EDUCATION NEWS

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Cultural Competency Training in Nurse Anesthesia Education

The population of the United States is becoming increasingly more diverse both in culture and ethnicity. Today, more than 47 million people speak a language other than English. In 2001, the US Census Bureau revealed that 1 in every 10 persons in the United States is foreign born. People born in another country now represent a larger segment of the US population than at any time in the past 5 decades.

The Institute of Medicine, in its report Unequal Treatment, *recommends ways for the healthcare system to address this issue. These include increasing awareness among practitioners regarding the healthcare gap that has an impact on racial and ethnic groups, increasing the diversity of the workforce, and integrating cultural competency content into the training of all healthcare professionals.*

Numerous evidence based resources are available that support the development and integration of cultural competency training in graduate nurse anesthesia education. These resources contain a review of the literature, including article abstracts and a comprehensive research agenda. Integrating cultural competency training into graduate nurse anesthesia education has the potential to positively impact the anesthesia care provided by nurse anesthetists.

Keywords: Cultural competency, diversity, health disparities, nurse anesthesia education, patient safety.

The demographic profile of the population in the United States continues to change. Today, more than 47 million people speak a language other than English.[1] In January 2001, the US Census Bureau revealed that 1 in every 10 persons, about 28.4 million residents, is foreign born.[2] Today, people born in another country represent one of the largest growing segments of the US population. By 2010, the number of Latino children in the United States is expected to rise by 5.5 million, the number of African American children by 2.6 million, and the number of children of other nonwhite races by 1.5 million.[1] By 2020, an estimated 40% of school aged children will be a member of a recognized minority group.[2]

These demographic trends suggest that about 1 of every 4 patients accessing the healthcare system will not share the same cultural, ethnic, or linguistic heritage as his or her healthcare provider. Ignorance of these differences encourages the persistence of inequality and disparity in the health of the people of our nation and challenges the elements of a patient's most fundamental rights. Good health is essential to our social, economical, and political future, and profound health disparities exist among our nations' minority populations that threaten this foundation.[3]

Health Disparities

Compelling evidence suggests that although there is progress in the overall health of the nation, race and ethnicity correlate with unwavering health disparities among African Americans, Hispanic Americans, native Americans, Alaskan Natives, and Asian and Pacific Islanders.[4] These disparities are attributed to the complex interaction between individual genetic variation, environmental factors, specific health behaviors, and factors related to the delivery of healthcare services. In the mid-1980s the Report of the Secretary's Task Force on Black and Minority Health from the US Department of Health and Human Services described the burden of death and illness experienced by black and other minority Americans.[5] For example, the report revealed that blacks, when compared to whites, had higher death rates from cancer, stroke, heart disease, and chronic liver disease; experienced twice the incidence of infant mortality; were less likely to see a cardiologist; were less likely to undergo coronary artery bypass graft surgery; and were more likely to present to emergency rooms and hospital clinics.[5]

Cultural Competency

Cultural competency incorporates attitudes, skills, behaviors, and policies that enable providers to work effectively in cross-cultural situations. Cultural competency is the

ability to recognize and respond to health-related beliefs and cultural values, disease incidence, and to provide appropriate and effective treatment. Culturally competent healthcare providers have a deep respect for cultural differences and are eager to learn and accept that there are many ways of viewing the world. Examples of cultural competency include overcoming cultural communication barriers, providing a comfortable environment, encouraging patients to share their beliefs, being familiar and respectful of traditional healing methods, and seeking education and training in managing cross-cultural encounters.

• *Negative Impact.* Failure to recognize cultural competence as an integral part of providing patient care can have a negative impact on patients, providers, hospitals, and our healthcare system. Culturally diverse patients may not seek needed services for fear of being misunderstood or disrespected and may not adhere to medical advice because they do not understand and do not trust the provider. Providers may miss opportunities for essential medical screening because they are not familiar with conditions that are more prevalent among certain minority groups. Also, providers may fail to take into account differing responses to medications, leading to harmful drug interactions, because of a lack of knowledge about traditional healing methods of certain cultures.

