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Promoting Awareness in Nurses: Developing Culturally Competent Hair Care Education to Eliminate the Equity Gap for BIPOC Children in Inpatient Settings

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ABSTRACT

PROMOTING AWARENESS IN NURSES: DEVELOPING CULTURALLY COMPETENT HAIR CARE EDUCATION TO ELIMINATE THE EQUITY GAP FOR BIPOC CHILDREN IN INPATIENT SETTINGS

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ABSTRACT OF GRADUATE STUDENT RESEARCH

Scholarly Project

Andrews University

School of Nursing, College of Health & Human Services

Title: PROMOTING AWARENESS IN NURSES: DEVELOPING CULTURALLY COMPETENT HAIR CARE EDUCATION TO ELIMINATE THE EQUITY GAP FOR BIPOC CHILDREN IN INPATIENT SETTINGS

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Date completed: August 4, 2024

Problem

A survey that was administered to staff members on nine units at a pediatric hospital assessing their awareness of hair care for Black, Indigenous, and people of color (BIPOC) indicated a lack of awareness. This impacts the fundamentals of nursing care, which encompasses cultural sensitivity and promoting health equity. In this survey, 12.18% (n=52) of the 427 patients on the nine participating units between December 12, 2023, and January 19, 2024, identified as BIPOC. Although this was the case, the survey

sent out on December 12, 2023, to staff members on nine units which included 491 nurses, with 104 responses (response rate of 21.18%), 76.92% being RNs (n=80), revealed that 51% (n=52) had never ordered BIPOC hair products for patients on their units. Furthermore, 41.7% (n=43) of respondents revealed discomfort/uncertainty related to taking care of BIPOC children's hair. In addition, 48.5% (n=50) were unaware of the project site's policy related to BIPOC haircare or did not know how to find it. This has the potential to negatively impact the overall well-being of BIPOC children and their experience at the hospital.

Purpose

The purpose of this evidence-based practice (EBP) scholarly project that fulfills the DNP degree was to implement a quality improvement project using a backward design educational approach on inpatient pediatric units and evaluate its value in increasing the awareness of hair hygiene practices for BIPOC patients, usage of BIPOC hair products, and accessibility of the project site's policy.

Method

This project followed the project site's framework for quality improvement by using the SMART goal format: specific, measurable, achievable, relevant and time bound. The specifics of this project were based on increasing the awareness of nurses with regards to hair hygiene practices for BIPOC patients. It was measured through using a: (1) pretest/posttest project design using a "Hair Care for BIPOC Patients" survey, (2) assessing the number of times the project site's policy regarding BIPOC hair hygiene had

been accessed by staff, and (3) gathering data from the materials department at the project site regarding ordering of relevant products.

Results

The post intervention survey was distributed through the project site's REDCap and the two areas in the survey related to, (1) awareness of BIPOC hair care products at the project site, and (2) how to find the project site's BIPOC hair care policy, showed a 5% or greater increase. The remaining areas fell short of the desired 5% increase, with the number of individuals who responded "yes" to the question "If these products exist, have you ever used them?" showing a decrease of 9.60% (n=52). Regarding the ordering of BIPOC hair products across all nine units, eight stayed close to the baseline number, with one unit showing an increase (n=30). In terms of the number of staff members hospital-wide who accessed the BIPOC hair care policy, the number of times the policy was accessed remained steady for the pre-intervention months of January and February 2024, decreasing briefly in the first intervention month of March 2024 before increasing steadily during the two remaining intervention months of April and May 2024.

Conclusion

This DNP scholarly project helped raise awareness of BIPOC hair care hygiene practices at the project site. However, for sustainability of this initiative, more work needs to be done to increase the use of BIPOC hair care products. In addition, awareness of the project site's BIPOC hair care policy may have increased, but greater work must be done to increase the use of the policy in nursing care.

