Clinical Problem
Introduction: The United States’ (US) population distribution according to race is becoming increasingly diverse (United States Census Bureau, 2010). Minnesota’s population currently is less diverse than the overall US population; however, populations of color are growing faster in Minnesota, 28% compared to 19% nationally (Statewide Health Data, 2010). Understanding the population served is the first step to meeting the needs of all patients in the organization.

Clinical Problem: In order to ultimately healthcare disparities, nurses need to function in a global society and participate in cultural competence education (American Association of Colleges of Nursing [AACN], 2008). Joint Commission (2011) identified the need for ongoing education for staff which is specific to the population served. The hospital did not have any way to measure staff’s cultural competence and competence training beyond a 20-minute video viewed upon hire. Less than one percent of the nurses had taken any additional courses in cultural competence offered through the facility in the last five years.

Objective: to evaluate the effectiveness of implementing an educational intervention for the nursing staff to improve their levels of cultural competence.

Clinical Practice Question
For nursing staff working in a rural urgent care (UC) and emergency department (ED), does the adoption of a cultural competence educational program focused on Hispanic culture impact the nurses’ level of cultural competence (immediately following the intervention completion and four weeks post-intervention) compared to the nurses’ level of cultural competence, prior to the implementation of the cultural competence educational program?

Review of Literature
Search results: Located 44 articles, four sets of Standards/Competencies included: 21 articles (14 studies & seven systemic and integrative reviews), two standards

Literature Search Method: Databases searched: CINAHL, Ovid, ProQuest, and Cochran Library

Search criteria: Studies that occurred during the period 2000-2011 were inclusive of descriptive studies, an expert consensus report, qualitative studies, quasi-experimental studies, randomized controlled trials (RCT), and systematic and integrative literature reviews.

Inclusion/Exclusion Criteria: Relevant key words addressing nursing, cultural competence, and/or educational interventions were searched. Articles not containing the key topics and search criteria and date range were excluded, as well as articles that did not observe the cultural intervention or the intervention was not targeted at healthcare workers; no evaluation of the intervention or only partial evaluation; or the article did not apply to the clinical practice question.

Key Words: cultural competence education, nursing cultural knowledge, Hispanic patients, UC and ED nurses, and Cultural Competence Assessment (CCA)

Standards Included:

* National Standards for Culturally and Linguistically Appropriate Services (CLAS) (Office of Minority Health, 2001)
* Advancing Effective Communication, Cultural Competence, and Patient-centered Care: A Road Map for Hospitals (Joint Commission, 2011).

Synthesis of Literature: Cultural competence was the outcome indicator used to measure success of implementing the evidence-based educational intervention. The Cultural Competence Assessment (CCA) was the tool utilized and designed for health care providers and staff. The tool consists of 40 questions, including 11 demographic, with the remaining questions composed of three subscales: cultural awareness and sensitivity (CAS), cultural competence behavior (CCB), and Marlow-Crowne Social Desirability (MC-SD). The MC-SD was used to determine whether respondents were answering truthfully or were attempting to manage how they were perceived.

Adult Learning Theory
The Adult Learning Theory (Knowles, 1984) is based on andragogy, the theory of education that helps adults learn. The theory consists of six principles that guided the development of the educational intervention to make it appealing and personal for nurses as adult learners. Support exists for the use of the Adult Learning Theory in implementing training programs (Queensland-Occupational Therapy Fieldwork Collaborative [QTOFC], 2007) and fits well with the proposed clinical intervention.

Principles of Effective Instruction:

* Learners are self-directed and internally motivated
* Learners are relevancy oriented
* Learners bring forth a foundation of knowledge and experience
* Learners are goal-oriented
* Learners appreciate respect for their knowledge
* Learners are practical

Cost/Benefit Analysis

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<th>Resource</th>
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<tr>
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<td>$461.194</td>
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Evidence-Based Practice Model
The evidence-based practice model chosen for this project was the Iowa Model of Evidence-Based Practice (IEMP). The Iowa Model has been found at the hospital level to be the most effective and suitable guide for the implementation of a change in nursing practice. The model combines current evidence with the views of nurses, the healthcare team, and the organization (Tieri, et al., 2001).

References