

# **The Nature and Importance of Diversity Training for Nurses in California.**

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**Abstract:**

California is one of the most diverse states in the United States. It includes immigrants, ethnic and minority groups with different languages, cultures and behaviors. This paper describes the key components of diversity training for nurses. This paper begins describes the diverse population in California and introduces the importance of diversity training. Then, this paper will describe different groups of patients in California that are facing difficulties. Next, this article will analyze the advantages of diversity training and bilingual nurses. Finally, the paper will summarize the overall different types of diversity training and propose more methods to improve the diversity of nurses

## **Introduction:**

Most of us have the experience of buying pants online, but when they arrive, you see they do not fit. You can wear them, but they are not comfortable. This situation is similar to the feeling that some patients are facing because they do not have strong connection with the medical provider. They have received the medical service but not enough to fulfill their needs. Sometimes, it is not comfortable for patients because the nurses do not understand what they really need. Lack of knowledge about diversity-related issues often prevent nurses from successfully performing their work.

For example, in Thailand, if your head touched by someone is a local taboo. In Thai people's belief, they believe that the soul is on the top of the head. If someone touches their head, they will take the soul away or bring bad luck; the other is that Thai people believe that there is a god on the top of the head and touching the head will drive the god away. If a nurse does not understand the cultural background of a patient and she touches his head before his approval, the patient will feel that to be offensive (Dennis, 2003).

This kind of cultural clash is relevant in California, one of the most diverse states in the United States with the highest immigrant population. Immigrants come to California from different continents such as Latin America, Asian, Middle East and Africa, etc. They have different languages, cultures, lifestyles, and racial and ethnic backgrounds. In this multi-cultural including different group, the cultural conflict can be expected to be complex. Multicultural society is challenging to the medical service and especially for nurses as they are the primary of the medical service provider. The duty of nursing professionals is to take care of those in need in various

situations involving medical care. We can say that medicines can cure diseases, while nurses take care of patients. Nurses need to consider the patient's psychological conditions from different perspectives such as the patient's psychology, physiology, culture, and society, and provide corresponding nursing measures so as to better meet the needs of patients and promote their rapid recovery.

Understanding of patient culture and background helps nurses to avoid cultural conflicts and provide equitable services to all patients. This paper will discuss about the different groups of patients in California and focusing on Chinese and Chinese Americans, Black, LGBTQ, and religious minorities. Also, it will analyze the importance of diversity training, such as cultural knowledge training, bilingual nurses and increased racial diversity in the nursing team.

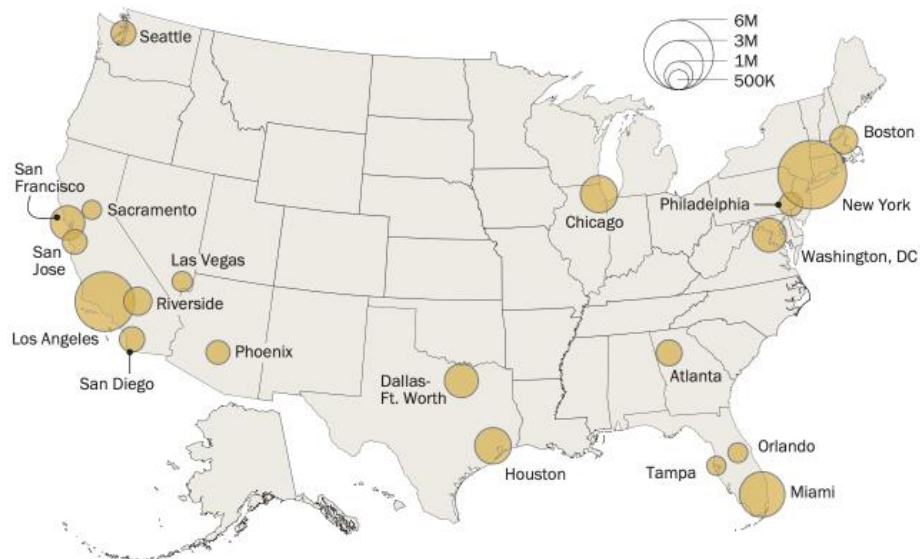
### More background:

#### Diverse California Population

State County County Subdivision Place	Total population	Race							Hispanic or Latino (of any race)
		One race						Two or More Races	
		White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race		
California.....	37,253,956	21,453,934	2,299,072	362,801	4,861,007	144,386	6,317,372	1,815,384	14,013,719

Figure 1 : California, 2010. Summary population and housing characteristics: 2010 Census of population and housing. (2012). U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau. P.129

**20 metropolitan areas with the largest number of immigrants in 2018**



Source: Pew Research Center analysis of 2018 American Community Survey (1% IPUMS).  
PEW RESEARCH CENTER

Figure 2 : 20 metropolitan areas with the largest number of Immigrants in 2018Budiman, A. (2020, September 22).  
Key findings about U.S. immigrants. Pew Research Center.

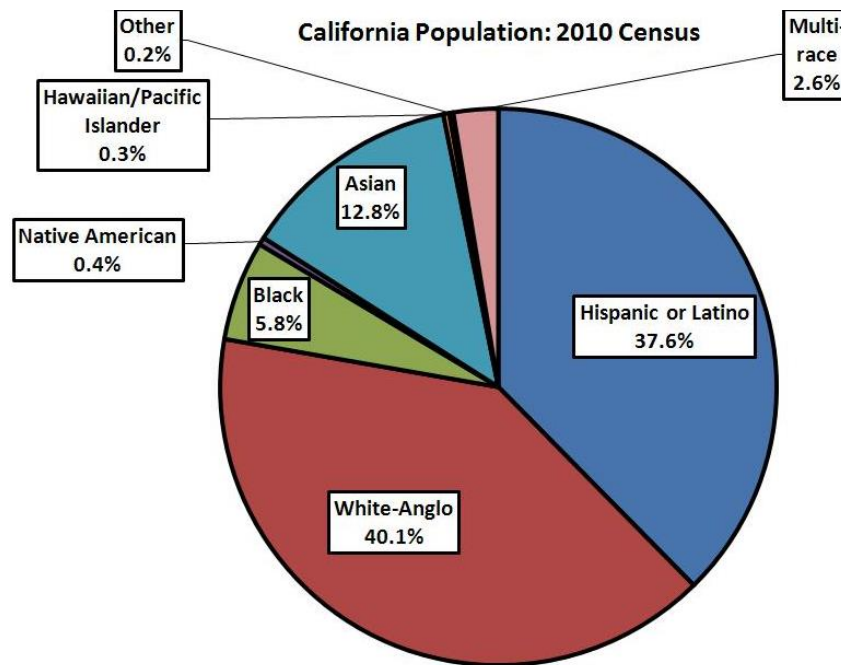


Figure 3: California population in 2010 Census. Issues, C. P. (1970, January 1). California Demographic Data From 2010 Census

In figures 1, it shows California is the most populated sub-national entity in North America, and this is keyed in part migration. California is the most populated state, and it has the most immigrants. Until 2010 Census, the total population in California was 37,253,956 included different racial. In figures 2 and 3, we can see that California is a multi-race state including Black, White, Asian, and Latino people. California Nurses operate in this rich culturally diverse environment; they need to pay attention and understand different patient needs. Therefore, diversity training is the essential for nurses, especially in California.

### **Definition of Diversity Training**

Diversity is an issue covering almost every subject. In Dennis's article, she states the definition of diversity training is "any program designed to facilitate positive intergroup interaction, reduce prejudice and discrimination, and generally teach individuals who are different from others how to work together effectively" (Dennis, 2003). The American Nurses Association (ANA) defines diversity awareness as "acknowledgment and appreciation of differences in attitudes, beliefs, thoughts, and priorities in the health-seeking behaviors of different patient populations" (Tavallali, et al, 2017. Par 8). In other words, in the nursing field, nurses need diversity training to understand their patients and be able to give medical service equally and respectfully. Diversity training greatly improves the multicultural knowledge and sensitivity of nursing staff. It can improve the quality of care and patient satisfaction, and further helps to ensure patients receive treatment in a relaxed and harmonious atmosphere and accelerate patient recovery.

