Evidenced-Based Cultural Competency Training Program for Nurses Working in a Skilled Nursing Facility: Quality Improvement Initiative to Increase Patient Satisfaction

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Abstract

Background: Cultural competency is crucial for delivering high-quality nursing care to culturally diverse patients, impacting patient satisfaction. To address the growing minority population and reduce healthcare disparities, the US government, states, and healthcare organizations are implementing protocols, laws, regulations, and accreditation requirements to ensure culturally competent care for diverse minority groups.

Methods: This project employed the PDSA Cycle Model, a continuous improvement framework facilitating iterative enhancements to processes or programs. It was utilized to create, implement, and assess the cultural competency training program for nurses, involving pre and post-survey questionnaires and toolkit development.

Intervention: The project lead conducted cultural competency training sessions and orientation on the use of project tools such as the Ethnic Minority Resources Toolkit, Health Provider Data Collection Sheet, and Patient Data Collection Sheet. Pre and post-test surveys were conducted.

Results: During a 4-week project, 115 ethnic minority patients were treated by 27 healthcare providers. Providers' engagement varied, with some consistently attending to patients while others had fluctuations in attendance. Notably, Provider 8 consistently cared for ethnic minority patients, while Provider 19 attended to fewer patients. The utilization of the toolkit increased over time, with a peak rate of 77% during Week 4. The intervention led to a decrease in complaint rates among ethnic minority patients, with a significant drop from 12% to 0% in Week 3, indicating its success in addressing patient concerns and enhancing satisfaction.

Conclusions: This DNP quality improvement initiative aimed to create a culturally competent training program for skilled nursing facility nurses. The program significantly improved providers' understanding of cultural competence, as demonstrated by higher post-training

assessment scores. This improvement led to reduced complaint rates among ethnic minority patients, affirming the program's positive impact on both providers and patient care practices.

Keywords: Cultural competency, Cultural competency training, Patient satisfaction, Ethnic Minority

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Evidenced-Based Cultural Competency Training Program for Nurses Working in a Skilled Nursing Facility: Quality Improvement Initiative to Increase Patient Satisfaction

Cultural competency is one of the vital skills for rendering efficient, safe, and quality nursing care across culturally diverse patients. Cultural competency persists as a major determinant of patient satisfaction. In an investigation conducted by Wang et al. (2021) the result showed that in terms of cultural competency, Latino and Hispanic patients provided the highest rates compared to White and Asian patients.

According to the United States Census Bureau (2012), it is estimated that by the year 2043, a “majority-minority nation” is forecasted to compose the United States and in the next 20 years, an increase in the population of 108% from 116.2 million in 2012 to 241.3 will fall under the minority group. Historically, access to care by Americans are based on culture, race, ethnic background, sexual orientation, gender preference, socioeconomic status, age, and residential location (National Academies of Science, Engineering, and Medicine, 2017). The persistence of discrimination against minority groups is a contributory factor to negative disparate outcomes for patients (Togioka et al., 2022).

In response to the rise in the minority population which also results in to increase in healthcare disparities, the United States Federal Government, individual states, and organizations for healthcare and other professional entities are establishing protocols, laws, regulations, and guidelines as well as accreditation and ethical requirements to attain culturally competent care of patients from diverse minority groups.

Significance

At present, the population of diverse cultures living in the United States has difficulty achieving health in its highest full potential for various reasons such as health-determining factors

at a socio-economic level, including situations in which an individual is living, working, and the individual's educational attainment, income level and the availability of health services (U.S Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2010).

The 2021 annual report of Agency for Healthcare Research and Quality (AHRQ) National Health Disparities Reports (NHDR) presented gaps in health and quality and efficiency of care received by a culturally diverse population in the United States. Moreover, the 2021 annual report showed that American Indian, Hispanic people, Alaska native people, black people, and Asian experienced worse access to care compared to White people. Moreover, based on income status, people receiving low and middle pay or income had worse access to care than people receiving higher pay or income.

Efficient provision of culturally competent healthcare to increasingly diverse multicultural groups is of utmost value to increasing patients' level of care satisfaction, a very important element of effective healthcare quality that is associated with positive patient outcomes (Polster, 2018).

Background

Equity in healthcare is affected by a variety of factors including healthcare providers' attitudes, lack of familiarity, and discrimination toward persons of different cultural backgrounds (Abrishami, 2018). Nurses hold a very important role in reducing multifactorial causes of disparities in health by providing culturally appropriate nursing care (Vo, et al., 2021).

In 2010, the Department of Health and Human Services introduced Healthy People 2020. Achieving equity in health, eliminating disparities in health provision, and enhancing the well-being of all groups are the ultimate goals of Healthy People 2020 (National Center for Health

Statistics, 2022).

Similarly, the US Department of Health and Human Services, Office of Minority Health created the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care or the National CLAS Standards. The standards are aimed to take forward health equity by eradicating disparities in health and enhancing the quality of health by creating a blueprint for health and healthcare sectors to employ culturally and linguistically suitable services (Gracia, 2015).

Problem Statement

The project site is a skilled nursing home offering a short-term rehabilitation center located in Las Vegas, Nevada. Currently, the project site has no existing training programs in place concerning cultural competence among nurses. In a month, two or three complaints are received by healthcare providers from patients about the latter's perception of not being taken cared of due to their race, sexual preference, folk illness beliefs, traditional health practices, diet, and language was observed by several health practitioners in the facility. To fulfill the healthcare needs of a population from diverse groups, an effective strategy is essential for healthcare organizations to enrich cultural competence with a focus on racial and ethnic diversity (Nair & Adetayo, 2019).

A considerable focus and emphasis on the problems faced by cultural and ethnic minorities requires a significant amount of effort and attention to reduce unequal health treatment and enhance the level of health of the entire population. The aim of this DNP project is to establish a training program for nurses working in a skilled nursing facility as a quality improvement initiative to increase their cultural competence. Through standardized protocol and continual quality improvement initiatives, nurses can focus their attention on meaningful efforts to

achieve health equality, compliance with established policies, and strengthening partnership with other healthcare providers for culturally competent care. The project may lead to the establishment of other quality improvement initiatives in the facility to improve process flows and further enhance patient care outcomes.

Project Question

For nurses working in a skilled nursing facility, does an evidenced-based cultural competency training program improve patient and family satisfaction, compared to current practice, over a 5-week timeframe?

Search Methods

To get full-text and peer-reviewed articles the following terms/phrases were searched through PubMed, Cumulative Index to Nursing & Allied Health (CINAHL), and MEDLINE databases: "cultural competence" or "cultural competence training" or "nursing cultural competence" or "cultural competence in healthcare" or "cultural competence and patient satisfaction".

Using the Medline database, a total of 13,513 results were obtained. Search criteria were narrowed to full-text, peer-reviewed, English-language articles published between 2018 and 2023, resulting in 405 articles. The CINAHL database yielded a total of 13,864 results. Search criteria were narrowed to full-text, peer-reviewed, English-language articles, and published between 2018 and 2023, resulting in 894 articles. With the PUBMED database, a total of 32,188 results were obtained. Search criteria were narrowed to full-text, peer-reviewed, English-language articles, and published between 2018 and 2023, resulting in 489 articles.

For an article to be selected and included it should contain data on cultural competence related to nursing care, nursing practice, and patient satisfaction on nursing cultural competence,

be in a peer-reviewed journal, full text, in the English language, and published within the last 5 years. Articles containing data on cultural competence not related to nursing care or practice and published before the year 2018 were excluded.

Of the total peer-reviewed articles, a total of 14 articles were selected for the literature review.

Review of Study Methods

Based on the selected and reviewed literature, the study methodologies used by the authors are relevant to this DNP project of available. The study methodologies used were -systematic scoping review (Gerchow et al.,2021; Jongen et al., 2018; Vo et al., 2021;), descriptive and correlational research design (Yılmaz et al, 2020), qualitative phenomenological approach (Antón-Solanas et al., 2022; Brunett et al., 2018), qualitative descriptive design (Ali & Watson, 2018), cross-sectional descriptive study design (Golsäter et al., 2022), mixed methods study design (Shepherd et al., 2019), and qualitative content analysis (Abrishami, 2018; Kaihlanen et al., 2019; Yu, 2021). These study methods are applicable to the aims of this project because the results are found valid and reliable and discussed similar results pertaining to the importance of nurses' cultural competency which affects patient care outcomes and patient satisfaction.

Review Synthesis

Nurses' cultural competence is a very important aspect in the provision of culturally sensitive care to patients with diverse cultures and traditions. This influences nurses' capability to render tailored health care for patients with various cultural backgrounds. Hyun Suk et al. (2018) concluded in their article that nurses' cultural competence is significantly influenced by cultural education experience and empathy.

Based on the analysis and thorough examination of the previous articles that were related to cultural competence training among nurses. The main themes that were developed were the challenges to culturally competent care and the impact of cultural competence training on patient satisfaction. The development of cultural competency training programs for nurses will be based on these emerging themes.

Review of Literatures

Challenges to Culturally Competent Care

Despite healthcare innovations and healthcare advancements, healthcare disparities and cultural competency issues still arise in today's modern healthcare setting (Nair & Adetayo, 2019). With the increasing number of the minority population, disparities in healthcare are still present in this contemporary healthcare era and nurses are seeking ways to be culturally competent to effectively serve the healthcare needs of this population (Nair & Adetayo, 2019).

