

# [A competent nurse must have the outlooks,](https://assignbuster.com/a-competent-nurse-must-have-the-outlooks/)

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Acomprehensive literature search was performed using the databases, CINAHL, PubMed, Medline, and OVID using the term cultural competent care and culturalcompetence training.  The search resultswere limited to 2012-2107 yielding 5361 articles.  The search was further narrowed down tocultural competency training of nurses, and 151 articles were retrieved.  Articles with cultural competency training oreffectiveness of cultural competence programs were included in the literaturereview.  A total of 10 articles werechosen based on the applicability to the DNP project.  With the rapid rise in the culturally diversepopulations, cultural competence training is considered as an effectiveintervention that empowers nurse to give culturally competent care thatincreases client satisfaction (Govere & Govere, 2016).

According to Truong, Paradies, and Priest(2014), there is a wealth of literature related to cultural competency and theeffectiveness of culturally competent training in improving client healthoutcome.   Clifford, Mccalman, Bainbridge, and Tsey (2015) stated that professional accreditation standards requirecultural competence training of the staff  be incorporated into the organizational policyto improve health outcome and increase patient experience. Govere and Govere(2016) explained in his study that it is essential that nursing staff to beculturally competent to provide culturally specific care and to increase clientsatisfaction.   Loftin, Hartin, Branson, and Reyes (2013) stated that a culturally competent nurse must have theoutlooks, knowledge, and skills necessary to provide quality care to thediverse population they serve.

Cultural CompetenceTraining: Cultural Awareness, Cultural Knowledge, and Cultural SkillCulturalcompetence training will enable the nurses to have cultural awareness, whichallows them to examine and explore one’s cultural background and biases, preconceptions, assumptions toward other cultures (Campinha-Bacote, 2011).   Renzaho, Romios, Crock, and Sonderlund(2013) stated that the lack of awareness about cultural differences could leadto a compromise nurse-client relationships making it difficult for the clientto achieve appropriate care.  A systematic review of reviews by Truong, Paradies, and Priest (2014) indicated that six of the eight reviews thatexamined the effectiveness of cultural competency training found evidence ofimprovement is staff’s awareness, knowledge, skills, and attitude.  Renzaho, Romios, Crock, andSonderlund (2013) conducted a systematic review of the literature examining theeffectiveness of patient-centered care (PCC) models incorporating culturalcompetence perspective found that significant improvements were evident in thestaff’s knowledge, awareness and cultural sensitivity (p <0.

001).  A study by Durey, Halkett, Berg, Lester, and Kickett (2017) found that a significant number of participants indicatedthat the workshop improved their cultural awareness and sensitivity.  Sixstudies in the systematic review of the literature by Govere and Govere (2016)on the effectiveness of cultural competence training revealed that culturalcompetence training intervention significantly increased the CC level of thestaff.  The research study evaluated theefficacy of the cultural competency training program for public health nurses(PHNs) using intervention mapping by Kyong and Hyeonkyeong (2016) revealedthat the training enabled the PHNs to deliver culturally competent care andprovide to their clients’ outcomes.  Cultural Competence Training: ImprovedHealth Outcome             Cultural competence training is aneffective intervention that enables nurses to provide culturally specific carethat improves health outcome (Govere& Govere, 2016; Campinha-Bacote, 2011).   Asystematic review of reviews by Truong, Paradies, and Priest (2014) stated thatseven out of the nine studies found a positive relationship between culturalcompetence training and improved client outcome. The primary positive findings reportedin the systematic review by Clifford, Mccalman, Bainbridge, and Tsey (2015)were improvements in staff’s assurance, clients’ satisfaction and access tohealthcare, therefore improving health outcome. Jongen, McCalman, andBainbridge (2017) conducted a systematic scoping review of 22 studiesevaluating health promotion services and programs to improve culturalcompetency and found that most commonly reported outcome were positive reportsof patient satisfaction, client service access, and program retention rates.

Kyongand Hyeonkyeong (2016) revealed that the training enabled the PHNs to deliverculturally competent care and provide to their clients’ outcomes.  McCalman, Jongen, and Bainbridge (2017)conducted a systematic appraisal of the organizational systems’ approachesimproving cultural knowledge in healthcare identified gaps in the literatureincluded a need for cost and effectiveness studies of system approaches to enhancecultural competence and the clarification of the effects of cultural competenceon client experience and wellbeing.   Cultural Competence Training: IncreasedSatisfaction Culturalcompetence training isessential for the nursing staff to provide cultural-specific, client-centered careand to increase client satisfaction (Campinha-Bacote, 2011).   Govereand Govere (2016) validated that there is extensive research on the effect of culturalcompetence of staff had conducted but not on the impact of culturalcompetence training on client satisfaction.  In search of the effectivenessof cultural competence training of healthcare providers on improving patientsatisfaction of minority groups, Govere and Govere (2016) conducted asystematic review of the literature, which revealed that five studies significantlyincreased client satisfaction. The primary positive outcomes reported in the systematicreview by Clifford, McCalman, Bainbridge, and Tsey (2015) were improvements instaff’s assurance, clients’ satisfaction and access to healthcare.

According to Fang, Sixsmith, Sinclair, and Horst (2016), the end-of-life (EoL) care services received by culturallyand spiritually diverse population are of poor quality and insensitive.  A scoping review carried out by Fang, Sixsmith, Sinclair and Horst (2016) investigated attitudes, behaviors, andpatterns of use of EoL care by diverse groups. The study identified barriers such as cultural disparities betweenhealthcare providers (HCPs) and clients/families requiring EoL care, under-utilization of culturally-sensitive EoL care models, language barriers, scarcityof mindfulness of cultural and religious diversity issues, omission of relativesin the decision-making process, etc. (Fang, Sixsmith, Sinclair, & Horst, 2016).

Spiritual and religious beliefs and practices become of utmostimportance when a person is approaching death, and it is vital that HCPsacknowledge and tailor their care to meet the diverse spiritual needs of theirclients to give them inner peace, hope, and quality-of-life (Fang, Sixsmith, Sinclair & Horst, 2016). Cultural Competence Training: AssessmentTool for Pre-Post Training            Inventory for Assessing the Process ofCultural Competency-Revised (IAPCC-R) is a tool designed by Campinha-Bacote(2011) to measure the level of cultural competency in nurses based on theprocess of cultural competence in the delivery of healthcare services.  IAPCC-R is a 25-item Likert-typescale measure five different concepts of cultural desire, awareness, knowledge, skill, and encounters and the tool had been reported with consistent averagereliability (Campinha-Bacote, 2011). The tool has been tested on nurses, nursing students, andother healthcare disciplines such as pharmacists, optometrists, and medicalstudents with established reliability (Cronbach’s alpha = . 81) and provenconstruct validity (Campinha-Bacote, 2011).  Loftin, Hartin, Branson, and Reyes (2013)reviewed how assessment tools test the effectiveness of the training bymeasuring nurses’ self-perception or self-reported level of culturalcompetence.  Eleven assessment tools wereidentified and reviewed by the authors and found that IAPCC-R was reliable withthe reported psychometric values with a content validity determined by fivenational healthcare experts in the field of transcultural nursing, and recognizedgroup procedure measured its content validity.

Campinha-Bacote (2011) reported average reliability of Cronbach’s alpha0. 83 for the tool, IAPCC-R. Loftin, Hartin, Branson, and Reyes (2013) reportedthe possibility of the person communicating what they believe to be the bestpublically suitable but not the most truthful answer as a limitation of thesetools.