

Increasing Cultural Sensitivity: Development of a Tool Kit

by

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A report submitted to the

School of Graduate Studies

in partial fulfillment of the requirements for the degree of

Master of Nursing

School of Nursing

Memorial University of Newfoundland

January 2015

St. John's

Newfoundland and Labrador

ABSTRACT

Issues and Objectives: Incorporating cultural considerations into the patient's plan of care promotes patient safety and satisfaction (Smith, 2010). This was identified as an area of improvement for Carbonear General Hospital (CGH) therefore a Tool Kit was developed.

Practicum Methods: A literature review was conducted to identify key elements of culturally competent care and to identify tools to promoting such care. In order to identify current practices, key issues, needs and available resources, consultations were conducted with three groups of key stakeholders: nurses and managers from CGH, support services and client relations.

Results: Information collected led to the development of a Tool Kit, consisting of three sections, which will assist nurses from CGH in delivering culturally competent care. The *Decision Tree* outlines the steps to follow and identifies the cultural characteristics to assess. The *Cultural Assessment Guide* lists each cultural characteristic, reason to assess it, relevant assessment cues and questions, and interventions. The *Resources and Strategies* section summarizes relevant resources, suggested strategies and helpful tips that provide guidance and clarification regarding the cultural needs.

Conclusion: The developed *Increasing Cultural Sensitivity Tool Kit* is ready for trial at CGH. After the completed trial period, revisions will be made as necessary and it will be determined if the Tool Kit can be adapted for regional implementation.

Key words: *culturally competent care, nurse(s), tool kit, cultural assessment, cultural characteristics*

ACKNOWLEDGEMENTS

I would like to take this time to acknowledge Dr. Donna Moralejo, professor from Memorial University of NL, who provided guidance and support throughout the completion of the practicum.

I would also like to acknowledge Dr. Mollie Butler, Director of Professional Practice, who provided senior management support to the project from Eastern Health. As well as my colleagues at Carbonear General Hospital who is always there to offer support.

Finally, I would like to acknowledge my family who was very supportive and understanding throughout the entire process.

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Leininger's Theory of Culture Care Diversity and Universality, developed in 1991, discussed how cultural needs influence the outcome of the individual; patients should be engaged in identifying their cultural needs so that their consideration can be integrated into their care. This will then lead to a higher quality of care and satisfaction (Rosenbaum, 1995). In order to integrate cultural needs into patients' care, nurses need to understand what to assess, how to assess and then what interventions to implement in order to meet the care needs. In order to meet these needs for the nurses at Carbonear General Hospital, this practicum focused on developing a Tool Kit that will be used to integrate cultural considerations into their patients' plans of care.

Background

A focus of Eastern Health has been on the development and dissemination of its statement of rights and responsibilities for patients (2013a). This document signifies the importance of the partnership that is essential between the patient and the caregiver in order to ensure that safe and quality care is provided. Patients are informed that they have the right to have care delivered in their preferred language that respects all levels of diversity, including culture. They are also informed that they have the responsibility to inform their care providers of any special considerations or needs. While this partnership may be the goal, a recent Patient Experience of Care survey revealed that patients did not perceive that healthcare providers were respecting their rights. The survey results indicated ratings for cultural sensitivity for Eastern Health as ranging from as low as 66.1% for Ambulatory Care to the highest being only 74.3% in the Surgery program.

These scores were deemed by the organization to be unacceptable and while they did not set a target they felt that there was room for improvement (Eastern Health, 2013b).

Historically, Newfoundland and Labrador had been a province with little cultural diversity; however this is changing with a noted increase in diversity. With increasing immigration nursing must alter its practice to ensure that the rights of the patient are respected and care provided is culturally competent. Eastern Health has resources that can assist in the provision of culturally competent care, such as translation services and pastoral care. However, based on the results of the survey, patients are not being asked about what resources they need or directed on how to avail of the services. The nursing assessment form prompts the nurse during the admission to ask the patient about language preference and religion but does not explore other cultural considerations. There has been no demonstration that this is effective in individualizing care; identification of only language and religion is not enough. Nurses need to know how to avail of resources that are available within Eastern Health in order to implement an appropriate plan of care. Identification of resources and appropriate questions and actions will assist in the integration of cultural sensitivity into practice.

Eastern Health is a large region with services dispersed throughout; the challenge for nursing at Carbonear General Hospital (CGH) is unawareness of what resources are available to them and their accessibility. The developed Tool Kit will assist in guiding nursing assessment and provide the information that nurses need on how to avail of resources within Eastern Health so that patients' care plans can be individualized to better reflect their needs. By integrating cultural considerations into patient care, nurses will

increase quality of care while maintaining the values of Eastern Health: respect, fairness, integrity, connectedness and excellence.

Practicum Goals and Objectives

The overall goal of the practicum was to develop a Tool Kit that will guide nursing assessment, identify appropriate resources and provide nurses with direction on how to access resources and implement interventions in order to integrate cultural sensitivity into patient care at CGH. The following objectives were set at the onset of the project:

1. Assess nurses' needs with respect to assessing patient issues and accessing and utilizing cultural diversity resources available at Eastern Health;
2. Compile a list of resources available to nurses within Eastern Health to assist with integrating cultural sensitivity into practice;
3. Develop a Tool Kit that is evidence-based and links nurses to appropriate resources and strategies;
4. Develop a plan for the implementation and evaluation of the Tool Kit; and
5. Demonstrate the relevant Advanced Nursing Practice competencies.

Overview of Methods

The following methods were used in order to develop the Tool Kit:

1. Literature review: a search was conducted to find pertinent literature regarding previous research and articles in order to:

- a) Demonstrate the importance of integrating cultural sensitivity into nursing practice and its effects on quality patient care.
 - b) Identify content that would be relevant to the Tool Kit.
 - c) Identify assessment tools and resources that could be used or refined to meet the needs of Carbonear General Hospital.
 - d) Identify issues that may be encountered when implementing this type of resource.
2. Consultations: Key nurses and managers, service providers, and client relations staff were consulted in order to identify needs and resources. A separate proposal was written regarding methodology of consultations.
 3. Use the results to develop the ‘Increasing Culturally Sensitive Care Tool Kit’ and a plan for the implementation and evaluation of the Tool Kit.

Overview of Results

This section will provide an overview of the literature review, consultations, Tool Kit and the implementation and evaluation plan.

Summary of the Literature Review

Literature was searched to define culturally competent care, its importance and its challenges, in efforts to identify methods that can enhance its delivery. In order to achieve this both PubMed and CINAHL were searched utilizing the key words: cultural sensitivity, cultural diversity, transcultural nursing, cultural awareness, nurse(s), resource, tool(s), model(s), strategy (ies), integration and navigation. While there was no limitation placed on year of publication, literature was limited to English only. Lists of abstracts

and articles were then reviewed in order to retrieve full text articles that were relevant. After review of the articles it was determined that there were consistent themes found in the literature. These included defining culturally competent care, why culturally competent care is important, challenges to delivering this type of care, conceptual frameworks that describe how culturally competent care is developed, assessment tools that can guide nursing on how to assess cultural needs in the patient and a collective list of what cultural characteristic should be assessed. The results of the literature review are summarized by themes. The full literature review can be found in Appendix I.

Defining culturally competent care and its importance. The literature provides no true definition of cultural competence, however it does provide global characteristics. Cultural competence is seen as the ability of nurses to work with patients in order to incorporate cultural considerations into care plans without compromising patient safety. Culturally competent care focuses on the uniqueness of individuals, demonstrating respect for the role that culture plays in illness, wellness and recovery (Canadian Nurses Association (CNA), 2000; Smith, 2013). The needs of individual patients need to be assessed so that the plan of care can be focused and optimize recovery.

Culturally competent care is important since care is potentially unsafe when nurses fail to demonstrate respect or when they discriminate against patients. Failure to incorporate cultural considerations can lead to misdiagnosis, noncompliance with treatment, low satisfaction and poor health outcomes (Smith, 2013; Taylor, 2005). After all if a patient feels that his/her needs are not being met or respected then he/she is less likely to follow a treatment regime or actively participate in recovery.

Challenges in delivering culturally competent care. There were a number of things identified in the literature that can challenge the nurse's ability to deliver care that is culturally competent. The first challenge is the nurse's lack of experience with cultural assessments or dealing with a patient from a different culture. Lack of experience can make the nurse uncomfortable with asking questions or identifying cultural needs. The novice in this area may not be comfortable enough to delve deeper and may feel that asking questions regarding cultural needs is imposing on the patient's privacy (CNA, 2000; Taylor, 2005).

The second challenge found in the literature is the general lack of "know-how". The nurse just may not know how to approach the subject or even why they should look at cultural considerations (CNA, 2000; Taylor, 2005). The third challenge is known as cultural blindness. This is reported as the tendency for people to be ingrained in their own culture and not recognize how others are different or how their beliefs impact their interpretation. It is the philosophy that everyone is the same (Taylor, 2005). Matching delivery of care with the wishes of the individual was the fourth challenge discussed in the literature. Nurses in this situation may need to act as a negotiator. Not all cultural beliefs will be appropriate to integrate into the care of the patient. Some cultural practices can be detrimental to the health of the patient and if practiced could lead to negative outcomes based on today's standards and knowledge base. As the negotiator the nurse needs to gather information of why the ritual is important and what it represents, educate the patient on why it is perceived to be negative and then identify alternatives with the patient. The goal would be to create a plan that can satisfy both the needs of the

patient and requirements for care. However in times when the needs cannot be met then an ethical consult could be required to help resolve the situation and determine which actions should be maintained (Smith, 2013). Challenges have to be overcome in order to promote a collaboration in care which leads to better sharing of information between patient and nurse, overcoming the potential of harm.

Development of competence. With education and repeated exposures to cultural experiences nurses build a heightened understanding of the importance of culture and how to integrate it into their practice. Achievement of cultural competence is reached when the nurse is able to demonstrate respect for cultural differences and integrate those differences into an individualized plan of care for the patient. This ability is a progressive skill that is strengthened with reflection and education. Reflection is the ability of nurses to look at their own beliefs and the role beliefs play in patient interactions. It creates an awareness of any biases, prejudices, values, attitudes, and assumptions in order to be more aware of how culture can impact care. Reflection will help avoid negative tendencies such as cultural imposition where nurses unknowingly impose beliefs onto others. The next important factor in developing the ability to deliver culturally competent care is heightening the level of cultural knowledge through education. Suggested topics include factors that contribute to health care and its disparities, use of interpreters and other aspects of cross-cultural communication, how to conduct transcultural assessments, and how to integrate cultural needs in to the health care delivery. Training should be general in that the care provider gains knowledge and skills to be able to assess and approach any culture. Caution should be given to only

focusing attention to one particular culture in order to avoid stereotyping or generalizations (Barrow, 2011; Campinha-Bacote, 2001; Mancuso, 2011; Smith, 2013).

There are different frameworks and models that can guide the development of culturally competent care. The Campinha-Bacote model explains that individuals become increasingly competent in cultural care by progressing through stages. Progression occurs with increasing exposure to education and cultural encounters. The first stage is *cultural awareness* where focus is on heightening self-awareness of personal culture and how it influences actions and decisions. Next is *cultural knowledge* which looks at beliefs and values. The next focus is *cultural skill* where the ability to collect information about another's culture is the focus. The fourth stage, *cultural encounter*, is highlighted by the ability to interact with other cultures and the final stage is *cultural desire*, which is signaled by the motivation to engage in the process and having the desire to work with others and multiple populations. This progression builds the skills to work in cross-cultural interactions. It is not concerned with knowing everything about various cultures, rather it is the ability to engage and respect differences (Bourque Bearskin, 2011).

Leininger looked at transcultural nursing as a method of nursing that compares differences and similarities between cultures in order to predict care needs. It is a progressive model where the individual moves from cultural incompetence to a level of proficiency. The focus is on tailoring nursing care to identify similarities and differences between the patient's culture and those of the organization so that care could be specific to the individual. The diversity in culture cannot be ignored since omission of these

practices can lead to patient safety issues. Practice should focus on communication skills, language needs and food considerations (Allen, 2009; Hern, Vaughn, Mason & Weitkamp, 2005; Jeffreys, 2008).

In 1998 Purnell and Paulanka looked at a linear model where an individual moves from a level of unconscious incompetence care where individuals are not aware that they are lacking knowledge to a final level of unconscious competence where they automatically integrate cultural considerations into care. This progression comes from increasing exposure and experiences with the delivery of care to cross-cultural populations. As with the other frameworks, the focus is not on knowing everything about all cultures, rather to engage and respect differences (Barnes, Craig & Chambers, 2000).

Care should not be based on the cultural norm, rather a care plan should be developed based on the information gathered about the individual through a cultural assessment. Assessment models have also been developed that list cultural considerations that should be assessed when providing culturally competent care. Davidhizar and Giger developed the Transcultural Assessment model which guides the nurse on what cultural characteristics to assess and how. Its focus is on questions that could be asked in a respectful, non-judgmental manner. The model looks at biological variations which include genetic variations and physiologic differences, personal space, time, environmental control, food preferences, social organizations and recognizing family structure, and communication (Ardoin & Wilson, 2010; Lowe & Archibald, 2009; Mancuso, 2011; Newman Giger, Davidhizer & Fordham, 2006).

Assessment tools. The authors described similar elements that were important in assessment tools. Assessment tools provide defining characteristics of predominant cultures, use of assessment questionnaires and lists of cultural considerations to be assessed and why. Too much focus on defining cultural aspects rather than general assessments can lead to generalizations or stereotypes (Mancuso, 2011; Taylor, 2005). Elements identified in the literature to assess were: verbal and non-verbal communication; religious beliefs; personal space; modesty and personal touch; diet and nutrition; physical assessment and overview of heritage; family roles and organization; pregnancy and child-bearing practices; end of life care; healthcare practice; plan of care; pain; time; and care from the opposite gender (Ardoin & Wilson, 2010; Lowe & Archibald, 2009; Mancuso, 2011; Newman et al., 2006).

Conclusion. There really was not one framework or model that encompassed all that I wanted for the development of the Tool Kit. All of them focused on the development of the skills but neither covered all of the possible cultural characteristics to assess. The assessment tools in the frameworks also did not guide nurses on what to do once they assessed the cultural characteristic; they provided no linkage to possible resources or strategies. It was determined through the review of the literature that a Tool Kit was needed that would provide an assessment tool that identifies cultural characteristics, provides guidance on how to complete an assessment and indicates what resources or strategies are needed in order to develop an individualized care plan.

Summary of Consultations

Consultations were conducted with three groups of key stakeholders, including nursing staff and managers from Carbonear General Hospital, service providers and a Quality and Clinical Safety Leader from client relations. Information was gathered through focus groups and individual interviews. Out of the ten nurses invited to participate in the focus group, only two participated, however an additional two nurses participated in personal interviews. Out of the five nurse managers who were invited to participate in a focus group, only three participated with an additional participant through a personal interview. Information was collected from service providers through telephone interviews. Approval from the Health and Research Ethics Authority was not obtained prior to consultation since, according to the Health and Research Ethics Authority Screening Tool, the purpose of the project was for quality improvement and not research. The project was supported by management at Eastern Health. Verbal consent was obtained from participants prior to any consultation. A brief summary of the consultation report is provided here. The full report can be found in Appendix II.

