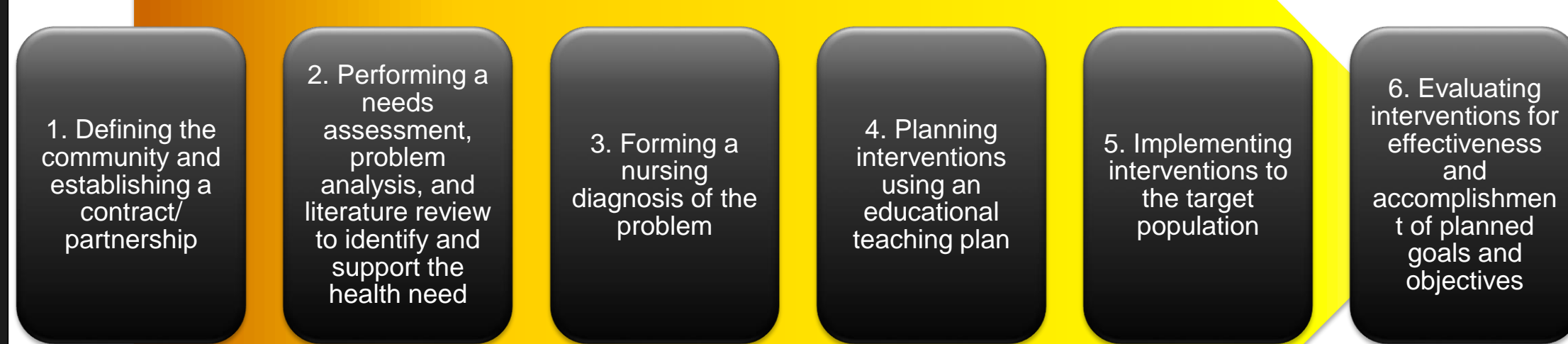# Cultural Competence in Hospice Care:
Addressing the Needs of Staff and Volunteers

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Introduction

- The purpose of the project was to develop and implement a plan that responded to an identified health need in the hospice communities of Nathan Adelson Hospice and Creekside Hospice.
- The Nevada State College nursing students used the community-focused nursing process (see *Figure 1*) to identify and create a teaching plan that addressed the health need of cultural competence in loss and grief among the staff and volunteers (Stanhope & Lancaster, 2014).
- The evaluation showed that overall, the project was effective in addressing the health need of cultural competence in loss and grief. However, not all objectives were met at both hospices.
- In reflecting on the strengths and weaknesses of the project, the students also created recommendations for improvement, and concluded on the importance of incorporating cultural competence when caring for a variety of patients and families.

Figure 1. Community Nursing Process

1. Defining the community and establishing a contract/ partnership
2. Performing a needs assessment, problem analysis, and literature review to identify and support the health need
3. Forming a nursing diagnosis of the problem
4. Planning interventions using an educational teaching plan
5. Implementing interventions to the target population
6. Evaluating interventions for effectiveness and accomplishment of planned goals and objectives

Background

Health Need

- Cultural values and beliefs are important in relation to death and dying.
- Understanding grieving related to culture will help improve patient and family satisfaction with hospice care.
- Coping may be enhanced when patients and families see that the health care team respects and supports their cultural practices (Lopez, 2011).

Hospice Agencies	Total Employees	Active Volunteers
Nathan Adelson Hospice was founded over 35 years ago in Southern Nevada and has been known for its reputation of providing exceptional end of life care (Nathan Adelson Hospice, 2014e).	112	270
Creekside Hospice was established in 2001 and specializes in caring for people with a life-limiting illness by providing comfort to patients and assistance to their loved ones (Creekside Hospice, 2014a).	161	55

Needs Assessment

Defined Target Population	• Serve on interdisciplinary teams (National Hospice and Palliative Care Organization, 2014) which includes: Physicians, Nurses, Nursing Aides, Social Workers, Chaplains, and Volunteers. • Like patients, the staff and volunteers also come from a variety of cultural backgrounds.
Data Collection and Interpretation	• Methods include: windshield survey, key informant interviews, surveys / questionnaires, and participant observations (Stanhope & Lancaster, 2014). • Interpretation of data showed a theme about wanting to learn about cultural practices and beliefs in regards to loss and grief.
Problem Analysis	• Staff and volunteers were knowledgeable about loss, grief and bereavement. • They were comfortable with identifying and responding to someone grieving. • One area that needed to be addressed was cultural competence in regards to loss and grief.
Literature Review	• Resources to support health need included: *Healthy People 2020*, CMS (2014), hospice guidelines, EBP articles, and Campinha-Bacote's (2002) model for developing cultural competency. • Sources showed that cultural assessment is critical to hospice patients' plan of care. • Cultural assessments can help in eliminating health disparities while improving patient satisfaction.