Keywords: Hair hygiene, BIPOC, inpatient, nursing care, backward design, nursing education and health equity

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A Scholarly Project

Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Nursing Practice

by

Sharlene S. Lansiquot

August 4, 2024

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APPROVAL BY THE COMMITTEE

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LIST OF ABBREVIATIONS

AACN	American Association of Colleges of Nurses
BIPOC	Black, Indigenous, and People of Color
BLM	Black Lives Matter
CEO	Chief Executive Officer
DEIB	Diversity, Equity, Inclusion, and Belonging
DNP	Doctor of Nursing Practice
EBP	Evidence-based Practice
IRB	Institutional Review Board
NCH	Nationwide Children's Hospital
NICU	Neonatal Intensive Care Unit
PICO(T)	Population, Intervention, Comparison, Outcome, (Time)
PR	Public Relations
RN	Registered Nurse
SMART	Specific, Measurable, Achievable, Relevant, Time-bound
SNA	Senior Nursing Assistant
UbD	Understanding by Design

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CHAPTER 1: INTRODUCTION

Nursing education is about training the next generation of nurses (Morton-Miller, 2013). Nursing education that is rooted in health equity focuses on the idea that quality, accessible health care should be a right for all people and not merely a societal privilege. Across the nation, nurse educators are trying to find ways to uplift nursing education that promotes diversity, equity, inclusion, and belonging (DEIB) (Morton-Miller, 2013). One of the ways in which nurse educators are advocating for health equity is through centering the unique health experiences of those who are at the margins of society, such as youth of color. Optimizing child health is related to meeting the unique needs of every child while understanding the imperative role that culture and diversity plays in high quality nursing care within health settings (Committee on Pediatric Workforce et al., 2013). Culture and diversity are very important concepts that should be tactfully and sensitively discussed and implemented into teaching and learning strategies within nursing education (McGibbon & Lukeman, 2019).

One of the challenges that many nurse educators are facing is how to educate and counsel nurses to provide nursing care to a progressively diverse patient population (Morton-Miller, 2013). More specifically, in Black, Indigenous, and other communities of color, hair is a vital part of cultural expression, and is additionally used to convey feelings, interests, art, and spiritual connections (Harris et al., 2023). As a result of hair and cultural identity being linked in myriad ways, it is important to provide nurses with

opportunities to learn more about how to provide knowledgeable patient hair hygiene care that is suitable for different hair textures while effectively meeting the patients' needs and improving the patient experience (Harris et al., 2023).

Background

One of the gaps within pediatric inpatient nursing care is the lack of awareness regarding how to care for a diverse array of hair (Harris et al., 2023). This lack of awareness impacts the fundamentals of nursing care, which encompasses cultural sensitivity and promoting health equity through tailoring hygiene practices to the needs of individual patients (Harris et al., 2023).

The project site the DNP student selected was a large, urban, pediatric academic medical center located in the Northeastern United States. Despite the project site currently having a policy on how to take care of BIPOC patients' hair within a clinical setting, the project site is looking for ways to improve their care and modify this specific policy to better fit the educational needs of nurses and in turn improve patient care for children of color.

Providing nurses with opportunities to learn more about different cultures will help them to become better nurses and improve health outcomes and experiences for diverse patient populations (Kaihlanen et al., 2019). It will also help nurses improve patient care and allow them to facilitate change in nursing policy within clinical settings through social justice and health equity efforts (Reynolds & Sorg, 2021).

Significance

Culturally competent hair care practices for diverse hair textures are essential for health care professionals providing optimal patient care for communities of color (Robeznieks, 2022). Being aware of hair hygiene practices for BIPOC patients can lead to the decrease in tangled hair, hair loss or breakage, and scalp or hair related injuries or illnesses (Watson & Asamoa, 2022). It can also allow nurses to understand how embracing different hair textures can lead to increased mental health and self-esteem within their pediatric patient population (Mbilishaka et al., 2020; Goldenhart & Nagy, 2020).

