CULTURAL SENSITIVITY FOR HEALTHCARE PROVIDERS ON THE TOHONO O'ODHAM NATION: A QUALITY IMPROVEMENT PROJECT

by

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As members of the DNP Project Committee, we certify that we have read the DNP project prepared by Johnice J. Barajas, titled Cultural Sensitivity for Healthcare Providers on the Tohono O'Odham Nation: A Quality Improvement Project and recommend that it be accepted as fulfilling the DNP project requirement for the Degree of Doctor of Nursing Practice.

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Final approval and acceptance of this DNP project is contingent upon the candidate's submission of the final copies of the DNP project to the Graduate College.

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"If you care about something enough, it's going to make you cry."
— Sherman Alexie

To Native American and Indigenous peoples, we will continue to persevere.

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DEDICATION

This is in dedication to our Creator for lighting the way and keeping it bright when I had difficulty seeing.

Thank you to my ancestors for being strong and resilient for if not for you, I would not be here doing the same. I appreciate your struggle.

To my dearest mother, your love and encouragement helped me through. Thank you for reminding me how strong I can be. I miss you every day.

To my father, you will always be my hero.

My best friend Neal, you are a gift from the Creator.

To my children and grandchildren, anything is possible, and I will never let you forget that. Thank you for being my muses, motivation, strife, heartache, teachers, and gifts from the Creator. You truly are my success.

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ABSTRACT

Purpose. The purpose of this quality improvement (QI) project was to develop and implement an accessible, culturally sensitive educational intervention, a brief PowerPoint presentation designed for healthcare providers and staff of the Sells Hospital ED who provide care to members of the Tohono O'odham Nation (TON).

Background. In rural areas of the United States (US), many barriers are present that hinder and complicate access to quality and culturally sensitive healthcare. Within rural and remote settings, the Emergency Department (ED) often becomes the sole source of accessible medical care for a broad range of both acute and chronic healthcare needs. Although the ED is critical for ensuring emergency care for rural populations, it can be a fast-paced and intimidating clinical environment, making it difficult for patients to effectively advocate for their healthcare needs. The ED is focused on delivering acute, critical, vital and lifesaving interventions however, of equal importance is the delivery of culturally sensitive healthcare. Healthcare staff and providers employed in Native American (NA) healthcare settings must possess cultural sensitivity, interpersonal etiquette and be aware of the historical and present-day intergenerational impact of historical trauma experienced by Native communities across the US.

Purpose. The purpose of this QI project was to collaborate with TON cultural experts to develop, implement, and evaluate the impact of an educational intervention designed for healthcare providers who provide care for the TON.

Methods. This project utilized a descriptive quality improvement design.

Results. The educational presentation was co-created with consultation from five (N=5) Tohono O'odham cultural members and experts. These results of the post survey demonstrated that the

educational material had a positive and influential impact on six (N=6) healthcare providers who work in the Sells ED.

Conclusions. Participatory co-creation of culturally aligned educational material was a valuable aspect of this project. The outcomes of this quality improvement project offer an exemplar of a co-created educational video designed for healthcare providers working on the TON. This project has the capacity to improve cultural sensitivity and enhance quality of patient care and patient outcomes in the Tohono O'odham Healthcare system.

INTRODUCTION

Background Knowledge and Significance

In areas of the United States (US) where communities are scattered over vast and remote landscapes, many barriers are present that hinder and complicate access to quality and culturally sensitive healthcare. Many of the remote communities across the US are the homes of various Native American (NA) tribal communities. Throughout this paper, the term Native American will be used interchangeably with the term American Indian (AI) and both terms refer to federally and non-federally recognized American AI tribes, Pueblos and Native villages across the US.

Within rural and remote settings, the emergency department (ED) often becomes the sole source of accessible medical care for a broad range of both acute and chronic healthcare needs. The ED is a source of accessible medical care for culturally diverse patients who reside in or in the margins of rural and remote NA tribal communities. Although the ED is critical for ensuring emergency care for rural populations, it can be a fast-paced clinical environment and may also be an intimidating clinical environment, making it a difficult setting where patients can effectively request and advocate for their healthcare needs. Because the ED is focused on delivering acute, critical, vital and lifesaving interventions, equally important aspects of care such as the delivery of culturally sensitive healthcare may be neglected. For EDs serving Native communities, this is particularly troublesome. Both the historical and the present-day impact of historical intergenerational trauma and the associated psychosocial complexities experienced within NA communities must be understood, acknowledged and considered to effectively address and improve interpersonal communication and quality healthcare between patients and healthcare

providers. Members of some NA communities may only speak their traditional language or may exhibit nuances of traditional NA cultural etiquette and behavior that become misunderstood by a culturally unaware healthcare provider or team. Culture is a critical feature that reflects how health services are delivered and received by the patients (Rodriguez et al., 2019). Differing worldviews and cultural differences may contribute to anxiety, stress and uncertainties experienced by both the patient and the healthcare provider. It is critical for healthcare staff and providers employed in NA healthcare settings to be aware of local NA culture, NA cultural interpersonal etiquette and it also helps if the healthcare team is sensitive to and aware that the psychosocial, environmental and intergenerational impact of historical trauma continues to be experienced by Native communities across the US. It's important for healthcare providers and systems providing care to NA communities be proactive in recognizing the historical events that contribute to the present-day health status of NAs. It's also important for healthcare systems and providers to strive for the implementation of quality healthcare services by recognizing the unique challenges, cultural attributes, preferences and perhaps some of the traditional NA health and wellness interventions and options that may exist in tribal communities. Providing healthcare in NA communities requires healthcare providers to be educated about the NA community. Beneficial educational content for healthcare providers working in NA communities might include local historical information about the community, information about the psychosocial status of the local community as well as types of pre-existing health beliefs and contemporary and traditional health and wellness interventions practiced by community members. Education of health providers lends to the development and implementation of quality and effective patient-provider rapport which then positively influences the quality of healthcare delivery. Quality

healthcare results in improved health outcomes for patients and also improves the work quality of healthcare staff. Across the US, there are over 570 federally recognized AI tribal nations, and each has a distinct language and culture and it is important to address tribe specific cultural nuances when working with one of the many federal recognized and unrecognized tribal nations in the country. This quality improvement (QI) project focuses on creating accessible cultural education tailored for healthcare providers who work directly with the Tohono O'odham Nation (TON), a NA tribal community in Southern, Arizona.

Across healthcare delivery systems, there is a strong emphasis on ensuring high quality, culturally safe and competent care (Curtis et al., 2019). In Native communities, the need for informed and culturally sensitive healthcare providers is great. Healthcare providers who wish to become more culturally sensitive in the care they provide must recognize the need for self-reflection, learning, growth and the development of acquired knowledge, skills, and attitudes that offer a "critical consciousness" necessary for respectful and sensitive care practices (Curtis et al., 2019, p. 13). The benefits and impressive outcomes of providing culturally sensitive care to diverse patient populations include increased patient satisfaction, increased patient compliance, improved provider-patient relationship, and a healthier commitment from patients (Brunett & Shingles, 2018). Patients who receive culturally sensitive and appropriate medical care have increased engagement with their healthcare providers, thereby creating improved healthcare outcomes. Healthcare staff and providers have the option of creating and minimizing the intimidation patients experience in clinical environments by engaging in opportunities to become "cultural learners" (Johnson & Withers 2018). Cultural learners are those who accept that other cultures exist and are open to engaging in healthy exploration to really understand cultural

similarities and differences (The Cultural Story Weaver, 2020). Cultural learners take the initiative to seek a more detailed understanding of different cultures. Delivery of culturally sensitive and appropriate medical care decreases patient stress increases patient comfort and safety thereby enhancing patient ability to be more engaged in asking questions about self-management of health issues. Taking the time to learn about the culture of patients and offering culturally informed and sensitive care extends respect, values and validates patient experiences, acknowledges the importance of culture as it relates to health and demonstrates recognition of the importance of individualized healthcare needs.

While culturally sensitive and appropriate care is important for all patients, it is particularly important for NA patients because of the disproportionate rates of trauma, unintended injury and physical and psychological illness in NA communities throughout history. Native Americans and Alaska Natives (NA/AN) have historically experienced lower health status with decreased life expectancy and higher disease burden, poverty, and discrimination when compared to other Americans (Department of Health and Human Services [DHHS], 2019). Moreover, they experience higher rates of traumatic events and risk factors for trauma than the general population (Bassett et al., 2012). Trust issues, and power differentials between NA tribal communities, the US government agencies and non-tribal organizations are also present because of longstanding historical conflict between NAs and organizations or individuals' outside their community. The imbalanced power dynamics and distrust is further complicated by the distinct cultural differences among the diverse Native cultures, languages, as well as variable health literacy among NA populations, which then result in additional burdens and challenges for NAs who are accessing healthcare services (Johnson & Withers, 2018). NA communities have

experienced incongruent and culturally insensitive western healthcare delivery models and wellness approaches mandated by treaties established between the US government and NA tribal nations. The healthcare needs and healthcare delivery practices in NA communities are complex and require thoughtful, informed, respectful and culturally sensitive delivery considerations if the reduction of health disparities and health equity are to be achieved in NA communities.

NA people comprise 2.0% of the total population in the US. The State of Arizona is home to 22 NA Tribes, and most of their healthcare and emergency settings reside in these rural communities. Southern Arizona is home to three NA tribes: the Tohono O'odham (TO), Pascua Yaqui, and San Carlos Apache. Although some of these tribes are geographically located closer to larger metropolitan areas, tribal members may still prefer to live on their more remote Native cultural lands, speak their Native languages, seek healthcare delivered by tribal systems and raise their families in communities that have been occupied by their ancestors for centuries. Healthcare staff and providers must recognize the cultural diversity of the local tribes in rural healthcare settings, specifically care services sought by NAs in the emergency department to ensure optimal and culturally sensitive care is delivered to this patient population.

The Tohono O'odham Nation (TON), a federally recognized tribe in southwestern Arizona, has reservation lands that border Mexico and the US (United States Census Bureau [USCB], 2017). It occupies a landmass of 4,453 square miles, with a population of approximately 10,300 that also has a significant population of tribal members that reside in Mexico. Remote location and scarcity of healthcare options often results in the need for citizens of the TON to seek both acute and chronic healthcare needs in the emergency department (ED). The ED is often the only available and most accessible healthcare service in rural and remote

tribal Nations not only in Southern AZ but, within the NA as well as non-Native communities across the US. This QI project sought out the cultural expertise of elders and cultural experts of the TON and co-created an educational presentation focused on ways to enhance culturally sensitive practices designed specifically for healthcare teams that serve the TON. Further, this co-created educational intervention was successful in creating an authentic, accessible educational intervention for healthcare teams working with the TON. A unique and critically important aspect of this educational intervention is how this educational material was informed and co-created by TON elders and cultural experts who collaborated with the Doctor of Nursing Practice (DNP) project director who is also a member of the TO Nation. This project was designed as a mechanism to build a bridge of mutual understanding and respect among O'odham people and the healthcare staff who provide care to this Southern, AZ Native community. Because much of the rural healthcare needs of the O'odham are at times initiated in the ED of the TON, this QI project was designed specifically to enhance the quality of clinical interactions and cultural sensitivity that occur between healthcare teams and members of the TON in the ED environment.

Local Problem

There are two predominant agencies on NA tribal nations responsible for healthcare delivery, the government structure of the specific tribal nation and/or the US federal government. Both of these agencies have layers of policy, government and regulatory structure regulating the day-to-day function. Effective collaboration between these agencies is required to address the unique needs of these tribal communities. NA tribal nations often have limitations and lack infrastructure or capacity to initiate immediate change in their health promotion or existing

healthcare delivery systems. For example, a change in healthcare policy for a tribal community must first go through tribal leadership or tribal government and then sometimes may need to be further routed for federal approval, especially if the tribal nation is receiving healthcare services or funding from the Indian Health Services (IHS). These existing regulations and processes sometimes make it extremely challenging to implement change in NA communities.

