

Checking the Pulse of Cultural Competency: A Comparison of Pennsylvania Magnet and Non-Magnet Facilities

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A healthy PA through nursing

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Today's Presenters'



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Learning Objectives

At the end of this presentation, participants will be able to:

- Discuss the imperative for cultural competency
- Explain the findings of the Pennsylvania state-wide Cultural Competence Education Awareness Survey within the context of Magnet and Non-Magnet facilities
- Outline strategies to address gaps and bolster standardized cultural competent practices

Cultural Competence (CC)



Essential Elements

Value Diversity

Conduct Self-
assessment,

Manage the
Dynamics of
Difference

Acquire &
Institutionalize
Cultural Knowledge

Adapt to Diversity
& Cultural Contexts
of Communities
Served.

Spheres of Cultural Competence



Imperatives for Cultural Competency

- Improve quality health outcomes through improved:
 - Therapeutic relationship between patients and providers
 - Enhanced providers skills, attitudes, and knowledge
- Mitigate healthcare disparities
- Reduce cost
- Comply with Legal, regulatory and accreditory requirements

Pennsylvania State-Wide Survey

The Cultural Competence Education & Awareness Survey (CCEAS)

The top *three* purposes are to identify:

1. The level of desire, interest and preparedness of PA RNs to provide culturally competent care.
2. The sources and availability of education, training, and other information that support PA RNs to provide culturally competent care.
3. The extent to which culturally competent care is currently being provided by PA RNs.

Let's talk about the survey findings...

Survey Participants' n=1206

Characteristics	N (%)
Gender	
Female	1,106 (93)
Male	89 (7)
Race	
White	1,022 (87)
Black/African American	95 (8)
Asian	40 (3)
Some other race	23 (2)
Ethnicity	
Non-Latino/Non-Hispanic	944 (86)
Latino/Hispanic	21 (2)
Other	134 (12)
Sexual Orientation	
Heterosexual	1,125 (96)
Lesbian/Gay/Bi-Sexual/ Transgendered/Questioning (LGBTQ)	45 (4)

Survey Participants' Cont'd

Highest level of education	N (%)
Baccalaureate degree	530 (43)
Master's degree	395 (32)
Associate degree	95 (8)
Doctoral degree	99 (8)
Diploma	82 (6)
Other	39 (3)
Qualification at licensure as RN	
Baccalaureate degree in nursing	583 (47)
Diploma in nursing	315 (26)
Associate degree in nursing	270 (22)
Generic Master's degree in nursing	37 (3)
Other	30 (2)
Employment	
Acute care hospitals	858 (69)
Nursing education institutions	133 (11)
Other clinical settings (e.g. long term & community health center)	112 (9)
Other	132 (11)
Nurse role	
Staff nurse/direct care	603 (49)
Administration/management RNs	240 (19)
Nurse educators	173 (14)
Certified RN specialists	80 (6)
Other	143 (12)

Findings: Comparison of Magnet and Non-Magnet Facilities

Characteristics	Magnet Facilities N (%)	Non-Magnet Facilities N (%)	p-value Total N
Gender			
Female	445 (92)	660 (93)	0.654 (NS) N=1194
Male	38 (8)	51 (7)	
Race			
White	394 (82)	628 (90)	<0.001 (S) N= 1180
Black or other races	51 (18)	74 (10)	
Ethnicity			
Non-Latino/Non-Hispanic	442 (99)	636 (97)	0.014 (NS) N=1099
Latino/Hispanic	3 (1)	18 (3)	
Sexual Orientation			
Heterosexual	447 (95)	678 (97)	0.034 (NS) N=1170
Lesbian/Gay/Bi-Sexual/ Transgendered/Questioning (LGBTQ)	25 (5)	20 (3)	

