Assessment of Self-Efficacy for Cultural Competence in Prescribing

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ABSTRACT

Caring for diverse populations requires knowledge and confidence about the influence of racial, ethnic, and cultural factors on the effectiveness of medication regimens. Despite advances in cultural competence education, disparities in health care continue to exist and often adversely affect minorities and the poor. The purpose of this study was to explore family nurse practitioners' (FNPs) perception of self-efficacy regarding their abilities to make culturally competent prescribing decisions. This descriptive, correlational study used a modified version of the 12-item "Self-Efficacy for Cultural Competence" Likert-type scale developed by Assemi, Cullander, and Hudmon. The survey results from 27 FNPs in southeastern Washington indicated moderate to high levels of self-efficacy in culturally competent prescribing. Results included a significant difference in mean total self-efficacy scores between male and female practitioners. Male practitioners demonstrated significantly higher total self-efficacy scores, and they also were more likely to work in clinics with a higher percentage of clients from different cultural backgrounds than their own. The Cronbach's alpha test for reliability was 0.92, indicating high internal consistency of this revised instrument. Strengths of the study include the response rate of 63% and the fact that this sample, although predominantly white women, mirrors national nurse practitioner demographics.

Keywords: cultural competence, cultural sensitivity, nurse practitioners, prescribing, self-efficacy

Nurse practitioners (NPs) are consistently on the front line of patient care. They are both caregivers and educators of clients from diverse cultural backgrounds. In their prescribing decisions, it is essential for NPs to be aware of and confident in their knowledge of racial, ethnic, and cultural factors that may influence the effectiveness of medication regimens.

Recent studies have demonstrated the impact of inadequately addressing issues of race, ethnicity, culture, and belief system on the outcomes of patient care.[1-8] Despite advances in the education of health care providers regarding the principles of cultural competence, disparities in health care continue to exist and often adversely affect minorities and the poor.[9]

This study explored the perceived level of self-efficacy (confidence) of experienced (NPs) in southeastern Washington to integrate the principles of cultural competence into their practice and, more specifically, into their prescribing decisions. The results of this study have significant ramifications in the multiple roles of the NP as clinician, educator, and researcher.

LITERATURE REVIEW

As of the year 2000, 1 of 3 U.S. citizens represents a minority ethnic group.[2,10,11] Published literature over the past 15 years has focused on the concern that culturally discordant care continues to be delivered in all clinical settings, despite the requirement of most accrediting bodies to contain objectives ensuring cultural competence of their health care professionals.[9]

Awareness of one's own cultural beliefs and biases is the first step in the journey to increase culturally competent care and decrease health care disparities.

The field of pharmacogenomics has also greatly expanded over the last 15 years. Significant discoveries in this area have resulted in better understanding of the effects of race and ethnicity on drug responsiveness and side effect profiles.[7,10,12-16] In addition to the genetic variations discovered in the last 2 decades, there has been an increased emphasis by health care researchers, educators, and providers on understanding the cultural and ethnic factors affecting patient compliance in taking prescribed medications. The majority of the articles written are opinion or informational papers stating the importance of considering culture/ethnicity, socioeconomic status, and religion/beliefs when prescribing.[2,17]

While research concerning pharmacogenomics is plentiful,[7-10,12-14] research regarding the integration of cultural factors in prescribing practices by NPs in the role of primary care provider is minimal. The fact that minority and culturally diverse patient populations are served by a largely white provider population may be one of many factors contributing to this lack of research. In the 2005 census of nurses in the United States,[18] it was found that only 8.0% of Advanced Practice Nurses (APNs) were from racial/ethnic minority backgrounds (non-white non-Hispanic, Hispanic, or Latino APNs of any race). Non-white, Hispanic, or Latino nurses were most likely to be found among NPs (8.9%). The same study indicates that 94.7% of NPs are female.[18] Because this clearly indicates that the majority of NPs caring for diverse patient populations are white women, this group must be educated to be culturally self-aware, cognizant of the needs of the cultures represented by the clients they serve and confident in their ability to provide culturally sensitive/competent care.

One of the most interesting studies relating to confidence in caring for clients from varied racial, ethnic, and cultural backgrounds was conducted by clinical pharmacologists at the University of California, San Francisco.[9,19] These pharmacology faculty members studied pharmacy students' (n = 173) perception of self-efficacy when prescribing for and/or educating culturally diverse patients regarding medications prior to and following an educational intervention. The intervention consisted of an 8-hour course teaching methods of incorporating cultural sensitivity into medication therapy. The 12-item instrument developed to measure pharmacy students' self-efficacy for cultural competence incorporated measures of participant bias, as well as confidence in skills necessary to provide culturally competent care to diverse populations. This measure showed a relatively high level of internal consistency (Cronbach's alpha of 0.89).

Self-awareness of one's own cultural beliefs and biases is the first step in the journey to increase culturally competent care and decrease health care disparities.[10] The perception of self-efficacy in making prescribing decisions illuminates the degree of confidence practitioners experience in their care of clients from