Nursing Diagnosis and Outcome

Nursing Diagnosis

Risk of ineffective community role performance among hospice staff and volunteers related to knowledge deficit and lack of education about different cultures, inadequate role competency regarding cultural competence in grief and loss, and lack of training and resources pertaining to cultural competency in grief and loss (Ackley & Ladwig, 2011).

Project Goal/Outcome

Effective community role performance among hospice staff and volunteers related to knowledge of role competency and understanding of desired education and training.

Planning and Implementation

Teaching Plan

The teaching plan was developed considering the target audience, learning needs, style, and barriers; as well as, content topics and teaching methods. Several resources were used including Campinha-Bacote's cultural competency model (see *Figure 2*), Bloom's Taxonomy, etc.

Presentation

The teaching was presented separately to Nathan Adelson and Creekside Hospice staff and volunteers (see *Image 1*). A PowerPoint presentation was utilized, as well as animations, interactive activities, and a handout that participants can keep and refer to (see *Image 2*). A pre/posttest was created to evaluate the effectiveness of the teaching and given to the participants before and after the presentation (See *Figure 4*).
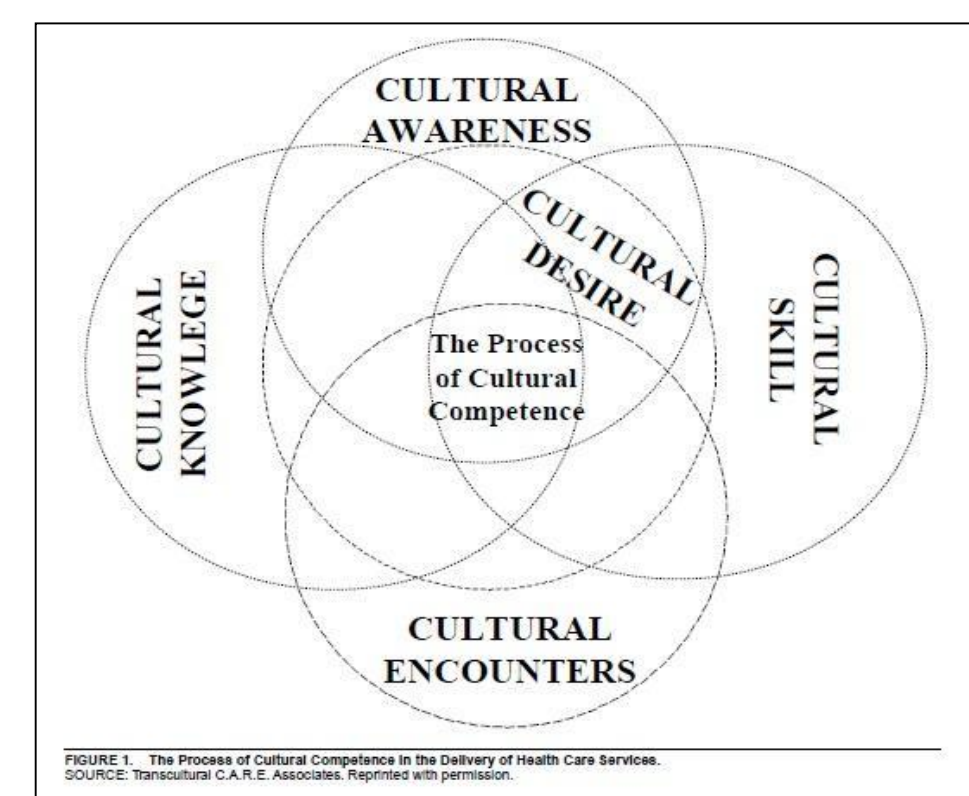
Figure 2. Cultural Competency Model
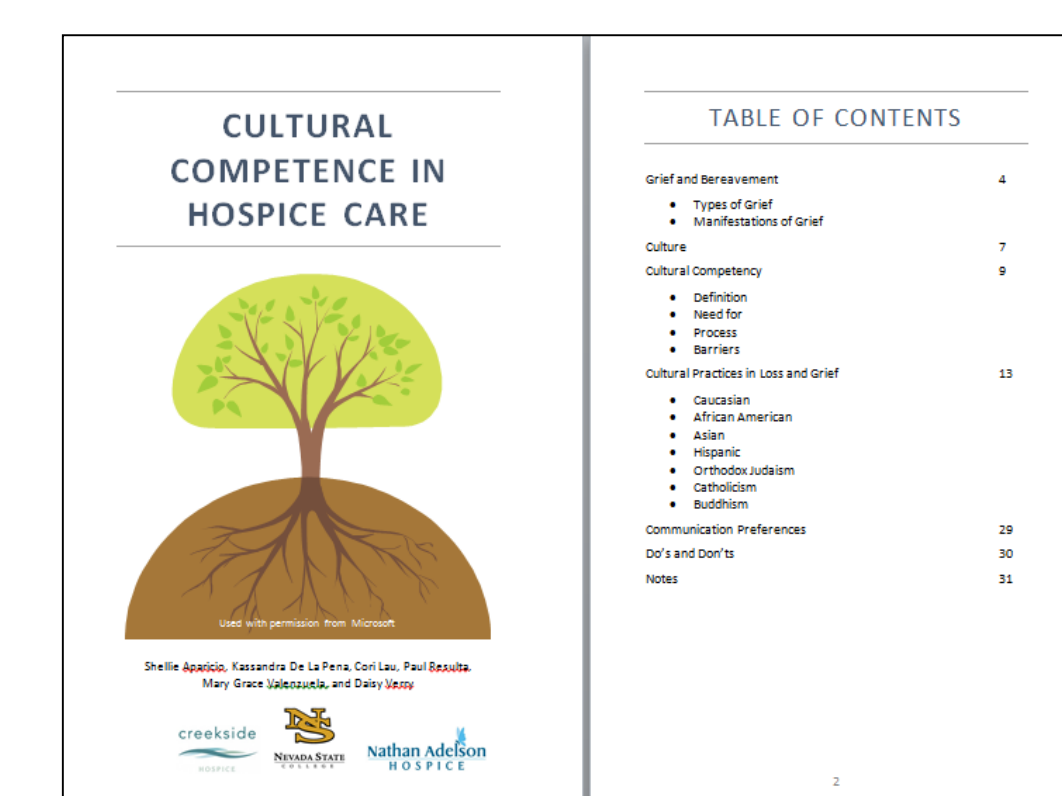
Image 1. Teaching Presentation

