



# **Broadening Cultural Sensitivity at the End-of-Life: An Interdisciplinary Educational Program Incorporating Critical Reflection**

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Generously supported by the Beryl Institute  
& the Salem Health Foundation



**Salem Hospital**  
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# BACKGROUND

More than 50% of deaths in the US occur in hospitals

Team members on the Oncology Unit at Salem Health located in Oregon's Mid-Willamette Valley recognized an opportunity to improve the experience of their terminally ill patients/families

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A “Compassion Committee” was created to provide an avenue to ensure delivery of more culturally sensitive care within Oncology as well as the greater hospital.



# STUDY AIMS

To expand the awareness and comfort of clinicians caring for patients and families with diverse cultural beliefs and practices at the end of life (EOL).

## **Primary Research Question**

Does a bundled education and critical reflection intervention focused on culturally-sensitive EOL care improve clinician's:

- Level and perceptions of cultural competence
- Knowledge, attitudes, comfort, and satisfaction in caring for culturally diverse patients & families

# INTERVENTION

## PHASE I:

### **Cultural Competence End-of-Life Inservice**

- Definition of cultural competence, and importance to service excellence
- Evidence-based culturally-sensitive protocol for assessing EOL preferences
- EOL beliefs, practices & preferences of 3 cultures:  
*Latino, Russian & Micronesian*

# INTERVENTION

## PHASE II: Critical Reflection Sessions

**‘Critical reflection’** is the honest exploration and questioning of long-standing assumptions, beliefs and values that are developed through many social influences without awareness (Matthew-Maich, et al., 2010).

Thus, the process of critical reflection stimulates us to:

- Seek further evidence and answer new questions
- Consider alternate ways of looking at experiences
- Thoughtfully analyze and understand one’s reactions, actions & future actions

# RESULTS: Description of Sample

(N=31)

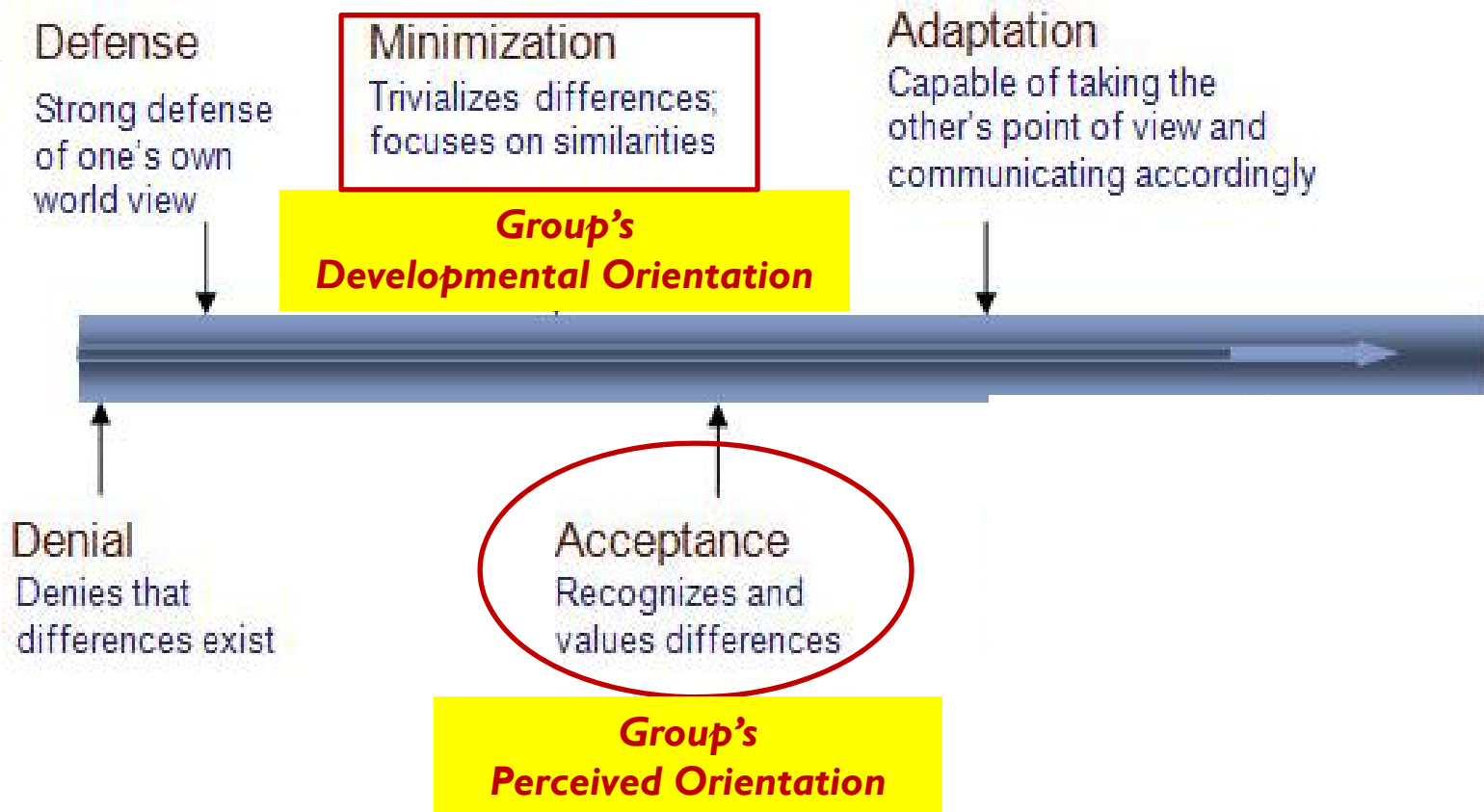
- Age: 50% <age 40
- Gender: 84% female
- Ethnicity: 87% Caucasian
- Religion: 78% Christian; 9% Agnostic; 13% Atheist
- Education: 56% Bachelors or higher
- Discipline: 71% RNs; 7% Social work; 7% Chaplains; 3% each - Physician, RT, Dietitian, Pharmacist, Volunteer