Language and communication, religion, and prejudices are identified main barriers to providing culturally competent care (Antón-Solanas et al., 2022). Antón-Solanas et al. (2022) posited that in general, the most significant barrier when caring for patients of diverse backgrounds is language. A patient's language preference is one of the determinants of health and is a social risk factor especially when the patient prefers to speak a language that is different from the country's official language (Gerchow, 2021).

The most important aspect of providing nursing care is communication. Patients with limited English proficiency (LEP) experience obstacles in receiving effective, appropriate, and timely patient care (Ali & Watson, 2018). In any country or setting, the existence of language barriers hampers the nurse's ability to effectively communicate with patients resulting in a negative impact on patient care (Ali & Watson, 2018).

Patients' religion and spirituality are important facets for most of the patients seeking care (Swihart et al., 2022). The challenge for health providers is an increase in awareness of how patients seek medical attention based on their religion and spirituality as this impacts the patient's preferred gender of healthcare provider, food and diet, and medicines (with animal products) (Swihart et al., 2022). Swihart et al. (2022) pointed out that the low interaction between patients and healthcare providers is associated with decreased patient satisfaction level with the care provided to them. It is important to increase health providers' awareness of patients' cultural and religious beliefs to help them provide culturally competent tailored care (Attum et a., 2022).

Nurses need to take necessary actions to improve cultural competency by rendering holistic patient-centered care and providing efforts intended to improve culturally sensitive care (Attum et a., 2022).

The Impact of Cultural Competency Training on Nurses

Nurses are one of the core members of the healthcare team, they are the most visible and hands-on health professionals especially in clinical settings as they have direct patient interactions. They provide care to multicultural patients with diverse social and cultural care backgrounds. As healthcare providers, they must be culturally competent and must be able to render high-quality and equal care to all patients (Yu, et al., 2021).

Cross-cultural training and education for healthcare workers, students, and other professionals in various industries are conducted with the aim of enhancing cross-cultural interaction (Shepherd, 2019). To get a full understanding of the breakdown in the patient-provider relationship in the nursing care process, culture shall be considered as one of important factors (Shepherd, 2019).

Golsäter et al. (2021) found that there is a very high association between knowledge of

cultural diversity and nurses' cultural competence. However, the study participants indicated that they need to further expound their knowledge on patients' different cultures. Similarly, Yılmaz et al. (2020) found that although nurses regarded themselves as culturally competent, they felt the need for additional training on cultural competence. Golsäter et al. (2021) found that there is a very high association between knowledge of cultural diversity and nurses' cultural competence. However, the study participants indicated that they need to further expound their knowledge on patients' different cultures.

Jongen et al. (2018) concluded that there are available numerous approaches and training and development for nurses and other professionals which are vital strategies and crucial components to achieve the goal of improved cultural competence in the health care setting and to enhance the quality of care in clinical nursing (Kaihlanen et al., 2019; Lee, et al., 2020).

Patients who are receiving care have diverse care and illness beliefs and practices based on their cultural background and when the patient feels that they receive culturally competent care this results in higher patient satisfaction (Brunett & Shingles, 2018). Thus, patient satisfaction is influenced by health professionals' cultural competence.

National Guidelines

Various health organizations are realizing the need to improve care services for culturally diverse populations (Centers for Disease Control and Prevention, 2021). The Centers for Disease Control and Prevention (CDC) (2021) defines cultural competence as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations". The most significant outcome measure that shows whether a training program, guidelines, and culturally appropriate standards are effective is an improved quality of care (Centers for Disease Control and Prevention, 2021).

Addressing social determinants of health leads to reduced disparities and health inequality (Centers for Disease Control and Prevention, 2020). The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care or the National CLAS Standards was developed by Health and Human Services Office of Minority Health (OMH) aiming to improve health equity and the quality of health services (Office of Minority Health Resource Center, 2023).

The National Center for Cultural Competence was established to raise the healthcare programs' capacity to create, implement, and evaluate culturally and linguistically competent service delivery systems that address growing diversity, and persistent disparities, and to promote health and mental health equity (Health Resources & Services Administration, 2020).

Project Rationale

The aim of this DNP quality improvement is to design an evidenced-based cultural competence training program that will equip nurses in the skilled nursing facility to understand the health needs of patients of diverse cultural backgrounds. The project will break down challenges in nurses' cultural competency that hinders them from providing culturally competent care.

Project Objectives

Within 5-week timeframe of this DNP project, the objectives are:

1. To create an evidenced-based cultural competence training program that will enable nurses to efficiently cater to patients with various multicultural backgrounds needing safe and quality patient care.
2. To administer an education seminar for the multi-disciplinary team to train nurses on the effective utilization of a cultural assessment checklist that will guide them in assessing and

improving cultural competence in the skilled nursing facility.

3. To develop a Resources Toolkit which can be accessed online by nurses and patients/ families during patient-care interaction to improve patient satisfaction.
4. To improve rates of patient/family satisfaction by 20% within a 5-week implementation frame.

Implementation Framework

This project utilized the PDSA Cycle Model. The fundamental methodology that serves as the starting point for most process and quality improvement models is the PDSA cycle or the Plan-Do-Study-Act cycle (Agency for Healthcare Research and Quality, 2020). *Plan* is the step for identifying the aim or purpose of the project and the step for formulating intervention for quality improvement (Agency for Healthcare Research and Quality, 2020). *Do* is the step in which the components of the plan are deployed (Agency for Healthcare Research and Quality, 2020). *Study* is the step that involves outcome monitoring to check if the plan is successful or if plan needs improvement (Agency for Healthcare Research and Quality, 2020). Act is the final step that concludes the cycle in which the entire process is consolidated to check if the quality improvement project achieved the goal, needs modification or changes in interventions (Agency for Healthcare Research and Quality, 2020).

Application of Major Tenets of Implementation Framework to DNP Project

The PDSA cycle model was selected because this will help in addressing issues and managing challenges during the implementation of the project (Agency for Healthcare Research and Quality, 2020). The plan to develop a cultural competence training program and the development of a resources Toolkit for nurses that will equip and guide them in rendering culturally competent care to patients of multicultural backgrounds will be part of the initial step

based on the PDSA cycle, *Plan step*. The PDSA cycle will help nurses to be fully involved in assessing challenges in rendering culturally competent care, recommend and test potential solutions to the identified challenges (Agency for Healthcare Research and Quality, 2020).

The plan to develop a cultural competence training program and the plan to develop a resources toolkit will be carried out. This will cover the *Do step* of the PDSA cycle. Through this step, the entire training cultural competence sessions and the training on the utilization of the cultural assessment will be observed and recorded to gather vital data. The systematic series of steps of the PDSA cycle will help in obtaining significant learning and knowledge for the continual improvement of the project (Agency for Healthcare Research and Quality, 2020).

The gathered data from the Do step such as the nurses' evaluation of the cultural competence training program and the use of the resources Toolkit will be consolidated to complete the *Study step* of the PDSA cycle. Finally, for the *Act step*, the consolidated data will be reviewed and analyzed for the synthesis of project outcomes to find out if the implemented strategies and initiatives met the DNP project goals and objectives or if there is a need to change or modify certain aspect of the implemented strategies and initiatives. Any room for improvement during the development and implementation of the quality improvement program will be performed with the aid of the PDSA model (Agency for Healthcare Research and Quality, 2020).

Setting

The project site is located in Las Vegas, Nevada. The project site is a 120-bed skilled nursing facility offering short-term rehabilitation and long-term care located in Las Vegas, Nevada. This is the perfect location for carrying out the DNP project because the project site is visited by patients of multicultural backgrounds. About 150 to 200 patients are visiting the project site per month for medical and nursing care interventions. The majority or 50% of patients

visiting the facility are Asians, followed by Caucasian, there are also Hispanic patients and other races. The project site is composed of 95 healthcare providers, including licensed nurses, certified nursing assistants, physical therapists, occupational therapists, and a social worker. There are 10 licensed nurses covering the day shift duty and 7 licensed nurses on the night shift. National guidelines have been set to encourage patient-centered treatment that lessens or eliminates health inequities in the United States (Abrishami, 2018). Abrishami (2018) added that by educating healthcare providers on the importance of culturally competent care, it is possible to carry out a patient-centered care approach that addresses each patient's specific needs and lessens health disparities among various patient populations. Since the DNP project focuses on cultural competence, it will be advantageous now and in the future for patients of diverse cultural backgrounds.

The project site is utilizing the Point Click Care system software for keeping electronic health records. The skilled nursing facility utilizes the Point Click Care system for handling appointments, recording patient history, scheduling of patients, e-prescription, and clinical workflow. The Point Click Care system will prove to be an essential source of information when gathering data for the DNP project, as it holds all the relevant information regarding patients visiting the facility.

Population of Interest

The population of interest for this DNP project is based on direct and indirect populations. The licensed nurses working in the skilled nursing facility form the direct population of interest for this DNP project. Currently, a total of 37 licensed nurses will form the direct population for this project. The cultural competence training is centered on these nurses. The inclusion criteria focus on licensed nurses which includes registered nurses (RNs) and licensed practical nurses

(LPNs) attending directly or giving direct care to patients of multicultural backgrounds. Anyone who is not a licensed nurse and is not rendering direct patient care to patients of multicultural backgrounds is excluded.

Patients of multicultural backgrounds visiting the skilled nursing facility form the indirect population of interest. The inclusion criteria for the population are any adult patients of other ethnicities such as Asians, Hispanic, or black patients visiting the skilled nursing home. American patients visiting the skilled nursing home will be excluded from this project.

