



ASPAN

American Society of PeriAnesthesia Nurses

Message from the President

Impact of Research on Diversity and Cultural Competence

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As a recent graduate student in an MSN program, I was motivated to gather and analyze data related to a specific diversity topic. My research question asked if the majority of faculty were adequately prepared to teach minority students. A review of the literature exposed limited research on this topic. The existing documentation, however, demonstrated a significant absence of focused educational and curriculum development programs on diversity and culturally competent care. Although my study was conducted purely on paper for the purpose of classroom discussion, the outcomes mimicked other scientific inquiries. Faculty did not feel they had received adequate and ongoing educational and skills training to be effective in their roles. This glimpse of a cultural issue served as the springboard for future investigations.

I discovered a lack of research documenting the benefits of a diverse nursing workforce on outcomes of care. This is primarily due to insufficient measurement tools for assessing cultural competence. Chrisman and Shultz (1997) actually asserted that there is no research on the effects of cultural competence training and that programs tend to be piecemeal, fragmented efforts.¹ In addition, practice standards are slow in surfacing which could support and advance a comprehensive approach to diversity. Pilot projects that demonstrate partnerships among diverse patient populations, community healthcare facilities, and nurses are rare, but vital predictors to the success of any cultural competence movement.

Strategies to effectively tackle this issue have become more prevalent over the past several years. For example, the Inventory to Assess the Process of Cultural Competence Among Healthcare Professionals (IAPCC) developed by Dr. Campinha-Bacote started the dialogue on what was missing in education and training. It is a 20 item instrument that measures the constructs of cultural awareness, cultural knowledge, cultural skill, and cultural encounters. Scores indicate whether healthcare providers are culturally incompetent, culturally aware, culturally competent, or culturally proficient. Higher scores indicate a higher level of competence.²

Likewise, Woody (1992) developed a tool called "Assessing Cultural Competence," which comprises 15 questions on a five-point Likert scale. This tool assesses the individual's viewpoint on cultural competence, as well as the department's, institution's, or agency's practices regarding cultural competence.³

As a novice researcher and ASPAN leader, I set the agenda for my presidential year and chose to focus on diversity and cultural competence. During the initial meeting of the appointed Diversity Strategic Work Team (SWT) I shared my vision for the direction that ASPAN should take in order to be successful with this initiative. Ideas were brainstormed and effective collaborative strategies were voiced. Proactive research actions to date are clearly linked to ASPAN's Goal D, which speaks to the advancement of our specialty through evidence-based practice.

A newly created Evidence-Based Practice (EBP) Committee is up and running. The EBP model has been introduced to our membership with the outcome of translating findings obtained from research studies into clinical practice.³ The results of a safety study will definitely impact clinical practice in diverse settings with diverse patient populations. Information obtained from an educational assessment survey of our diverse membership will significantly affect future programs and events. The possibility of conducting an

international research activity with the British recovery nurses looks promising and is actively being investigated. In addition, the member organizations that comprise the Nursing Organizations Alliance (NOA) have been queried about diversity programs and best practice initiatives. Perhaps a future pilot project that crosses over all these specialties will enable nurses to collaboratively develop and utilize a cultural awareness and competence tool that will be appropriate everywhere!

ASPAN has also been proactive with regard to the need of writing a guideline specific to diversity. This project is a key initiative of the Standards and Guidelines Committee. There is no doubt that it will be designed through the utilization of the EBP model.

As preparations for ASPAN's 25th National Conference unfold, it is apparent that our specialty organization is committed to diversity. Submissions of research and best practices posters highlighting culturally appropriate care and those showcasing the accomplishments of practitioners in remote sites where conscious sedation is administered are being solicited. Keynote speakers and lecturers with an expertise on diversity will comment on cultural competence from all perspectives including research, practice and education. A diversity summit in Orlando is scheduled with invitations being sent to minority nursing groups, as well as organizations involved in our practice, such as nurse anesthetists and operating room nurses. The immediate purpose is for outreach and communication purposes, but future networking opportunities leading to collaborative efforts in research with diverse patient populations and various healthcare facilities is a attainable future goal.

Since research is one of the three core domains for perianesthesia nursing, ASPAN is well positioned to advancing our diversity initiatives and to the delivery of culturally competent care. As an organization, we believe that cultural competence is a vital part of research. We understand that cultural issues must be examined and addressed continually throughout the research process. We appreciate the need for understanding a research subject's culture. We realize that culturally relevant interpretations about study outcomes must be considered within the cultural context of study participants. We are committed to eliminating bias and over-generalization. We strive to be recognized as the primary provider of evidence-based practice (EBP) resources. Ultimately, we are the movers and the shakers because as perianesthesia nurses we desire to touch the world that touches us!

REFERENCES

1. Chrisman, N & Schultz, P Transforming healthcare through cultural competence training, In *Cultural diversity in nursing: Issues, strategies, and outcomes*. Washington, DC, American Academy of Nursing, pp 70-79, 1997
2. Campinha-Bacote, J A model and instrument for addressing cultural competence in health care, *Journal of Nursing Education* 38(5):203-207, 1999
3. Campinha-Bacote, J Assessing cultural competence in healthcare settings: Models and tools for application, *In readings and resources in transcultural health care and mental health*. Cincinnati, Ohio, Transcultural CARE Associates, pp295-302, 1999