Improving hair care outcomes for BIPOC children in hospital settings is a matter of health equity because children who come from racialized backgrounds are more likely to feel less satisfaction in terms of inpatient hospital care (Nagarajan et al., 2016). This is especially pronounced in hospitals staffed by nurses who come from non-BIPOC backgrounds and lack experience caring for BIPOC hair (Children's Hospital Association, 2023). In these settings, BIPOC children's hair care needs are more likely to be neglected by staff who are worried about making mistakes when caring for BIPOC children's hair, making them more likely to leave the task for BIPOC nurses to handle if there are any on staff (Watson & Asamoa, 2022). This may lead to certain BIPOC nurses being tokenized or seen as a limited representation of diverse communities of color (Watkins et al., 2019). Although amplifying the voices of BIPOC nurses and their patients is important, it is also imperative that all nurses are aware of BIPOC patients' hair care needs.

Context

According to Surlina Asamoa, a nurse educator at Nationwide Children's Hospital (NCH) who was one of the presenters at a five-part webinar series called "More Than Just Hair: Improving Hair Care Equity in Health Care" supported by Children's Hospital Association and made possible through the collaborative work of St. Louis Children's Hospital, Nationwide Children's Hospital and Children's Hospital of Philadelphia, there is empirical evidence showing that BIPOC hair equity is a significant issue across many children's hospitals nationwide (Watson & Asamoa, 2022). In a 2019 survey that Asamoa conducted at NCH surveying 308 staff members, 201 of them being registered nurses, Asamoa uncovered results that were alarming to her as a nurse educator regarding BIPOC children's hair equity (Watson & Asamoa, 2022). This survey discovered that 75.4% (n=230) of respondents said that they do not believe they are able to meet the hair care needs of patients with current stocked supplies; 77.5% (n=238) responded that family members or friends provide personal hair products for patient use. In addition, the survey also found that 84.7% (n=261) of respondents said that they have not received adequate education about how to provide effective patient hair care. Furthermore, although 71.4% (n=220) of respondents stated that they have provided hair care for patients, 93.4% (n=268) of them stated that they cannot meet the needs of patients with curly or coily hair. Lastly, Asamoa noted that although 25% of the patients at NCH identified as African American, only less than 12% of the nurses identified as African American. Over 80% of the nurses were Caucasian even though only 56.7% of patients were Caucasian. Anecdotally, Asamoa recalled that this racial disparity has resulted in

African American nurses at her hospital being pulled away from their patients to take care of BIPOC hair needs for other nurses' patients (Watson & Asamoa, 2022).

The racial distribution at NCH is not unusual compared to the national average. If anything, NCH's population of African American nurses is larger than the national average (Watson & Asamoa, 2022). According to the 2020 national statistics, 80.6% of the national nursing workforce is White/Caucasian, while only 6.7% are African American, 7.2% are Asian, 5.6% are Hispanic/Latino, and 3.4% are an assortment of American Indian/Alaskan Native, Native Hawaiian/Pacifier Islander, Middle Eastern/North African or Other (Watson & Asamoa, 2022). This data places this scholarly project in context by revealing the importance of nurses from racialized backgrounds serving communities like their own. Research shows that nurses from racialized backgrounds who serve marginalized populations are known to improve minority patients': (1) access to care, (2) positive outcomes, (3) communication barriers, (4) trust, and (5) comfort level (Watson & Asamoa, 2022). The goal of this scholarly project was to improve awareness at the project site of this significant health equity issue and propose educational solutions.

Problem Statement

As shown in Table 2 and Figure 3, a survey administered by the DNP's student at their project site to staff between December 12, 2023, and January 19, 2024, assessing their awareness of hair care for Black, Indigenous, and people of color (BIPOC) children showed a lack of awareness. This impacts the fundamentals of nursing care, which encompasses cultural sensitivity and promoting health equity (Harris et al., 2023). Although 12.18% (n=52) of the 427 patients on the nine participating units during the

survey period identified as BIPOC, the survey sent out to staff members, which included 491 nurses, resulted in 104 responses (response rate of 21.18%), 80 being RNs (76.92%). Of those who responded, 41.7% (n=43) were unsure or uncomfortable using hair products and procedures tailored for BIPOC children. In addition, 48.5% (n=50) did not know that the project site had a specific policy for hair care hygiene practices pertaining to BIPOC children and did not know how to find it. Moreover, 51% (n=52) have never ordered hair products for children of color on their unit. This impacts the overall well-being of the child and their experience at the hospital (Harris et al., 2023).