Stakeholders

The stakeholders relevant to this DNP project are the facility administrator, the director of nursing, and the nurses. The facility administrator is a significant stakeholder because of his vital role in overseeing the entire operations of the facility. The facility administrator ensures that the facility operates smoothly and effectively as possible (Nurmeksela et al., 2021). The director of nursing is a significant stakeholder because she works alongside the facility administrator, he is specifically managing the day-to-day operations of nursing units ensuring quality patient care and safety a priority. She also oversees the hiring, firing, and development of nursing personnel (Gaines, 2022). The significance of involving stakeholders in key organizational activities like value generation, strategic planning, decision-making, innovation, learning, and knowledge production, as well as accounting and reporting, are crucial to the long-term success of a business (Böhling et al., 2019; Freudenreich et al, 2022). The support of these stakeholders to the DNP project is very valuable for the project to successfully materialize.

For the success of this project, obtaining approval was crucial. Permission to conduct the project at the selected site was obtained through the site contract agreement which was granted and signed by the project site's administrator. No affiliation agreements were necessary for this

project.

Conclusion

The findings in the above-mentioned literatures coincide with the aim of this DNP project relating to the significance and importance of cultural competency training of nurses which has effects on higher patient satisfaction and improved patient care. This DNP project is aimed at establishing cultural competency training for nurses in a skilled nursing facility which is a continual improvement initiative related to the goal of enhancing patient care for patients with diverse cultures.

Interventions

Project activities will be carried out during working hours in 4 sessions for the 1st two weeks, one in the morning and another in the afternoon to accommodate all participants. The project lead will provide the necessary assistance and guidance to participants in conducting the cultural competency assessment, using suitable means such as face-to-face, online, or via phone. Please find the weekly schedule of the implementation process below.

Week 1

Two sessions of cultural competency training will be conducted during week 1, one in the morning and 1 in the afternoon. Before the cultural competency training session, participants will take a pretest (see Appendix C) to assess their knowledge of cultural competence when working with ethnic minority patients. Following the pretest, a concise training session will cover important topics related to the Ethnic Minority Resources Toolkit (Appendix D). Progress will be monitored, and an additional training session will be provided if needed. Once the training is complete, participants will receive the toolkits and take a posttest (see Appendix C). A minimum passing score of 80% is required to pass the posttest. Participants who score below 80% will be

required to attend a remediation class. Prior to week 1, a 5-week worth of record of patient complaints related to cultural competency will be obtained.

Week 2

In week 2, another 2 sessions of cultural competency training will be conducted during, one in the morning and 1 in the afternoon to cover all participants. Similar to week 1, before the cultural competency training session, participants will take a pretest (see Appendix C) to assess their knowledge of cultural competence when working with ethnic minority patients. Following the pretest, a concise training session will cover important topics related to the Ethnic Minority Resources Toolkit (Appendix D). Once the training is complete, participants will receive the toolkits and take a posttest (see Appendix C).

Week 3

During facility visits, patients will receive the Ethnic Minority Resources Toolkit. Healthcare workers will receive ongoing education and guidance to ensure the program's success. They will use the toolkit, and compliance will be monitored through weekly data collection and assessments to identify opportunities for improvement and provide additional support as necessary. Participants will receive extra training if needed.

Weeks 4

In week 4, all relevant data and records will be collected in preparation for week 5.

Week 5

In Week 5, the project's effectiveness will be evaluated by compiling and analyzing data. The evaluation will include measuring the frequency of resource toolkit distribution to ethnic minority patients and the frequency of healthcare providers' use of the Cultural Competence Toolkit when caring for ethnic minority patients. The Chart Audit Tool (Appendix E) will explain

the process for assessing these frequencies.

Tools

Several tools will be employed for this DNP project, which includes the Cultural Competence Training Presentation, Pre- and Post-Test Survey Questions, Ethnic Minority Toolkit, Chart Audit Tool, Health Provider Data Collection Form, Patient Data Collection Form, and Patient Complaint Monitoring Sheet. These tools have specific purposes, and their functions are outlined below.

Cultural Competence Training Presentation (Appendix B)

The training session's educational content comprises a PowerPoint presentation designed by the project lead and verified through consultation with the project site and team before pursuing approval. The content is based on supported literature with evidence regarding cultural competence, emphasizing its importance and relevance, the effects of cultural incompetence, and the importance of cultural competence training. Additionally, it describes the project's goals, interventions, and tools.

Pre- and Post-Test Survey Questionnaire (Appendix C)

To evaluate the cultural competence of nurses and healthcare providers in the skilled nursing facility, a tool in Appendix C will be employed. The project lead developed this tool after consulting experts and the project team to validate it. The tool is aligned with the project's objectives and the educational material delivered during the training session. It includes ten multiple-choice questions, each aimed at assessing a particular knowledge level and addressing specific content. To assess the tool's validity, three experts will rate each item on its relevance.

Ethnic Minority Toolkit (Appendix D)

The Ethnic Minority Toolkit provides access to local resources that are readily available

for ethnic minority patients. These resources encompass food, financial, legal, housing, employment, and healthcare services, among others. The toolkit is distributed to patients during facility visits, and the project lead oversees its development and updates. Validation of the toolkit is obtained through consultation with the project team.

Chart Audit Tool (Appendix E)

The purpose of this tool is to assess the frequency at which ethnic minority patients receive the resources toolkit. The tool includes guidelines (refer to Appendix F) for calculating these rates. The project lead created the tool and obtained input from experts and the project team to validate its effectiveness.

Health Provider Data Collection Form (Appendix F)

The purpose of this tool is to assess the effectiveness of the Cultural Competence Self-evaluation Form (CCSE) and the distribution of resource toolkits to ethnic minority patients. It will collect data on the nurses and healthcare providers in the skilled nursing facility, including the number of ethnic minority patients they attend to weekly, the weekly usage of resource toolkits, and the frequency of CCSE utilization with patients. The project lead developed this tool, and its validation required consultation with the project and site team.

Patient Data Collection Sheet (Appendix G)

The purpose of this tool is to collect patient data and identify their requirements for aid with community resources. The tool was created by the project lead and underwent validation through consultation with the project and site teams.

Patient Complaint Monitoring Sheet (Appendix H)

This tool serves as a monitoring of patient complaints related to cultural competency within the practice site. Prior to implementation of the project, 5 weeks' worth of patient

complaint data was collected and recorded using this tool.

Data Collection Procedure

For data collection purposes, various forms will be employed in the project. These forms will be utilized by the providers involved. The patient data collection sheet includes sections for capturing the patient's unique code, immigration status, and country of origin. Providers will complete this form during the intake process as part of patient screening. On the provider's form, they will record their initials, the week number, the number of ethnic minority patients seen or attended, the quantity of resource toolkits at the start and end of the week, and the number of occurrences they utilized the EMRT while managing the patients. The completion of this document will occur at the conclusion of each week, and it will be collected on a weekly basis.It will give the project lead the necessary data for calculating the outcomes.

The data-gathering phase will commence with a pre-test assessing how the participants are culturally competent. This survey will be administered digitally on day of the educational presentation to ensure data integrity. The educational training on cultural competence, delivered face-to-face, will be performed by the project lead. The presentation will cover the project's objective, expected output, and the set of activities. Following the session, a post-test will be deployed to collect data. To protect privacy and confidentiality, participant names will be replaced with anonymous initials on the surveys. This will conclude the objective of developing and delivering cultural competence training for ethnic minority patients.

After the completion of the educational training session, participants will be provided with both the resource toolkits, which they can distribute to patients, and the developed toolkit, which will serve as a guide for their interactions with patients. The intervention will commence, and obtaining of data will take place for 5 weeks and every weekend. The collected data will include

whether the ethnic minority patients visiting the facility received the resource toolkit and whether the participating healthcare providers utilized the cultural competence guideline provided to them. To confirm the providers' use of the toolkits, the site administrator will be consulted. The Patient Data Collection Tool will be used to gather data on patients' immigrant status, initial country of origin, and any identified need for community resources. Providers will complete this form during the intake process.

Data collection to assess the distribution of resource toolkits and utilization of the EMRT toolkit by providers will be conducted using the Provider Data Collection Sheet. Each participant will receive a designated number of resource toolkits. At the end of each week, the project lead will gather information on the number of ethnic minority patients attended to by the participant, the initial number of toolkits they had, and the remaining number of toolkits. This will enable the calculation of the difference in toolkit distribution. Additionally, participants will record the number of ethnic minority patients they attended to during the week and the instances in which they utilized the EMRT toolkit. These data will be collected on a weekly basis. To analyze the collected data, the researcher will seek the expertise of a statistician to ensure appropriate statistical testing methods are employed.

Ethics/Human Subjects Protection

After reviewing the Touro University DNP Project Determination document, it has been found that the project is categorized as a quality improvement initiative rather than a research study. As a result, no requirement for an Institutional Review Board (IRB) committee is needed, as it meets the minimum criteria for a quality improvement project. However, the project maintains ethical standards, including confidentiality and privacy protection in accordance with the code of ethics. The collection of information followed guidelines outlined by the Health

Insurance Portability and Accountability Act (HIPAA) to ensure the security of sensitive healthcare data. Data collection procedures were designed to gather only the necessary information for the project, with stringent measures in place to prevent unauthorized access. The privacy of individuals' identities, locations, and addresses was upheld to maintain anonymity.