Overall nurses and managers at CGH could clearly describe why culture was important to be considered in developing the plan of care for any patient. However the nurses discussed their limited experience with cultural encounters. They did not have an assessment tool that would guide them on what they should be assessing regarding culture. Currently they are only prompted to ask about language and religion during their current nursing assessment. While they knew that there were resources available, the nurses felt that they did not know how to gain access. They reported that they would rely

on their manager to guide them if needed. Managers felt that they knew who to ask for assistance, naming the pastoral care program and the quality and risk program, but were uncertain of exactly what resources were available. Both the nurses and their managers were only certain about translation services but reported they have never used it since in the past they relied on family members to assist.

Key stakeholders from service providers identified that interpretation services is the only true regional resource available. They provided explanation of the navigation role and coordinator role that the pastoral care program can provide for different faiths. They reported that they can be used to connect with outside agencies that can offer support to patients and their families. The representative from Food Services felt that nurses were adept at communicating dietary needs and supported the use of the dietician when there were questions regarding dietary requirements.

It was noted throughout the consultations that currently nurses only know of the local clergy and are not aware of accessing religions outside of local denominations. Also, nurses have the perception that they do not have the time to focus on the cultural needs, they perceive that time is an issue with conducting cultural assessments or availing of the available services. Finally there is a need for more focus on patient advocacy and inclusion of family in developing a plan of care.

Overall the consultations echoed what was found through the literature review. Nurses at CGH require a guide that will assist them with cultural assessment and the resources available within Eastern Health.

Overview of Tool Kit

From the literature review and consultations a Tool Kit was developed that consists of three sections: the *Decision Tree*, the *Cultural Assessment Guide* and the *Resources and Strategies* section. The *Decision Tree* provides the nurse with a visual outline for a cultural assessment. The *Cultural Assessment Guide* consists of a table that separates cultural considerations by category in alphabetic order. Each category names the cultural consideration, the reason for assessment, assessment cues and suggested questions that can be used for assessment, and the pertinent interventions. The *Resources and Strategies* section provides further information about the interventions and resources listed in the *Cultural Assessment Guide*. For each cultural characteristic, the following are provided as relevant: resources that can be local or regional, strategies that can be used to guide care or provide methods to adjust approach of care or actions, and helpful tips that provide more information about a characteristic to assist with ease of assessment. A brief description is provided here of the *Increasing Cultural Sensitivity Tool Kit*; the full Tool Kit can be found in Appendix III.

The *Decision Tree* lists the four main steps. Step one is the initiation of the cultural assessment. When prompted by the demographic screen in the current computer charting system, Meditech, to clarify religion and language, nurses need to initiate the cultural assessment. Once prompted every patient is assessed for cultural considerations A-I. These categories are:

- A. Communication (verbal and non-verbal);
- B. Religious beliefs;

- C. Diet and nutrition;
- D. Family roles and organization;
- E. Heritage and cultural supports;
- F. Personal space;
- G. Modesty and personal touch;
- H. Treatment plan; and
- I. Perception of healthcare.

For each of the characteristics the nurse then refers to the *Cultural Assessment Guide* to identify the reason for assessment, suggested questions that can be asked to the patient or family to learn more about the characteristic, and assessment cues that may prompt the nurse to look further into a characteristic. For example if the patient continuously backs away when approached, the nurse may need to explore more about personal space or healthcare perception. It is important to note that throughout the interaction assessment findings should be validated with the patient or family.

Once this section is completed, the *Decision Tree* then leads the nurse to step two which explores additional cultural considerations. Depending on the reason for admission or assessment cues, additional characteristic to be assessed are labelled under categories J-N. These are:

- J. Care from the opposite gender;
- K. Time;
- L. Pain;

M. Pregnancy and child-bearing; and

N. End-of-life care.

Again the nurse will follow the *Cultural Assessment Guide* to further explore each of these characteristics.

The *Decision Tree* then guides the nurse to the third step which looks at interventions. For each of the characteristics assessed the nurse refers to the interventions section of the *Cultural Assessment Guide* to guide them to the *Resources and Strategies* section of the Tool Kit. Possible interventions include resources, strategies, and /or helpful tips. Finally the *Decision Tree* will guide the nurse to the care plan development. This is where the nurse will validate the interventions with the patient and/or family to determine whether they will meet his/her needs. The nurse will then proceed with the implementation of the validated interventions into the patient's plan of care.

Summary of Implementation and Evaluation Plan

The developed Tool Kit has been reviewed by members of the focus groups and management support, however due to time constraints it has not been placed into practice. Instead an implementation and evaluation plan has been developed. The first steps are to make the Tool Kit available to nurses and to provide education to the nurses about how to navigate the Tool Kit and implement it into their current nursing assessment practices. The Tool Kit will be trialed at CGH for one year since it was developed with resources only pertinent to that site. Its effectiveness will be evaluated through three sources: nurses, patients and support services. Surveys will be conducted to get feedback from nurses regarding the completeness, usability and clarity of the Tool Kit. Patient

satisfaction will be evaluated using the same Patient Experience of Care survey in order to determine whether patients perceive that their cultural needs are being met. Finally, feedback will be obtained from the key stakeholders from support services to determine if they see an improvement in the uptake of their services or whether there are improvements from their original concerns. Evaluation results will be reviewed to make revisions and to determine whether the Tool Kit can be adapted to be used in other areas of Eastern Health.

Advanced Nursing Practice Competencies

Through the completion of this practicum the following three Advanced Nursing Practice Competencies have been demonstrated: research competency, leadership competency and collaboration and consultation competency.

Research competency is demonstrated when a nurse is able to collaborate with members of the health care team in order to identify, conduct and support research that can improve nursing practices. It is demonstrated through the capability to critically analyze, interpret and apply findings that are evidence-based. It is highlighted by the ability to incorporate research findings into practice (CNA, 2008). For example, over the course of the practicum a literature review was completed where abstracts and articles were gathered and then reviewed in order to determine pertinent information to the topic of culturally competent care. The results were then incorporated into the Tool Kit, illustrating research utilization. Focus groups and interviews were used to obtain information from key stakeholders, illustrating application of research methods even though this was not a research study. The development of a Tool Kit was completed

based on the evidence from the literature and stakeholders to improve nursing practice and the quality of care provided.

Leadership competency is the predominant competency demonstrated throughout the practicum. Some of the defining characteristics of the leadership competency are focusing on improving nursing practice through fostering change, and finding new methods to enhance the delivery of care that will benefit the public. The goal is to improve quality of care and identify gaps in services that require further education or support for nurses or other members of the health care team. The leadership competency is also focused on developing programs that will focus on the education needs for the interdisciplinary team in order to eliminate any gaps in providing care (CNA, 2008). Essentially the development of the Tool Kit and the potential changes it can have on the care provided by nurses illustrates all of these various aspects including developing programs to address an identified gap to improve quality of care. Through the implementation of the Tool Kit nurses at CGH will be educated and guided on how to provide a higher quality of care that is culturally competent.

Collaboration and consultation competencies are defined as the ability to consult and collaborate with members of the health care team to develop quality improvements (CNA, 2008). The Tool Kit was completed after consultations with key stakeholders about what they perceived should be included. This process enabled the Tool Kit to have a comprehensive list of resources and strategies that will guide nurses on providing culturally competent care. The consultation was the initial stage in collaboration with respect to implementation of the Tool Kit, as their input will ease the process. By having

their input, relevant resources were included which will improve the credibility of the Tool Kit, and it is anticipated that those who use it first will find it helpful and share that feedback with others, which might encourage others to use it.

Conclusion

After review of the literature and consultations with key stakeholders a Tool Kit was developed that will provide guidance to nurses on what cultural characteristic to assess, how to assess it and then what intervention to use to ensure that the care provided is reflective of the patient's cultural needs. The next step is implementation and evaluation of the Tool Kit. Results of the evaluation will be used to revise the Tool Kit as needed and to adapt it to other areas of Eastern Health.

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Appendix I: Literature Review

**Providing Culturally Competent Nursing Care:
A Literature Review**

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Culture encompasses more than just race, ethnicity, language, sexual orientation and gender identity; it also includes biological impact and disease susceptibility based on genetics, physical responses to age and gender, social impact on values, beliefs and views, spiritual beliefs, environmental, economic, psychological and political influences (Smith, 2013). The management of our health and wellness is impacted by many factors including culture, beliefs, religion, age and socioeconomic status. Individuals from minority cultures have been found to experience a poorer health status and more dissatisfaction with their episode of care than those of the dominant culture (Allen, 2010; Barrow, 2011). The provision of nursing care should be holistic, in which cultural considerations and beliefs are included in the development of a patient's plan of care and help guide interactions (Barnes, Craig & Chambers, 2000; Smith, 2013). The purpose of this literature review is to define culturally competent care and to explore not only why it is important but also the barriers encountered when integrating the concept into practice. It will also focus on the strategies that define how nurses refine their ability to provide culturally competent care. The literature review will also discuss the various components of culture that need to be considered when nurses are faced with assessing cultural needs and individualizing care.

Literature Review Method

The literature was searched to define culturally competent care, its importance and challenges, as well as methods that can enhance its delivery. Also included in the review are various strategies for the development of cross-cultural care and the elements that should be included in a cultural assessment. The search was conducted utilizing

PubMed and CINAHL. Key words for the search included cultural sensitivity, cultural diversity, transcultural nursing, cultural awareness, nurse(s), resource, tool(s), model(s), method(s), strateg(ies), integration, and navigation. Literature was limited to English but no limitation was set on year of publication. Lists of abstracts and articles were reviewed in order to retrieve full text articles that were relevant. Details of selected studies can be found in the tables in Appendix A. The authors' names will be highlighted in bold print if the study is summarized in the Appendix.

Characteristics of Cultural Competence

The literature provides no true definition of cultural competence, however it does provide global characteristics. Cultural competence is the ability of nurses to work with patients in order to incorporate cultural considerations into their plan of care without compromising patient safety. Nurses are culturally competent when both the patient and family are treated equally regarding access to that care no matter what the culture of origin. Care is considered culturally competent if the focus for the nurses is on the uniqueness of the patient and demonstrating respect for the role that culture plays in illness, health beliefs and treatment (Canadian Nurses Association (CNA), 2000; Smith, 2013). The ability to provide culturally competent care is a learned process in which nurses develop a heightened awareness and understanding of how someone wishes their health care to be guided based on cultural values, beliefs about health, well-being and illness. This behavior change is demonstrated when nurses actively seek out information regarding cultural considerations when initiating patient contact and during the episode of

care (Barnes, Craig & Chambers, 2013; Mancuso, 2011). How nurses achieve this behavioral change is further discussed later in this review.

Importance of Culturally Competent Care

Individuals are unique in how they choose to incorporate their beliefs into their lifestyle and for this reason patient care should not be generalized based on specific cultures (Smith, 2013). Care is potentially unsafe when nurses fail to demonstrate respect or when they discriminate against patients. In order to provide culturally competent care, nurses must assess the intricacies of the culture as it pertains to individual patient practices. This assessment is conducted in order to determine traditions, practices, norms or beliefs and values that could impact care delivery and response to treatments (Smith, 2013). Failure to take culture into consideration can lead to misdiagnosis, noncompliance with treatment, low satisfaction and poor health outcomes (Taylor, 2005). By altering the plan of care to individualize care based on cultural considerations the end result is an improvement in the quality of care for the patient and family, leading to an overall better health outcome (Allen, 2009; CNA, 2000; Smith, 2013).

Challenges of Delivering Culturally Competent Care

The ability to achieve culturally competent care is often challenged by the nurse's lack of experience, lack of knowledge and limited exposure to cultural assessments. Attitudinal factors such as fear, ethnocentricity, cultural blindness, racism and discrimination also impact the level of nursing care (CNA, 2000; Taylor, 2005). Cultural blindness is reported as the tendency for people to be ingrained into their own culture and not recognize how others are different or how their beliefs impact their interpretations. It

is the philosophy that everyone is the same (Taylor, 2005). Challenges have to be overcome in order to promote a collaboration in care which leads to better sharing of information between patient and nurse and overcoming the potential of misdiagnoses due to lack of adequate information (Barrow, 2011).

Matching delivery of care with the wishes of the individual can sometimes be a challenge for delivering culturally competent care; nurses may need to act as a negotiator. While the literature stresses the importance of individualizing care based on cultural considerations, not all cultural beliefs will be appropriate to integrate into the care of the patient. Some cultural practices can be detrimental to the health of a patient and if practiced could lead to negative outcomes based on today's standards and knowledge base. An example of this for some cultures is the practice of instilling ashes into the umbilical cord of the newborn after the birth. Based on today's standards it is known that this practice can lead to adverse outcomes, such as infection, for the newborn. In contrast, the patient may perceive the ritual to be important in order to prevent evil spirits from entering the newborn's body. As the negotiator the nurse needs to gather information of why the ritual is important and what it represents, educate the patient on why it is perceived to be negative and then identify alternatives with the patient. The goal would be to create a plan that can satisfy both the needs of the patient and requirements for care. However in times when the needs cannot be met then an ethical consult could be required to help resolve the situation and determine which actions should be maintained (Smith, 2013).

Foundation of Culturally Competent Care

Mancuso (2011) defined diversity as the basis for culturally competent care. It is a term used to reflect the differences between groups of individuals based on race, ethnicity, religion, gender, sexual affiliation, age, disability and socioeconomic status. An approach used by a healthcare facility in New Hampshire was the development of a Diversity committee to lead the development of a policy for cultural awareness and sensitivity using the model developed by Campinha-Bacote (2001). This model proposes that the ability to deliver culturally competent care is a skill that is progressive and matures over time due to number of encounters with cultural issues. Through the development of operational definitions the Diversity committee was able to focus the policy on interactions between patients and staff. From the policy development the committee was able to implement interpretation services and orientation initiatives on how staff could avail of the services. They then utilized focus groups to determine what education the staff perceived was needed regarding delivering culturally competent care. The overall lesson learned from the focus groups were that staff members were aware of diversity and the issues that could arise but lacked awareness of how to conduct a transcultural assessment; they were limited in their knowledge of how to integrate cultural needs into the course of care. A practice that was discovered during the study was that instead of incorporating beliefs into treatments, staff would limit teaching to avoid cultural conflict. They did this in order to protect the patient from uncomfortable situations. Another discovery was that staff used family as translators as opposed to the translation services that the organization offered. This information led to the

development of a curriculum for education in the organization that would build and improve culturally competent care (Mancuso, 2011).