### **Definition of Culture**

Culture includes values, beliefs, attitudes, customs, rituals, and behaviors; and it will vary within the group by age, gender, religion, and social class. In the article "Incorporating cultural diversity in nursing care: an action plan," Dennis states culture is a component of nursing care. As California with many and mobile populations, the cultural mix can be expected to deepen. Most people expect nurses to deliver care that fulfill these differences.

## **Populations in California**

### **Chinese immigrants**

The Asian immigrant population occupies a very large proportion in California and is mostly Chinese. In the article "Healthcare Communication Barriers and Self-Rated Health in Older Chinese American Immigrants," survey data were obtained from 705 Chinese American immigrants ages 50-75 living in San Francisco, California. Communication barriers examined included spoken English proficiency, medical interpreter needs, and health literacy in written health information. Tsoh, et al state that that the population of older Chinese immigrants continues grow and they experience different barriers in medical services, especially in communication. These results are worrisome as 67% of the Chinese Elderly spoke English poorly or not at all. 34% reported needing a medical interpreter, and 37 % reported "often" or "always" needing assistance to read health information (Tsoh, et al, 2016). Due to these communication barriers between patients and nurses, the patients have trouble explaining their symptoms and their needs. Also, for nurses it is hard to diagnose what medical services they actual need.

Besides the language barriers, cultural difference is also a big obstacle for Chinese immigrants. In one case study, a young Taiwanese mother just delivered her first child and returned to the postpartum unit. When the meals were served, she consistently refused her tray.

The nursing staff observed this and was concerned. Her nurse came in to discuss with her how she needs to eat well following delivery. However, the nurse noticed that the patient's mother was in the room and the patient eating foods brought by her mother. The patient explained that in Chinese culture, it is necessary to re-establish the balance between yin and yang after delivering a child. This is only achieved with specific food combinations. For example, ginger with chicken meat, fish soup and internal organs such as pig trotters or liver. Her hospital did not provide these foods in the correct combinations (Dennis, 2003). We can see that, in order to comprehensively take care of patients' needs, it is important for nurses to have the diversity training to deepen their understanding of Chinese and Chinese American culture.

### **Black Americans**

The Black American populace keeps growing in America. This development goes with an assortment of health practices and risks. If nurses as the primary medical service provider, lack of the knowledge of the diversity within the Black population as it relates to health, this has the potential not only to stall progress in remedying health disparities but also to undermine it. The article, "Exploring nursing knowledge of Black American diversity" describe data from nine RN from the different departments of an urban hospital in Northern California. Four of them were White, two from Philippines and two were Hispanic and one was African American. The major finding of this research was that participants had a very limited knowledge of the diversity that exists within the Black American population. All participants noted the small number of Black nurses within their department. Eight of the nurses described having had little interaction with Black patients because they do not understand them. The exception was the African American nurse (Odhiambo et al.,2019). One of the nurses who is not African American said:



*Well, I would say that the fact that they are Black, them being American, that we have the same... like we are on the same... I don't know... understanding? In the way health things work... And I would treat them the same — and they treat me the same - as probably all the other patients with different colors. I haven't really noticed culturally... Well, no, I take that back. I will notice that if your attitude with some of them is... immediately... if it's abrupt, that they will definitely, immediately give you the pushback, whereas other nationalities might be a little more bending on that (Odhiambo et al.,2019).*

ALL nine nurses agree that the racial diversity in their department is not enough. As they lacked the cultural knowledge and experiences with Black patients, they prefer to reduce the connection with these patients.

