Impact of Culturally Competent Advance Care Planning for Korean Immigrant in a Community Setting

So Jung Suk, MSN, AGPCNP-BC, ACHPN®, Judy Ascenzi, DNP, RN, APRN-CNS, CCRN; Paul Fortaleza, DO

---

**Background & Purpose**

- Korean Immigrants (KIs), the fifth-largest Asian American population in the U.S., have substantially lower quality EOL care due to:
  - A lack of culturally competent advance care planning (CCACP),
  - Low completion rates of advance directives (ADs), and
  - Insufficient ACP educational resources in community settings.

**Purpose:** To develop and evaluate the feasibility of a culturally competent advance care planning (CCACP) education program in community settings for KIs with LEP and life-limiting illnesses.

- **Aim 1:** To develop a feasible CCACP educational program in community settings for KIs with LEP and life-limiting illnesses.
- **Aim 2:** To increase ACP engagement with utilization of the CCACP educational program, among KIs in community settings.
- **Aim 3:** To achieve 50% completion rate for ADs from all of the KIs who participate in the CCACP education program by end of the QI project.

**Transitional Frame work: Change theory**

- Restrainting forces (Obstacles to change):
  - Fear of the inability to stop, incorrect assumptions, lack of knowledge
- Driving forces (Positive forces for change):
  - Financial benefit, organizational, stakeholder support, effective employee training, social trends

**Methods**

- **Design:** Pre/post-survey educational intervention
- **Setting:** A community setting in Southern California
- **Inclusion Criteria:** Korean immigrants with limited English proficiency, 65-years-old or older, more than two chronic illnesses, and living in Southern California
- **Exclusion Criteria:** Patients with mental or cognitive issues
- **Intervention:** Four one-hour weekly educational sessions with co-ethnic videos and handouts with specific modifications for KIs
- **Measures and Instruments:** Advance care planning engagement survey (ACPES)
- **Instrument for analysis:** IBM® SPSS version 27

**Results**

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>(N = 48)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean (SD)</td>
<td>78.18 (6.813)</td>
</tr>
<tr>
<td>Gender, n (%)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>13 (54.2)</td>
</tr>
<tr>
<td>Female</td>
<td>11 (45.8)</td>
</tr>
<tr>
<td>Religion, n (%)</td>
<td></td>
</tr>
<tr>
<td>Christian, Protestant</td>
<td>20 (83.3)</td>
</tr>
<tr>
<td>Catholic</td>
<td>4 (16.7)</td>
</tr>
<tr>
<td># medicines, mean (SD)</td>
<td>5.29 (2.911)</td>
</tr>
<tr>
<td># past hospitalization, mean (SD)</td>
<td>1.29 (1.197)</td>
</tr>
</tbody>
</table>

- **Finding for Aim 1:** Feasibility - the time taken (100%, one hour cut-off time to complete), acceptance - participate in the education sessions (80%) and completion rate of the education (100%)

- **Findings for Aim 2:**
  - The distribution of this variable was significantly positively-skewed, by the Shapiro-Wilk test (p=0.042) Wilcoxon signed-rank test was subsequently performed.
  - The median summary score of the pre-intervention ACPES: 108.00 (IQR:83)
  - The median post-intervention summary score was 153.50 (IQR: 86).
  - Overall, there was a median improvement of 37 points (IQR:29) in scores assessing advance care planning engagement behaviors, which was statistically significant, as evidenced by a p-value of 0.00 in the Wilcoxon signed-rank test.

- **Findings for Aim 3:** The participants’ previous AD completion rate was only 12.5%. After the CCACP educational intervention, 20 participants completed ADs, which constituted 83.3%, and the goal was met.

**Discussion**

- **Findings:** The findings demonstrated a statistically significant improvement in ACPES scores with implementation of the CCACP educational intervention.

  **Strengths**
  - Engagement of executive leadership and stakeholders
  - Successful examination of the impact of CCACP educational intervention
  - Feasibility in both of terms of time and resources
  - Reliability of the measurement
  - Promotion of primary care practice financial revenue
  - Filling a gap in the literature
  - Identifying how specific ACP intervention affect patients’ attitude, knowledge and ACP engagement behaviors
  - The intervention could be modified and tailored toward other ethnicities and the results might be generalizable to wide-ranging populations in other community settings.

**Limitations**

- Small sample size
- Convenience sampling
- Data collection relied exclusively on Korean-speaking primary care nurse practitioners
- Uncertain sustainability in the organization due to the high turnover rate of Korean nurse practitioners in the organization.

**Dissemination, Conclusion, & Implication**

**Dissemination:**

- These contents of the QI project were invited in January, 2021. These concepts will be introduced to the top Korean Christian radio stations in Southern California, from June, 2021, as a regular community health promotion education program.
- This QI project has been selected for virtual poster presentation for Sigma’s 32nd International Nursing Research Congress as a dynamic reflection of current nursing trends and timely issues.

**Implications**

- The educational intervention may have a significant impact on ACP engagement behaviors and quality of EOL care for KIs.
- CCACP may be incorporated into current primary care practice as a routine intervention in community settings.

**Conclusion:** CCACP educational intervention is feasible and implementation of the CCACP resulted in significant increases in ACPES scores and promotion of ADs for KIs in a community setting.