

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 competence 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:

- Identify pertinent studies based on inclusion criteria
- Appraise selected studies
- Synthesize evidence from the selected studies
- Formulate practice guidelines/ implications for practice

References

1. Aboshaiqah, A., Tumala, R., Inocian, E., Almutairi, A., & Attalah, M. (2017). Enhancing Culturally Competent Nursing Care in Saudi Arabia. *Journal of Cultural Diversity*, 24(1)

2. Cruz-Oliver, D. M., Malmstrom, T. K., Roegner, M., & Yeo, G. (2017). Evaluation of a video-based seminar to raise health care professionals' awareness of culturally sensitive end-of-life care. *Journal of Pain and Symptom Management*, 54(4), 546-554. <https://doi.org/10.1016/j.jpainsymman.2017.07.023>

3. Dabney, K., McClarin, L., Romano, E., Fitzgerald, D., Bayne, L., Oceanic, P., Nettles, A., & Holmes, L. (2015). Cultural competence in pediatrics: Health care provider knowledge, awareness, and skills. *International Journal of Environmental Research and Public Health*, 13(1), 14. <https://doi.org/10.3390/ijerph13010014>

4. Hunter, J. L., & Krantz, S. (2010). Constructivism in cultural competence education. *Journal of Nursing Education*, 49(4), 207-214. <https://doi.org/10.3928/01484834-20100115-06>

5. The Johns Hopkins Hospital/Johns Hopkins University. (2020). Appendix E: Research Evidence Appraisal Tool. Johns Hopkins Nursing Evidence-Based Practice.

6. Kutob, R., Bormanis, J., Crago, M., Harris, J., Sent, J., & Shieslak, C. (2013). Cultural competence education for practicing physicians: lessons in cultural humility, nonjudgmental behaviors, and health beliefs elicitation. *JOURNAL OF CONTINUING EDUCATION IN THE HEALTH PROFESSIONS*, 33(3).

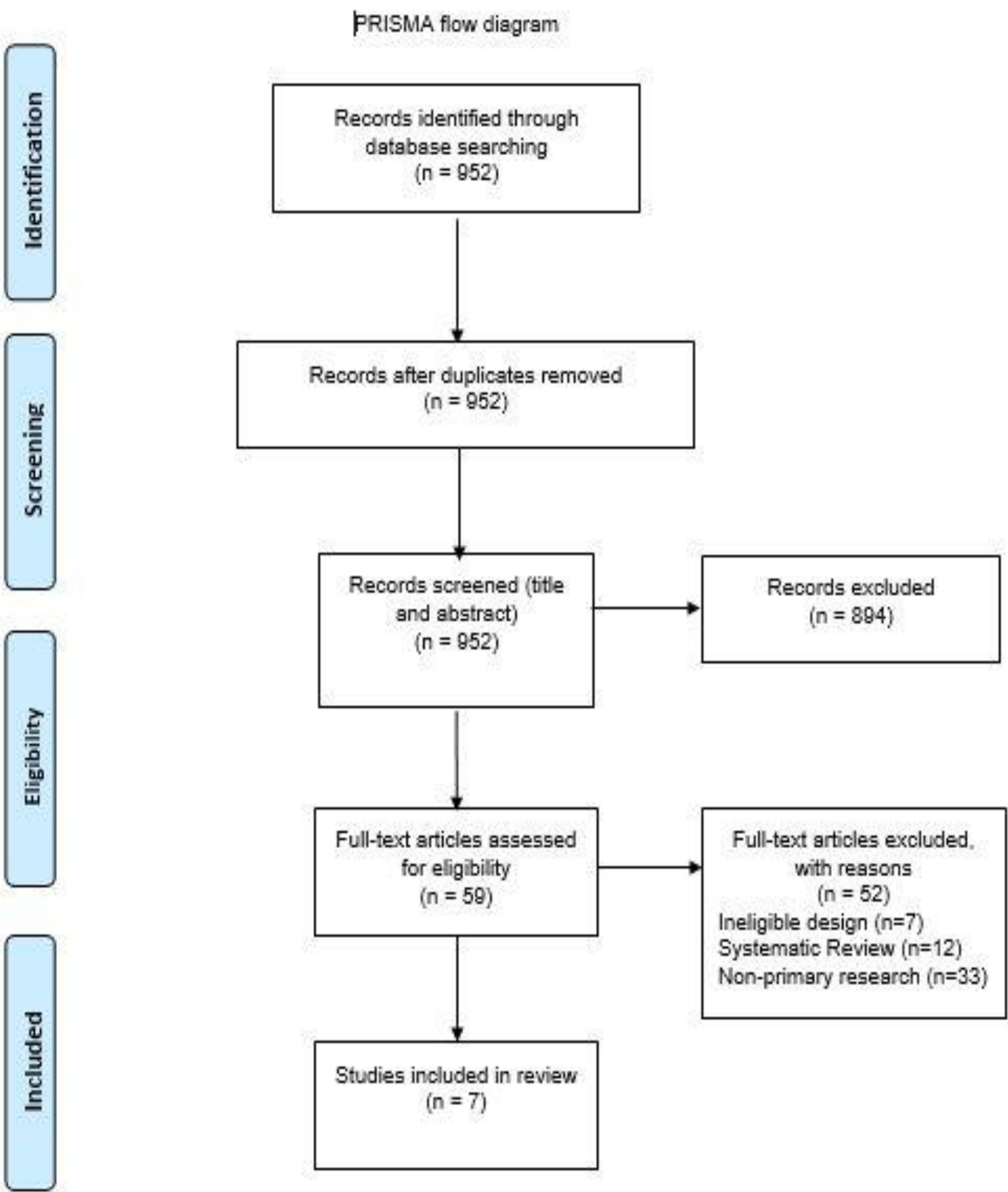
7. McLennon, S. M., Rogers, T. L., & Davis, A. (2019). Predictors of hospital nurses' cultural competence: The value of diversity training. *The Journal of Continuing Education in Nursing*, 50(10), 469-474. <https://doi.org/10.3928/00220124-20190917-09>

