

Cultural Competence Training for Nurse Practitioners: An Intervention to Increase Culturally Competent Care

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Background

- It is essential that NPs provide culturally competent care to the diverse client population they serve.
- The majority of research regarding provider cultural competence (CC) has focused on physicians.
- Studies have shown that NPs rate themselves as culturally competent.
- No studies have assessed NP self-assessment of CC in conjunction with client assessment of NP CC.
- Question: In NPs, does formal CC training increase the frequency with which they provide culturally competent care, as evidenced by self-report and client assessment?

Methods

- Location: 2 nurse-managed clinics staffed by NPs
- Mixed-methods design: qualitative and quantitative surveys of NPs and clients both pre- and post- NP CC training
- Client survey: Clinicians' Cultural Sensitivity Survey, 21 items (n=50, 46)
- NP survey via Survey Monkey: Cultural Competence Assessment, 17 items (n=13, 8)
- Convenience sampling; study over 10 weeks
- Post-training: NPs asked about practice changes and/or barriers to change
- PowerPoint CC training based on the 12-domain Purnell Model for Cultural Competence
- Descriptive statistics (SPSS) for analysis

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Results

- **Clinicians' Cultural Sensitivity**
- Pre-training client surveys indicated 11 of 21 survey topics qualified for inclusion in the NP training module
- Pre-training, NPs scored highest for (1) listening to what clients' thought caused their health problems and (2) not discriminating based on race/ethnicity and lowest on (1) asking if clients wanted to include family/friends in medical decisions, and (2) asking about religious/spiritual beliefs that might affect care
- Client survey results met independent t-test criteria for normality, homogeneity of variance, and sample size
- **Post-training NP scores increased**, though lacked statistical significance
- **Cultural Competence Assessment**
- Pre-training, 12 of 17 items qualified for inclusion in training module
- Post-training, 8 items had medium effect size and 2 had large effect size, indicating **training positively impacted 10 of 17 items**
- **Post-training responses to open-ended NP Qs**
- "I have been more thoughtful about identifying a cultural assessment tool to use. I have been more proactive about addressing cultural issues with my patients."
- "I have become more aware that I need to be cognizant of the cultural differences of my patients and make the proper adjustments to provide the best health care."



Discussion and Recommendations

- Social desirability may have influenced responses of 28 client respondents, given comments in survey margins, such as "she did a great job."
- Post-training client survey respondents included significantly fewer African Americans and Hispanics.
- It is unclear how the race/ethnicity of providers may have influenced client responses; 77% of NPs were Caucasian, 15% African American, and 8% Asian
- Resource intense items, such as procurement of resources, take much time, so it is unsurprising that effect size was small for these items
- Post-training NP improvements indicate NPs are willing to make changes to increase CC
- A longer timeframe with matched-pair analysis for clients and NPs is needed for future studies

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