A Multifocal Education Strategy to Enhance Hospital-Based Cultural Competency in Professional Staff

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The Oncology Nursing Society (ONS) believes that cultural competence is a critical factor in providing quality cancer care to an increasingly diverse patient population (ONS, 1999). Nurses and their interdisciplinary colleagues should be educated comprehensively to foster sensitivity and responsiveness to issues of diversity.

ONS (1999) issued guidelines and identified four components of educational interventions designed to enhance cultural competence: promoting cultural self-awareness, disseminating cultural knowledge, developing cultural skill building, and facilitating cultural encounters. This article describes one institution’s efforts to enhance the cultural competency of its staff by using multiple interventions over seven years. Although the effort ultimately resulted in a systemwide institutional initiative, the impetus for this novel offering originated from innovations within the institution’s cancer program.

Oncology Unit Identifies Concern

In 1995, the Cancer Center at Inova Fairfax Hospital in Falls Church, VA, undertook a quality-improvement project to identify how well the staff in the inpatient oncology unit was rendering care to dying patients and their families. Families who attended the center’s “Good Grief” support group were asked to complete a survey assessing their impressions of deficits in the provision of terminal care in the hospital setting.

The gynecology clinic asked for help with educating its staff about cultural aspects of end-of-life care. The oncology unit also was surveyed about the type and scope of diversity within the cancer center’s population to determine what were the prominent subgroups by ethnicity and how they compared with the Caucasian majority. In collaboration with the cancer registry, the task force identified new cancer cases by ethnic group; that information was posted on the unit’s education bulletin board. Summation of new cancer cases from 1992–1995 revealed that almost 12% of the patient base was of an ethnic minority: African Americans represented the largest number, followed by Hispanic, Korean, Vietnamese, Filipino, East Indian, and Chinese patients. The team further investigated the diversity of the geographic region in comparison to national statistics. Relevant data were disseminated whenever possible to share information about the center’s unique diversity profile.

Educational Interventions

Nursing staff who had acknowledged interest in transcultural nursing care or were of diverse ethnic backgrounds comprised the initial task force, which was chaired by an oncology clinical nurse specialist. Oncology social workers, representatives from chaplaincy, and the ethics consultation team also were active members of the initial task force.

The task force undertook a series of projects during its first year, starting with identifying the oncology staff’s educational needs related to cultural awareness programs and on planning outreach efforts to the northern Virginia community. As awareness of the oncology nursing staff began to participate yearly in an African American health fair by developing materials and staffing an educational booth on cancer in African Americans. The oncology clinical nurse specialist also worked with local African American churches to coordinate lectures to several congregations on the critical problem of prostate cancer in their community. An application was submitted for external funding to promote awareness about breast cancer in older women with a specific focus on reaching groups of elderly women in ethnic minorities. In collaboration with community agencies, two offerings were made to elderly groups of Korean and Hispanic women. Educational materials were translated specifically for those audiences, and cancer center staff of Hispanic and Korean ethnicity taught programs.

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Acknowledgment of ethnic subgroups that the cancer center served helped the task force to focus efforts on increasing educational cultural awareness programs and on planning outreach efforts to the northern Virginia community. For example, the oncology nursing staff was asked to participate yearly in an African American health fair by developing materials and staffing an educational booth on cancer in African Americans. The oncology clinical nurse specialist also worked with local African American churches to coordinate lectures to several congregations on the critical problem of prostate cancer in their community. An application was submitted for external funding to promote awareness about breast cancer in older women with a specific focus on reaching groups of elderly women in ethnic minorities. In collaboration with community agencies, two offerings were made to elderly groups of Korean and Hispanic women. Educational materials were translated specifically for those audiences, and cancer center staff of Hispanic and Korean ethnicity taught programs.

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