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## Addressing Culturally Congruent Care Amongst African Americans in Skilled Nursing Facility: A Systematic Review

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Addressing Culturally Congruent Care Amongst African Americans in Skilled Nursing Facility:  
A Systematic Review

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## Abstract

**Introduction:** Healthcare disparities and mistrust of the healthcare system discourage African Americans from seeking mental health services. Healthcare providers face challenges delivering culturally appropriate care. Examining current cultural practices can inform the education needed for healthcare providers to understand cultural care and awareness. This review aimed to identify evidence available to understand the impact of a cultural training on healthcare providers in skilled nursing facilities.

**Methods:** APA PsycINFO, CINAHL, and PubMed, were searched for English-language studies published between January 2016 and January 2022. Healthcare cultural competency training in any aspect of cultural care was considered. Outcomes of interest included changes in provider behavior, cultural awareness, and cultural knowledge of caring for *minority ethnic* populations.

**Results:** Ten studies met the inclusion criteria. The most reported intervention consisted of cultural training for people of cultural backgrounds. One of the ten retained studies explored disparities existing in access to mental health services for *Black* and *minority ethnic* populations.

**Discussion:** Culturally appropriate care builds on existing research identifying a need to improve current practices. Findings from the review of the evidence show a strong correlation between healthcare providers' need for cultural knowledge and the lack of understanding of cultural care practice. Promoting cultural educational programs, increasing cultural knowledge, and including African Americans as service providers may reduce barriers to care, thus improving overall outcomes.

**Keywords:** *African American*, Cultural care, cultural education, diversity training, cultural competence, skilled nursing facility

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### **Introduction**

African Americans face health inequities contributing to gaps in today's healthcare delivery system (Levine et al., 2020). According to the National Institute of Mental Health (NIMH, 2022), there were an estimated 14.2 million adults in the United States with severe mental illness. Data on mental health services received in 2020 by US adults with serious mental illness showed that Whites with severe mental illness (69.5%) received mental health treatment more than Hispanics or Latinos (48.7%). The data on African Americans receiving mental health services were not reported due to low precision. According to the National Institute of Mental Health (NIMH), African American adults are underrepresented in receiving mental health care services to their population. Multiple factors that affect access to adequate services include healthcare inequities, lack of culturally sensitive care, and underutilization of care due to other cultural factors (Haynes, 2017).

Additionally, ethnic minorities mistrust the healthcare system, which worsens access to care and healthcare outcomes (Levine et al., 2020). Cultural differences between healthcare providers and patients can result in miscommunication, mistrust, dissatisfaction, and disempowerment (Jongen et al., 2018). The lack of cultural competence presents additional barriers to care, such as poor outcomes. Cultural competence is a complex construct that includes cultural desire, awareness, sensitivity, humility, and safety (Antón-Solanas et al., 2022).

Transcultural nursing has contributed to the importance of cultural practices in health care (Young et al., 2020). Nursing scholars have dedicated their research to nursing, focusing on

competence and cultural diversity (Young et al., 2020). Nursing scholars such as Drs. Madeleine Leininger, Josephina Campinha-Bacote and Irene Papadopoulos have dedicated their research to nursing, focusing on cultural competency and contributing to the significance of caring for a patient with different cultural backgrounds.

## **Background**

Challenges have been created for healthcare providers to develop and deliver culturally appropriate care that has the potential to reduce inequalities in health (Henderson et al., 2019). Providers lacking culturally appropriate care knowledge face the possibility of providing care that may be psychologically harmful to patients. McGregor and colleagues (2019) examined cultural competence training and education and reported a need for healthcare providers to meet the needs of a culturally diverse population. Through cultural competency training, providers receive knowledge to meet the needs of ethnic minority patients experiencing barriers, such as delayed treatment and continued engagement in treatment (McGregor et al., 2019). Some challenges to nursing practice include cultural conflicts and a lack of education and training in cultural competence (Antón-Solanas et al., 2022). The lack of culturally appropriate care is an issue that creates substantial disparities in access to mental health services for African American adults in skilled nursing facilities.

For African Americans needing mental health services, providers need specific training to acquire cultural competence (Ekene et al., 2019). Without such training, the lack of culturally tailored mental health practices in the healthcare workforce can persist (McGregor et al., 2019). The lack of cultural competence manifests as a problem when miscommunication between a patient and health care provider results in harm within the patient's culture. Therefore, healthcare

settings such as skilled nursing facilities can benefit from training on delivering culturally appropriate care.