Findings: Comparison of Magnet and Non-Magnet Facilities

	Magnet Facilities	Non-Magnet Facilities	p-value Total N
Highest level of education			
Baccalaureate degree	256 (53)	259 (36)	<0.001 (S) N= 1200
Other degree/diploma	230 (34)	455 (64)	
Qualification at licensure as RN			
Baccalaureate degree	285 (59)	280 (39)	<0.001 (S) N= 1195
Other degree in nursing	199 (41)	431 (61)	
Employment			
Acute care hospitals	419 (86)	424 (60)	<0.001 (S) N=1194
Other employment setting	66 (14)	285 (40)	
Nurse role			
Staff nurse/direct care Nurse-administrators/educators/specialists	289 (60) 196 (40)	294 (41) 419 (59)	<0.001 (S) N=1198

Year Graduated from the Most Recent Nursing Degree Program and Years Employed as an RN

Year graduated from most recent nursing degree program	Magnet Facilities N (%)	Non-Magnet Facilities N (%)	p-value Total N
Before 1995	114 (24)	193 (27)	0.163 (NS) N=1195
1995 to date	370 (76)	518 (73)	
Years employed as a registered nurse			
1 - 15 years	202 (42)	267 (38)	0.131 (NS) N=1193
> 15 years	208 (58)	444 (62)	

Need for Interpreters

NEED to use a Language Interpreter	Magnet Facilities N (%)	Non-Magnet Facilities N (%)	p-value Total N
Daily or several times per week	103 (21)	228 (32)	<0.001 (S) N=1192
Once or several times a month	172 (36)	147 (21)	
Few or several times a year or never	208 (43)	334 (47)	

Actual Use of Interpreters

ACTUALLY use a Language Interpreter	Magnet Facilities N (%)	Non-Magnet Facilities N (%)	p-value Total N
Daily or several times per week	90 (19)	202 (29)	<0.001 (S) N=1191
Once or several times a month	140 (29)	133 (19))	
Few or several times a year or never	256 (53)	370 (52)	

Availability, Accessibility & Ease of interpretation phones

Uses of language interpretation phones available to them	Magnet Facilities N (%)	Non-Magnet Facilities N (%)	p-value Total N
Yes	464 (96)	543 (77)	<0.001 (S) N=1186
No	19 (4)	160 (23)	
Are language interpretation phones easily accessible for use			
Yes	429 (90)	498 (76)	<0.001 (S) N=1132
No	48 (10)	157 (24)	
Are language interpretation phones easy to use			
Yes	352 (74)	391 (60)	<0.001 (S) N=1132
No	126 (26)	263 (40)	

Value of Using Interpreter Phones

Value of using language interpretation phones in conducting work	Magnet Facilities N (%)	Non-Magnet Facilities N (%)	p-value Total N
Moderate or substantial value	406 (87)	455 (76)	<0.001 (S) N=1065
Minimal or no value	62 (13)	142 (24)	

Certified Interpreters Availability, Value, & as a Resource

Certified language interpreters available to respondent	Magnet N (%)	Non-Magnet N (%)	p-value Total N
Yes, certified language interpreters are available	365 (75)	479 (67)	0.003 (S) N=1197
No, language interpreters are not available	120 (25)	233 (33)	
Use certified language interpreters as a resource in their work			
Yes, they use language interpreters in their work	331 (71)	402 (62)	<0.001 (S) N=1117
No, not available or are available but they do not use them	133 (29)	251 (38)	

Translational Services

Employer provided translation services if needed	Magnet Facilities N (%)	Non-Magnet Facilities N (%)	p-value Total N
Yes	380 (79)	460 (65)	<0.001 (S) N=1184
No	100 (21)	244 (35)	

Organizational Support

Employer had a cultural competency team available as a resource to support employees	Magnet Facilities N (%)	Non-Magnet Facilities N (%)	p-value Total N
Yes	301 (62)	183 (26)	<0.001 (S) N=1190
No	184 (38)	522 (74)	
Cultural competency team as a valuable resource			
Yes	195 (41)	148 (23)	<0.001 (S) N=1120
No	278 (59)	499 (77)	