Strategies for Developing Cultural Competence

The literature discusses different strategies that help explain the way in which nursing moves towards integrating cultural considerations into practice. Each of the strategies in the literature illustrate that culturally competent care is a process based on experiential learning. With education and repeated exposures to cultural experiences nurses build a heightened understanding of the importance of culture and how to integrate it into their practice. No matter which strategy is followed, achievement of cultural competence is noted when the nurse is able to demonstrate respect for cultural differences and integrate those differences into an individualized plan of care for the patient (Mancuso, 2011).

Leininger looked at transcultural nursing as a method of nursing that compares differences and similarities between cultures in order to predict care needs. It is a progressive model where the individual moves from cultural incompetence to proficiency. The focus is on tailoring nursing care to identify similarities and differences between the patient's culture and those of the organization so that care could be specific to the individual; the diversity in culture cannot be ignored since omission of these practices can lead to patient safety issues. Practices should focus on communication skills, language needs, and food considerations (Allen, 2009; Hern, Vaughn, Mason & Weitkamp, 2005; Jeffreys, 2008).

In 1998 Purnell and Paulanka looked at a linear model where an individual moves from a level of unconscious incompetence where individuals are not aware that they are lacking knowledge to a final level of unconscious competence where they automatically integrate cultural considerations into care. This progression comes from increasing exposure and experiences with the delivery of care to cross-cultural populations (Barnes et al., 2013).

The framework described by Campinha-Bacote illustrates that individuals become increasingly competent in cultural care by progressing through stages. Progression occurs with increasing exposure to education and cultural encounters. The first is *cultural awareness* where focus is on heightening self-awareness of personal culture and how it influences actions and decisions. Next is *cultural knowledge* which looks at beliefs and values; this progresses to *cultural skill*, where the ability to collect information about another's culture is the focus. The next stage is *cultural encounter* that is highlighted by the ability to interact with other culture; this then leads to *cultural desire* which is signaled by the motivation to engage in the process and having the desire to work with others and multiple populations. This progression builds the skills to work in cross-cultural interactions; it is not concerned with knowing everything about various cultures, rather it is the ability to engage and respect differences. This framework is dependent on the nurse's ability to build to this level of competency and does not focus on the patient-nurse relationship (Bourque-Bearskin, 2011).

The foundation for understanding different cultures is reinforced through reflection on nurses' own beliefs and through completion of education programs (Barrow, 2011; Campinha-Bacote, 2001; Mancuso, 2011; Smith, 2013).

Reflection

The literature focuses on how nurses can progress through the process of becoming increasingly competent; first is reflection and the ability to look at their own beliefs and the role beliefs plays in patient interactions. Cultural awareness is dependent on nurses developing awareness of any biases or prejudices that they could possess that would impact the acceptance or ability to demonstrate respect for others. Becoming self-aware relies on reflection of beliefs, biases, prejudices, values, attitudes, and assumptions in order to be more aware of how culture can impact care (Barrow, 2011; Campinha-Bacote, 2001; Mancuso, 2011; **Pergert, Ekblad, Enskar & Bjork, 2008**; Smith, 2013). Understanding personal beliefs makes nurses more cognizant and respectful of the importance of others' beliefs and why they should be incorporated into care (CNA, 2000). This will help avoid negative tendencies such as cultural imposition where they unknowingly impose their beliefs onto others (Campinha-Bacote, 2001).

Education Components

The next important factor in delivering culturally competent care is heightening the level of cultural knowledge (Campinha-Bacote, 2001). There are many suggestions in the literature on how to introduce culturally competent education into nursing practice. Mancuso (2011) suggests that it should be a component of many education offerings which focus on the common patient populations that are encountered in the organization.

Mancuso suggests that the topics should include factors that contribute to health care and its disparities, use of interpreters and other aspects of cross-cultural communication, how to conduct transcultural assessments, and how to integrate cultural needs into the health care delivery. Experiential learning methods are supported when teaching the concept; use of case studies can help individuals learn how to apply new knowledge and skills. However Taylor (2005) reported that due to the vast number of cultures to learn about training should be general in that the care provider gains knowledge and skills to be able to assess and approach any culture. Caution should be given to only focusing attention to one particular culture in order to avoid stereotyping or generalizations.

The CNA (2000) suggests that learning about others should include the types of beliefs and how they may influence care, as well as how they will respond to treatments. There should also be education on how to seek clarification on the patients' perception of health care and its providers, the importance of family involvement, perceptions of death and dying, birth practices, and alternate or traditional therapies.

Allen (2009) conducted a focused search on education strategies and teaching interventions that would build on a student's ability to deliver competent care and address racism. While there was extensive literature found in the search, gaps in the literature indicated that there is a lack of curriculum that will address both increasing cultural competency and antiracism. The review supported teaching nursing students about cultural care and interventions that will improve the skill but this wasn't paired with antiracism. It was suggested that antiracism would be achieved based on the merit of

educating more about the importance of respecting and including the patient's beliefs into their plan of care.

McClimens, Brewster and Lewis (2014) conducted a study that explored challenges experienced by nursing students in providing culturally competent care. They used focus groups from one university and asked how they handled situations that challenged them with communication, food preferences and gender. They conducted four different focus groups on the discussion and had only eighteen nursing students agree to participate. The study identified that education is not enough to prepare the students for negotiating culturally competent care; it needs to be supplemented by experiences and exposure to this focus of care.

Assessment Tools

Cultural knowledge and skill can also be developed and integrated into practice with the use of resource manuals and assessment tools. Mancuso (2011) utilized nurse education days to introduce cultural manuals into practice. The reference material discussed the most common cultural encounters for the organization and how to access services such as translation services. Highlighted in the reference manual were descriptions of the key attributes of different cultures. While Mancuso promoted the collection of information on cultural groups for references, she also stressed the importance of individual assessments to identify care preferences. Similar to Taylor (2005) she cautions about including too much information on cultural groups in reference material or in educational programs due to the risk of generalizations and stereotyping an individual's care. Care should not be based on the cultural norm; a care plan should be

developed based on the information gathered about the individual. Severson, Leinonen, Matt-Hensrud and Ruegg (1999) discussed how a Transcultural Patient Care Committee developed a resource manual in the Midwest to provide nurses with an assessment tool to guide them on how to individualize care and provide some general information about various cultural groups. After introducing the manual and a self-learning package on how to use the manual to eight different units an evaluation was completed after eight weeks. The evaluation demonstrated that the nurses found the resource to be useful and helpful in caring for diverse cultural needs. Due to the preliminary success they further distributed the manual and upon further request for additional cultures to be added, the manual was replaced by a website that was able to distribute information in a timelier manner. This same committee developed and disseminated an assessment questionnaire that was to be used on all admissions regardless of race or origin of birth. Questions included factual descriptions about cultural needs such as language and dialect, as well as questions that explored the patient's perceptions of beliefs and healing. However feedback on the tool identified that it required some expansion to also include religious beliefs, dietary considerations, support and home environment. Another suggestion was that the assessment questionnaire should be integrated into the overall admission assessment and not exist as a separate tool.

Campinha-Bacote (2001) discussed an assessment tool that focuses on questions that could be asked in order to assess cultural considerations in a respectful non-judgemental manner. She gives examples of different acronyms that can be found in the literature to guide the pertinent steps in an assessment; these include: ETHNIC

(Explanation, Treatment, Healers, Negotiation, Intervention and Collaboration), LEARN (Listen, Explain, Acknowledge, Recommend, Negotiate), or the BATHE (Background, Affect, Trouble, Handling, Empathy). Each system, no matter what the acronym, provides guidance for the same process that involves having the patient explain the problem, what it means to him or her and whether any cultural beliefs regarding the treatment exist. Nurses then provide their perception of the illness and of what the patient is saying to them. An explanation of the treatment plan is included which also involves a time for negotiation or collaboration on how to integrate cultural practices into the prescribed care. The final step is validation that this is the route that the patient wishes to take to determine satisfaction with patient's care plan. While the acronyms guide the necessary steps in a cultural assessment, they do not provide direction to the nurse on which cultural considerations should be assessed.

Assessment models have also been developed that list cultural consideration that should be considered when providing culturally competent care. In 2000, Newman Giger and Davidhizar developed the Transcultural Assessment Model which focuses on the details of:

1. Biological variations which include genetic variations and physiologic differences that could lead to drug interactions and susceptibility to diseases.
2. Space since violating someone's personal space can lead to feelings of dissatisfaction, noncompliance and early discharge.
3. Time due to value placed on how the present shapes the future or has been influenced by the past.

4. Environmental control related to having a fatalistic view where they feel that health care cannot influence the outcome.
5. Food preferences.
6. Social organizations and recognizing family structure and the differences in role assignment and decision making. This can also be influenced by the culture's perceptions and attitudes about women and men.
7. Communication which identifies language preference and need for translators (Mancuso, 2011; Newman Giger et al., 2006).

Assessment needs to assist the nurse in planning in conjunction with the patient and family the best course of care, allowing care to be individualized (Ardoin & Wilson, 2010; Lowe & Archibald, 2009; Mancuso, 2011; Newman Giger, Davidhizar & Fordham, 2006).

Elements to Assess

Exploring all elements of a culture may be daunting if the nurse has limited exposure to the skill, however there are some key points in the literature that can be utilized. It is impossible for any practitioner to know the details of every culture and to compound matters, not every individual follows their cultural beliefs to the same extent; focus should be on the individual patient. The practice of patient-centered care will mitigate the risk of generalizing or stereotyping (Barrow, 2011). Throughout the literature the elements within a cultural assessment were fairly consistent. The literature provides many elements that should be assessed but not all assessment tools include all of the elements. Appendix B provides a list of all of the elements that can be considered

during a cultural assessment. The most common assessment areas in the literature were: communication method, eye contact, beliefs, personal space, diet, physical assessments and gender (Becze, 2007; DeRosa & Kochurka, 2006; **McClimens et al., 2014**; Seibert, Stridh-Igo & Zimmerman, 2013).

Communication Method and Eye Contact

Nurses should ask how the patient's culture can be integrated into the plan of care (Smith, 2013). There is a need to identify the primary language with which the patient is most comfortable and then utilize interpretation services if required to deliver care in that language. Use of interpreters over family and friends is preferable since they can assure that they are interpreting both the words and the meanings of health information in a culturally correct context. Use of family could lead to inability to translate the medical context, information could be too sensitive for them to interpret or speak about to each other, and the family may choose to limit what they share with the patient or healthcare provider (Ardoin & Wilson, 2010). With the use of interpreters the nurse should face the patient rather than the interpreter so that they are cued to nonverbal communication intricacies. It is also important to speak in short sentences and avoid medical terminology as this may challenge the interpreter. Like any other interaction there should be a feedback process to validate the conversation and interpretation (CNA, 2000; Barrows, 2011; **Pergert et al., 2008**; Seibert et al., 2013; Taylor, 2005). The use of interpreters has been criticised since they can still be limited in their ability and therefore the validity of their translations may be compromised. Telephone translation services can also be frustrating and limited in availability within an organization, however it may be

the best option when there are no in-person translators available (**McClimens et al., 2014**).

Another key point is to listen closely while paying full attention; therapeutic conversation skills are needed during assessments. Patient-centered care should focus on both verbal and non-verbal cues from both the patient and families. Eye contact should be based on cultural considerations. For some cultures eye contact is perceived to be aggressive so it is important to remember to recognize the action as not always one of non-compliance rather it could be a show of respect to not make eye contact. Validation of this practice at the time of interaction will help eliminate misperceptions (Becze, 2007; **Pergert et al., 2008**). Nurses should refrain from judging or interpreting, listen to their patients' perception of health so that decision making becomes collaborative and constantly seek information on how the culture relates to their patients' health (Seibert et al., 2013; Smith, 2013). Ineffective consideration of culture can impact the diagnosis of a patient. Diagnosis is based on sets of clinical symptoms and how that is reported by the patient can impact the care they receive. The health history can be compromised if there is failure to consider language barriers. This can also occur if patients feels disrespected since they may not be forthcoming of all pertinent information (Taylor, 2005).

Communication is the key to understanding the health of others and their culture. One model in the literature is the LEARN model. The nurse should: *Listen* with sympathy and understanding, *Explain* his/her perception, *Acknowledge* and discuss the differences and similarities in perceptions, *Recommend* treatment, and *Negotiate* agreement on how to proceed (Barrow, 2011; Campinha-Bacote, 2001). The literature

also identifies the need to ensure availability of aids to help with ensuring the patient's understanding of the information provided. An example of this is providing written information in the patient's language of choice (Taylor, 2005).

Beliefs

It is important to identify religious or spiritual beliefs and the implications they can have for the individual; they can be either instrumental or detrimental in support and recovery for the individual. Religious beliefs can range from a support network to the use of symbols, rituals or items that will expedite recovery. Use of community programs is one way to assist patients in finding the support networks that are relevant to their beliefs (Seibert et al., 2013).

Personal Space

There was very little literature that discussed personal space, however for some cultures there is an associated comfort level with varying degrees of personal space. The patient may require the nurse to maintain a certain distance in order to be comfortable (Becze, 2007).

Diet

There are foods that are forbidden in certain cultures; these include but are not limited to pork, shellfish and gelatin (Becze, 2007). Use of dietitians can assist in modifying diets to ensure that the patient receives the correct dietary requirements while respecting cultural considerations (Seibert et al., 2013).

Physical Assessment

It is important to first identify the culture of origin correctly and not rely solely on physical traits. This will also give nurses the opportunity to identify the correct support networks within the organization (Seibert et al., 2013). Physical assessment should be culturally based, giving considerations to different traits or disease processes based on race. For many environments resource manuals can be developed that focus on the cultures that are predominant in an area (Smith, 2013).

Gender

Due to cultural beliefs, some patients have strong perceptions about gender and will have requirements for the gender of their nurse or any clinician. Recognizing this preference and when possible adhering to it will not only demonstrate respect but will also eliminate undue stress for the patient (McClimens et al., 2014).

Summary of the Literature

Overall the literature explores different frameworks that describe the progression nurses follow in order to develop the ability to provide culturally sensitive care. Based on the frameworks, assessment tools and education programs are developed that will assist this progression and integration of culturally sensitive care into practice.

Assessment tools are promoted to guide nurses on what characteristics of culture nurses should assess and integrate into a patient's care plan. The assessment tool is paired with suggested questions of some elements that will provide insight into better assessing the characteristics. Education is also promoted in the literature so that nurses are taught the

elements of importance when providing culturally competent care. Developing the ability to provide culturally competent care cannot solely occur in the classroom; it needs to be reinforced through experiential learning since exposure to cultural encounters will strengthen the nurse's level of capability in providing culturally competent care. However having an assessment tool, knowing questions to be asked and the education programs alone will not guide nurses on how to individualize care. What is needed is a resource manual that will guide nurses on what they should assess, reason for assessment, how to assess and then what resources or strategies can be employed in order to integrate the information into their care plan so that it is reflective of cultural needs.

