Title:
Cultural Competence: Gaps in Knowledge of Navy Healthcare Personnel During Global Health Engagement Missions

Heather Cuniff King, PhD¹
Natalie Todd, BA¹
Patricia Watts Kelley, PhD²
(¹)Clinical Investigations Department, Naval Medical Center San Diego, San Diego, CA, USA
(²)School of Nursing, Duquesne University, Pittsburgh, PA, USA

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Kelly, F., & Papadopoulos, I. (2009). Enhancing the cultural competence of healthcare professionals through an online course. Diversity in Health and Social Care, 6(2), 77.


Secretary of the Navy. (2012). SECNAV INSTRUCTION 6000.6. Washington, DC.

Abstract Summary:
Military medical personnel assigned to United States (US) Naval hospital ships perform global health engagement missions worldwide. This abstract will highlight the need for targeted in depth cultural education to enhance cultural competence of future military nurses, physicians, corpsmen, and leaders who participate in global health engagement missions.

Learning Activity:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>The learner will be able to describe gaps in knowledge of military healthcare providers participating in recent global health engagement missions.</td>
<td>Gaps in knowledge as described by study participants will be presented.</td>
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<tr>
<td>The learner will be able to describe the benefits of providing culturally competent care during global health engagement missions.</td>
<td>Gaps in knowledge as described by study participants will be presented.</td>
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Abstract Text:

Background: Military medical personnel assigned to United States (US) Naval hospital ships perform a wide range of humanitarian assistance (HA), disaster response (DR), and civic assistance (CA) operations worldwide. Collectively, these missions are called “global health engagement” missions and provide rapid coordinated relief to countries affected by natural/man-made disasters and endemic conditions. Global health engagement missions also contribute to strategic US policy aimed at improving political, economic, and international relationships (Chief of Naval Operations, Commandant of the U.S. Marine Corps, & Commandant U.S. Coast Guard, 2015; Joint Chiefs of Staff, 2015; Quinnan, 2016; Secretary of the Navy, 2012). Over the last nine years, fourteen global health engagement missions have occurred aboard US Naval hospital ships. These ships deploy to countries located in Southeast Asia, Central America, Latin American, and the Caribbean. Military healthcare personnel are integral members of the healthcare team on these missions and possess a vast amount of mission specific knowledge. However, capturing this knowledge to transfer to future deployed healthcare personnel has remained challenging.

Purpose: The purpose of this on-going study is to examine and capture first person accounts of experiential learning of military nurses, physicians, and corpsmen that have deployed on hospital ship based global health engagement missions. Although the overall study has identified over 22 codes, the need to possess culturally relevant knowledge to optimize the delivery of care is a prominent code identified by the research team. Many military healthcare participants in this study describe a lack of culturally relevant knowledge and competence to care for and interact with patients encountered during these missions. Further, many participants discussed the lack of cultural knowledge as a significant barrier to successfully accomplish the goals of the mission.

Cultural competence within healthcare systems has been defined as the ability to provide care for patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs (Betancourt, Green, Carrillo, & Park, 2005). Previous research reports that providing culturally competent care improves provider-client communication (Kelly & Papadopoulos, 2009), increases patient satisfaction with care (Alfred, Ubogaya, Chen, Wint, & Worral, 2016; Stoneking et al., 2016), and improves patient adherence to lifestyle recommendations (Stoneking et al., 2016).

Given the importance of enhanced international collaboration that can occur during global health engagement missions, the need for providing cultural competent patient care is paramount. This study highlights the need for targeted in depth cultural education to enhance cultural competence of future military nurses, physicians, corpsmen, and leaders who participate in global health engagement missions.
The knowledge gained from this study will expand the understanding of care provided during global health engagement missions and will promote informed competent care for future military nurses, physicians, corpsmen, and leaders to function optimally on future global health engagement missions.

**Methods:** An interpretive, ethnographic method was used as described by Benner (Benner, 1994). Consistent with Dr. Patricia Benner’s approach to interpretive ethnography (Benner, 1994), our approach to gain meaning from narratives were guided by three central strategies: 1) identify paradigm cases, 2) identify themes within and across participant narratives of meaningful patterns, and 3) exemplars were used to represent common patterns of meaning, and common situations. Data collection consisted of face-to-face, and telephone semi-structured interviews with individuals or small groups aimed at eliciting detailed, narrative examples of experiences from military healthcare personnel who participated in previous global health engagement missions aboard US Naval Hospital Ships.

Sample: Data were collected between 2015 – 2016. The sample consisted of 141 participants (50 physicians, 50 nurses, and 41 corpsmen) recently deployed on US Naval hospital ships in support of a global health engagement missions.

Analysis: Descriptive statistics were conducted on demographic data. Codes and themes were identified inductively. After discussion and consensus by team members, a codebook was developed by selecting interview excerpts that illustrated each code. Any ambiguities were discussed by the research team until a consensus was obtained.

Results: Demographic data by specialty is as follows: mean age in years for physicians, nurses, and corpsman was 39.7, SD = 7.0, 36.0, SD = 8.0, 28.8, SD = 6.6, respectively. Gender by specialty: physicians 75% male, 25% female, nurses 45.5% male, 54.5% were females, and hospital corpsmen 64.1% male, 35.9% female. Length of service in years for physicians, nurses, and hospital corpsmen was 12.5, SD = 7.1, 12.8, SD = 8.3, 8.3, SD = 6.0, respectively. The educational preparation of the sample was as follows: high school diploma, 2.4%, some college, 15.3% Associate’s Degree, 6.9%, Bachelor’s Degree, 26.7%, Master’s Degree, 11.5%, and Doctoral Degree, 37.4%.

From the cultural competence code: Three sub codes describing culturally relevant gaps in knowledge emerged from the data: 1) cultural belief systems and practices which impact the delivery of healthcare, 2) cultural customs which effect patient evaluation for surgical procedures, and 3) military healthcare providers awareness of cultural practices in social situations.

Conclusion: Despite the accumulation of experiential knowledge among Navy physicians, nurses, and corpsmen to provide care during these missions; gaps in culturally relevant knowledge remain. This study highlights the need for targeted in depth cultural education to enhance cultural competence of future military nurses, physicians, corpsmen, and leaders who participate in global health engagement missions.

Relevance to Nursing: As part of a multidisciplinary healthcare team, military nurses are integral in the success of these complex missions. It is critical that clinical and deployment knowledge is captured from these unique missions to insure the education and training of healthcare providers are culturally competent in the care they provide.