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Evaluation of staff cultural awareness before and after attending cultural awareness training in an Australian emergency department

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ABSTRACT

Introduction: Cultural awareness of emergency department staff is important to ensure delivery of appropriate health care to people from all ethnic groups. Cultural awareness training has been found to increase knowledge about other cultures and is widely used as a means of educating staff, however, debate continues as to the effectiveness of these programs.
Aim: To determine if an accredited cultural awareness training program affected emergency department staff knowledge, familiarity, attitude of and perception towards Australian Aboriginal and Torres Strait Islander people.
Method: One group pre-test and post-test intervention study compared the cultural awareness of 44 emergency department staff towards Aboriginal and Torres Strait Islander people before and after training. The cultural awareness training was delivered in six hours over three sessions and was taught by an accredited cultural awareness trainer.
Results: The cultural awareness training changed perception but did not affect attitude towards Aboriginal and Torres Strait Islander people in this group.
Conclusion: Future strategies to improve staff cultural awareness need to be investigated, developed, implemented and evaluated.

Introduction and background

Emergency departments (EDs) internationally serve as a primary health service for many minority ethnic groups, particularly indigenous and refugee people (Padela and Punekar, 2009; Canino et al., 2012; Vaughn and Jacquez, 2012). Therefore, EDs are well placed to intervene in the health of these vulnerable populations globally. To prevent disparity hospital and emergency executives are obliged to ensure ED's are able to provide culturally appropriate care and services (Westwood and Westwood, 2010). One way ED's can work toward this outcome is through engaging staff in cultural awareness. Cultural awareness is the understanding, appreciation and acceptance that cultural differences exist (Westwood and Westwood, 2010).

Cultural awareness is one aspect required in the development of cultural competence, which can be defined as awareness, knowledge, skills, practices and processes required to function effectively and appropriately in culturally diverse situations (Bean, 2006). Cultural awareness training (CAT) is widely used as a means for healthcare organisations to achieve their performance targets and objectives in cultural awareness and responsiveness as part of their strategic level agenda (Bean, 2006). This is especially significant for Australian ED's that treat Aboriginal and Torres Strait Islander (ATSI) people. Australian Aboriginal people are reported to leave EDs prior to being seen by a clinician and discharge themselves against medical advice two or three times more than non-Aboriginal people (Turner, 1995; Green, 1998; Henry et al., 2007; McGill and Kennedy, 2009; Australian Institute of Health and Welfare [AIHW], 2011). The disproportionate rate of ATSI people leaving the ED before seeing a clinician is a point of concern that may, in part, emanate from a lack of responsiveness to the needs of Aboriginal people (Turner, 1995; Green, 1998; Wright, 2009). Cultural awareness training is one way these issues may be addressed.

As the bulk of minority group patients are treated by nurses and medical staff from the majority ethnic group, the importance of cultural awareness and competence is pivotal (Williams, 2007).

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This sensitivity is of specific importance in relation to the ATSI community. However, an extensive search of the literature found inconsistencies in conclusions around the effectiveness of indigenous cultural awareness training (Downing et al., 2011) and the adequacy of cultural training evaluations (Chipps et al., 2008; Downing and Kowal, 2011). This intervention study addressed this gap by providing and examining the effectiveness of an Aboriginal CAT initiative in one Australian ED.

Whilst there have been mixed results regarding the effectiveness of CAT, there is evidence to suggest that CAT increases knowledge in health professionals (Smith, 2001; Crandall et al., 2003; Beach et al., 2005). For example, Smith (2001) conducted a two group intervention study with 94 participating Registered Nurses (RNs) to determine whether targeted cultural training improved cultural competence. Participants were assigned to 8.5 h of either 'culture school' or another nursing unit called 'nursing informatics'. Data were collected from both groups using two validated tools. All participants were tested prior to intervention, immediately post and three weeks after training. Results demonstrated that culture school participants showed significantly more cultural self-efficacy and cultural knowledge than the nursing informatics group. This finding was sustained when participants were tested again three weeks post training. Crandall et al. (2003) undertook a case study evaluation of year-long cultural competency training course for medical students and also found that knowledge, attitudes, and skills related to cultural competence were improved in response to the training received.

