

A Successful Partnership to Help Reduce Health Disparities: The Institute for Culturally Competent Care and the Kaiser Permanente School of Anesthesia/California State University Fullerton

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An innovative partnership with Kaiser Permanente's Institute for Culturally Competent Care (ICCC) enabled the Kaiser Permanente School of Anesthesia/California State University Fullerton (KPSA) to present a formal, 4-module cultural competency certification program within the nurse anesthesia curriculum. The goals of developing the cultural competency curriculum were to increase students' awareness of cultural differences and to enhance students' communication skills with an increasingly diverse patient population.

The cultural competency courses are integrated throughout the nurse anesthesia curriculum. During

their clinical education, nurse anesthesia students travel to numerous urban and rural areas to serve diverse patient populations. The collaboration between the ICCC and KPSA represents a unique opportunity for the organization and for KPSA to have an impact on patient care. This article describes the genesis and evolution of the collaboration as well as the impact of this ongoing educational effort.

Keywords: Cultural awareness, culturally competent care, culturally sensitive patient care, cultural competency in education.

The following case example illustrates ways in which cultural beliefs and practices may play a key role in healthcare and may affect health outcomes of culturally diverse patients.

Case. After a prolonged labor, a 30-year-old Latina is informed that a cesarean delivery will be necessary to deliver her baby. The patient's husband and mother intervene and reject the decision. The man expresses that he does not want to jeopardize the health of his first son and that he prefers a natural birth. The patient's mother begins praying and shares with the Certified Registered Nurse Anesthetist (CRNA) her fears that the anesthetic may leave her daughter paralyzed for the rest of her life. The nurse anesthetist, who has received education concerning culturally competent care, explains to the relatives how the cesarean delivery will help the baby and the mother. She then reassures the patient's mother regarding the safety of the anesthetic procedure.

In the case described, the nurse anesthetist understood that the patient's husband was exhibiting a Latino cultural value known as *machismo* (or maleness) by appearing to be overly concerned about the birth of his first son. She avoided being judgmental. The nurse anesthetist was also familiar with the belief that some Latinos have

regarding anesthesia. She explained the procedure in detail to address their concerns and reassured them that the team was trying to help the patient. Acknowledging the patient's mother's concern was very important, as this demonstrated respect for not only the mother's feelings and beliefs but also the important role she played in the family unit.

Cultural Competence: A Priority for the Kaiser Permanente School of Anesthesia/California State University Fullerton

The patient population in southern California comprises approximately 100 distinct cultural groups. The major ethnic and racial communities in the area include African American, Armenian American, Central American, Chinese American, East Indian American, Filipino American, Mexican American, Jewish American, Japanese American, Korean American, and Vietnamese American. Aware of the diversity in the patient population, the faculty at the Kaiser Permanente School of Anesthesia (KPSA) concluded that they should incorporate principles of culturally competent care into the didactic curriculum. The goal was to enhance students' abilities to establish effective

cross-cultural communication with patients during their clinical rotations.

The academic and clinical faculty believes that exposing students to complex psychosocial issues in a classroom setting will allow them to more effectively deal with cultural situations during patient interactions. In 2002, KPSA approached Kaiser Permanente's Institute for Culturally Competent Care (ICCC) to enlist its support and collaboration in developing a certification program in culturally competent care for nurse anesthesia students. The partnership was initiated with discussions regarding a shared vision of the future work. The faculty envisioned that cultural competence training would enhance nurse anesthesia students' ability to provide holistic, high-quality anesthesia care and to exhibit awareness, knowledge, understanding, and respectfulness of cultural differences and similarities during a patient's perioperative course. At the recommendation of the ICCC, the faculty decided that the scope of the training would include racial, ethnic, religious, and social issues, modeling the definition of culture proposed by the Georgetown University Child Development Center.¹ Thus, discussions of cross-cultural communication issues would not be limited to populations of color but rather would include a wide diversity of cultural groups.

Several concerns guided the collaborative planning process undertaken by the ICCC and KPSA. First, the changing demographics of the country suggest the need for healthcare staff to have at minimum a basic understanding of conceptual issues regarding cross-cultural communication as well as basic knowledge of health beliefs and practices of culturally diverse populations. Second, cultural competence can enhance providers' opportunities to deliver high-quality care to patients from diverse cultural backgrounds. Third, the collaboration represents a strategic opportunity to help decrease racial and ethnic health disparities in care. Last, providing culturally competent care reaffirms Kaiser Permanente's commitment to deliver care that is sensitive to the cultural values of our members.

