

A competent nurse
must have the
outlooks,

[Life](#), [Relationships](#)



A comprehensive literature search was performed using the databases, CINAHL, PubMed, Medline, and OVID using the term cultural competent care and cultural competence training. The search results were limited to 2012-2017 yielding 5361 articles. The search was further narrowed down to cultural competency training of nurses, and 151 articles were retrieved. Articles with cultural competency training or effectiveness of cultural competence programs were included in the literature review. A total of 10 articles were chosen based on the applicability to the DNP project. With the rapid rise in the culturally diverse populations, cultural competence training is considered as an effective intervention that empowers nurse to give culturally competent care that increases client satisfaction (Govere & Govere, 2016).

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

Cultural Competence Training: Cultural Awareness, Cultural Knowledge, and Cultural Skill Cultural competence training will enable the nurses to have cultural awareness, which allows 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 lead to a compromise nurse-client relationships making it difficult for the client to achieve appropriate care. A systematic review of reviews by Truong, Paradies, and Priest (2014) indicated that six of the eight reviews that examined the effectiveness of cultural competency training found evidence of improvement in staff's awareness, knowledge, skills, and attitude. Renzaho, Romios, Crock, and Sonderlund (2013) conducted a systematic review of the literature examining the effectiveness of patient-centered care (PCC) models incorporating cultural competence perspective found that significant improvements were evident in the staff'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 indicated that the workshop improved their cultural awareness and sensitivity. Six studies in the systematic review of the literature by Govere and Govere (2016) on the effectiveness of cultural competence training revealed that cultural competence training intervention significantly increased the CC level of the staff. The research study evaluated the efficacy of the cultural competency training program for public health nurses (PHNs) using intervention mapping by Kyong and Hyeonkyeong (2016) revealed that the training enabled the PHNs to deliver culturally competent

care and provide to their clients' outcomes. Cultural Competence Training: Improved Health Outcome Cultural competence training is an effective intervention that enables nurses to provide culturally specific care that improves health outcome (Govere & Govere, 2016; Campinha-Bacote, 2011). A systematic review of reviews by Truong, Paradies, and Priest (2014) stated that seven out of the nine studies found a positive relationship between cultural competence training and improved client outcome. The primary positive findings reported in the systematic review by Clifford, McCalman, Bainbridge, and Tsey (2015) were improvements in staff's assurance, clients' satisfaction and access to healthcare, therefore improving health outcome. Jongen, McCalman, and Bainbridge (2017) conducted a systematic scoping review of 22 studies evaluating health promotion services and programs to improve cultural competency and found that most commonly reported outcomes were positive reports of patient satisfaction, client service access, and program retention rates.

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McCalman, Jongen, and Bainbridge (2017) conducted a systematic appraisal of the organizational systems' approaches improving cultural knowledge in healthcare identified gaps in the literature included a need for cost and effectiveness studies of system approaches to enhance cultural competence and the clarification of the effects of cultural competence on client experience and wellbeing. Cultural Competence Training:

Increased Satisfaction Cultural competence training is essential for the nursing staff to provide cultural-specific, client-centered care and to increase client

satisfaction (Campinha-Bacote, 2011). Govere and Govere (2016) validated that there is extensive research on the effect of cultural competence of staff had conducted but not on the impact of cultural competence training on client satisfaction. In search of the effectiveness of cultural competence training of healthcare providers on improving patient satisfaction of minority groups, Govere and Govere (2016) conducted a systematic review of the literature, which revealed that five studies significantly increased client satisfaction. The primary positive outcomes reported in the systematic review by Clifford, McCalman, Bainbridge, and Tsey (2015) were improvements in staff'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 culturally and spiritually diverse population are of poor quality and insensitive. A scoping review carried out by Fang, Sixsmith, Sinclair and Horst (2016) investigated attitudes, behaviors, and patterns of use of EoL care by diverse groups. The study identified barriers such as cultural disparities between healthcare providers (HCPs) and clients/families requiring EoL care, under-utilization of culturally-sensitive EoL care models, language barriers, scarcity of mindfulness of cultural and religious diversity issues, omission of relatives in the decision-making process, etc. (Fang, Sixsmith, Sinclair, & Horst, 2016).

Spiritual and religious beliefs and practices become of utmost importance when a person is approaching death, and it is vital that HCPs acknowledge and tailor their care to meet the diverse spiritual needs of their clients to give them inner peace, hope, and quality-of-life (Fang, Sixsmith, Sinclair & Horst,

2016). Cultural Competence Training: Assessment Tool for Pre-Post Training Inventory for Assessing the Process of Cultural Competency-Revised (IAPCC-R) is a tool designed by Campinha-Bacote (2011) to measure the level of cultural competency in nurses based on the process of cultural competence in the delivery of healthcare services. IAPCC-R is a 25-item Likert-type scale measure five different concepts of cultural desire, awareness, knowledge, skill, and encounters and the tool had been reported with consistent average reliability (Campinha-Bacote, 2011). The tool has been tested on nurses, nursing students, and other healthcare disciplines such as pharmacists, optometrists, and medical students with established reliability (Cronbach's $\alpha = .81$) and proven construct validity (Campinha-Bacote, 2011). Loftin, Hartin, Branson, and Reyes (2013) reviewed how assessment tools test the effectiveness of the training by measuring nurses' self-perception or self-reported level of cultural competence. Eleven assessment tools were identified and reviewed by the authors and found that IAPCC-R was reliable with the reported psychometric values with a content validity determined by five national healthcare experts in the field of transcultural nursing, and recognized group procedure measured its content validity.

Campinha-Bacote (2011) reported average reliability of Cronbach's $\alpha 0.83$ for the tool, IAPCC-R. Loftin, Hartin, Branson, and Reyes (2013) reported the possibility of the person communicating what they believe to be the best publically suitable but not the most truthful answer as a limitation of these tools.