As a courtesy and to ensure that all relevant tribal agencies are informed, a request to implement this DNP QI project was presented to the Tohono O'odham (TO) tribal leadership and the administrators of the local tribal community healthcare center, the Sells Hospital. It's important to point out how challenging it may be to respectfully access and make requests of tribally based administrative representatives, tribal leaders and administrators of tribal healthcare delivery systems. We acknowledge the infrastructure challenges that may exist in NA communities including the layers of local, tribal, federal structures that require permissions or approvals to suggest or propose policy change or seek approval for a well-intended educational intervention such as nurse led QI project. Though these policies may delay or create barriers that hinder QI, it is important to comply with these layers of policies that are in place to protect the sovereignty of NA tribal communities. For individuals, researchers, groups or organizations who wish to implement change intended to improve healthcare delivery or implement change in a tribal community, additional time, patience and planning is absolutely necessary to ensure the success of such collaborative projects within NA communities. It's important to note the importance of incorporating not only additional time but to also seek support or inclusion of key tribal, state and federal leaders, authorities and stakeholders when proposing a change that impacts healthcare delivery for tribal communities. A collaboration and community focused

approach also requires flexibility, culturally sensitivity, transparency, innovation and consistent messaging about how the proposed intervention, such as a QI project intends to promote the health of the tribal nation. The goals of health and wellness for the tribal nation must remain central to any collaboration with sovereign Native nations.

The TON healthcare delivery setting also known as Sells Hospital houses a seven-bed, Level IV (American Trauma Society, n.d.) ED that is located in Sells, Arizona. The Sells Hospital is a tribally administered healthcare system through the Tohono O'odham Health and Human Services department. Sells Hospital is located in the Tohono O'odham Nation, 60 miles west of Tucson, Arizona, and serves 13 districts on the TON. Patients are primarily tribal members but can be other Native individuals from different tribes living on or in the surrounding communities. The Nation's population has a poverty rate of 37% with an unemployment rate of 24%, the median household of four has an income of $27,468 (Native Peoples Technical Assistance Office, 2020). The majority of patients are insured by the Arizona Health Care Cost Containment System (AHCCCS) and Medicare. The hospital does have an emergency department which serves to triage many of the unscheduled and after-hour emergency and non-emergency care needs of this tribal community. The TON is comparable in size to Connecticut, and the patient's commute to this ED could range from a seven-minute walk to a two-hour drive and may require hitchhiking. Transportation is and has always been difficult for tribal members who live on the TON. There are no public bus, taxi or train systems on the TON. It is not uncommon for individuals to come from remote villages to make a day trip of going to the ED. Reasons for healthcare visits can range from services as simple as medication refills to those as complex as in-depth workups for a chronic illness. Once their medical commitments are met,

these individuals will often complete other tasks such as visiting family, shopping for groceries, or taking care of other business at tribal offices before making the long trek home. This unfortunately may not be done in one day, so you often find patients start again the next day until they have completed their tasks.

The local challenge for patients is not only the acquisition of quality healthcare in this rural hospital setting but also care that is delivered by healthcare staff and providers who are knowledgeable about the cultural norms and practices of the TO people. For the purpose and context of this DNP project please note, "provider" refers to physician, advanced practice nurse, nurse, and physician's assistant and all ancillary healthcare staff such as health technicians, nursing assistants and clerks that support the healthcare provider team in day-to-day healthcare delivery functions at the Sells ED. This ED at the Sells Hospital is staffed largely by a diverse team of employees, who are individuals from various ethnicities and parts of the country who may not have worked with NA communities and consequently have limited knowledge about the cultural practices, beliefs, worldviews and behaviors within Native communities. This DNP project is centered around improving healthcare delivery and educating providers at this local hospital ED.

The O'odham have close connections to their land base in the Sonoran Desert. However, because of their isolated location from major cities such as Tucson and Phoenix (Arizona), they remain very closely tied to community and rely heavily on those who live in the same villages for transportation, shelter, socializing, childcare, food supplies and various other resources. Details of TON culture are not widely understood or shared because of their preference for a private and discreet lifestyle and consequently, there has not been a substantial amount written,

published or researched regarding the culture of the O'odham. Therefore, healthcare providers who are not O'odham have almost no resources to improve their understanding and knowledge about the culture of the TO people. An exciting, innovative and transformative outcome of this DNP project is the creation of a previously 'nonexistent' educational video presentation, informed by the collaboration between a Tohono O'odham DNP student and Tohono O'odham elders and cultural experts. Subsequent chapters will reveal the product of a co-created educational video along with impressions from Sells ED providers on the impact this educational video has on their own knowledge and their perceptions about providing culturally sensitive care after viewing the educational video.

Like many NA communities across the US, the cultural knowledge such as language and practices have been lost or continue to be lost due to colonization, historical forced removal of Native people from their tribal homelands and government restrictions that prevented Natives from engaging in tribal language and cultural practices. The preservation and promotion of TO traditional language continues to be of high concern for the TON. TO elders and educational systems including the TO Community College and the TO K-12 educational system are working diligently to teach youth with a focus on revitalization efforts that preserve and promote cultural customs and traditions. A large part of TO culture is in fact heavily influenced by Hispanic culture and customs because of the Nation's proximity to Sonora Mexico with inhabited tribal lands on both sides of the US-Mexico border. The ongoing legal struggle and conflict along the US Mexico border remains quite challenging for the TON and negatively impacts cultural traditions and the people's trust of non-Native providers, 'outsiders' and federal healthcare delivery systems. Culturally safe and congruent care delivery by TON healthcare providers

requires understanding of the historical political events (US government, Mexican government and TO government), TO cultural traditions, TO cultural etiquette (speech, language, behaviors) and the current socio-political climate that impacts the O'odham people.

Assumptions and stereotypes by healthcare providers about NA communities can often create unintended barriers in the healthcare delivery process. In literature on the quality of healthcare delivery in NA communities a common recommendation to improve quality is the delivery of culturally sensitive healthcare practices. An example of a culturally insensitive practice when working with NA communities is impatience exhibited by healthcare providers when triaging or obtaining information from patients. A rushed visit, or attitudes of frustration and impatience conveyed by the healthcare providers result in the patients feeling that they are being disrespected and increases the likelihood that the NA patient will shut down and withhold details of their health status or situation (Schinkel et al., 2019). NA patients have also indicated they feel disparaged and received poor health management support and are often misunderstood when healthcare is provided by culturally uninformed and non-Native healthcare delivery teams (Balestrery, 2016). One example of this is when an obese NA patient presents to the healthcare setting, it is common for practitioners to assume that they are diabetic and noncompliant with medications. Further, and because of stereotypes related to alcohol abuse in NA communities, when this diabetic NA patient enters the ED with severe hyperglycemic symptoms, healthcare providers and staff may assume the patient is intoxicated even before the initial clinical assessment. These assumptions made by culturally uninformed healthcare teams often influence and perpetuate unintended and disrespectful actions, behaviors and attitudes of healthcare teams which may further reinforce mistrust in the NA patient and may result in a culturally insensitive

and disrespectful clinical encounter. These experiences and imbalances are often pervasive in healthcare settings primarily serving NA communities. Unfortunately, there is very little scientific evidence to quantify or validate the existence of these specific types of culturally insensitive practices in these particular healthcare settings. There is emerging evidence of the ongoing distrust and hesitancy of NA patients who feel wary when seeking healthcare services. Evidence does exist which validates discrimination, racism and poor-quality healthcare services in NA communities. There is also the challenge of high rates of staff turnover among healthcare providers in NA healthcare settings. New staff and providers are always being hired and because of this rapid turnover, the cultural education efforts for new staff and providers can be overwhelming, difficult to achieve or is often overlooked or not highly prioritized. This oversight contributes to healthcare provider and staff burnout and a cycle of ongoing culturally insensitive and culturally uninformed healthcare delivery practices.

Ideally, culturally sensitive care is supported and urged as a critical aspect of improving quality outcomes in healthcare delivery for NA communities. Cultural education that is designed specifically for tribal healthcare settings has potential to create positive connections between the community and the healthcare environment. The scarcity of educational materials about the O'odham culture may be a result of their historical privacy and desire to keep their cultural knowledge and practices private however, the recent cultural revitalization efforts extended by the TON promotes the need to educate not only O'odham people about their culture but, also those who wish to learn more about TO culture, including healthcare providers who serve the TON. It can be extremely challenging for healthcare staff and providers to deliver culturally sensitive care to NA communities because they lack an understanding of the cultural nuances and

cultural education remains absent or inaccessible. The cultural differences between healthcare providers and patients seeking care in tribal healthcare settings may contribute to the high turnover rates of non-Native healthcare providers who work in tribal healthcare settings. There is tremendous benefit of providing TO specific cultural education and making it accessible to both TO community members as well as TO healthcare providers and staff. Targeted and tribe specific cultural education may alleviate some of the internal stressors of the healthcare setting, which include the lack of accessibility to tribe-specific cultural education material as well as the ongoing patterns of attrition of ED providers within Indian Health Services nationally (Cueva et al., 2018; Forsyth et al., 2017; Gadsden et al., 2019; Grimes et al., 2017; McCalman et al., 2017). The long-term goal for this QI project was to develop and implement an accessible cultural education program tailored specifically for TO healthcare providers who work in the Sells Hospital ED. Though this educational intervention is intended for the TO healthcare team, the educational presentation will be free and accessible by anyone who is interested in learning culturally sensitive healthcare practices when working with members of the TON. A copy of the newly developed culturally tailored educational PowerPoint video was made available to the Sells Hospital and the Tohono O'odham Tribal leadership.

Key stakeholders played an essential role in the development and implementation of culturally sensitive and tribe specific cultural education. A few key local stakeholders at the Sells Hospital setting include the chief medical officer, emergency department director and nursing supervisor. Each of these administrative professionals at the TO hospital were informed of the intended QI project and a key administrator was asked to provide a letter of support indicating approval of the intended DNP project implementation and delivery of the educational

intervention. In addition, TON cultural elders and experts were recruited to assist in the co-creation of an authentic, cultural educational video presentation. The request to conduct a QIP was presented to the TON Healthcare Administrative team and the project director received approval to implement the QIP. Due to the events of the recent COVID-19 pandemic, many key staff were temporarily displaced and working from home, making contact with participants and key stakeholders difficult.

A large consideration for this educational intervention is accessibility. Educational material is often created but is difficult to access due to factors such as cost (associated fees), time (scheduled as a live educational intervention held only once, or material may require extensive time commitments), or authenticity of material. Authenticity and accuracy of the content in the educational material was validated by both the TO cultural experts, the QI project director and her entire DNP committee. The educational content was compiled by a DNP student who has six years of experience as an advanced practice nurse and who is a registered member of the TO Nation. The authenticity of the cultural material presented in the educational product (slide presentation) was vetted by a team of TO cultural experts who assisted by providing guidance for creating the educational PowerPoint content and, also served as gatekeepers and cultural consultants to endorse the educational material as authentic and culturally safe and sensitive material that can be shared for the purpose of improving healthcare delivery at the Sells Hospital ED.

In summary, key stakeholders for successful implementation of this DNP QI project were the QI project director, administrators and healthcare providers of the TON healthcare, O'odham cultural experts and O'odham community members. Native Americans relish storytelling as a

mechanism to convey important messages and cultural teachings. Originally, this QI project was designed to include the actual voice and audio video recordings of Tohono O'odham elders and cultural experts to ensure important cultural insights were delivered by the people of the TON. Due to the COVID-19 pandemic, this approach had to modified however, the element of storytelling is still integrated into the final educational product. This project integrates a culturally sensitive and acceptable delivery method of discussion, storytelling, and audiovisual educational approaches. Goals is this QIP were achieved, and a quality educational product was created and disseminated via a brief and targeted PowerPoint while showcasing the cultural diversity of the TO community and highlighting the beauty of the O'odham people and their homeland.