Image 2. Teaching Materials

The SMART objectives are that by the end of the presentation, 80% of the participants will score a 4 or higher on the posttest survey items, showing that the participants:

- Will know the need for and importance of cultural competency in hospice care.
- Will be able to define the process of developing cultural competency.
- Will be able to recognize the barriers of cultural competency.
- Will understand the different cultural practices and rituals about death and dying.
- Will be able to identify the cultural variations of expressing grief and bereavement.
- Will be able to distinguish what to do/not to do when caring for and interacting with patients and families of different cultures during loss and grief.
- Found the overall presentation effective in raising their cultural awareness, and are likely to apply this information in their practice and patient interactions.
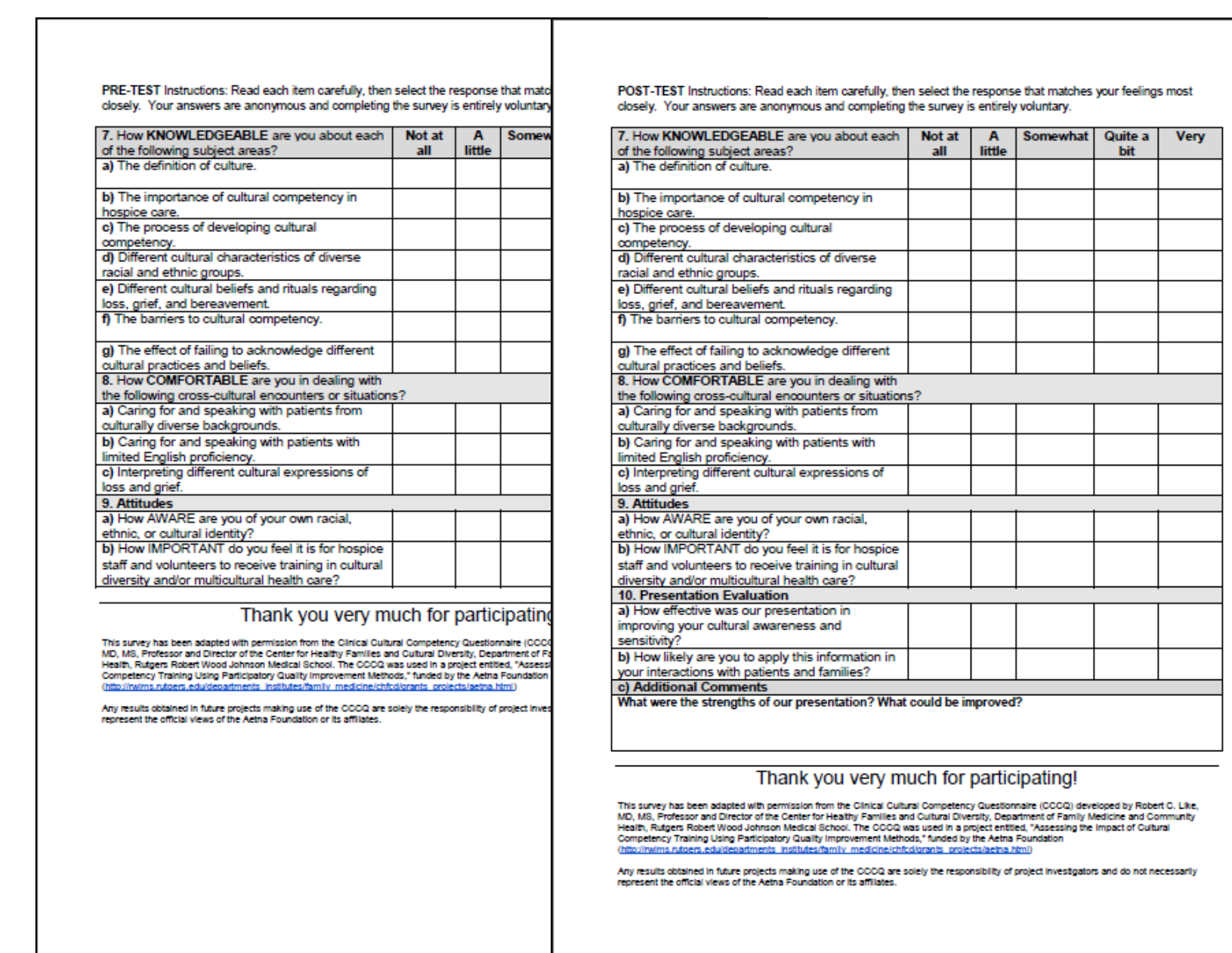
Figure 4. Pre-Post Test Surveys. Used to measure teaching effectiveness.