8. Palmer, R. C., Samson, R., Triantis, M., & Mullan, I. D. (2011). Development and evaluation of a web-based breast cancer cultural competency course for primary healthcare providers. *BMC Medical Education*, 11(1). <https://doi.org/10.1186/1472-6820-11-39>

9. US Census Bureau. (2020). Census.gov. <https://www.census.gov/data.html>

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

Number of participants	Type of intervention	Effectiveness of intervention	JH tool rating quality
N=584	Cultural training program	Baseline pre-test to posttest improved overall. No statistically significant values (P=0.488)	Level II, Low quality
N=142	Telenova Soap videos & ppt	Awareness & competency improved after seminar (p <0.001). Statistical significance increased in intervention group (P < 0.05)	Level I, Good quality
N=69	Web-based training program & a facilitated group discussion	13% increase in knowledge (p=0.001), 8.7% increase in awareness (p=0.002), 8% marginal increase in skill (p=0.06)	Level II, Low quality
N=76	Summer/fall course (within masters level program)	Statistically significant improvement in cultural knowledge (p<0.001), skill (p<0.001), desire (p<0.001) & overall competence (p<0.001)	Level II, Good quality
N=90	Interactive case-based modules	No statistically significant difference on overall scores. Statistically significant improvement in behaviors and attitudes in control versus intervention group (P=0.004)	Level II, Low quality
N=74	CCA tool	Years of education positively associated with diversity training (p<0.01) & cultural competence (p<0.05). Only diversity training is associated with greater cultural competence (p=0.001).	Level III, Good quality
N=103	Interactive web-based module	Pre to post test scores showed statistically significant increase in knowledge (p <0.001)	Level II Low quality

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:

- In order to improve cultural awareness in healthcare providers, healthcare administrators should implement either a web-based or an in-person training (GRADE: weak)
- In order to improve cultural competencies in healthcare providers, healthcare administrators should implement either a web-based or an in-person training (GRADE: weak)