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Barriers to Preoperative Teaching in a Culturally Diverse Healthcare Environment

Rancelle Ablan

California State University, Northern California Consortium Doctor of Nursing Practice

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ABSTRACT

BARRIERS TO PREOPERATIVE TEACHING IN A CULTUARLLY DIVERSE HEALTHCARE ENVIRONMENT

The role of the professional nurse is integral in educating and ensuring that patients understand essential components of their plan of care. This is especially true for patients who are to undergo surgical interventions; evidence has demonstrated that preoperative education provided to patients is linked with positive patient outcomes and a decrease in post-operative complications (Blackstone, Garrett, & Hasselkus, 2011). This qualitative study investigated the barriers that nurses experience in providing preoperative education to diverse patients in a multicultural healthcare environment. Ten registered nurses at a private community hospital in the San Francisco Bay Area participated in an hour long one-on-one semi-structured interview over the course of six months to explore knowledge that nurses identify as important to teach patients before surgery, what they actually teach, and the barriers they experience in the delivery of this information. These interviews were coded using qualitative research software, and revealed challenges relating to language barriers, mistrust of translation services, and the perceived restrictions of time. The barriers resulted in sub-optimal delivery of preoperative information. Although nurses wanted to provide the best care they could, the barriers posed significant challenges. Consequently, nurses experienced moral distress under circumstances in which they are aware of the quality of the information they provide. The phenomenon of satisficing was identified as a coping strategy to the routine nursing practice of preoperative education.

Barriers to Preoperative Teaching In A Culturally
Diverse Healthcare Environment

By

Rancelle Ablan, DNP, NE-BC, PHN

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Doctor of Nursing Practice:

We, the undersigned, certify that the project of the following student meets the required standards of scholarship, format, and style of the university and the student's graduate degree program for the awarding of the doctorate degree.

Ranelle M. Ablan

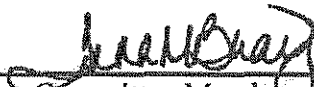
Project Author



Colleen O'Leary-Kelley – Chairperson – Nursing



Toni Armann – Committee Member – Nursing Administration



Tina Bray – Committee Member – Nursing Administration

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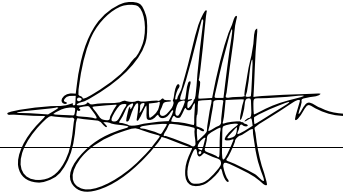
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CHAPTER 1: INTRODUCTION

Finding oneself in a foreign country and in need of a medical attention is quite an anxiety provoking and stressful experience; even more so when a team of healthcare professionals speak a language that is unfamiliar. This experience is common for the residents in the San Francisco Bay Area in California. According to the United States Census Bureau (2015), over 68% of Santa Clara County residents are non-white, illustrating a diverse population comprised of various ethnic minorities. Furthermore, 12.2% of this population lives below the poverty level, and this only takes into account individuals registered through the census bureau—there are an estimated 183,500 undocumented peoples living in Santa Clara County (Public Policy Institute of California, 2013). The diversity of this demographic data not only describes the patient population, but also the nursing workforce that cares for these patients.

Nurses play an integral role in providing health education to patients and their families, and their practice has largely involved the goal to improve and maintain the quality of health. For patients preparing to undergo a surgery or procedure, nurses provide information to patients so that they are knowledgeable about what to expect both immediately preceding and after the surgical intervention. The success in the delivery of information relies on addressing barriers to providing teaching: barriers with language between nurse and patient, ability of the patient to understand the information, and the amount of time a nurse has available to designate for preoperative education.

The scope of practice and responsibilities of a registered nurse is vast, especially with the increasing complexity of the patient population (American Hospital Association, 2013). Competing clinical needs often places preoperative education low on a nurse's list of priorities, and not much time is available or set aside to providing this essential information. This is made

to be more challenging with patients who speak different languages and have limited knowledge about healthcare. Nurses expressed their distrust in translation services; even though certified telephone translators are utilized, information that a nurse provides is frequently not effectively relayed to the patient. Even so, nurses knowingly send their patients to their surgeries, causing internal moral distress for the nurses; nurses sacrifice to cope under these circumstances.

