Improving Health Care Providers’ Cultural Competency  
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Introduction
Over the last 50 years, the upsurge of minority populations within the USA, has swelled

• Cultural competency within healthcare:
  • Affords patients with opportunities to receive healthcare that considers their cultural perspective
  • Lessens care disparities amongst patients
  • Reduces the number of missed appointments
  • Expands cost savings from a decline in medical errors
  • Cultural competency is demonstrated when practitioners:
    • Can identify their own culture and cultural boundaries so that they can then address the patient’s cultural wishes
    • Understand and appreciate differences in health beliefs and behaviors
    • Recognize and respect variations that occur within cultural groups

Aims & Objectives
Aims:
• To inform healthcare providers and healthcare administrators regarding interventions/actions to improve cultural awareness, knowledge, competencies and skills
• Structure formal statements for providers, highlighting methods to alter behavior changes

To achieve these aims, four objectives were devised:
1. Identify pertinent studies based on inclusion criteria
2. Appraise selected studies
3. Synthesize evidence from the selected studies
4. Formulate practice guidelines/implications for practice

Methodology
• A comprehensive literature search was conducted using specific key search and mesh terms. 952 articles were identified and screened. 944 articles were excluded due to ineligible design

  7 studies were included for in-depth review & analysis, and were evaluated using the Johns Hopkins Nursing Evidence-Based Practice Appraisal Tool

  Literature used considered studies of experimental design with the primary outcomes of cultural competencies, cultural awareness, cultural knowledge, cultural skills, cultural desire

  Selected data was extracted and synthesized based on specific outcomes and analyzed for common characteristics and trends

Results

<table>
<thead>
<tr>
<th>Number of participants</th>
<th>Type of intervention</th>
<th>Effectiveness of intervention</th>
<th>GRADE tool rating quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=184</td>
<td>Cultural training program</td>
<td>Baseline pre-test to posttest improved overall. No statistically significant values (p=0.488)</td>
<td>Level II, Low quality</td>
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<tr>
<td>N=142</td>
<td>Telehealth soap videos &amp; ppt</td>
<td>Awareness &amp; competency improved after seminar (p&lt;0.001). Statistical significance increased in intervention group (p&lt;0.05)</td>
<td>Level I, Good quality</td>
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<tr>
<td>N=69</td>
<td>Web-based training program &amp; a facilitated group discussion</td>
<td>13% increase in knowledge (p&lt;0.001); 8.7% increase in awareness (p&lt;0.001); 8% marginal increase in skill (p=0.56)</td>
<td>Level II, Low quality</td>
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<tr>
<td>N=16</td>
<td>Summer/fall course (within master level program)</td>
<td>Statistically significant improvement in cultural knowledge (p&lt;0.001) skill (p&lt;0.001), desire (p&lt;0.001) &amp; overall competence (p&lt;0.001)</td>
<td>Level II, Good quality</td>
</tr>
<tr>
<td>N=90</td>
<td>Interactive case-based modules</td>
<td>No statistically significant difference on overall scores. Statistically significant improvement in behaviors and attitudes in control versus intervention group (p&lt;0.004)</td>
<td>Level II, Low quality</td>
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<tr>
<td>N=34</td>
<td>CCA tool</td>
<td>Years of education positively associated with diversity training (p&lt;0.01) &amp; cultural competence (p&lt;0.05). Only diversity training is associated with greater cultural competence (p&lt;0.001).</td>
<td>Level III, High quality</td>
</tr>
<tr>
<td>N=103</td>
<td>Interactive web-based module</td>
<td>Pre to post test scores showed statistically significant increase in knowledge (p&lt;0.003)</td>
<td>Level I, Low quality</td>
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References

Discussion:
• The overall evidence demonstrates the efficacy of educational interventions - in person or remote self-learning - will improve provider cultural awareness and cultural competencies
• This review included studies with methodological flaws (lack of randomization, omission of confounding factors) that may affect the validity of the findings.
• Heterogeneity of included studies limited the ability to synthesize the findings.

Implications for clinical practice
The data obtained allowed for recommendations for clinical practice using The GRADE method:
1. In order to improve cultural awareness in healthcare providers, healthcare administrators should implement either a web-based or an in-person training (GRADE: weak)
2. In order to improve cultural competencies in healthcare providers, healthcare administrators should implement either a web-based or an in-person training (GRADE: weak)