

**Cultural Competence Educational Program in Psychiatric Mental Health Settings**

A Scholarly Project

Presented to

The Faculty of Regis College

In Partial Fulfillment

of the Requirements of the

Doctor of Nursing Practice Degree

by

Bruce Nsubuga, MSN, RN

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This scholarly practice project of \_\_\_\_\_, entitled \_\_\_\_\_ directed and approved by the faculty chair, has been accepted by the Nursing Faculty of Regis College in fulfillment of the requirements for the Doctor of Nursing Practice.

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Dean, Richard and Sheila Young School of Nursing

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Chair, Doctoral Scholarly Project Team, (credentials)

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Team Member, (credentials)

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Team Member, (credentials)

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Team Member, (credentials)

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Add an additional signature line for each additional team member

## **Chapter III: Methodology**

### **Introduction**

Cultural competence is an essential skill in healthcare, but many nurses still lack the training required to fulfill the cultural requirements of their clients. The lack of proper training has precipitated an increment in cultural incompetence. As such, this gap in practice can instigate poor patient outcomes, dissatisfaction with care, and misunderstandings in psychiatric settings (Arruzza & Chau, 2021). At the project site, numerous psychiatric nurses report challenges in delivering culturally appropriate care, which affects their ability to support clients from disparate cultural milieus effectively. Furthermore, the lack of cultural competence has been shown to impact the quality of mental health care quality and consistency. As such, the issue of cultural incompetence can be tackled by incorporating an evidence-based cultural competence education program to help clinicians provide equitable, culturally tailored care, especially for patients from diverse backgrounds (Arruzza & Chau, 2021).

The educational program will focus on enhancing key elements of cultural competency, such as cultural awareness, knowledge, and skill development. The rudiments of cultural competency aim to foster positive behavioral change among nurses and improve patient outcomes (Sahamkhadam et al., 2023). The cultural proficiency training will help psychiatric nurses understand cultural nuances, utilize effective communication techniques, and incorporate culturally sensitive practices into their care routines. Leininger's Culture Care Theory and the Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) model will guide the program, providing a theoretical and evidence-based foundation. The third chapter will encapsulate the methodology used for the scholarly project (SPP). As such, it will detail the project's design, guiding EBP model, methods, participant recruitment, ethical considerations, plans and

procedures, tools, and data analysis. The chapter's goal is to describe the program's design, implementation, and evaluation to measure its impact on enhancing cultural competence among psychiatric nurses in a Northeastern U.S. home care facility.

### **Project Design**

The project will use a quality improvement design, thereby assimilating current evidence-based practices to implement and measure a cultural competence educational program within a psychiatric unit. In addition, the project will be customized to address gaps in culturally competent care by augmenting nurses' cultural awareness, skills, and knowledge. The Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) model will serve as the project's basis. The model will enable the project investigator to leverage the PET approach comprising the practice question, evidence, and translation procedure, which is advantageous for structured EBP initiatives (Dang et al., 2022).

The primary goals are to improve cultural competence among psychiatric nurses and patient care delivery processes by providing culturally sensitive care. The project will also foster a more all-encompassing clinical milieu that acknowledges and respects patient's varied cultural upbringings. The probable results include improved cultural competence, as evaluated by the Vancouver Cultural Competence Checklist, and greater patient gratification regarding perceived cultural sensitivity in the care they receive.

### **Project Methods**

The Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) model will guide the project, bolstering the identification, gathering, translation, and application of evidence (Dang et al., 2022). The following model's PET process has three stages that expedite the evidence-based practice (EBP) approach.

***PET Procedure***

The first level of the PET process involves categorizing a practice question, which includes delineating the EBP issue, articulating the question, and affirming the project's goals. This stage will help the project lead form an interdisciplinary team, designate project leaders, involve stakeholders, and prepare for cohort meetings (Dang et al., 2022).

