Perceptions of Cultural Competence Among Nurse Practitioners

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<th><strong>FACULTY NAME</strong></th>
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<td><strong>Conflicts of Interest</strong></td>
<td>None</td>
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<td><strong>Learner Objectives:</strong></td>
<td>Describe cultural competence and its importance to nurse practitioners caring for Mexican American clients.</td>
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<td>Identify perceptions of cultural competence among nurse practitioners working with a Mexican-American population and its integration in health care delivery.</td>
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Purpose of Study & Significance

Study Purpose: To
Examine perceptions of cultural competence and its integration in the delivery of health care in nurse practitioners practicing in a Mexican-American region of South Texas.

Significance:
- U.S. population to increase by 46%
- MA account for 2/3 of the U.S. Hispanics.
- NPs provide health care to many minorities.
- NPs should be culturally competent.
Theoretical Model

- Campinha-Bacote’s *The Process of Cultural Competence in the Delivery of Healthcare Services*:

- Cultural encounter; *cultural desire*; cultural awareness, cultural knowledge; cultural skills

- HCW are viewed as becoming, rather than being culturally competent.
Review of Literature

- Minority Access To Health Care

- Cultural Brokering – Jezewski, 1990
  - Nurses as culture brokers & advocate for patients (Lerotholi, 2011; Purnell, 2009).

- Nurse Practitioner Curricula
  - Focus on producing CC care in NP curricula (Green-Hernandez, et al, 2004; Matelliano & Street, 2012).
Design & Data Collection

- **Qualitative Design**: Grounded theory
  - Approved by UTPA IRB; **Semi-structured interviews & focus group**

- **Data Collection**: Purposive, Flexible
  - Focus on perceptions of CC in NPs

- **Demographics**
  - Selection criteria: NPs work at least 8 hours in primary or acute care setting in MA or Mexican community.
Data Collection & Analysis

- Interviews & focus group data transcribed and coded
- 16 NPs-14 female & 2 male; 10 WH; 2 WNH; 2 Asian; 2 Black NH; 50% of WH spoke Spanish; within past 3-20 yrs since graduating as an NP.
- Constant comparative method used to identify themes
- Credibility, confirmability, transferability
Findings: Four categories

1. Culture as Multi-faceted

- People are never defined by one determinant of culture & not all who are of the same ethnicity belong to the same culture.
  - “We look at the patient holistically because a person’s culture has a lot to do with who he is.”
- Understanding the role that ethnicity plays is important but not all that is important in becoming CC
  - “Culture is greater than ethnicity. You need to consider all the culture aspects of people.”
Findings:

- **Culture as Multi-faceted**
  - Understanding how gender and age influence health care outcomes is important.
  - Hispanic female is primary caregiver and most responsible for positive health outcomes.
    - “Women are the strong persons in the Hispanic family... Hispanic men always bring their wives when they go see the doctor or NP.”
  - Much respect for those of advanced age.
    - “Patients follow advice of grandmothers rather than the NP.”
Findings:

- **Culture as Multi-faceted**
  - Language and religion were found to be important by the NPs.
  - “Religion plays a big part in culture—mainly Catholic. As an NP I sometimes suggest prayer if nothing else works.”
  - NPs considered language and religion to be major cultural determinants thus validating further that culture is multifaceted.
Findings: Four categories

2. Communication as Empowerment

- Important for NPs to communicate with Spanish-speaking clients in Spanish—facilitator to positive health care outcomes
- Speaking the language is vital and creates trusting, non-judgmental relationships.
  - “The NP should at least try to understand or speak the language.”
- Communicating in the preferred language is empowering to clients.
  - “You need to understand where they are in order to be able to explain and educate.”
Findings: Four categories

- Communication as Empowerment
  - Patient’s ability to communicate with the NP seen as a facilitator to good health outcomes.
  - Communication whether verbal or non-verbal seen
    - “…as vital to creating a trusting provider-patient relationship.
  - Being accepting, compromising, and non-judgmental were facilitators in developing cultural competence.
    - “It is important to be accepting. This way they will trust me.”
Findings: Four categories

3. Cultural Dissonance

- Dissonance between patients and their own culture
  - “Patients may be from the same ethnicity but do not always adhere to the same beliefs and/or customs.”
  - “Even though the majority of my patients are from this area, many have lost their roots and do not share the same views...even their verbiage and communication styles are different.”

- Dissonance between patient and NP.
  - “I think that I lack some understanding of what it means to be Hispanic.”
  - “Being Hispanic, we tend to think we are culturally competent, but that is not necessarily true.”
Findings: Four categories

- **Cultural Dissonance**
  - Language creates dissonance even for those of the same ethnicity.
  - Dissonance was created due to intergenerational differences among young and old..
    - My patients are more Americanized and do not ascribe to your typical Hispanic culture.”
  - Dissonance seen to occur in Hispanic subcultures.
    - “We have Hispanic patients, but some are from the Dominican Republic or Salvador” and “are not the same as our Hispanic patients from here.”
Findings: Four categories

4. Myths, Traditions, & Complementary Modalities

- MAs view health holistically; mind, body and spirit are interrelated.
- Knowledge of cultural myths/ traditions enhanced NP role.
  - “Understanding of the patient’s beliefs, culture, myths, and taboos (is important) to provide quality health care.”
- Knowing about use of complementary modalities important to achieving cultural proficiency.
  - “Many clients are uninsured and use complementary modalities. ...as long it does not hurt them, it’s okay.”
Implications:

- Congruent with other research looking at cultural beliefs among Hispanics.
- Validate: Ethnicity, gender, language, religion, age, myths & traditions
- NP perceptions of dissonance not surprising. Important to bridge the gap.
- AAN/AACN have standards for culturally competent care
- NP curricula: Infuse cultural concepts
Final Thoughts

Multifaceted

Communication as Empowerment

Cultural Dissonance

Influence of Myths, Traditions, and Complementary Modalities