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Cultural Beliefs, Language, and Ethnicity With Healthcare: Patient's Satisfaction

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Abstract

Background: The rising diversification of the U.S. population consists of 40 percent immigrants or first generation Americans (Huscup, 2010). This ethnic composition of the population poses great challenges for healthcare institutions and healthcare providers. This trend directly influences and transforms healthcare delivery; it strongly affects and guides health and nursing practices.

Purpose: The purpose of this critical review of the literature is to investigate how patients' varied cultural beliefs, language barriers, and/or ethnic backgrounds can affect perceived/real health treatments or outcomes; thereby influencing the patients' satisfaction with healthcare providers and facilities.

Results: Following the systematic review of the literature, twenty-four qualitative and quantitative studies and reviews of literature, using various methods for data collection were selected. Campinha-Bacote's Process of Cultural Competence in the Delivery of Healthcare Services (2011) was used as the framework for analyzing the literature. The findings of this systematic review included that diverse ethnic patients have beliefs and customs that are important to each individual culture, and can affect how diverse patients perceive healthcare treatments and patient experience.

Conclusion: This critical review of literature identified that patients' culture and ethnicity affect how diverse patients perceive healthcare treatments; and whether or not they will follow the treatment. Language also has an important role in patient outcome in particular if there is language discordance and patients do not understand what is expected of them; thereby, adding to healthcare disparities in diverse populations.

Implications for Research and Practice: Language difficulties contribute to both patient and provider lack of knowledge about each other. This leads to patient nonadherence of recommended treatments; as well as inability of western providers to incorporate patients' customs and practices; ultimately placing ethnic minority patients at a disadvantage in receiving safe and beneficial healthcare treatments. Therefore, there is a need for nursing education about diverse patients' beliefs and practices. Nursing education programs should include courses that expose nursing students to knowledge regarding how cultures and language affect healthcare outcomes and affect patient experience.

Keywords: Ethnic patient care, language barriers, patient stereotypes, ethnic minorities, discrimination, patient satisfaction, diversity, cultural beliefs, health disparities

Table of Contents

List of Figures

List of Tables

CHAPTER 1: INTRODUCTION

The rising diversification of the U.S. population consists of 40 percent immigrants or first generation Americans (Huscup, 2010). This trend directly influences and transforms healthcare delivery; it strongly affects and guides health and nursing practices. Healthcare providers and facilities have identified that there is a relevant relationship between patient satisfaction scores and the care they provide to patients (Low & Archibald, 2009).

According to the U.S. Census Bureau those born in America between 1982 and 2000, now represent more than one quarter of the nation's population. These Millennials are the most diverse generation to date with 44.2 percent being part of a minority race or ethnic group. The diversity in culture, language proficiency, and beliefs of this group further complicates the ability to adequately determine veritable patient satisfaction results. The above census statistics suggests that the U.S. population as a whole is more racially and ethnically diverse; with a 32.9 percent minority a decade ago, increasing to 37.9 percent in 2014. It is projected that this trend in diversity will continue as shown in Figure 1 (USCB, 2012).

This diversification places demands on the healthcare system to meet the needs of the increasingly diverse population. According to Douglas et al., (2014) understanding cultural patterns and aspects that affect individual and group variances, is essential in preventing stereotyping that can affect patients' treatment and satisfaction with that treatment. Nurses hold a considerable position in caregiving and can significantly affect patient care and satisfaction scores; with their knowledge, nurses can directly influence outcomes when they apply appropriate and timely interventions.

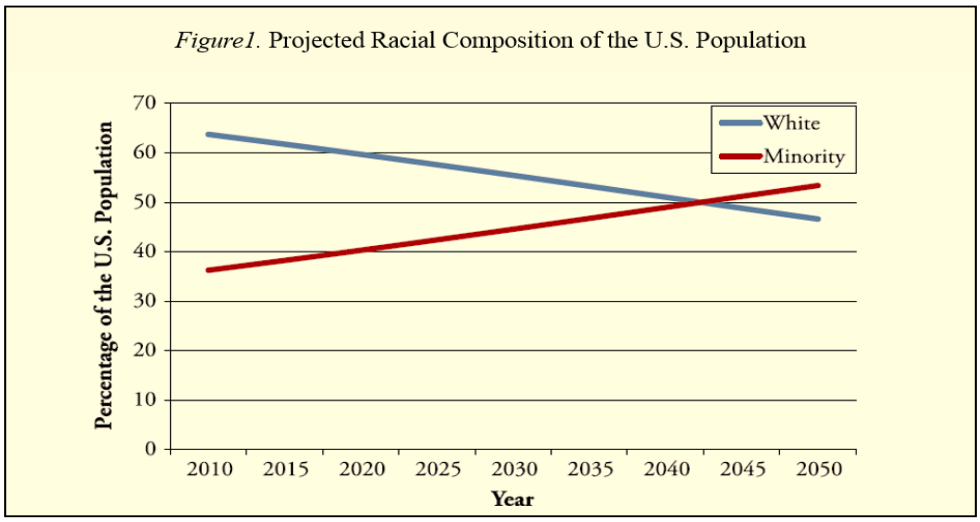

Figure1. Projected racial composition of the U.S. population – 2010-2050. This projected population increase will come from groups other than non-Hispanic whites. Source: U.S. Census Bureau (2012a)

As a result, nurses in all healthcare settings should have knowledge of suitable interventions and the ability to communicate those interventions to all patients, regardless of spoken language, and ethnic or socioeconomic backgrounds. Recognizing symptoms and conveying treatments to culturally diverse patients can avoid negative outcomes in patient care (Campinha-Bacote, 2010).

Need for the Critical Review of the Literature

The purpose of this critical review of the literature is to analyze the literature on how culture, ethnicity, race and/or language can influence patients' satisfaction with healthcare received from nursing and other healthcare personnel. The goal of this critical review of the literature is to investigate how patients' varied cultural beliefs, language barriers, and/or ethnic backgrounds can affect perceived/real health treatments or outcomes; thereby influencing the patients' satisfaction with healthcare providers and facilities.

This critical review evaluates current available evidence and presents a discussion based on the knowledge gathered through the findings of the research. The focus of this critical review will be on how ethnicity, race, language and/or socioeconomic standing affect these populations' healthcare experience; therefore, influencing patient satisfaction results. The critical review will also consider the connection that exists between ethnicity, understanding of spoken/written language and culture on the outcome of minority patients' satisfaction with the healthcare services they receive.

When a population is aware, educated and confident of their knowledge regarding the healthcare services they seek, patient satisfaction becomes a critical concern for healthcare providers. The burden of high patient satisfaction scores is also driven by the use of those scores as a factor for Medicare health care reimbursement. The federal government's Centers for Medicare and Medicaid Services (CMS) unite Hospital Consumer Assessment of Healthcare Providers and Services (HCAHPS) scores into its inpatient reimbursement decisions. Presently, hospitals and other facilities are eligible to receive certain financial incentives depending on CMS payment guidelines. These incentives are based on performance related to data including mortality, morbidity, and patient satisfaction scores (Kutney-Lee et al., 2009).

The measure of meeting patient satisfaction expectations has become significant as more people are involved in their own health care due to concerns about their well-being, quality of care they receive, and the increased cost of that care. Patient satisfaction scores can be altered by actual quality of service received, and by factors including socioeconomic status, age, gender, level of education, ability to communicate, cultural beliefs, and ethnicity (Findik, Unsar, & Sut, 2010).

Buerhaus, Staiger, and Auerbach (2009), maintain that there are multiple factors affecting the care received by ethnic diverse patient groups; and it is expected that quality, equitable healthcare and treatment is available for all patients, despite declining resources to address the change in patient demographics. These authors assert that interactions between patients, healthcare providers, and healthcare facilities can create difficulties, misunderstandings, and conflicts of culture. These differences may lead to distrust and hesitation in diverse patient groups, resulting in inequalities and dissatisfaction with that care.

Purnell (2014) states that patient diversity has implications on healthcare access for populations who share certain characteristics that include behavioral patterns, national origin, beliefs, values and customs, which guide the population's decision-making and worldview. To ensure that health delivery approaches used by nursing personnel recognize and consider the impact of cultural needs in patient care, Purnell suggests that adaptations be made to each approach, according to the population being served.

Standards for serving diverse groups with varied cultural needs have been developed by The Joint Commission (2010); The American Association of Colleges of Nursing (AACN, 2009) established cultural competency toolkits for use by nurse educators when teaching nurses about cultural variances and minority groups. Because these standards are not yet well utilized, or understood by nurses and other healthcare providers, the significance of cultural beliefs, values, and communication continues to be a limitation in the provision of appropriate patient care. Still, in accordance with Galanti (2008), becoming aware of cultural variations is a process that requires lifelong learning and understanding of dissimilar cultures.

In a study of tuberculosis care and management, Galanti (2008) proposed that patient satisfaction with healthcare services is crucial for all patients. He believes that better understanding of diverse patient needs, which may influence patient healthcare satisfaction, can help providers recognize gaps in healthcare delivery and make clinicians aware of those specific needs; thereby improving strategies for delivery of care.

Seright (2007) offers that until recent years, America's population of predominately Northern European descent has had a healthcare philosophy and beliefs appropriately suited for a homogenous society. Therefore, most nursing personnel's viewpoint regarding the quality of patient care has followed that same uniformity of care. Seright states that currently, those values and beliefs are not compatible with the growing non-European American population. He reveals that caring for an expanding multicultural/multiethnic people continues to pose difficulties for providers. This point challenges nurses and other providers to be aware of differing needs that will help to give applicable, satisfactory patient care.

The purpose of this appraisal is to analyze the literature on how culture, ethnicity, race and/or language can influence patients' satisfaction with healthcare received from nursing and other healthcare personnel. In examining the evidence in the literature, the goal is to investigate how patients' varied cultures, beliefs, language and/or socioeconomic situations can affect perceived/real health treatments or outcomes; thereby influencing the patients' satisfaction with healthcare providers and facilities.

This appraisal evaluates current available evidence and presents discussion based on the knowledge gathered through the research material. The examination in this critical review will focus on how ethnicity, race, language and/or socioeconomic standing affect

these populations' healthcare experience; therefore, influencing patient satisfaction results. The appraisal will also consider the connection that exists between ethnicity, understanding of spoken/written language and culture on the outcome of minority patients' satisfaction with the healthcare services they receive.

Significance to Nursing

Quality care and quality improvement have long been crucial elements of healthcare and of nursing practice. Changes and enhancements have been applied to existing approaches of care to create new advanced programs that focus on patient safety and quality of care. These updates have been implemented in response to the Institute of Medicine (IOM) reports and similar calls to action.

The Healthy People 2010/2020 initiative from the Department of Health and Human Services (DHHS) includes goals to expand coverage to underrepresented minorities and eliminate health disparities. In the United States population ethnic minorities encounter separate, unequal health care, and other health disparities related to the burden of disease, injury or death experienced by socially disadvantaged or ethnic groups (HP 2010/2020). This problem extends and includes well-educated, insured middle-class minorities who also have higher rates of cancers, death from diabetes, and receive inadequate health care compared to their White counterparts. The rates of breast cancer in African American women are lower than those of White women. However, the mortality rate of African American women is much higher due to insufficient and limited access to healthcare for that specific group (Lowe & Archibald, 2009).

This critical review is significant because culture, ethnicity, language, and other characteristics influence how diverse patients perceive the care services they receive.

Therefore, these traits shape the group's satisfaction with patient care. Nurses promote the health of patients, families or groups. When they are informed about, and provide culturally based patient care and interactions, nurses prevent and discourage health care disparities among racial and ethnic minority groups (Høye & Severinsson, 2010). Existing research was examined in this review to explore healthcare practices and interventions that are established or recommended as culturally appropriate and beneficial to treatment of populations of diverse beliefs and ethnic backgrounds. As recommendations are established, they will support which practices and interventions are most useful and beneficial to diverse patient populations, to nursing practice, and to patient satisfaction scores.

The 2014 U.S. Census Bureau reports that racial minorities and ethnic groups account for 37.9 percent or more than one third of the U. S. population. Projections indicate that by 2043 minority populations will become the majority. It is therefore, vital that nursing and other health professions demonstrate knowledge and understanding of a range of cultures and beliefs in order to provide appropriate, quality care to diverse groups. According to Douglas et al., (2014) these projections place demands on the healthcare system to meet the needs of the increasingly diverse population. Understanding cultural patterns and aspects that affect individual and group variances is essential in preventing stereotyping that can affect patients' treatment and satisfaction with that treatment. Assessments that include the patients' culture enable good communication, display respect for cultural diversity, and allow nurses to ask perceptive questions about beliefs and practices to be considered while delivering patient health care (Høye & Severinsson, 2010).

