**Culture in Health Care: Draft**

Tristan Rico

College of Nursing and Health Care Professions, Grand Canyon University

HLT-494: Professional Capstone Project

Professor Minjarez

October 24, 2021

**Culture in Health Care: Draft**

Every health organization within the United States has their own goals that are introduced within their mission and vision statements. These health companies will go to great lengths in order to reach their goals. They will perform thorough research, use updated technology, create innovative treatments, and contract with the most prestigious companies. All this effort is to ensure that high quality patient services are provided. However, there is one component of healthcare that does not exceed expectations. This lacking component is the inclusion of culture in healthcare. This paper will introduce the healthcare issue, describe the proposed solution, elaborate on the implementation plan, and discuss the evaluation and dissemination steps.

**Healthcare Barrier**

Culture is a very important factor in the overall health of a patient. The United States places a large emphasis on physical healing when healthcare services are provided. It is obvious that physical healing is the priority because this factor is the most affected, however, there are other components that can positively impact the patient while these physical services are provided. By increasing patient’s positive attitude, their worldview becomes positive in the time of difficulty.

The U.S. population is becoming much more diverse as time progresses. The country is seeing many more people from different nations migrating to improve their overall lifestyle within the U.S. This can be seen by the population’s statistics. The Hispanic population is not growing as quickly as it once was, however, it still accounts for 52% of the U.S. population growth (Krogstad, 2020). In addition, the Asian American racial group has become more prominent in recent years. All these diverse population groups will now seek healthcare services within the U.S. The healthcare system cannot simply provide services in the manner it is used to. Patients have a different viewpoint on healthcare. The idea of culture and spirituality cannot be left unassessed. In fact, a study found that diverse patient populations would prefer if their cultural viewpoints were included in a care plan (Blewett et all., 2019). The patients have voiced their opinions, it is now time for the healthcare team, including administration, to do their part to increase these results.

**Proposed Solution**

Although this healthcare barrier does require clinical changes, the foundation for this change is one that begins within administration. Every healthcare organization has their own assessment tools that are used. However, they all have very large similarities that can be seen. The current admissions assessments and routine examinations include factors such as physical, emotional, psychological, socioeconomic, and cultural factors (Toney-Butler & Unison-Pace, 2020). This displays how the cultural assessment is a part of the initial assessment but is not always being utilized by clinical staff. This is where it becomes an administration concern.

The proposed solution is to have the administration team create a multi-session training course that all clinical staff are required to complete. This course will be on the importance of culture in healthcare and the demographics nearing the facility. This will allow staff to better understand what the cultural practices of the community are. In addition, the current health assessment will be slightly adjusted to ensure the cultural assessment is completed by the health staff. This new assessment model and training sessions will increase cultural humility and compliance within the organization.

**Organizational Resources**

Since this proposal does not make large adjustments on current practices or procedures, there will not be a need for large budgetary resources. The first major resource would be the staff who will perform the training. These will be providers who are experts in their field that have begun to use culture within their care plans. The next resource is the training space. This can be a large conference within the organization that can be booked for an extended period of time. The administration team must work with nursing leadership to create a schedule for all their staff. This schedule will include their regular work hours in addition to the training sessions. The last major resource is the adjustment of the electronic health record (EHR) to include the cultural assessments. These resources will allow for the success of the project.

**Strategies**

It is important for the quality improvement team to develop strategies that will create a clear vision for all stakeholders. These stakeholders are both internal and external stakeholders impacted by the change proposal. The first strategy is to have clear communication amongst the staff. This can be both verbal and nonverbal communication. However, whenever a message is being sent, it must be clear. In addition to communication, the team must create a clear timeline of events. This can help prevent confusion and will allow staff to track the project. The trainings will be both in-person and virtual. This allows for different learning styles to be reached. The sessions will also include interactive training principles that have proven to increase retention and use (Parker et al., 2020). These strategies will create a clear vision for all stakeholders.