Compelling Need for Cultural Competence in Nursing Education

The US healthcare system employs approximately 2.2 million nurses. Collectively, African Americans, Hispanic Americans, and Native Americans make up more than 25% of the US population, but only 9% of the nation's nurses.²

By 2020, the US Census Bureau projects that more than one-third of the US population will be composed of racial and ethnic minority groups. For CRNAs to provide competent and holistic patient care, they must form therapeutic relationships with their patients. These opportunities increase as nurse anesthetists are able to understand and be sensitive to the cultural beliefs and practices of patients from culturally diverse backgrounds. For in-

stance, one specific perioperative issue related to cultural differences and anesthesia care includes parents being present at the induction of anesthesia for their children. Despite evidence of advantages to both the child and parent, greater than one-third of parents in developed and developing countries were not allowed to participate during the anesthetic induction, according to one study.³

Some studies have shown a compelling need for greater cultural competence. In another study, in which professional nursing students' knowledge and attitudes about patients of diverse cultures were assessed, both bachelor's and master's students enrolled in a nursing school in the southwestern United States had little knowledge base about specific cultural groups.⁴ In another study of nurses' experiences of communicating with culturally and linguistically diverse patients in an acute care setting, some nurses showed empathy, respect, and a willingness to make an effort in the communication process, whereas other nurses displayed an ethnocentric orientation.⁵

A study examining transcultural practices of registered nurses and baccalaureate nursing students found that neither group expressed confidence in their ability to care for culturally diverse patients.⁶ Nurses, and to a lesser degree students, responded to cultural challenges of caring for racially and ethnically diverse patients by modifying their care.⁶ These care modifications were based on language and communication, pain perception and relief, religious and spiritual dimensions, gender and family roles, and other values.

Racial and Ethnic Health Disparities

The 2001 Institute of Medicine report, *Unequal Treatment*, brought to the forefront the discussion of ways in which race, ethnicity, and culture affect the health status of racial and ethnic groups and their healthcare access, diagnosis, treatment, and health outcomes.⁷ Numerous researchers have shown that we all share universal health concerns such as anxiety, pain, and fear. However, it is an individual's culture that primarily affects his or her (1) experience of illness, (2) response to illness, (3) access to healthcare services, (4) utilization of healthcare services, (5) interactions with healthcare providers, and (6) communication with healthcare providers. Several dramatic examples of racial and ethnic health disparities are listed in Table 1.⁸⁻¹²

A person's race and ethnicity influence access to healthcare as well as diagnosis and treatment. Even when insurance status and income are taken into account, racial and ethnic minorities experience less access to healthcare and have a lower quality of healthcare than do whites. Studies supported by the Agency for Healthcare Research and Quality¹³ have found disparities in patient care for various conditions and care settings, some of which are included in Table 2.¹³

- The incidence of diabetes mellitus in Mexican Americans is 200% greater than in whites.⁸
- African American, Native American, and Puerto Rican infants have higher death rates than white infants.⁹
- Vietnamese women are 5 times more likely and Mexican and Puerto Rican women are 2 to 3 times more likely to have cervical cancer than white women.¹¹
- African American men have the highest rate of prostate cancer in the world. Nationally, the incidence rate in African Americans is 60% higher than in white males.
- Of the AIDS cases reported to the Centers for Disease Control and Prevention (CDC) in 2005, African Americans and Hispanics accounted for 67% of the cases among women and 82% of the cases among children.¹²

Table 1. Patient Demographics

Curriculum Development and Implementation

At first thought, it may appear that understanding and implementing culturally competent care is unnecessary for CRNAs because most of their patients are likely to be either asleep or sedated. However, a positive preoperative relationship established before the administration of anesthesia can have an effect on intraoperative and postoperative outcomes. This premise led team members of the KPSA-ICCC partnership to believe that cultural competence in nurse anesthesia education was a priority. It has been reported that excessive feelings of anxiety can stimulate changes in physiologic functioning as a result of stimulation of the neuroendocrine response. Sympathetic nervous system activation caused by stress causes the release of endogenous chemicals such as epinephrine and norepinephrine, which can produce high blood pressure and increased heart rate, hemoconcentration, inhibition of the immune response, and altered coagulation.¹⁴ These physiologic aberrations may have deleterious effects on patient outcomes. Moreover, an effective preoperative interaction between clinician and patient has been shown to decrease patient anxiety before surgery.¹⁵

Theoretical and practical aspects of patient care are incorporated into every accredited nursing educational program in the United States. From human anatomy and physiology to pharmacology and pathophysiology, one of the major goals of nurse anesthesia education is to provide students with a solid theoretical foundation. Of critical importance is the integration of theoretical concepts into practice during clinical experiences. However, distinct educational opportunities in the area of cultural awareness—an important foundation for cultural competence—have not traditionally been a priority in nurse anesthesia or nursing education curriculum.