When nurses lack knowledge about patients' diverse practices such as rituals, use of traditional healers, and other customs, nurses risk not asking proper or specific questions regarding an individual's traditional practitioners and therapies. Nurses are at the forefront of caregiving and can significantly affect patient care and satisfaction scores; with their knowledge nurses can directly influence outcomes when they apply appropriate and timely interventions. As a result, nurses in all healthcare settings should have knowledge of suitable interventions and the ability to communicate those interventions to all patients, regardless of spoken language, and ethnic or socioeconomic backgrounds. Recognizing symptoms and conveying treatments to culturally diverse patients can avoid negative outcomes in patient care (Campinha-Bacote, 2010).

Nursing Theoretical Framework

Literature on patient satisfaction suggests that the most essential element related to general satisfaction with hospital, clinic, and community healthcare is satisfaction with nursing care; care which is greatly influenced by the interactions between nurses and patients. Studies have linked patient satisfaction with nurse-staffing levels, higher proportions of registered nurse (RN) skill-mix, nurses' work environment, and nurse-physician collaboration (Kutney-Lee et al., 2009).

Dr. Campinha-Bacote's Process of Cultural Competence in the Delivery of Health Care Services (PCCDHS), (2010) provides a theoretical framework that is pertinent to the concept of patient satisfaction because it focuses on the interaction between the patient and the nurse or other healthcare provider. It states that an on-going process or collaboration in which nurses and other healthcare providers endeavor to work effectively while becoming adept in the cultural context of the patient, family and community. This

model follows five constructs or concepts of cultural competence that take into consideration cultural awareness, cultural knowledge, cultural skills, cultural encounters and cultural desire. These concepts do not work independent of each other; they are interwoven to create a montage known as cultural competence (Montenery, Jones, Perry, Ross, & Zoucha, 2013).

A diagram, see figure 2, representation of Campinha-Bacote's PCCDHS model of cultural competence places *cultural encounter* as its fundamental concept because it is the encounter that provides nurses with the initial exposure to patients who are culturally or ethnically diverse from themselves. According to Newman, Smith, Farris and Jones (2008), care providers have to let go of everything and be fully present while attending to patients. This exposure leads to reflection and integration; thereby becoming one with the patient; focusing the nurse on what is helpful and meaningful to the patient.

Nurses must also have *cultural awareness*; being aware of their own stereotypical beliefs. This allows the nurse to be sensitive to the values, beliefs, lifestyle and traditional practices of diverse patients. Unless nurses purposely and reflectively recognize their own biases and prejudices nurses will tend to impose their own cultural values on their patients during their nurse/patient contact (Darnell & Hickson, 2015).

Cultural knowledge is a process where nurses strive to obtain more information and understanding of diverse/ethnic cultures and worldviews which are held by people from other cultures. Nurses who have more knowledge of varied values, beliefs and practices held by their patients tend to feel more confident when meeting diverse individuals and can provide appropriate, safe patient care in a more supportive environment. This confidence or knowledge of cultural/ethnic groups will help

nurses/educators appreciate the differences within and across cultural/ethnic populations. Comprehending diverse groups' cultures avoids noncompliance of treatments in minority patients because their attitudes influence each other, but providers are the more powerful individuals in the clinical encounter. Cultural knowledge gives nurses the opportunity to create a trust relationship that in turn strengthens both patient treatment outcomes and satisfaction with treatment received (Alicea-Alvarez, 2012).

The ability to gather culturally relevant information regarding a patient's present health problem, and interpret the data appropriately to provide culturally accurate interventions is called *cultural skill*. This includes personal traits/skills such as respect, acceptance, empathy, and trust which facilitate performing culturally-based physical assessments in a culturally sensitive manner. Cultural skill is a process that is gained based on prior cultural knowledge learned; though in some healthcare environments cultural content is still viewed by many in nursing as specialty content or an optional content (Tuck, Moon, & Alloca, 2010).

The motivation or *cultural desire* of the nurse or educator are to "want to engage" in the process of becoming culturally aware, culturally knowledgeable, and culturally skillful; to seek cultural encounters with diverse patients/students; it is not to feel that they "have to" do it. This is a positive personal inclination that should not be imposed. Though in some areas of nursing and healthcare, policies or other regulations are brought in to secure that patients of diverse groups receive similar treatment and care as the majority homogenous population (Campinha-Bacote, 2010).

The five constructs in the PCCDHS model can influence a person's ability and willingness to initially learn about themselves, about diverse cultures and practices and

ultimately be able to affect the outcomes of patient healthcare and contentment with the care they received. To appreciate these potential health benefits the nurse/educator must be able to identify opportunities in which to intervene; and with his or her actions alter learning/teaching experiences that will promote these concepts to result in healthier outcomes for the particular population and facility's performance measures.

Knowledge of studied approaches reinforces the application of culturally appropriate and suitable healthcare interventions that are crucial for improving access, maintenance, and treatment of long-term health issues borne by minority patient populations. Without significant relationships (knowledge, encounters) with ethnic patients, these groups' particular needs may be overlooked, thereby, not achieving desired and necessary positive health outcomes that will also affect patient satisfaction (Wilson, 2008).

Summary

Positive patient satisfaction scores are crucial to enhance global health and improve equitable quality care for all populations. The literature demonstrates a link between patients' overall satisfaction and patients' satisfaction with the nursing care they receive. A connection also exists between patients' perceptions of nurses' behavior and interactions with the patients. Wagner and Baer (2009), note in their patient satisfaction analysis, that nursing care unequivocally affects patients' satisfaction experience, and that personalized nursing care increases patient satisfaction and promotes good patient outcomes.

The literature reports how nurses individualize their care of patients. One manner is by understanding and responding to patient's expectations. Since research has found

that patients' expectations affect their satisfaction, it is important for nurses to have an understanding of what their patients' expectations are. However, characteristics including diversity in culture, ethnicity, beliefs, and language communication have wide-ranging impressions on diverse patient expectations. When nurses learn about their patients' needs and expectations of care, this allows the nurses to perform culturally appropriate assessments, individualize the care they provide, and achieve the goals of delivering correct treatments that are easy for ethnic/diverse patients to understand and follow.

Because today's patient demographics are varied, possessing knowledge of values and practices of diverse/ethnic patient populations is imperative. This awareness helps nurses to be sensitive and understanding in developing relationships as they interact with and care for minority patients; resulting in more positive patient treatment outcomes. These skills facilitate building an understanding of differences, similarities, and strengths within diverse/ethnic populations.

CHAPTER 2: METHODS

This chapter two discusses the methods used for researching this critical review of the literature which investigated how ethnicity, culture, and language barriers affect healthcare treatments or outcomes and patient experience. This chapter contains descriptions of databases and search engines utilized to categorize and select research articles; criteria for inclusion or exclusion of studies; summary of the types of studies selected for review, as well as criteria for evaluating the studies.

Criteria for Inclusion or Exclusion of Research Studies

All research articles included were written between 2006 and 2017. Some older studies were used to gain deeper knowledge and understanding of the subject matter. However, those were not made part of the review process or of the matrix. Numerous articles were found relating to cultural bias, discrimination and inequality faced by ethnic diverse patients; prejudice and cultural or language barriers for ethnic diverse student nurses; and abundant information was available about patient satisfaction and acquiring cultural competence. All these research articles were excluded. Only those studies that focused on the influence that ethnicity, culture, and/or language, have on healthcare of diverse minority patients and their satisfaction with that care were considered for review.

Search Strategies and Review Process

Research methods used to identify research articles for this review of literature included searching databases and search engines: Cumulative Index to Nursing and Allied Health Literature (CINAHL Complete), EBSCO MegaFILE, Cochrane Database of Systematic Reviews, PubMed/Medline, Google Scholar, ScienceDirect Journals, Scopus and OVID Nursing Full Text Plus. The following key words were used to locate

articles concentrating on the subject being examined: Ethnic patient care, effect of culture, ethnic minorities; cultural bias, discrimination, nursing education, diversity, patient satisfaction, cultural beliefs, native language, health disparities, transcultural health, ethnic nurses, Hispanic Americans, language barriers, transcultural nursing, cultural competence, patient stereotypes, quality of care. After selecting and identifying the articles most applicable for use in the review, references at the end of those articles were explored to ascertain other authors whose research studies were germane to the literature review subject matter.

Number and Types of Studies Selected for Review

After several systematic reviews were performed; over 80 journal articles were found to have some bearing on the effects that language barriers, ethnicity, and culture have on diverse patient population and satisfaction with healthcare received. After further inspection the majority of the articles were found to be informational, but lacked quality of strength of evidence as guided by the Johns Hopkins Nursing Evidence-Based Appraisal (Dearholt & Dang, 2012). These guidelines for appraisal of evidence are a systematic tool to review design method, sample size, quality of procedures, and validity and reliability measures to determine the merit of each study.

Though the unselected articles were not used in the matrix study, they were used as supplementary resources because they provided information on individual parts of the study. A number of the articles addressed minority patient care but did not mention satisfaction with that care; others address health disparities but mentioned only language discordance; most of these provided awareness of an existing cultural divide in caring for ethnic patients. Because the topic being studied by this literature review holds a

distinctive focus of how factors affect a particular population group, only 24 articles were selected to be included in the final study.

Following the systematic review of the literature, twenty-four qualitative and quantitative studies and reviews of literature, using a mixed methodology for data collection were selected. They included surveys, questionnaires, and interviews using cross-sectional, prospective-descriptive, cross-sectional, and thematic analysis design, written from 2006- 2016. The majority of the articles for this review were written in the last seven years.

Summary

This review of literature included the most recent available data from 2006 to 2016. The data that appears in this review focused on the effects of culture, ethnicity, language and other minority patient traits that affect how diverse patients perceive the healthcare they receive from nurses and other providers. It also offered recommendations on strategies that can be learned and implemented to discourage treatment disparities and improve ethnic minority satisfaction with their healthcare services. Different search methods were used to identify research articles that were relevant to the topic of research. The matrix model was applied to recognize tendencies and further details that the research articles provided.

CHAPTER 3: LITERATURE REVIEW AND ANALYSIS

This chapter will provide a review and analysis of the current literature; examining how diverse patients' cultural beliefs, language barriers, and ethnicity contribute to healthcare disparities; therefore affecting patient satisfaction with nursing care and facilities. It will serve to identify the major strengths and weaknesses of salient studies, as well as synthesize the major findings in the discussed data.

The Matrix

The Matrix Method process was used to help organize information obtained in the critical review of the literature (Garrard, 2017). This method facilitated the identification of relevant literature and its organization. The Johns Hopkins Nursing Evidence-Based Practice Research Appraisal (Dearholt & Dang, 2016) facilitated the evaluation of its content and value. In this review, the method also assisted in integrating major new findings; recognizing significant factors or impediments; and helped to propose useful recommendations for increasing knowledge, awareness, and education of nursing staff. Becoming aware of these factors can enable nurses and healthcare providers to deliver appropriate cultural healthcare services to improve diverse patients' satisfaction with their care.

This critical review supplied twenty-four articles to be included in the Matrix, and they were placed in alphabetical order by author's last name. The Matrix's headings include the article citation, strength and quality, the purpose of the study, sample and study design, results and recommendations as shown in Table 1. The strength and quality of each study was determined by using the Johns Hopkins Nursing Evidence-Based Practice Research Appraisal (Dearholt & Dang, 2012).

After completing the systematic review of the literature, twenty-four qualitative and quantitative studies and reviews of literature that employed various methods for data collection were selected. These 24 research articles included surveys, questionnaires, and interviews using cross-sectional, prospective-descriptive, cross-sectional, and thematic analysis design, written from 2006- 2016. The majority of the articles for this review were written in the last seven years.

Major Findings

There has been an increase of literature concerning the growth of cultural diversity in the United States and the consequences of living and caring for a multicultural society. A review of the current evidence indicates that there is a need to address various factors that facilitate appropriate nursing care for diverse patients that will result in patient satisfaction (Benkert, Hollie, Nordstrom, Wickson & Bins-Emerick, 2009; Campinha-Bacote, (2011); Mien Li, Ang, Yiong-Huak, Hong-Gu, & Vehviläinen-Julkunen, 2016; and Mott-Coles, 2013). Starr and Wallace (2011) explored patient perceptions of communication, decision-making styles, and interpersonal styles of nurses providing care in the community. Their descriptive quantitative study used the Interpersonal Process of Care Survey (IPCS) for patients and Cultural Competence Assessment (CCA) for nurses. Starr and Wallace found that positive communication between patients and providers leads to trust, quality interactions, increased satisfaction with care, and adherence to prescribed regimens. The researchers found that this can be achieved when decisions regarding treatment plans are made together between patients and their nurses. With clear communication patients felt nurses cared about their feelings, respected the patients' culture, and treated them as equals without racial or

ethnic discrimination. When nurses and other health providers have positive interpersonal styles, these are associated with trust, greater satisfaction with continuation of care and adoption of positive health behaviors. In this investigation nurses encountered multiple racial and diverse ethnic groups of special populations as identified in Healthy People 2010. Starr and Wallace also discussed that this type of interaction with diverse groups and populations is similar to results found in study reports from acute care settings. The main findings suggest that certain components including understanding of patient cultural beliefs, ethnicity, ability to communicate in a language that both patient and provider can understand, are essential for providing effective nursing care to these populations; and to help decrease diverse patient health disparities. These factors impact the perception of how ethnic minority patients view their patient experience with nursing care, which can affect their health treatment compliance and outcomes.