Conclusion

The nurse plays an integral role as the “cultural broker” during a patient's episode of care and a part of this role is to recognize the challenges of culture, overcome barriers and negotiate the care practices (Mancuso, 2011, p.174). This literature review demonstrates that the ability of the nurse to deliver culturally competent care is a process that requires education, exposure and the provision of the necessary assessment tools. Nurses need to be aware of not only how to individualize care but also how to avail of services within an organization to achieve this focus. Although there are a number of tools available in the literature, none seemed to address all desired aspects. The development of a locally relevant tool kit for nurses would give them a guide when assessing cultural considerations and also provide the appropriate references on how to avail of the pertinent services.

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Appendix A: Literature Summary Tables

Author/ Year Published	Study Design/ Sampling/ Setting Characteristics	Results/ Relevant Outcomes	Comments
McClimens, Brewster & Lewis, 2014	<p><i>Objective:</i> Retrospective examination of the practices of nursing students when caring for patients from unfamiliar cultures.</p> <p><i>Study Design:</i> Phenomenological method utilizing 30 minute focus group discussions.</p> <p><i>Sample:</i> 18 nursing students in total participated. Representation from adult nursing, mental health nursing and learning disability nursing.</p> <p><i>Setting:</i> Sheffield Hallam University, Sheffield, England.</p>	<ul style="list-style-type: none"> • Communication breakdown, food and gender were identified as the common challenges faced by nursing students when faced with different cultures. • Students require more exposure to different cultures in order to develop the ability to implement culturally competent care. • Ability to deliver culturally competent care is achieved through a combination of education and experiences. 	<ul style="list-style-type: none"> • Ethical approval was obtained from the faculty's research ethics committee. • Content analysis was used to identify themes from the collected data. • Results were interpreted by two researchers with a third independent colleague to verify. • Demographics of the region may have limited students' experiences with various cultures.

Author/ Year Published	Study Design/ Sampling/ Setting Characteristics	Results/ Relevant Outcomes	Comments
Pergert, Ekblad, Enskar & Bjork, 2008	<p><i>Objective:</i> To examine how health care workers from pediatric oncology overcome cultural differences when delivering patient care.</p> <p><i>Study Design:</i> Comparative analysis of data collected from focus groups and individual interviews.</p> <p><i>Sample:</i> 24 females and 11 males participated in focus groups with a mixture of doctors, nurses, consultant nurses and medical aides. 5 female nurses participated in the interviews.</p> <p><i>Setting:</i> Sweden.</p>	<ul style="list-style-type: none"> • Bridging is the use of various tools such as communication tools, transcultural tools and organizational tools, to overcome obstacles. • Culturally competent care involves the use of cross-cultural communication skills. • Organizational tools such as policy development are essential to promote positive cultural care. • Transcultural tools need to reflect that each patient has individual need and to prevent stereotyping. 	<ul style="list-style-type: none"> • Purposive and convenience sampling used to obtain sample. • Ethical approval was received by the Ethical Research Committee at the Karolinska Institute. • The study only examined the perspective of the health care staff and not of the patient or family.

Appendix B: Summary of Key Cultural Considerations

Category	Reason for Assessment	Assessment Cues and Sample Questions	References
Communication – Verbal	<ul style="list-style-type: none"> • <i>Identify the preferred language for communication.</i> • <i>Identify how well the individual can speak English and whether a translator is needed.</i> • <i>Identify level of comprehension regarding the illness and treatment plan.</i> 	<ul style="list-style-type: none"> • Do you feel comfortable speaking English? Understanding English? Reading English? • Would you like to have a translator? • Who have you used in the past to help with translating? • Would you like translated materials to read about your health problem? • Does the patient or family understand the situation? 	Becze, E. (2007); DeRosa, N. & Kochurka, K. (2006); Mancuso, L. (2011); McClimens, A. (2014); Seibert, P.S., Stridh-Igo, P., Zimmerman, C.G. (2002).
Communication – Non-verbal	<ul style="list-style-type: none"> • <i>To develop therapeutic communication and heighten awareness of important cues.</i> 	<p>Be aware of visual cues:</p> <ul style="list-style-type: none"> • Gestures and Affect – stoic or expressive manner; • Eye contact – perception of direct eye contact; whether it is perceived as aggressive or impolite. Sign of respect for some cultures is a downward gaze; and • Body posture. 	Becze, E. (2007); Mancuso, L. (2011); Newman Giger, J., Davidhizer, R.E., & Fordham, P. (2006); Seibert, P.S., Stridh-Igo, P., Zimmerman, C.G. (2002).

Category	Reason for Assessment	Assessment Cues and Sample Questions	References
Personal Space	<ul style="list-style-type: none"> • <i>Determine boundaries and respectful distances.</i> • <i>Develop strategies to accommodate while meeting care needs.</i> • <i>Determine the level of comfort with closeness and whether it is a sign of caring.</i> • <i>Determine respectful distances.</i> 	<p>Be aware of visual cues that will prompt you to ask:</p> <ul style="list-style-type: none"> • Is there a distance that I should maintain to make you comfortable? • Is there a reason that you are uncomfortable when I stand here? <p>Before you perform a procedure that requires you to invade the space preference you should inform the patient of your actions.</p>	Becze, E. (2007); Mancuso, L. (2011).
Modesty and Personal Touch	<ul style="list-style-type: none"> • <i>Determine strategies to accommodate preferences while meeting care needs.</i> 	<ul style="list-style-type: none"> • Be aware of visual cues that will prompt you to clarify the patient's comfort level with modesty – e.g., ensuring certain areas of the body remain covered. • Be aware of visual cues that will prompt you to clarify with the patient the preferred comfort level with touch. • Before you perform a procedure that requires you to invade the space preference you should inform the patient of your actions. 	Becze, E. (2007); Mancuso, L. (2011).

Category	Reason for Assessment	Assessment Cues and Sample Questions	References
Diet/ Nutrition	<ul style="list-style-type: none"> • Determine culturally specific dietary preferences or requirements that are either in conflict with prescribed diet or promoted. • Food as healing. 	<ul style="list-style-type: none"> • Do you have a special diet? • For your condition you will need to follow (<i>explain diet order</i>); do you have any concerns about this? • Are there foods that you can't tolerate or are unacceptable? 	Becze, E. (2007); DeRosa, N. & Kochurka, K. (2006); Mancuso, L. (2011); McClimens, A. (2014); Seibert, P.S., Stridh-Igo, P., Zimmerman, C.G. (2002).
Physical Assessment & Overview/heritage	<ul style="list-style-type: none"> • Determine ethnic differences and hereditary traits. • Identify any issues surrounding the country of origin. 	<ul style="list-style-type: none"> • Visual cues to prompt awareness of need for cultural assessment. • Are you visiting the area? • How long have you been here? 	Mancuso, L. (2011); McClimens, A. (2014); Seibert, P.S., Stridh-Igo, P., Zimmerman, C.G. (2002).
Family Roles and Organization	<ul style="list-style-type: none"> • Determine who the decision maker is in the family (the individual, family, mother vs. father, male vs. female). • Identify who in the family will be the support for the patient. 	<ul style="list-style-type: none"> • Who in your family is available to help with your recovery? • Who is the decision maker in the family? • Is there someone who helps you make decisions? • With whom should we discuss your care? • Would you like me to include this person when I visit or speak with you? 	Becze, E. (2007); DeRosa, N. & Kochurka, K. (2006); Mancuso, L. (2011); McClimens, A. (2014); Newman Giger, J., Davidhizer, R.E., & Fordham, P. (2006).

Category	Reason for Assessment	Assessment Cues and Sample Questions	References
Pregnancy and Child –bearing Practices	<ul style="list-style-type: none"> Identify beliefs regarding fertility, pregnancy and child birth. 	<ul style="list-style-type: none"> Are there any beliefs or rituals related to your (<i>pregnancy, childbirth or obstetrical care</i>) that might affect your plan of care? 	McClimens, A. (2014).
Death Rituals	<ul style="list-style-type: none"> Identify beliefs and behaviors that they wish to follow for end of life care. 	<ul style="list-style-type: none"> Are there any beliefs or rituals related to your end of life care that we should be aware of? 	McClimens, A. (2014).
Healthcare Practice	<ul style="list-style-type: none"> Determine the patient’s attitude towards healthcare vs. traditional treatments. Identify the level of trust in healthcare and practitioners. 	<p>Visual cues such as not following treatment plan should prompt you to clarify:</p> <ul style="list-style-type: none"> Do you have any concerns about your plan of care? Is there anything that you wish to include to exclude in your treatment plan? Is there a reason why you are not following what the doctor ordered? Is there any beliefs or practices that I should be aware of that is impacting your ability to follow the treatment plan? <p>Participating in tests?</p>	DeRosa, N. & Kochurka, K. (2006); McClimens, A. (2014); Newman Giger, J., Davidhizer, R.E., & Fordham, P. (2006); Seibert, P.S., Stridh-Igo, P., Zimmerman, C.G. (2002).

Category	Reason for Assessment	Assessment Cues and Sample Questions	References
Plan of Care	<ul style="list-style-type: none"> • Fatalistic belief or control over the future. • Use of traditional treatments or healers. 	<ul style="list-style-type: none"> • Who controls the outcome of your illness? • If you follow the treatment, will it affect your recovery? • Are there remedies, such as herbs, teas or ointments that you have found helpful? • Are there any alternate therapies that I should be aware of that you feel will help your recovery? 	DeRosa, N. & Kochurka, K. (2006); Mancuso, L. (2011); Newman Giger, J., Davidhizer, R.E., & Fordham, P. (2006).
Pain	<ul style="list-style-type: none"> • Determine if pain is expressed freely or only if asked? • Does the person believe that pain should be tolerated? 	<ul style="list-style-type: none"> • What do you think a person should do when he or she is in pain? • Is there a reason why you do not want to take your pain medications? 	DeRosa, N. & Kochurka, K. (2006); Newman Giger, J., Davidhizer, R.E., & Fordham, P. (2006).
Time	<ul style="list-style-type: none"> • Determine if the patient will follow “time by the clock” or if they will have a freer time perception. 	Based on visual cues that the patient is not: <ul style="list-style-type: none"> • Following prescribed treatment times for things that are time sensitive • Missing appointments or referrals. 	Newman Giger, J., Davidhizer, R.E., & Fordham, P. (2006); Mancuso, L. (2011).

Category	Reason for Assessment	Assessment Cues and Sample Questions	References
Care from the Opposite Gender	<ul style="list-style-type: none"> Determine the comfort of receiving care from the opposite gender. 	Based on visual cues that the patient or family member is uncomfortable with the practitioner will prompt you to clarify the reason.	Becze, E. (2007); Mancuso, L. (2011).
Religious Beliefs	<ul style="list-style-type: none"> Identify the patient's religion in order to make appropriate support contacts. 	<ul style="list-style-type: none"> What are your religious affiliations? Do you wish to have a member of your religion/ clergy visit? Is there anything I should know about your religion that will affect your plan of care? 	Mancuso, L. (2011); McClimens, A. (2014); Newman Giger, J., Davidhizer, R.E., & Fordham, P. (2006); Seibert, P.S., Stridh-Igo, P., Zimmerman, C.G. (2002).

Appendix II: Consultation Report

Consultation Report

Appendix II: Consultation Report

A focus of Eastern Health has been on the development and dissemination of its statement of rights and responsibilities for patients which signifies the importance of the partnership between the patient and the caregiver. Eastern Health's goal is to ensure that safe and quality care is provided. Patients are informed that they have the right to have care delivered in a manner that respects all levels of diversity, including culture. The document also informs patients of Eastern Health's expectations of them, which include informing care providers of any special considerations they may have regarding their care (Eastern Health, 2013a). While this partnership may be the goal, a recent Patient Experience of Care survey revealed that patients did not perceive that healthcare providers were respecting their rights (Eastern Health, 2013b). Nursing must alter its practice to ensure that the rights of the patient are respected and care provided is culturally competent. Eastern Health has resources that can assist in the provision of culturally competent care, such as translation services and pastoral care. However, based on the results of the survey, patients are not being asked about what resources they need or directed on how to avail of the services. The nursing assessment form has been modified so that nurses ask patients if they have any cultural considerations that may impact their episode of care. However there has been no demonstration that this is effective in individualizing care; identification of the needs is not enough (Eastern Health, 2013b). Nurses need to know how to avail of resources that are available within Eastern Health in order to implement an individualized plan of care. Identification of

resources and appropriate questions and actions will assist in the integration of cultural sensitivity into practice.

Eastern Health is a large region with services dispersed throughout that will support all of its hospitals. One of the largest rural hospitals is Carbonear General Hospital (CGH). This creates challenges for nurses at CGH which include unawareness of what resources are available to them and the accessibility of the services. The goal of this practicum project is to develop a Tool Kit that will assist in guiding nursing assessment and provide the information that nurses need on how to avail of resources within Eastern Health so that the patients' care plans can be individualized to better reflect their needs. By integrating cultural considerations into patient care, nurses will increase quality of care while maintaining the values of Eastern Health: respect, fairness, integrity, connectedness and excellence. The developed Tool Kit needs to contain information that is pertinent in the delivery of care for nurses and identify relevant resources that will help deliver culturally competent care. As part of the development process, input was sought from the key stakeholders to ensure accuracy in the end product. The objectives of the consultations were to:

1. Assess nurses' needs with respect to issues with assessing cultural needs of their patients;
2. Compile a list of resources available to nurses within Eastern Health to assist with integrating cultural sensitivity into practice; and
3. Identify the challenges of nurses for accessing and utilizing the resources available at Eastern Health.

Methods

There were three groups of stakeholders identified for consultation: nurses and their managers from CGH as group one, Client Relations as group two and providers from three services including the pastoral care program, a representative from Eastern Health's Diversity committee, and Food Services, as group three. Each participant was recruited with an email that requested participation, found in Appendix A; the email also requested agreement for being contacted. After receiving agreement they were then sent the questions to review prior to data collection. The list of questions for each group can be found in Appendix B.

Nurses from each of the four inpatient units and the Emergency Department were contacted by email to ask for their participation in a focus group. Nurses identified were those that participate in the Advanced Care Teams for the Eastern Health Model of Nursing Care and who were chosen for those teams due to their level of engagement and ability to advocate and identify issues from their respective units. Of the ten nurses contacted, only two were able to participate in the focus group meeting that was 35 minutes in length. An additional two nurses who were unable to attend the focus group meeting due to prior commitments met individually with the writer for 20 minutes to provide input. Three of the nurses had more than 15 years' experience while one had less than 7 years' experience. Two of the nurses worked primarily on the Medicine Unit, while one had experience in the surgical, labor and delivery and obstetrical area of the hospital and the other had experience in a variety of areas including Mental Health,

Surgery, and is currently working in Palliative Care. There was no representation from either Intensive Care Unit or the Emergency Department.

Three of the five nurse managers who were contacted were able to participate in a focus group that was separate from the nurses' focus group. The duration of this session was 30 minutes. One after-hours manager who was unable to participate during the arranged time provided input in a personal interview that lasted 15 minutes.