Two of the nurses pointed out that they felt the medical service provider (both doctor and nurses) failed to properly communicate with Black patients about their care. These two nurses felt the Black patients were always “misunderstood,” and always inappropriately labeled negatively by medical providers who lack proper diversity training or understanding of Black cultural differences and experiences. One of them said:

*I just feel like... most of the time, the patients of Black descent or whatever, they feel like they are misunderstood, and when they try to explain themselves, nobody... not nobody, but sometimes they're not listened to! For example, if the*

*patient comes in and has been on this medication, and they tell a doctor or the nurse, "This medicine does not work for me." What the nurse or the medical personnel interpret that to be is that, "You're non-compliant; you are not taking your medicine the way you should; and maybe that's why it is not working for you." So, there's that disconnect, where the patient is trying to tell you something, and you have your pre-conceived notion of what's really going on! That's what you want to go by. That you 're non-compliant and, to me, that's something that is already ingrained in the health worker's head. (Odhiambo et al.,2019)*

In above conversation, we can see the bias is obvious on the Black patients. Even after they try to explain themselves, the medical service provider labeled the Black patients as non-compliant. Categorizing Black patients into stereotypes will put the pressure on their overall health. As a result, this can hinder a nurse's ability to provide proper medical treatment and impedes a patient's ability to recover. No patients or nurses should feel negative because of their race or culture. Hence, it is crucial to increase nurse's cultural knowledge and experience with Black patient' through the diversity training. It can help to break down the stereotypes and allow patients to receive proper medical treatment.

What is the benefit if a nurse has diversity training and realizes what the patients really needs to make a correct medical decision? One case study from "Incorporating cultural diversity in nursing care: an action plan," focuses on a 48-year-old African American male patient with hypertension. As the nurse did have diversity training and she found out that the patient followed a practice of drinking garlic water to reduce his "pressure." The nurse asked about the

effects of the garlic water and whether the patient planned to continue this practice or not. As the patient said that he preferred to continue this practice, the nurse asked him if he was also willing to take the antihypertensive medication that has now been prescribed by the nurse practitioner, and the client agreed to do so. They decided on an in-patient and discharge plan together that considers his home remedy and the medical prescription (Dennis, 2003). Communication is necessary to build up the bridge to connect nurses and patients. Nurses need to be understanding of patients' cultural background, provide comprehensive care to the patients, link the multi-cultural nursing skill with the nursing professional skills, inclusive and be respect the cultural differences of the patients to meet their needs. Hence, diversity training related to race and American subcultures is the key to achieve this win-win situation.

## LGBTQ Group

Table 1. Estimated number of LGBT adults in the US and by state

	% LGBT	LGBT (Total)	LGB (Total)	LGB (Cisgender)	LGB (Trans)	TRANSGENDER (Total)	TRANSGENDER (Straight/Other)	TRANSGENDER (LGB)
US	4.5%	11,343,000	10,338,000	9,946,000	392,000	1,397,150	1,005,000	392,000
Alabama	3.1%	117,000	101,000	95,000	6,000	22,500	16,000	6,000
Alaska	3.7%	21,000	19,000	18,000	1,000	2,700	2,000	1,000
Arizona	4.5%	242,000	220,000	212,000	9,000	30,550	22,000	9,000
Arkansas	3.3%	76,000	66,000	62,000	4,000	13,400	10,000	4,000
California	5.3%	1,615,000	1,458,000	1,397,000	61,000	218,400	157,000	61,000
Colorado	4.6%	200,000	185,000	179,000	6,000	20,850	15,000	6,000
Connecticut	3.9%	111,000	102,000	99,000	3,000	12,400	9,000	3,000
Delaware	4.5%	34,000	31,000	30,000	1,000	4,550	3,000	1,000
D.C.	9.8%	56,000	45,000	41,000	4,000	14,550	10,000	4,000
Florida	4.6%	772,000	700,000	672,000	28,000	100,300	72,000	28,000
Georgia	4.5%	356,000	316,000	301,000	16,000	55,650	40,000	16,000
Hawaii	4.6%	52,000	46,000	43,000	2,000	8,450	6,000	2,000
Idaho	2.8%	36,000	32,000	31,000	1,000	4,750	3,000	1,000
Illinois	4.3%	426,000	390,000	376,000	14,000	49,750	36,000	14,000
Indiana	4.5%	229,000	209,000	202,000	8,000	27,600	20,000	8,000
Iowa	3.6%	87,000	82,000	79,000	2,000	7,400	5,000	2,000
Kansas	3.3%	73,000	66,000	63,000	3,000	9,300	7,000	3,000
Kentucky	3.4%	117,000	104,000	99,000	5,000	17,700	13,000	5,000
Louisiana	3.9%	139,000	124,000	119,000	6,000	20,900	15,000	6,000

Figure 4: Estimated number of LGBT adults in the US and by state Conron, K., & Goldberg, S. (2020). Adult LGBT Population in the United States.