The American Nurses Association (ANA), a professional organization that establishes standards of nursing practice, ensures that the nursing profession follows the scope and standards of practice. In response to social, demographic changes, and increase in ethnically diverse populations, in 2015 the ANA published the *Nursing: Scope and Standards of Practice, 3rd Ed.* This updated document includes a new Standard 8: Culturally Congruent Practice, which describes nursing care that is in accordance with preferred values, beliefs, worldview, and practices of diverse healthcare recipients. There is a general perception that every patient is to be treated "the same" to effect significant changes to improve healthcare and remove disparities. This is a misguided assumption given that everyone is not the same because of cultural diversity,

beliefs, spoken language, etc. When culture, language congruence, and other patient/nurse diversity factors are included in practice standards, or legislature, as stated by Travers, Smaldone, and Gross Cohn (2015), commitment to executing the recommended changes is promoted. Thus encouraging needed dedication for identifying existing barriers to promoting health, in diverse populations.

Impressions of Culture and Ethnicity on Nursing Care

The literature on diverse patient population healthcare emphasizes essential components and differences that affect patient care. When ethnically diverse patients are hospitalized or cared for, in clinical or community settings, they may encounter care providers whose cultural backgrounds and beliefs will differ from the care providers. In essence, the differences in cultural perspectives of both individuals will meet and may have profound impressions on care treatments and outcomes. Lowe and Archibald's study (2009) stated that the ethnic and cultural composition of the U.S. population challenges nurses to incorporate the diverse needs of clients into quality nursing care. In addressing cultural diversity progress, the nursing profession must move its objective toward behaviors and actions that deliver outcomes that reflect a culturally diverse discipline. According to Lowe and Archibald the effects of culture on physiological, spiritual, psychological, and social factors should be studied and learned. Understanding these factors allows nurses to provide culturally informed care interventions that are acceptable to both, healthcare providers and patients; because culturally informed clinical practice that stems from research and theory, is best for patient care. Hart and Mareno (2013) agreed that providing nursing care that is patient-and-family-centered is a perceived barrier for many nurses when they encounter diverse patient populations with

different cultural beliefs; even though this is an ethical imperative and professional mandate to healthcare providers. Hart and Mareno's finding also state that recognizing these obstacles is a first step in redesigning care delivery practices; in particular, when caring for diverse cultures where ethnic groups overlap.

In their study, Høye and Severinsson (2010) found that nurses faced conflicts that directly impacted the patient care process. These were conflicts in cultural norms and control of clinical environments due to culturally diverse values and those of the nursing tradition. In their analysis, Høye and Severinsson suggest that culturally diverse families wanted to be more involved in patient care than were Norwegian families. The review says that many western nurses' professional perception is that they are in charge of total patient care; and are not able to appreciate that the family's active involvement in the patient care process is a value that is embedded within some diverse cultures.

In accordance with the above authors, Darnell and Hickson (2015) also emphasize that behaviors, biases, and attitudes of healthcare providers contribute to health care disparities, patient dissatisfaction, and poor patient outcomes. They pose that if nurses are to provide appropriate care to these patients, nurses must work within the cultural context of individual patients, their families, and community. Darnell and Hickson further clarify that cultural diversity is awareness of differences among patients and that patient-centered care is successful when nurses and patients agree on the health care needs, knowledge related to those needs, and are familiar with the patient's experiences.

De Gagne, Oh, So, Haidermota, and Lee (2015), explored health care experiences among Asian Indian immigrants living in the southeastern United States. Their findings support the importance of nurses' understanding immigrants' experiences with health

care, their perceptions of the healthcare system and the need for promotional programs at the community level. De Gagne et al. noted that Asian immigrants delayed obtaining healthcare due to cultural beliefs or family opinions, and that not addressing these views created inconsistencies in health treatments. An essential point that challenges nurses is their lack of knowledge of the significance and central role that religion, culture, and food play in Asian immigrants' daily lives.

Language and Communication Impact on Diverse Patients' Care

The needs of patients with limited language proficiency are not adequately addressed during clinical encounters. Ingram (2012), reports that one in five American adults reads below fifth grade level, and ethnic minorities have even lower literacy levels. It is generally expected that the result of healthcare encounters for these limited communicating groups, is care of low quality, possibly unsafe, and of high cost. Research studies report that language barriers impact several critical aspects of quality, safety and satisfaction. These include greater risk of infections, delay in treatments due to lack of understanding instructions, prior to, or during the encounter (Ashing-Giwa & Kagawa-Singer, 2006). Greater risk of readmissions for chronic conditions due to inability in managing the condition and following medication instructions, as well as poor understanding of symptoms that require follow-up visits are recurring problems for limited English-speaking patients (Hart & Mareno, 2013).

Parés-Avila, Sobralske, and Katz (2011), investigated language barriers of Spanish-speaking Latinos, living in the U.S., and how these barriers affected care received from predominantly non-Spanish-speaking caregivers. It was ascertained that language barriers aids in the creation of health care disparities of Latinos; specifically in

undocumented immigrants who are more likely to be Spanish-speaking only. Parés-Avila et al., also found that for effectiveness, safety and equity in patient care, non-English speaking patients are better served when they have language concordant health encounters. Results showed that when patients' initial caregiver encounter is with someone who speaks their language, the difficulties continue because not all nurses and staff have ability to fluently communicate with patients in their native language. Their study also found that more needs and questions are ignored for non-English speaking patients, even through the use of interpreters, because not all states have standardized language access programs in place.

A quantitative study conducted by Mien Li et al., (2016), showed that ethnic and non-English speaking patients were least satisfied with the communication and participation they were able to have while hospitalized. Areas in need of review included providing information to multi-ethnic patients, nurse/patient collaborative goal-setting and effective language interactions. Høye and Severinsson (2010) concurred that patients and families have a right to be informed and receive accurate and adequate information, in the patients' language, that enables understanding of the treatment they are receiving. Additionally, they affirm that it is the nurses' and other providers' professional obligation to give culturally based communication and responses to families.

One prominent finding in De Gagne's et al. (2015) research study on Asian Indian immigrants was that there is a high need for healthcare providers who speak the immigrant patient's language; or that continuous interpreter services are available when caring for these patients. It is indicated by De Gagne et al., that Asians also have

difficulty understanding the diagnostics related to western treatments, and language discrepancies that worsen these challenges.

Mott-Coles (2013) found that hindrances exist even when using interpreters in the care of non-English speaking patients. She adds that patient acculturation and ability to understand English affect their perception and understanding of a cancer diagnosis and treatments. Findings also included that lower education levels lead patients to decline cancer treatment due to lack of understanding. Mott-Coles expressed that the lack of acculturation was not addressed by care providers except by using an interpreter for non-English speaking patients. Conclusions by Mott-Coles included that many providers want to give patients the information providers want patients to know; not necessarily the material that the patient needs to be aware of. This approach overlooks the point that social context and cultural beliefs affect healthcare behavior; thereby influencing patient treatment understanding, compliance, and health outcomes.

When patients are not fluent English speakers, as found by Alicea-Alvarez (2012), they experience more adverse events resulting in greater unfavorable occurrences than those who are English-speaking. Her study found that language, culture and economic barriers increase the risk to patient safety; and that care providers are less engaged with Hispanic patients who tend to mistrust and not be compliant with care regiments. Alicea-Alvarez reported that communication gaps in language add to the lack of engagement; as well as to the influence that patients' and providers' attitudes have on each other. However, she counsels that it is the provider who is always the more powerful individual in the clinical encounter.

Ethnic Patient Satisfaction with Nursing Care

Limited literature has been written related to the effect of diverse patient nursing care and how it impacts patient satisfaction. Mien Li et al., (2016) reinforced the necessity of learning and listening to patient information, and the importance of good communication in order to improve patient satisfaction with multi-ethnic groups. Respect was valued highly by this group of patients which made it a strong and influential attribute in rating quality of nursing care.

Although it is challenging to determine multi-ethnic patients' satisfaction with nursing care during hospitalization, Mien Li et al. (2016) conducted a study using the Revised Humane Caring Scale (RHCS). Patients were moderately satisfied with nursing care and several factors were found that affected that satisfaction. Causes included socio-demographic subgroups; ethnicity, age, and gender. They learned that Chinese patients were the least satisfied with nursing care and with the communication and participation they received during their hospital stay. Mien Li et al., also found that a periodical review of nurses' clinical cultural proficiency promotes quality nursing care to patients of diverse cultural backgrounds. The study also revealed that improvement was needed in providing appropriate information to multi-ethnic patients; nurses and patients; working in partnership to create culturally acceptable goals, and have effective communications with patients, regarding care; actions that can improve how diverse patients felt about their hospital experiences.

Findik, Unsar, and Sut (2010), used the Newcastle Satisfaction with Nursing Scales (NSNA) and the Satisfaction with Nursing Care Scale (SNCS), and established that longer hospitalized patients gave higher care satisfaction scores and female patients

with shorter hospital stays and higher education levels gave lower care satisfaction scores. Age factors showed that older men provided higher satisfaction scores than younger men. In comparing socio-economic groups Findik et al., (2010) also stated that lower income patients with lower education levels gave higher satisfaction with care scores than people from higher incomes. This examination hypothesized that patients with less formal education, also had lower standards of care expectations than more educated patients; therefore, felt they had to be satisfied with the care they received.

To develop and integrate awareness of cultural diversity programs, Darnell and Hickson (2015) emphasized that nurses must recognize and provide patient-centered care for diverse patients, in order to promote patient satisfaction. These conclusions commensurate with Starr and Wallace's (2011) findings stating that positive communication between patients and providers leads to trust, increased satisfaction with care, quality interactions, and adherence to prescribed plans of care.

Patient satisfaction scores are difficult to assess when patients and nurses encounter language barriers, although Parés-Avila et al., (2011), found that undocumented Latinos, who are usually Spanish-speaking only and uninsured, gave high satisfaction ratings regarding the care they receive. This is not the case with English proficient Latinos who were found by Parés-Avila et al. to be less satisfied with patient experience during hospital stays. According to Parés-Avila et al. patient outcomes and satisfaction were best achieved when they received care from those who speak their language and are ethnically similar or are competent in providing appropriate care for diverse background patients.

Diverse Patients and Health Disparities

A diverse nursing workforce is essential to meet the health care needs of the nation and reduce the health disparities that exist among minority populations (Bjarnason, Mick, Thompson, & Cloyd, 2009). The Sullivan Commission on Diversity in the Healthcare Workforce (2004) said that because the country's health professions had not kept pace with changes in demographics, there were more profound disparities in health access and outcomes, than due to the lack of health insurance for Americans. The Commission recommended changes to the culture of health professions schools, in order to increase workforce diversity, by using non-traditional paths and commitment for government and private sector. Alicea-Alvarez, in her 2012 study, poses that language, culture, and economic barriers increase the risk to patients. In particular, she stated that patients who are not fluent in English experience more adverse healthcare events, resulting in harmful outcomes, than those who are English-speaking. Alicea-Alvarez upholds that for healthcare disparities in Hispanic American communities to decrease, attention must be given specifically to ways of increasing and developing diverse nursing personnel.

In a review of literature relevant to understanding culturally informed oncology research, as related to quality of life, Ashing-Giwa and Kagawa-Singer (2006) reported that there is an over representation of ethnic minorities in cancer burden but also an underrepresentation of minorities in cancer research. They affirmed that this unequal burden of disease by ethnic minorities mandates culturally informed investigations of health care and outcomes. Ethnic health care has to be focused on, in order that cancer care for those groups is improved. It is also essential that health disparities research

includes minority populations with attention given to cultural, sociopolitical, network and community context (Ashing-Giwa & Kagawa-Singer, 2006). Lowe and Archibald (2009) agreed that ethnic minority groups die younger and faster than Caucasians in almost every type of illness. Their research indicates that to minimize global health disparities nurses and other providers must have the knowledge to perform more in-depth, culture-oriented, detailed patient evaluations.

To examine the relationship between health literacy and appropriate cultural nursing practice, Ingram (2012), reported that one in five adult Americans reads below fifth grade level, and ethnic minorities have even lower literacy levels. These barriers explain why people of minority ethnic cultures have decreased access to health care, and when they receive care, it is of low quality; which leads to poor health outcomes. Ingram established that sufficient literacy skills are needed to problem-solve, compute, articulate, and make appropriate healthcare decisions; and that many ethnic patients do not have the understanding to make or follow informed decisions on treatments.