**Stakeholders**

There are many stakeholders who can help with this proposal and many who are impacted by it. This section will discuss those stakeholders with expertise that can create effective results. The first stakeholder are the providers who will train the staff on the cultural practices. It would be beneficial if these providers are also diverse in background. This will help the clinical staff see how culture in healthcare can benefit in many different units and organizations. The next stakeholder is the nursing leadership. This is the group that will ensure the health staff are following their new procedures and can assign specific groups to help others. The last stakeholder group is the administration team that will ensure compliance measures are being met.

**Expected Outcomes**

There are three major expected outcomes for this proposal. The first is the acceptance of the project proposal itself. With this approval, the team can move forward with generating the training sessions. Once this is complete, the next outcome is to increase the staff compliance within the training sessions and the cultural assessment. The goal is to provide better results by using the new assessment tool and incorporating the culture in the care plan. After this is completed, patients will describe better quality of the services they received.

**Implementation Plan**

Creating an implementation plan is a multi-step process. Each step has their own goals and objectives that must be achieved before moving on to the next step. This implementation plan includes the strategies and communication techniques that will be used by the staff. This paper will discuss the organizational strategies that will be utilized for the change plan, identify stakeholders, summarize communication techniques, describe the impact of the change plan, identify the expected outcomes, and discuss barriers.

**Organizational Strategies**

The organization must use specific strategies to ensure the plan is implemented correctly and that it is maintained. This can be performed by utilizing the proper resources. Organizational success is determined by accurately following guidelines and using all physical resources (Parker et al., 2020). For this initiative, some strategies include utilizing the training space, tracking attendance of staff, and determining compliance of the training. To ensure the change plan is being maintained, the organization will electronically track the assessment submissions by the nurses. This will determine which nurses are using the new tools. For those who are not, the organization can assess the provider’s reasoning for not incorporating the new assessment tool.

**Stakeholders**

There are multiple stakeholders within this change initiative. The first is the organization’s administration team. This department will ensure the proper funds are allocated to the quality improvement team running the initiative. They will also ensure the new change remains in compliance will all policies and procedures. The clinical staff is the most important stakeholder. They will be the ones receiving the training and will then utilize their new knowledge in their practices. They are vital because they develop new skills and use them in their practice. The clinical leadership team is another important stakeholder. This group ensures the staff attend the training program and will determine if staff are using the new practice.

**Communication**

Communication is key to the success of any change initiative. It is important that staff members can communicate with one another to prevent confusion. The main communication method will be in-person communication. This will be the interviews and training programs. Active listening will be requested by asking the staff to practice or quiz themselves during the training program (Comstock, 2020). This will ensure the staff is focused. In addition, some of the communication will be provided during the beginning of shift huddles.

Non-verbal communication strategies will also be used. These will serve as a reminder for staff. This will include bulletin board memos, emails, and other handouts. These are short messages that will update the staff on the current changes.

**Impact**

This change plan will have an impact on the organization and the stakeholders. The organization will be experiencing a change in their data and practices. They will be experiencing an increase in cultural competence. The stakeholders will have their own impact. This change plan does adjust the ways care will be provided. It is not a major change, but the way they assess their patients must adapt. However, on patient surveys, there will be more positive results being expressed.

**Expected Outcomes**

There are both short-term and long-term goals for this change project. The short-term goals are to first gain organizational support by administration and leadership. Without their support, the project cannot move forward. The next short-term goal is to ensure that all necessary resources (space, technology, trainers, and schedule) are gathered in a timely manner to begin training. There are also two long-term goals. The first is to have over 90% of the clinical staff complete the new training program after one year of the implementation. The second goal discusses retention. The goal is to have a high retention of knowledge which will be assessed by the number of staff still using their new assessment tool after two years of implementation.

**Barriers**

There are two major barriers that could present themselves in the change project. The first is the lack of attendance to the training sessions. The second is a lack of compliance in using the new tool. These can be overcome by presenting certain facts. The statistics on the current cultures in the community must be displayed. Then, the team can display the data on how culture is necessary in healthcare and how other cultures have different practices. Lastly, the team can show how studies demonstrate using individualized care plans that include culture can increase positive results (Hall & Johnson, 2020). Once the evidence has been presented, the staff may be more willing to use the new assessment and training tools.