California is not only the most populated sub-national entity in North America with diverse races and cultures, it is also one of the top five highest LGBTQ group population states in the United States. The following figure 4 shows us the estimated LGBTQ population in adults (over 18yrs old) and we can see the LGBTQ group is around 1,615,000 in 2020. This is a community that we often overlook but actually should not be ignored.

Most people who are concerned about gender issues have heard the term LGBTQ. In our diversified society, more and more people have an open attitude towards to the LGBTQ community, and the term LBGTQ is also appearing more often. However, when nurses or other medical providers face those who they feel are different from them, do they really manage not focus at their difference and give them respect and equal medical services? We may wish it to be, but is it really like this in reality?

In the research “Implementation of teaching on LGBTQ health care” describes “LGBTQ people report that they are treated differently by health care professionals in the form of homophobia or heterosexism (which is defined as an ideology that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity or relationship’). LGBTQ people can experience social isolation and face limited understanding from others. This puts them at risk of alcohol abuse, mental health problems, substance misuse and sexually transmitted diseases. All these factors can affect the health status of this population” (Taylor et al., 2018.Par 15). Additionally, in another research study, Bristowe et al. also describe a recent international survey found implicit preferences for heterosexual people versus gay and lesbian people by heterosexual health-care providers. They conducted a survey with 40 LGBTQ people who were

facing advanced illness themselves. The survey asked about the experience of receiving care for LGBTQ individuals facing advanced illness. The data shows 90% of them have the experiences of discrimination and exclusion in health care (Bristowe et al.,2018). This research also reveals how the LGBTQ group suffers while they are receiving disrespectful and unequal medical services:

One trans participant shared experiences of transphobic behaviors including a clinician's refusal to use the appropriate pronoun:

*Two, three, probably three occasions where somebody has used the wrong pronoun ... I think culturally it was probably a difficult, concept for him to grasp ... I think he read that I wasn't taking [my health] seriously ... but I was trying to basically say, 'Look I'm distracting myself from this because it's worrying me' ... and then he called me 'Mr' or referred to me as 'Mr' to his underlings around the bed ... And I took exception to it ..., he did it again, and I thought, I, just don't care anymore. So launched at him telling I didn't think his qualities as, his interpersonal skills were any good. (Bridget, aged 68, trans woman living with lung disease). (Bristowe et al.,2018)*

Another trans participant described insensitivity regarding disclosure of her identity in an open ward setting. This was very distressing at a time when she already felt vulnerable and was entirely avoidable:

*I've been in resus where I didn't know if I was going to survive the event or not ... where it has ten bays with ten patients, just with curtains. And you can hear every conversation ... Some doctors have said to me, 'How long have you been*

*transgendered for?’ And everybody has heard. As much as I can’t breathe, I’m like, ‘What the fuck?’ And I’m lying there like, ‘I don’t want to be talking about this’. Do you know what I mean? And they’ve got no right to say that out loud in front of all the other patients. (Louise, aged 51, trans woman living with lung disease). (Bristowe et al.,2018)*

Here the doctor did not respect the patient confidentiality. More overt homophobic behaviors, included refusal to acknowledge the relationship with a same-sex partner:

*There was complete lack of recognition. The consultant even, on the tenth or twentieth time of being told I was his partner still referred to me as his brother. (James, aged 35, partner of gay man living with a neurological condition). (Bristowe et al.,2018)*

The bias identified in these three case studies is a very common problem that LGBTQ peoples are facing. Sometimes, because of a lack of knowledge about LGBTQ peoples, medical providers are not able to realize that they are not respectful. Additionally, most LGBTQ peoples are facing different pressure from their family or society. The bias and lack of knowledge from some of the medical service providers, exacerbates stress and increases their vulnerabilities. Consequently, diversity training about the knowledge of facing LGBTQ patients for nurses is needed to avoid these situations.

