Measuring Cultural Competence in the Acute Care Setting

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The CLCSAC had not been standardized, and few scientifically tested instruments were available to South Florida Planning Council. (2011). Southeast Florida racial & ethnic composition of the population. Retrieved from...

Like other CC assessment instruments, the psychometric design was cross-...acceptable for the CLCSAC. Factor analysis did not demonstrate values & practices that promote CC (Goode & Bronheim, 2006).

For data reduction and increased relevancy to the acute care setting, a subset of 15...24.1% African American, 34.4% Hispanic (any race), and 2.6% identified themselves as “other” (South Florida Planning Council, 2011).

At SMH, a “Cultural Connection Team” (CCT) was formed to assure attention to issues regarding CC and CC-related training & education of staff. In 2003 the CCT identified a need to assess the CC of SMH staff.

Few scientifically tested instruments were available to measure CC and 67% of instruments share concerns regarding their reliability & validity (Gozu, Beach, Price, Gary, Robinson et al., 2007).

The “Promoting Cultural and Linguistic Competency Self Assessment Checklist” (CLCSAC) from the National Center for Cultural & Linguistic Competency was chosen to assess practices, beliefs, attitudes & values regarding cultural and linguistic competence (Goode & Bronheim, 2006). The CLCSAC is based upon a conceptual framework for CC that consists of three subscales, is scored on a 5-point scale, and higher scores indicate lower levels of demonstrated values & practices that promote CC (Goode & Bronheim, 2006).

Cronbach’s alpha for internal consistency (n=15) was .846, and Values & Attitudes (n=9) was .855. The split-half correlation was .710.

Confirmatory factor analysis & principal component analysis (PCA) with Varimax rotation was performed. Two factors with Eigen values >1.0 were extracted, accounting for 56.5% of the variance in the CLCSAC. PCA extracted 3 components with Eigen values=1.0, accounting for 64.4% of the variance in the CLCSAC scores (Figure 2).

Extracted factors did not match the composition of the Communication and Values & Attitudes subscales as originally described (Figure 1). Based upon the results of the PCA, the researchers determined the extracted components to represent: Avoidance of Labeling, Acceptance of Differences, and Actions demonstrating CC (Figure 3).

Acceptable internal consistency and split-half reliability was observed for the CLCSAC. Factor analysis did not support construct validity of the 2-subscale structure. The researchers determined the extracted factors to represent: Avoidance of Labeling, Acceptance of Differences, and Actions demonstrating CC.

Like other CC assessment instruments, the psychometric properties exhibited by the CLCSAC in this analysis will require replication in acute care environments with varying levels of diversity among staff (Gozu et al., 2007).