Intended Improvement

Project Purpose

The purpose of this QI project was to develop and implement an accessible, culturally acceptable and sensitive educational intervention (brief recorded PowerPoint slide presentation) designed specifically for healthcare providers and staff of the Sells Hospital ED who provide care to members of the TON. The short-term outcome of this project was the development of an accessible cultural education PowerPoint presentation designed and informed by community members and cultural experts of the TO Nation. The educational slide presentation was free and easily accessible online to invited and or interested individuals. Due to the recent COVID-19 (Coronavirus) Pandemic, creative alternatives to face-to-face interviews, discussions, consultations, and educational opportunities had to be implemented to ensure compliance with the Centers for Disease Control (CDC) mitigation efforts to decrease the spread of the COVID-

19 Pandemic. All aspects of this DNP QI project were conducted within the CDC guidelines of social distancing and maximized the use of telephone calls, zoom web-based conference calls, email, and online learning. A long-term outcome of the project was to encourage and promote the development of culturally sensitive healthcare environments at the TON and across all healthcare delivery settings, with emphasis on the importance of cultural education of healthcare providers who work with NA communities.

Project Question

Will a culturally informed educational PowerPoint slide presentation expand knowledge on Tohono O'odham culture among healthcare providers and staff who provide care for members of the TON?

Project Objectives

The project objectives are as follows:

- Objective 1: Consult with Tohono O'odham community members and cultural experts to develop content for an educational slide presentation designed for healthcare providers and staff who provide healthcare to members of the TON. The content for the educational slide presentation was on cultural sensitivity and interpersonal communication when working with members of the TON.
- Objective 2: TO cultural experts will be consulted to offer a cultural assessment of the educational PowerPoint.
    - The TON does not have a formal tribal institutional review board.
    - Cultural experts are the gatekeepers of TO cultural knowledge and will collaborate on development and evaluation of the cultural sensitivity presentation.

- Objective 3: A free, accessible, web-based PowerPoint presentation will be available to (i.e., YouTube) TON healthcare providers. Provider perceptions of educational presentation material will be evaluated through a brief online survey (Qualtrics).
- Objective 4: Share slide presentation and an executive summary with TO administrators of the hospital and emergency department for dissemination among TO hospital healthcare staff and healthcare providers.

Theoretical Framework

Theoretical frameworks help guide QI projects and help organize the process by which a problem is addressed in a clinical setting. The *Diffusion of Innovations Theory* (DIT)was selected as the theoretical framework for this DNP QI project. The DIT is a good fit for this QIP and guided the development of an educational intervention designed for ED healthcare providers and staff as a mechanism to enhance the quality of care and improve culturally sensitive practices at this ED in a Native American healthcare setting in Southern Arizona. The DIT is presented next with details of the history and application of the theoretical framework.

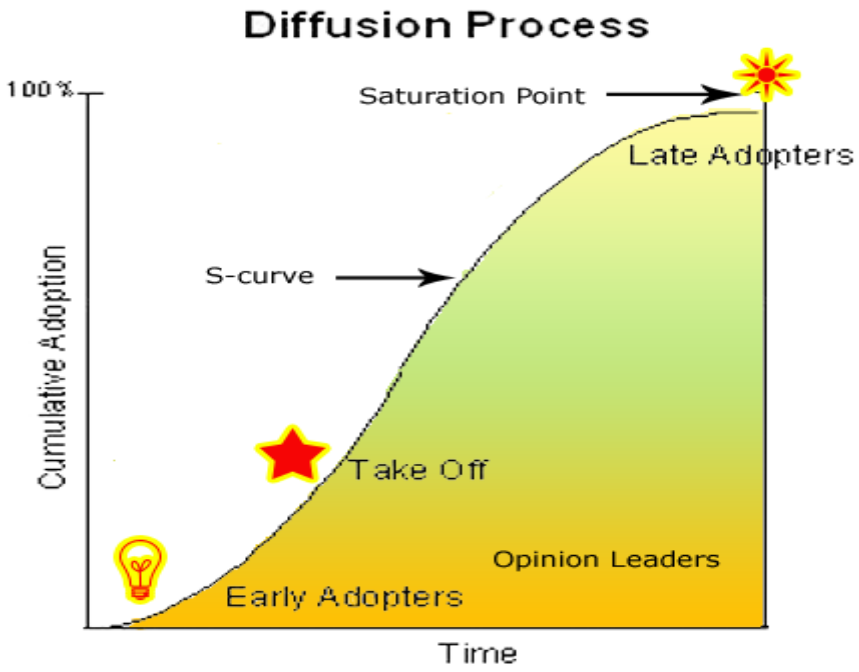
Diffusion of Innovations Theory

The DIT theory was redeveloped in 1962 by E. M. Rogers and is considered a longstanding social science theory that studies the advancement of improvement among various groups. It takes a closer look at the diverse conditions that increase or decrease the probability that a new idea, training or creation will be implemented by members of a specific group. Diffusion theory encompasses a multi-step approach with the purposeful inclusion of individuals who may align specifically within one level or category but may transition to a different one based on the process of adopting a new idea. Rogers identified five categories of whom he calls

as a whole “adopters of an innovation” as innovators, early adopters, early majority, late majority and laggards and sometimes a group called non-adopters (Kaminski, 2011). With DIT, the new proposed change or new information is diffused across a population until it has become saturated, which is essential in creating positive change (Figure 1). This DNP QI project was intended to diffuse knowledge through the use of a PowerPoint presentation designed to increase cultural sensitivity among healthcare providers and staff who work in an ED at a NA hospital in Southern Arizona.

Figure 1

Depiction of the Diffusion of Change



Note. From “Diffusion of Innovation Theory,” by J. Kaminski, 2011, *Canadian Journal of Nursing Informatics*, *6*(2), p. 4 (http://cjni.net/journal/?p=1444).

According to Mohammed et al. (2018), in reference to Roger’s theory, knowledge is created with exposure of the innovation, understanding of the functions that lead to persuasion

and finally making the decision of whether to adopt or reject a proposed innovation while continually moving forward towards improvement. In the study by Mohammed et al. (2018) DIT has been used to reintroduce or guide the implementation of evidence based practice (EBP) among clinical nurses and nurse practitioners. Various factors influence the effectiveness and acceptance of EBP which include individual innovation, attitude, knowledge, work experience and insight (Mohammed et al., 2018).

The process of diffusion is a valuable change model that was selected for this particular DNP project. The DIT was adopted to guide this QI and offers a systematic approach to created and educational intervention for local healthcare providers who work with patients from the TON. A brief slide presentation was developed in collaboration with guidance from TON cultural experts and community members to create the educational intervention. The actual intervention (PowerPoint presentation) was available to all healthcare providers at local emergency department. This 'intervention' (the slide presentation), allowed access to and dissemination of culturally relevant practice recommendations for the Sells healthcare providers and staff. Utilizing the DIT, dissemination of information occurs gradually as people access new innovations and share the information among their colleagues. It is the hope that this DNP project will capture this diffusion process and will result in adoption, implementation of the educational content with the ultimate goal of transforming clinical practice for the purpose of improving clinical care. Each participant in this QI project has the opportunity to become an innovator. According to Rogers, innovators are risk takers and change agents and require the shortest adoption period. Similarly, are the early adopters who are trend setters, adventurous, role models and often called visionaries. The majority of early adopters are individuals who are not

complex, want proven applications, and avoid risk. The majority of late adopters are individuals who are conservative, skeptical, and respond to peer pressure if unable to make a clear decision. The next group are laggards who are even more skeptical and isolated and who do not adjust to change well and take a while to decide whether a change is worthwhile. Incorporating the DIT theory is initiated by the desire to change and improve healthcare delivery within the Sells ED. The use of this framework highlights how dissemination of information (use of DIT) creates potential change and may promote enhancement of a cultural sensitive and safe clinical environment.

Participants on this DNP QI project actually have the opportunity to become early adopters, serve as role-models and be the first to share and recommended newly gained insights about culturally sensitive healthcare delivery practices while honoring and respecting the health, health seeking and healing beliefs and traditions of TO patients. We anticipate early innovators will influence colleagues to view the educational presentation to gain the cultural insights about working with patients from the TON. We anticipate healthcare staff and providers at the Sells ED will begin to witness how cultural sensitivity affects patient health outcomes thereby making it easier for patients to be open with their practitioners and feel less intimidated. The DIT framework provided the background and influenced the design of this DNP project. We anticipate, as more people gain access to this educational video, healthcare providers will become more informed, and the culturally sensitive practices will begin to diffuse across the Sells Indian hospital to improve cultural sensitivity, alignment and safety for the whole organization and therefore improve general quality of care and patient outcomes. These QI project objectives align with the American Nurses Association (ANA) to support more inclusive,

equitable and diverse healthcare delivery settings, systems and practices that are patient centered and have capacity to greatly enhance the quality of the care delivered.

Literature Review and Synthesis

The focus of this DNP QI project is the delivery of culturally sensitive health care by healthcare providers and staff at a Southern Arizona Native healthcare emergency department. The literature on culture and culturally sensitive practice in healthcare settings is abundant however, this next section will focus on a review of literature that focuses on culturally safe and sensitive healthcare delivery in Native American communities. Social determinants of health, including culture, language, literacy, and access to healthcare, are critical components of cultural literacy. The development of culturally appropriate and sensitive care is consistent with the Healthy People 2020 campaign that advocates for ways in which healthcare providers can enhance the physical, mental and social health of the diverse populations served by public health organizations and systems (Office of Disease Prevention and Health Promotion [ODPHP], 2020).

Evidence Search

An initial literature search was performed using the terms (“cultural competence” OR “cultural awareness” OR “cultural sensitivity”) AND (“Native American” OR “American Indian” OR “indigenous” OR “native tribes” OR “native people”). Results of this search were surprisingly broad revealing 18,014 possible articles (1366 in CINAHL and 16,648 in PubMEd). The following filters were then applied: English, 2015-2020, full text, academic journals, clinical trials, meta-analysis, random controlled trials, and systematic reviews. After filtering, articles

were reduced to 2,318. Additional filters of healthcare or health care AND emergency department AND rural health narrowed articles to a manageable total of 128 (Appendix G).

Articles were carefully screened using PRISMA guidelines, a guideline used for systematic review of literature. Titles and abstracts were specifically evaluated to further identify directly relevant articles which resulted in 75 articles being excluded and the remaining 53 articles to fully examine. Of these 53 remaining articles, 41 were excluded for irrelevance to the topic and lack of access to full text with a final result of 11 articles reviewed.

This literature review examined the significance of cultural sensitivity and cultural competence and how together they affect American Indian, Indigenous, minority, and rural populations. Cultural sensitivity and cultural competence are separate concepts that, when practiced, have similar outcomes that lead to greater cultural awareness and enhanced quality of healthcare delivery services. Culturally sensitive healthcare practices include the understanding by healthcare providers and staff that diversity exists across the globe and a better understanding of the unique cultures of the people seeking healthcare is an essential aspect of tailored and effective healthcare delivery practices. The focus of this literature review was to determine whether cultural sensitivity practices by healthcare providers impacts patient care, healthcare delivery and health related outcomes. Overall, the literature supports the premise of this DNP QI project which advocates for the need to educate healthcare providers serving NA communities on the importance of culturally sensitive healthcare practices. (Appendix G). A synthesis of the various findings across the literature relevant to this DNP QI project is provided next.

Comprehensive Appraisal of Evidence

The synthesis of literature reveals a few key themes and findings related to outcomes associated with the provision of culturally sensitive care in healthcare settings. Key themes identified in the literature were improved patient outcomes, self-empowerment, self-efficacy and self-care outcomes when patients received culturally sensitive care. Presented next are detailed insights into the specific literature that was reviewed.

Improved Patient Outcomes

Providing culturally appropriate care can be complex and requires knowledge about the many sociocultural dimensions of a particular population. Some of these dimensions are patient literacy, location, culture, clinical support, personal perceptions, access to healthcare, and most importantly, patient participation in their own healthcare.