Purpose and Background

In 2004, the Institute of Medicine [IOM] identified that about 90 million people nationwide have difficulty understanding health information. This translates into people who face challenges in caring for themselves, thereby putting their health at risk. Health literacy—the ability of a patient to obtain, process, and understand basic information needed to make appropriate decisions regarding their health—is directly related to socioeconomically disadvantaged minority populations (Stallings, 2015). This link stresses the significance of cultural sensitivity and the need to make accommodations for a diverse patient's educational needs in order to prevent complications and promote positive self-care practices.

The IOM (2004) report recognizes that provider-patient communication plays a vital role in improving healthcare knowledge deficits and recommends that healthcare systems develop programs to reduce negative effects of limited health literacy. This goal can be met by introducing programs that are sensitive to culture and language preferences.

Diverse patients require particular attention to promote increased understanding of self-care. This is especially true for patients requiring surgical intervention because of the density of information provided for adequate care and management before, during, and after a surgery. Lack of understanding often leads to a higher incidence of complications and poor health outcomes (Lambert & Keogh, 2013).

Nurses do not often think about the fiscal impacts linked with a patient's lack of understanding of health information. Patients with limited understanding of how to manage their healthcare issues are not likely to retain information, or adhere to treatment, which leads to a higher risk of complications, re-hospitalization, and poor outcomes, thereby escalating costs (Rikard, Hall, Bullock, 2015).

Registered nurses may not feel comfortable or adequately prepared to provide preoperative information to demographically diverse patients, thus impacting the quality of healthcare services provided. Nurses must be able to provide care in a method that is culturally sensitive in order to build trust and relay accurate health information to the patient and their family (Narayanasamy, 2003). The purpose of this study was to identify and explore gaps between experienced registered nurses perceptions of what pre-operative teaching should include and what the actual practice of the nurses was and to investigate barriers that the nurses perceived in their ability to provide quality preoperative education to their demographically diverse patients who are challenged with limited health literacy.

Theoretical Framework

Transcultural Nursing

Cultural considerations play a major role in the meaningful delivery of information, and these considerations encompass the generational and ethnic makeup of the individual. The term "culture" refers to the beliefs and practices of a patient and their families which includes but is not limited to age, generation, ethnic background, religious belief, country of origin, and language spoken. Awareness of cultural variation is a key component of communication, and greater learning results from an instructional model that includes the cultural component of the learner (Purnell, 2011). The Theory of Transcultural Nursing originally conceptualized by

Leininger (1978) suggests that a comparison of differences and similarities in culture creates a foundation in which meaningful and impactful health practices are provided in culturally sensitive ways. On this sentiment, it is realistic that a nurse will never be an expert in all cultures. However, a nurse must have an in-depth knowledge of different cultures in order to provide care for diverse people, and this is done by performing cross-cultural communication—communication of values and beliefs between different cultures (Maier-Lorentz, 2008). The result of effective cross-cultural communication is an individually tailored plan of care that meets the needs of the patient.

The most effective time to provide preoperative education to patients is the period leading up to the surgery. This is because their learning and absorption of information will not be impeded by the experience of pain, anxiety, and uncertainty that is usually present during the recovery period following surgery (Kruzik, 2009). Teaching that includes what to expect after the surgery and the necessary activities associated with recovery, healing, and rehabilitation are better conveyed to the patient and family before the event of surgery. Providing health education at this time allows the patient and family to develop an idea and understanding of what to expect once the surgery or procedure has been completed.

Patients from different cultural backgrounds—especially those whose primary language is other than English—are often unprepared or are not provided health education that is easily understandable (Guo, 2015). In these settings, healthcare professionals are often quick to provide information to their patients, and even with the use of interpretation services, patients are left feeling pressured into a plan they don't understand. The incidence of post-operative complications and unfavorable outcomes can be reduced by providing preoperative teaching to the patient (Guo, 2015).

In order for this educational activity to be effective, the cultural needs of the patient and family must be met, and information must be delivered in a method that they are able to understand (Fredericks, Sidani, Vahabi, & Micevski, 2012).