Other perceived barriers, as stated by Hart and Mareno (2013), are that providers may not have sufficient care contact experience with minority groups; therefore, these groups experience disproportionately higher rates of chronic diseases and do not receive the same quality of health care as individuals of majority groups. Travers et al., (2015) found that increasing minorities in health-care professions is fundamental to reducing health disparities; particularly because nurses are the largest personnel, and are in the best position to meet the diverse needs of patients that they serve.

Exploring health care experiences among Asian Indian immigrants living in southeastern United States, De Gagne et al., (2015) found that health disparities exist in

Asian immigrants who delay procuring healthcare due to cultural beliefs, family opinions, and poor English speaking skills. De Gagne et al., explain that providers need to be aware of the level of patient familiarity with their new country because it constitutes an important role in the person's healthcare compliance and experience. This study's findings can be used to advance transcultural nursing knowledge and help to minimize health disparities.

Tuck, Moon, and Allocca (2010) established that when advance practice nurses know cultural content, it facilitates them to promote appropriate cultural health care which helps to decrease and possibly avoid global health crises. The aim of their learning modules was to improve the nurses' understanding of meeting the needs of urban populations and enhance culturally sensitive communication which encourages patients to seek healthcare.

Health Care System and Diverse Patient Care

Studies show that there are an insufficient number of African American, American Indian, Asian, and Hispanic nurses in the workforce. According to Street, O'Malley, Cooper, and Haidet (2008), this deficiency in diversity depiction has generated health-related concerns for minority populations. Patients are usually better satisfied when they receive care from individuals who look similar to them, speak the same language, or share their racial or ethnic background, was stated by Lebrun and LaVeist (2011). Many minority patients have reported experiencing racism in the U.S. health care system, and because of those experiences, these individuals are liable to favor nurses, physicians and other health providers who are of their own race or ethnicity (Lebrun &

LaVeist, 2011). Nevertheless, there are not enough health care providers of diverse backgrounds to meet the needs of ethnic diverse populations.

A provider's treatment decisions may be influenced by the race or ethnicity of the patient and this may negatively affect health care treatment plans. If there is language discordance, issues of trust may also develop. This dissonance is widespread, especially in low-income and diverse ethnic minority communities and exacerbates minority healthcare access (Street et al., 2008). It is invaluable, for patient satisfaction and patient adherence to treatments, that trust and consistency be established because it has been associated with more patient participation in the care process (Tucker et al., 2007). For nursing to reflect the population served in the years ahead, healthcare professionals must embrace the challenge of educating and supporting diverse minority populations by participating in the creation of healthcare policies that will encourage diversity in healthcare (Lebrun & LaVeist, 2011).

In their 2010 article, Bodenheimer and Pham reported that the United States had about 400,000 primary care providers of which physicians accounted for approximately 287,000, nurse practitioners 83,000, and physician assistants 23,000 (HRSA, 2008). The data showed that while nurse practitioners and physician assistants' figures were steadily increasing, the number of medical students and residents entering primary care has declined in the last few years (Naylor & Kurtzman, 2010). Because of continued demographic and health care changes the demand for diverse health care services will continue to increase, thereby creating a much higher need for nursing workforce that is proficient in providing intercultural care for a growing diverse population (Robert Wood Johnson Foundation, 2010).

Strengths of Salient Studies

The studies that had the most salient data in this literature review using John's Hopkins Nursing Evidence Appraisal (Dearholt & Dang, 2012), were ones that included discussions that covered most of the indicated factors affecting appropriate nursing care for diverse patients, and could influence these patients' satisfaction with care. This review of the literature had several strengths because it focused on a defined participant group, ethnic, diverse patients. The research accomplished the identification and summarizing of some specific factors that are perceived barriers for nurses who care for ethnic diverse populations.

The appraisals included information and analysis related to various ethnic minority language communication difficulties; challenges affecting patient care due to nurses' lack of cultural diverse patient care. They included the importance and influence that ethnic cultural beliefs, values, language discrepancies, and socioeconomic differences have on care compliance and health disparities; which are factors that affect diverse patients' satisfaction with healthcare received (Ashing-Giwa & Kagawa-Singer, 2006; Parés-Avila, Sobralske, & Katz, 2011; De Gagne, Oh, So, Haidermota, & Lee, 2015; Mien Li et al., 2016; Alicea-Alvarez, 2012; Mott-Coles, 2013). These research studies were mostly qualitative and explorative in nature, but whose findings must be considered and can be used to design stronger studies that are more objective and quantifiable (Dearholt & Dang, 2012).

Weaknesses of Salient Studies

There are gaps found throughout the literature related to ethnicity, culture, language barriers, and socioeconomic factors effect on patients' perception of healthcare

and satisfaction with care, in minority patients. There is abundant information on general patient care satisfaction in homogenous groups; there is research about health disparities as a result of language discordance between patients and care providers; but only in the past few years has investigation of minority groups needs ethnicity, culture, language, etc. have been considered. The impact of the 2015 update of the ANA's *Nursing: Scope of Practice, 3rd Ed.* requirement #8, dedicated to Cultural Congruent Practice, as used in nurse training, appears to show some improvement in nurses' knowledge and understanding of diverse patient populations; however, the extent of this improvement is not yet fully clear. Further research collected and studied will provide proper assessment of long term implications linked to the U. S. continued diversity of people.

In this review of the literature the studies analyzed were of variable quality and there were some common limitations, including the ones with salient outcomes. One area of weakness is that some of the available analyses were completed by non-ethnically diverse researchers, employing newer, not widely recognized and tested methods, modules or surveys; in some, the tools used were not created in the participants' primary language (De Gagne, Oh, So, Haidermota, & Lee, 2015). These are vulnerabilities in the research due to researcher bias, as well as lack of sound, longer-existing related research methods.

Several studies had weaknesses stemming from biases in the type of data collected, or by whom it was acquired (Findik, Unsar, & Sut, 2010; Starr & Wallace, 2011; Hart & Mareno, 2013). Inadequacies were found in two studies because patient characteristics including patients' past experiences with patient satisfaction with nursing care, were not evaluated (Mien Li, Ang, Yiong-Huak, Hong-Gu, & Vehviläinen-

Julkunen, 2016); patients were chosen from subsidized wards who had different expectations of care and had to be able to speak English. Nurses who felt that they were more culturally competent, volunteered to participate in a study, and thus may have influenced the findings; another study applied to only a specific region of the country (Starr & Wallace, 2011).

Other limitations found were related to specificity of location. One study was confined to a facility in an urban area and did not represent the overall Australian or Malawian ethnic populations (Mukasa, Glass, & Mnatzagania, 2015); another was limited to a northcentral United States location (Seright, 2007). Though these were results from gathered data of ethnic diverse patients or minorities, it would not be appropriate to accept them as a generalization because there are many subgroups and distinct cultures that exist within ethnic populations (Parés-Avila, et al., 2011). The limitations of some studies in this review of literature indicate that these results are valid only to the studied population. Consequently, they advise not to use the results to make general assumptions of other populations. There are also constraints related to demographic variances and the nurse provider population as it pertained to their age, education and self-identified race or ethnicity (Hart & Mareno, 2013).

Summary

The Matrix Method by Garrard (2017) was used for this review. A goal set was to use the most recent, precise, and applicable evidence to evaluate the available literature. The purpose was to identify factors that can facilitate appropriate nursing care for ethnic diverse patients that would result in patient satisfaction. The significance of the study also recognized patients' perception of nurses' ability to provide proficient

patient care that was congruent with their cultural backgrounds; which could result in ethnic patient satisfaction with care.

Many studies were not incorporated in this review because it was difficult to ascertain the accuracy of the outcomes because the studies analyzed both socio-cultural aspects of care, and it was unclear if the information gathered was patient, nurse, or interpreter generated. There was a scarcity of literature that related to both ethnic diverse patients' barriers to appropriate nursing care and how the care provided affected patient satisfaction. Others addressed diverse patient satisfaction through use of non-native speaking interpreters. Therefore, there were limitations in the accuracy and of the quality acquired in those situations. The Johns Hopkins Evidence Appraisal method was used to categorize evidence levels of quality and strength of the literature used in this review. However, the accurateness and strength of the available research reviewed may be compromised due to its limitations.

The principal findings in this review of the literature indicate that culture, language barriers, and ethnicity do have an effect on how minority ethnic patients perceive healthcare, their understanding and compliance with healthcare practices, treatment outcomes, and can affect patient experiences. These same factors can influence ethnic minority students in educational nursing programs, as stated by Campinha-Bacote (2011). She emphasizes that cultural groups extend beyond a person's ethnicity or country of origin and are inclusive of other groups based on religion, language, and political orientation. Therefore, it is imperative that every person's cultural background, communication ability, and religious practice be considered and addressed as part of nursing assessment and practice, in order to provide appropriate patient care. The aspect

of patients' satisfaction with healthcare is an essential determinant of nursing service quality. Consequently, researchers, nurses, and faculty/leaders can use the findings of this review of the literature when implementing improvement processes to increase awareness, knowledge, and behaviors that will enhance culturally suitable patient care to improve ethnic minority patient satisfaction.

Citation/ Strength/Quality	***Purpose***	***Sample/ Study Design***	***Results***	***Recommendations***
Alicea-Alvarez, N. (2012). Improving health care outcomes in Hispanic Americans: Recruiting nurses to reflect the growing Hispanic population to mitigate health care disparities. *Hispanic Health Care International, 10(2), 70-74*. doi: http://dx.doi.org/10.1891/1540-4153.10.2.70 Strength: III Quality: High	There's a need for the nursing profession to reflect the Hispanic diversity of the U.S. with goal of meeting the health care demands of this population and decreasing health care disparities	**Sample:** N/A **Study Design:** Review of literature regarding recruiting diverse nursing staff to meet and improve Hispanic American health care population needs	• Language, culture and economic barriers increase the risk to patient safety. Patients not fluent in English experience more adverse events resulting in greater than those who are English-speaking • Care providers are less engaged with Hispanic patients who mistrust and are not compliant with care regiments, Patients and providers attitude influence each other but the provider is more powerful in the clinical encounter • Universities must have a diverse faculty in order to attract, recruit and support prospective student enrollment	• Increasing cultural awareness in and continuous recruitment and retention of ethnic minorities needs to be the goal of academic institutions • Mentoring Hispanic and other ethnic diverse students is the best way to develop a diverse workforce and nursing faculty to preserve the profession • To decrease health care disparities in Hispanic American communities, attention must be given specifically to ways of increasing and developing a diverse nursing workforce

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Allen, J. (2010). Improving cross-cultural care and antiracism in nursing education: A literature review. *Nurse Education Today, 30*(4) 314–320. https://doi-org.ezproxy.bethel.edu/10.1016/j.nedt.2009. 08.007 Strength: III Quality: Good	To appraise available research evidence that guides teaching and learning about cross-cultural care for nursing students; with a focus on both culture and antiracism	**Sample:** 13 published studies from 14 publications that met the selection criteria of reporting on 13 separate data sets **Study Design:** A review of literature was conducted related to educational strategies and teaching interventions that promoted cross-cultural care and antiracism	• There is covert racism among student participants though they had cross-cultural education within their nursing courses • Eight of the 13 studies reported teaching interventions according to transcultural nursing • There is not enough empirically evaluated theory or teaching interventions addressing racism or antiracism in nursing schools • Racism persists in some students even after participating in cross-cultural education • Interventions aimed only on culture do not effectively change racism among students	• Curriculum must focus on culture, diversity, social and political structures that sustain racism and discrimination • Future teaching research needs to foster development of cultural theories that conceptualize trans-cultural care in terms of diversity, antiracism/ racism and other types of discrimination • To provide culturally competent and appropriate care, it is imperative that nurses be prepared to counteract the effects of discrimination and racism in patient care

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Ashing-Giwa, K. & Kagawa-Singer, M. (2006). Infusing culture into oncology research on quality of life. *Oncology Nursing Forum 33*(1), 31-36 Doi:10.1188/06.ONF.S1.31-36 Strength: III Quality: Good	To review literature relevant to understanding culturally informed oncology research as related to quality of life	**Sample:** Over fifty published articles and books on including cultural competency in health care **Study Design:** A review of literature conducted on cultural perspectives to prevailing theory such as the Contextual Model of Health Related Quality of Life	• Cancer survivors draw from their cultural context: ethnic identity, family, community and spirituality to cope with cancer • There's overrepresentation of ethnic minorities in cancer burden but underrepresentation in cancer research • Unequal burden of disease by ethnic minorities mandates culturally informed investigations of health care and outcomes	• When cultural competence in health care is achieved, cancer care for all ethnic groups will be improved and cancer treatment disparities can be eradicated • A multidimensional and practical framework may be applied to better improve cultural competence in research • Health disparities research needs to include excluded populations and give attention to cultural, sociopolitical, network, and community context

