

# Cultural Competency Educational Program for Healthcare Workers

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## Problem Statement and Purpose

- The population of immigrants for all ethnic groups globally has risen from 75 million in 1965 to 214 million in 2010.
- 38% of the Americans from diverse ethnic backgrounds and 50 million immigrants are living in U.S. (Population Reference Bureau (2017). Health disparity is present among this population [USDHHS OMH].
- The fast-rising culturally different demographics within the U.S. demands workers in healthcare be culturally competent in providing care.
- There is a need for specified guidelines regarding

## PICOT Question

- For healthcare staff working at a healthcare setting in Bronx, New York (P), does the implementation of an evidence-based cultural competency program and guideline (I), compared to no training (C) lead to an increase in staff self-efficacy related to cultural competency (O) in eight weeks (T)?

# Theoretical Framework

- The Campinha-Bacote's (2002) Cultural Competency Care Model provides the theoretical underpinning for this DNP study project.
- The five constructs to the model are:
  - Cultural Desire
  - Cultural Awareness
  - Cultural Knowledge
  - Cultural Skill
  - Cultural Encounter

The healthcare worker constantly tries to attain the competency to successfully work in the cultural perspective of the patient.

# Project Design - Methodology

- Eight weeks implementation.
- Workshop on cultural competency held on sixth week.
- Rounding and auditing implementation.
- Weekly dissemination of results.
- Formative assessment and summative assessment.

# Evaluation - Analysis

- IAPCC-R a 20 item questionnaire, Demographic Questionnaire and Program Evaluation Questionnaire was administered to participants.
- 20 healthcare providers pre- and post-implementation data will be collected used to assess for changes in self-efficacy related on cultural competency.
- Collected study data on the cultural competence program was recorded and evaluated using the Statistical Package for Social Science (SPSS) software program for Windows (Version 21.0).
- Descriptive statistics was used to present the characteristics of the samples and to measure report outcomes.
- The PICOT question outcomes was assessed using the pre-and post-test scores.

# Results

- The healthcare workers' cultural competence was enhanced through the educational training provided.
- The average score on the IAPCC-R before the implementation of 66.97 falls into the range of "culturally aware," and after the implementation the score of 79.96 falls into the range of "culturally competent."
- The summary statistics for IAPCC-R Subscales indicated that there was significant increase in mean scores of the cultural constructs from pre-implementation to post-implementation
- Training and Workshop Evaluation: Responses to "I will be able to use what I learned in this workshop," strongly agreed 87.5% strongly agreed.
- Therefore, the DNP project can be said to be very impactful.

# Implications for Practice

- Research shows that cultural competency educational training process increases cultural knowledge and self-efficacy related to quality care.
- Cultural competency can be enhanced through educational training.
- Cultural self-efficacy can be affected by formal training and learning experiences.
- Workshop as a learning strategy can be helpful in training healthcare staff on cultural competency.
- Cultural competency policy and guidelines developed by a DNP student can be used to implement an effective cultural competency program.

## References

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