CHAPTER 2: LITERATURE REVIEW

Literature Review

Health Literacy and Culture in the Role of the Nurse

The perception of illness and disease is influenced by culture and heritage—and to some degree—individual learned beliefs and preferences (Old & Richardson, 2010). There is value in gaining knowledge of other cultures, becoming self-aware, and integrating knowledge in providing care because the overall goal is to accommodate the patient's perspective in the caring process.

The interplay of culture, social context, and healthcare is vital to build trust, communication, and collaboration with the healthcare team in order for a diverse community to engage in a healthcare system. A common example is the discharged post-surgical patient who develops a complication that warrants a visit to the emergency department or return to the operating room.

It is important to uncover the patient's perception of what they consider to be effective in obtaining health information. Gilmartin (2004) sought to learn these details in a study that was conducted at a large teaching hospital in England. Gilmartin discovered that patients found nurse-led educational programs to be a source of great knowledge in preparation for what to expect both before and after surgery. This work is important because it validates the importance

of meeting the individual needs of the patient and supports the significance nursing plays in preparing patients for surgery.

Communication and Teaching

The Joint Commission places a focus on patient communication and designates communication related standards as elements of patient centered care (The Joint Commission, 2016). Communication can often present a challenge for nurses providing care for ethnic minorities, especially with patients who speak a different language other than English. Poor communication during a teaching session is directly linked with poor outcomes, and it is for this reason that regulatory guidelines now stress the consideration of culture, health literacy, and language (Blackstone, Garrett, Hasselkus, 2011).

Lee and Lee (2012) emphasize the role of the nurse as an educator and they identify personal contact and oral communication are linked with achieving the best possible outcome for patients. After receiving responses to questionnaires from 86 nurses, they discuss how a heavy workload has exhaustive time demands that limit communication and rapport building, consequently leading to negative impacts on patients. Their questionnaire also investigates what nurses felt to be the most important topics to discuss with patients who are preparing for surgery. Among those topics are care around the administration and recovery from anesthesia and immediate preparation that is essential prior to surgery—an example is not eating or drinking for several hours leading up to the procedure.

Tse and So (2008) examine nurses' perceptions in providing preoperative teaching for ambulatory surgery patients. The researchers discovered that nurses find preoperative information to be particularly important in providing care for their patients, but they did not have enough tools to provide education across different learning mediums—educational materials to

meet the learning styles of patients and example being auditory aides for auditory learners.

Participants of this study identified that teaching should be supplemented by educational materials like pamphlets or handouts in order to reinforce and augment their teaching.

Tse and So are successful in identifying the necessity of having different delivery methods of health information, but their study is limited because the setting of their study is conducted at ambulatory surgery clinics in which surgeries are planned and scheduled; there are different challenges in providing preoperative education to patients and families who are subject to emergent or unplanned surgical interventions.

Nursing and Cultural Awareness

At the Queen Medical Center in Nottingham, 126 nurses were given a questionnaire where they were asked about which aspects of culture they were most comfortable addressing when caring for their patients (Narayanasamy, 2003). Findings from this study indicate that nurses are not very comfortable interacting with their culturally diverse patients; although the nurses are aware of the cultural differences that exist between themselves and their patients, they still found it challenging to provide them with care. The participants of the study expressed that they would benefit greatly from increased support and education about cultural awareness to be better able to address the cultural needs of their patients. This study is useful in suggesting that there is a correlation between the comfort levels of healthcare providers and demographically diverse patients.

Debesay, Harsolf, Rechel, and Vike (2014) conducted a qualitative study examining the comfort and stress levels among 19 White Norwegian home health nurses caring for largely minority patients. The researchers conducted a thematic analysis of the face-to-face interviews and found that the nurse participants could benefit from continuing education on cultural

competence and cultural sensitivity. A cultural education program that focuses on ethnic minorities can reduce the level of stress a healthcare provider experiences when providing care for ethnic minorities. The findings support the notion that education on cultural competence and sensitivity are beneficial for healthcare workers who are not accustomed to working with culturally diverse patients.

