Quantitative and Qualitative Findings and Implications of an Intercultural Sensitivity Assessment Among Employees at a Large Health System

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Lehigh Valley Health Network

LVHN-Cedar Crest  LVHN-17th Street  LVHN-Muhlenberg

Home Care  Behavioral Health  Primary Stroke Centers  Skilled Care  Centers of Excellence  Health Centers
Our Community

- Serves urban, suburban, rural communities
- Diverse population
  - Historically an industrial center and destination for European immigrants seeing employment
  - Currently Latinos represent 1/3 of population in area’s largest city
  - Growing Arabic and Vietnamese communities
Cultural Awareness

- 2006 Ideal Patient Experience Retreat
- Strategic Plan
- 44-member Implementation Team
- 6 Projects
  - Patients, Employees, Data
Survey Purpose and Rationale

- **Purpose:** assess the intercultural sensitivity of Lehigh Valley Health Network (LVHN) employees.
  - provide a measure of institutional climate regarding cultural sensitivity.
  - inform educational curriculum to build cross cultural skills.
  - assess the impact of education programs and/or policy changes to improve cross-cultural health care.

- Little is known about staff perceptions about issues surrounding cultural competency
Survey Construction

- Intercultural Sensitivity Scale
  - 24 Items / 5 Domains
- 5 open-ended questions
  - Institutional initiatives to enhance cultural competency
  - Preferred Learning Approaches
  - Cultural Topics
- Demographics
Intercultural Sensitivity Domains

- Interaction Engagement
  - “I enjoy interacting with people from different cultures.”

- Respect for Cultural Differences
  - “I think my culture is better than other cultures.”

- Interaction Confidence
  - “I find it very hard to talk in front of people from different cultures.”
Intercultural Sensitivity Domains

- **Interaction Enjoyment**
  - “I often get discouraged when I am with people from different cultures.”

- **Interaction Attentiveness**
  - “I am very observant when interacting with people from different cultures.”

All items were scored on a Likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree).
Methodology

- Survey electronically administered to all LVHN personnel (N=9731)
  - Confidential responses
  - 3 week implementation period
  - Initial notification and 2 reminders
- Approximately 38% responded (n=3772).
- After data cleaning, approximately 35% were available for analysis (n = 3446).

LVHN IRB Approval Granted Nov. 2008. Responses were strictly confidential.
Description of Respondents

■ Gender
  – Female (85%)

■ Age
  – 18-30 yrs (17.1%)
  – 31-40 yrs (22.6%)
  – 41-50 yrs (30.1%)
  – 51-60 yrs (25.5 %)
  – 61+ yrs (4.8%)

■ Previous Cultural Competency Training
  – Yes (50%)

■ Profession
  – Nurse (25%)
  – Tech Supp (19.5%)
  – Office Support (18%)
  – Non-clinical Prof (11.8%)
  – Physician (3.4%)

■ Race/Ethnicity
  – Non-White (13%)

■ Length of Service
  – < 5 years (46%)
## Domain Results

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<th>Scale</th>
<th>Mean</th>
<th>Mdn</th>
<th>SD</th>
<th>10&lt;sup&gt;th&lt;/sup&gt;</th>
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<td>Interaction Engagement</td>
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<td>36</td>
<td>6.0</td>
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<tr>
<td>Interaction Enjoyment</td>
<td>42.2</td>
<td>40</td>
<td>5.8</td>
<td>36.7</td>
<td>50.0</td>
</tr>
<tr>
<td>Interaction Attentiveness</td>
<td>38.5</td>
<td>40</td>
<td>5.7</td>
<td>30.0</td>
<td>46.7</td>
</tr>
</tbody>
</table>
Education Preferences

- **Cultural Facts Sheets**
  Selected by 61.4% of survey respondents

- **Diversity Workshops**
  Selected by 57.6% of survey respondents

*No other category achieved greater than 50% among the aggregate*
Content Preferences

- Religious Practices (65.7%)
- Attitudes about Health Care Institutions (64.0%)
- Attitudes about Death and Dying (60.8%)
- Gender Roles (59.3%)
- Attitudes about Pain (57.9%)
- Dietary Customs (56.5%)
Open-ended Questions

- What can the organization do to become more culturally responsive among our employees?

- What can the organization do to become more culturally responsive to our patients and community?

- Please share any other comments about LVHHN’s cultural awareness education.
Qualitative Results – 4 Themes

- **The Organization**
  - “Hire more diverse employees.”
  - “We are already doing enough.”

- **Education**
  - “Provide more diversity training”

- **The Community**
  - “We” and “the Golden Rule”
  - “They” and “Them”

- **Language**
  - “Offer Spanish classes”
  - “Hire more interpreters”
Implications

- **Timing of data collection**
  - Immediately following the 2008 Presidential election

- **Alignment of educational programming with Network initiatives**
  - e.g. Patient Safety Newsletter

- **Timing of follow up data collection**
  - After other cultural awareness initiatives are underway
Lessons Learned

- Time-intensive Project
- Technology Snags
- “Analysis Paralysis”