concepts for nurses
  ➢ 6 Rights of Cultural Care
    ➢ A familiar yet effective model for all nurses.
  ➢ Policy Change
    ➢ Introduction of cultural competence models in orientation and residency programs.
  ➢ Cultural competence simulation in school, as well as in full time nursing hospital positions
6 Medication Rights

➢ Incorporated into every level of nursing education and nursing practice, from school to residency and full-time nursing
➢ Emphasizes individualized nursing intervention that can change patient health and wellbeing
➢ Upholds patient safety and minimizes error (Hanson & Haddad, 2022)
6 Medication Rights

(Cateora, 2016)
6 Rights of Cultural Care

• Cultural Rights
  ➢ Aligns with ANA standard of Culturally Congruent Practice (Marion et al., 2016)
  ➢ Should be expected from all members of healthcare team
  ➢ Should become policy, to ensure all nurses are educated
  ➢ Cultural competency effects clinical outcomes, just like medication administration
  ➢ Individualized to each patient, like medication orders
6 Rights of Cultural Care

1. Never Assume
2. Ask, Don’t Act
3. Become Aware
4. Build Person Centered Care
5. Build Respect
6. Verbal Feedback
Suggestions for Further Research

• Address the gap from research on cultural competence to the application in clinical practice
• More research on the effect of individualized care on patient outcomes and satisfaction
• Incorporation of education material into nursing curriculum, orientation, and practice
  ➢ Badge buddies, addition to electronic medical record, etc.
References