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Benkert, R., Hollie, B., Nordstrom, C.K., Wickson, B., & Bins-Emerick, L. (2009). Trust, mistrust, racial identity and patient satisfaction in urban African American primary care patients of nurse practitioners. *Journal of Nursing Scholarship 41*(2), 211–219. Doi: 10.1111/j.1547-5069.2009.01273.x Strength: III Quality: Good	To advance patient satisfaction work related to: a) patient/provider demographics and length of relationship b) to identify cultural mistrust levels, racial identity attitudes and satisfaction with care received from nurses c) to analyze how these variables affect patient satisfaction in African Americans	**Sample:** A convenient sample of 100 mostly female (69%) African American participants; mean age of 56 years **Study Design:** A cross-sectional design was used measure with a convenience sample of self-identified African American or Black patients	• African Americans held moderate levels of cultural and medical mistrust; and high trust and satisfaction with their nurse practitioners • African Americans and other ethnic/racial groups are not monolithic. Racial identity attitudes have significant effect on patient satisfaction • Nurses need additional skills in working with older male African Americans who have less flexible identity attitudes, to ensure trust and satisfaction	• More research on the effect of racial identity attitudes on patient satisfaction is needed in order to develop targeted interventions • To help diminish health disparities globally, Nurse Practitioners will have to perform more in-depth, detailed patient evaluations • More thorough research is needed to better understand African American racial identity attitudes as well as help increase their understanding of the European American culture

Citation/ Strength/Quality	***Purpose***	***Sample/ Study Design***	***Results***	***Recommendations***
Campinha-Bacote, J. (2011). Coming to know cultural competence: An evolutionary process. *International Journal for Human Caring* *15*(3), 42-48. http://web.b.ebscohost.com.ezproxy.bethel.edu/ehost/pdfviewer/pdfviewer?sid=f2a11f5f-af0c-4fd1-827c-05e1b792d61c%40sessionmgr101&vid=4&hid=101 Strength: IV Quality: High	To transform anthropological concepts into the nursing process in order to render culturally congruent nursing care	**Sample:** N/A **Study Design:** Development of a model of cultural competence: The Process of Cultural Competence in the Delivery of Healthcare Services (PCCDHS)	• These concepts resulted in the field called transcultural nursing • The Process of Cultural Competence in the Delivery of Healthcare Services (PCCDHS) model requires care providers seeing themselves as *becoming* culturally competent rather than *being* culturally competent • It involves integrating cultural desire, cultural awareness, cultural knowledge, cultural skills, and cultural encounters • Key construct in the process of culturally competent was not cultural desire, but rather cultural encounters • Cultural competence is viewed as an ongoing journey of constant cultural encounters.	• The PCCDHS model gives providers a cultural practice model to render culturally responsive healthcare to all patients • Providers must recognize that every patient needs a cultural assessment; not just patients who "look like" they need one • Everyone has practices, values, and beliefs that influence healthcare practice, it is not limited to ethnic or racial groups • The (PCCDHS) model can be used in all areas of practice: administration, clinical, research, policy development, and education

Citation/ Strength/Quality	***Purpose***	***Sample/ Study Design***	***Results***	***Recommendations***
Campinha-Bacote, J. (2010). A Culturally conscious model of mentoring. *Nurse Educator 35(3)*, 130-135 Doi: 0.1097/NNE. 0b013e3181d950bf Strength: III Quality: Good	To enhance the mentoring component of recruitment and retention programs for minority/ disadvantaged nursing students by proposing a culturally conscious model of mentoring	**Sample:** Pilot study **Study Design:** A descriptive review of literature of mentoring programs for minority nursing students	• A culturally mentoring program that incorporates traditional principles and concepts derived from transcultural nursing and cultural competence • Six steps: 1) assess needs, 2) identify a philosophy, 3) create the plan, 4) organize, 5) implement, and 6) evaluate • Need qualitative and quantitative measures in literature that assess cultural competence related to mentoring diverse students • In cultural mentoring the faculty mentor continually strives to effectively mentor within the cultural context of the student mentee • The faculty *becomes* culturally competent by integrating cultural desire, cultural awareness, cultural knowledge, cultural skill, and cultural encounters into the mentoring process	• A tool piloted in a mentoring program for disadvantaged minority nursing students; the IAPCC-M reliability has not been established • Barrier to mentee encounters is faculty mentors' failure to develop self-awareness and a respectful attitude toward diverse points of view; how their feelings affect the mentoring relationship • Not all ethnic students are from a homogeneous group but reflect a heterogeneous group composed of subgroups. No mentee is a stereotype of their culture of origin • Students are a blend of the diversity found within each culture, an accumulation of life experiences, and the process of acculturation to other cultures

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Darnell, L. K., & Hickson, S. V. (2015). Cultural competent patient-centered nursing care. *Nursing Clinics of North America, 50*(1), 99-108. Doi:10.1016/j.cnur.2014.10.008 Strength: III Quality: Good	To develop and integrate cultural diversity awareness programs for staff to recognize and provide patient centered care for diverse patients, promoting patient satisfaction, and improving health outcomes	**Sample:** N/A **Study Design:** Review of patient centered care literature and tools that help encourage diverse culturally appropriate care	• Behaviors, biases, and contribute to health care disparities, patient dissatisfaction, and poor patient outcomes • In cultural competence health professionals work within the cultural context of an individual, family, and community • Cultural diversity is awareness of the presence of differences among patients • Patient-centered care is successful when nurse and patient agree on the health care needs, knowledge related to needs, and are familiar with patient experiences • The National League for Nursing and the Association of Colleges of Nursing provide cultural diversity tool kits for educational resources	• Nurses should implement cultural awareness, skill, knowledge, and cultural encounter to develop cultural competent care • Embracing ethics empowers mutual respect, equality, and trust • Nurses should be challenged to provide patient centered care for culturally diverse patients, which promotes patient satisfaction, and improves health outcomes

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
De Gagne, J. C., Oh, J., So, A., Haidermota, M., & Lee, S. (2015). A mixed methods study of health care experience among Asian Indians in the southeastern United States. *Journal of Transcultural Nursing, 26*(4) 354–364. Doi: 10.1177/1043659614526247 Strength: III Quality: Good	To explore health care experiences among Asian Indian immigrants living in southeastern United States	**Sample:** 125 Asian Indian immigrants aged 40-64 years **Study Design:** A concurrent triangulation mixed method design using a survey and a focus group from within the sample	• Majority of participants had health insurance and came from higher socioeconomic status • Findings support importance of understanding immigrants' experience with health care, perceptions of healthcare system and need for promotional programs at the community level • There is a need for healthcare providers who speak the immigrants language or have interpreter services available • Health disparities exist in Asian immigrants who delay healthcare due to beliefs or family opinions • Asians have difficulty understanding diagnostics related to western treatments • Religion and food play a central role in Asian immigrants' lives	• Apply findings to facilitate culturally competent care • Use findings to advance the body of transcultural nursing knowledge to minimize health disparities • Healthcare providers could improve satisfaction by providing education tailored to specific ethnic groups • Provide complementary and alternative medicine to Asian patients • The level of patient familiarity with their new country may play an important role in the person's healthcare experience

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Findik, U. Y., Unsar, S., & Sut, N. (2010). Patient satisfaction with nursing care and its relationship with patient characteristics *Nursing & Health Sciences, 12*(2), 162–169. Doi: 10.1111/ j.1442-2018. 2009.00511.x. Strength: III Quality: Good	To assess patient satisfaction with nursing care and the relationship between patient satisfaction and patients' characteristics	**Sample:** 229 patients hospitalized at least 2 days, able to read and understand Turkish **Study Design:** Cross sectional study from February and September using the Newcastle Satisfaction with Nursing Scales (NSNS) and the Satisfaction with Nursing Care Scale (SNCS)	• Longer hospitalized patients gave higher care satisfaction scores • Female patients with shorter hospital stays and higher education gave lower care satisfaction scores • 40-59 year-old men provided higher scores than the younger 18-39 year-old group • People from lower income groups gave higher care scores than people who came from higher incomes • Higher scores from hospitalized patients longer than 22 days compared to those hospitalized for less than 10 days • Patients with lower education have lower standards of health care • Elderly patients tend to be more satisfied with patient care	• Nurses should notice the characteristics of patients with low levels of satisfaction in order to know how to increase satisfaction • Younger, well-educated, high-income, female, medical patients and those with shorter hospital stays expressed the least amount of satisfaction

Citation/ Strength/Quality	***Purpose***	***Sample/ Study Design***	***Results***	***Recommendations***
Hart, P. L. & Mareno, L. (2013). Cultural challenges and barriers through the voices of nurses. *Journal of Clinical Nursing* 23, 2223–2233, Doi: 10.1111/ jocn.12500 Strength: IV Quality: Good	To describe challenges and barriers perceived by nurses who provide culturally competent care in encounters with diverse patient populations	**Sample:** 374 nurses from a south-eastern state were recruited and mailed a research survey using a stratified sampling method **Study Design:** Qualitative description with thematic analysis as part of a larger research study that used a prospective, cross-sectional, descriptive survey	• Providing culturally competent patient- and family-centered care is an ethical imperative and professional mandate • Describing nurses' perspectives on barriers and challenges to providing culturally competent care is the first step in helping to redesign care delivery practices • The biggest challenge in the U.S. is the diverse cultures where ethnic groups overlap • Training courses do not present deep information and the best way to become culturally competent is to have ongoing exposure to different groups	• Challenges to culturally appropriate care include diversity in patient populations, lack of resources for care and prejudices/ biases • The goal is to respect individual and family cultural differences, not to have to know everything about diverse cultural groups • Minority groups experience disproportionately higher rates of chronic diseases and do not receive the same quality of health care as individuals in majority groups

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Høye, S. & Severinsson, E. (2010). Professional and cultural conflicts for intensive care nurses. *Journal of Advanced Nursing 66*(4), 858–867. Doi: 10.1111/ j.1365-2648.2009. 05247.x Strength: III Quality: Good	To explore intensive care nurses' conflict experiences when encountering culturally diverse families in critically ill patients	**Sample:** Sixteen (16) nurses with two years of intensive care nursing experience, from three university hospitals in Norway. One male and fifteen female; aged 30- 50 years and of Norwegian background **Study Design:** A descriptive and exploratory design. Multi-stage focus group interviews over an eight month period. The data were analyzed using qualitative content analysis	• In caring for diverse patients and families nurses faced conflicts that had direct impact on the patient care process • Conflicts in cultural norms and control of clinical environments due to culturally diverse values and those of nursing tradition • Culturally diverse families want to be more involved in patient care than are Norwegian families • Nurses' professional perception is that they are total care providers • Active involvement in the care process of family is a value that is embedded within some cultures • Patients/families have a right to be informed and receive accurate and adequate information that enables understanding • Nurses' professional obligation is to give culturally based communication and responses to families	• Respecting patient and family's value systems helps avoid stereotyping individuals from particular cultures • Developing cross cultural sensitivity continuously increases cultural flexibility improving ethical decision-making and conflict skills • It is incumbent upon nurses to consider diverse cultural needs of patients/families and be able to negotiate compromises • Nurses should improve their competence in ethical decision-making and conflict management, especially in the area of cultural diversity

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Ingram, R., R. (2012). Using Campinha-Bacote's process of cultural competence model to examine the relationship between health literacy and cultural Competence. *Journal of Advanced Nursing 68*(3), 695–704. Doi: 10.1111/j. 1365-2648.2011. 05822.x Strength: III Quality: Good	To examine the relationship between health literacy and cultural competence in nursing practice	**Sample:** Fifty peer-reviewed journal articles and books **Study Design:** A literature review of peer-reviewed journal articles that examined the relationship of health literacy and culture in nursing practice	• One in five adult Americans reads below fifth grade level • Ethnic minorities have lower literacy levels • People of minority ethnic cultures have decreased access to care and low quality of care, leading to poorer health • Literacy skills needed to problem solve, compute, articulate and make appropriate healthcare decisions • Providers manage patient health. Patients manage illness, leading to cultural dissension or conflict	• Nurses should know if they have the skills to perform a culturally relevant assessments • Mandates, laws, and policies should be developed to ensure equal healthcare provision and treatment of minorities • Providers should not judge in caring for clients and respect client health practices, even when clients' beliefs and values differ from their own • Process of Cultural Competence Model can serve as a framework for nurses to incorporate health literacy and culture to deliver appropriate care

