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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 perceptions of helpful care by the cancer team and unmet needs during their loved ones' dying experiences. To comprehensively evaluate the quality of care, staff members in the oncology unit also were surveyed about their impressions of deficits in the provision of terminal care in the hospital setting. Nurses were asked to identify clinical situations that they deemed difficult for themselves and their peers. A consistent theme evolved in the responses to the qualitative survey: Nurses said that one of the most challenging scenarios was when a dying patient and his or her family were immigrants to the United States and had limited English proficiency. Lack of knowledge about family norms based on ethnicity prompted the nursing staff to question their ability to provide optimum terminal nursing care.

As a result of the finding, a unit-based task force was developed to serve as the genesis for ongoing, innovative education planning for the oncology staff. As awareness of the program's successes grew, other specialty departments requested assistance with education on similar topics. For example, the intensive care unit requested help with educating its staff about cultural aspects of end-of-life care. The gynecology clinic asked for help with understanding culturally derived reticence to undergo biopsy for cervical cancer. The oncology unit's task force ultimately evolved into the core group for an institutional initiative supporting global education of professional staff about issues of diversity.

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 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.

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 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.

Efforts to sensitize and educate cancer center staff were ongoing. A survey of the nursing staff's educational needs related to cultural aspects resulted in the identification of

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