## **Religious Minorities**

Religious beliefs and spiritual values are everyone's rights and freedoms. For the minority patients, their religious belief is very important, and sometimes more important than the disease itself. Therefore, diversity training is necessary for nurses to learn the knowledge and background about different religions. It also helps the nurses to respect patients' religious beliefs and give understanding in their words and deeds. When patients talk about religious beliefs and other issues, nurses can be patient and listen to them, and use their beliefs to comfort them when appropriate.

In the article "Cross-cultural care encounters in pediatric care: minority ethnic parents' experiences," one case study describes one of the minority patient's mother. She said that she usually has a Quran put on her child's pillow. When the nurses helped to make the bed, they put the Quran where it usually was. They even did not ask her why she put the Quran there, but they respected that it was there to comfort the child. She said that the nurses respect their values and showed that they care. This can help patients and their families feel more relaxed, safe and trustworthy.

Dennis (2003) and Tavallali, Jirwe & Kabir (2017) state that in some cultures and religions, it is important if some terrible things happened like death, that nurses should know how it's done in the patients' culture and religion. "Religion effects important aspects of life including practices relating to euthanasia, autopsy, organ donation, burial, and prolongation of life. Amputations among some Native Americans tribes raises the issue of how the body part is disposed of by the hospital, because certain rituals must be performed over the lost limb and it must be buried so that the body will be whole again after death"(Dennis, 2003). We can see that understanding the intercultural nursing experience of patients and their relatives allows nurses to adapt their

approach in the nursing relationship to particular patients. In other words, diversity training can help nurses more easily provide better a medical service according to the patient's religious practices.

## **Resolutions**

### **Diversity Training for Nurses**

One famous medical education program in the University of California San Diego's Program about Health Equity call PRIME- Heq. This is a training program for the medical students that prepares them to clinically serve and publicly advocate for patients and communities through training in culturally sensitive clinical skills, the socioeconomic determinants of health disparities, and community engagement. This program has four pillars and one of them is "To create a diverse community of scholars that develop, disseminate, and apply new knowledge in minority health and health disparities." Besides providing diversity knowledge to students, PRIME-HEq also partners with Universidad Autonoma de Baja California to run a student-run free clinic (Powell et al., 2016). Maintaining the program is vital as it provides diversity to the health workforce and culturally sensitive quality care to California's neediest populations.

### **Benefit of Diversity Training**

What is the benefit of diversity training? In this study "Effects of LGBT Nursing Education Using Simulation", the results show us the improvement of nurses after taking diversity training just one day. As figure 5 shows, the training included literature review, core concept of scenario such as LGBT healthcare, sexual problem, communication, and unbiased nursing.