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Kutney-Lee, A., McHugh, M. D., Sloane, D. M., Cimiotti, J. P., Flynn, L., Neff, D. F., & Aiken, L. H. (2009). Nursing: A key to patient satisfaction. *Health Affairs (Project Hope), 28*(4), w669-w677. http://doi.org/10.1377/hlthaff.28.4.w669 Strength: I Quality: High	To examine the relationship between nursing and patient satisfaction scores in 430 hospitals usi.ng HCAHPS measures How the patient to nurse work load affects patients' ratings and recommendations of hospital to others	**Sample:** A two-stage sampling design was used with random sampling used to establish validity in the first stage and yielding a final sample of 20,984 staff nurses from 430 hospitals **Study Design:** Cross-sectional data from three sources to evaluate the relationship between the nurse work environment and patient satisfaction	• Nurses in poor work environments cared for 0.7 more patients than those in better work environments • Patient satisfaction had significant positive associations with the quality of work environment for nine out of ten measures • There was a 10 percentage point difference in the mean percentage of patients who would definitely recommend the hospital between work environments • HCAHPS measures sample suggests that most hospitals need improvement in areas that are important to patients	• Improving nurse work environments in hospitals can result in better patient outcomes and better patient experiences • Nursing is strongly linked with two HCAHPS global measures of satisfaction; suggesting that nursing is an important factor in overall patient experience • Obstacles to implementing better work environments include shortage of nurses and cost containment • The IOM recommends reforms to nursing work environments which would improve hospital performance and patient nursing satisfaction

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Lowe, J., & Archibald, C. (2009). Cultural diversity: The intention of nursing. *Nursing Forum 44*(1), 11-18. Doi: 10.1111/j.1744-6198.2009.00122x Strength: III Quality: Good	To addresses cultural diversity progress in nursing; explore behaviors and actions that enhance the cultural diversity of the nursing profession	**Sample:** Research on interventions with cultural groups **Study Design:** Review of literature on diversity in nursing staff	• The ethnic and cultural composition of the U.S. population challenges nurses to incorporate diverse needs of clients into quality nursing care • Without attention to diversity, quality of health care health disparities will increase • Despite 25% increase minority/ ethnic population over the last decade, the composition of nursing has remained unchanged • Effects of culture on physiological, spiritual, psychological, and social factors are needed • Culturally derived interventions should be acceptable to both healthcare providers and patients • Ethnic minority groups die younger and faster than Whites in almost every type of illness • Culturally informed clinical practice that stems from research and theory tested in practice is best for nursing	• Members of cultural groups seen as experiencing human dimensions of health and illness • Providers should treat patients as individuals from a particular culture rather than, treat the culture through the patient • Nursing academia must confront shortage of diversity among its faculty • Descriptive approaches should move to programmatic, applied, or biocultural in nature approaches • Move intentions forward to behaviors and actions that produce outcomes that reflect a culturally diverse profession and discipline

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
McClimens, A., Brewster, J., Lewis, R. (2014). Recognising and respecting patients' cultural diversity. *Nursing Standard, 28*(28), 45-52. doi:10.7748/ns2014.03.28.28.45.e8148 Strength: III Quality: Good	To explore nursing students' experiences of caring for patients from different and unfamiliar cultural backgrounds	**Sample:** 15 nursing students **Study Design:** Qualitative, focus group discussions	• Students have difficulty and challenges meeting the cultural needs of patients • Students have difficulties with understanding language and culture in healthcare • Communication and translation breakdown can cause patient harm and compromise safety • Translator issues arise especially in accuracy of information being translated • There is great need for strategies to minimize communication barriers • Dietary choices may be guided by cultural beliefs and customs • Patients may only consider being treated by same gender clinicians • A person's upbringing determines how they conduct themselves	• Students should receive training and education to care for diverse patients • Exposure to a mix of theory and practice prepares students for the hands-on aspects of care delivery • Student role play and human patient simulation are opportunities to rehearse practical skills in a safe environment • Clinicians should try to understand the patient's perspective as an ethnographer or anthropologist would do when in a foreign country • Cultural sensitivity should be part of nurse pre-registration and should be reinforced throughout the nurses' career

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Mien Li, G., Ang, E. K., Yiong-Huak, C., Hong-Gu, H., H.G., & Vehviläinen-Julkunen, K. (2016). A descriptive quantitative study on multi-ethnic patient satisfaction with nursing care measured by the Revised Humane Caring Scale. *Applied Nursing Research 31,* 126–131. doi: 10.1016/j.apnr.2016.02.002 Strength: III Quality: Good	To determine patients' satisfaction with nursing care during hospitalization	**Sample:** 270 adult patients from 22 general wards; aged 21-88 years of age with a stay of at least 48 hours **Study Design:** A prospective descriptive quantitative study was conducted using the Revised Humane Caring Scale (RHCS) `	• Patients were moderately satisfied with nursing care • Differences of satisfaction among socio-demographic subgroups; ethnicity/gender • Chinese patients were least satisfied with nursing care • Patients satisfied with 'respecting patient's feelings' and least satisfied with 'communication and participation' • Nurse leaders' periodical review of nurses' clinical cultural proficiency promotes quality nursing care to patients of cultural diversities • Areas needing review: Providing information to multi-ethnic patients, nurse/patient collaborative goal-setting; effective communications with patients	• Bedside care nurses need continuous leader support to ensure care provided is appropriate and necessary • Future studies can focus on the translation of the RHCS into other languages • Testing of RHCS psychometric properties when used in populations that speak different languages and come from diverse cultural backgrounds • Studies needed to examine patient satisfaction with nursing care in other clinical settings to make comparisons and find effective strategies to improve the quality of nursing care

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Mott-Coles, S. (2013). Patients' cultural beliefs in patient-provider communication with African American women and Latinas diagnosed with breast cancer *Clinical Journal of Oncology Nursing 18*(4), 443-448. Doi:10.1188/14.CJON.443-448 Strength: III Quality: Good	To reveal that care providers lacking the ability to communicate with African American women and Latinas fail to incorporate cultural beliefs into patient care treatments	**Sample:** 20 oncology providers including RNs, APNs, LPNs and 3 medical oncologists **Study Design:** Qualitative study using personal interviews	• Hindrances exist even when using interpreters • Patient acculturation and ability to understand English affect their perception of cancer • Lower education levels lead patients to decline cancer treatment • Lack of acculturation was not addressed by providers except by using an interpreter • Providers felt groups brought lots of family members to appointments • Standardized patient education regarding cancer diagnosis and treatment is used for all patients • Providers give patients information providers want patients to know • Social context and cultural beliefs affect healthcare behavior directly and indirectly	• Patients feel providers have a standard practice and want all patients to fit that mold • Providers should try to meet their patients' needs when giving care, not the other way around • Education must be given at patients' literacy level as well as include cultural beliefs • Providers should become more familiar with specific ethnic beliefs and practices of their patients

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Mukasa, J. P., Glass, N., Mnatzagania, G., (2015). Ethnicity and patient satisfaction with tuberculosis care: A cross-sectional study. *Nursing and Health Sciences*, *17,* 395–401 doi: 10.1111/nhs.12202 Strength: III Quality: Good	To investigate differences in satisfaction rates among ethnically similar and different patients coming from two dissimilar health systems	**Sample:** 44 Australian and 155 Malawian patients **Study Design:** A multivariable Generalized Estimating Equations model, used to identify sociodemographic and health-related factors associated with dissatisfaction, and focusing on ethnic differences between and within each country	• Australian ethnic minorities were less dissatisfied than European patients • Malawian patients were similar to Australian minorities and had less dissatisfaction with care provided • Patients from similar ethnic backgrounds express similar satisfaction regardless of the health system • Diagnoses disparities and care are higher in ethnic groups compared to European groups • Malawian patients, despite scarce resources and inadequate diagnostic and treatment facilities, were more satisfied • Patients from different ethnic backgrounds perceive health differently and satisfaction ratings may not reflect the quality of care that patients receive	• More research is needed to better understand the ethnic disparities found among Australian patients • The study detected dissatisfaction differences among various ethnic groups within the Australian sample • Need to develop a satisfaction-related instrument to capture the Actual quality of health care aspects • More efforts must be invested in educating and empowering patients from disadvantaged backgrounds in order to improve awareness and promote health

Citation/ Strength/Quality	***Purpose***	***Sample/ Study Design***	***Results***	***Recommendations***
Parés-Avila, J. A., Sobralske, M. C., & Katz, J. R. (2011). *No comprendo*: Practice considerations when caring for Latinos with limited English proficiency in the United States health care system. *Hispanic Health Care International, 9* (4), 159-167. http://dx.doi.org/10.1891/1540–4153.9.4.159 Strength: III Quality: Good	Describe experiences of multi-level, Spanish- speaking Latinos when receiving health care in the U.S. from predominantly non Spanish-speaking caregivers To examine how language barriers and health care disparities of Latinos can be improved to improve clinical outcomes	**Sample:** 3 studies – 1) 42,044 phone respondents from non-institutionalized population 2) 1,792 Latinos with health insurance 3) 8,463 adult Medicaid subscribers from 14 states **Study Design:** Literature review of studies on diversity in health professions. It included three sources of data	• Latinos share a common ancestral language; subgroups have own distinct cultures and grouping them as one culture portray an inaccurate representation • Undocumented immigrants are more likely Spanish speakers, uninsured and poor. English proficient Latinos were more dissatisfied with health care • For effectiveness, efficiency, safety and equity, non-English speaking patients need a language concordant encounters • When patients receive care from someone who speaks their language, they still run into difficulties with the rest of the staff who does not • Few states have standardized language access programs • More needs or questions are ignored for non-English speaking patients even through using interpreters	• Trained interpreters are needed as well as more education regarding rights of non-English speaking patients • Organizations should develop policies and procedures to follow when interpreters are not available for non–English-speaking patients • Ensure that non-English speaking patients are receiving proper technical explanations • Patients' outcomes and satisfaction are best achieved by receiving care from those who speak their language and are ethnically competent

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Seright, T. J. (2007). Perspectives of registered nurse cultural competence in a rural state - part II *Online Journal of Rural Nursing and Health Care, 7*(1) 57-69. http://scholarworks.montana.edu/xmlui/handle/1/10028 Strength: III Quality: Good	To determine the relationship between cultural competence and educational preparation related to care of diverse patients	**Sample:** 179 hospital nurses volunteered to participate in this survey **Study Design:** Randomized descriptive study using the IAPCC-R self-assessment tool	• Most of the nurses where white which correlated with the lack of diversity of North Dakota as well as in the nursing profession • About 62% of the nurses had not taken any continuing education cultural diversity courses • 38.6% reported not having any diversity training at all in the prior three years • Nurses scored higher if they had taken any kind of diversity training in the past • Research shows that training is an effective way to increase provider knowledge of cultural and behavioral aspects of health care • The majority of the nurses did rate themselves low on their knowledge of diverse populations; recognizing their lack of cultural knowledge	• This survey should be duplicated across varied health care disciplines • The survey should be given to other homogenous states so that accurate comparisons can be made • Health care providers' IAPCC-R scores should be compared with patient satisfaction scores on constructs related to cultural competence • Cultural diversity courses to assess learning needs and effectiveness of teaching and learning strategies should be used in nursing education programs

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Starr, S. S., Wallace, C. D. (2011). Client perceptions of cultural competence of community-based nurses. *Journal of Community Health Nursing*, 28:57–69. Doi: 10.1080/07370016.2011.564057. Strength: III Quality: Good	This study explored client perceptions of communication, decision-making styles, and interpersonal styles of nurses providing care in the community	**Sample:** 69 clients, 18 to 54 years old, read English or Spanish. 71 nurses from 7 county health departments, 25 to 63 years; majority was Caucasian **Study Design**: A descriptive quantitative study. Used Interpersonal Process of Care Survey (IPCS) for clients and Cultural Competence Assessment (CCA) for nurses	• Positive communication leads to trust, increased satisfaction with care, quality interactions, and adherence to prescribed regimens • Decisions were made together with their nurses about treatment plans • Clients felt nurses cared about their feelings, respected them, and treated them as equals without racial or ethnic discrimination • Positive interpersonal styles are associated with trust, greater satisfaction with continuation of care; adoption of positive health behaviors • Nurses encountered multiple racial/ethnic groups and special populations identified in Healthy People 2010 • This type of interaction with groups and populations is similar to reports from acute care settings	• Future research: identify strategies for successful cultural care in community and acute care settings • Systems should be evaluated for expecting, and rewarding nursing care involving culture • Studies should examine nurse/client perspectives as how they relate to achievement of health outcomes • Relationship-based, patient-centered care with diverse age, ethnic, racial, socioeconomic populations is increasing • Focus on client/patient perception of providers and culture in nursing care will be necessary to improve health