Purpose Statement

The purpose of this evidence-based practice (EBP) scholarly project that fulfills the DNP degree was to implement a quality improvement project using a backward design educational approach into inpatient pediatric units and evaluate its value in increasing the awareness of hair hygiene practices for BIPOC patients, usage of BIPOC hair products, and accessibility of the project site's policy.

Clinical/Project Question

(P) For inpatient RNs at the project site, (I) how does participation in a backward design educational approach using multimedia tools, such as an instructional video and visual educational cues, (C) compared to current state (O) affect nurses' awareness of how to care for the hair of patients who identify as Black, Indigenous, or people of color?

Hypothesis

The DNP student sought to substantiate the following claim:

There will be an increase in awareness in how to care for the hair of pediatric patients who identify as Black, Indigenous, or people of color after the use of the backward design educational approach, using an instructional video and visual cues.

CHAPTER 2: LITERATURE REVIEW

There are links between racial inequities and how they impact the well-being of BIPOC children and youth. For example, there is research that shows that due to hair harassment, adolescent youth of color are more reluctant to participate in physical education, which can negatively impact their health outcomes (O'Brien-Richardson, 2019). Furthermore, studies have shown that even when it comes to choosing dolls as a child, many children, regardless of race, were more likely to say that Black dolls are less beautiful, moral, and intelligent (Byrd et al., 2017). These racist ideologies are internalized and demonstrated in some of the terms that people use to describe different hair textures within communities of color to be "good hair" or "bad hair" or in Latin communities, "pelo malo" (Candelario, 2000). Often "good hair" is meant to signify hair that is more similar in texture to individuals who are of European descent or hair that is straight, as discussed in the 2010 documentary produced by Lionsgate, entitled *Good Hair* (Stilson, 2009). Youth of color have also experienced ill perceptions or racially biased misconceptions as being "unprofessional" or "unruly" based on their hair (Sims et al., 2020). Identity formation is a very important part of child development, and for children of color, their racialized identity is often colonized and displaced, which impacts their self-autonomy as human beings and overall well-being (Moreton-Robinson, 2021).