**Timeline**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Week 1:  Identify Organizational Resources:  These resources are the training space (conference rooms, venues, etc.), the trainers, EHR contractors, and schedules. | Week 4:  Identify Stakeholders:  It is important to understand stakeholder background to understand diversity (Fraher, 2021).  Stakeholders include administration team, leadership team, and the clinical staff. | Week 8:  Determine communication strategies.  These strategies will include emails, memos, visual aids, and interviews.  Interviews can benefit change projects because interviewees tend to disclose more information and opinions in these private conversations (Jonsson et al., 2020). | Week 12:  Determine change project’s impact.  This project will impact all stakeholders. It will improve overall communication, create better cultural inclusion, and improve patient results.  If training method succeeds, a shift towards cultural humility can be generated (Lekas et al., 2020). | Week 16:  Identify the Expected Outcomes.  These expected outcomes include a compliance with the assessment tools and retention of knowledge after implementation.  For further details, read proposed solution. | Week 20:  Identify Barriers.  At this point, the barriers for the project will have presented themselves.  These include a lack of attendance to the trainings and noncompliance of the assessment too. | Week 26:  Create the steps to overcome barriers.  These steps will be to present statistics to stakeholders. In addition, the research and evidence will be displayed. |

**Evaluation**

**Description**

The evaluation process is the component in which the quality improvement team can determine if the change project is benefitting the organization. This is also where the project’s supporters and disrupters are identified (Moore & Coddington, 2019). The project’s goals will be evaluated by two processes. The first is to determine the attendance for the training session. The team will assess the attendance and determine which clinical staff have or have not joined the training sessions. The second evaluation is the assessment on compliance of the new expectations. The team will assess how many staff members are using the new cultural assessment tool. These two evaluation processes are the most important to determine compliance and effectiveness of the project.

**Resources**

Not only does the project itself need resources for success, but the evaluation phase also requires its own resources. In order to better determine results, there are a couple of resources needed for this phase. The first is to have members of the team track the attendance for the training sessions. When a clinical staff member attends the training, they will present their name and badge number. This will be performed at all sessions to ensure the same staff members return for the second portion of the trainings. This data will then be gathered and assessed to develop percentages of attendance.

The second resource will be within the electronic health record (EHR) itself. The EHR will track all clinical staff submissions. However, the leadership team will have better access to the cultural assessment. When leadership is able to gather data for problem areas, these components can be addressed and adjusted quickly. (Alizadeh & Chavan, 2016). The team will gather the data on how many staff members are completing the cultural assessment on admission and transfer of care. This data will be easier to gather because the EHR itself can gather and analyze the data.

**Evaluation on Projected Outcomes**

The evaluation process will assess whether the projected outcomes and goals are being met. First the goals will be reintroduced and summarized. The first goal is to have over 90% of clinical staff attend and complete the training sessions after six months. The second goal is to have over 70% compliance in utilizing the assessment tool after two years of the project’s implementation.

The resources listed above will help determine if these goals have been met. The members tracking attendance can determine after six months if the clinical staff have met this projected outcome. The EHR will track the clinical staff’s progression regarding the assessment tool. These small audits are important in evaluating the project. Without attendance and compliance, the project will not succeed. Therefore, if discrepancies or negatives are found, the quality improvement team must take action in determining the cause and creating an outcome.

**Dissemination**

This section will discuss the dissemination plan for both internal and external stakeholders.

**Internal Stakeholders**

Who: The internal stakeholders (administration, clinical staff and clinical leadership).

What: The change project that will last several months in which cultural compliance and inclusion within the patient care model will be changed.

Where: The process will take place within the organization itself.

How: The process will include a new training program for clinical staff that will educate on culture and its importance on patient care. After completing the training, the staff will begin using a new assessment tool that will include culture in the care model.

When: The project itself will begin at the beginning of the new calendar year.

**External Stakeholders**

Who: External stakeholders (patients, regulatory agencies, governing bodies).