In research from the United Kingdom, Norton and Marks-Maran (2014) conducted semi-structured interviews with nurses working overseas. The researchers found that nurses seeking jobs overseas should develop sensitivity and awareness before arriving to their overseas assignment. In their interviews, they discovered that the morals of patients are determined by their culture, and it is vital for nurses to seek out cultural differences in order to truly find and respect the value of a diverse background; there are social and cultural influences that further add to the complexity of a patient. By investigating cultural differences, nurses are able to increase their cultural awareness and take into consideration the patient's beliefs in their caring practice. The takeaway is that nurses must perform caring practice in a way that is with good intent and also perceived to be moral.

Gaps in the Literature

The existing body of work illustrates the need for a link between culture and health literacy, and it also supports tailoring the information provided to diverse patients to fit their individual learning and cultural needs. However, barriers still exist that limit a nurse's ability to provide this caliber and quality of information. The challenges posed by culturally diverse patients with limited health literacy have a significant impact on community health and also have a fiscal impact on the healthcare system. Investigating nurse perceptions when providing preoperative information to diverse patients will help to identify the barriers and challenges that

can be addressed to meet patient needs. To open up and explore the thoughts, feelings, and comfort levels of nurses who are directly caring for diverse patients and trying to deliver good care informs nurses, educators, and managers about the barriers that nurses face. The purpose of this research is to create a foundation and framework for future research into the challenges of health literacy, cultural differences, and other barriers.

CHAPTER 3: METHODOLOGY

Methodology

Design

This project used qualitative interviews to uncover nurses' perceptions of pre-operative teaching. Participants were asked to partake in one-on-one structured interviews with the primary investigator. Each interview was recorded, transcribed and analyzed. Participants were not compensated.

Setting

The research study and recruitment took place at a private urban 250-bed community acute care facility located in the Santa Clara County of California in late from December 2014 to February 2015.

Population and Sample

Professional Registered Nurses from a variety of inpatient departments were eligible to participate in the study. Participants were comprised of individuals from ethnic minority backgrounds and were representative of the community at large. The participant sample age ranged between 28-59 years, had been practicing nursing between 6 and 40 years in intermediate (telemetry and progressive care) or medical/surgical nursing settings, and education levels

ranged between associate degree to masters degree in nursing. A total of 10 one-on-one interviews were conducted.

Instrumentation

Each participant completed a demographic questionnaire (Appendix A). One-on-one semi-structured hour-long interviews were conducted by the primary investigator. The semi-structured interview guide was developed by the primary investigator, and the questions were used to probe and solicit experiences and perspectives of interacting and providing preoperative education to culturally diverse patients (Appendix B).

Inclusion Criteria

Participants were eligible if they were a licensed registered nurse working in an acute care department. Nurses working in the various inpatient departments have experience in providing preoperative patient education.

Data Collection and Analysis

The demographic data collected from each participant were tabulated and analyzed using Excel. The collective overview of the demographic data and the information gathered from the one-on-one interviews was analyzed for possible relationships that may guide future research and project development. One-on-one interviews were conducted in person, and the interviews were recorded then transcribed by a paid transcriptionist. The transcripts were then coded and analyzed using NVIVO, qualitative research management software. Over twenty themes were identified. For the purposes of this paper major themes were analyzed by reading and rereading the text. Coding, analysis and interpretation were ongoing by the primary investigator and contributing authors.

Ethical Considerations

Institutional Review Board approval was obtained at Fresno State University and the Institutional Review Committee at the hospital where the study took place. It was determined that the participants were at low/minimal risk of harm. Participants had the option of terminating their interview and participation in the study at any time, and no personal identifiable information was gathered. The data were safely secured by the primary investigator behind a two-layer password protected encryption. Participant responses were kept strictly confidential and were not be subject to reward or punitive measures.

Bias

There was a potential bias that participants did not answer with 100% veracity. Participants may have tailored their responses to match what they felt the researcher might have wanted. To mitigate the potential of bias, each participant was briefed prior to the interview, and they were encouraged to answer freely and openly—and their responses were confidential.