One study confirmed that "ethnic minority patients participate less during medical encounters when compared to patients from majority populations," and this observation prompted further exploration into the barriers hindering their engagement (Schinkel et al., 2018). Factors identified as barriers to patient engagement were inherent reserve, limited resources, and a need for some commonality with their provider such as shared language or culture (Schinkel et al., 2018). Additionally, a provider's communication style sets the tone of a medical encounter and strongly influences a patient's participation level. Inappropriate or insensitive behavior on the part of health providers can therefore compromise patients' well-being, visit frequency, communication, and understanding of their health status (Schinkel et al., 2018). A closer look at possible interventions to enrich participation is essential in producing positive patient outcomes

such as addressing cultural differences, raising cultural understanding, increasing provider competencies, and decreasing negative perceptions overall (Schinkel et al., 2018).

Culturally safe clinical environments promote a sense of security for patients who present to the ED and patients have a greater likelihood to feel their issues will be addressed in a dignified manner. In many rural and indigenous areas, ED's are the first healthcare contacts when patients report to these settings and NA patients are often guarded and feel these settings are "culturally unsafe" (Garsden et al., 2019). In one QI project of Aboriginal (an indigenous population with similar experiences in another country) patients in Australia, Garsden et al. (2019) found that cultural safety was jeopardized by "insensitive health staff, institutionalized racism, shortage of Aboriginal health workers, distrust of the health system and unwelcoming waiting areas." Safe cultural care is a collaboration between healthcare providers and patients where cultures are acknowledged, and mutual respect is established to provide improved health in Indigenous peoples. These findings across the national and international literature stress the significance of culturally safe and culturally sensitive health care environments and healthcare delivery practices when working in Indigenous or Native communities.

Patient Empowerment, Self-Efficacy, and Self-Care Outcomes

A key element to improving the culture and cultural sensitivity in healthcare environments is to first understand the factors related to the cultural norms and behaviors of Native Americans, American Indians, Alaska Natives, Indigenous Peoples and their interpersonal interactions when seeking healthcare services. Wark et al. (2017) identified non-interference as a cultural consideration, a "behavior among Indigenous Peoples of North America" (p. 419) which stems from the belief, ethnic value, or behavior that "discourages

interference, meddling, or coercion in interpersonal relationships" (Wark et al., 2017, p. 419). This non-interference can also be a core element of the highly valued moral and ethical teachings in Native culture that emphasize respect in all interpersonal activities. This is a significant finding, as the effects of non-interference may hinder self-advocacy, and self-efficacy especially when a Native patient experiences a negative or culturally insensitive healthcare interaction, and they choose to avoid rather than confront the culturally insensitive behaviors of healthcare providers or unsafe cultural environment of the healthcare setting. In Indigenous culture, there is a high respect for individual autonomy as well as mutually respectful relationships. Native cultures often recognize that each person plays an integral purpose within this universe and all interactions between individuals and their environment are purposeful and meaningful. When medical providers recognize the importance of these cultural worldviews and the emphasis placed by Native communities on the quality of relationships, they become powerful influencers in the lives of their patients. Culturally sensitive healthcare practitioners, become more skilled in culturally sensitive healthcare delivery thereby, creating a positive environment where patients feel safe asking questions about their treatment, and feel more empowered to engage in a collaborative strategy to work towards a specific health improvement and wellness objective.

Strengths of Evidence

This review of supportive literature validates the importance of culturally appropriate and sensitive care in healthcare delivery and in healthcare environments. The literature also confirms that culturally sensitive practices result in better patient health outcomes. Culturally sensitive care in healthcare delivery has the potential to reduce some of the distrust that NAs have because of historical events and may reduce existing health and social disparities. There is a definite link

between culturally sensitive, appropriate, safe care and patient empowerment, quality healthcare delivery and positive patient health outcomes (Balestrery, 2016). Unfortunately, the literature also reaffirms healthcare organizations continue to be challenged in the areas delivering effective, authentic, meaningful, culturally competent and sensitive care. The lack of effective culturally sensitivity healthcare delivery practices may stem from the lack of relevant tribe specific training for healthcare personnel who work in Native communities. This QI project intends to deliver a tailored educational presentation designed for healthcare personnel who work at a Native health facility. The intended impact of this QI project is that healthcare settings and practitioners will begin to recognize the impact of culturally unsafe environments and transform existing healthcare environments into more welcoming and culturally informed healthcare settings.

Weaknesses, Gaps, and Limitations of Evidence

A few weaknesses and gaps noted in the literature are included next and focus on the lack of consistent guidelines and training/education for delivery of authentic, effective, meaningful and culturally sensitive care. The literature did not identify clear strategies for delivering culturally competent healthcare in fast-paced clinical settings such as the triage-based ED environment. In addition, there was a lack of cultural competency models or frameworks that could be implemented to meet the needs of specific cultural groups. In other words, while a recognition of the need for cultural competency was present in the literature, frameworks presented were either non-existent or too vague to meet the unique needs of a very diverse NA population. Often, the literature cited great recommendations however, the recommendations were limited as they were only relevant to a particular institution or a particular population and

not appropriate for adaptation across the diverse and numerous distinct NA Nations, Pueblos, Villages and communities. Finally, there were no specific studies or guidelines focused specifically on implementing culturally sensitive and culturally safe practices in an ED setting. Though most studies emphasized the importance of culturally sensitive and safe care services, there were no studies that offered specific guidelines on the evaluation of culturally safe and sensitive healthcare practices, models or frameworks utilized or those previously tested or validated frameworks that have been used successfully in NA healthcare settings. Findings from the literature review and synthesis warrant the significance of this unique and innovative DNP QI project. This DNP QI project focused on the development of a Power Point presentation designed specifically for healthcare providers and staff working with a specific NA community in the Southwestern region of the US.

METHODS

Project Design

Quality improvement (QI) is a measurable process that evaluates the effectiveness of the planned intervention to improve organizational systems and patient care (Institute for Healthcare Improvement [IHI], 2019). The purpose of this QI project was to develop, implement, and evaluate the impact of an educational intervention (pre-recorded, PowerPoint presentation on cultural sensitivity when working with members of the TON) designed for healthcare providers who provide healthcare for the TON. Ultimately, the expectation of this QI project is to innovatively diffuse culturally relevant information focused on educating and enhancing cultural sensitivity and interpersonal communication skills among healthcare providers and staff serving

the TON. The presentation was designed to be an accessible and useful resource for healthcare providers and staff who work at the Sells Hospital.

This project utilized a descriptive design. Due to the COVID-19 pandemic, and in accordance with CDC required guidelines, all aspects of the project were implemented using CDC guidelines of social distancing and web-based technology (telephone calls, zoom based discussions, email, flyer-based recruitment, online educational PowerPoint presentation, YouTube and use of a Qualtrics online survey). Consultation and collaboration were sought from TO cultural experts and community members to ensure cultural sensitivity and appropriateness of this DNP QI project. Expert doctoral level nursing consultation was provided by the DNP student's doctoral committee members. This project was reviewed and approved by the Sells ED administration, the University of Arizona Institutional Review Board (IRB) before implementation of the project occurred, and a courtesy letter was sent to the Tohono O'odham tribal leadership to inform them of the project implementation.

Model for Implementation

The *Model for Improvement* (MFI) is a tool developed by the Associates in Process Improvement and was used to guide the step-by-step implementation of this project (IHI, 2019). The MFI is easy to implement and has demonstrated effectiveness in promoting accelerated QI within an organization. It utilizes a *plan-do-study-act* (PDSA) cycle and assesses whether changes are warranted and offers a process for evaluation of those changes and determination of whether an implemented change was effective (IHI, 2019).

There are four parts to the P (Plan), D (Do), S (Study), A (Act). The "Plan" stage involves identifying an objective or a problem and developing a plan to address the identified

problem. Also included in the planning phase of this process is determining who will lead and participate in the project as well as when and where it will take place. The next two phases of the MFI include the "Do" and "Study" phases which involve the actual implementation of the project aims or objectives and the evaluation and analysis of the project outcomes. During the "Act" phase of the project, the recommended changes for QI are presented to the local site administrators to seek support for full implementation of the suggested QI intervention (IHI, 2018). The PDSA process and model for improvement is designed to be ongoing, and can be updated, modified and implemented as many times as needed to ensure that ongoing quality improvement efforts can be supported and achieved.

Setting and Stakeholders

The setting for this QI project was a seven-bed Level IV ED located on the TO Nation (American Trauma Society, n.d.) in Sells, Arizona, also known as Sells Hospital. This is a tribally operated facility located 60 miles west of Tucson, Arizona, serving the community of the 13 districts on the TO Nation. This QI project was designed for healthcare providers and staff employed at Sells Hospital who work in the ED. The PowerPoint presentation was accessible online to this specific group, and the educational presentation offered information and insights about O'odham culture and recommendations for culturally sensitive communication and healthcare delivery when working with members of the TON. As mentioned in a previous section, the TON has a poverty rate of 37%, with an unemployment rate of 24%; the median household of four has an income of $27,468 (Native Peoples Technical Assistance Office, 2020). These statistics indicate the psychosocial stressors and challenges that exist in this rural Native community.

Key stakeholders for a QI project include internal and external individuals and groups who can influence the success or failure of that project (Silver et al., 2016). The key internal (internal to the ED in the Sells hospital) stakeholders included the clinical administrators of the Sells Hospital, chief medical officer of clinical staff, healthcare providers, and the nursing supervisor. External (external to the ED in the Sells hospital) stakeholders were TON cultural experts and members who served as consultants and collaborators to inform the educational components of the intervention and the TON community members who would benefit from the results of the intervention.

Intervention

The QI project intervention consisted of a pre-recorded, online 10-minute PowerPoint presentation, informed and co-created by the project director and TON cultural experts. The purpose for recruiting cultural experts was to ensure that the educational content was authentic, accurate, sensitive, and consistent with the cultural traditions of the TO people. This intervention was led by an advanced practice nurse, the DNP QI project director, who is also a member of the TON. The online presentation program was made accessible by a link to a closed YouTube PowerPoint video. Interested providers who work at TON Sells ED were invited to participate. The original plan for this project was to engage local members of the TO Nation in a face-to-face roundtable discussion, specifically TON elders and cultural experts; however, modifications were mandated due to the CDC required guidelines and restrictions related to the COVID-19 pandemic. The originally proposed plan was to develop a 30-minute recording of an open dialogue and storytelling session with TON cultural experts, elders, and tribal members on the topic of O'odham culture and cultural sensitivity for healthcare providers. Despite modifications,

a valuable and meaningful educational presentation was created and has been disseminated at the Sells ED.

The PowerPoint presentation offered information specific to the TON culture, landscape, healing interventions, and cultural interpersonal etiquette. PowerPoint presentations are powerful educational tools because they are easily accessible and they influence reflective practice, increase knowledge and awareness, and stimulate emotion that empowers and influences a change in future behavior (Nicklas et al., 2017). One aspect of NA culture that is particularly important is the way in which teaching/learning objectives are conveyed. Among NA populations, storytelling is a traditional and culturally acceptable form of teaching, as knowledge is transferred and shared orally to others through stories that convey meaningful traditions, customs, and values. The time-honored tradition of storytelling and consultation with cultural experts combined with a contemporary technological platform of web-based delivery was an appropriate integrative implementation approach. The educational PowerPoint has potential to reach a greater number of individuals, beyond those who work at the Sells ED who may be interested in learning about cultural sensitivity when working with members of the TON in a healthcare delivery setting.

The educational content was developed in collaboration with TON cultural experts and community members and was led by the QI project director. The educational intervention was intended to enrich understanding, clarify perceptions of TON culture, and increase cultural sensitivity among healthcare providers while expanding their knowledge of culturally sensitive practices. The collaboration among TON cultural experts, community members and the DNP project coordinator resulted in development of a10-minute educational presentation. The

presentation was intentionally designed to be brief (10 mins) both to promote learning and retention of information and to encourage participation by busy ED employees. The PowerPoint included an overview of the TON nation which included information on the geographic and psychosocial environment, people, traditions, landscape, culture, cultural sensitivity strategies, interpersonal communication strategies and guidelines for healthcare providers who provide care for members of the TON.

Participants and Recruitment

There are two distinct groups of participants in this DNP QI project. The first group of participants is the TON community members and cultural experts (N=5). The second group of participants are those Sell ED providers who consent to participant as viewers/learners and agree to review the PowerPoint presentation and complete the associated post Qualtrics survey.