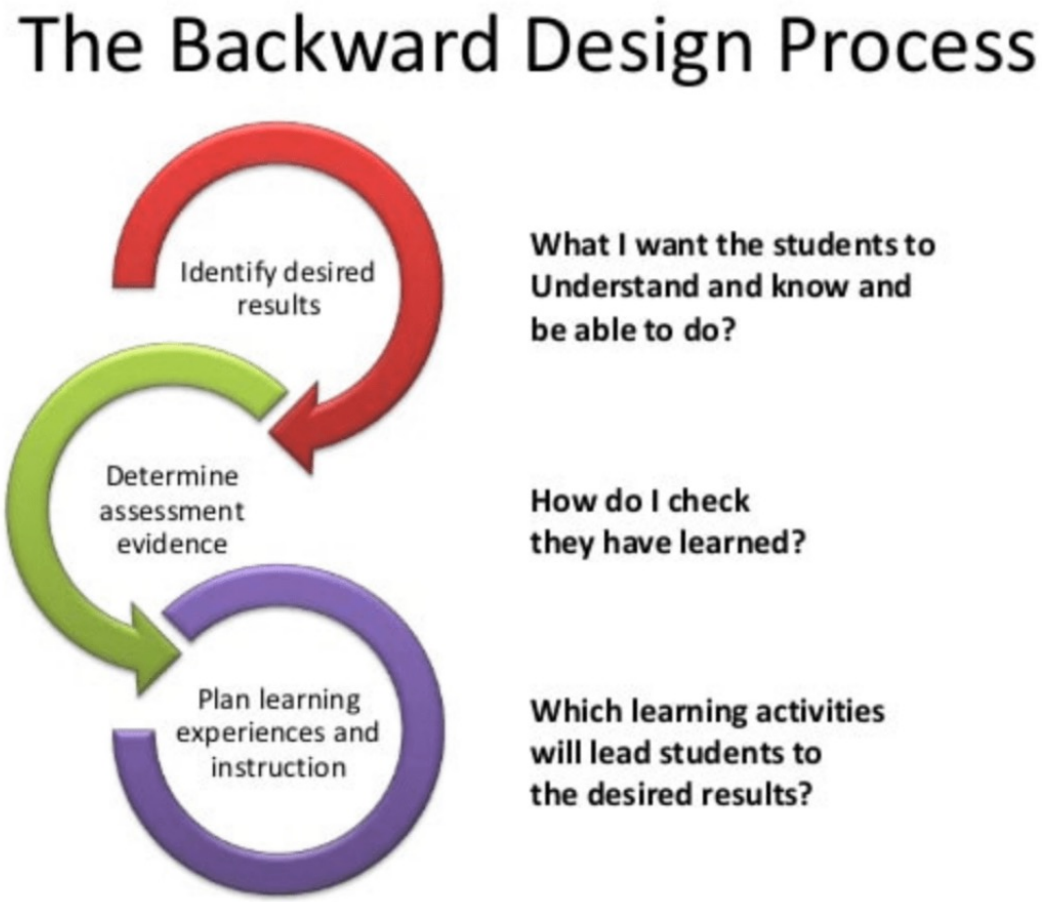
The well-being and health of children of color as it relates to health equity can also be more acutely understood through implicit bias within health care. Research has shown the presence of implicit bias in pediatric health care settings (Fitzgerald & Hurst, 2017; Johnson et al., 2017), and this affects patients' health outcomes, in addition to contributing to experiences of racism and discrimination (Trent et al., 2019). One example of implicit bias in health care is the difference in pain management treatments for Black children. An illustration of this is when Black children compared to white children, diagnosed with appendicitis, were less likely to receive any pain medication at all for moderate pain and were less likely to receive opioids, which is the proper treatment, for severe pain (Hoffman et al., 2016). Implicit bias is extended to hair care hygiene within inpatient hospital settings, through the preference in hair hygiene practices that are not well suited for children of color. For example, certain hospital recommendations of submerging hair in water, shampooing regularly, and manually brushing assume Caucasian hair being the norm, and do not consider textural differences that necessitate different products and procedures (Reynolds & Sorg, 2021).

Since hair care can be beneficial to a child's self-esteem and sense of self-worth, which in turn impacts a child's overall health, it is important that nurses are properly trained in hair care hygiene practices and care (Mbilishaka et al., 2020; Goldenhart & Nagy, 2020). Since nursing leaders and educators are looking to modify their current nursing practices to fit the needs of diverse patients (Harris et al., 2023), it is important to have an educational approach that will help nurse educators meet the goals within their hospital unit. One of the interventional educational approaches is the backward design. The DNP student of this project anticipates that a formative assessment, such as the "Hair

Care for BIPOC Patients" survey, an instructional video, and educational visual cues, will be developed through understanding the backward design (UbD) approach illustrated in Figure 1.

Figure 1

The Backward Design Process



Note. From *Backwards Design and Transparency at the Course Level,* by P. Keys, 2022, Instructional Design & Academic Technology. https://instructionaldesignthatworks.com/2022/05/02/backwords-design-and-transparency-at-the-course-level/. Copyright 2024 Meredith College Instructional Design & Academic Technology.