Managers of service providers were also contacted to participate in a brief 15 minute telephone interview in order to compile a comprehensive list of resources and services currently available within Eastern Health. Another focus was to identify the limitations of the services and the accessibility for the nurses at CGH. Participants consisted of a member from the pastoral care program, a Food Service manager, and a representative from Eastern Health's Diversity committee who provided perspective from interpretation services and the Aboriginal Patient Navigation Services. The Quality and Clinical Safety Leader who is the lead for the Client Relations intake line was also consulted via a telephone interview to identify whether there have been any trends from client feedback noted regarding cultural issues.

Ethical Considerations

Approval from the Health Research Ethics Authority (HREA) was not obtained prior to consultation since, according to the HREA Screening Tool, the purpose of the project is for quality improvement and not research. The completed tool can be viewed in Appendix C. The project was also supported by management within Eastern Health.

Prior to consultation all parties were informed of the purpose of the interview and were told that information provided was for the sole purpose of process improvement. Verbal agreement for voluntary participation was obtained prior to the start of the focus groups and the interviews. Written notes taken during the focus groups and interviews were locked within a file cabinet of the interviewer's office. No staff member has been identified in any report related to the information; codes were used to track responses from the interviews and focus groups.

Results: Nurses' Needs

Both the focus groups and personal interviews with the nurses and the managers were conducted in order to assess nurses' needs with respect to issues with assessing cultural needs of their patients. Results are reported here according to themes derived from a review of the literature and the data obtained from the stakeholders.

Defining Culturally Competent Care

The nurses were asked to define culturally competent care. One nurse defined it as the ability to be aware and sensitive to the needs, customs and attitudes of different cultures so that nurses can effectively provide care to each individual. Another saw it as providing the best nursing care that she was capable of to all of her clients while being understanding of their beliefs, values and practices. Collectively they saw it as being open minded and not enforcing their beliefs on their clients. All nurses focused on showing respect for cultural beliefs and practices while providing a friendly environment.

Assessing Cultural Needs and Plan of Care

In order to determine nurses' current approaches to assessing cultural needs and their comfort levels they were asked to first discuss how they would approach assessing the cultural needs of their patients. One nurse emphasized the importance of listening to patients' opinions and respecting their wishes even if they didn't coincide with hers. The least senior nurse stated that she would begin as she always would with open communication and questions. One of the most senior nurses said that her first cue is the color of her patient's skin or the way the patient were dressed but that she would follow the nursing assessment form for her nursing history. Another stated that what she had done in the past was to ask questions pertinent to her patient's culture in order to gain understanding. She has clarified gender roles, communication needs, cultural practices and whether they are practicing traditional habits so that the information can be added to the care plan. Upon further clarification she stated that by traditional habits she meant manner of dress, food and traditional healing methods. All four of the nurses discussed how they would mainly focus on spiritual and communication needs.

They were then asked about whether they currently have an assessment tool available to them that will assist with identifying cultural needs. One nurse discussed the fact that there are only a couple of questions on the current patient admission assessment that ask about cultural needs. She went on to say that she has never experienced anyone answering the question about special requirements but if she did get that answer, she would keep asking questions to clarify until she obtained the needed information. A second nurse reported that the current questions ask more about spiritual needs and if it

was a religion that she was not familiar with then she would use her assessment skills to ask further questions about beliefs that could impact care. Two nurses stated that there was no clear tool to help guide cultural assessment and that they would need the patient to guide them in ensuring that the patient's needs would be met.

Three of the four nurses felt that they had an overall lack of experience with assessing cultural needs and had little knowledge about different cultures. All four identified experiences with patients who spoke a different language where they used family members to assist with interpretation.

When the clinical managers were asked about their perceptions regarding the nurses' ability to assess cultural needs, there was a consensus that they did not perceive that the nurses had an awareness about other cultures or how to access further information. One manager felt that nurses would require guidance and prompting so that they would further question the patient or the family regarding cultural needs. Another felt that while nurses would recognize the differences, they would not necessarily clarify needs without prompting.

Self-Reflection

Nurses were asked to rate their level of comfort with assessment and seeking clarification of cultural needs. Three of the nurses felt that they were confident and would have no trouble with assessing cultural needs. The least senior nurse felt that she would have a low level of comfort due to her lack of experience and knowledge of the different cultures. When asked about their ability to clarify cultural practices the other

three nurses felt that they would have no difficulty. One further elaborated and described her past experiences in labor and delivery where she has had to ask more about her patient's beliefs in order to develop the care plan. Her goal was to have the patient teach her about the culture and how it will impact the birthing plan. Again one nurse felt that her lack of experience would make it difficult for her to know how to clarify but would welcome the opportunity to learn more.

Knowledge Level regarding Resources

The nurses were asked about the resources available within Eastern Health that can assist with meeting cultural needs; all four were aware that there were services available and that there is an interpretation system. Further discussion on this demonstrated that none of the nurses were aware that pastoral care could be used to assist with spiritual needs for patients outside of the local denominations. They also did not know that pastoral care can be helpful with respect to other cultural needs. Only one nurse had previous experience with using the Aboriginal Navigation resource when working in the Health Science Centre.

Clinical managers were aware that there were resources available and said that they would, if needed, use the intranet as a navigation tool for accessing the services. One manager discussed the pamphlet 'Inclusive Services for Diverse Needs at Eastern Health' which she looked up after receiving the request for the consultation. She went on to say that she has now posted it on her staff bulletin board as a resource. Like the nurses, all managers were aware of interpretation services and the pastoral care

department. Unlike the nurses they recognized that the pastoral care program could help staff navigate different cultural needs. Another manager also suggested using the Quality and Risk management department as a resource if different needs are present to be addressed.

Communication Needs and Language Barriers

All nurses felt that they would easily be able to identify language barriers when assessing their patients. All four identified having experience with a patient using an unfamiliar language where they have used family members to assist with interpretation. None had experience with Eastern Health's interpretation system but stated that if there was no family member that could assist then they would call either the hospital switchboard or their manager for guidance. Eastern Health's interpretation system provides interpreters by phone to assist with care. It requires a speakerphone so that the patient, healthcare provider and interpreter can hear the conversation. One nurse felt that the current phone system in the hospital would not allow for them to use the telephone interpretation system since they had no access to a phone that is portable or has speakerphone ability. One nurse suggested that they could also use other staff members or physicians as interpreters if they spoke the foreign language. Another suggested using cue cards and pictures to assist with communication as she had previously learned about this when working with Mental Health.

The information provided by the nurses was corroborated by the managers. The managers felt that nurses would call them if interpreters were required and that the

managers would be able to get necessary equipment and could connect the nurses and patients to the needed resource.

Spiritual Needs

Two of the four nurses stressed the importance of respecting different religious rituals. All nurses agreed that they could seek guidance from a spiritual leader but none were aware of how to avail of the services. The nurses reported that they currently only have access to the contact information for the local denominations. While this information was corroborated by the managers, they also added that the pastoral care program could provide access information for different religions.

Dietary Needs

All nurses and their clinical managers reported that there was a clear process for identifying dietary needs for patients and that the identified dietary requirement can be obtained through the current order entry process for diets. One nurse spoke about using the dietician to ensure that the patient would receive adequate nutrition.

Gender Roles and Preferences

There was little discussion regarding gender roles and preferences of the patient. One nurse did discuss experiences she had where female patients refused male nurses and physicians but there was very little elaboration on how they would deal with this request at CGH where availability of physicians is more limited than at the larger hospitals in Eastern Health. The issue of gender roles relates not only to preference for providers but

can also relate to roles within the culture and family, for example who makes decisions and who provides information. This has potential to affect who makes decisions and who provides information. None of the nurses or managers discussed this area of cultural consideration.

Pregnancy and Childbearing

The nurse with experience in labor and delivery discussed in great detail the importance of establishing a birthing plan and clarifying pregnancy needs with women from all cultures. She discussed how the plan can be individualized so that the needs for the patient, baby and hospital can be met. It was interesting to find that she felt that this practice is readily done in the city hospital but she had little confidence that this approach is taken at CGH.

Perception of Proposed Tool Kit

The nurses felt that a Tool Kit would be helpful if it included contact numbers for members from different cultures who can be called to assist with patient navigation and an assessment tool that can assist with identifying needs. The needs listed by one nurse as being important were food, religion, gender, family, dress/attire, language and communication. Another nurses suggested that the Tool Kit should have pamphlets that can provide an overview of different cultures' medical beliefs and disbeliefs. Also needed is the method for accessing interpreters.

The clinical managers felt that a Tool Kit would be helpful if it provided information on end of life care, birthing plans and privacy considerations. They also felt

that emphasis should be placed on reminding the nurses to ask questions and to not just assume. The nurses need a guide for assessment of cultural needs. Like the nurses they also stated the need for dietary limitations, spiritual needs and language needs. Through further exploration they all concurred that quick guides or algorithms are most effective due to the time constraints facing nurses during daily care. A Tool Kit would not be used if it was too cumbersome or time consuming.

Establishing Respect and Trust

When asked to provide further comments one nurse wanted to stress that patients should feel respected no matter what their cultural affiliation. However it was surprising that there was very little discussion from the nurses regarding the importance of establishing a level of trust and respect when establishing the nurse-patient relationship.

Gaps in Consultations: Topics Not Discussed

While the nurses and the managers discussed many elements of culturally competent care there were some areas that were not discussed that have been identified in the literature as areas of importance.

Expressions of Emotions and Pain

This is an area that could have been emphasized by the nurses who have experience in labor and delivery or palliative care. However none of the nurses discussed the importance of assessing this element.

Personal Space

There was no indication in the consultations that nurses recognized the different needs of patients regarding their personal space.

Death Rituals

The nurses did not discuss end of life care, however this is a topic that was brought forward by one of the managers. The palliative care unit had a binder that provided guidance for nurses for different end of life beliefs and rituals but it can no longer be located.

Role of the Family

While all of the nurses discussed the family when speaking about interpreters, none of the nurses or the managers focused on the differing roles that family members may have when presenting with the patient. The family member can play a large role in decision making or in communicating. For different cultures it can be the responsibility of the matriarchs or for others it is the patriarchs.

Conflicting Needs

When patients' wishes do not meet the nurse's beliefs or the standards of care, there can be moral or ethical dilemmas for the practitioner. While one of the nurses briefly discussed how the beliefs can be different, none of the nurses really recognized the potential for this conflict or how it could impact care.

Results: Resources from Eastern Health

Interviews were conducted with service providers in order to provide a comprehensive list of resources and identify the how CGH can avail of them. The Quality and Clinical Safety Leader from Client Relations was also interviewed in order to determine if client feedback reflects whether nurses are currently meeting the cultural needs of their patients.

Available Services

When asked to identify the services that they can provide to Eastern Health patients in order to meet cultural needs, the representative from the pastoral care program reported that their main focus is spiritual and religious care. The representative from the pastoral care program reported that they have volunteers affiliated with their program that can assist with the spiritual needs for the French speaking population, but could also assist the patient using the interpretation system, or the assisted phone system for American Sign Language; French interpreters are available on site but this is limited to the city hospitals. The representative from the pastoral care program expressed that contact information for most faith groups' communities is available to assist with spiritual care needs while in hospital. The contact information is updated regularly by the program to ensure accuracy. Eastern Health employs chaplains for the main Christian denominations and is able to provide contacts for the smaller Christian denominations. The representative from the pastoral care program identified that there is information on end of life rituals on the intranet if staff need further guidance. Finally the representative

described how pastoral care can provide consultations regarding ethical considerations for times when a healthcare practitioner cannot meet the needs of a patient. In this case an ethical consult would explore the cultural wishes and weigh the outcome of the cultural practice against those of the practitioner in order to determine the best plan of care.

The member of the Diversity Committee discussed the Aboriginal Patient Navigators, bilingual services and the telephone interpretation system, and the collaboration Eastern Health has with outside associations that can assist patients navigate the health care system. These associations include the Friendship Centre, the Association for New Canadians, and the Association for Refugees. The representative described bilingual services as a service within city hospitals where a person will come in person as a French interpreter. However for rural hospitals there is only the telephone interpretation system. Currently there is no mechanism of sharing updated information to staff available that would notify staff of what services are available; reliance is presently on the manager for the area to contact services.

The manager of Food Services identified that the order entry system requires the nurse to enter dietary needs of the patient. Diet is then determined by what is entered and there is also a dietician available if there is a question of dietary needs and appropriateness.

Accessing the Services

The representative from the pastoral care program identified that their contact information is available on the intranet and if contacted can help direct nurses to the appropriate contacts. However the representative from the pastoral care program did report that historically they find that they are more likely to be contacted by managers rather than frontline staff.

The member of the Diversity Committee felt that patients often avail of services outside of Eastern Health themselves but nurses need to be aware of the services in case they are asked. Contact information for the associations is available on the individual websites which she could provide and have it added to the Tool Kit.

The manager from Food Services felt that nurses are very aware of how to access their services since special diet requests follow the same process as any of the diet entries that nurses make for their patients.

Areas of Improvement

The representative from the pastoral care program identified that the main problem they find for nurses is that the list for local denominations is not updated in different units. While they provide the updated lists, old contact information is kept on the units which leads to difficulty when trying to contact clergy during time sensitive moments. Another obstacle identified by both pastoral care and the Diversity Committee member was that nurses do not perceive that they have the time to access translation services. They perceive that the family member is an adequate interpreter when in fact

the family member does not necessarily understand medical terminology or may be selective in the information that they relay to nursing staff. The manager from Food Services felt that the only obstacle they have is the timely entry of diet requests due to their limited hours. They also identified that nurses may not include enough information leading to the delivery of an unfavorable diet tray.

The member of the Diversity Committee also stated that nurses need to make more time to clarify the patients' needs and to not just make assumptions based on physical appearances. She also stressed the importance of nurses being aware of their own beliefs and biases and how personal beliefs can impact the care that is being provided.

Client Relations

The Quality and Clinical Safety Leader who works in Client Relations reported that she has not received a lot of feedback from clients regarding whether nurses are meeting cultural needs. She further described that this is not a good indication of what is or is not being done since they often only hear of the extreme circumstances and the negative; compliments are not common. She reported that she often receives questions regarding labor and delivery which indicates that patients have difficulty with navigating the information system that provides information to patients. She was aware that Eastern Health has developed policies relevant to the practices of Jehovah Witnesses and that ensuring that dietary needs are met should not be difficult.

When asked about what she would like to see nurses do differently she replied that they need to identify themselves, listen attentively, improve at advocating and be more inclusive with the family if required.

She identified interpreters, pastoral care, labor and delivery needs, advanced health care directives and better communication practices as essential elements to be included in a Tool Kit.