Additionally, an opportunity exists for miscommunication in the absence of a clear understanding of common cultural practices. For example, in some Southeast Asian countries, physical treatments such as "coining" are often used to treat illnesses caused by the winds. Coining involves applying a balm or ointment over the chest or back. A coin is then pressed on the skin and repeatedly drawn a short distance until blood appears just beneath the surface of the skin. Healthcare providers unfamiliar with this practice may become suspicious when examination of an ill child reveals multiple bruises. This practice is not usually painful and does not constitute physical abuse. Miscommunication has the potential to contribute to errors and lead to the acquisition of misinformation on preoperative anesthesia evaluation.

• *Positive Impact.* Cultural competency can foster improved communication and rapport with our patients. According to a 2002 report by the Office of Management and Budget, an estimated 66 million patient-provider encounters occur across language barriers each year.[6] As many as 1 in 5 Spanish-speaking Latinos report not seeking medical care because of language barriers. Patients who speak a language other than English are less likely to have a primary care physician, less likely to seek preventive health services, less likely to be satisfied with healthcare services, and are more likely to encounter problems with the care they receive.[7]

Cultural competency can potentially reduce malpractice liability. In the face of language barriers and miscommunication, providers may discover that they are liable for damages as a result of treatment in the absence of informed consent. Informed consent is more than a piece of paper with requisite signatures; it is a process that encourages dialogue and fully addresses a patient's cares and concerns. Informed consent implies an understanding of the nature of the procedure, reasonable choices available to the patient, the risks and benefits of all alternatives, and includes an evaluation of the patient's understanding of its contents.[8]

As nurse anesthetists, it is our obligation to provide care that is consistent with the AANA Scope and Standards of Nurse Anesthesia Practice. Potential claims of failure to understand health beliefs, practices, and behaviors may breach professional standards of care. A review of the AANA Standards of Practice reveals that in order to provide high quality anesthesia care, the provider should perform a thorough and complete preanesthesia assessment (Standard I), obtain informed consent for the planned anesthetic intervention from the patient or legal guardian (Standard II), formulate a patient-specific plan for anesthesia care (Standard III), assess care to assure quality and contribution to positive patient outcome (Standard X), and respect and maintain the basic rights of patients (XI). Cultural competence in the anesthesia setting can foster compliance to these standards.[9]

There is growing accreditation interest in improving cultural competency among healthcare providers. Over the last few years, The Joint Commission has been studying how hospitals manage the challenges of providing healthcare to diverse populations, with the purpose to better understand what the current state of practice is and to develop recommendations for improvement. The Joint Commission supports standards that require cultural and linguistic competence in healthcare and recognizes that culturally appropriate care is essential to patient safety and quality issues.[10]

Healthcare Initiatives

In early 2000, the Healthy People 2010 initiative brought continued attention to this issue by highlighting the elimination of health disparities as one of its major goals. Also in 2000, the National Center for Minority Health and Health Disparities at the National Institutes of Health was created. The Agency for Healthcare Research and Quality (AHRQ) made improving patient safety a priority and set aside millions of dollars for research in this area. In 2003, health disparities finally emerged as a topic of national importance with the publication of the Institute of Medicine (IOM) report *Unequal Treatment*.[3,4] This

publication served as a catalyst for AHRQ to study the details of racial and ethnic health disparities. Since then, increased government funds have been allocated to research examining the depth and breadth of health disparities and their impact on patients, healthcare providers, and hospitals.

Cultural Competency Training in Healthcare

Professional healthcare providers have long been trained to provide quality care to many different types of patients with a wide variety of medical and surgical needs. Proper training not only involves gaining experience with the requisite technical skills to perform successfully but should also incorporate essential nontechnical skills such as critical thinking, problem solving, decision making, and communication. In 2001, the IOM published a report entitled *Crossing the Quality Chasm*.[11] This report presents a detailed assessment of our current healthcare system and offers guidelines for improvement across 6 specific dimensions of care. These include safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. Cultural competency training of healthcare professionals can positively influence these 6 dimensions of care.