The backward design is a curriculum development model that can ensure the alignment of an educational unit (Wiggins & McTighe, 2005, p. 254). According to Ryan Bowen (2017) at Vanderbilt University, the backward design model is not a philosophy, but rather a planning framework that aids educators in being more purposeful with how they teach their students. In their book, *Understanding by Design*, Grant Wiggins, and Jay McTighe describe how to grasp the backward design method and why this strategy is indispensable to educators and their students. There are three stages in the backward design process and within each stage there are parts that help the educator to stay within alignment of their learning goal for their lesson, unit, or course (Wiggins & McTighe, 2005, p. 17).

The three stages of the backward design process are: (1) "identifying the desired results," (2) "determining acceptable evidence," and (3) "planning learning experiences/instruction" (Wiggins & McTighe, 2005, p. 17-21). The primary stage of the backward design process is to recognize the preferred outcomes of the unit. Within this first stage the educator is focused on recognizing the learning objectives of the unit. The instructional aims are generated with a few inquiries in mind. One of those questions would be: "what should students hear, read, view, explore, or otherwise encounter" within the unit (Bowen, 2017)? In other words, the educator is discerning what students should be acquainted with. Next, while working on the learning goals or purposes, the educator is thinking about "what knowledge and skills" the student should master. A few of the proficiencies can be "facts, concepts, principles, processes, strategies, and methods." Finally, the instructor ought to ask him or herself, what are the "big ideas and important understandings" that learners should remember to help them meet the

objectives of the unit (Bowen, 2017). The second stage is to figure out the assessment and tasks (Wiggins & McTighe, 2005, p.18). There are various questions that the instructor will ponder about while in this stage. One of the questions will be, "how will I know if students have achieved the desired results" (Bowen, 2017)? Another question will be, "what will I accept as evidence that reflects the student's understanding and proficiency"? The third stage of the backward design process is to plan learning experiences and instruction (Wiggins & McTighe, 2005, p. 18-21). In this phase educators must contemplate how they will create and facilitate instructional strategies and learning activities that are significantly linked to the learning goals of the unit.

The backward design process helps the educator create alignment within their unit through distinctive components. In stage one, some of the components that help create alignment are demonstrated through knowing the instructional goals, recognizing transferable knowledge or skills, constructing value of the content being taught through comprehending the understandings and essential questions, and lastly pinpointing what was gained from the lesson (Wiggins & McTighe, 2005, p. 22). For example, a nurse educator who is teaching students within the Doctor of Nursing Practice (DNP) program will choose learning objectives that are aligned with the DNP Essentials created by the nursing board. One of the graduate nursing essentials is based on health equity and social justice within nursing practice (Crawford et al., 2022). The nurse educator must be deliberate about choosing content that the student can transfer outside the instructional setting. For example, since the DNP student's topic is hair hygiene care for children of color, then the DNP student must carefully select content that transfers the promotion of health equity for hair care for BIPOC children within the day-to-day tasks of an inpatient

pediatric setting. Stage one, which includes the meaning section, is where the instructor is reflecting on the understandings, which are the major concepts that the instructor wants the students to comprehend along with the essential questions (Wiggins & McTighe, 2005, p. 65-67). The job of the essential questions is to encourage critical thinking and are sometimes challenging to help ensure that the students meet the instructional goals (Wiggins & McTighe, 2005, p. 110). Finally, within stage one, there is the acquisition phase where educators connect their unit to what information they want their student to be knowledgeable about and what abilities they anticipate their students will advance in (Bowen, 2017).

In stages two and three, educators utilize different components to help maintain cohesion within their unit or lesson. In stage two, the educator is focused on the evaluative criteria that may be formative/diagnostic in the design process (Bowen, 2017). For example, one of the components is performance tasks that are cumulative, such as large projects or papers (Bowen, 2017). These tasks must have rubrics that help guide the students to meet the learning goals and match the rubrics expectations (Wiggins & McTighe, 2005, p. 175-181). There can be other evidence, such as short answer questions, quizzes, free-response, homework, practice problems, etc. (Wiggins & McTighe, 2005, p. 6). In stage three, the educator is thinking about the "where to" component which helps the educator plan the learning experiences and instruction (Wiggins & McTighe, 2005, p. 23). The "where to" acronym can be broken down into the "w", where the instructor is intending to lead the students or where the students are coming from in terms of their knowledge base and abilities. Furthermore, "where to" is about figuring out what learners think they may already know, want to learn, and as they