Conclusion

The basic premise of providing culturally competent care was well known to the nurses. They recognize the importance of meeting this need when providing care, however they did not indicate that they are aware of all elements needed in order to achieve this level of care. The literature describes many characteristics of culturally competent care but the nurses focused mainly on language and communication, spiritual needs, dietary needs and labor and delivery. There was little emphasis regarding expression of pain and emotions, end of life care, establishment of trust and personal space. There was also limited discussion on the possibility of the cultural beliefs conflicting with personal beliefs or standards of care. Each of these omissions may be related to the limited experiences of the nurses or the phrasing of the questions, however it does indicate the need for an assessment tool and a navigation tool that will assist nurses when providing care to the patient with cultural needs.

The consultations with the service providers provided a list of resources that are available to the nurses. Interpretation services, local pastoral care and food services were

the only services brought forward by the nurses. The gap in what was reported by the nurses and what is actually available reinforces the need for a guide for nurses on what resources are available and how they can access them.

The information obtained from the consultations will be used to develop a Tool Kit that will consist of an assessment tool, a resource list and decision trees that will guide nurses when assessing cultural needs.

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Appendix A

Email Requesting Recruitment for Nurses

Hello Nurse Focus Group;

Currently I am working towards my Master's degree in Nursing. As my final practicum project, I have chosen to develop a Tool Kit that will assist staff when assessing cultural needs of patients and with accessing the services Eastern Health has that will help meet the identified needs. I am writing you to invite you to participate in a focus group I will be holding to discuss nurses needs in this area.

As you know, nurses have a role to play in ensuring that all of your patients receive the care they require while respecting special considerations for cultural differences. This is challenging at times. I believe that a Tool Kit will be helpful for nurses in their practice. Your participation in the focus group will help me identify nurses' needs in terms of cultural assessment and the types of resources that would be useful.

Participation in this group is voluntary and the information you provide will be for the sole purpose of ensuring that the Tool Kit will be relevant and useful to the nurses at Carbonear General Hospital. At no time will participants be identified in any report and information provided will be kept in a secured area. The focus group session will only take one hour. If you are interested in participation, I will send you the date, time and location of the focus group meeting. I will also send you the questions to be discussed so that you can think about them prior to the meeting.

If you wish further information before making your decision, please contact me at 945-5139 or at Joanne.Howell@easternhealth.ca. Thank you for considering this request.

I look forward to hearing from you.

Sincerely yours,

Joanne Howell

Email Requesting Recruitment for Managers

Hello Nurse Managers;

Currently I am working towards my Master's degree in Nursing. As my final practicum project, I have chosen to develop a Tool Kit that will assist staff when assessing cultural needs of patients and with accessing the services Eastern Health has that will help meet the identified needs. I am writing you to invite you to participate in a focus group I will be holding to discuss nurses needs in this area.

As a manager you can identify your expectations of how nurses have a role to play in ensuring that patients receive the care they require and have special considerations for cultural differences respected. While this is challenging at times I hope that you will participate in the focus group so that you can identify not only your expectations but also offer insight into past experiences, patient feedback and how you feel that a Tool Kit can be beneficial to meet the needs of your staff.

Participation in this group is voluntary and the information you provide will be for the sole purpose of ensuring that the Tool Kit will be relevant and useful to the nurses at Carbonear General Hospital. At no time will participants be identified in any report and information provided will be kept in a secured area. The focus group session will

only take one hour. If you are interested in participation, I will send you the date, time and location of the focus group meeting. I will also send you the questions to be discussed so that you can think about them prior to the meeting.

If you wish further information before making your decision, please contact me at 945-5139 or at Joanne.Howell@easternhealth.ca. Thank you for considering this request.

I look forward to hearing from you.

Sincerely yours,

Joanne Howell

Email to Recruit Service Providers

Hello Service Providers;

Currently I am working towards my Master's degree in Nursing. As my final practicum project, I have chosen to develop a Tool Kit that will assist staff when assessing cultural needs of patients and with accessing the services Eastern Health has that will help meet the identified needs. I am writing you to invite you to participate in a phone interview to discuss nurses' needs in this area.

The purpose of the interview will be to identify the services that Eastern Health has in place that will meet the cultural needs of our patients. I also hope to discuss what you as a service provider feel should be included in a Tool Kit to ensure that nurses can play an active role in overcoming cultural challenges and improving the quality of care for all of our patients.

Participation in this interview is voluntary and the information you provide will be for the sole purpose of ensuring that the Tool Kit will be relevant and useful to the

nurses at Carbonear General Hospital. At no time will participants be identified in any report and information provided will be kept in a secured area. The phone interview will only take 15 minutes. If you are interested in participation, I will arrange a date and time that is mutually convenient. I will also send you the questions to be discussed so that you can think about them prior to the meeting.

If you wish further information before making your decision, please contact me at 945-5139 or at Joanne.Howell@easternhealth.ca. Thank you for considering this request.

I look forward to hearing from you.

Sincerely yours,

Joanne Howell

Email to Recruit Client Relations

Hello Client Relations;

Currently I am working towards my Master's degree in Nursing. As my final practicum project, I have chosen to develop a Tool Kit that will assist staff when assessing cultural needs of patients and with accessing the services Eastern Health has that will help meet the identified needs. I am writing you to invite you to participate in a phone interview to discuss nurses' needs in this area.

The purpose of the interview will be to identify what challenges are heard regarding cultural needs through client relations, what you think nurses can do to improve care for our diverse population and any suggestions you may have that will make the Tool Kit effective in meeting its objectives. Participation in this interview is voluntary and the information you provide will be for the sole purpose of ensuring that the Tool Kit

will be relevant and useful to the nurses at Carbonear General Hospital. At no time will participants be identified in any report and information provided will be kept in a secured area. The phone interview will only take 15 minutes. If you are interested in participation, I will arrange a date and time that is mutually convenient. I will also send you the questions to be discussed so that you can think about them prior to the meeting.

If you wish further information before making your decision, please contact me at 945-5139 or at Joanne.Howell@easternhealth.ca. Thank you for considering this request.

I look forward to hearing from you.

Sincerely yours,

Joanne Howell

Appendix B

Questions for Nursing Consultation

- 1) How would you define culturally competent care?
- 2) How would you approach assessing cultural needs of a patient?
- 3) Does your current nursing care plans provide you with an assessment guide for identifying cultural needs?
- 4) What barriers do you encounter when assessing and delivering culturally competent care?
- 5) What level of comfort do you have when assessing the cultural needs of your patients?
- 6) Do you feel comfortable with seeking clarification about culture?
- 7) How do you deal with language barriers?
- 8) Do you feel confident with your approach when seeking information about a patients cultural needs?
- 9) Are you aware that Eastern Health has resources available to you that can assist with cultural needs?
- 10) What resources have you used?
- 11) How would you avail of the resources within Eastern Health that support: language

barriers? Spiritual needs? Dietary needs? Others?

- 12) Can you identify any other resources that would be helpful?
- 13) What would you need in a Tool Kit to assist you to provide individualized care to someone from a different culture?
- 14) Would an assessment guide be helpful in the Tool Kit?

Questions for Manager Consultation

- 1) Do you feel that nurses have a comfort with assessing or delivering culturally competent care?
 - 2) Do you feel confident with your staff's approach when seeking information about a patient's cultural needs?
 - 3) Are you aware that Eastern Health has resources available to nurses that can assist with cultural needs?
 - 4) What resources have you used?
 - 5) How would you assist staff with availing of the resources within Eastern Health that support: language barriers? Spiritual needs? Dietary needs? Others?
 - 6) Can you identify any other resources that would be helpful?
 - 7) What do you think nurses would need in a Tool Kit to assist them to provide individualized care to someone from a different culture?
 - 8) Would an assessment guide be helpful in the Tool Kit?
-

Interview Questions for Service Providers and Client Relations

Service Providers

1. What services do you have to offer Eastern Health clients in order to meet their cultural needs?
 2. How would nurses and/or clients avail of these services?
 3. What kind of problems so you encounter with nurses accessing the services?
 4. What do you feel nurses need to make better use of when providing services to patients with cultural needs?
-

Client Relations

1. What feedback have you received from clients on how nurses are identifying their cultural needs?
 2. Have clients provided any indications that Eastern Health have the services that they need to meet their individualized care as it pertains to culture?
 3. What would you like to see nurses do differently?
 4. Do you have any suggestions for the content of a Tool Kit that will identify resources and services to nurses?
-

Appendix C

Health Research Ethics Authority Screening Tool

	Question	Yes	No
1.	Is the project funded by, or being submitted to, a research funding agency for a research grant or award that requires research ethics review	<input type="checkbox"/>	X
2.	Are there any local policies which require this project to undergo review by a Research Ethics Board?	<input type="checkbox"/>	X
	IF YES to either of the above, the project should be submitted to a Research Ethics Board. IF NO to both questions, continue to complete the checklist.	<input type="checkbox"/>	X
3.	Is the primary purpose of the project to contribute to the growing body of knowledge regarding health and/or health systems that are generally accessible through academic literature?	<input type="checkbox"/>	X
4.	Is the project designed to answer a specific research question or to test an explicit hypothesis?	<input type="checkbox"/>	X
5.	Does the project involve a comparison of multiple sites, control sites, and/or control groups?	<input type="checkbox"/>	X
6.	Is the project design and methodology adequate to support generalizations that go beyond the particular population the sample is being drawn from?	<input type="checkbox"/>	X
7.	Does the project impose any additional burdens on participants beyond what would be expected through a typically expected course of care or role expectations?	<input type="checkbox"/>	X
LINE A: SUBTOTAL Questions 3 through 7 = (Count the # of Yes responses)		0	
8.	Are many of the participants in the project also likely to be among those who might potentially benefit from the result of the project as it proceeds?	X	<input type="checkbox"/>

9.	Is the project intended to define a best practice within your organization or practice?	X	<input type="checkbox"/>
10.	Would the project still be done at your site, even if there were no opportunity to publish the results or if the results might not be applicable anywhere else?	<input type="checkbox"/>	X
11.	Does the statement of purpose of the project refer explicitly to the features of a particular program, Organization, or region, rather than using more general terminology such as rural vs. urban populations?	X	
12.	Is the current project part of a continuous process of gathering or monitoring data within an organization?		x
LINE B: SUBTOTAL Questions 8 through 12 = (Count the # of Yes responses)		3	
SUMMARY Line B has 3 yes responses and Line A had 0 yes responses, so B > A therefore quality not research. See Interpretation Below			

Interpretation:

- If the sum of Line A is greater than Line B, the most probable purpose is **research**. The project should be submitted to an REB.
- If the sum of Line B is greater than Line A, the most probable purpose is **quality/evaluation**. Proceed with locally relevant process for ethics review (may not necessarily involve an REB).
- If the sums are equal, seek a second opinion to further explore whether the project should be classified as Research or as Quality and Evaluation.

These guidelines are used at Memorial University of Newfoundland and were adapted from ALBERTA RESEARCH ETHICS COMMUNITY CONSENSUS INITIATIVE (ARECCI). Further information can be found at:

<http://www.hrea.ca/Ethics-Review-Required.aspx>

Appendix III: Tool Kit

Increasing Cultural Sensitivity Tool Kit

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Part 1: Introduction

Introduction

It is the expectation of Eastern Health that every patient on admission is asked whether there are any care concerns related to culture or religion. This expectation is supported by the Canadian Nurses Association Code of Ethics (2000) which requires nurses to incorporate culture into all aspects of nursing care. Nurses need to be able to conduct a more detailed assessment so that the patient's care plan can be individualized. The goal of the cultural assessment is to ensure the care needs of the patient are determined based on individual needs rather than based on generalizations or stereotypes (Allen, 2010; Barrow, 2011; Lowe, 2009).

This tool kit has been developed to assist in guiding Registered Nurses at Carbonear General Hospital with cultural assessment. It will provide them with an assessment tool and the information they require on how to avail of relevant resources within Eastern Health. This will enable patient care plans to be individualized to better reflect the needs of the patient. By integrating cultural considerations into patient care, nurses will increase quality of care while maintaining the values of Eastern Health: respect, fairness, integrity, connectedness and excellence.

This tool kit consists of:

1. Decision Tree to guide nurses through the steps of the cultural assessment process
2. Cultural Assessment Guide
3. Resources and Strategies

Collaboration

When conducting cultural and other assessments and planning care, it is important to foster an environment of sharing and collaboration between the nurse and the patient/family. A helpful mnemonic to assist with this is LEARN:

- L – Listen with openness and willingness to create an understanding of the patient’s perspective of the problem and possible treatment needs,
- E – Explain the nursing perspective and health care management perspective. Teaching the patient why the suggested treatment plan will be effective for recovery,
- A – Acknowledge the similarities and differences between the two perspectives,
- R – Recommend a care plan that will meet both the needs of health care and cultural preferences, and;
- N – Negotiate until agreement can be made that satisfies both the patient and treatment needs.

(Campinha-Bacote, 2001; DeRosa & Kochurka, 2006)

Description

Cultural assessment consists of several steps. The *Decision Tree* is used to guide nurses through the cultural assessment process. It provides a step by step guide on what cultural considerations to assess followed by the implementation of initiatives into the care plan. Cultural considerations are listed and can be found in the *Cultural Assessment Guide*.

The *Cultural Assessment Guide* provides a table that identifies areas of assessment, some sample questions that help with the assessment, and direction for the *Resources and Strategies* section.