Recruitment of the TON community members and cultural experts utilized purposive and convenience recruiting approaches by inviting known community experts and community members to participate. A goal to recruit three cultural experts was set but, there was so much community enthusiasm that recruitment of cultural experts had to be limited to a total of (N=5) cultural experts who each offered their verbal consent to be participate in this DNP QI project. Emails and phone calls were sent on Monday April 14, 2021, there was immediate response from three out the four experts who were contacted the same day. Interview dates, times and locations were created. In observance of the CDC recommendations and guidelines, interviews via telephone and Zoom were encouraged and all cultural experts complied and in fact were requesting phone interviews. The first individual interviewed was by telephone April 15, 2021,

and this interview lasted 45 minutes. On April 17, 2021, two cultural experts were interviewed via phone together, and this joint discussion lasted a total of one hour and thirty minutes.

It is important to note the organic nature and flexibility demonstrated in this consultation model with the TO cultural experts which might be considered a culturally tailored, respectful "indigenous QI or research approach." The pair of community members wanted to have joint consultation sessions, and the project director complied by honoring their requests. This exemplifies cultural respect and honors the preferences of the cultural expertise of these respected elders. The pair of experts provided the name and number of the fourth TO elder who they felt would be interested in contributing to the project. The fourth elder was contacted via phone and was ready to be interviewed that same afternoon on April 17, 2021, and this interview lasted one hour. The final cultural expert who was one of the first to be contacted reached out and wanted to conduct her interview via email and submitted her responses to each of the questions. This recruitment approach with the cultural experts also exemplifies the tight community connections and relationships present in this Native community.

Eligibility criteria for the TON community members and cultural experts included: must be a member of the TON, must be an adult 18 years of age or older, must possess cultural knowledge and expertise spanning five years as a TON cultural teacher or TON elder with knowledge of TO language and cultural practices/teachings. They also had to be willing to be recorded during the interview discussion. Any audio recorded discussions were intended to be used to create the educational material. Because of the new COVID-19 related CDC guidelines and restrictions, social distancing (use of phone calls, email, & Zoom) was utilized when recruiting and collaborating with TO cultural experts to minimize the spread of COVID-19

during the implementation of this DNP QI project. An alternative to a live, face to face socially distanced discussion is the use of a platform such as Zoom technology for the interview with TON cultural experts and community members. It's important to recognize web-based communication can be challenging in Native communities due to the degree of Wi-Fi availability and access by individuals who live on the reservation therefore it's important to have alternative methods of communication such as telephone options available if web-based consultation efforts fail.

To elicit the educational content from TON community members and tribal elders, the DNP QI project coordinator asked the TON cultural experts and community members two targeted open-ended questions and allowed the TON cultural experts to offer stories or share organically, by utilizing a culturally aligned storytelling approach as they discussed and responded to the questions. The two targeted questions were developed to inform the educational content for the educational presentation and are: 1) What is important to know about Tohono O'odham culture and would you share your thoughts about examples of respectful interpersonal communication and interaction with the people of the TON? 2) How can healthcare providers create a safe, welcoming, comfortable and supportive culturally sensitive clinical environment for members of the TON in the Sells ED? This open-ended discussion format allowed for an authentic (allowing for discussion & storytelling) question and answer sessions between the DNP QI project director and the TON cultural experts as they discussed TON culture, traditions, and strategies for culturally sensitive healthcare delivery practices on the TON. The invited TON cultural experts and community members received the incentive of a small gift card in the

amount of $40.00 for their time, knowledge and willingness to assist in the QI project. The DNP project director funded this DNP QI project privately.

The second participant group in this QI project are those hospital-based participants and learners who engaged in the PowerPoint slide presentation-based learning activity. A total of six (N=6) Sells ED healthcare providers were recruited to participate in this Project through an email sent by a designated Sells ED administrator. All participants were over the age of 18, and all were employees of the Sells ED. Gender demographics were not collected to safeguard the privacy of the Sells ED participants. The recruitment email disseminated by the ED administrator contained instructions and links on how to access the PowerPoint presentation via a closed YouTube link and contained a second link with instructions on how to access the Qualtrics post educational intervention survey questions. Participants were expected to complete the survey after viewing the presentation. The purpose of the survey was to assess learner outcomes of the educational presentation. After receiving the completed surveys, the project investigator (PI) compiled and analyzed the results then made them available to the Sells Hospital administrative teams as part of the executive summary.

Consent and Ethical Considerations

Sells ED administrative team and University of Arizona Institutional Review Board (IRB) approval was obtained prior to the implementation of the DNP QI project (Appendix A). The participants in this QI project were not considered members of vulnerable populations or high-risk populations such as children; pregnant women; and mentally, economically or educationally disadvantaged persons. Full disclosure of the project goals, objectives, purpose and risks was conveyed to all DNP QI project participants (TON community members, TON cultural

experts, and hospital-based participants of the educational session). All participants participated voluntarily, free of any coercion and free of intimidation. There were no known risks for any participants of this project. The TON cultural expert participants who engaged in the co-creation of the educational intervention were fully aware and offered verbal consent and agreement to have their stories, information, names, voices, recommendations, and pictures shared in the PowerPoint slide presentation as part of the educational presentation (if required). Informed consent and disclosure for participation was made available to TON community members and cultural experts. TO cultural expert consent for participation was obtained verbally after they each were informed of all aspects of the QI project. Due to computer and Wi-Fi access challenges by TO community members/experts, it was difficult and somewhat culturally insensitive to request written consent to participate by the cultural experts therefore, verbal consent to serve as a cultural expert was deemed appropriate and culturally congruent for this project. Demographic information obtained on TO cultural experts included age, gender, and confirmation of TON membership and cultural expertise. TO cultural experts were expected to spend approximately 1-2 hours of their time to engage in the co-creation of the PowerPoint presentation and offer support by completing the evaluation of the final education presentation. Please refer to the informed consent and disclosure document (Appendix B) which was presented verbally over the phone to all TON community members and cultural experts who wished to engage and offer their contribution to the QI project.

The hospital-based participant viewers/learners were informed of all expectations of participation in the DNP QI project. Each participant implied consent by agreeing to participate in the educational intervention and complete the post Qualtrics survey. The waiver of consent

disclosure was located in the early section of the Qualtrics survey, where each participant was informed that completion of the educational presentation and completion of the survey implied their informed consent to participate in the DNP project. The demographics collected on the hospital-based participants included confirmation of being 18 years of age and confirmation of employment at Sells ED. All participant information will remain private, anonymous, and completion of the survey implies informed consent.

Data Collection and Analysis

Data collection for this DNP project comes from two aspects and two participant groups. The first set of data comes from the TON community members and cultural experts to include the following demographics and targeted questions:

TON Community members and cultural experts:

1. Age, must be 18 years or older
2. Gender
3. Are you a member of the Tohono O'odham Nation?
4. Are you a TON cultural expert with practice experience of at least 5 years?
5. What is important to know about Tohono O'odham culture and would you share your thoughts about examples of respectful interpersonal communication and interaction with the people of the TON?
6. How can healthcare providers create a safe, welcoming, comfortable and supportive culturally sensitive clinical environment for members of the TON at the Sells ED?

The first phase of data analysis included the review of the TON cultural expert evaluation of the co-created PowerPoint presentation. The cultural experts utilized a PowerPoint Evaluation

Tool (PPET) (Appendix D), to evaluate accuracy, authenticity and cultural sensitivity of the slide presentation content. The PowerPoint evaluation tool utilized a dichotomous scale to measure the accuracy, authenticity and the cultural sensitivity of the co-created educational presentation. The QI project coordinator engaged in a telephone, text message or online conversation with each TON tribal community member and cultural expert to assist each TO cultural expert with the completion of the PPET. Telephone or zoom-based online conversation is intended for ease of data collection and cultural sensitivity with tribal community members and allows for social distancing. TON cultural expert and community member recommendations, additions, deletions, clarification and modifications were integrated into the PowerPoint presentation before making the presentation accessible to the hospital-based participants. The PPET tool was utilized and completed by the cultural experts and consisted of the following dichotomous style questions (Appendix D):

1. Was the presentation content accurate? [Yes or No].
2. Was the presentation content culturally authentic? [Yes or No].
3. Was the presentation content culturally sensitive to the Tohono O'odham Nation? [Yes or No]. (See Appendix D for the PPET.)
4. Comments/Recommendations for improvement.

TON community member and cultural expert evaluations and comments were compiled and integrated into the final educational presentation product. Demographic information on the TON cultural experts and community members will also be presented in the results section of this DNP project paper.

The second set of data collection is for the participant viewers/learners of the PowerPoint presentation. See the informed consent and disclosure document in Appendix B. Each interested hospital-based participant received a full description of the DNP QI project, purpose and objectives. The participants then had the option to consent to participate in the DNP QI project by viewing the educational presentation and completing the online Qualtrics post survey. A designated Sells ED administrator was tasked with disseminating the educational power point link via email to Sells ED providers. Consenting Sells ED participants were then directed to the online educational presentation and also were provided a link to the Qualtrics survey platform, Appendix E. The demographics collected on the hospital-based participants include confirmation of being at least 18 years of age and confirmation of Sells ED employee status, professional role at hospital, and gender. These questions helped determine eligibility to participate and was collected so a general description of the participant demographics could be presented. The hospital-based participants were asked to complete the following eligibility and demographic questions:

1. Are you 18 years of age or older?

[If ‘yes,’ proceed to next question]

[If ‘no,’ the survey will exit, and participants will be thanked for watching the presentation].

2. Are you a healthcare provider or staff member who provides care for members of the Tohono O’odham Nation?

[If ‘yes,’ proceed to next question]

[If ‘no,’ the survey will exit, and participants will be thanked for watching the presentation].

If participant response is ‘yes’ to the two demographic questions, they will then proceed to the survey questions].

The post PowerPoint presentation learner/viewer survey questions are:

- Was the PowerPoint presentation informative? [Yes/No]
- Did the PowerPoint presentation offer new insights on Tohono O’odham culture? [Yes/No]
- Will knowledge gained in this video influence a change in your clinical practice? [Yes/No]
- Do you think your cultural sensitivity as a healthcare provider will enhance after watching this presentation? [Yes/No]
- Do you anticipate changing your healthcare delivery practice when working with Native American patients after watching this presentation? [Yes/No]
- Will you share this presentation with colleagues who work with Native American Communities? [Yes/No]
- Will you share this presentation with colleagues who work with the Tohono O’odham Nation? [Yes/No]
- What was most valuable about the presentation: [open comment section]
- What do you think you could do better or differently to provide culturally sensitive care? [open comment section]

The Qualtrics survey for the Sells ED healthcare providers and staff presents seven dichotomous survey questions that elicit a “yes” and “no” response and two open ended questions. The Qualtrics survey responses were compiled, tallied, and a raw percentage score each individual survey responses was analyzed and presented as part of the written executive summary for the Sells administrators. Results of this DNP QI project are shared in the results section of this paper and has also been shared with the Sells ED and hospital administrators.

The data analysis process for the two qualitative, open-ended questions were analyzed using a content and thematic analysis approach. The emergent themes from the two open ended questions were compiled, organized, and summarized for inclusion in the executive summary and final DNP project paper (results section).

RESULTS

Outcomes

This section will present the results of this DNP QI project that was initiated in the Sells ED for healthcare providers who care for members of the Tohono O’odham Nation. Due to project director time constraints, the Sells ED healthcare providers were given a short 72-hour timeframe to access the online educational presentation which provided an overview of the Tohono O’odham culture and offered recommendations for healthcare providers when working with this population. The educational presentation was co-created with consultation from Tohono O’odham cultural members and experts. The results obtained from the Qualtrics surveys are organized according to the project objectives. The process by which Tohono O’odham cultural experts were recruited to co-create an educational power point will be discussed and their demographics are presented. The process by which Sells healthcare providers were recruited and

consented will also be presented. Including results of the post educational intervention survey which will be presented in a table that highlights responses from the Sells ED participants and will provide insights of their perceptions on the usefulness of the educational presentation on cultural sensitivity.