Organizational Support Cont'd

Primary employer mandates professional development in cultural competency as a component of annual performance evaluation	Magnet Facilities N (%)	Non-Magnet Facilities N (%)	p-value Total N
Yes	203 (43)	216 (31)	<0.001 (S) N=1183
No	275 (57)	489 (69)	
Employer mandates a standard cultural assessment of your clients as requirement of their documentation in providing direct patient care			
Yes	237 (53)	201 (34)	<0.001 (S) N=1048
No	213 (47)	397 (66)	

Professional Development Cont'd

Received professional development education in cultural competency within the past five years			
Yes	377 (79)	483 (69)	<0.001 (S) N=1180
No	103 (21)	217 (31)	
Received continuing nursing education contact hours in cultural competency within the past five years			
Yes	318 (66)	392 (56)	<0.001 (S) N=1188
No	165 (34)	313 (44)	
Employer required cultural competency education as a requirement of continued employment			
Yes	249 (51)	263 (38)	<0.001 (S) N=1186

Cultural Competence Strategies

- Models/Frameworks
- Cultural Humility
- Gracious Space



Bennett's Model of Cultural Competency

A continuum of 6 stages:

- Stage 1 - Denial
- Stage 2 - Defense
- Stage 3 - Minimization

Ethnocentric

- Stage 4 - Acceptance
- Stage 5 - Adaptation
- Stage 6 - Integration

Ethno-Relative

The LEARN Model

LEARN

- L Listen
- E Explain
- A Acknowledge
- R Recommend
- N Negotiate

Use open ended assessment questions for patients

Cultural Humility

- Cultural humility is the lifelong process of self-reflection and self-critique. **(Tervalon & Murray-Garcia, 1998)**
- The “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person **(Hook, Davis, Owen, Worthington and Utsey, 2013, P.2)**

Cultural Humility Cont'd

- Self-reflection and critique to understand one's own assumptions and biases
- Conscious decisions that are respectful of others' culture
- Willingness to learn about the culture and social context of patients and communities served
- Recognizing the patient is the expert in his/her culture
“Power–Balance”

(Schuessler, Wilder, & Byrd, 2012)

Operationalizing Cultural Humility

- Seek opportunity to care for people from diverse cultures
- Allow patients to be the teacher of their culture
- Use open-ended questions during assessment
- Seek to understand one's own personal bias and show respect for the values of others
- Practice flexible thinking

Gracious Space

What is Gracious Space?

- It is “a spirit and a setting where we invite the ‘stranger’ and embrace learning in public”
- Fosters compassion, curiosity and understanding, facilitating, superior solutions to issues through diverse perspectives and multiple alternatives

(Hughes, 2004)

How to Operationalize Gracious Space

- See difference as strength instead of weakness
- Avoid judging (prejudice and/or stereotypes)
- Creates non-judgmental patient-provider relationship
- See unfamiliar or different situations/emotions as interesting, rather than annoying
- Communicate effectively

Cross Cultural Communication

- Context
- Roles
- Verbal and non verbal
- Language
- Degree of directness
- Touch
- Loudness
- Silence

Intent-Impact Gap

Doesn't Matter What Message You Send or Trying to Send..,

Only the Message That Was Received!

Communication is a Co-Responsibility

Cultural derailing behaviors *has a powerful impact*

Examples

Lets' strive to understand how patients/ research participants:

- Define life processes
- Define health, illness, and causes of illness
- Maintain wellness and care for the ill
- Define pain, get motivated, seek help, and cope with difficult situations
- View the role of the family in the care of the patient

Tools

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- Understand cultural competency is a journey...
 - Embrace diversity in its broader sense
 - Recognize that illness and health are inextricably linked to culture
 - Seek opportunities to care for culturally diverse patients
 - Communicate effectively and utilize certified interpreters
 - Every patient needs culturally competent care-

We are all special

in our own ways!!!

Because ● ● ●

**“Diversity is the one true
thing we all have in
common; celebrate it every
day”**

-Anonymous



THANK YOU!



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