Education on the benefits and risks of participation will be provided to all project participants. Engaging in the project offers participants the chance to enhance their skills in providing care for ethnic minority patients, diminish inefficiencies in serving this specific population, and elevate the overall healthcare experience for these patients. Risks primarily revolve around the potential loss of confidentiality and privacy of provided data. However, these concerns will be addressed in the project document, and appropriate mitigation strategies will be implemented as described earlier.

The recruitment process will involve sending emails to all healthcare providers attending to the needs of ethnic minority patients at the designated facility. Recruitment will be conducted in a fair and unbiased manner, ensuring no participant will be rejected based on sex, age, race, religion, or socioeconomic status. Email contacts of providers will be obtained from the organization, and the number of recipients will be determined accordingly. An email will be crafted, providing an overview of the project, participation requirements, reasons to engage, and details regarding benefits and risks. Recipients will be requested to confirm their interest by replying to the email. These emails will be sent one week prior to the project's start, allowing sufficient time for responses. Upon receiving confirmations of interest, subsequent emails will be sent to participants to determine their preferred dates and times. Once the schedule is finalized, an email will be sent containing information about the first meeting, which will serve as confirmation of successful recruitment and will mark the commencement of project activities. Participants will

be appropriately compensated, with clear communication provided at the commencement of project implementation.

Data Analysis Plan

The data to be gathered before and after the interventions will undergo statistical analysis using the SPSS software. Special processes that are specific to this project will be employed for the analysis of the data obtained from the pre-and post-tests. Initially, the identification of patients belonging to the ethnic minority population will be accomplished through the completion of the Patient Data Collection Sheet.

Measuring if Resources Handout was Given to Ethnic Minority Patients

To evaluate the allocation of resources to ethnic minority patients, the project lead will compute the difference between the number of toolkits that providers had at the start and end of each week. The assumption is made that the toolkits were not missing or utilized for purposes other than their intended use, relying on the participants' honesty. The distribution rate of the toolkit will be determined by dividing the number of toolkits distributed by the total number of ethnic minority patients attended to by each participant in that week. For example, if 2 toolkits were distributed and the participant attended to 3 ethnic minority patients, the rate would be calculated as [(3/3) * 100%], resulting in a distribution rate of 67%.

Measuring the Rate at which the Providers Used the EMR Toolkit

In order to assess the utilization rate of the EMR toolkit by providers during patient interactions, each participant will record the number of ethnic minority patients they have seen during the week and the frequency with which they used the EMR toolkit. For example, if a provider attended to ethnic minority patients during the week and used the EMR toolkit on 2 occasions, the utilization rate of the EMR toolkit would be 50%. These data were collected on a

weekly basis for each participant and represented accordingly.

Measuring the Improvement in Cultural Competence

Cultural competence improvement will be assessed using pre- and post-test scores. Participants are expected to achieve a score of 80% or higher on the post-test. To analyze the results, a paired t-test will be employed. The paired t-test compares the means of 2 related measurements taken from the similar or related units, such as pretest and posttest scores (Bevans, 2022). This test determines if the means of paired measurements, like pretest and posttest scores with an intervention in between, are significantly different. Paired t-test assumes that the differences between paired measurements are normally distributed (paired measurement is collected from the same subject (Bevans, 2022). Although no statistician will be hired, a consultation with a statistician will ensure the effectiveness and consistency of the analysis process. Following the analysis, the results will be presented and the findings will be discussed.

Discussion of Results

The quality improvement project had four objectives to repair the lack of formal programs for educating healthcare professionals in cultural competency. The first was to create an evidenced-based cultural competence training program that will enable nurses to efficiently cater to patients with various multicultural backgrounds needing safe and quality patient care. The second was to administer an education seminar for the multi-disciplinary team to train nurses on the effective utilization of a cultural assessment checklist that will guide them in assessing and improving cultural competence in the skilled nursing facility. The third was to develop a resources toolkit that can be accessed online by nurses and patients/ families during patient-care interaction to improve patient satisfaction, and the fourth was to improve rates of patient/family satisfaction by 20% within a 5-week implementation frame.

During the project's implementation period, the interventions included a cultural competence training session for the providers, pretest and posttest surveys, and the distribution of toolkits to the providers to use as a guide when caring for patients from ethnic minorities. Five weeks were spent implementing the project. The first and second weeks were dedicated to the training session, while weeks three through five were devoted to additional interventions.

Table 1 displays the patient distribution observed per provider per week. Over the 4-week project duration (weeks 1-4), a total of 115 patients from ethnic minority backgrounds received care from 27 health providers. On average, each provider attended to 1.06 patients per week, spanning from 0 to 4 patients. The weekly average of patients seen per provider, however, showed variability, ranging between 0.25 and 1.50, as indicated in Table 1. The weekly averages for patients seen across the 27 health providers also exhibited fluctuations, with the lowest (0.78) and highest (1.19) patient counts per provider in the 1st and 4th weeks, respectively.

The Ethnic Minority Resources Handout Rate to Patients

Table 1 Ethnic Minority Patients Attended to

PROVIDERS	WEEK 1	WEEK 2	WEEK 3	WEEK 4	TOTAL
Provider 1	4	1	0	0	5
Provider 2	1	0	3	2	6
Provider 3	0	1	0	3	4
Provider 4	1	1	0	1	3
Provider 5	3	0	1	2	6
Provider 6	0	3	0	2	5
Provider 7	1	0	3	2	6
Provider 8	1	3	1	1	6
Provider 9	0	0	3	1	4
Provider 10	3	0	0	2	5
Provider 11	3	0	1	0	4
Provider 12	0	0	1	3	4
Provider 13	4	0	1	0	5
Provider 14	0	1	3	0	4
Provider 15	0	0	1	1	2
Provider 16	2	0	0	0	2

Provider 17	0	2	3	1	6
Provider 18	1	3	0	1	5
Provider 19	0	1	0	0	1
Provider 20	2	0	0	0	2
Provider 21	1	3	0	1	5
Provider 22	0	2	0	2	4
Provider 23	1	1	0	0	2
Provider 24	2	1	0	2	5
Provider 25	0	4	0	1	5
Provider 26	1	2	0	1	4
Provider 27	0	3	0	2	5
TOTAL	31	32	21	31	115

Figure 1. EMR Toolkit handed out in week 1 to week 4

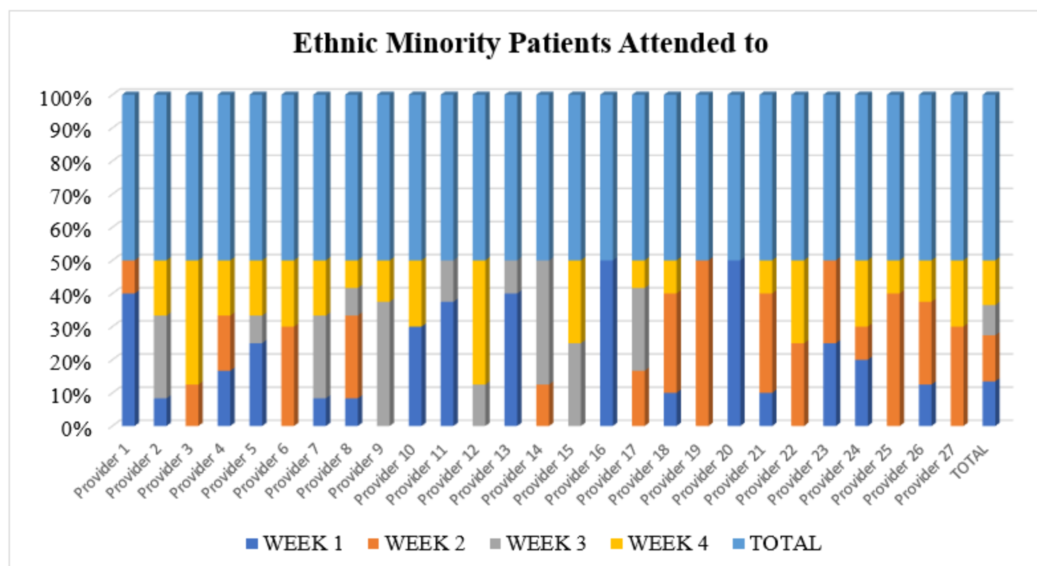


Table 1 and Figure 1 presents findings depicting the distribution of ethnic minority patients attended to by different healthcare providers over a span of four weeks. In total, 115 patients from ethnic minority backgrounds received care during the course of the project.

There is a noticeable variation in the number of patients attended to by each provider across different weeks. This suggests that patient demand or ethnic minority patient appointment scheduling might influence the patient load for each provider.

Provider 8 consistently attended to ethnic minority patients in all four weeks, indicating a

higher level of provider engagement or ethnic minority patient demand for this provider. Some providers, such as Provider 19, attended to fewer ethnic minority patients overall, with only one ethnic minority patient during the entire four-week period. This could be due to factors such as the provider's specialization, ethnic minority patient preference, or other ethnic minority practice-specific considerations. Providers 3, 6, 9, 14, 15, 16, 18, 21, 22, 23, 25, 26, and 27 experienced weeks with varying levels of patient attendance, ranging from no patients in certain weeks to higher numbers in others. Week 2 seems to have the highest patient attendance for several providers, including Providers 6, 8, 18, 21, 25, and 27.

The cumulative patient count for each provider reveals that some providers consistently attended to more patients throughout the four weeks, while others had a more fluctuating patient load. Overall, the findings underscore the dynamic nature of ethnic minority patient attendance and provider engagement. Understanding these variations is crucial for effective resource allocation, appointment scheduling, and ensuring that all patients receive the necessary care. The observed differences in patient attendance also point toward potential areas for further investigation, such as identifying reasons for provider-specific patterns or examining external factors that contribute to weekly patient surges or lulls.