Results for Objective 1: Recruitment of Cultural Advisors

Objective 1: Consult with Tohono O'odham community members and cultural experts to develop content for an educational slide presentation designed for healthcare providers and staff who provide healthcare to members of the TON. The content for the educational slide presentation will be on cultural sensitivity and interpersonal communication when working with members of the TON.

Five (N=5) TON cultural experts were recruited through direct contact by the QI project director who is a member of the Tohono O'odham Nation and is familiar with individuals who enjoy sharing their cultural knowledge and even teach the culture in an academic capacity.

General demographics for cultural experts collected included: confirmation that each was over the age of 18, there were four males and one female, all were Tohono O'odham Nation members who resided both on and off the Nation. The cultural expert recruitment occurred in a purposeful, convenience and snowball type manner which was expected from a small tightly connected community network. The consultation discussion duration with TO cultural experts ranged between 45-90 minutes each.

A 10-minute culturally informed and sensitive PowerPoint educational video was co-created by the QIP director and the TON cultural experts and was placed on a private YouTube link and can be viewed at https://youtu.be/cG5Aj2BeHgU

Results for Objective 2: Cultural Assessment of Educational Material

Objective 2: TO cultural experts will be consulted to offer a cultural assessment of the co-created educational PowerPoint.

- Note the TON does not have a formal tribal institutional review board.
- Cultural experts are the gatekeepers of TO cultural knowledge and will collaborate on development and evaluation of the cultural sensitivity presentation.

In an effort to validate the authenticity, accuracy, and cultural sensitivity of the content co-created in the educational video, cultural experts were invited to participate in evaluating the educational presentation by competing questions on the PowerPoint Presentation Evaluation Tool (PPET). All five cultural experts provided feedback on the educational material to the project director to confirm and validate that all aspects of the cultural educational presentation were ready for dissemination. One of the cultural experts indicated "you did a very good job compiling the video presentation, everything is accurate, culturally sensitive and ready for dissemination with the Sells ED". Consensus was obtained among all five cultural experts to disseminate the final educational product to the Sells ED employees.

Results for Objective 3: Recruitment, Educational Presentation, and Post-Survey

Objective 3: A free, accessible, web-based PowerPoint presentation will be available to (i.e., YouTube) TON healthcare providers. Provider perceptions of educational presentation material will be evaluated through a brief online survey (Qualtrics).

Survey Results

The Qualtrics survey link was provided to each participant via a link that was shared by email and it was also posted immediately after the YouTube PowerPoint presentation. A total of

(N= 6) Sells ED participants completed the post survey. This survey was created utilizing Qualtrics online survey application which offered data analysis support options that where helpful in generating results of the survey responses. The Qualtrics survey for the Sells ED healthcare providers and staff began with two demographic questions that determined eligibility for participation. Once meeting eligibility requirements, the participants were allowed to proceed with survey completion. The survey questions consisted of seven dichotomous questions that elicited "agree" and "disagree" response and two open ended questions. Figure 1 below outlines the raw percentage scores for the survey responses from the six Sells ED participants.

Table 1

Healthcare Provider Survey Response

Survey Questions	Agree	Disagree
Consent to participate	100%	
Are you 18 years or older?	100%	
Are you a healthcare provider or staff who works at the Sells Hospital Emergency Department and provides care for members of the Tohono O'odham Nation?	100%	
Was the PowerPoint storytelling informative?	100%	
Did the PowerPoint storytelling offer new insights on Tohono O'odham culture?	83.33%	16.67%
Will knowledge gained in this PowerPoint influence a change in your clinical practice?	83.33%	16.67%
Do you think your cultural sensitivity as a healthcare provider is enhanced after watching this presentation?	83.33%	16.67%
Do you anticipate changing your healthcare delivery practice when working with Native American patients after watching this presentation?	50%	50%
Will you share this presentation with colleagues who work with Native American Communities?	83.33%	16.67%
Will you share this presentation with colleagues who work with the Tohono O'odham Nation?	100%	
What was most valuable about the presentation: *see narrative for results of open-ended questions		
What do you think you could do better or differently to provide culturally sensitive care? *see narrative for results of open-ended questions		

These results are of this post survey demonstrate that this small sample of six Sells ED participants indicated the following: 100% of them found the presentation informative, 83%

indicated they gained new insights about TO culture, 83% indicated this educational material will influence a clinical practice change and similarly 83% also indicated their cultural sensitivity was enhanced after watching this presentation, only 50% anticipated a change in their clinical practice when working with the Native American population after watching the presentation, 83% indicated they would share the presentation with colleagues who work in Native communities and 100% indicated that they would indeed share this presentation with colleagues who work specifically with the TON. These results indicate the educational material had a positive and influential impact on the six participants who work at the Sells ED. Interestingly, only 50% indicated the educational presentation would change their clinical practice when working with other Native American communities (non-TON communities). It is unclear why only half of the respondents indicated they felt they would be inclined to change their clinical practice when working in Native communities. One possibility is the educational intervention is designed specifically for the TON and the inter-tribal differences may limit the relevance of this material to other Native Nations or communities. It's difficult with such a small sample size and with the survey type, to draw conclusions or reasons why the participants responded in the way they did. The value obtained from this survey information lies within the confirmation of the usefulness of this educational material designed specifically for the education of healthcare providers who work with the TON. We know from the survey responses that this video link will be shared among colleagues of the participants and further promotes the diffusion of innovation theory (DIT), thereby demonstrating the impact of 'change' across this clinical practice setting at the Sells ED. Another important aspect of these results in that the majority of

the respondents indicate they will definitely change practice after watching this video, that is a significant indictor of the power of education to transform clinical practice.

The themes that emerged from the two open ended survey questions are presented in the next section. The two open-ended questions include: What was most valuable about the presentation? and What do you think you could do better or differently to provide culturally sensitive care? [open comment section]

When Sells ED participants were asked what was most valuable about the video, respondents cited the following responses, “information about how to talk and listen to patients, especially the elders,” “had already been studying the TO culture so I knew some of this information already but was good to review again,” “the presentation is a great resource especially the information on what was considered polite and rude,” “helps us providers to understand tribal communities and their belief systems” and “the important message about the use of traditional medicine by NA communities” were all cited by participants as valuable aspects of the education PowerPoint presentation. Participants also responded to the second open ended questions by sharing what they could do differently to enhance culturally sensitive practice. The Sells ED participant responded with the following, “remember that I am a visitor here,” “I am here to provide care to the population,” “always try to listen more,” “I utilize a holistic approach,” “avoid swearing” and “slow down, sit down and speak quietly.” These self-reported responses offer insights on the ownership by Sells ED participants on ways they could implement small but meaningful changes to practice healthcare delivery in a more culturally sensitive manner at the Sells ED.

The emergent themes from the two open ended survey questions about what was most valuable and what could be done differently by healthcare providers include: healthcare providers need to listen, healthcare providers are interested in learning about Native American culture and need more opportunities to learn (improved access to educational material), education on cultural sensitivity is valuable and meaningful and healthcare providers are cited one of the most valuable aspects of participating in this DNP project was they became aware of a greater need for self-reflective clinical practice and self-awareness. It was evident from the open-ended survey responses that participation in the educational video and the survey was meaningful and influenced self-reflection by the healthcare providers as they self-reported new insights and intentions to improve their clinical practice when working with diverse cultures.

Results for Objective 4: Dissemination of Results with Tohono O'odham and Sells Administrators

Objective 4: Share slide presentation and an executive summary with TO administrators of the Hospital and emergency department for dissemination among TO Hospital healthcare staff and healthcare providers.

As part of the agreement to conduct this QI project at the Sells ED, an executive summary and a copy of the educational PowerPoint has been provided to the Sells ED to use for when educating Sells Hospital employees. A copy of the video PowerPoint link on YOUTUBE is available to the Sells ED administrators along with a copy of the final DNP QI project PowerPoint which will serve as the executive summary for the entire DNP QI project. The Sells hospital team will have the option to utilize these materials as long as they cite and credit the project director during any in-house Sells Hospital based dissemination. The DNP QI project

director also extends an invitation to provide an overview or presentation of the DNP QI findings to interested members of the Sells Hospital Administration Team via Zoom or during an in-person presentation when CDC pandemic restrictions are lifted.

DISCUSSION

Summary

This DNP project set out to deliver an educational product designed specifically for the healthcare providers who work at the Sells ED. The purpose and objectives of this DNP project were accomplished utilizing an educational PowerPoint presentation, dissemination of the PowerPoint presentation via YouTube and collection of survey responses via the online Qualtrics survey platform. All this was accomplished in the midst of a global pandemic. The results of the participant surveys, depicting their perceptions on the usefulness and informative nature of the educational material were overall positive and confirmed the usefulness of this DNP QI project implementation at the Sells ED. Some of the comments and shared reflections by participants after viewing the presentation on the Tohono O'odham people and culture suggest appreciation for the genuine educational intervention. The participant themes to the open-ended survey questions implied the participants had moments of self-reflection and also cited the importance of self-awareness, self-reflection, enhanced listening skills, and education as critical components of culturally sensitive and culturally informed clinical practice. While developing this project, the step-by-step implementation process reaffirmed my own personal cultural identification as a member of the TON while informing others less familiar with TON culture and health and wellness beliefs and practices. At times, my cultural connection to my own culture gets lost within the confines of the ever-changing Tohono O'odham Nation. The outcomes of this project

further endorse the need for the development and implementation of culturally sensitive models of healthcare delivery approaches for all Tribal Nations. Tribal Nations across the globe are faced with many challenges as they fighting to keep their culture and traditions alive, deal with inequity and marginalization, and structural racism yet remain quietly motivated to modernize, and improve the lives of members of their communities.

Interpretation

The insights gained from the DNP QI project are significant and directly relevant to NA communities and impact the support of and the survival of communities who work to maintain cultural values and customs for future generations. The fight to preserve and promote culture for future generations apparent in interviews with cultural experts as they each expressed emphasis for the need to keep the culture flourishing. This DNP QI project was centered on producing educational content, transforming the Sells ED and the creation of culturally sensitive healthcare providers who have the ability to strengthen and improve the quality of care and patient health outcomes. Making educational material accessible to healthcare providers gives them the opportunity to learn and reflect on the overall care they provide when individuals are able to gain a new or more intimate 'insider' perspective. It also provides insights of patients, communities and their overall feelings and preferences about how to receive care in the Sells ED. Cultural sensitivity and cultural awareness are critical when providing direct patient care. This type of educational intervention is significant on many levels because it can also be of benefit for improved Intertribal or cross-cultural exchanges and relations. Our world is diverse, and patients and employees come from different Native nations, Indigenous communities, nationalities or races therefore it's important for healthcare providers to be educated and to become aware of the

communities and the cultures they engage with and work in. For example, this project not only will benefit the Tohono O'odham people but, also has the capacity to benefit the neighboring Pascua Yaqui Tribal Nation and will promote sharing and supporting future quality educational interventions (such as this or similar DNP projects) which then will contribute to the development of similar projects across tribes, thereby leading to improved collaborative relationships and further education and improved care services across various healthcare settings.

Implications (Practice, Education, Research and Policy)

This DNP QI project focused on development of education on cultural sensitivity. Projects of this type led by nurses helps to serve as a model and leads to stronger and more effective relationship building between nurses and patients. This DNP project also serves as an exemplar, advocating for culturally sensitive nursing and healthcare practice and creates awareness among nurses and healthcare providers who are constantly serving people from diverse cultures. This type of project enables nurses to teach as well as learn about cultural sensitivity so they may work competently, sensitively, informed and respectfully in various cultures. This project is a small intervention which has the capacity to improve quality of care within the Tohono O'odham Healthcare system and offers a significant model of educational access for healthcare providers. This project will be used as an ongoing cultural educational tool for new providers who work at the TON Sells Hospital and ED. The Sells administrative team have already requested permission to utilize this educational PowerPoint presentation in their ongoing onboarding process for new employees. This DNP project also offers a significant contribution to nursing practice, science and education as this project was designed, led and

implemented by one of very few nurse practitioners and nurse scholars who is also a member of a Native community and, the Tohono O'odham Nation.