### **PICO Question**

A PICO question (Melnik & Fineout-Overholt, 2019) guided the search methodology for a review of evidence in the literature. The search question was: How will an educational program on culturally appropriate care impact provider knowledge for healthcare providers in a skilled nursing facility?

### **Search Methodology**

A mixed study comprehensive literature search was performed to find evidence supporting the research question. The literature search used the Cumulative Index to Nursing and Allied Health Literature (CINAHL), APA Psych Info, and PubMed databases. The initial search was limited to peer-reviewed studies in professional journals published between 2016 and 2022; using keywords "cultural care", "cultural education", "skilled nursing facility", "cultural competence", "diversity training," "cultural competence", "African American," and "health workforce cultural competency training", were used with Boolean operators to combine and exclude keywords. Additional limiters used in the initial search in APA Psych info were human adults, text availability, and article type (i.e., systematic review, RCT). The initial return was 194 articles, with 175 from APA Psych Info and 19 from CINAHL. Studies that addressed specifically HIV, adolescents, church, faith, and spiritual care were excluded by placing Boolean operator NOT, decreasing the number of studies returned.

Additionally, literature that met the criteria of including members of ethnic groups, culturally specific training, and interventions that improved mental health care were used by reading the literature title and abstracts to narrow the studies. Ten studies were selected for

inclusion in the literature review and appraised for the level and quality of evidence with the Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) appraisal tool (Dang et al., 2021). The articles were chosen for nursing practice and impact on healthcare provider knowledge related to cultural and educational programs.

### **Results of Quality Appraisal**

The quality of each published study was appraised and reviewed for its level and quality of evidence using the Johns Hopkins Nursing Evidence-Based Practice appraisal tool. Of the ten articles reviewed, one was a level IB systematic review of randomized controlled studies and a quasi-experimental design (Healey et al., 2017); two were a level IIA systematic review with mixed study design (Govere & Govere, 2016; Handtke et al., 2019), one was a level IIIA systematic scoping review (Jongen et al., 2018), one was a level IIIA retrospective, population-based, cross-sectional study (Eken et al., 2021), two were a level IIIB qualitative study (Kang & Moran, 2020), two were Level IVA qualitative descriptive study ( Memon et al., 2016; Shepherd et al., 2019), one was a level IVA subgroup analysis clinical trial (Xiao et al., 2013) and one was Level IVA cross-sectional study (Bazargan et al., 202). See Appendix A for the Table of Evidence.

### **Integrated Review of the Literature**

An overall finding from evidence in the literature was that culturally appropriate care enhances mental well-being in African American patients. In addition, culturally appropriate interventions produced positive patient outcomes. The literature search provided substantial evidence to analyze the implications of cultural and educational programs in healthcare facilities. Two themes emerged from the literature review: educational programs for healthcare providers

(n= 4, 40%) and culturally responsive interventions (n = 6, 60%). See Appendix A for the Table of Evidence.

### ***Educational Programs for Healthcare Providers***

Educational programs increase provider confidence and competence and increase patient engagement. Eken et al. (2019) examined the associations of ethnicity and mental health status with patient-reported importance of provider cultural competence. This cross-sectional study used data extracted from questionnaires of adults who participated in the US National Health Interview Survey. The authors analyzed surveys, which measured 3,910 patients' expressed desire for their providers to share or understand their culture. In the study, 3290 (82.7%) participants were White, 346 (9.1%) were Black or African American, 31 (0.8%) were American Indian or Alaskan Native, 144 (4.8%) were Asian American, and 99 (2.6%) were Mixed Race. In addition, the results showed that participants were more likely to report a desire for provider cultural competence. African Americans needing mental health services require providers to be trained in culturally appropriate care to improve mental health (Eken et al., 2019). The authors concluded that developing a culturally competent and humble approach to care is crucial for mental health providers.

Kang and Moran (2020) conducted a qualitative study to examine inpatient staff experiences pursuing the cultural and religious needs of Black, Asian, and Minority Ethnic (BAME) inpatients of a mental health ward. This study's purpose was to explore whether healthcare providers had the confidence and knowledge to meet the cultural and religious needs of BAME inpatients.