CHAPTER 4: RESULTS**Results**

Several themes were identified in the analysis of ten one-on-one interview transcripts. The themes described the nurse's experiences and highlight the challenges in their effort to provide preoperative information to their clients and their families. A coping phenomenon was also observed as part of a nurse's efforts to accomplish their goals. For the purposes of this paper, the following themes will be discussed: time, delivering the basics, language and health literacy, and satisficing and coping.

Time

A common detail cited as a barrier was the actual or perceived lack of time available to provide preoperative information. Nurses did not necessarily view preoperative teaching as a high priority item in their day-to-day workflow, especially when caring for their other acutely ill patients. As one nurse said, "Evening shift is very difficult to provide pre-op teaching that's adequate because I discharge, I admit, I have multiple interactions, multiple distractions." Although nurses explained that teaching is an essential part of their practice, it falls low on their priority list, particularly behind treatments, interventions, and documentation. This nurse talked about the press of time post-operatively when follow up to teaching is so important.

The patients [are] coming back from their procedure, and so having to take care of either four or five patients, sometimes the teaching gets lost in that mess. And I think that's the thing. I wish I could have more time to just really sit down with them and explain. I tried to as much as I could.

In fact, many nurses admittedly only use certified translation services when they feel they have the time. In the following quote the nurse sees the value of the translator phone, but does not always have the time to use it.

I get on that translator phone when I know I have the time, particularly I try at the beginning of the shift. And I see comfort in their eyes when I pretty much get on that phone and say, this is, you know, I'm gonna be your nurse for this evening and here is your care for today and this is the test for tomorrow. I find that some of the nurses don't have time to do that sometimes, but sometimes I wish they really realized how much easier their entire shift could go if they just spent like 10

minutes on the phone, explaining what they should expect and seeing the patient more comfortable in a way that I know what this nurse is gonna do to me.

Nurses will alternatively teach family members who are fluent in English as a time saving measure. Nurses see that the patient is also engaged in other pre-op activities and may be anxious and distracted. The statement by this nurse indicates that she feels it is easier and more reliable to teach through families, "... the family is not having the same amount of distractions. And so it's easier to teach the family, whereas the patient may have other issues."

Additionally, culture and language issues create the need for additional time. Nurses are challenged by timing, and because of circumstances must find the right time to deliver teaching. The nurses look for times when the family is available, particularly if the family is able to communicate with the patient and help with explanations and expedite questioning.

Well, the challenge is finding the right time to explain and hoping that that right time is a time when the patient's wide awake, willing to listen, has family hopefully, usually, especially with culture, has family members at the bedside to help them listen and encourage them to kind of understand the procedure.

And I guess I feel more comfortable with family members there because they ask the most questions, and I feel like personally, if they ask questions, they really want to know and really want to understand the procedure. But yeah, basically it's finding the right time, the right moment during my shift to answer all their questions that they should have answered.

As a result of the steady feeling of being in a rush, nurses triaged what they felt was important to cover in their brief teaching sessions; nurses felt the need to attempt to discuss particular points.

Delivering the Basics

All participants expressed that there are essential topics that must be communicated to the patient prior to being sent to their surgery or procedure. These components are viewed as information that shape the expectations of the patient, and are considered to be basic data points for discussion. Prior to a surgery or procedure, nurses feel that it is important to explain what the procedure is, why it is necessary, and when it is going to take place. All nurses reported the importance of reminding the patient to refrain from food or drink for several hours preceding the procedure. Significantly, nurses discussed the importance of teaching about post-operative pain management, a topic that has been emphasized in nursing school, continuing education, and unit education.

...pain is the most important one. How long the duration of the procedure, they kind of like to know that. But yeah, pain is the one of the number one I would think.

It is evident in the interviews that these basic points are what the nurses' feel is necessary to share before the patient is sent to their procedure. Should any part of these basic components fail to be shared with the patients, the nurses feel that their patients would be severely ill prepared.

Language and Health Literacy

Health literacy is widely viewed as a factor contributing to adherence to plans of care, and improving health literacy in diverse patients requires special attentiveness to cultural needs.

Shaw, Huber, Armin, Orzech, and Vivian (2009)—from their medical literature review—assert that culture, language, and socioeconomic status contribute to low health literacy. Furthermore, the individual's beliefs around health and illness contribute to an individual's ability to understand and act on proper instruction.