Strengths

A primary strength of this QI project was the fact the QI project director is a member of the Tohono O'odham Nation and holds a close relationship with the Tohono O'odham culture. However, cultural learning is also a continual journey as there is a significant amount of learning that takes place over a lifetime and the completion of this project is a tiny portion of that lifetime of learning that is required to fully learn and immerse oneself in cultural learning. In addition, the support and leadership provided by the Sells ED administrators and participants allowed for participation by Sells ED employees thereby contributing and assisting in the development, assessment and implementation of cultural sensitivity trainings in healthcare delivery settings. Another strength of this project was the willingness and enthusiasm of the TON cultural experts who contributed a significant portion of the rich, authentic and historical and cultural content for the educational presentation. The rural local of the Sells Hospital likely contributes to having a small ED staff however, having a smaller participant group of healthcare providers employed with the Sells ED made recruitment, and participation in this project easy and manageable and allowed for project completion within the unavoidable time constraints. The informative nature of this project is another strength as confirmed by the positive feedback including willingness of participants to share the educational material and confirmation that their clinical practice will likely change after viewing this educational presentation. In addition, it's important to note that there is limited cultural information or education material specific to Tohono O'odham culture

so, this may be one of very few or perhaps the first video educational material that has been specifically tailored for the learning needs of healthcare providers who work with the TON.

Limitations

One of the striking and most obvious limitations of this DNP project were the modifications required of the original project design that had to be implemented due to the global COVID-19 pandemic. The original educational storytelling design intended to video record stories and discussions with TO community members and elders. This storytelling approach may have provided a richer, more involved and perhaps more meaningful educational presentation. Another limitation of this DNP project was the way in which interviews with cultural experts were conducted. The interviews were conducted with cultural experts via phone and may have restricted or blunted the full enthusiasm or stories that could not be conveyed across a telephone call. This QI project is reflective of the responses provided by the Sells ED participant so is limited to applicability and relevance to other healthcare settings. The largest gaps in this project were related to technology. Due to Wi-Fi connectivity, computer literacy and even access to computers, opportunities to record the discussions with cultural experts were not supported and instead field notes had to be collected manually by the project director during the conversations. Under different circumstances, video recorded interviews with elders would have provided a richer, more personal and genuine quality to the educational material as clips or voice recordings form the interviews with cultural experts may have been inserted into the educational PowerPoint presentation/video recording. Another gap in this DNP project is the obvious voice or input form young generations of the TON. Incorporating feedback from a younger TON generation would have also provided a different perspective from different age groups on the

topic of culturally sensitive healthcare delivery and perhaps even different insights on what it's like to live on the TON. Recommendations for future projects with similar objectives would be to incorporate some live recorded interviews, interview some younger generations and extend the cultural expert interview and discussion time to produce a richer and slightly more robust educational content.

Conclusions

Future Directions

This DNP QI project focused on development of education on cultural sensitivity. Projects of this type led by nurses helps to serve as a model and leads to stronger and more effective relationship building between nurses and patients. This DNP project also serves as an exemplar, advocating for culturally sensitive nursing and healthcare practice and creates awareness among nurses and healthcare providers who are constantly serving people from diverse cultures. This DNP QIP is an exemplar of practice change at a local clinical setting, the entire QI process was transformative, leading to improved patient care and outcomes. This type of project enables nurses to teach as well as learn about cultural sensitivity so they may work competently, sensitively, informed and respectfully in various cultures. This project is a small intervention which has the capacity to improve quality of care within the Tohono O'odham Healthcare system and offers a significant model of educational access for healthcare providers. This DNP project also offers a significant contribution to nursing practice, science and education as this project was designed, led and implemented by one of very few nurse practitioners (less than 1% of advanced practice nurses are of American Indian/Alaska Native descent) and nurse scholars who is also a member of a Native community, the Tohono O'odham Nation.

This DNP project has been a sincere learning experience. It is critical for healthcare staff and providers employed in NA healthcare settings to be aware of NA cultural etiquette and it also helps if the healthcare team is sensitive to and aware that historical trauma exists, continues to exist and is experienced by Native communities across the US. Providing healthcare in NA communities requires quality and effective patient-provider rapport which then positively influences the quality of healthcare delivery. Quality healthcare results in improved health outcomes for patients and also improves the quality work for healthcare staff. In conclusion, this DNP QI project has objectives that align with organizations across the globe including the Indian Health Services, National Institutes of Health, the World Health Organization and the American Nurses Association who are all striving and even mandating more inclusive, equitable and diverse healthcare delivery settings, systems and transformative healthcare delivery practices that are patient centered, culturally aligned, respectful, inclusive of traditional and indigenous approaches to health and wellness. The results of this DNP project serve as a scholarly exemplar co-created by an indigenous scholar and cultural experts which cite practice recommendations and has the potential to incite practice change that will improve care for Indigenous populations across the globe. It has been a true honor to learn and collaborate on such a meaningful QI project as part of my graduate education in nursing.

APPENDIX A:

THE UNIVERSITY OF ARIZONA INSTITUTIONAL REVIEW BOARD DETERMINATION LETTER / SITE APPROVAL

THE UNIVERSITY OF ARIZONA
Research, Discovery & Innovation

Human Subjects Protection Program

1618 E. Helen St.
P.O.Box 245137
Tucson, AZ 85724-5137
Tel: (520) 626-6721
http://rgw.arizona.edu/compliance/home

Date:	April 09, 2021
Principal Investigator:	Johnice Barajas
Protocol Number:	2103639960
Protocol Title:	CULTURAL SENSITIVITY FOR HEALTHCARE PROVIDERS ON THE TOHONO O'ODHAM NATION: A QUALITY IMPROVEMENT PROJECT
Determination:	Human Subjects Review not Required

Documents Reviewed Concurrently:

Data Collection Tools: *PowerPoint Evaluation Tool.docx*
Data Collection Tools: *Qualtrics Post Survey for Hospital Based Participants.docx*
HSPP Forms/Correspondence: *Advisor Confirmation Email.pdf*
HSPP Forms/Correspondence: *appendix vul pop 3.21.21.pdf*
HSPP Forms/Correspondence: *determination form Barajas 3-21-21.pdf*
HSPP Forms/Correspondence: *determination form Barajas 3-21-21.pdf*
Informed Consent/PHI Forms: *Informed Consent and Disclosure Document for CE.docx*
Informed Consent/PHI Forms: *Informed Consent and Disclosure Document for HP.docx*
Other Approvals and Authorizations: *J.Barajas site approval email.docx*
Recruitment Material: *Sells Hospital Recruitment Email and Flyer.docx*
Recruitment Material: *TON cultural expert recrtuit flyer.docx*

Regulatory Determinations/Comments:

- Not Research as defined by 45 CFR 46.102(l): As presented, the activities described above do not meet the definition of research cited in the regulations issued by U.S. Department of Health and Human Services which state that "Research means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities. For purposes of this part, the following activities are deemed not to be research."

The project listed above does not require oversight by the University of Arizona.

If the nature of the project changes, submit a new determination form to the Human Subjects Protection Program (HSPP) for reassessment. Changes include addition of research with children, specimen collection, participant observation, prospective collection of data when the study was previously retrospective in nature, and broadening the scope or nature of the study activity. Please contact the HSPP to consult on whether the proposed changes need further review.

From: **Yablonski, Kelly R (IHS/TUC)** <kelly.yablonski@ihs.gov>
Date: Mon, Mar 8, 2021 at 8:53 AM
Subject: [EXT]RE: DNP project
To: Johnice Barajas <johnicebarajas@email.arizona.edu>, Weintraub, Paul D (IHS/TUC) <Paul.Weintraub@ihs.gov>
Cc: Gallagher, Brian (TONHC) <bgallagher@tribalem.com>

External Email

Hi Johnice, Yes, absolutely. We would love to have you do this improvement project in the Sells ED. I spoke with Brian Gallagher. He is aware of the project and will work to support your efforts. As we already have an agreement with UA, I do not see any barriers.

Thanks,

Kelly

From: Johnice Barajas <johnicebarajas@email.arizona.edu>
Sent: Thursday, March 4, 2021 8:29 PM
To: Yablonski, Kelly R (IHS/TUC) <kelly.yablonski@ihs.gov>; Weintraub, Paul D (IHS/TUC) <Paul.Weintraub@ihs.gov>
Subject: DNP project

Hello Dr Yablonski and Weintraub,
I am following up on my request to complete my project within the Sells ED. Time is critical for my project and if you do not feel this would work with your organization, I understand and just need a reply regarding this request. If you require additional information to make an informed decision I am free for a zoom or audio call to review my project and answer any questions that you may have at your earliest convenience. Again, thank you for the consideration and look forward to your decision.

Johnice Barajas, FNP

UA CON DNP Student, AGACNP Program
Johnice Barajas
2017 DNP-AGACNP Cohort
ID # 05603792
johnicebarajas@email.arizona.edu

APPENDIX B:

INFORMED CONSENT AND DISCLOSURE DOCUMENTS FOR TOHONO O'ODHAM AND SELLS HOSPITAL

Informed Consent and Disclosure Document for
Tohono O'odham Community Members and Cultural Experts

Thank You for considering the invitation to be a part of this important Quality Improvement Project. See the details of the project outlined below.

Title: Cultural Sensitivity for Healthcare Providers: PowerPoint presentation on the Tohono O'odham Nation

Purpose: To provide an educational intervention intended to expand the cultural knowledge and culturally sensitive practices of healthcare teams that serve the Tohono O'odham Nation.

AIMS: Develop content for an educational slide presentation designed for healthcare providers who provide care to members of the Tohono O'odham Nation.

Time Commitment: the PowerPoint activities may take up to 10 minutes of your time and the completion of the evaluation form on the slide presentation content will take approximately 5 minutes of time for an estimated total time commitment of 15 minutes.

Expectations of your participation:

You will be expected to engage in telephone or other video recorded discussion with the DNP QI project coordinator. The TON cultural expert participants who engage in the co-creation of the educational intervention must agree to have their stories, information, audio recorded voices and pictures shared in the PowerPoint slide presentation. Informed consent and disclosure for participation will be made available to TON community members and cultural experts. You will be asked to respond to the following questions for the collaborative co-creation of the slide presentation content:

1. What is important to know about Tohono O'odham Culture and the people of the TON?
2. How can healthcare providers create a comfortable and supportive culturally sensitive clinical environment for members of the TON?

Risks of Participation: There are no known risks of participation. Your identity will be revealed in the slide presentation utilizing PowerPoint, a presentation program platform**.**

Benefits of Participation: You will contribute to the enhancement of care delivery in healthcare settings that serve Native American communities.

You are free to withdraw from participation at any time. You will be compensated for your time and participation and will receive a $40 gift card upon completion of the project.

By participating in the PowerPoint slide presentation with recorded discussion with the DNP QI project director and by completion of the short evaluation survey of the final educational slide presentation, you imply informed consent for participation in this DNP QI project.

You may contact Johnice Barajas, FNP-BC, MSN, UA DNP Student and DNP Project Director at the following: 520-390-3005 and at johnicebarajas@email.arizona.edu

You may contact the UA IRB at the following site:

https://rgw.arizona.edu/compliance/human-subjects-protection-program

Informed Consent and Disclosure Document for Sells Hospital Healthcare Providers

Thank You for viewing the slide presentation titled: Cultural Sensitivity for Healthcare Providers on the Tohono O'odham Nation: A Quality Improvement Project.

Completion of this brief survey will assist a DNP student at the University of Arizona in completing a Doctor of Nursing Practice Quality Improvement Project. Your responses and participation in the survey are totally voluntary.

Purpose: To provide an educational intervention intended to expand the cultural knowledge and culturally sensitive practices of healthcare teams that serve the Tohono O'odham Nation.

OBJECTIVES: Develop content for an educational PowerPoint designed for healthcare providers who provide care to members of the Tohono O'odham Nation.