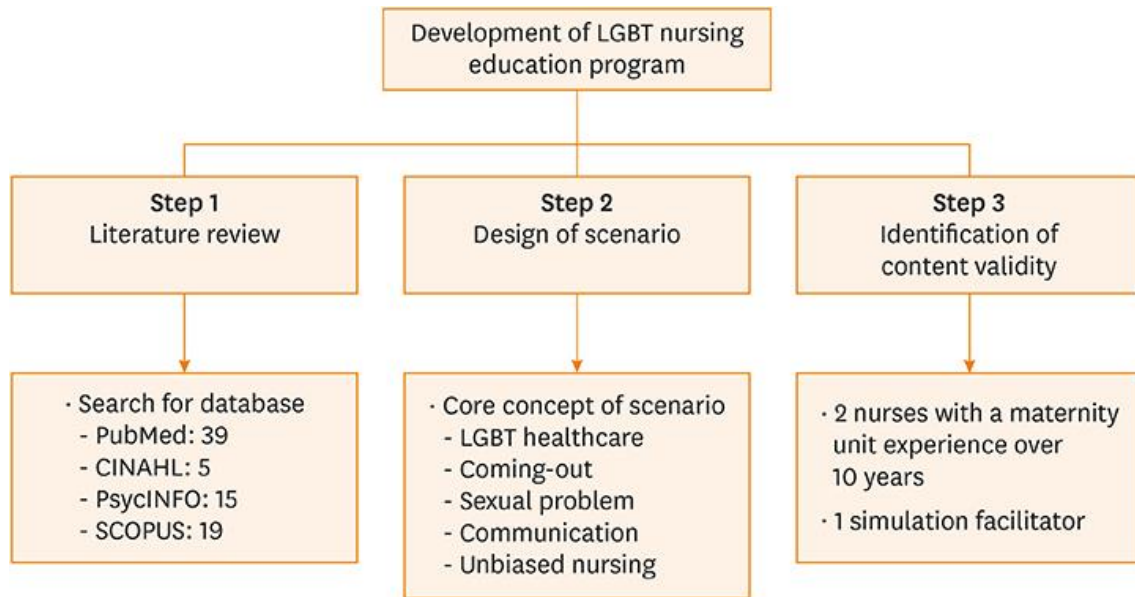


Figure 5: The development of one day diversity training. Kang, S., & Min, H. (2019)

Items	Correct answer	Pre-test correct rate n(%)	Post-test correct rate n(%)	Post-test rank
Q3. Homosexual men always act and dress in a feminine way.	F	56 (98.2)	55 (96.5)	1
Q5. Homosexuals may experience some or all of the six phases of "coming out."	T	29 (50.9)	55 (96.5)	1
Q7. Bisexuals will eventually "come out" as homosexuals.	F	56 (98.2)	55 (96.5)	1
Q12. Homosexual women always dress and act in a masculine way.	F	55 (96.5)	55 (96.5)	1
Q15. LGBT patients may present with signs of depression due to lack of social acceptance.	T	56 (98.2)	54 (94.7)	5
Q10. Transgender women (male to female) are always attracted to people with male genitals.	F	48 (84.2)	53 (93.0)	6
Q1. Sex and gender have the same meaning.	F	52 (91.2)	52 (91.2)	7
Q8. Bisexual behavior is often just a cry for attention.	F	53 (93.0)	51 (89.5)	8
Q13. LGBT patients do not seek medical treatment as early as heterosexuals because of fear of discrimination.	T	49 (86.0)	49 (86.0)	9
Q14. Most health care providers automatically make the assumption that their patient is heterosexual if they have not specifically addressed sexual orientation.	T	47 (82.5)	49 (86.0)	9
Q11. A transgender person should be addressed using pronouns of the preferred gender rather than biological sex.	T	48 (84.2)	48 (84.2)	11
Q6. It is important to conduct a suicide assessment when working with LGBT patients.	T	49 (86.0)	47 (82.5)	12
Q9. In order to be considered transgender, a person must have undergone a sexual reassignment surgery.	F	33 (57.9)	43 (75.4)	13
Q2. Most homosexuals want to be members of the opposite sex.	F	40 (70.2)	41 (71.9)	14
Q4. Homosexual men are more likely to be victims of violent crime than the general public.	T	11 (19.3)	14 (24.6)	15

Figure 6: The before and after result of the nurses took the one day training. Kang, S., & Min, H. (2019)

Figure 6 shows the increased knowledge about the LGBTQ community following the one-day training. For example, we can see that the correct answer rate of the question "LGBT goes through six stages" was 96.5%, which was much higher than the 50.9% correct answer in the

preliminary survey. The percentage of correct answers to "Speaking People" questions increased from 57.9% to 75.4%. These results indicated that one day diversity training simulation education had a positive impact on LGBTQ nursing attitudes. Even if a training is difficult to change personal values, many nurses can change their attitude towards LGBTQ peoples through this training. If the LGBTQ diversity training can be included more regularly in the nursing education curriculum, the efforts will be more effective.

Besides, the Health Resources and Services Administration (HRSA) funded one program an integrative program that utilizes simulation to provide baccalaureate nursing students with experiences needed to become culturally competent. "The program offers to pre-licensure (university-based) and post-licensure (distance web-based) students unique pragmatic learning environment utilizing a combination of a virtual web-based hospital and video-taped high-performance simulator (HPS) to enhance learning through meaningful preparation, simulated cases, feedback, and debriefing" (Rutledge et al., 2008). By using recordings to simulate encounters and virtual web-based hospitals, both university-based and distance learning students can participate in similar learning experiences.