Encountering language barriers was a consistent concern of the nurses. In an environment where patients and healthcare providers speak various languages and the language of healthcare practice is English, communicating health information is often difficult. Utilizing tools and resources to mitigate this challenge is not always successful. It is not uncommon for a nurse to express that despite the use of certified translation services, there is a lack of trust that the translator has relayed the information. A participant shared: "I'm not even sure what that person is saying... I've noticed they're having a conversation and I'm not even sure if that was what I said to them."

Furthermore, a participant explained: "I have to speak to the translator in more layman's terms, and that way they can translate laymen terms into their language to the patient." This further illustrates the nurses' lack of confidence in the translator and the expectation that a certified translator is able to break down health information into understandable parts. After using translation services, nurses noted that patients displayed nonverbal expressions and appeared to look "puzzled" and withdrawn. Another participant shared: "They don't get it. You know they don't get it, and you feel bad... knowing they don't get it. You see it in their faces." The dilemma for the nurse is the challenge of assessing whether it is a language issue, a health literacy issue or a combination of both. This dilemma is often a source of moral distress for nurses and this will be discussed in further detail.

Despite simplifying the preoperative information to the translator and ultimately to the patient, participants explained that patients are still often unsure or do not understand the topics. This raises the additional concern regarding health literacy. The language barrier healthcare providers encounter is an additional layer that impedes the efforts in addressing health literacy and the patient's ability to effectively understand their health condition.

Satisficing and Coping

As a result of the challenges in achieving the goal of effectively providing preoperative information to patients in a diverse healthcare setting, nurses exhibited coping behaviors to address obvious internalized moral distress. Nurses felt nervous, often overwhelmed with feelings of inadequacy because of the barriers they experienced when trying to do the right thing. They got by with a "just get it done" attitude, operating with the understanding of the reality of their environment and their responsibility as a nurse to educate their patients.

A phenomenon described by the discipline of psychology is evident with the participants. The concept identified as satisficing is the notion of doing enough or completing the bare minimum in order to get by (Schwartz, Ward, Lyubomirsky, Menterosso, White, & Lehman, 2002). This is not necessarily an active thought and becomes a coping mechanism to justify that the nurse did the best they could under the circumstances. Though in these circumstances, the bare minimum is less than optimal, the bare minimum is what nurses consider vital before their patients go off to surgery. This bare minimum is also enough to keep the nurse from feeling any guilt for not providing the amount of information they wished to deliver.

Limitations

The results of this study are limited in their broad applicability to various healthcare settings; both patient and staff demographics are comprised of ethnic minorities and may not be

generalized to hospitals of unlike demographic makeup. Results are from one 200-bed facility in the San Francisco Bay Area. Larger metropolitan hospitals and other specialty nursing service lines are not accurately represented. Results are not specific to any age range, years of experience in nursing, or level of formal nursing education. Therefore, further investigation is necessary for generalizability.

CHAPTER 5: CONCLUSIONS

Conclusions

Conceptualized Model

Analysis of the interviews fueled the conceptualization of a Levels of Learning Consideration Model. The participant comments hinted at a hierarchal model that describes limitations that a patient experiences in their learning process. This conceptual model can be visualized and compared to that of Maslow's Hierarchy of Needs (Maslow, 1943). An individual must first understand the basics before attempting to learn and understand more complex concepts (Figure 1). In the first level, a patient must first understand what is happening to them—their disease process—before understanding the second level, appropriate self-care practices. Once a patient is able to achieve these two levels of understanding, they are better prepared to learn health promotion practices, the third level, to maintain their health and prevent illness. This model may be broadly applied to patient learning not only in the preoperative environment, but also in all areas where patient education is delivered.



Figure 1.

Discussion and Future Implications

When asked about the challenges of diversity in this healthcare setting, nurses responded with a variety of generalizations about various cultures.

"Asians and Indians ask less questions..."

"You have to be more repetitive with Hispanics because they have an issue with time they tend to not like to follow schedules."

"The Mexicans have more respect for you but the ones that don't are the Caucasians and African-Americans."