The ICCC's 16-hour cultural competence training curriculum for healthcare clinicians served as the core from which the curriculum for KPSA was developed. Since application to clinical practice is a key component for the de-

- **Heart Disease:** African Americans are one-third less likely to undergo cardiac bypass surgery than whites are.
- **Asthma:** Among preschool children hospitalized because of asthma, only 7% of black and 2% of Hispanic children, compared with 21% of white children, are prescribed routine medications to prevent future asthma-related hospitalizations.
- **Breast Cancer:** The length of time between an abnormal screening mammogram and the follow-up diagnostic test to determine whether a woman has breast cancer is more than twice as long for Asian American, African American, and Hispanic women than for white women.
- **Preventive Services:** Latinos are less likely than whites or African Americans to receive important preventive services, and they are especially less likely to be screened for cancers.

Table 2. Patient Care Disparities Among Various Races¹³

velopment of cultural skills, it was deemed necessary to stagger the presentations of 4 modules throughout the nursing anesthesia program. This methodology allows the students ample time to develop a frame of reference through experience as well as to apply and practice the concepts presented as they conduct their clinical rotations.

During the first semester of the academic year, the Institute staff delivered *Module 1: Introduction to Diversity and Culturally Competent Care* and *Module 2: Cultural Awareness*. Through facilitated class discussions and various learning exercises such as “Assumptions by Association” and “Values Voting,” nurse anesthesia students shared with peers their opinions about real and hypothetical individuals from socially and culturally diverse backgrounds. The discussions helped to elicit biases and preconceptions they may have formed throughout their childhood and adulthood. These exercises served as a cultural awareness lab where students could openly discuss their knowledge, personal biases, and past experiences in a group setting while the instructor acted as a facilitator and guided the discussion toward potentially sensitive issues. Ultimately, these interactions are designed to increase the cultural awareness of student nurses and inform them how various cultural differences can have a dramatic effect on the nurse-patient relationship.¹⁶

During the second semester, KPSA-ICCC content experts presented *Module 3: Cultural Knowledge* to the students. In addition to the academic information, the presenters discussed their personal experiences since they themselves are representatives of the social and ethnic groups that are described. This module focused on cultural beliefs, health practices, and nuances of specific cultural groups. Included in this module was cultural information on African Americans, Latinos, Asians and Pacific Islanders, LGBT (lesbian, gay, bisexual, and transgender) populations, and persons with disabilities. Provider handbooks on these cultural groups served as major resources for the students. At the end of the third module, students were assigned to select a patient whose

• **Module 1: Introduction to Diversity and Culturally Competent Care**

Facilitators discuss the concepts of diversity, culture, cultural awareness, and culturally competent care.

• **Module 2: Cultural Awareness**

Students participate in a variety of exercises that help them identify their own biases and stereotypes. Students compare their present cultural and racial attitudes with those of their classmates.

• **Module 3: Cultural Knowledge**

Focuses on cultural beliefs, health practices, and nuances of specific cultural groups.

• **Module 4: Cultural Skills**

Focuses on the practical aspects of cross-cultural communication.

Table 3. Summary of the Cultural Competency Curriculum

culture differed from their own and record their clinical encounters during clinical summer rotations. This assignment served as preparation for the case presentation that each student was expected to conduct at the end of their nurse anesthesia program.

During the last semester, students participated in *Module 4: Cultural Skills*, an interactive module that focused on cross-cultural communication. A major component of this module was the individual student case presentation based on their experiences as a nurse anesthesia student.

In this presentation, students were asked to discuss the following:

- The patient's demographic characteristics: age, sex, race/ethnicity, religion, country of origin, generational status, sexual orientation, disability status, socioeconomic status, gender identity, and languages spoken.
- Cultural values they observed in their interactions with the patient that may affect the patient's perception of illness.
- Health behaviors and practices they observed during their interactions with the patient that may reflect the patient's cultural values, and how these health behaviors and practices were similar or different from their own.
- The importance of cultural learning for their future practice as a CRNA.