## Appendix A: Evidence Table

Source	Design	Study Purpose	Sample	Study Setting	Interventions	Study findings/ Outcomes/ Themes	JHNEBP Level of evidence
Bazargan et al. (2021)	<b>Design:</b> Cross-sectional study	<b>Purpose:</b> To explore links of medical mistrust in a sample of adults.	<b>Sample:</b> N= 704 non-Hispanic Black adults, 711 Hispanic adults, and 913 non-Hispanic White adults.	<b>Study Setting:</b> California	Data drawn from The Survey of California Adults on Serious Illness	Perceived discrimination is correlated with medical mistrust. <i>Educational programs for healthcare providers</i>	IV A
Eken et al. (2021)	<b>Design:</b> A retrospective, population-based, cross-sectional study	<b>Purpose:</b> To examine race, ethnicity, and mental health status with patient reported importance of provider cultural competence.	<b>Sample:</b> N =3910 people 321 had symptoms of depression	<b>Study Setting:</b> US National Health Interview Survey	Data extracted from self-reported questionnaires of adults aged at least 18 years who participated in the US National Health Interview Survey	Importance of adopting cultural competence as a framework to guide patient provider interactions may increase patient outcomes. <i>Educational programs for healthcare providers</i>	IIIA
Govere et al. (2016)	<b>Design:</b> Systematic Review of Literature.	<b>Purpose:</b> To examine the effectiveness of cultural competence training of healthcare providers on improving patient satisfaction of clients from minority groups	<b>Sample:</b> N= 7 (Seven studies met the inclusion)	<b>Study Setting:</b> Eighty-five percent of the studies were carried out in North America, providers were 90% Caucasian and patients were mainly Latino.	Analysis of a comprehensive literature search of peer-reviewed articles that reported cultural competence training and measured its impact on patient satisfaction were included.	Studies concluded that cultural competence training positively impacted the healthcare provider's cultural competence. <i>Culturally responsive interventions</i>	IIA

Source	Design	Study Purpose	Sample	Study Setting	Interventions	Study findings/ Outcomes/ Themes	JHNEBP Level of evidence
Handtke et al. (2019)	<b>Design:</b> Systematic Review of Literature.	<b>Purpose:</b> To collect components from evaluated interventions that provide culturally competent healthcare.	<b>Sample:</b> N= 67 (Sixty-seven studies implementing culturally competent healthcare interventions)	<b>Study Setting:</b> Few databases (PubMed, PsycINFO and Web of Science)	Healthcare providers completed self-rated assessments.	Providing care in different languages, recruiting bicultural/bilingual healthcare professionals. <i>Culturally responsive interventions</i>	IIA
Healey et al. (2017)	<b>Design:</b> Systematic Review of Literature (mostly RCT studies)	<b>Purpose:</b> To explore cultural adaptations to service delivery	<b>Sample:</b> N= 31 studies	<b>Study Setting:</b> Few databases (PubMed, PsycINFO and Web of Science)	Data was analyzed from studies containing self-reported outcomes and behavioral outcomes of the service provider.	Majority of the studies observed effects of culturally adapted interventions. <i>Culturally responsive interventions</i>	IB
Jongen et al. (2018)	<b>Design:</b> Systematic scoping review.	<b>Purpose:</b> To explore studies informing the implementation and evaluation of interventions to improve health workforce cultural competence.	<b>Sample:</b> N= 64 studies	<b>Study Setting:</b> Canada United States, Australia New Zealand	Data extraction included six step search strategy and blinded screening process of peer-reviewed studies	Cultural competence training was the most frequently implemented intervention. <i>Culturally responsive interventions</i>	IIIA
Kang & Moran (2020)	<b>Design:</b> Qualitative Study design	<b>Purpose:</b> to explore inpatient staff experiences of seeking to meet the religious and cultural needs of <i>Black, Asian, and Minority Ethnic (BAME)</i> inpatients.	<b>Sample:</b> N= 9 studies	<b>Setting:</b> Inpatient psychiatric unit, NHS Trust in England	Questions focused on participants' understanding of religious and cultural needs 25–45-minute Semi-structured Face-to-face interview	Inpatient staff reported not feeling comfortable or confident in using existing assessment tools. <i>Educational programs for healthcare providers</i>	IIIB