"You have to spend more time teaching old people (defined previously as 50 or 60) because you need to reinforce the education more. They are forgetful, you have to spend more time."

Yet the same nurses then would state, "People are people. It's all the same across the board... when a person is sick they are still people," carefully pointing out their ethnic tolerance. This is a statement that groups people into one basket and the value of treating everyone the same is weighed with fear that they may be labeled or perceived as ethnically intolerant. The participants in this study exemplified an uncomfortable shift from treating each person as an individual versus treating everyone the same.. The role of the nurse is to see the patient as an individual with individual needs. Patient centered care envelops cultural traditions, personal preferences and values, psychosocial needs, and lifestyles.

As a consequence, plans of care become blanketed goals and objectives as opposed to individualized plans of care. Vydelingum (2005) stated that these nurses are operating under a "...false consciousness of equity..." Heightened awareness of this phenomenon in diverse

healthcare environments help to refocus efforts towards developing individualized tailored plans of care.

Furthermore, nurses should be encouraged to treat the patient, and not the culture. That is not to say that culture should be ignored, rather, raised cultural awareness should be emphasized in formal nursing education in order to complete a holistic individualized plan of care.

Though the interviews reveal a less than ideal delivery of preoperative information, there is still a palpable willingness to do right by the patient. A nurse expressed that they are "...not really comfortable until [the patient] really gets what's going on." The satisficing is but a coping strategy to make it through the nursing shift. Notably, negative outcomes that are linked to deficient preoperative teaching are frequently associated with poor nursing performance. Because of this, nurses have naturally deflected accountability and operate under the assumption that patients will ask questions if they do not understand something. This assumption may be an unreasonable expectation as many patients may feel uncomfortable speaking up.

The idea of satisficing is arguably becoming a prevalent phenomenon in nursing—not just in the area of preoperative teaching. This suggests that further analysis and an evaluation of day-to-day barriers in routine nursing practice must be conducted in order to identify workflows and processes that are conducive to accomplishing nursing responsibilities not impede them.

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Appendix A

Demographic Questionnaire

1. Do you work at an acute care facility? YES NO
2. Are you a registered nurse? YES NO
3. What is your age? (Please write age in years) _____
4. How many years have you been a practicing years? (Fill in) _____
5. What area of nursing do you work?
 - A. Critical Care
 - B. Operating Room
 - C. Intermediate Care (Telemetry, stepdown)
 - D. Medical/Surgical
 - E. Pediatric
 - F. Mother & Infant Care
6. What is your highest level of education in professional nursing?
 - A. Associate Degree in Nursing
 - B. Bachelor of Science in Nursing
 - C. Master of Science in Nursing
 - D. Doctorate in Nursing
7. Which most closely describes your ethnic background?
 - A. Asian/Pacific Islander
 - B. Hispanic
 - C. White/Caucasian
 - D. Black
 - E. Mixed ethnicity
 - F. Decline to Answer
8. Do you acknowledge that for the purposes of this study, “culture” refers to the beliefs and practices of a patient and their families which includes but is not limited to age, generation, ethnic background, religious beliefs, country of origin, and language?

YES NO

Appendix B

Share with me what you think is important to teach patients before they have surgery?

Describe to me what you actually teach patients preoperatively?

Tell me about the challenges you encounter when teaching culturally diverse patients information regarding their surgery?

Do you feel that you have the tools to provide information that is sensitive to culture?

Is there a difference in the way you teach patients versus how you teach their families?

Tell me how comfortable you feel in teaching patients that are of a different cultural background than you.

What are some resources that you are able to utilize to aid you in providing preoperative teaching information to your patients? This includes resources available at the hospital and resources you are able to get on your own.

How comfortable are you in evaluating preoperative information you find on your own and not something the organization provides you?

Tell me about the challenges you encounter when teaching patients who have limited education.

Tell me about the challenges you encounter in providing preoperative health teaching during your shift.

Do you feel that the information you share with your patients is adequate?

What kind of support do you feel would help better prepare you provide preoperative teaching to your patient and their families?

Have you received any training to prepare you in providing information to culturally diverse patients?