Results

Nathan Adelson Hospice

Q7: How KNOWLEDGEABLE are you about each of the following subject areas?

Q8: How COMFORTABLE are you in dealing with the following cross-cultural encounters or situations?

Q9: Attitudes

Q10: Presentation Evaluation

Creekside Hospice

Q7: How KNOWLEDGEABLE are you about each of the following subject areas?

Q8: How COMFORTABLE are you in dealing with the following cross-cultural encounters or situations?

Q9: Attitudes

Q10: Presentation Evaluation

Evaluation

Effectiveness

- Overall, over 90% of the participants at both Nathan Adelson Hospice (NAH) and Creekside Hospice (CSH) found the teaching intervention effective and were likely to use the information in their practice.
- However, not all SMART objectives were met at NAH, while all the objectives were met at CSH (see *Figure 3*).

Figure 3. SMART Objectives Evaluation

By the end of the presentation, 80% of the participants will:	Goal met at CSH	Goal met at CSH
… know the need for and importance of cultural competency in hospice care by scoring a 4 or higher on the posttest survey questions 7b, 7g, and 9b.	✓	✓
… be able to define the process of developing cultural competency by scoring a 4 or higher on the posttest survey questions 7a, 7c, and 9a.	✓	✓
… be able to recognize barriers of cultural competency by scoring a 4 or higher on the posttest survey question 7f.		✓
… understand the different cultural practices and rituals about death and dying by scoring a 4 or higher on the posttest survey questions 7d and 7e.		✓
… be able to identify the cultural variations of expressing grief and bereavement by scoring a 4 or higher on the posttest survey question 8c.		✓
… be able to distinguish what to do/not to do when caring for and interacting with patients and families of a different culture during grief and loss by scoring a 4 or higher on the posttest survey questions 8a and 8b.		✓
… show that *overall* the presentation was effective in raising their cultural awareness and that they are likely to apply this information in their practice by scoring a 4 or higher on the posttest survey questions 10a and 10b.	✓	✓

Strengths

- Good partnership was formed with both facilities.
- Both facilities' education directors were satisfied with the teaching plan.
- Follow up with both facilities showed that they'll be using the teaching materials created from this project to educate current and future employees.

Weaknesses

- Short notice given to NAH resulted in low attendance and participation.
- Limited time spent on windshield survey resulted in weak assessment.
- Lack of standardized method to measure long-term impact of teaching program on patients' experiences.

Recommendations

Based on the evaluation process and feedback, the authors recommended the following improvements:

- Allocate sufficient time for windshield survey, interviews and direct observation of the community.
- Consider participants' literacy level and expertise when presenting the teaching plan.
- Schedule trainings in various times to cater the target population's schedules.
- Provide a conducive learning environment to facilitate effective discussion and interactions among participants.

Conclusion

Enhancement of cultural competency in health care is crucial in eliminating health disparities and increasing patient satisfaction. The identified need for cultural competency education for the Nathan Adelson and Creekside Hospice staff and volunteers was successfully implemented with the use of the community-focused nursing process, Campinha-Bacote's cultural competence model, and many other resources. The goal of effective community role performance pertaining to cultural competency in grief and loss among target population was achieved for both facilities. Also, the teaching plan and materials have successfully equipped the staff and volunteers, as well as the nursing educators of both facilities with the necessary resources about caring for diverse patient populations.