The second segment consists of the evidence level used to obtain, review, recap, and synthesize evidence and recommend practice modifications (Dang et al., 2022). The investigator thoroughly appraised studies probing cultural competence interventions in psychiatric settings. Some of the keywords used related to the practice question and using credible databases like PubMed and CINAHL to locate suitable evidence. The JHNEBP model buttressed the appraisal of quality literature, allowing the investigator to apply first-class studies directly relevant to the practice question (Dang et al., 2022). As such, the process expedited a well-founded synthesis of evidence to assess the effectiveness of cultural competence programs and identify existing gaps in the literature.

At the translation level, the principal investigator will translate evidence into practice by developing and implementing an actionable plan in the psychiatric unit. This phase will involve working with key stakeholders, including the project mentor and psychiatric nursing staff, to gain support and foster engagement in the initiative. The implementation plan will involve tailoring the educational program to fit the practice environment, with pre-and post-intervention assessments conducted using the Central Vancouver Island Multicultural Society's Cultural Competence Self-Assessment Checklist.

**Plan and Procedures**

The lead investigator will accumulate quantitative data to measure the educational program's influence on psychiatric nurses' cultural competence and patient results. Specifically, the Central Vancouver Island Multicultural Society Cultural Competence Self-Assessment Checklist will gather quantitative data such as nurses' cultural awareness, knowledge, and expertise (Argyriadis et al., 2022). In this case, the project lead will email survey links to participants to measure their baseline levels of awareness, knowledge, skills, and motivation for cultural competence. After implementing the program, a post-appraisal will be performed to evaluate changes in cultural competence. Additionally, training materials will include a PowerPoint presentation covering cultural competence, health inequalities, Leininger's scaffolding, and cultural aptitude concepts. These sessions will be scheduled during lunch breaks over two weeks, each lasting 30 minutes.

In the evaluation phase, the student will liken pre- and post-intervention scores from the tool to evaluate improvements in nurses' cultural competence and changes in care delivery processes. The findings will be shared with stakeholders and the organization (Dang et al., 2022). Lastly, a sustainability plan will be implemented, featuring ongoing training, regular monitoring, and institutional support, including adequate resources, to ensure long-term project viability.

### **Evidence-Based Clinical/Practice Question**

The student will use the following practice query throughout the project: *“In mental health settings (P), does implementing a cultural competence education program (I) compared to standard care (C) improve the effectiveness of cognitive health delivery processes (O) over eight weeks (T)?”*

#### **Setting**

The student will launch the project at a psychiatric unit within a home care agency in the Northeastern United States. The project will specifically take place in the facility's psychiatric department. Noteworthily, the home care agency serves individuals with mental health issues in the community, offering services such as in-home therapy, daily living activities, and medication management. The organization's capacity of 370 beds allows it to deliver rounded and wide-ranging treatment with ease and care to clients facing medical and psychiatric challenges.

### **Sample**

A sample serves as a representative segment of a larger population, allowing researchers to make inferences that can potentially be applied to similar populations (Andrade, 2020). The following are the rudimentary elements akin to a sample.

#### ***Recruitment Plan***

The project's primary investigator will obtain approval from the facility's quality appraisal committee, which undertakes improvement efforts. In particular, the committee's primary goals include classifying areas necessitating improvement, enabling constructive vicissitudes, guaranteeing compliance with established regulations, inculcating the workforce and practitioners, and accentuating key enhancement prospects (Polit & Beck, 2021). The board will be briefed on the study's purpose and significance, reasons for selecting the location, research details, and the commitment to upholding ethical standards. Besides the student will then collaborate with psychiatric nurse leaders and a project mentor to identify eligible participants based on established inclusion criteria (Purna Singh et al., 2023). The eligible respondents will receive informed consent documents via an email link detailing the project's goals, processes, expectations, and the voluntary nature of participation.

#### ***Sample Size***

Due to the trivial inherent nature of the project, the most suitable sample size is forty participants.

