The Improving Nurse-Patient Communication by Fostering Ethnocultural Empathy quality improvement project engaged bedside nurses at an East Bay urban medical center in an ethnocultural competency exercise and focus group discussion. Nurses Scale of Ethnocultural Empathy (SEE) was assessed pre- and post -training using the SEE assessment tool. The intervention implemented detailed nurses completing a nine-hour self-paced online Cultural Competency in Nursing Certification course. Ethnocultural empathy refers to the understanding of feelings of individuals that are ethically and culturally different from oneself. Increases in the U.S. minority population, healthcare needs and health care disparities regulations, ethnolinguistic affiliation requirements are making it imperative that healthcare providers be culturally competent to provide culturally competent care. As well, national concerns regarding social justice and health disparities have facilitated increased awareness of the importance of cultural awareness in health care delivery.

PICO Questions:
PQ1: Can an intervention designed to improve cultural competency improve nurses’ empathy for patients from different backgrounds and communication?
PQ2: Can nurse-patient communication relationships improved by fostering healthcare providers’ Ethnocultural Empathy?

Purpose:
The purpose of this QI project was to determine whether implementing evidence based cultural competency training would enhance nurses’ ethnocultural empathy and improve nurse-patient communication (CAHPS) score.

Method:
Registered nurses, working on medical surgical units of an urban acute care hospital were recruited to completed a pre- and post-Scale of Ethnocultural Empathy (SEE), engaged in online Think Cultural competency / linguistic training modules and focus groups to reflect of personal experiences. This project was completed at the nurses convenience, fourteen nurses volunteered to participate and six completed the sixteen-week process. All aspects of the project were completed virtually, except for recruiting.

Think Culture tool kit:
The SEE is a 33-item self-report questionnaire aimed at measuring empathy among individuals with racial and/or ethnic backgrounds that do not conform to one’s own (Riley & Lingle, 1996). Respondents rate their agreement to every statement along a six-point Likert-type scale, ranging from “strongly disagree” to “strongly agree.” Some of the common items include: “I don’t understand what people of different racial or ethnic backgrounds enjoy wearing traditional clothing” and “When I hear people make racist jokes, I tell them I am offended even though they are not referring to my racial or ethnic group.” The SEE is deemed to portray a good internal consistency and convergent validity, alongside low test-retest reliability, with normative values being widely published. The instrument yields a total score and four factor-derived subscales, all of which range from a score of 1 to 6, with higher scores reflecting greater empathy. The subscales are: (1) Empathic Feeling and Empathy, composed of 15 items that assess the degree to which the individual has feelings, thoughts, or actions related to discomfort with injustices or discriminatory practices against others; (2) Empathic Perspective-Taking, which measures someone’s propensity to understand other’s thoughts and experiences, consisting of 7 items; (3) Acceptance of Cultural Differences, engaging five items, measures the extent to which one accepts and values the traditions and customs of populations disparate from one’s own; and (4) Empathic Awareness, which entails four items, focuses on the knowledge an individual has on racial or ethnic experiences other than their own.

CAHPS Results:
CAHPS (Consumer Assessment of Healthcare Providers and Systems) is a standardized instrument, composed of 32 items—21 substantive items that encompass critical aspects of the hospital experience (communication with doctors, communication with nurses, responsiveness of hospital staff, cleanliness of the hospital environment, quietness of the hospital environment, pain management, communication about medications, discharge information, overall rating of hospital, recommendation of hospital, transition to post-hospital care).

“Of all forms of inequality, injustice in health is the most shocking to the most human, because if often results in death.”
Dr. Martin Luther King, March 25,1966

References:

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