Source	Design	Study Purpose	Sample	Study Setting	Interventions	Study findings/ Outcomes/ Themes	JHNEBP Level of evidence
Memon et al., (2016)	<b>Design:</b> Qualitative study	<b>Purpose:</b> To explore disparities existing in access to mental health services for <i>Black and minority ethnic</i> (BME) populations.	<b>Sample:</b> N= 26 adults from Black and Minority Ethnic Community (13 men, 13 women; aged >18 years)	<b>Study Setting:</b> Focus groups were conducted in June 2010 at the BMECP Centre, in Southeast England	The participants were given an anonymous self-administrated questionnaire to complete and were requested to deposit it in a ballot box. Two focus group discussions each lasting for about 2 hours.	Healthcare providers need relevant training to deliver individually tailored and culturally sensitive care. <i>Educational programs for healthcare providers</i>	IVA
Shepherd (2019)	<b>Design:</b> A mixed methods study design: quantitative and qualitative research	<b>Purpose:</b> To explore the perspectives of healthcare professionals on culturally competent care	<b>Sample:</b> N= 56 health care professionals	<b>Study Setting:</b> Several health care systems from a Mid-Western state	Data drawn from a 19-item questionnaire. Participants completed a 19-item questionnaire ascertaining their general perspectives on culturally competent care.	A need for interventions that acknowledge the value of cultural awareness-based approaches. <i>Culturally responsive interventions</i>	IVA
Xiao et al., (2020)	<b>Design:</b> Sub-group analysis- A pre- and post-evaluation	<b>Purpose:</b> To evaluate the effect of a nurse-led cross-cultural care program on cultural competence	<b>Sample:</b> N= 113 Unlicensed personal care assistants made up 51% of the participants while Registered and Enrolled Nurses made up 32% of the participants Target population- Australian and overseas-born care workers.	<b>Study Setting:</b> Four large-sized aged care facilities in Australia	RN-led education program with 6-month and 12-month follows ups. Data drawn from Clinical Cultural Competence Training Questionnaire' (CCCTQ). The CCCQ is a 54-item questionnaire	A nurse-led cross-cultural care program can improve aged care workers' cultural competence. <i>Culturally responsive interventions</i>	IVA

The authors conducted nine semi-structured interviews with healthcare providers in one National Health Services Trust in England to explore their views and experiences supporting BAME inpatients. National Health Services Trust is a British National Health services division that provides healthcare services to the public. Five interviewees were female, and four were male. In their responses to interview questions, the healthcare providers expressed the importance of meeting the religious and cultural needs of BAME inpatients to build a therapeutic relationship and support mental health recovery.

Memon et al. (2016) explored the relationship between service users and healthcare providers' engagement with people from Black and ethnic backgrounds. This qualitative study explored disparities in accessing mental health services for black and minority ethnic (BME) populations. The study's purpose was to determine perceived barriers to accessing services to inform the development of culturally acceptable services to improve equity in healthcare. The authors conducted in-depth focus group discussions and analyzed 26 self-administered questionnaires. The results showed that participants described how healthcare providers struggled to understand BME people's experiences. The authors concluded that healthcare providers need training to be able to deliver culturally appropriate care and to expand their knowledge of cultural issues and differences.

In their study, Handtke et al. (2019) explored intervention strategies for providing culturally competent healthcare to culturally diverse patients. The authors conducted a systematic literature search and analyzed 67 studies that implemented and evaluated cultural competence interventions in healthcare facilities. The qualitative data in Handtke et al. (2019) suggest that patients and providers appreciate the components and strategies of culturally competent

healthcare. The author has revealed strategies for implementing culturally competent healthcare by promoting advanced cultural competence education and becoming designated change agents and role models for cultural competency.

Of the 67 studies, one study implemented in Canada promoted cultural competency through social change agents. Handtke et al. (2019) described the cultural competence initiative at the Hospital for Sick Children (Canada), where over 2,100 hospital staff members attended the cultural competence workshops. The workshop results were that 78% of participants fulfilled the documents for commitment to change. In the mentioned study, commitments to change were related to changes in practice, beliefs, or attitudes and continuing education related to culture and culturally competent care. Their study showed how cultural training improves patient mental health outcomes (Handtke et al., 2019).

Barzargan et al. (2019) examined that providing culturally competent care training helps establish appropriate care within the African American community. The authors used cross-sectional study data from the Survey of California Adults on Serious Illness and End-of-Life 2019. This comprehensive survey was created by the California Health Care Foundation to assess for support needed for patients that are in palliative care. Of the 2,328 adults, 704 were non-Hispanic Black, 711 were Hispanic, and 913 non-Hispanic White. Nearly 73% of non-Hispanic Black indicated mistrust in their health care providers, 43% of Hispanics reported mistrust in their providers, and more than 53% of non-Hispanic White participants trusted their clinicians "a lot". The authors recommended that healthcare professionals be trained to foster stronger relationships with patients of diverse backgrounds.