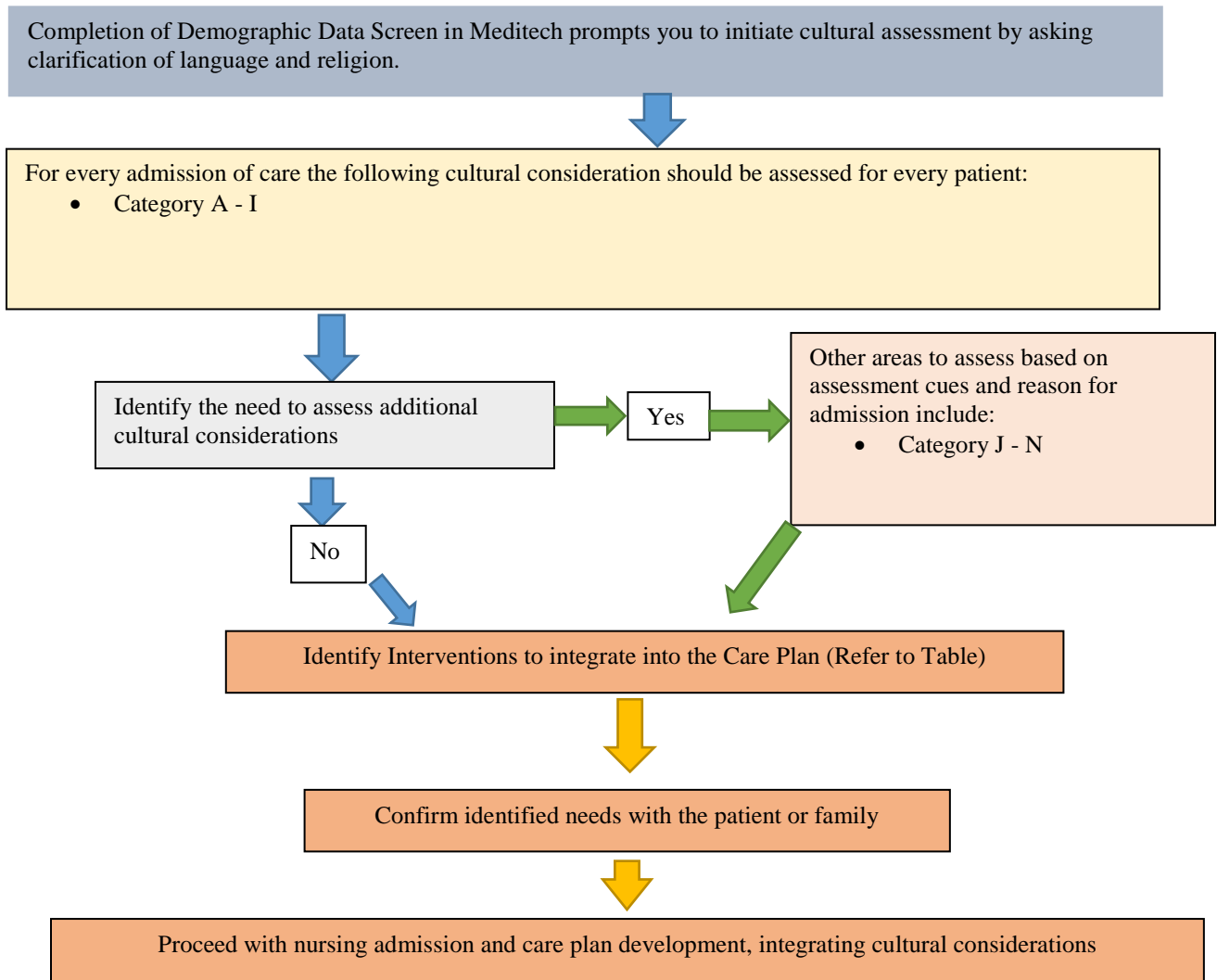
The *Cultural Assessment Guide* is comprised of fourteen different cultural considerations. The table will clarify for nurses why they are assessing the cultural consideration, some sample questions that help with assessment, and direction for the *Resource and Strategies* section. Assessment of all of these areas is not necessarily required since patients are different in how they follow their culture or religion. It is important to note that the list of questions is not all inclusive and should be used as a suggestion for nurses since additional questions or approaches may be required when dealing with patients. Also nurses need to pay attention to assessment cues that will further prompt them to ask further questions or to clarify their patients' actions or response.

The *Resources and Strategies* section will suggest resources to access within Eastern Health, contacts, strategies and helpful tips that can then be integrated into the patient's plan of care in order for it to be individualized based on relevant cultural considerations.

Part 2: Decision Tree to Guide Cultural Assessment

Decision Tree to Guide Cultural Assessment

This *Decision Tree* will guide you through the steps of the cultural assessment process.



Instruction for Navigation

Each section of the *Decision Tree* can be used to guide the assessment of cultural considerations.

Step 1:

Completion of Demographic Data Screen in Meditech prompts you to initiate cultural assessment by asking clarification of language and religion.

It is expected that, as part of your nursing admission and history, cultural requirements will also be assessed for every patient. As a part of the nursing admission you complete the Demographic Data. Currently you are asked to complete Language, Religion and Affiliation. This does not provide adequate information to assess cultural considerations. This is a screenshot from Meditech that shows the current prompts for nurses to assess culturally considerations.

The screenshot shows a 'View Patient' window in Meditech. The form is divided into several sections: 'Patient's Information', 'Employer', 'Next Of Kin', and 'Person To Notify'. The 'Patient's Information' section includes fields for Street, City, Province, Postal Code, Home Ph, Other Ph, Res Code, Language, HCN Prov, Subscr Init, Subscr Relat, Religion, Email, and Affil. The 'Religion' field is circled in red and contains the text 'UC UNITED CHURCH'. The 'Next Of Kin' section includes fields for Name, Street, City, Province, Postal Code, Home Ph, Work Ph, and Rel To Pt. The 'Person To Notify' section includes fields for Name, Street, City, Province, Postal Code, Home Ph, Work Ph, and Rel To Pt.

Once prompted by the Meditech screen you should then proceed with a more in depth cultural assessment.

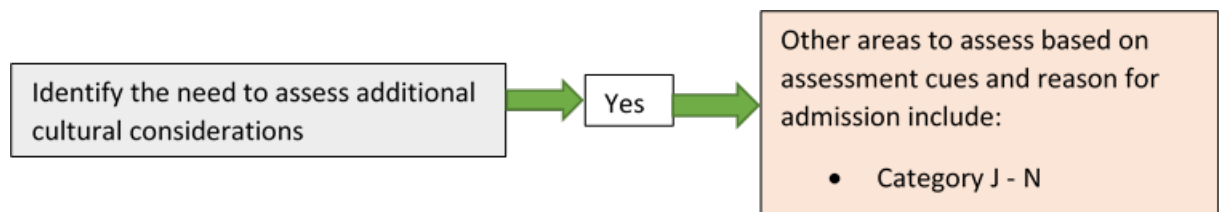
Step 2:

For every admission of care the following cultural consideration should be assessed for every patient:

- Category A - I

- Follow the assessment guide to identify the cultural characteristics that you are assessing. Every admission should be assessed for the cultural considerations labeled A – I in the *Cultural Assessment Guide* section. To explore each assessment area patients need to be encouraged to provide additional information. Ask the patient: “*To help me learn more about your needs and beliefs, let’s talk about (insert cultural consideration)*”. Once completed proceed to the next section of the *Decision Tree*.

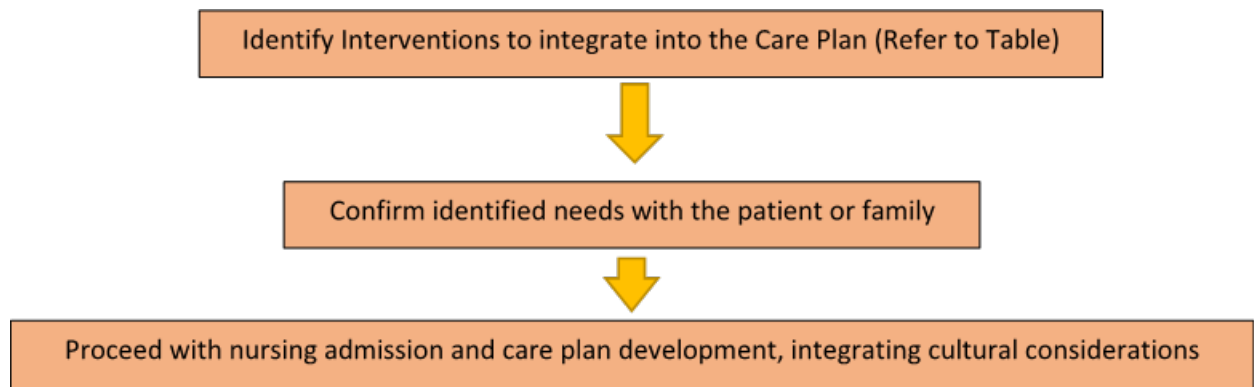
Step 3:



- Based on reason for admission and nursing assessment other cultural considerations may require assessment. These are labeled Category J-N in the *Cultural Assessment Guide* section.

Step 4:

- Next follow the table in the *Cultural Assessment Guide* to provide you with why you are assessing a specific cultural need, suggested questions that you can ask the patient and assessment cues that will prompt you to explore more with the patient any special considerations. Once completed proceed to the next step identified in the *Decision Tree*.

Step 5:

- Based on the answers provided by the patient, refer to the *Intervention* section of the table within the *Cultural Assessment Guide* to guide you to the area of the *Resources and Strategies* section of the tool kit that will help you learn more about the cultural consideration, resources that can be accessed within Eastern Health, and strategies that can be implemented to provide individualized care.

Part 3: Cultural Assessment Guide

Cultural Assessment Guide

This section of the tool kit provides a table that will:

- Identify the reason for the assessment;
- Provide suggested questions* to help with the assessment; and
- Provide possible assessment cues to be aware of that are relevant to the cultural consideration.

A leading question* that could initiate assessment of any cultural consideration is:

“To help me learn more about your needs and beliefs, let’s talk about (insert cultural consideration)”

*Please note that the questions provided are not all inclusive. They are suggested questions that can be tailored or elaborated to meet your assessment needs.

Details of the references identified with numbers in the table can be found in the bibliography at the end of the document.

Cultural Considerations for Every Patient Assessment

Category	Cultural Consideration	Reason for Assessment	Assessment Cues and Sample Questions	Interventions
A	Communication : Verbal and Non-verbal ^{1,2,3,6,7,10}	<ul style="list-style-type: none"> • Identify the preferred language for communication. • Identify ability to read and write. • Identify how well the individual can speak English and whether a translator is needed. • Identify level of comprehension regarding the illness and treatment plan. • Develop therapeutic communication and heighten awareness of important cues. 	<ul style="list-style-type: none"> • Do you feel comfortable speaking English? • Do you understand English? • Are you able to read English? • Would you like to have a translator? • Who have you used in the past to help with translating? • Would you like translated materials to read about your health problem? <p>Be aware of assessment cues:</p> <ul style="list-style-type: none"> • Gestures and affect: e.g., stoic or expressive manner. • Eye contact: whether it is perceived as aggressive or impolite. Sign of respect for some cultures is a downward gaze. • Body posture. 	<p>Resources: <i>Page 23</i></p> <p>Communication Strategies: <i>Page 24</i></p> <p>Helpful Hints: <i>Page 25</i></p>

Category	Cultural Consideration	Reason for Assessment	Assessment Cues and Sample Questions	Interventions
B	Religious Beliefs ^{6,7,9,10}	<ul style="list-style-type: none"> Identify the patient's religion in order to make appropriate support contacts. 	<ul style="list-style-type: none"> What is your religious affiliation? Do you wish to have a member of your religion/ clergy visit? Is there anything I should know about your religion that will affect your plan of care? 	Resources: <i>Page 25</i>
C	Diet/ Nutrition ^{2,3,6,7,10}	<ul style="list-style-type: none"> Determine culturally specific dietary preferences or requirements that are either in conflict with prescribed diet or to be promoted. 	<ul style="list-style-type: none"> Do you have a special diet? For your condition you will need to follow (<i>explain diet order</i>); do you have any concerns about this? Are there foods that you can't tolerate or are unacceptable? 	Dietary Strategies: <i>Page 26</i>

Category	Cultural Consideration	Reason for Assessment	Assessment Cues and Sample Questions	Interventions
D	Family Roles and Organization ^{1,2,3,4,6,7,8,9}	<ul style="list-style-type: none"> • Determine who the decision maker is in the family (the individual, family, mother vs. father, male vs. female). • Identify who in the family will be the support for the patient. 	<ul style="list-style-type: none"> • Who in your family is available to help with your recovery? • Who is the decision maker in the family? • Is there someone who helps you make decisions? • With whom should we discuss your care? • Would you like me to include this person when I visit or speak with you? 	Strategies: <i>Page 27</i>
E	Heritage and Cultural Supports ^{6,7,10}	<ul style="list-style-type: none"> • Identify any issues surrounding the country of origin. 	<ul style="list-style-type: none"> • Are you visiting the area? • How long have you been here? • Who can I contact to provide support to you while in hospital? 	Common Support Networks: <i>Page 27</i>

Category	Cultural Consideration	Reason for Assessment	Assessment Cues and Sample Questions	Interventions
F	Personal Space ^{1,2,4,6,9}	<ul style="list-style-type: none"> • Determine boundaries and respectful distances. • Determine level of comfort with closeness and whether it is a sign of caring. • Develop strategies to accommodate while meeting care needs. 	<p>Be aware of assessment cues that will prompt you to ask:</p> <ul style="list-style-type: none"> • Is there a distance that I should maintain to make you comfortable? • Is there a reason that you are uncomfortable when I stand here? 	Strategies: <i>Page 28</i>
G	Modesty and Personal Touch ^{1,2,4,6,9}	<ul style="list-style-type: none"> • Determine strategies to accommodate preferences while meeting care needs. 	<ul style="list-style-type: none"> • Be aware of visual cues that will prompt you to clarify the patient's comfort level with modesty e.g., ensuring certain areas of the body remain covered. • Be aware of assessment cues that will prompt you to clarify with the patient the preferred comfort level with touch. 	Strategies: <i>Page 29</i>

Category	Cultural Consideration	Reason for Assessment	Assessment Cues and Sample Questions	Interventions
H	Treatment Plan ^{3,8}	<ul style="list-style-type: none"> • Determine if the patient has a fatalistic belief (no control) or control over the future. • Identify use of traditional treatments or healers. 	<ul style="list-style-type: none"> • Do you have any concerns about your treatment plan? • Who controls the outcome of your illness? • If you follow the treatment, will it affect your recovery? • Are there remedies, such as herbs, teas or ointments that you have found helpful? • Are there any alternate therapies that I should be aware of that you feel will help your recovery? 	Strategies: <i>Page 30</i>
I	Perception of Health Care ^{3,8,10}	<ul style="list-style-type: none"> • Determine the patient's attitude and level of trust towards our healthcare system vs. traditional treatments. 	<p>Assessment cues such as not following treatment plan should prompt you to clarify:</p> <ul style="list-style-type: none"> • Is there anything that you wish to include or remove from your treatment plan? • Is there a reason why you are not following the prescribed treatment? • Are there any beliefs or practices that I should be aware of that is impacting your ability to follow the treatment plan? 	Strategies: <i>Page 31</i>

Additional Cultural Considerations to Assess

Category	Cultural Consideration	Reason for Assessment	Assessment Cues and Sample Questions	Interventions
J	Care from the Opposite Gender ^{1,2,4,6,9}	<ul style="list-style-type: none"> Determine the comfort of receiving care from the opposite gender. 	Based on assessment cues that the patient or family member is uncomfortable with the practitioner will prompt you to clarify the reason.	Strategies: <i>Page 31</i>
K	Time ^{1,6,8}	<ul style="list-style-type: none"> Determine if the patient will follow “time by the clock” or if he or she will have a “freer” time perception. 	Based on assessment cues as to whether or not the patient is: <ul style="list-style-type: none"> Following prescribed treatment times for treatments that are time sensitive. Missing appointments or referrals. 	Strategies: <i>Page 32</i>
L	Pain ^{3,5,8}	<ul style="list-style-type: none"> Determine if pain is expressed freely or only if asked. 	<ul style="list-style-type: none"> What do you think a person should do when he or she is in pain? Is there a reason why you do not want to take your pain medications? Do you believe that pain should be tolerated? 	Expression of Pain: <i>Page 32</i> Assessing and Describing Pain: <i>Page 33</i> Decisions about Pain Control: <i>Page 34</i>
M	Pregnancy and Child –bearing Practices ^{4,7}	<ul style="list-style-type: none"> Identify beliefs regarding fertility, pregnancy and child birth. 	<ul style="list-style-type: none"> Are there any beliefs or rituals related to your (<i>pregnancy, childbirth, obstetrical care or care of the newborn</i>) that might affect your plan of care? 	Refer to the Obstetrical Program for culture specific intervention strategies.