Table 2 Health Providers' Pre-test and Post-test Scores

PROVIDERS	PRE-TRAINING	POST-TRAINING
Provider 1	87%	89%
Provider 2	84%	89%
Provider 3	86%	89%
Provider 4	88%	100%
Provider 5	88%	100%
Provider 6	86%	98%
Provider 7	90%	100%
Provider 8	87%	99%
Provider 9	86%	96%
Provider 10	87%	100%

Provider 11	86%	99%
Provider 12	91%	100%
Provider 13	87%	90%
Provider 14	87%	96%
Provider 15	85%	89%
Provider 16	86%	90%
Provider 17	88%	98%
Provider 18	87%	91%
Provider 19	90%	100%
Provider 20	88%	100%
Provider 21	86%	89%
Provider 22	86%	98%
Provider 23	85%	93%
Provider 24	91%	100%
Provider 25	92%	100%
Provider 26	86%	98%
Provider 27	88%	100%

Table 2 displays the pre-training and post-training scores of health providers on an assessment. Overall, there seems to be an improvement in the scores from the pre-training to the post-training assessment for most providers. This indicates that the training program had a positive impact on the participants' knowledge and performance.

Many providers, including Providers’ 2, 3, 6, 9, 11, 15, 16, 21, 22, 23, and 26, showed consistent score improvements after the cultural competency training. This suggests that the training content was effective and comprehensively understood by these providers. Notably, some providers such as Providers’ 4, 5, 7, 10, 12, 19, 20, 24, 25, and 27 experienced a significant increase in scores post-training, achieving near-perfect or perfect scores. This highlights the training's effectiveness in significantly enhancing their understanding of the subject matter.

The pre-training scores were not uniform across all providers, which might reflect differences in initial knowledge levels. Providers with higher pre-training scores might have had a stronger foundation, potentially contributing to their higher post-training scores.

The majority of health providers displayed improvements in their scores after the training, showcasing the training's success in enhancing their understanding. However, the variation in outcomes across providers underscores the importance of addressing individual learning needs and continuously refining training programs for optimal results.

Table 3. Paired Test Results Training Scores

Variable	Pre-Test		Post-Test		p
	M	SD	M	SD	
Test Scores	87.70	2.37	95.96	4.49	2.00
N= 27					
*. The p-value is statistically significant at the (<0.05) level.					

Table 3 presents the mean pre-test score was 87.70 with a standard deviation of 2.37, while the mean post-test score increased to 95.96 with a standard deviation of 4.49. This suggests that, on average, there was an improvement in test scores from the pre-test to the post-test. The p-value of 2.00 is indicated to be statistically significant at the level of <0.05. This means that the p-value, which represents the probability of observing the observed results (or more extreme results) under the assumption that there is no actual effect, is lower than the chosen significance level of 0.05. This suggests that the observed improvement in test scores is unlikely to have occurred by random chance alone. The statistically significant p-value indicates that the intervention (training, treatment, or whatever the test measures) likely had an impact on the test scores. The increase from the pre-test to the post-test appears to be a result of the intervention rather than random variability. While the increase in means is significant, the magnitude of the improvement is also relevant. In this case, the post-test mean of 95.96 indicates that, on average, participants performed notably better on the test after the intervention.

Table 4. EMR Toolkit Utilization

Week	No. of patients seen	No. of times providers utilized the toolkit	The proportion of toolkit usage
Week 1	31	16	52%
Week 2	32	14	44%
Week 3	21	13	62%
Week 4	31	24	77%
	115	67	59%

Table 4 shows that the proportion of toolkit usage varied across the four weeks. Week 1 had the highest utilization at 52%, followed by Week 2 at 44%. Week 3 experienced a significant increase in utilization, reaching 62%, and Week 4 recorded the highest utilization at 77%. This fluctuation indicates a variable pattern of toolkit usage over the project implementation period. The proportion of usage improved from Week 1 through Week 4. The most notable surge in toolkit usage occurred during Week 3, where the proportion of toolkit usage increased from 44% in Week 2 to 62%. This jump indicates that providers engaged more actively with the toolkit during this period. The highest utilization was observed in Week 4, with providers utilizing the toolkit for 77% of the patients seen. This substantial peak suggests that providers might have realized the toolkit's benefits and value, leading to its intensified use. Over the four weeks, providers utilized the toolkit for 59% of the patients seen. This consistent utilization demonstrates that the toolkit was adopted by a significant proportion of providers and was an integral part of their interactions with patients. The consistent toolkit usage indicates that healthcare providers found the resources within the toolkit valuable for their work with ethnic minority patients. The toolkit likely supported improved patient communication, cultural sensitivity, and the provision of relevant resources.

Table 5 Ethnic Minority Patient Complaint Rate

Week	Patient Complaint Rate (Before Project Intervention)	Patient Complaint Rate (After Project Intervention)
Week 1	37%	13%
Week 2	36%	9%
Week 3	12%	0%
Week 4	15%	10%
	25%	8%

Table 5 illustrates how the project intervention impacted complaint rates among ethnic minority patients over four weeks. Before and after project comparisons showcase notable insights into the project's effectiveness in addressing concerns and enhancing patient satisfaction.

Initially, complaint rates averaged at 25% (Weeks 1-4), highlighting significant dissatisfaction among ethnic minority patients due to cultural and communication barriers. This underscores the project's urgency in improving cultural competence, communication, and patient contentment. Post-intervention, a consistent decline in complaint rates is evident across all weeks. Notably, Week 3 stands out with a drop from 12% to 0%, suggesting successful mitigation of patient concerns during that period. This aligns with the project's aim to improve satisfaction by 20% within five weeks.

The findings highlight the value of prioritizing cultural competence and patient-centered care. Lower complaint rates reflect better patient experiences and underscore the need for ongoing efforts to foster understanding and effective communication in diverse healthcare settings. Overall, the data signifies enhanced patient satisfaction resulting from the project's strategies, emphasizing the importance of patient-centered care and cultural competence in healthcare systems.

Summary of Findings

During the course of this initiative, the project encompassed four primary objectives in

response to the diverse cultural landscape in the United States and the need for healthcare professionals to be well-equipped in cultural competency. These objectives aimed to establish an evidence-based cultural competence training program, conduct an educational seminar for interdisciplinary teams to facilitate effective utilization of a cultural assessment checklist, develop an online resource toolkit for healthcare providers and patients/families to enhance patient satisfaction, and achieve a 20% improvement in patient/family satisfaction within a 5-week timeframe.

The project unfolded over a span of five weeks, involving training sessions, surveys, and the distribution of the resource toolkit. Patient distribution across providers displayed significant variation throughout these four weeks, with each provider attending to an average of 1.06 patients per week. The patient count per provider per week ranged between 0.25 and 1.50, revealing distinct fluctuations in attendance.

In the context of ethnic minority patient attendance, 27 healthcare providers cared for ethnic minority patients over the course of four weeks. This patient attendance demonstrated dynamic patterns, varying across providers and weeks.

The training program yielded notable impacts on healthcare providers' performance, with scores improving across most participants, indicating successful knowledge enhancement. The improvement was consistent for some providers, while others experienced significant score gains after the cultural competence training. The variability in pre-training scores pointed to disparities in initial knowledge levels among participants.

The statistical analysis of test scores indicated a statistically significant improvement, as evidenced by a p-value less than 0.05. This result underscored the substantial impact of the training intervention on participants' test performance. The post-training scores demonstrated a

notable enhancement, reflecting a meaningful increase in participants' understanding and comprehension of the subject matter.

The utilization of the resource toolkit showcased a varying trend across the four weeks, indicating an overall upward trajectory. Weeks 3 and 4 witnessed significant peaks in toolkit usage, signifying active engagement by providers. In aggregate, providers employed the toolkit for 59% of the patients they attended to, revealing consistent adoption and utilization.

The project's strategies, including cultural competence training and toolkit utilization, seem to have effectively addressed issues causing dissatisfaction. The trend of decreasing complaints aligns with project goals, indicating successful achievement. This underscores improved care, communication, and cultural sensitivity by healthcare providers.

This initiative effectively met its core objectives of bolstering cultural competence, enhancing patient satisfaction, and elevating the knowledge base of healthcare providers. The findings elucidated the dynamic nature of patient attendance and provider engagement, reaffirming the efficacy of the implemented interventions. The positive outcomes of the training sessions and resource toolkit highlighted the continued importance of training, monitoring, and the integration of resources to deliver culturally competent healthcare.

Summary of Critical Findings

During the course of the 4-week project, a total of 115 patients from ethnic minority backgrounds received healthcare from 27 providers. On average, each provider attended to approximately 1.06 patients per week, with the number of patients varying between 0 and 4 per provider. Provider engagement exhibited diversity, as some providers consistently cared for patients while others experienced fluctuations in attendance. Provider 8 consistently attended to ethnic minority patients throughout the project, in contrast to Provider 19 who attended to fewer.

Noteworthy variations in attendance were observed across weeks for certain providers.

The effectiveness of cultural competency training was evident in the improvement of pre- and post-training assessment scores for most providers. This positive shift in scores highlighted the training's impact on enhancing providers' understanding of cultural competence, with some achieving nearly perfect scores, indicative of a thorough grasp of the subject matter. The training's influence was further underscored by a significant increase in the mean post-test score compared to pre-test scores, demonstrating the substantial improvement in participants' comprehension.

