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Transcultural Nursing Strategies that Promote Culturally Congruent Care by Empowering Charge Nurses as Leaders

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Introduction: Cultural competence is a critical component of patient-and family-centered care as healthcare practitioners give care to an increasingly diverse patient population. This concept embraces diversity and empowers staff to partner with patients and families to achieve healing and health while making life-affirming choices from within the context of their own culture. Yet, although patient population diversity is rapidly increasing, diversity and cultural competence in the nursing workforce is not keeping pace. This lapse may lead to ethnocentrism, to cultural bias and imposition, or to cultural blindness.

Purpose and Design: The purpose of this project, conceptualized within Leininger's Theory of Culture Care Diversity and Universality, was to recruit a diverse group of unit nurses that would join a newly-formed Charge Nurse Committee. This committee would provide a practical framework in which diversity and cultural education, mentoring, feedback, and support could be provided. These charge nurses would then help to educate, guide, and mentor staff on how to effectively deliver culturally congruent care to improve outcomes.

Methods: An extensive literature search was done and an ideal management model, shared governance via a diverse Charge Nurse Committee structure, was identified. The committee's vision, mission, and responsibilities were shared via flyers, emails, staff meetings, and in one-on-one conversations.

Results: The Charge Nurse Committee started with five nurses and grew to seven, which was 88% of all eligible nurses on this unit.

Conclusion: A diverse and educated Charge Nurse Committee and staff can lead to optimally effective, culturally competent collaborations between patients, families, and healthcare providers with best outcomes for all.

Reference

Newman, K. (2011). Transforming organizational culture through nursing shared governance. *Nursing Clinics of North America*, 46(1), 45-58. doi:10.1016/j.cnur.2010.10.002

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