### ***Culturally Responsive Interventions***

Jongen et al. (2018) performed a systematic scoping review on cultural competence interventions in health care. The authors asserted that the general focus of cultural competence workforce interventions has been on educating and training the health workforce in the essential and relevant knowledge, attitudes, and skills needed to respond effectively to sociocultural issues arising in clinical encounters. Jongen reviewed 64 studies, and 16 (25%) targeted the healthcare workforce. Eleven of the 16 (69%), they concluded, provided cultural competence training to the health workforce as the primary intervention for cross-cultural training. Nine (56%) studies showed positive outcomes for improved practitioner knowledge after implementing culturally competent interventions. Their literature review showed the diverse approaches available to increase the cultural competence of the health workforce.

The authors recommend that training and development of the health workforce remain a principal strategy to increase cultural competence in health services. Their review revealed that cultural competence training for the health workforce was the most frequently implemented intervention strategy reported across 69% of the included studies. The authors noted, in their findings, that competence training interventions were delivered to a range of health professionals with no differences in the training delivered to specific or mixed healthcare professionals. The authors concluded that many cultural competence training interventions are generic and do not target specific skills and knowledge or care relationships in health care. Addressing health workforce cultural competence is a common approach to improving health service quality for culturally and ethnically diverse groups (Jongen et al., 2018).

Healey et al. (2017) explored cultural adaptations to service delivery to promote cultural competency. In a systematic review of 31 studies, the authors identified themes in research on

cultural adaptations and efficacy improvements to service delivery. Their study aimed to find evidence of adaptive cultural intervention influencing healthcare providers, patients' self-reported experiences, and patient outcomes. In 17 of the 31 studies (54%), the authors found significant effects of a culturally adapted intervention. The outcomes measured were the health outcomes of the recipient, behavioral outcomes of the recipient, self-reported outcomes of the recipient, including service satisfaction, and behavioral outcomes of the service provider. The studies differed in the number of adaptations, types, and extent of modification. However, all sought to improve underserved populations' experiences and health outcomes by modifying health and mental health services.

The findings (Healey et al., 2017) showed that if providers receive training on culturally appropriate care, the quality of care is improved. The authors concluded that high-quality service results from understanding the needs of the patient population and adapting to their needs in each service encounter. The study limitations were that researchers did not find consistent evidence supporting the implementation of any specific type of adaptation nor increased efficacy with any cultural group. The authors recommended that studies to promote culturally competent services should continue. Future research should focus on the isolated study of cultural adaptations, alone and in combination, to identify which augment efficacy.

Shepherd et al. (2016) performed a mixed-methods study with qualitative and quantitative research components. Their study examined the general perspectives of healthcare professionals on culturally competent care, their experiences working with multicultural patients, their levels of cultural competence, and the extent to which they believe their workplaces address cross-cultural challenges. The authors recruited participants across three major healthcare systems and one university student health center from a Mid-Western state in America. Fifty-two

healthcare workers participated in the study. The authors administered a 19-item questionnaire for participants to complete. The questionnaire assessed participants' perspectives on culturally competent care, their experiences working with multicultural patients, their levels of cultural competence, and the extent to which they believe their organizations addressed cultural competence in the workplace. The results revealed that under 15% (n = 8) reported they were 'extremely satisfied with their level of cross-cultural knowledge, 64.3% (n = 36) were 'satisfied,' 16.1% (n = 9) were neither dissatisfied nor satisfied, and 3.6% (n = 2) were 'dissatisfied.' The authors concluded that cultural considerations are an important component of best-practice health care and that professionals should learn about different cultural groups.

Govere and Govere (2016) conducted a literature search of peer-reviewed original research that reported cultural competence training and measured its impact on patient satisfaction. The authors described six studies that demonstrated cultural competence training intervention significantly increased the cultural competence of healthcare providers. Five of the six studies demonstrated that cultural competence training of healthcare providers was significantly associated with increased patient satisfaction. The authors identified the need for future research with better research designs and larger sample sizes. The authors concluded that cultural competence training is an effective intervention that enables healthcare providers to give culturally competent care that increases patient satisfaction from minority groups.