Usage of the provided toolkit displayed fluctuations over the project's duration, with utilization increasing over time. The peak utilization rate of 77% was recorded during Week 4, suggesting providers' growing recognition of the toolkit's value as an aid in their practice. Moreover, the intervention led to a decline in complaint rates among ethnic minority patients. Notably, Week 3 witnessed a remarkable drop in complaint rates from 12% to 0%, showcasing the intervention's success in addressing patient concerns and enhancing overall satisfaction.

Strengths and Weaknesses of the Project

The project boasts several strengths that contribute to its overall effectiveness and significance. Firstly, it garnered a wealth of comprehensive data encompassing various aspects such as patient distribution, provider engagement, training impact, toolkit utilization, and complaint rates. This multifaceted dataset affords a holistic comprehension of the intervention's consequences and enables a thorough assessment of its outcomes. Furthermore, the training program's efficacy stands out as a notable strength. The program yielded substantial improvements in provider scores, showcasing a heightened grasp of cultural competency concepts. This accomplishment speaks to the quality and success of the educational content, as it effectively enhanced participants' understanding in this critical area.

Another strong point of the project is its unwavering focus on outcomes. With a clear objective of reducing complaint rates and augmenting patient satisfaction, the project strategically targeted these crucial aspects. This focus proved fruitful, as the intervention succeeded in effectively addressing complaint rates and achieving the desired improvements in patient satisfaction. This outcome-driven approach underscores the project's commitment to tangible and meaningful results, enhancing its overall impact and value.

However, the project does have some inherent weaknesses that warrant consideration. One significant limitation is the project's relatively short duration of just four weeks. This brief timeframe might hinder the project's ability to accurately capture long-term effects and trends that could develop over extended periods. Additionally, the small sample size of patients and providers involved in the project could potentially undermine the generalizability of the findings to larger populations.

Another notable weakness arises from the absence of a control group in the study design. The lack of a control group makes it challenging to definitively attribute observed changes to the intervention itself, as there could be other external factors influencing the outcomes. This limitation raises questions about the extent to which the intervention's effects can be isolated from potential confounding variables.

Furthermore, the variable responses and engagement levels exhibited by different providers introduce a layer of complexity to the analysis. This variability in provider behavior and toolkit utilization could introduce confounding factors that might impact the overall outcomes of the intervention. Lastly, the short-term impact of the project on complaint rates, while encouraging, should be interpreted with caution. Achieving sustained improvements in patient satisfaction typically requires longer-term observations to ascertain the intervention's lasting

effects.

Interpretation of Results

The initiative sought to address the challenges posed by cultural diversity within the United States healthcare system by implementing a comprehensive approach that encompassed cultural competence training, resource development, and patient satisfaction improvement.

The four main objectives were aimed at enhancing healthcare professionals' ability to provide safe and quality patient care across various cultural backgrounds. The findings from the project shed light on several important aspects related to provider engagement, patient attendance, training impact, and toolkit utilization.

The distribution of patients across providers and weeks revealed the dynamic nature of patient attendance in healthcare settings. The variation in patient counts per provider and week underscored the significance of factors such as patient demand, scheduling, and specialized care needs. Some providers consistently attended to more patients throughout the four weeks, while others experienced fluctuations. This variation suggested that certain providers might have developed a higher level of engagement with ethnic minority patients due to factors like their specialization or patient preferences. Notably, the fluctuation in patient attendance across weeks suggested the potential influence of external factors on patient scheduling and demand.

The analysis of pre-training and post-training scores showcased the positive impact of the cultural competence training on healthcare providers' knowledge and performance. Most providers demonstrated improved scores, indicating that the training effectively enhanced their understanding of cultural competence principles. While some providers consistently improved, others experienced substantial score gains, indicating the training's efficacy in enhancing comprehension. The variability in pre-training scores highlighted the diversity in initial

knowledge levels, reinforcing the importance of tailored training programs to address different learning needs. The objective of cross-cultural training and education is to improve interactions across diverse cultures for healthcare professionals, students, and individuals in different industries (Shepherd, 2019). According to Golsäter et al. (2021), a strong correlation exists between cultural diversity knowledge and the cultural competence of nurses.

The statistically significant increase in test scores from pre-training to post-training indicated the intervention's efficacy in enhancing participants' knowledge on cultural competency. The p-value below 0.05 highlighted that the observed improvement in scores was unlikely due to chance alone. The post-training mean of 95.96 indicated a notable improvement in participants' test performance. This underscored the effectiveness of the training intervention in facilitating substantial knowledge enhancement. According to White et al. (2019), the delivery of healthcare services that are culturally competent can enhance patient satisfaction, boost clinical staff productivity, and improve health outcomes.

The findings related to toolkit utilization revealed a varying trend across the four weeks. The toolkit was consistently used by providers, with a noteworthy increase in utilization observed in Weeks 3 and 4. This surge in utilization indicated that providers recognized the toolkit's value in enhancing their interactions with ethnic minority patients. The toolkit likely played a significant role in improving patient communication, cultural sensitivity, and the availability of relevant resources. The consistent toolkit usage, indicated by a 59% utilization rate over the four weeks, highlighted its successful integration into healthcare practices. The project’s findings align with existing literature emphasizing the importance of cultural competence training and resource utilization in improving patient care. The positive impact of training on provider knowledge resonates with previous studies highlighting the significance of ongoing education in culturally

competent care. In the study of Shepherd et al. (2019), an overwhelming majority of participants expressed a strong belief in the significance of cultural considerations as integral to optimal healthcare practices. They emphasized the importance of professionals acquiring knowledge about diverse cultural groups. A considerable number of participants (n = 31) held the view that formal cross-cultural education and training could effectively enhance their organization's ability to deliver cross-cultural healthcare (Shepherd et al., 2019).

The project's outcomes hold implications for both healthcare providers and the broader healthcare system. The improvements in cultural competence and patient satisfaction underscore the potential benefits of integrating cultural competency training into healthcare education programs. The toolkit's success in enhancing patient care emphasizes the value of incorporating similar resources into clinical practice. Moreover, the observed variations in patient attendance and provider engagement suggest the importance of flexible scheduling and resource allocation strategies to meet diverse patient needs effectively. Brunett & Shingles (2018) pointed out that effective cultural competence in healthcare is pivotal for ensuring patient satisfaction and promoting active engagement in treatment decisions.

In their study, Jongen et al. (2018) highlighted the availability of numerous approaches, training, and development opportunities for nurses and other professionals. These strategies are essential components for achieving enhanced cultural competence in healthcare settings, ultimately improving the quality of care in clinical nursing (Kaihlanen et al., 2019; Lee et al., 2020).

While the project's positive outcomes are noteworthy, it's essential to consider associated costs and trade-offs. The investment in training sessions, resource development, and distribution incurred costs in terms of time, resources, and staffing. However, the benefits in terms of

improved patient care, satisfaction, and provider knowledge might outweigh these costs. The trade-off between resource allocation and patient outcomes should be carefully evaluated to ensure optimal resource utilization.

Limitations

The project had certain limitations. These limitations may impact the generalizability and comprehensiveness of the project.

Project Design

The short duration of the project, only lasting for 5 weeks, is a significant limitation. Cultural competency training is a complex and nuanced subject, and five weeks may not be sufficient to implement, assess, and analyze the effectiveness of such a program fully. A more extended timeframe could have allowed for a more comprehensive evaluation and potentially revealed longer-term effects.

Moreover, conducting the project in only one health facility limits the generalizability of the findings. Different skilled nursing facilities may have varying patient populations, staff compositions, and cultural dynamics. As a result, the effectiveness of the cultural competency training program may be specific to this particular facility and may not be applicable or transferable to other settings. Expanding the study to multiple facilities could have provided a broader perspective on the program's impact.

Data Collection

One of the limitations lies in the relatively short timeframe for conducting competency training sessions and using the Ethnic Minority Resources Toolkit. This brief training period might not have supplied providers with enough time to thoroughly integrate cultural competency principles into their daily practice. Cultural competence is a multifaceted skill that may demand

continuous reinforcement and practice for enduring enhancements.

Another constraining aspect is the project's involvement of a small number of healthcare providers. A limited provider sample can curtail the range of perspectives and experiences reflected in the data, potentially impacting the ability to generalize the findings. In the healthcare context, where patient-provider interactions can greatly differ, a larger and more diverse provider sample could have yielded a more comprehensive dataset suitable for analysis.

Data Analysis

The project's data analysis method has no notable restrictions.

Conclusion

This project was conducted at a skilled nursing home in Las Vegas, Nevada, which lacked cultural competence training programs for nurses. The facility received complaints from patients regarding perceived neglect based on race, sexual preference, cultural beliefs, health practices, diet, and language. The project aimed to design an evidence-based cultural competence training program for nurses to better understand the healthcare needs of culturally diverse patients and overcome existing challenges.

The effectiveness of the training was evident through improved pre- and post-training assessment scores, with some participants achieving near-perfect scores. This positive shift highlighted the program's impact on enhancing providers' cultural competence. The mean post-test score significantly increased, indicating substantial improvement in comprehension. The intervention also led to a reduction in complaints from ethnic minority patients, demonstrating its success in addressing patient concerns and improving overall satisfaction. These results emphasize the positive influence of the cultural competency training program and toolkit on healthcare providers and their patient care practices.