# RESULTS:

## Level of Cultural Competence

### Continuum of Intercultural Sensitivity

Milton Bennett - Developmental Model of Intercultural Sensitivity, 1993



# RESULTS:

## Perceptions of Cultural Competence<sup>+</sup>

Knowledge & Competence Perceptions Rated at Level of 'Good' on 5 point scale	Pre-Post Responses	% Increase
Competence in cultural EOL situations	67% to 79%	Minimal
Understanding of EOL beliefs of Latino culture	17% to 53%	<b>3-Fold</b>
Understanding of EOL beliefs of Micronesian culture	4% to 26%	<b>4-Fold</b>
Understanding of EOL beliefs of Russian culture	8% to 37%	<b>6-Fold</b>
Effectiveness in providing patients with culturally sensitive EOL care	25% to 63%	<b>2-Fold</b>
Effectiveness in providing families with culturally sensitive EOL care	25% to 68%	<b>2-Fold</b>

1=poor, 2=average, 3=average, 4=good, 5=very good



# RESULTS:

## Knowledge & Attitudes

	Baseline Score (N=31)	Post Score (N=25)	
	Mean (SD)	Mean (SD)	p*
<b>Cultural Knowledge Test</b> (Possible score 0-25)	<b>18.81</b> (3.04)	<b>19.28</b> (2.79)	.55
<b>Frommelt Attitudes toward Caring for the Dying</b> (Possible score=30-150)	<b>134.74</b> (8.37)	<b>133.52</b> (9.66)	.64

\*Paired t-test  $p > .05$

# RESULTS:

## Comfort Providing End of Life Care<sup>+</sup>

	Baseline Score (N=31)	Post Score (N=25)	
	Mean (SD)	Mean (SD)	p
<b>Possess Necessary Knowledge &amp; Skills</b> to Provide Culturally Sensitive EOL Care	<b>3.10</b> (.94)	<b>3.79</b> (.91)	<b>.03*</b>
<b>Comfort</b> with Culturally-Sensitive EOL Care	<b>3.52</b> (.89)	<b>4.18</b> (.68)	<b>.01*</b>
% <b>Cases</b> in Last Month Effectively Provided Culturally-Specific EOL Care	<b>65.06</b> (38.71)	<b>65.63</b> (44.43)	.93
*Paired t-test $p < .05$			

<sup>+</sup> 1=Strongly disagree to 5=strongly agree



# IMPLICATIONS FOR PRACTICE

- Ongoing cultural diversity education that encourages staff to critically examine and reflect on one's attitudes, values & biases is vital for a high quality health care experience of multicultural patients/families
- Promote “Culture Vision”, an online program available to staff on the Salem Health intranet, for review prior to caring for patients of diverse populations
- Use reliable internet resources for the translation of printed information
- Ensure ongoing organizational commitment to provide high quality culturally & linguistically appropriate services
- Promote diversity throughout the organization by hiring & retaining multicultural & multilingual staff

# CONCLUSION

***Becoming culturally competent***  
to effect a positive patient experience  
at the end-of-life is a process that needs  
nurturing for nurses and other health care  
professionals to evolve along the  
intercultural continuum towards a state of  
***“Adaptation”***



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