### ***Sampling***

A convenience sampling method will be used, allowing participants to be easily contacted. This approach is cost-effective, time-efficient, and practical for involving colleagues already working at the site (Purna Singh et al., 2023).

### ***Inclusion Criteria***

The project investigator will include registered nurses and psychiatric nurses at the site. The key qualifications for the inclusion criteria include having a nominal of two years of nursing experience and direct care for clientele in the psych unit.

### ***Exclusion Criteria***

On the contrary, nurses with less than two years' experience, nurses positioned in other departments, and directorial personnel not directly engaged in psychiatric patient care.

### **Ethical Consideration**

Ethical considerations are fundamental to the successful conduct of any scholarly project, particularly one involving human participants. This project will focus on a cultural competence education program for nursing staff to improve mental health service delivery for diverse patient populations. Adhering to ethical principles ensures that participants are protected, respected, and fully informed about their involvement in the study. The primary ethical considerations in this project include informed consent, beneficence, respect for secrecy and confidentiality, and respect for privacy.

### ***Informed Consent***

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The student will provide each human subject with an informed consent document that clearly outlines all relevant information about the project of cultural competence. In addition, the informed consent form will also be concise and discuss the respondent's right to voluntarily participate or opt-out (Polit & Beck, 2021). The document will detail the project's goals and objectives, explain the data collection procedures, and describe how participants will be involved. It will also include a clause ensuring the discretion and obscurity of the respondents. Crucially, the human partakers will be informed of their choice to withdraw from the study at any time without facing any consequences. The investigator will seek approval from the Institutional Review Board (IRB) at Regis College and the hospital's quality improvement branch to guarantee that the project is conducted morally and that respondents' privileges and safety are safeguarded.

### ***Beneficence***

The principle of beneficence requires the project investigator not to expose participants to harm and instead maximize benefits while minimizing risks. Therefore, the project lead will ascertain that every effort will be made to prevent participant harm (Polit & Beck, 2021). The cultural competence education program is designed to enhance skills and improve patient outcomes, providing potential benefits for participants' professional development and patient care quality. Risks are anticipated to be minimal, as the study involves educational intervention. Nonetheless, any potential discomfort or unintended negative consequences of the intervention will be monitored and addressed promptly to ensure participants' well-being.

### ***Anonymity and Confidentiality***

The project lead will respect the participants' anonymity and confidentiality in order to uphold trust and integrity throughout the research process. Per se, the respondents' data will be

de-identified by assigning codes to participants rather than using personal identifiers. Consequently, only their aggregate data will be reported, ensuring no individual can be identified from the findings. Furthermore, access to any identifying information will be restricted to the research investigator, and data will be stored securely in encrypted files to prevent unauthorized access (Polit & Beck, 2021). These measures will help protect participants' identities and maintain the confidentiality of their information.

### ***Respect for Privacy***

Respecting partakers' privacy is critical, mainly when dealing with sensitive topics such as cultural competence and mental health care. Hence, the participants will be informed about the collected data types and how the information will be used. They will have control over the extent of their participation in completing the cultural competence self-assessment questionnaire and the volition to refuse to complete any queries they feel uncomfortable with. As a result, this strategy will play a focal role in respecting their right to privacy (Polit & Beck, 2021).

### **Tools/Instruments**

This project's primary data collection tool will be the Cultural Competence Self-Assessment Checklist developed by the Central Vancouver Island Multicultural Society. The checklist is a validated and consistent instrument specifically designed to assess health professionals' cultural competence regarding cultural awareness, knowledge, and skills. The tool helps participants self-reflect on their ability to interact effectively in culturally diverse settings, making it highly suitable for this project, which aims to improve the cultural competence of psychiatric nurses in a cognitive health delivery setting (Argyriadis et al., 2022a).