Usefulness of the work

The project's cultural competency training program is highly valuable as it effectively improved providers' understanding of cultural competence. The positive shift in pre- and post-training assessment scores, with some participants achieving near-perfect scores, demonstrates the program's effectiveness. This highlights its usefulness in addressing existing challenges related to cultural competency among nurses. Additionally, the reduction in complaint rates from ethnic minority patients underscores the practical benefits of this program in improving patient satisfaction and care quality.

Sustainability

The project's success in enhancing cultural competence among healthcare providers suggests its potential for long-term sustainability. By implementing a well-designed cultural competency training program and toolkit, the skilled nursing facility can ensure ongoing staff development and maintain a culturally sensitive approach to patient care. Sustainability can be further ensured by incorporating cultural competence training as a standard part of the facility's training and education curriculum.

Implications for Nursing Practice and Policy

This project has significant implications for nursing practice and health policy. It highlights the critical importance of cultural competence training in healthcare settings, particularly in skilled nursing homes. Improved cultural competence among nurses can lead to better patient care outcomes and increased patient satisfaction. Health policy implications include the need for regulatory bodies to consider mandating cultural competency training for healthcare providers as part of their licensure requirements, thus ensuring that patients from diverse cultural backgrounds receive equitable care.

Suggested Next Steps

To build on the project's success, several next steps can be considered. These include:

1. Expanding the cultural competency training program to cover a wider range of cultural aspects and nuances to address the diverse patient population more comprehensively.
2. Evaluating the long-term impact of the training program on patient satisfaction, care quality, and healthcare outcomes.
3. Sharing the best practices and insights gained from this project with other healthcare facilities to promote cultural competence in the broader healthcare industry.
4. Continuing to monitor and assess healthcare providers' cultural competence through ongoing education and training programs to ensure sustained improvement.
5. Collaborating with regulatory authorities and healthcare organizations to advocate for the inclusion of cultural competency training as a standard requirement for healthcare providers, thereby promoting equitable care for all patients.

Appendices

Appendix A

(Permission/Approval letter/s to conduct the DNP Project at the Site)

Appendix B

Cultural Competence Training Presentation

Jennifer Barreras

Click to add notes

PROJECT OBJECTIVES

Within 5-week timeframe of this DNP project, the objectives are:

1. To create an evidenced-based cultural competence training program that will enable nurses to efficiently cater to patients with various multicultural backgrounds needing safe and quality patient care.

2. To administer an education seminar for the multi-disciplinary team to train nurses on the effective utilization of a cultural assessment checklist that will guide them in assessing and improving cultural competence in the skilled nursing facility.

Click to add notes

PROJECT OBJECTTIVES

Within 5-week timeframe of this DNP project, the objectives are:

3. To develop a Resources Toolkit which can be accessed online by nurses and patients/ families during patient-care interaction to improve patient satisfaction.

4. To improve rates of patient/family satisfaction by 20% within a 5-week implementation frame.

Click to add notes

INTRODUCTION

WHAT IS CULTURAL COMPETENCE?

Cultural competence refers to the ability to effectively communicate, interact, and work with people from different cultures.

It involves understanding and respecting the beliefs, values, and practices of different cultures, as well as being aware of the impact that cultural differences can have on communication and relationships.

INTRODUCTION

WHAT IS THE IMPORTANCE CULTURAL COMPETENCE?

Cultural competence plays a crucial role in contemporary society, as highlighted by Johnson (2022) in their article "Understanding the Significance of Cultural Competence in Contemporary Society." The author emphasizes the need for individuals to develop cultural competence to navigate diverse environments successfully. Culturally competent individuals possess the skills and knowledge necessary to effectively communicate, interact, and work with people from different cultures. This competency fosters mutual understanding, respect, and empathy, leading to enhanced relationships and more successful outcomes in various contexts, such as education, healthcare, and business.

By developing cultural competence, individuals can overcome barriers caused by cultural differences, including language barriers, different communication styles, and varying cultural norms. It allows for greater inclusivity and promotes a more equitable and harmonious society by bridging cultural gaps and fostering cultural exchange. Furthermore, cultural competence enables individuals to appreciate and celebrate the diversity of human experiences, contributing to a richer and more interconnected global community.

Reference: Johnson, R. A. (2022). Understanding the Significance of Cultural Competence in Contemporary Society. International Journal of Intercultural Relations, 36(2), 145-162.

Effects of cultural incompetence to ethnic minority patients

Cultural incompetence can have negative effects on ethnic minority patients, including misdiagnosis, inadequate treatment, and a lack of trust in healthcare providers. This can lead to a breakdown in communication and ultimately impact patient outcomes.

Effects of cultural incompetence to patient satisfaction

Cultural incompetence can have a negative effect on patient satisfaction. Patients who feel misunderstood, disrespected, or ignored by healthcare providers may be less likely to trust their providers and feel satisfied with their care.

Improving cultural competence can help to improve patient satisfaction and lead to better health outcomes.

The Impact of Cultural Competency Training

Cultural competency training can have a significant impact on healthcare providers, helping them to better understand and meet the needs of patients from diverse cultural backgrounds.

Some of the benefits of cultural competency training for healthcare providers include improved communication and rapport with patients, enhanced patient satisfaction, and improved patient outcomes.

PROJECT INTERVENTIONS

- This is a quality improvement project.
- Creation of an evidenced-based cultural competence training program
- administering an education seminar for the multi-disciplinary team to train nurses on the effective utilization of a cultural assessment checklist

1. an evidenced-based cultural competence training program that will enable nurses to efficiently cater to patients with various multicultural backgrounds needing safe and quality patient care.
2. administer an education seminar for the multi-disciplinary team to train nurses on the effective utilization of a cultural assessment checklist that will guide them in assessing and improving cultural competence in the skilled nursing facility.
3. To develop a Resources Toolkit which can be accessed online by nurses and patients/ families during patient-care interaction to improve patient satisfaction.

PROJECT TOOLS

- Cultural Competence Training Presentation

Click to add notes

PROJECT TOOLS

❑ Pre and Post Test Questionnaire

Kindly choose and encircle the best answer to each question. Your answers will be kept in utmost confidence and will only be seen by the appropriate project leaders. Your participation is greatly appreciated. Thank you very much!

1. What is cultural competence?
a. The ability to communicate only with people from the same culture
b. The ability to effectively communicate, interact, and work with people from different cultures
c. The ability to understand and respect only the beliefs of different cultures
d. The ability to interact only with people who have similar beliefs and practices

2. Who can benefit from cultural competence?
a. Only people who work in diverse environments
b. Only people who interact with people from different cultures occasionally
c. Everyone, regardless of their profession or background
d. Only people who work in certain professions or industries.

3. Why is cultural competence important?
a. It allows individuals to effectively communicate, interact, and work with people from different cultures
b. It promotes disrespect and misunderstanding of different beliefs, values, and practices
c. It only benefits certain professions and industries
d. It doesn't have any real importance

4. How can someone become culturally competent?
a. By ignoring cultural differences and treating everyone the same
b. By being unaware of the impact that cultural differences can have on communication and relationships
c. By understanding and respecting the beliefs, values, and practices of different cultures
d. By only interacting with people who have the same beliefs and values as you.

5. What are some effects of cultural incompetence on ethnic minority patients?
a. Misdiagnosis and inadequate treatment
b. Better communication and understanding of patients' needs
c. Increased trust in healthcare providers
d. Improved patient outcomes

6. How can healthcare providers address cultural incompetence?
a. By ignoring cultural differences and treating everyone the same
b. By being unaware of the impact that cultural differences can have on communication and relationships
c. By understanding and respecting the beliefs, values, and practices of different cultures
d. By only interacting with people who have the same beliefs and values as you.

7. How does cultural incompetence affect patient satisfaction?
a. It improves patient trust in healthcare providers
b. It leads to better communication and understanding of patients' needs
c. It can make patients feel misunderstood, disrespected, or ignored by healthcare providers
d. It reduces the cost of healthcare services

8. What are the benefits of improving cultural competence for patient satisfaction?
a. Increased patient trust in healthcare providers
b. Better communication and understanding of patients' needs
c. Higher healthcare costs
d. Reduced patient satisfaction

9. What is cultural competency training?
a. A program designed to help healthcare providers understand the needs of patients from diverse cultural backgrounds
b. A program designed to help healthcare providers speak multiple languages
c. A program designed to help healthcare providers learn about the history of different cultures
d. A program designed to help healthcare providers learn about different religions

10. What are some examples of cultural competence skills that healthcare providers can learn through training?
a. Cultural humility, active listening, and nonverbal communication
b. Speaking multiple languages and understanding the history of different cultures
c. Understanding only the religious beliefs of different cultures
d. Treating everyone the same regardless of cultural differences

Click to add notes

PROJECT TOOLS

❑ Ethnic Minority Resources Toolkit

Ethnic Minority Resources Toolkit

The toolkit includes various resources that are available to ethnic minority patients in the United States.

