12-8-2022

Innovating Cultural Competence Education for Nurses

Darian A. Frieson
dfrieso1@vols.utk.edu

Jennifer Patrick
jpatri17@utk.edu

Walker Ray Corless
wcorless@vols.utk.edu

Abigail Taylor Coulthard
vwr197@vols.utk.edu

Rebecca R. Fogerty
RFogerty@utmck.edu

Follow this and additional works at: https://trace.tennessee.edu/dnp

Part of the Maternal, Child Health and Neonatal Nursing Commons, Other Education Commons, and the Quality Improvement Commons

Recommended Citation
Frieson, Darian A.; Patrick, Jennifer; Corless, Walker Ray; Coulthard, Abigail Taylor; and Fogerty, Rebecca R., "Innovating Cultural Competence Education for Nurses" (2022). Graduate Publications and Other Selected Works - Doctor of Nursing Practice (DNP).
https://trace.tennessee.edu/dnp/54

This Presentation is brought to you for free and open access by the Nursing at TRACE: Tennessee Research and Creative Exchange. It has been accepted for inclusion in Graduate Publications and Other Selected Works - Doctor of Nursing Practice (DNP) by an authorized administrator of TRACE: Tennessee Research and Creative Exchange. For more information, please contact trace@utk.edu.
Innovating Cultural Competence Education for Nurses: A Quality Improvement Project

QI Project Team:
Darian Frieson, SRNA
Walker Corless, SRNA
Abigail Coulthard, SRNA
Dr. Jennifer Patrick, DNP, CRNA (UTK DNP Project Chair)
Rebecca Fogerty, Diversity, Equity, & Inclusion Vice President (Community Member)
Background of the Problem

- Policymakers have suggested organizational implementation of cultural competence education as a method to improve health outcomes, increase the quality of care and reduce health disparities, particularly in minority populations (Castillo & Guo, 2011).

- National research has largely revealed insufficient education or a complete absence of education, resulting in nurses that are not appropriately equipped to properly care for culturally diverse patients (Joo & Liu, 2020; Kaihlanen et al., 2019).

- Nurses at the project site reported that the cultural education was limited and insufficient.
Project Purpose and Goal

• **Purpose:** Educate nurses at UTMC on cultural competence via an educational module.

• **Goal:** Improve cultural competency levels of registered nurses on the Mother/Baby unit.
IMPLEMENTATION
Intervention

• Cultural Competency Module
  • Created with resources provided from the US Department of Health and Human Services Office of Minority Health

• Topics covered include:
  • Cultural competence
  • Cultural and social identity
  • Intersectionality
  • Race and racism
  • Effects of racism on maternal outcomes
  • Self awareness
  • Power
  • Bias
  • Microaggressions
  • Tools to provide culturally competent care
Participants

• Inclusion Criteria
  • RN licensure
  • Employed on 3W (Mother/Baby unit)
  • At least part time FTE
  • Completed current UTMC TMS cultural competence education module within the past 12 months

• Exclusion Criteria
  • On orientation
  • Per diem
  • Did not complete current UTMC TMS cultural competence education module within the past 12 months
Implementation & Data Collection

• Goal: 15 nurse participants
  • 3 West- 57 registered nurses

• Role of the nurses
  • Complete the module (20 min.)
  • Complete pre-test and post-test (10 min.)
  • Estimated time requirement ~30 minutes

• Data Collection
  • Sealed consent forms and pretest surveys were collected from the unit manager prior to educational module distribution
  • Sealed posttest surveys were collected from the unit manager two weeks after education module completion
  • Module feedback for PDSA cycles was collected from the unit manager and participants via staff meetings, 1 month after posttest collection.
FINDINGS
Aim Statement

• By October 2022, baseline scores of registered nurses that complete the cultural competency education module will increase by 20%.
# Statistical Analysis

<table>
<thead>
<tr>
<th>Survey questions (IAPCC-R tool) with Likert scales for answers</th>
<th>Descriptive statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Match pre-test and post-test scores confidential unique identifier</td>
<td>Paired T tests</td>
</tr>
</tbody>
</table>
**Sum of scores:**
Cultural Proficiency (91-100)
Cultural Competence (75-90)
Cultural Awareness (51-74)
Cultural Incompetence (25-50)
IAPCC-R Construct Scores

Score range: 5-20
IMPLICATIONS
Implications

• Cultural competency education significantly increased overall cultural competency levels of registered nurses on the mother/baby unit.

• Culturally competent education was associated with improved awareness, desire, skill, and encounters, which in turn supports the development of patient-centered care.

• Limitations:
  • Limited population size
  • Non-response error

• Strengths:
  • Project theoretical framework correlated with evaluation tool used
  • Reliability and validity
  • Protection of participant confidentiality
Questions?
References