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Travers, J., Smaldone, A., & Gross Cohn, E. (2015). Does state legislature improve nursing workforce diversity? *Policy, Politics, & Nursing Practice 16*(3–4), 109-116. Doi: 10.1177/ 1527154415599752 Strength: III Quality: Good	To evaluate effects of state legislation on minority recruitment to careers in nursing. Results are particularly important because they provide needed comparable state-level data on the outcome of enacted workforce diversity legislation	**Sample:** States with enacted legislation; states without legislation and comparator states to ensure validity **Study Design:** Analysis was done using descriptive and chi-square statistics	• Increasing minorities in the health-care profession is a key recommendation for reducing health disparities • Nurses are the largest personnel group in health care and are in the best position to meet the diverse needs of patients they serve, contributing to reduction in health disparities • Findings suggest state legislation increases minority nursing enrollment; but not enough to meet the demographics of the Hispanic and Black populations	• More research that explores perceived barriers and facilitators to baccalaureate nursing enrollment among Hispanics is warranted • Further research is needed to examine the sustainability of legislation over time • There is greater impact on recruitment of Blacks into nursing programs even though the Hispanic population is the largest minority in the U. S. One reason may be language barriers

Citation/ Strength/Quality	*Purpose*	*Sample/ Study Design*	*Results*	*Recommendations*
Tuck, I., Moon, M. W., Allocca, P. N. (2010). An integrative approach to cultural competence education for advanced practice nurses. *Journal of Transcultural Nursing 21*(4) 402-408. Doi: 10.1177/ 1043659609360716 Strength: III Quality: Good	To describe a cultural competence curriculum developed using Health Resources and Services Administration (HRSA) funding at a university-based school of nursing	**Sample:** N/A **Study Design:** Review of studies related to diversity, cultural competency to create educational modules to be used in a graduate school of nursing program	• Cultural content is viewed by many in nursing as specialty content or an optional content • Modules were designed to standardize educational initiatives and minimize effort required by faculty to use them • Modules can be adjusted to fit a variety of programs and student learning types • Anecdotal data suggests the modules make a difference in educating nurses on culturally competent health care • When advance practice nurses know cultural content, it helps them promote a stronger, health care and avoid global health crises • The modules improve the nurses' understanding of meeting the needs of urban populations and enhancing culturally sensitive communication	• Further consideration of a student self-assessment is needed • A wide array of teaching strategies should be used to accommodate group differences and learning styles • Faculty must support use of simulations as an effective way to make attitudinal changes required to deliver competent culturally competent care • Need awareness that some of the faculty, who are supportive of this diversity project may still feel culturally conflicted

Citation/ Strength/Quality	***Purpose***	***Sample/ Study Design***	***Results***	***Recommendations***
Vincent, D. (2009) Culturally tailored education to promote lifestyle change in Mexican Americans with type 2 diabetes *Journal of the American Academy of Nurse Practitioners 21,* 520–527. doi: 10.1111/ j.1745-7599. 2009.00439.x Strength: I Quality: Good	Report results of a culturally tailored diabetes intervention, for Mexican Americans, on physical activity and results of a focus group with intervention participants	**Sample:** 20 patients, 70% of them being Mexican American and Spanish speaking **Study Design:** A two-group randomized control or intervention group with measures taken at baseline, immediately after intervention and four weeks post intervention	• Positive effect on physical activity, weight, and sense of control over diabetes self-management • Significant increase in steps walked daily and statistically significant weight loss of five pounds. • Focus group results indicate that participants were satisfied with the culturally tailored intervention • Indicate that their families benefited from the intervention because family is central to this culture • Family support can strengthen commitments to make healthy life style changes • Participants were from lower income brackets and had concerns for safety in the areas they lived • Using *promotoras* to deliver the interventions enhanced cultural tailoring of the interventions and improved outcomes	• More research is recommended to determine if trend would continue over time • Provide interventions that fit within the patients' limitations to promote positive outcomes • Address medication changes that may promote weight loss and glycemic control in future studies • Consider key cultural concepts and tailor interventions to fit the culture for optimal success

CHAPTER 4: DISCUSSION, IMPLICATIONS, AND CONCLUSIONS

This chapter concludes this systematic review of literature with a discussion of the findings to the original practice question. It will also address current trends, gaps in the literature, implications for nursing education, and recommendations for nursing research related to the practice question. The question was: Can factors including patients' cultural beliefs, language barriers, and/or ethnic backgrounds affect perceived/real health treatments or outcomes, and influence diverse patient satisfaction with healthcare providers and facilities? Evidence supports that these patient factors do influence the quality of care received, as perceived by diverse minority patients. However, these complex dynamics contribute to, or are regarded as barriers, to keep from clearly identifying the extent of their bearing on the diverse ethnic population of the United States.

Current Trends

The continued U. S. demographic changes have significant ramifications on the healthcare system, especially on provision of patient care and on nursing practice (Lowe and Archibald (2009). Therefore, their research found that the diversity of the general population and multiculturalism affect the occurrence of illness and disease, morbidity, and mortality. They maintain these factors require that nurses adapt their practice to the needs of a widely diverse population. These factors, as found in this literature review, cultural beliefs, ethnicity, language communication barriers, and healthcare disparities, related to socioeconomic status challenge the nursing profession to provide culturally appropriate care to minority ethnic populations. This review of literature reported cultural factors as experienced by ethnic minority patients receiving nursing care. The

literature reported the relationship of these factors, as encountered by caregivers, related to language communication barriers, differences in cultural traditions and ethnicity, as well as patient health care disparities due to socioeconomic situations (Parés-Avila, Sobralske & Katz, 2011; Alicea-Alvarez, 2012; Ashing-Giwa & Kagawa-Singer, 2006; Campinha-Bacote, 2011).

Ethnic minority patients struggle to navigate unfamiliar territories in which their traditions may be ignored; losing their cultural customs in exchange for receiving healthcare services that are incongruent with their beliefs or expectations. Mott-Coles' 2013 study found that healthcare providers lack the ability to communicate with African American women and Latino women; validating that there's a failure to communicate with patients, not only due to language barriers, but because of the inability to incorporate cultural beliefs into patient care treatments. Generally, caregivers are charged with recognizing that patients' prior cultures are not disposed of when they seek care for illness or disease. Mott-Coles further asserts that providers who do not incorporate their patients' beliefs into their plan of care, overlook the reality that social context and culture affect healthcare behavior; thereby influencing patient treatment understanding, compliance, health outcomes, and patient experience.

According to Tuck, Moon, and Allocca (2010), they also agree that when nurses have understanding of meeting the needs of urban and ethnic populations, and enhancing culturally sensitive interactions with these patients, it encourages patients to seek out healthcare. Tuck et al. affirm that cultural content is viewed by many in the nursing profession as 'specialty content' or an optional content. However, they established that when nurses and other healthcare providers know cultural content, it helps them to

promote healthcare for ethnic minorities; to decrease and possibly avoid global health crises.

The goal of providing appropriate and good quality healthcare to a diverse population is substantial undertaking; a critical task for today's nursing profession. With a constantly changing society, nursing practice, education, and research has to respond, embrace and encourage the changing demographics (Hart & Mareno, 2013). As the population changes the healthcare delivery system depends on competence of nurses to cultivate their practice by increasing their fundamental cultural knowledge to attend to difficulties accompanying the care of ethnic diverse patients.

Implications for Nursing Practice Education

This systematic review of the literature found that in order to effectively understand the impact that patients' cultural beliefs, language barriers, and/or ethnic backgrounds have on their perceived quality of care received, nurses should envision the encounters between caregivers and ethnic minority patients as an active relational process where the nurse is a skilled caregiver and a companion (Dierckx de Casterle, 2015). Ethnic minority patients can benefit from the nurse/patient relationship process during any healthcare facility stay or encounter. However, in today's healthcare landscape, Dierckx de Casterle maintains that, nursing practice is challenged to review missed mutual benefits by nurses and patients because of low nurse workforce diversity. Taking into consideration culture, language, and other societal norms of ethnic minority patients, as identified in this systematic review, can assist caregivers in creating appropriate treatment plans that are acceptable and successful to a particular patient community. Additionally, when nurses are willing to adapt to the patients' environment by tending to

their specific needs, nurses can inspire and empower those individual patients (Starr & Wallace, 2011).

The updated IOM report recommends that nurses be prepared to meet diverse patients' needs and advance the practice to benefit patients and deliver safe, quality patient-centered care. This can only be accomplished by continuing to transform nursing practice through education and development of new skills and competencies. These skills should then be used to collaborate with other professionals and enhance appropriate healthcare delivery to a constantly evolving diverse patient population. Though health policy and governing bodies recognize that ethnic minority patients have and benefit from different health treatment approaches, it is a challenge to motivate caregivers to learn more about diverse cultural needs that can improve patient experience, outcomes and overall satisfaction with healthcare systems. To encourage further learning, nursing programs should integrate the analysis of policy documents and recommendations as part of the assessment process in undergraduate and postgraduate level programs. Though this can prove difficult, schools of nursing should ensure that these skills and familiarity with governing bodies are part of all nurses training. This knowledge is needed by all nurses; it is not limited to only those nurses who take part in the actual policy making (Hughes, 2005). It is crucial that nurses learn in their academic educational programs about policy development. This knowledge provides nurses background information that is needed to make an impact on future policy making decisions.

To improve satisfaction, level of care, communication, and nursing practice, nurses should be aware of their own set of customs and beliefs when they provide culturally relevant assessments. Nurses and other healthcare providers should learn to

respect dissimilarities in their patients' customs and beliefs. Having this cultural knowledge energizes nurses to promote appropriate healthcare for diverse patients, and comprises developing legislative mandates, laws and policies to safeguard uniform delivery for underserved minority groups (Ingram, 2011). Communication that is congruent with culture, based on mutual understanding and respect for the particular cultures involved is essential for appropriate diverse patient care. Therefore, nursing schools can benefit students and the profession by including coursework related to learning to establish open, cultural communication focusing on specific cultural practices.

One challenge encountered in cultural education in nursing practice is a limited number of nurse educators. This is more pronounced for ethnic minority students because there is a lack of diverse faculty to serve as role models and mentors. The American Association of Colleges of Nursing (2015) has provided a fact sheet on programs to enhance diversity. Nurse leaders should take advantage of these programs to identify candidates and encourage support for programs that remove barriers, and help prepare diverse nurse faculty through advancement in post-graduate work. The AACN (2011) has also provided an online toolkit of competencies or expectations to be used in graduate nursing programs to help students develop expertise in cultural care of diverse patient populations.

Campinha-Bacote's model, see Figure 2, of cultural competence (PCCDHS, 2011) consists of five constructs that can be learned, taught, and applied to improve care of diverse patients. It states that providing culturally appropriate care to diverse populations is a process with the goal of working with patients, families, and the community to better serve their healthcare needs. The model affirms that to be

competent in caring for diverse patients, it is critical that nurses acquire *cultural knowledge* through formal education about diverse cultures; including courses, in-services, and feedback during clinical practices. She states that to achieve *cultural awareness* nurses must practice self-reflection to recognize their internal biases, stereotypes, prejudices, and assumptions of those who are not like them. Nurses may reach this awareness through (*knowledge*) education, as discussed above. A third construct is the ability to gather cultural relevant information of particular patients' problems; to appropriately develop skill sets and perform accurate cultural assessments; *cultural skill*. The objective is for nurses to have self-awareness, have knowledge (education), and expand their skills to care for diverse populations. When nurses seek-out diverse patient groups because they want to learn about them, not because they have to; they have reached *cultural desire*. The PCCDHS model's fifth construct *cultural encounters* is the central construct because it is during face-to-face, personal encounters with patients from diverse cultural backgrounds, that nurses can validate or modify existing beliefs and practices about a cultural group. It is the encounters that provide the foundation to be able to learn and apply the other constructs to nursing practice. Education is a critical intervention to advance knowledge of appropriate nursing care of the expanding ethnic population. Campinha-Bacote's PCCDHS model can be used in all areas of nursing practice: administration, clinical, research, policy development, and education because every person, follows certain set of values and beliefs that influence every aspect of nursing practice.

Figure 2.

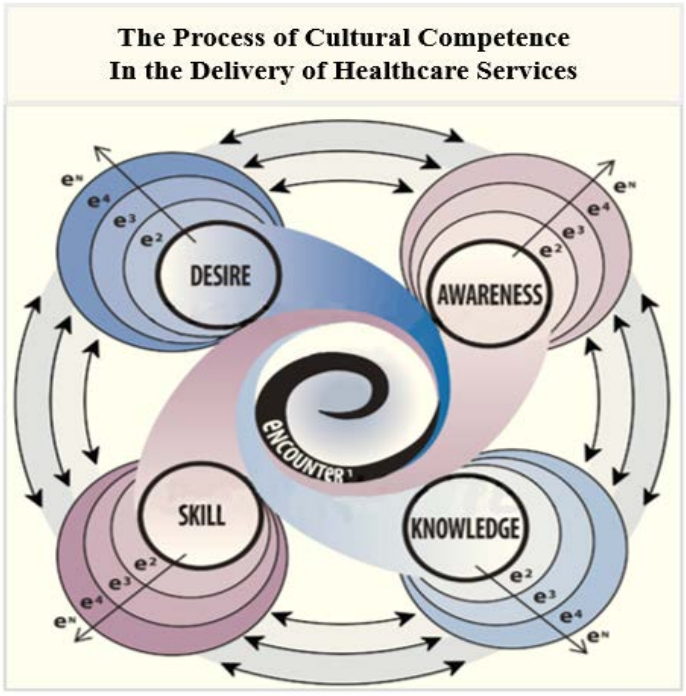

Figure 2. The Process of Cultural Competence in the Delivery of Healthcare Services Copyrighted by Campinha-Bacote 2010 - Reprinted with Permission from Transcultural C.A.R.E Associates

Findings in this systematic review support the effectiveness of transcultural nursing in promoting cultural competence and attitudinal change. Therefore, interventions solely focused on culture may not be effective in changing issues of racism among nursing students. To improve and promote trusting, learning, and teaching environments, nursing education curriculum needs to focus on culture, diversity, communication, and social and political structures. These can be used to counteract the effects of discrimination within healthcare practices, nursing schools, and when working with or providing care to minority populations (Benkert et al., 2009).