Time Commitment: 10 minutes to view the cultural sensitivity PowerPoint and 5 minutes to complete an online survey via Qualtrics link. Total commitment time of 15 minutes.

Risks of Participation: There are no known risks of participation. Your identity will remain anonymous if you complete the online survey.

Benefits of Participation in post-survey: You will contribute to the enhancement of care delivery in healthcare settings that serve Native American communities. There are no incentives for participating in this survey.

You are free to withdraw from participation at any time.

****By participating in the short evaluation survey of the PowerPoint slide presentation, you imply informed consent for participation in this DNP QI project. Please proceed to the link provided below to participate in the survey.**

You may contact me at the following: 520-390-3005 and at johnicebarajas@email.arizona.edu

You may contact the UA IRB at the following site:
https://rgw.arizona.edu/compliance/human-subjects-protection-program

Are you 18 years of age or older?
[If yes, proceed to next question]
[If no, the survey will exit, and participant will be thanked for watching the slide presentation].

Are you a healthcare provider or staff who works at the Sells provides care for members of the Tohono O'odham Nation?

[If yes, proceed to next question]

[If no, the survey will exit, and participant will be thanked for watching the slide presentation].

[If participant response is yes to the two demographic questions, they will then proceed to the survey questions].

APPENDIX C:

RECRUITMENT MATERIALS (RECRUITMENT EMAILS AND FLYERS)

Sells Hospital Recruitment Email and Flyer

Dear Sells Hospital Emergency Department Personnel,

You are invited to participate in an online educational session on cultural sensitivity when working with members of the Tohono O'odham Nation.

Your participation will take approximately 15 minutes of your time. You will view a 10 minute online educational session followed by completion of a brief online survey. Your participation will assist in the completion of my Doctor of Nursing Practice final project.

If interested in participating, please access the online educational presentation and survey materials at the following link https://youtu.be/cG5Aj2BeHgU .The survey link may be reached at https://uarizona.co1.qualtrics.com/jfe/form/SV_88p9EOsXKSUii6q

I may be reached for questions at jbarajas@emaill.arizona.edu

Thank You and I look forward to working with you.

Johnice Barajas MSN, RN, FNP, UA DNP Student

Tohono O'odham Cultural Expert Recruitment Flyer

Dear Tohono O'odham, cultural experts and community members.

Please join me in co-creating an educational power point presentation on the topic of culturally sensitive care practices when caring for members of the Tohono O'odham Nation.

The purpose of this project is to complete my Doctor of Nursing Practice project and also to enhance the cultural sensitivity by healthcare personnel who work at the Sells Hospital Emergency Department.

If interested in assisting, you must be:

- A member of the Tohono O'odham Nation.
- Must be 18 years of age or older
- Must be will to assist with discussion to inform the development of an educational Power Point presentation.
- Must be willing to evaluate the final Power Point presentation.
- Each TO cultural expert will receive an incentive of a $40 gift care for participation in this DNP project.

If interested in participating, please access the online educational presentation and survey materials at the following link [insert link].

I may be reached for questions at johnicebarajas@email.arizona.edu

Thank you and I look forward to working with you.

Johnice Barajas MSN, RN, FNP, UA DNP Student

APPENDIX D:

EVALUATION INSTRUMENTS (DEMOGRAPHICS, QUESTIONS AND SCRIPT FOR TOHONO O'OODHAM NATION (TON) COMMUNITY MEMBERS AND CULTURAL EXPERTS / QUALTRICS POST SURVEY FOR SELLS HOSPITAL BASED PARTICIPANTS / POWERPOINT EVALUATION TOOL (PPET))

Demographics, Questions and Script for
Tohono O'odham Nation (TON) Community members and Cultural Experts

TON Community members and cultural experts:

1. Are you 18 years of age or older
2. Are you a member of the Tohono O'odham Nation?
3. What is important to know about Tohono O'odham Culture and would you share your thoughts about examples of respectful interpersonal communication and interaction with the people of the Tohono O'odham Nation?
4. How can Healthcare providers create a safe, welcoming, comfortable and supportive culturally sensitive clinical environment for members of the TON at the Sells ED?

Qualtrics Post Survey for Sells Hospital Based Participants

Was the PowerPoint storytelling informative? [Agree/Disagree]

Did PowerPoint storytelling offer new insights on Tohono O'odham culture? [Agree/Disagree]

Will knowledge gained in this video influence a change in your clinical practice? [Agree/Disagree]

Do you think your cultural sensitivity as a healthcare provider is enhanced after watching this presentation? [Agree/Disagree]

Do you anticipate changing your healthcare delivery practice when working with Native American patients after watching this presentation? [Agree/Disagree]

Will you share this presentation with colleagues who work with Native American Communities? [Agree/Disagree] [Yes/No]

Will you share this presentation with colleagues who work with the Tohono O'odham Nation? [Agree/Disagree]

What was most valuable about the presentation: [open comment section]

What do you think you could do better or differently to provide culturally sensitive care? [open comment section]

PowerPoint Evaluation Tool (PPET)

This tool is to be used by the Tohono O'odham cultural experts to evaluate accuracy, authenticity and cultural sensitivity of the PowerPoint storytelling and educational content. The PPET uses a dichotomous scale to measure the accuracy, authenticity and the cultural sensitivity of the presentation content. QI Project Coordinator will engage in a telephone or tele video conversation with each TON tribal community member and cultural expert to assist them in eliciting the following evaluation of the PowerPoint content. Telephone and tele video (Zoom) conversation is intended for each of data collection with tribal community members. TON cultural expert and community member recommendations will be integrated into the PowerPoint presentation pilot before final posting on the free, accessible web-based platform.

Was the storytelling presentation content accurate? [Yes or No]

Was the storytelling content culturally authentic? [Yes or No].

Was the storytelling content culturally sensitive to the Tohono O'odham Nation? [Yes or No].

Comments/Recommendations for improvement:

APPENDIX E:

PARTICIPANT MATERIAL (POWERPOINT EDUCATIONAL VIDEO LINK)

https://youtu.be/cG5Aj2BeHgU

APPENDIX F:

PROJECT TIMELINE

Completion Date	Planning	Pre-Implementation	Implementation	Evaluation
3/2021	Meet with key stakeholders and confirm project			
2/2021	Finalize DNP project proposal			
3/2021		Submit IRB application		
3/2021		Recruit cultural experts		
3/2021			Create PowerPoint	
3/2021			Share PowerPoint	
3/2021			Disseminate post-test link to Sells ED employees	
3/2021			Gather data	
4-5/2021				Data analysis & final project defense

APPENDIX G:

LITERATURE REVIEW GRID

Pub. Year Author's Last Name	Title of Publication	Type of Study	Main Outcomes or Findings	Support for and/or Connection to Your PICO(T) Question
Balestrery, J. (2016)	Indigenous elder insights about conventional care services in Alaska: Culturally charged spaces	Ethnographic study	• Generational pain. Elders still hold generational pain that reflects in new generations that have not been dealt with. • Stereotypes and assumptions lead to prejudices and discrimination • Separation of traditional medicine and western medicine	Native people are searching to be understood in order to achieve a connection between their traditional culture and modern medicine.
Cueva, K. et al. (2018)	Culturally relevant online cancer education modules empower Alaska's community health aides/practitioners to disseminate cancer information and reduce cancer risk	Community-based participatory action research (CBPAR)	• Addressed a lack of culturally relevant education concerning a significant disease process • Online learning has been a helpful strategy in rural health education. • Training has empowered communities to change behavior on cancer education.	Article represents how increased education can empower a community to engage in their healthcare and create positive relationships between providers, patients and families.
Forsyth, C. J. et al. (2017)	Teaching cultural competence in dental education: A systematic review and exploration of implications for	Systematic Review	• Cultural competence of practitioners is fundamental to healthcare in indigenous populations.	Further research in determining the overall effectiveness of cultural competence is needed. It is difficult to identify individual cultures, but a broad cultural competency framework is key.

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	indigenous populations in Australia		• Understanding social determinants of health is necessary for the development of cultural competence within Indigenous populations. • Rural health and cultural determinants have an impact on health status in indigenous populations. • There is inadequate cultural competency training as well as an overestimation of individual level of cultural competence. • Preventing possible stereotyping is a highlight of cross-cultural interactions. • Measuring cultural competency is difficult • Students and professionals are resistant in discussing personal perceptions regarding culture.	Identifying or developing an instrument that would help in evaluating the effectiveness of cultural competency is essential.
Gadsden, T. et al. (2019)	Can a continuous quality improvement program create culturally safe emergency	Multiple baseline design, continuous	• There's a need for cultural safety in the emergency department (ED).	Cultural competency by staff is essential in order to provide a sense of cultural safety.

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	departments for aboriginal people in Australia? A multiple baseline studies.	quality improvement (CQI)	• Some aboriginal patients are not wanting to identify as aboriginal for fear of feeling unsafe	Continuous quality improvement (CQI) can assist in designing a program that will assist in providing a sense of cultural safety within the ED.
Grimes, C. et al. (2017)	American Indian and Alaska Native cancer patients' perceptions of a culturally specific patient navigator program	Qualitative	• Barriers to adequate healthcare are multi-faceted to include physical, emotional, financial and transportation challenges that are a significant contribution to a rural culture. • Navigator programs can assist Native communities in receiving important cancer care. • Navigator programs help create a connection in culturally competent care.	Implementing navigator programs can assist in developing culturally competent care as it creates a liaison between patients and their healthcare team. It allows for some cultural safety for the patient and identifies an advocate in their care.
Lillie, K. et al. (2020)	Culturally adapting an advance care planning communication intervention with American Indian and Alaska Native people in primary care	Qualitative study	• In advanced care planning (ACP) it is Important for cultural values and priorities to be incorporated into their healthcare planning. • Identifying the role of cultural beliefs and values is critical in understanding	Identifies the importance of integrating culture into practices and procedures that help define an improved healthcare system for diverse populations. In addition, when implementing such practices, feedback from patients and communities is necessary in creating appropriate treatment goals.

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			individual preferences and priorities in ACP. • ACP works by encompassing all aspects of a patient's environment, culture, health status, religious beliefs, experiences and more in order to achieve best outcomes. • Shows the feasibility of culturally adapting interventions based on ACP in diverse populations	
McCalman, J. et al. (2017)	Organizational systems approach to improving cultural competence in healthcare: A systematic scoping review of the literature	Literature review	• Racial and ethnic minorities do not receive equal treatment to healthcare • Healthcare settings lack effective cultural diversity.	A gap exists between culturally appropriate care and patient outcomes.
Quigley, D. (2019)	Inpatient care experiences differ by preferred language within racial/ethnic groups	HCAHPS data surveys	• There is a correlation of Native speakers to outcomes of their healthcare • Non-English speakers had worse experiences in their health outcomes	Cultural competence includes language accommodation

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Schill, K. et al. (2019)	Cultural safety strategies for rural indigenous palliative care: A scoping review	Scoping review	• Indigenous people have unique needs and or practices that should be incorporated into their healthcare decisions. • There is a significance in cultural competence to educate non-indigenous healthcare workers about cultural practices • Current emphasis in providing cultural appropriate care • Without awareness, this will reinforce stereotypes and stigma of indigenous people.	There is a continued lack of cultural competence that includes awareness which contributes to stereotypes and stigma.
Schinkel, S. et al. (2019)	Perceptions of barriers to patient participation: Are they due to language, culture, or discrimination?	Qualitative study	• Ethnic minority patients participate less in their healthcare which continues to be unclear. • There can be many factors and barriers that prevent minority participation in their healthcare needs. • Language barriers continue to exist and the need to bridge the gap is essential.	Cultural competence is multifaceted and includes language barriers making it difficult for providers to discuss health care needs with patients.

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			• Some cultures avoid disagreeing with their provider including asking questions that pertain to their healthcare needs.	
Shegog, R. et al. (2017)	NATIVE - It's your game: Adapting a technology-based sexual health curriculum for American Indian and Alaska Native youth	Systematic design	• Cultural competence affects all ages • This is not significant to my project	There is a continued lack of cultural competence that impacts young adults and sexual health.

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