Category	Cultural Consideration	Reason for Assessment	Assessment Cues and Sample Questions	Interventions
N	End of Life Care ⁷	<ul style="list-style-type: none"> Identify beliefs and behaviors that they wish to follow for end of life care. 	<ul style="list-style-type: none"> Are there any beliefs or rituals related to your end of life care that we should be aware of? 	Refer to the intranet for end of life care concerns.

Part 4: Resources and Strategies

Resources and Strategies

After reviewing the suggested questions and assessment cues found in the *Cultural Assessment Guide*, it is important to identify interventions that can be used to meet the cultural needs of the patient or family. For each category, here you can find resources, tips and strategies for each of the cultural considerations that were relevant during the assessment. Review the resources and strategies listed for the category and incorporate them into the care plan as relevant.

Category A: Communication: Verbal and Non-verbal

Resources

If the patient does not speak English contact interpretation services by either:

- Calling CanTalk Phone 1-866-820-4348 using the CanTalk Corporate Identification Number (CIN) 2972

Or

- Calling CGH Switchboard to direct the call

Note: When using the interpretation services you will need a telephone with speaker capability for the interaction so that all parties can hear the interaction.

Tips for Using Interpreters:

It is preferable to use medically trained interpreters since information may be too sensitive or too technical for a family member. There is also a potential that family may not translate all information. However, with the permission of the patient, family can be present during interactions. If the family is uncomfortable with the telephone interpretation system, then you may require family participation.

- Allow for sufficient time since it will take longer to use an interpreter than what it normally takes for a patient interaction
- Meet with the interpreter first to discuss any concerns
- Remember the interpreter is also bound by the same level of privacy and confidentiality as other medical personnel

- Listen to, watch and face the patient so that you can be alert for visual cues
- Speak to the patient in the first person
- Speak in short phrases
- Avoid the use of medical jargon
- Ask the patient to repeat back his/her understanding of the discussion and treatment plan
- When finished meet with the interpreter to discuss any observations and processes including any challenges experienced during the interaction

Communication Strategies

- Establish the preferred way to address the patient and family members
- Explain your role to the patient
- Demonstrate respect and a willingness to listen
- Speak clearly and slowly
- Refrain from interrupting, arguing, or judging
- Remember the patient will be able to sense frustrations or disapproval and this will lead to difficulties with communication and compliance with care
- Observe behaviors: rituals, gestures or objects can have importance so they should be noted and their importance clarified
- Understand the potential cultural implications for cues and then adjust care accordingly or seek clarification
- Assess whether the patient understands what was said during the interaction

Helpful Hints:

Be aware that communication styles can have different meanings for different cultures.

- Silence may signify:
 - respect or acknowledgement
 - no
- The use of the direct response “NO” may be rude
- Loud voices or repeating can mean:
 - Emphasis
 - Anger
 - Enthusiasm
 - Request for help
- Eye contact can signify:
 - Respect
 - Disrespect
- Subject matter or conversation length:
 - Some value short subtle styles
 - Forthright is considered rude
 - Topics such as sexuality and death may be considered taboo

It would be impossible to know the intricacies of every culture so remember to clarify any cues and to not make assumptions.

Category B: Religious Beliefs

Resources

Local Clergy and Christian Based Faiths

- Consult on-call list for list of clergy for the surrounding communities or contact CGH Switchboard

Other Faith Groups

- Contact Pastoral Care and Ethics Services
(708) 777-8940

Category C: Diet and Nutrition

Dietary Strategies

Dietary considerations are of importance when they are contraindicated or can benefit the patient's recovery. For any culture-specific requests the information should be entered into the order entry field within Meditech to alert dietary staff of the patient's requirements.

Order Record

Patient: _____ Acct No. C1001428/14 Unit No. 279711055012
 Ordered By: _____ Entered By: _____ 19/11/14 1510
 Other Prov: _____

Category: DIETS Procedure: NPO Status: TRN
 Order No. 1911-0235 Pri: ROUTINE Qty: _____ Date: 19/11/14 Time: 0
 Signed by: _____

Audit Trail

2	19/11/14	1510	PETI	Ordering Doctor:
3	20/11/14	1633	SOHT	order viewed

ADDITIONAL DIETS

ORDERING SITE: CG Carbonear General Health Ctr
 2nd: Texture: Regular
 3rd: Small frequent meals:
 4th: Breast Feeding:
 5th: Enteral feed required:
 Likes/dislikes:
 Supplements:
 Comments:

For dietary requests that are contraindicated, a referral to the dietician should be considered in order to clarify needs and negotiate a diet plan that will be acceptable to the patient and the recovery.

Category D: Family Roles and Organization

Strategies:

Family members can play a significant role in recovery for the patient. They can offer support and guidance and assist or dictate decision making depending on the culture.

Some helpful strategies are:

- Ask the patient if he/she wishes a family member to be present during discussions or examination
- If the patient prefers for someone within the family to make decisions then ensure that the request is documented in the patient chart and communicated to members of the multidisciplinary team
- Demonstrate respect for the patient and family

Category E: Heritage and Cultural Supports

Common Support Networks

Support networks can assist in finding members from similar cultures who will help the patient and the family navigate the healthcare system. They can also provide information that can educate staff regarding cultural needs for the patient and family.

- Aboriginal Navigators (Individuals from the same Aboriginal culture who can assist Aboriginal patients and their families navigate the acute care health system): (709) 777-2110 or HSC Switchboard afterhours and weekends.
- Refugee and Immigrant Advisory Council Inc.: <http://www.riac.ca/>
- Town of Carbonear Immigration: http://carbonear.ca/immigrants/?page_id=26

- Association for New Canadians: <http://www.ancnl.ca/>

Category F: Personal Space

Strategies

- “Too close” for some cultures can be perceived as intrusive and aggressive. Be alert for assessment cues such as moving away when approached to further prompt clarification on what distance is a comfortable distance.
- Keep in mind that you will have to explain to the patient that during care there will be times that the established boundaries will need to be crossed. However during those times it is important to notify the patient of intentions to eliminate the feeling of violation.
- Before performing a procedure that requires invasion of the space preference, inform the patient of the actions and care to be completed.
- See also **Category G: Modesty and Personal Touch**

Category G: Modesty and Personal Touch

Strategies

For some cultures modesty means ensuring that the individual wears a modest dress that keeps body parts covered with no defining shape. Some strategies that can assist in maintaining the patient's desired level of modesty include:

- Have the patient change into a hospital gown only if care dictates the need
- Expose only the areas of the patient that are absolutely necessary
- In times of exposure, ask the patient what would make him/her comfortable
- Communicate the need to perform an examination
- Announce arrival to the patient's room before entering so that the patient has time to cover as needed

Personal touch can be seen as caring or as intrusive. It is important to establish when touch is appropriate in order to maintain comfort and respect. Some strategies to remember are:

- Be alert to visual cues that the patient or the family is uncomfortable with touch
- Approach personal touch with caution outside of the need for assessment or examination
- Determine if the patient wishes to have someone present during examinations

Category H: Treatment Plan

Strategies

There is a need to establish the patient's perception of his/her illness and what he/she perceives will assist with recovery. Based on the culture of the patient or the family there may be beliefs, cultural ceremonies or objects that are seen to influence the treatment plan or the willingness of the patient to comply with care. A helpful mnemonic is the ETHNIC MODEL:

E – Explanation of the problem as perceived by the patient

T – Treatment preference; traditional remedies or medical care

H – Healers and others in the community that the patient perceives to be important for recovery

N – Negotiation of options for recovery that the patient and the healthcare providers will agree on

I – Intervention that incorporates the cultural practices

C – Collaboration with the patient, family, healers and other community resources

(Campinha-Bacote, 2001)

Category I: Perception of Health Care

Strategies

Be alert for visual cues such as noncompliance with the treatment plan, which will prompt you to clarify any mistrust that the patient may have in his/her practitioner or care plan.

Some cultures do not approve of discussing death or prognosis with the patient since they believe that awareness of either will hasten death. Ensure that you approach these discussions with sensitivity being alert to who in the family has been determined to be the decision maker and that confidentiality is maintained.

Category J: Care from the Opposite Gender

Strategies

Some cultures do not allow care from the opposite gender and could even deny care if that is their only option. While efforts should be made to respect these wishes, this may not always be possible. Some helpful strategies are:

- Ensure that the reason for the request is for a valid reason and should be accommodated
- Find an alternative care provider
- If no alternative is available then ask the patient or family about options to overcome the barrier in order to demonstrate respect with their wishes

- Have a second practitioner present in the room from the same gender act as a chaperone
- Have a family member act as a chaperone

Category K: Time

Strategies

- Explore with the patient why he or she is late for appointments or not following the treatment regimen
- Review the time requirements of the treatment to establish need for rigidity or whether timing can be more flexible
- Provide education to the patient regarding the consequences of lateness
- Negotiate with the patient a schedule for treatment that best meets the needs without compromising patient safety

Category L: Pain

Different cultures demonstrate different responses to pain. There can be differences in how it is expressed, described and treated.

Expression of Pain

Some cultures value stoicism where moaning or screaming is discouraged. Patients keep their faces masked since expressions of pain are seen as a weakness. They often wish to be left alone to deal with the pain silently.

Other cultures value expressive reactions to pain such as moaning or crying. They see this reaction as a cry for attention so that they can receive comfort and support from others. They will not wish to be alone.

No matter how they express, pain patient expressions should be respected. However education should be provided so that they can make an informed decision on the treatment of their pain.

Assessing and Describing Pain

Refer to the pain assessment tool found in nursing interventions in the Meditech module. However it is important to remember that different words are used in different cultures to describe pain. It is important to establish the descriptors used by the patient to ensure that a consistent approach is used during assessment and whether the assessment tool is appropriate.

Some nonverbal cues for pain include facial expressions, body posture and a change in activity level.

There are also suggested questions that can be used to assess pain and treatment preference. These include but are not limited to:

- What do you think is causing your pain?

- When did it start? Why do you think it started when it did?

- What do you fear most about the pain?
- What problems does it cause you?
- What have you used to help you with the pain? How does it help?
- Who else have you consulted about the pain? Family members? A traditional healer?
- What treatments do you think might help you with the pain?
- Who helps you when you have pain? How do they help?

Decisions about Pain Control

Patients seek different methods for controlling pain. During the pain assessment the nurse can establish the preferred method. This is also important in order to ensure that the alternative therapy is not contraindicated with prescribed treatments. Some possibilities for pain control are:

- Medications
- Spiritual rituals
- Herbs
- Touch and other energy therapies such as yoga and acupuncture

Part 5: Bibliography

Bibliography

*Please note that the references with numbers relate to the numbers identified in the **Cultural Assessment Guide**. Due to limited space in that table, authors and other details could not be listed completely. The other articles listed here were used to guide the development of the **Resources and Strategies** section and can be used as resources for further information.*

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Appendix IV: Implementation and Evaluation Plan

**Increasing Cultural Sensitivity Tool Kit:
Implementation and Evaluation Plan**

Background

Eastern Health conducted a Patient Episode of Care survey which determined that patients felt that their cultural needs were not being met. It then became a target for Eastern Health to introduce initiatives that will improve nurses' ability to deliver culturally competent care. The "Increasing Cultural Sensitivity Tool Kit" was developed based on evidence-based practices found through a literature review and information collected through consultations from key stakeholders associated with Carbonear General Hospital (CGH). By applying the tools in the Tool Kit nurses will be able to determine what cultural characteristics need to be assessed, how to assess the cultural need and then what resources or strategies can be implemented to meet those needs. This document outlines the plan to implement and evaluate the Tool Kit. A timeline can be found in Appendix A.

Approval

The first step to implementing the Tool Kit is to seek approval from the senior management team of Eastern Health. The completed Tool Kit will be submitted to the Directors who have management responsibility for the inpatient units and emergency or ambulatory treatment areas at CGH.

Implementation

There are two aspects to the implementation: access and education. The Tool Kit will be available at each nursing unit in print form and electronic. Electronic will be a short cut to a PDF file on their desktops. All nursing staff will be educated on how to

navigate through the Tool Kit. An education session will be held for the two nurse educators and the two Care Facilitators at CGH where they will be taught about the Tool Kit by the author in order to have them conduct further education to the remaining nursing staff at CGH. Nursing staff will consist of 150 Registered Nurses. Since the current scope of practice for the Licensed Practical Nurses does not allow them to conduct nursing assessments they will not be included in the target audience. The forum for education will focus primarily on ten “lunch and learn” sessions, but the topic will also be submitted for a nursing grand round. Each education session will take 30 minutes for education and allow an additional 10 minutes for a question period. The Tool Kit will be trialed at CGH for a period of one year in order to ensure to ensure that a sufficient number of nurses are able to try the tool kit and provide feedback.

Evaluation

There will be three different areas of evaluation for the Tool Kit; these are usability for nurses, patient satisfaction and impact from support services. Evaluation will occur over the course of the year at three month intervals to assess the usability of the Tool Kit and how it integrates into the current nursing assessment tool. This will be done through anonymous surveys that will ask the nurses how often they have used the Tool Kit, and ask them to provide feedback on its clarity, whether the information is useful, whether any additional information is needed in the Tool Kit, and if they have accessed the resources and if so whether there were any challenges.

At the end of the year patient satisfaction will be evaluated by repeating the format of the original Episode of Care Survey. It will be used to determine whether patients' cultural needs are being assessed, if interventions are being offered that will help meet the cultural needs and whether patients feel that nurses are respecting their cultural needs.

At the end of the year support services who were identified to be key stakeholders will be contacted by an email questionnaire that will assess what types of questions they receive from the nurse or patients, if they can perceive an increase in the use of their services and if any issues they identified through the consultations have changed.

Conclusion

The trial period for the implementation of the Tool Kit will occur for one year. After the first year, evaluation feedback will be reviewed and revisions made as necessary. In addition, the evaluation results can be used to determine if the Tool Kit can be generalized throughout Eastern Health.

Appendix A

Implementation and Evaluation Table

Action	Target Date
Senior Management Approval	<ul style="list-style-type: none"> • February, 2015
Education Completion (CGH): <ul style="list-style-type: none"> • In-services for Educators • Lunch and Learns • Nursing Grand Round 	<ul style="list-style-type: none"> • March 2015 • March 2015 • April 2015
Access to the Tool Kit	<ul style="list-style-type: none"> • April 2015
Evaluation: <ul style="list-style-type: none"> • Usability <ul style="list-style-type: none"> ○ 3 months ○ 6 months ○ 9 months ○ First year • Patient Satisfaction • Follow up with Support Services 	<ul style="list-style-type: none"> • July 2015 • October 2015 • January 2016 • April 2016 • April 2016 • April 2016
Regional Implementation	<ul style="list-style-type: none"> • September 2016