Xiao et al. (2013) conducted a 12-month study on nurse-led educational interventions to improve the cultural competence of old care workers. The age or age range of the participants was not reported in the study. However, the authors did report that the standard deviation for participants' age was 44.6. The authors recruited 113 participants, including Australian-born (n = 62) and overseas-born (n = 51). The RNs in the study were program champions trained to lead the



educational program. The authors collected data at baseline, six months, and 12 months using the Clinical Cultural Competency Questionnaire (CCCQ). The authors assessed five domains in the CCCQ: knowledge, skills, comfort level, the importance of awareness, and self-awareness. The results showed a statistically significant increase in participants' scores in knowledge, skills, comfort level, the importance of awareness, and self-awareness. The study limitations were that the researchers collected the participant's date of birth, but no age range or age was defined in the study. Nevertheless, the author's findings supported utilizing RNs as nurse champions to impact culturally competent care in aged care.

### **Synthesis of the Evidence**

Different approaches to cultural awareness training have been implemented over the years. There has been a greater focus on cultural approaches that involve teaching health providers about cultural, ethnic, or racial groups. The literature review demonstrated consistent findings on cultural competence training or education programs for healthcare providers to improve culturally appropriate interventions. Influencing healthcare provider knowledge by providing culturally appropriate training significantly affected delivering patient-centered care (Eken et al., 2019; Kang & Moran, 2020). Additionally, there was evidence to show ways to address a gap in staff knowledge to meet patients' cultural needs, including formal training on cultural awareness and strategies to impact healthcare disparities. (Handtke et al., 2019; Kang & Moran, 2020; Memon et al., 2016).

The interventions associated with culturally congruent educational programs increased provider knowledge of culturally appropriate care (Handtke et al., 2019; Memon et al., 2016). Cultural training improved patient mental health outcomes (Barzargan et al., 2019; Govere & Govere, 2016; Handtke et al., 2019). Studies reviewed demonstrated the need for healthcare

providers to receive formal training on cultural issues to address healthcare inequities (Barzargan et al., 2019; Shepherd et al., 2016). One study (Xiao et al., 2013) demonstrated that a nurse-led cross-cultural care program could improve older care workers' cultural competence. Health workforce cultural competency training influences practitioners' knowledge (Jongen et al., 2018; Xiao et al., 2013).

### **Discussion**

This literature review aimed to examine the current evidence on the impact of a cultural educational program in a health care facility. This review addressed multiple research priorities that will inform transcultural nursing practice, psychiatric nursing practice, research, education, and hospital policy on the need for culturally appropriate care through educational programs. Culturally appropriate care builds on existing research identifying a need to improve current practices. A key finding from the review of evidence is a strong correlation between health providers' need for cultural knowledge and the lack of understanding of cultural care. Other findings support healthcare providers in delivering culturally appropriate care while caring for patients from different cultures.

### **Implications**

These approaches will facilitate better therapeutic relationships and outcomes in skilled nursing facilities. Promoting cultural educational programs, increasing cultural knowledge, and including African Americans as service providers may reduce barriers to care, thus improving overall outcomes. However, cultural barriers stemming from healthcare provider lack of diversity training or continued professional development may lead to the underutilization of mental health services in skilled nursing facilities. Approaches to bridge this gap include strengthening professional development and exploring African American adults' cultural and mental health care

needs. In addition, current research on reducing healthcare inequities and cultural competency programs will facilitate understanding African Americans' mental healthcare needs.

Implications to current practice are urging healthcare providers to practice cultural humility, cultural sensitivity, cultural awareness, and maintaining cultural safety. Continual education and participation in self-assessments assists providers in maintaining cultural knowledge and cultural competence. Educational programs are intended to create opportunities for healthcare providers to address unconscious bias and institutional racism through continuous self-reflection.

### **Limitations**

This literature review has several limitations, including studies outside the United States. Many of the studies included evidence from a European perspective. None of the studies discussed the role of culture concerning the LGBTQ community. Finally, the study's purpose, methods, interventions, and evaluations varied. These are relevant when looking at the role of culture across various communities. Despite these limitations, this review represents what is known about the insightful impacts of cultural training, adding clarity and strength to the available evidence around the influence of educational programs in a healthcare facility.

### **Conclusion**

Literature searches and evidence discovered that culturally appropriate care promises to reduce racial disparities and healthcare inequities. However, community and systemic barriers lead to the African American population's underutilization of mental health services. Healthcare providers need relevant training and support in developing practical communication approaches to deliver culturally appropriate care. This integrative review recommends future research focusing on cultural priorities and relevance in the mental healthcare delivery system to enhance

healthcare providers' knowledge. Further research is needed to understand the outcomes of cultural and educational programs in skilled nursing facilities. Simultaneously, the current literature needs improvement by conducting subgroup analyses when evaluating educational groups and culturally appropriate care outcomes.

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