Interwoven with the delivery of the 4 modules, videotaped vignettes and facilitated discussions were used to incorporate cultural issues into health assessment class over the 3 semesters. A summary of the cultural competency curriculum at KPSA appears in Table 3.

Throughout the training sessions, students became more aware of their own cultural beliefs and began sharing these with others. In addition, student presentations were restructured to allow time to discuss cultural

issues. After students became increasingly comfortable with actively discussing culturally diverse issues, students in the cohort realized that providing culturally competent care involved making a transition to broader ways of thinking about individualized patient care.¹⁷ For students to truly comprehend and practice nursing in a culturally competent manner, they need transformational learning using critical reflection.¹⁸ Thus, a change in a person's attitudes, values, behaviors, and feelings will bring about a genuine lifelong commitment to providing culturally competent care.

Successes and Challenges

The first cohort to complete the 4-module training curriculum in culturally competent care was certified in spring 2004. Since that time an additional 3 cohorts have been certified.

One of the most observable challenges has been students' uneasiness with the discussion of cultural values different from their own. Most students valued the utility of the information. For instance, when asked what students like about the training, students gave the following feedback: "I liked identification of our biases" and "I appreciated being reminded of the importance of being culturally sensitive."

Some students exhibited some resistance to change in their comments in the student evaluations of the training modules. For instance, when asked "What did you like about today's training?", one student wrote "Getting to sleep in." Another student questioned the significance of the cultural competence training: "Why do we need to do this? ... I can understand the need for all of this—so that we will be culturally sensitive—but we put people to sleep for a living. We have minimal interaction with the patient and 99% of the time, the patients do not even remember that we were there in the first place!"

Schools of nursing that have incorporated cultural competence into their curriculum have noted positive effects as well as areas for improvement. One nursing school's experience with incorporating cultural competence into its curriculum measured its success through cumulative course evaluations and comments expressed on surveys mailed to students 1 year after completion of the course.¹⁹ Students perceived that the course had positive effects on student learning related to culture both in the short term and long term.

The Johns Hopkins University School of Nursing implemented aspects of cultural competence in its curriculum and found that each of its didactic courses gave more attention to cultural competency issues. However, repetition of knowledge and lack of depth were noted in some areas by the school's permanent cultural competence committee (who has the responsibility for evaluating and monitoring the cultural competency curriculum).²⁰

Likewise, the feedback received from the KPSA stu-

dents who participated in the curriculum has provided instructors with invaluable information. They have used this information to improve the program and to evaluate overall student experience. The KPSA cultural competence program continues to evolve. More specificity has been added to the training. For example, in 2004, students received didactic instruction regarding culture and pain, given that individuals from different cultures (including patients and providers) may perceive and express pain differently.

Most recently, we have been using role play and simulated cultural interactions during the classes so that students are immersed in a real-time cultural dilemma. The Kaiser Permanente “care actors” are authentic actors that you might see on television. They conduct role play in a scenario format with doctors, nurses, and other health professionals to help improve nurse anesthesia students’ ability to effectively interact in a multicultural environment.

One example of a role play scenario involves a young Hispanic woman who is to undergo a dilatation and curettage after a spontaneous abortion. The patient’s husband is present, and when the nurse anesthesia student attempts to conduct a preoperative interview, a host of cultural and psychosocial issues, such as religion, a language barrier, uncertainty about the procedure and feelings of anger, loss, and grief, are portrayed. During the interaction, the facilitator stops the scenario for the student and the classmates to reflect and evaluate what has occurred. At the end of the interaction, the actors, students, and facilitator discuss all aspects of the scenario. Students report that these active learning exercises have been extremely valuable and have improved the quality of their learning experiences.

Impact on Nurse Anesthesia Education

Every day, nurses touch the lives of patients and their family members from different racial, ethnic, social, and religious cultures. Whatever the setting may be, cultural sensitivity and cross-cultural communication skills can influence the outcome of such encounters.

It is imperative that the nurse anesthesia workforce be culturally competent to be able to continue providing safe and high-quality care. A culturally competent CRNA understands his or her world as well as that of the patient, while avoiding stereotypes and misapplication of scientific knowledge. An educational process that integrates instruction in culturally competent care will help facilitate the development of cultural awareness, both of self and others, and this is the first step toward the life-long journey toward cultural competence.

Nurse anesthesia educators hope that their graduating students will become high-quality CRNAs in all aspects of patient care, including being an effective communicator and treating patients with dignity and respect. When students and graduates possess these attributes, they not only

provide the highest quality patient care but also reinforce the high standards that characterize CRNA practice.

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