- *Safety.* There is a paucity of research examining whether race, ethnicity, or culture is associated with the incidence of medical error. In a recent statistical brief, researchers at AHRQ provide data from the Healthcare Cost and Utilization Project on racial and ethnic disparities in rates of hospital patient safety events that are potentially preventable.[12] The results of this brief did not showcase remarkable disparities directly related to error based on race and ethnicity. At face value, cultural competence can enhance patient safety by improving communication and promoting acceptance when patient and provider differ in background.
- *Effective.* Effective care means providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.[11] The provision of effective care avoids underuse and overuse of procedures, equipment, and services. Effective care results in positive outcomes for patients, including increased satisfaction, better access to preventive services and treatment, and improved health status.[11]
- *Patient-Centered.* Patient-centered care involves providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. Patient-centered care incorporates an understanding of the patient's experience of pain and illness into the anesthesia care plan.[13]
- *Timely.* Timely care reduces waits and potentially harmful delays for both those who receive and those who give care.[11] For example, knowing how to access and use professional interpreter and translator services within the hospital can help the provider meet this outcome objective.
- *Efficient.* Efficient care is delivered in a productive manner with little waste of time and resources. Initiatives such as cultural competency training and creating a more racially and ethnically diverse healthcare workforce may help control costs in the long run by making care more efficient.[14]
- *Equitable.* A major goal of our healthcare system is to provide care that does not differ in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status. Providing equitable healthcare means that location, communication styles, language of service, signage, physical design, and service-delivery do not advantage certain groups of patients. When we treat people equally we ignore differences; when we treat people equitably we recognize and respect differences.[15]

Listen with sympathy and understanding to the patient's perception of the problem.
Explain your perceptions of the problem.
Acknowledge and discuss the differences and similarities.
Recommend treatment.
Negotiate agreement.

Table. L-E-A-R-N Model of Cross Cultural Encounter Guidelines[18]

Resources for Education and Training

The Standards for Accreditation of Nurse Anesthesia Educational Programs describes 5 educational standards on which accreditation by the Council on Accreditation of Nurse Anesthesia Educational Programs is based.[16] As detailed in the Standards, programs must demonstrate that graduates have acquired knowledge, skills, and competencies in patient safety, perianesthetic management, critical thinking, communication, and the professional role. Graduates must be able to provide individualized anesthetic management as demonstrated by the ability to deliver culturally competent perianesthetic care throughout the anesthesia experience.[16] There are numerous resources available that aid in the development of training in cultural competency.

The Office of Minority Health offers a wide spectrum of ideas about what constitutes culturally competent healthcare services. The National Standards on Culturally and Linguistically Appropriate Services (CLAS) are based on an analytical review of laws, regulations, contracts, and standards currently in use by federal and state agencies.[17] The CLAS standards are

designed to be used as a guide to minimize the inequities that burden the provision of healthcare services and were developed to promote individualized care. The CLAS standards are directed at the organizational level but also serve as a reference for individual practitioners. In developing cultural competency training modules, nurse anesthesia educators may find the principles outlined in the CLAS standards valuable.

The L-E-A-R-N Model of Cross Cultural Encounter Guidelines for Health Practitioners provides a framework for healthcare providers working with patients from a variety of cultural, ethnic, and racial backgrounds (Table). Healthcare providers who incorporate this model into the normal structure of the therapeutic encounter have been able to improve communication, heighten awareness of cultural issues in medical and surgical care, and improve patient compliance.[18]

The National Center for Cultural Competence (NCCC) is a government-supported establishment whose mission is to increase the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems. The Center promotes cultural competency in healthcare through the provision of training, technical assistance, and consultation.[19] The NCCC website highlights evidence based articles on cultural competency in healthcare and offers many online tools including the Cultural Competence Health Practitioner Assessment and the Curricula Enhancement Module Series (CEMS). The goal of the CEMS is to increase the capacity of programs to incorporate principles of cultural and linguistic competence into all aspects of its training.[19]

Nurse anesthetists are an integral part of our healthcare system. Patients from all backgrounds expect to understand their medical problems, treatment options, and outcomes. We must position ourselves to better communicate and to better understand the needs of an ever-changing patient population. Striving for cultural competence in anesthesia practice can help us adhere to the core elements of professionalism including accountability, excellence, compassion, integrity, and respect.

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