What: The project of increasing culture in healthcare. This will be presented to external stakeholders to increase awareness and ensure the project does not go against policies.

Where: The organization and state of Arizona.

How: The process will train clinical staff on culture and its importance on healthcare. They will then use a new assessment tool to evaluate a patient’s culture.

When: The beginning of the new calendar year.

It is important to understand the reason for this plan. This is the “why”. Culture and racial diversity are becoming much more common within the United States (Krogstad, 2020). The healthcare system must adapt its practices to include patients’ cultures. This change project will increase those positive results in the diverse patient population.

**Conclusion**

With the growing diversity taking place within the United States, the healthcare industry must make changes to its current assessment model. This change begins with the staff. The clinical staff must understand the importance of culture and its impact on quality outcomes. Once this topic is grasped, the clinical take will take positive steps towards cultural inclusion. This will lead to high quality patient results. This project has provided benefits to multiple parties, including the author. They have learned the steps of creating and implementing a professional change initiative.

**References**

Alizadeh, S., & Chavan, M. (2016). Cultural competence dimensions and outcomes: A systematic review of the literature. *Health & Social Care in the Community*, *24*(6), e117–e130. https://doi-org.lopes.idm.oclc.org/10.1111/hsc.12293

Blewett L.A., Hardeman R.R., Hest R., Winkelman T.N.A. (2019). Patient perspectives on the cultural competence of U.S. health care professionals. *JAMA Netw Open.* 2019;2(11):e1916105. doi:10.1001/jamanetworkopen.2019.16105

Comstock, N. W. (2020). Active listening. *Salem Press Encyclopedia*.

Fraher, E. P. (2021). The evolving sex, race, and ethnic composition of the surgical workforce: North Carolina is a bellwether of national change. *Surgery*. https://doi-org.lopes.idm.oclc.org/10.1016/j.surg.2021.02.012

Hall, K. D., & Johnson, L. W. (2020). The three CCC’s of dysphagia management: Culturally competent care. *Perspectives of the ASHA Special Interest Groups*, *5*(4), 1000–1005.

Jonsson, A., Cewers, E., Ben Gal, T., Weinstein, J. M., Stromberg, A., & Jaarsma, T. (2020). Perspectives of Health Care Providers on the Role of Culture in the Self-Care of Patients with Chronic Heart Failure: A Qualitative Interview Study. *International Journal of Environmental Research and Public Health*, *17*(14). https://doi-org.lopes.idm.oclc.org/10.3390/ijerph17145051

Krogstad, J. M. (2020). *Hispanics have accounted for more than half of total U.S. population growth since 2010*. Pew Research Center. https://www.pewresearch.org/fact-tank/2020/07/10/hispanics-have-accounted-for-more-than-half-of-total-u-s-population-growth-since-2010/.

Lekas, H.M., Pahl, K., & Fuller Lewis, C. (2020). Rethinking cultural competence: Shifting to cultural humility. *Health Services Insights*, 1–4. https://doi-org.lopes.idm.oclc.org/10.1177/1178632920970580

Moore, K. D., & Coddington, D. C. (2019). Why it is necessary to routinely assess healthcare integration initiatives. *Healthcare Financial Management, 73*(8), 50-52. Retrieved from https://lopes.idm.oclc.org/login?url=https://www-proquest-com.lopes.idm.oclc.org/trade-journals/why-is-necessary-routinely-assess-healthcare/docview/2298755311/se-2?accountid=7374

Parker, M., Fang, X., & Bradlyn, A. (2020). Costs and effectiveness of a culturally tailored communication training program to increase cultural competence among multi-disciplinary care management teams. *BMC Health Services Research*, *20*(1), 784. https://doi-org.lopes.idm.oclc.org/10.1186/s12913-020-05662-z

Toney-Butler, T. J., & Unison-Pace, W. J. (2020). *Nursing Admission Assessment and Examination*. StatPearls.

Zimmer, S. (2021). Stakeholder Theory and Analysis. *Salem Press Encyclopedia*.

**Appendix**

Literature Review Table.