Many nurses with advanced education levels are academically knowledgeable of research areas. However, it is a challenge for nurses to share that knowledge once they

become involved in daily practice. As Catalano states: "Academic and practice arenas are often, in reality, two entirely different cultures" (2015, p. 595). This means that as nurses get entrenched in their daily traditional nursing setting, their critical thinking that is very useful in academia, many times is set aside due to time and budget constraints of the particular organization. Therefore, nurses should be aware that they are responsible for implementing research in practice; depending on their personal development of cognitive skills, and ability to question their own practice, as well as the professional discipline.

Ongoing educational and financial support for nursing programs such as Campinha-Bacote's cultural mentoring program, are vital to the success and positive impact on health disparities, socioeconomic outcomes, and improving patient satisfaction of ethnic minority patients. Campinha-Bacote (2010) notes that to increase student population diversity, nursing schools should dedicate funding to creating programs that focus on recruiting and retaining minority/disadvantaged nursing students. In these programs, a key aspect for their success has been identified as the quality of mentoring that students receive. Therefore, these nursing programs should include traditional mentoring principles along with approaches that include culture, ethnic values and addressing communication barriers, when teaching ethnic students.

Several studies, included in this review, recognize the significance of cultural beliefs and ethnicity on patient morbidity and mortality as another critical topic of education that should be addressed (Campinha-Bacote, 2010; Benkert et al., 2009; Alicea-Alvarez, 2012; & Hart & Mareno, 2013). Without proper education nurses have difficulty understanding or are unable to recognize and address these cultural factors due

to lack of knowledge. Nurses should recognize the needs of diverse patients and the possible implications on their treatment outcomes.

Healthcare disparities persist even though there has been concerted effort to improve quality of care. An explanation for this disparity is the inability of the nursing profession to maintain pace with the fast growing diverse U.S. population. In addition, there are also inequality of services and pattern disparities across geographic areas, types of care offered as well, as insurance coverage plans (IOM, 2010b). The most noted difficulty found is the lack of nurses in geographic areas that have the most susceptible populations. To ameliorate the geographical issues, nursing schools should work with the AACN and other organizations to collaborate in advocating for more federal funding for Nursing Workforce Development Programs. These programs help fund nursing education opportunities for people from diverse and disadvantaged backgrounds including ethnic and underrepresented minorities within the nursing workforce (AACN, 2015).

Recommendations for Future Research

Nurses work closely with patients and their care affects patients directly. Because of this proximity to patients and ability to understand scientifically the care process continuum, nurses have opportunities to make a difference not only on patient outcomes and satisfaction, but also what change can affect the entire health care system (IOM, 2010). The findings of this systematic review included that diverse ethnic patients have beliefs and customs that are important to each individual culture. Diverse patients/nursing students determine what they perceive as culturally sensitive/appropriate behaviors and customs of nurses or instructors; from the perspective of the particular

patient or student. Therefore, based on these findings, it is essential that more research is performed regarding the perception that ethnic minorities have about their nurses' behaviors and cultural sensitivity.

According to, Benkert et al., (2009) more thorough research is needed to better understand diverse patient groups which will improve patient outcomes and overall nursing practice. To support African American patients, Benkert et al. advocate more inquiry and learning about African American racial identity attitudes, as well as exploring ways of understanding the European American culture. Alicea-Alvarez adds that more research on ethnic people's cultures needed to know to address the topic of language barriers. It is important that health disparities studies include formerly excluded populations and that attention be given to cultural, sociopolitical, network, and community context.

It is expected that education and research can be the impetus for learning and taking action. Lowe and Archibald (2009) are in agreement because they consider that it is imperative and urgent to prepare and assist nurse researchers and clinicians to be able to understand and meet the needs of the expanding culturally diverse global population. They clearly emphasized that: "Nursing as a culturally diverse profession and discipline could also affect constructive changes in the healthcare delivery system, making it responsive to the cultural dimension within healthcare needs. Health disparities could also be impacted by a culturally diverse nursing profession" (P. 17, 2009).

Establishing research that gathers longitudinal data on results about nurses who dedicate themselves to caring for diverse ethnic patients, developing well-defined teaching programs, and secure financial support to sustain those programs, will facilitate

and advance the efforts. Then, will a more accurate depiction of these cultural nursing programs' success be appreciated. Tuck et al., (2010) concur that quality healthcare is dependent on the profession's capacity to serve diverse populations and develop methodologies with other disciplines to eliminate health disparities. By doing so, the *Healthy People 2010* strategic goals for improving the United States population's health may, in turn, broaden enhancement of global healthcare.

More knowledge related to specific targeted groups needs to be studied in relation to health care disparities among cultures. These include investigating the use of in-person interpreters compared to the use of phone interpreters. Studies on the impact and differences that exist between using interpreters who know language terminology but have no knowledge regarding the patients' ethnic and cultural backgrounds; and how these influence patient understanding of care treatments, adherence to the treatments, health outcomes, and how the outcomes affect patients' healthcare experience. Future studies should include patient outcomes, use of larger sample sizes, have longer follow-up time frames to determine the ability of intervention effects to withstand time, and link the process of care to health outcomes.

The research studies included beliefs and customs of ethnic minority patients and nurses. A common thread found in most reviews was the recommendation that more research be done on culture, ethnicity, and their effects on this diverse groups, with the greatest emphasis on their native language mechanisms; as discussed above. Findings of this systematic review include the necessity for caregivers to appropriately communicate with diverse patients with the intention of gathering accurate and useful results and conclusions. Furthermore, more focused research can help nurses appreciate the

importance of health behaviors, disease prevalence, and their effects on treatment outcomes for different patient populations. This knowledge can lead to improvement of patient outcomes and satisfaction; helping to lower ethnic minority healthcare disparities by addressing the base cause of health disparities (ANA, 2015, Campinha-Bacote, 2007, 2011, IOM, 2010).

Integration and Application of Theoretical Framework

The literature reported that many areas of patient care are well affected by culture, ethnic background and beliefs, and language congruence between patient and care provider. For this reason both nurses and ethnic patients encounter difficulties in communicating what is expected of each other during healthcare encounters. It is imperative that nurses are aware of the importance that these factors have on their ethnic patients' healthcare; in particular when determining the accuracy of care satisfaction information given by diverse patients.

The theoretical framework for this review of literature is one that speaks to nurses' cultural knowledge of ethnic minority patients and the satisfaction with care. Campinha-Bacote's model: The Process of Cultural Competence in the Delivery of Healthcare Services (PCCDHS) was used because it identifies cultural competence/aptitude as an ongoing process for development of health care providers that assists them to successfully work within their patients' cultural context and ability (2011). The PCCDHS model uses five constructs that centers on characteristics that healthcare professionals incorporate into caring for ethnic and diverse racial groups. Capel et al., as cited by Ingram (2011), states that Campinha-Bacote's PCCDHS model is

universally used in diverse healthcare settings; using appropriate modifications for specific patient situations.

The constructs are: *Cultural awareness* - the deliberate self-examination and discovery of one's biases, stereotypes, prejudices, and assumptions held about people who are different from us. *Cultural knowledge* - the process of finding out education-based knowledge about ethnic and culturally diverse people; *Cultural skill* - the proficiency in collecting applicable cultural data from the patient to be able to make culturally appropriate assessments and provide effective care. *Cultural desire* is the driving force of the nurse to "want to" engage and learn about different cultures; not because they "have to" but because they want that knowledge to provide better care for diverse patients. *Cultural encounter* is the process of purposely frequently interacting with patients from diverse cultural backgrounds, to learn about their beliefs and practices, and be able to alter existing misguided beliefs about those cultural groups (Campinha-Bacote, 2007, 2011).

The diagrammed representation of Campinha-Bacote's PCCDHS model shows a process where all the constructs are interconnected with *cultural encounter* placed as the central concept. Campinha-Bacote (2011) states that it is the repeated cultural encounters that give rise to the opportunity for nurse caregivers to have *awareness* of their own biases; gain *knowledge* about diverse cultural beliefs; develop *skills* to properly assess ethnic patient needs; and that the understanding acquired during frequent *encounters* with patients, from other cultures, may cultivate *desire* for nurses to continue learning and providing appropriate cultural care, that will affect how ethnic patients feel about the treatment received.

Conclusion

This critical review of literature addressed how patients' varied cultures, ethnic background and language barriers can affect perceived/real health treatments; and their influence on patient satisfaction with healthcare. For this reason it is essential that nurses and educators recognize that their scope of practice includes affording culturally responsive and relevant care to specific cultural groups. According to Gay, (2013), providing care or teaching in a culturally responsive manner, is using approaches that validate and affirm different cultures. It is moving beyond race; it is applying patients' learning styles and tools to reach a conclusion or outcome that is beneficial to the patient.

The diversity of the U.S. population will continue its expansion. Due to this trend the provision of appropriate cultural healthcare is of greater consequence. While some evidence shows that ethnic cultural factors can significantly affect the care of minority patients, further culture-related changes to the healthcare infrastructure have to be implemented. Nurses, nursing faculty, and other healthcare providers must acknowledge this progression, if they are to meet healthcare needs of diverse individuals and communities. Additional research must be encouraged to bridge missing areas of knowledge within the discipline.

Emphasis on patient experience is important to the healthcare industry because compensation to organizations and providers is directly impacted by patient satisfaction scores. When patient and nurse demographics reflect each other; communication, collaboration, and patient experience are improved. This is a positive effect that maximizes patient-provider understanding of expectations and amenability of diverse patients to adhere to health treatment, improving health outcomes; thus decreasing

healthcare disparities and enriching patient experience with health services. Nurses and other healthcare professionals can use the findings of this systematic review of literature to improve nursing cultural knowledge related to diverse ethnic populations. This critical review of the literature identified that cultural factors, ethnicity, and language discrepancies do affect diverse minority patients' satisfaction experience, and can contribute to healthcare disparities.

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Appendix A: Letter of Permission – Dr. Campinha-Bacote

TRANSCULTURAL C.A.R.E.
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Date: May 11, 2017
To: Ms. Lucy Delacruz-Gibb
From: Dr. Josepha Campinha-Bacote
President, Transcultural C.A.R.E. Associates
RE: **Contractual Agreement for Limited Use of Campinha-Bacote's Model of Cultural Competence in a Dissertation**

5/18/17

This letter grants one-time permission to Ms. ~~Erin Sherer~~ Lucy Delacruz-Gibb to copy my 2010 model of cultural competence, as it appears on my website at http://transculturalcare.net/the-process-of-cultural-competence-in-the-delivery-of-healthcare-services/ in her thesis paper only.

TIME FRAME: Permission to use my model is a one-time use in June of 2017 when she submits it to her professor in this paper.

RESTRICTIONS OF COPYING: This permission only allows the copying/ reprinting of my model in this academic paper. Ms. Lucy Delacruz-Gibb **agrees that my model cannot be copied for any other reason outside of this paper.** This includes, but not limited to, not being copied in another formal or informal publication, handouts or Poster presentations or in any hard copy or electronic formats for presentations or for any other purpose.

Ms. Lucy Delacruz-Gibb will use the following citation when citing my models in his dissertation:

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in the Delivery of Healthcare Services:
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GOVERNING LAW: All parties acknowledge that this Contractual Agreement for Limited Use of Campinha-Bacote's Models of Cultural Competence is a valid contract. This contract shall be governed and construed under the laws of the State of Ohio, except as governed by Federal law. Jurisdiction and venue of any dispute or court action arising from or related to this contract shall lie exclusively in or be transferred to Hamilton County Municipal Court, Hamilton County Court of Common Pleas, or the Federal Court situated in the County of Hamilton, Ohio.

ATTORNEY'S FEES AND COSTS: In any action to enforce any provision of this Agreement, the prevailing party will be awarded reasonable attorney's fees and costs.

Dr. Josepha Campinha-Bacote — Date 5/11/17

Ms. Lucy Delacruz-Gibb — Date 5/16/17