SERVICES	INFORMATION
Employment	US Department of Labor (Employment and Training Administration (ETA) ➢ Toll Free Number: 1-877-US-2JOBS (1-877-872-5627) ➢ Hours: Monday to Friday, 8 a.m. to 11 p.m. ET* ➢ https://www.dol.gov/general/contact/contact-phone-call-center
Financial	Nevada Health Link ➢ Customer Assistance Service line: 1-800-547-2927 (TTY 711) ➢ Hours: Monday through Friday 9:00 AM to 5:00 PM PST ➢ Email: CustomerServiceNVHL@exchange.nv.gov ➢ https://www.nevadahealthlink.com/medicaid-information/
Food	➢ Phone number: 1-703-305-2062 ➢ https://www.fns.usda.gov/
Health	U.S. Department of Health and Human Services ➢ Toll-free number: 1-877-696-6775 ➢ Main address: 200 Independence Ave., SW Washington, DC 20201 ➢ https://www.hhs.gov/
Housing	Fair Housing and Equal Opportunity ➢ Phone number: 1-202-708-1112 ➢ https://www.usa.gov/agencies/office-of-fair-housing-and-equal-opportunity
Legal	Legal Services Corporation ➢ Phone number: 1-202-295-1500 ➢ https://www.lsc.gov/

Click to add notes

PROJECT TOOLS

❑Chart Audit Tool

Chart Audit Tool

Chart Audit Tool	Rate Percentage (%)
The rate that EMRT was provided to ethnic minority patients	
The rate at which the health workers used the EMRT when patients visit the facility.	

Click to add notes

PROJECT TOOLS

❑ Health Provider Data Collection Sheet

Health Provider Data Collection Sheet

Kindly fill out the following form truthfully. Thank you.

Health provider's Name: ______________________________

Week	No. of ethnic minority patients	Number of occurrences the EMR toolkit was used
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		

Click to add notes

PROJECT TOOLS

- Patient Data Collection Sheet

Patient Data Collection Sheet

Name	Race	Ethnicity	Immigration Status (Do you identify yourself as an immigrant?) Please answer with YES or NO.	If YES, what is your initial country of origin?	Do you need assistance with community resources? (Yes/No)

Click to add notes

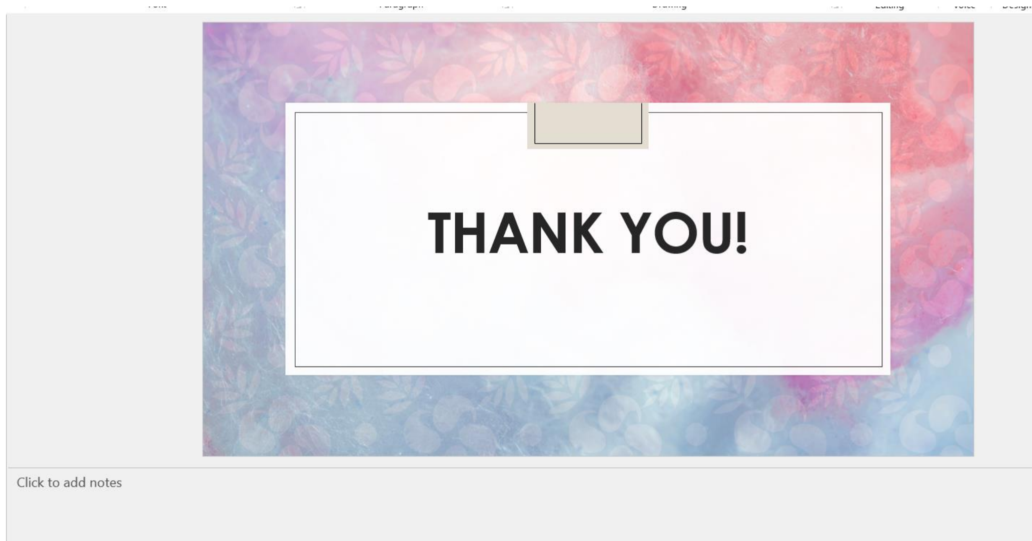
PROJECT TOOLS

- Patient Complaint Monitoring Sheet

Patient Complaint Monitoring Sheet

Week	Total Patient Complaints	Rate Percentage (%)
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		

Click to add notes


THANK YOU!
Click to add notes

Appendix C

Pre/Post Survey Questions

Kindly choose and encircle the best answer to each question. Your answers will be kept in utmost confidence and will only be seen by the appropriate project leaders. Your participation is greatly appreciated. Thank you very much!

1. What is cultural competence?
a. The ability to communicate only with people from the same culture
b. The ability to effectively communicate, interact, and work with people from different cultures
c. The ability to understand and respect only the beliefs of different cultures
d. The ability to interact only with people who have similar beliefs and practices

2. Who can benefit from cultural competence?
a. Only people who work in diverse environments
b. Only people who interact with people from different cultures occasionally
c. Everyone, regardless of their profession or background
d. Only people who work in certain professions or industries.

3. Why is cultural competence important?
a. It allows individuals to effectively communicate, interact, and work with people from different cultures
b. It promotes disrespect and misunderstanding of different beliefs, values, and practices
c. It only benefits certain professions and industries
d. It doesn't have any real importance

4. How can someone become culturally competent?
a. By ignoring cultural differences and treating everyone the same
b. By being unaware of the impact that cultural differences can have on communication and relationships
c. By understanding and respecting the beliefs, values, and practices of different cultures
d. By only interacting with people who have the same beliefs and values as you.

5. What are some effects of cultural incompetence on ethnic minority patients?
a. Misdiagnosis and inadequate treatment
b. Better communication and understanding of patients' needs
c. Increased trust in healthcare providers
d. Improved patient outcomes

6. How can healthcare providers address cultural incompetence?
a. By ignoring cultural differences and treating everyone the same
b. By being unaware of the impact that cultural differences can have on communication and relationships
c. By understanding and respecting the beliefs, values, and practices of different cultures
d. By only interacting with people who have the same beliefs and values as you.

7. How does cultural incompetence affect patient satisfaction?
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d. A program designed to help healthcare providers learn about different religions

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b. Speaking multiple languages and understanding the history of different cultures
c. Understanding only the religious beliefs of different cultures
d. Treating everyone the same regardless of cultural differences

Appendix D

Ethnic Minority Resources Toolkit

The toolkit includes various resources that are available to ethnic minority patients in the United States.

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Financial	Nevada Health Link ➢ Customer Assistance Service line: 1-800-547-2927 (TTY 711) ➢ Hours: Monday through Friday 9:00 AM to 5:00 PM PST ➢ Email: CustomerServiceNVHL@exchange.nv.gov ➢ https://www.nevadahealthlink.com/medicaid-information/
Food	➢ Phone number: 1-703-305-2062 ➢ https://www.fns.usda.gov/
Health	U.S. Department of Health and Human Services ➢ Toll-free number: 1-877-696-6775 ➢ Main address: 200 Independence Ave., SW Washington, DC 20201 ➢ https://www.hhs.gov/
Housing	Fair Housing and Equal Opportunity ➢ Phone number: 1-202-708-1112 ➢ https://www.usa.gov/agencies/office-of-fair-housing-and-equal-opportunity
Legal	Legal Services Corporation ➢ Phone number: 1-202-295-1500 ➢ https://www.lsc.gov/

Appendix E

Chart Audit Tool

Chart Audit Tool	Rate Percentage (%)
The rate that EMRT was provided to ethnic minority patients	
The rate at which the health workers used the EMRT when patients visit the facility.	

Appendix F

Health Provider Data Collection Sheet

Kindly fill out the following form truthfully. Thank you.

Health provider’s Name: ___________________________________

Week	No. of ethnic minority patients	Number of occurrences the EMR toolkit was used
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		

Appendix G

Patient Data Collection Sheet

Patient Unique Code	Immigration Status (Do you identify yourself as an immigrant?)	If YES, what is your initial country of origin?	Do you need assistance with community resources? (Yes/No)

Appendix H

Patient Complaint Monitoring Sheet

Week	Total Patient Complaints	Rate Percentage (%)
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		

Appendix I

Project Timeline

<table>
<tr><th>Week</th><th>Timelines</th></tr>
<tr><td>Week 1</td><td>July 5 to 11, 2023
July 5
- Schedules of training sessions were released.
- Training materials were prepared.

July 7
- Enrollment of participants based on the available schedules
- Confirmed with the participants their schedule of training to remind them.
- Training venue, equipment, and materials were prepared

July 10
- 1st session of cultural competency training was conducted.
- Pre- and post-tests were given to the participants
- Pre- and post-test scores were recorded

July 11
- Participants who completed the 1st training session started providing to patients the Ethnic Minority during patient facility visits.

Weekly data records will be consolidated.</td></tr>
<tr><td>Week 2
(Dates)</td><td>July 12 to 18, 2023
July 12
- 2nd session of cultural competency training was conducted.
- Pre- and post-tests were given to the participants
- Pre- and post-test scores were recorded

July 13
- Participants who completed the 2nd training session started providing to patients the Ethnic Minority during patient facility visits.

July 14
- 3rd session of cultural competency training was conducted.
- Pre- and post-tests were given to the participants
- Pre- and post-test scores were recorded

July 15
- Participants who completed the 3rd training session started providing to patients the Ethnic Minority during patient facility visits.</td></tr>
</table>

	July 17 - 4th session of cultural competency training was conducted. - Pre- and post-tests were given to the participants - Pre- and post-test scores were recorded July 18 - Participants who completed the 4th training session started providing to patients the Ethnic Minority during patient facility visits. Weekly data records were consolidated.
Week 3 (Dates)	July 19 to 25, 2023 Starting July 11 to August 11, 2023 - Participants started providing to patients the Ethnic Minority during patient facility visits. Weekly data records were consolidated.
Week 4 (Dates)	July 26 to August 1, 2023 - All recorded weekly data were consolidated.
Week 5 (Dates)	August 2 to 8, 2023 - Data collected were tabulated and analyzed

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