A virtual web-based hospital called MGH in this program is a computer-generated virtual learning platform used to provide students with practical choices anytime, anywhere through the Internet. This learning platform provides a repeated practice opportunity, and integrated cases that focus on culture. Students can query patients and receive responses that include verbal and body language prompts that mimic actual encounters. This virtual web-based hospital MGH uses the data from patients' groups with different cultural backgrounds to generate and provide students with opportunities to contact and get in touch with virtual patients. Students can

practice obtaining health history from patients or professionally communicate with virtual patients (Rutledge et al., 2008). This kind of practice not only provides the opportunities for the students to gain the experience to communicate with patients, but also improve their ability to facing with diverse patients and more confidence.

Similarly, a video-taped high-performance simulator (HPS) in this program is also benefit for the nursing students. While the nursing students arrive in the HPS lab, they will be introduced to the patients for whom they should be prepared to provide care. Next, the students will be assigned as a character for the simulation role play including but not limited to primary nurse, physician, or health care team member. This scenario is based on the interview the student had with the patient during the MGH encounter. In HPS lab, students are expected to provide care to the patient, and respond to the patient and family's physical, psychosocial, and cultural needs. Students are expected to discern what equipment will be required as well as demonstrate psychomotor competence in completing procedures. A faculty member has the ability to monitor the simulation experience and alter the programmed response to the scenario based on the student's response, or lack thereof, to cues (Rutledge et al., 2008). The HPS experience prepares the students for clinical encounters as there have been various patient contacts before working with real patients. Students are able to make mistakes without compromising the safety of their patients. On the other hand, if they are notified about their weakness in some specific of knowledge, they are able to keep practicing their newly acquired skills using the MGH scenarios or the HPS.

These MGH & HPS simulation can provide a low-cost method for nursing students to participate with culturally oriented patient situations that are deemed important for them.

Additionally, they are able to focus on cultural issues and address the impact of their biases on patient care. This allows them to make mistakes and provides them the opportunities to practice.

### **Bilingual Nurses**

Besides the diversity training for nurses, bilingual nurses are essential to increase the diversity in the medical field. Both “Cross-cultural care encounters in pediatric care: minority ethnic parents’ experiences” and “Healthcare Communication Barriers and Self-Rated Health in Older Chinese American Immigrants” state that nurses’ language skills are important for cross-cultural care encounters. Without a clear and functioning communication, patients’ and their families have trouble understanding information and expressing their feelings. Tavallali, Jirwe & Kabir also state that if the nurses can communicate in the patients’ language, it will help the patients and their families feel more confident, comfortable and have more understanding. Also, they have more cultural sensitivity and may know more about medicine dosages, practices, and vaccines in the patient’s home country. They may also have more cultural sensitivity overall since they themselves have experienced different cultures. Therefore, increase the bilingual nurses are also the essential to increase the diversity in the medical field.

### **Conclusion**

Overall, with the increasingly diverse society, diverse cultural knowledge is widely needed in the medical field. Nurses are necessary to meet the needs of individuals in different situations, and most importantly, in line with the trend of social and cultural development, especially in California as we have large portion in Chinese immigrants, Black Americans, LGBTQ, and religious minorities. This is important to deepen the understanding of nurses about Chinese and Chinese

American culture, Black American subcultures, challenges facing LGBTQ patients and religious practices. Hence, diversity training even if just one hour like the LGBTQ knowledge training, or short term program like the PRIME- Heq in University of California San Diego, and long term programs like the HRSA's virtual training and Bilingual Nurses are necessary. The development of multicultural nursing care can provide patients of different cultural backgrounds with nursing services that conform to their cultural characteristics. Cultivating multicultural nursing specialist nurses can also increasing the ability of nursing staff to deal with the needs of patients of different cultures, improve patient acceptance, and enhance the professional level of nursing staff. To provide more comprehensive services to meet the needs of different kinds patients and promote their rapid recovery, it is necessary for nurses to have diversity training. Nurses need to understand patient's languages, cultures, and behaviors in order to provide equitable service to all patients.

### **Glossary of Terms**

RN = Register Nurses

LGBTQ = Lesbian, Gay, Bisexual, Transgender, Queer

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