The Cultural Competence Self-Assessment Checklist will be used to measure changes in cultural competence among nurses pre- and post-intervention (Argyriadis et al., 2022). In this

case, the tool will evaluate three main areas: cultural awareness, knowledge, and skills. This aligns with the project's goal of augmenting these competencies to improve cognitive mental health delivery. The tool will enable the respondents to recognize strengths and areas for improvement in their ability to work in diverse cultural settings (Argyriadis et al., 2022). Consequently, the instrument will bolster the project's objective of fostering cultural proficiency, awareness, and sensitivity within the continuum of psychiatric care.

The cultural competence checklist is grounded on a Likert scale format, in which participants rate their responses to items that assess cultural awareness, knowledge, and skills. In this light, the checklist includes multiple items that address specific aspects of cultural competence across the three domains. The founders of the questionnaire ascertained that the Likert scale items are structured so that the participants can indicate the magnitude to which they agree or disagree with statements (Argyriadis et al., 2022). The scale enables capturing the degree of cultural competence among respondents.

It is essential to note that the cultural competence cohort focuses on fathoming cultural distinctions, self-awareness, and stereotypes. In this light, more excellent scores indicate a more developed awareness of cultural differences. On the other hand, the cultural knowledge scale dictates elements that assess understanding of cultural histories, discrimination, and cultural boundaries. As such, a high score reflects enhanced knowledge, and vice versa is true. The cultural expertise section includes questions on diversity acceptance, support for individuals from various backgrounds, and communication skills (Argyriadis et al., 2022). Thus, in this segment, superior scores denote better pragmatic competence. The student investigator will use the tool to measure participants' cultural competence before and after the education intervention.

In this case, the post-intervention scores that are higher than the pretest scores will suggest improvement in cultural competence and enhancement in the quality of healthcare delivery.

### ***Validity and Reliability***

The Cultural Competence Self-Assessment Checklist has been validated for use among healthcare professionals. According to Argyriadis et al. (2022), the tool's reliability was established using Cronbach's alpha with average values of 0.78 across the three sections, indicative of a great level of internal homogeneity. A confirmatory factor analysis (CFA) also validates the tool's structure, confirming its robustness and reliability for assessing cultural competence. These metrics bolster the use of the checklist in the project, ensuring that it provides consistent and accurate data to measure changes in cultural competence.

### **Data Analysis**

The Cultural Competence Self-Assessment Checklist is structured as a Likert scale tool; thus, the ordinal-level data will be analyzed. A paired t-test will be employed to liken pre- and post-intervention scores. Per se, the paired t-test will help corroborate if there is a statistically striking variance in mean scores before and after the intervention. The approach will aid in evaluating improvements in cultural competence domains of cultural awareness, knowledge, and skills. The robust reliability and validity of the tool further justify its use in this project, ensuring that the data collected will be appropriate for evaluating the effectiveness of the intervention. The data will be managed using the online software program Intellectus Statistics. In addition, demographic data will be collected through the demographic data sheet comprising various measures, including means, medians, frequencies, and percentages to summarize participant characteristics like age, gender, and years of experience.

### **Summary**

In conclusion, the chapter discussed vital components such as the project's site, actions, design, informed consent, inclusion and exclusion measures, IRB approval, tool, and data analysis. The project will comprise a sample size of forty human subjects who will complete pre- and post-intervention queries. Besides, the students will ascertain that they adhere to the ethical standards required for conducting research with human subjects and foster a trustworthy environment that encourages honest and open participation. The Cultural Competence Self-Assessment Checklist is an effective and unwavering tool for assessing changes in cultural competence among nurses. The instrument will provide comprehensive data to gauge the influence of the intervention on nurses' cultural awareness, knowledge, and skills, ultimately supporting the project's aim of boosting cognitive health delivery procedures.

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## Index of comments

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- 9.1 Primary Investigator-not student
- 9.2 You called it a committee earlier in the chapter, be consistent
- 9.3 See notes about this