Conversely, some researchers have found that attending CAT made little difference to participants' cultural awareness. Mooney et al. (2005) conducted an evaluation of Aboriginal CAT, the researchers examined the control and intervention group responses to a locally developed survey pre and post training. The intervention group attended a half day Aboriginal CAT workshop. The authors found that there was no significant change in participants' cultural attitude or beliefs following the training.

The inconsistencies with these findings may be related to how the CAT is developed and presented. One of the difficulties in reviewing studies in this area is the inconsistency in provision of information regarding the training syllabus and interpretations of what CAT entails and incorporates (Westwood and Westwood, 2010). To overcome this gap the current study utilised a recognised training authority to deliver an accredited Aboriginal CAT program to evaluate if there were any changes to staff cultural awareness following the training. The findings of the study will be used to assist clinicians, educators and hospital management to develop policies, practices and educational programs that ensure ATSI patients receive equitable, high quality, culturally appropriate care when they attend the ED.

Method

This one group pretest–posttest intervention design involved measuring staff cultural awareness before and after training. In this study the participants served as their own control (Spector, 1981). Comparisons were made immediately before and on completion of the intervention. The results of the two surveys were compared for changes in staff cultural awareness.

Instrument

The "Area human resources development/population health survey of participation in Aboriginal awareness training workshop" (Mooney et al., 2005) tool was used to evaluate changes to ED staff responses before and after attending Aboriginal CAT. The survey was developed after consultation with key stakeholders and pilot tested twice for face validity (Mooney et al., 2005). Permission to use the instrument and a copy of the survey were sought and gained from the authors. The survey comprised three sets of questions. The first contained statements about Aboriginal people and was used to elicit perceptual responses from training participants. The second assessed familiarity with Aboriginal people and the third concerned attitudes toward Aboriginal people. We also included a sheet of demographic information for participants to complete prior to the survey.

Intervention – Cultural awareness training

The CAT was conducted by a registered training organisation (Kangan Institute). The presenter was indigenous, had strong links with the Aboriginal community and was a professional accredited cultural awareness trainer. The program was presented over six weeks and consisted of three two-hour workshops. Participants were provided with a learner guide containing detailed information about each session and further readings and references. The aim of the CAT was to provide participants with a comprehensive understanding of aspects of Aboriginal culture and ideology. Participants were expected to reflect between sessions and present their reflections at the following sessions. Reflection was related to the workplace and personal environments. The program was delivered utilising face-to-face instruction, case studies, interactive activities, group discussions and personal reflection.

Participants

Seventy-two nursing, clerical and allied health ED staff were sent letters inviting them to participate in the training. These staff members were selected because of their potential availability to attend the training. For example, only staff who were not on leave or night duty were invited. An open invitation to all ED medical staff to participate in the CAT sessions was made to ED medical management.

Data collection

Ethics was sought and approved by the university and the health service ethics committees.

This comparative study collected quantitative data through an anonymous cultural awareness survey (Mooney et al., 2005). Data were collected between February and June 2013. The anonymous survey was distributed to staff immediately prior to the first and then after the final training session. No survey was able to be linked to an individual staff member. Consent was implied by completion and return of the surveys.

Data analysis

Data were entered into STATA version 12, (StataCorp LP, College Station, Texas). Normally distributed data was expressed as mean ± standard deviation, whereas skewed data was expressed as median and inter-quartile range (IQR). Categorical data were expressed as number and percent. The difference in survey scores for questions with Likert scale responses pre and post intervention was determined. The null hypothesis for these questions was that the difference was equal to zero. Linear regression was used to analyse the difference. All comparisons were two-sided. Statistical significance was considered at $\alpha = 0.05$.

Results

Of the 72 staff members invited to participate, 56 (78%) participants attended the first session, 47 completed all three sessions