grow within their understandings, figure out what was learned from the unit (Wiggins & McTighe, 2005, p. 200-223). The “h” is the hook, the way in which the educator engages the students into wanting to learn more about the major concepts within the unit. The “e” allows the students to “explore, experience, enable, and equip” themselves with the content through hands-on and guided instruction. The “r” is where the educator reconsiders and reviews what is being taught through thoughtful preparation and refinement. The “e” is based on the educator evaluating him or herself to identify room for growth, teaching adjustments, and future instructional goals. The “t” and “o” are about tailoring the unit to the interests and diverse needs of learners, while paying attention to the organizational structure of the content being delivered to students (Wiggins & McTighe, 2005, p. 218-222).

There are many key advantages of aligning course components. One of them is that it grants the educator the opportunity to have well-defined and thoughtful aims (Wiggins & McTighe, 2005, p. 122-124). Sometimes educators are misinformed and place much importance on generating learning activities and how they are going to teach a unit. However, due to being so engrossed on teaching and not learning, they include activities and assessments that are not aligned with their learning goals (Wiggins & McTighe, 2005, p. 56). This occurs mainly because their learning objectives were within their last step of planning. Fortunately, with the backward design process, students can put their entire focus on learning and educators can be purposeful and deliberate about only using learning activities and assessments that are aligned with their initial goals. Another benefit of the backward design process is that it centers learning that is derived

from careful consideration of the meaning of all components and activities and it is highly centered on meeting the learning goals (Wiggins & McTighe, 2005, p. 59).

Theoretical Framework

The nursing theory that influenced this intervention is Madeleine Leininger's Culture Care Model, illustrated in Figure 2. An essential aspect of Leininger's model of culture care nurse theory led to the development of a type of nursing care called transcultural nursing (McFarland & Wehbe-Alamah, 2019). This model or framework focuses on care knowledge and skills that are tailored to have beneficial meaning and health outcomes for people of different or similar cultural backgrounds (McFarland & Wehbe-Alamah, 2019).

As stated previously in this DNP scholarly paper, one of the challenges that many nurse educators are facing is how to educate and counsel nurses to provide nursing care to a progressively diverse patient population (Morton-Miller, 2013). More specifically, in Black, Indigenous, and other communities of color, hair is a vital part of cultural expression, and is additionally used to convey feelings, interests, art, and spiritual connections (Harris et al., 2023). As a result of hair and cultural identity being linked in myriad ways, it is important to provide nurses with opportunities to learn more about how to provide knowledgeable patient hair hygiene care that is suitable for different hair textures while effectively meeting the patients' needs and improving the patient experience.

Leininger's model of transcultural nursing is not only an abstract theory; it is also the modern reality of nursing care in the United States. As Surlina Asamoa demonstrated in her 2019 study of Nationwide Children's Hospital and the 2020 national U.S. data,

patient racial demographics are often mismatched with the racial demographics of the nurses who serve them (Watson & Asamoa, 2022). In geographical areas with significant percentages of African American patients, the large majority of nursing staff is Caucasian. In other words, effective nursing care often requires transcultural competency, the ability to be aware of and celebrate other cultures that are not one's own. One of the goals of this DNP scholarly project was to bring transcultural nursing theory to the forefront of nursing care at the project site by improving awareness of BIPOC patients' hair care needs.

Conceptual Definitions

The following definitions are provided to enhance understanding of the concepts involved in this project.

Nursing Education: the formal learning and training in the science of nursing. One of the abilities gained from the essentials of nursing education is being able to "critically evaluate policies, processes, curricula, and structures for homogeneity, racism, classism, color-blindness, and non-inclusive environments" (AACN, 2021, p. 6)

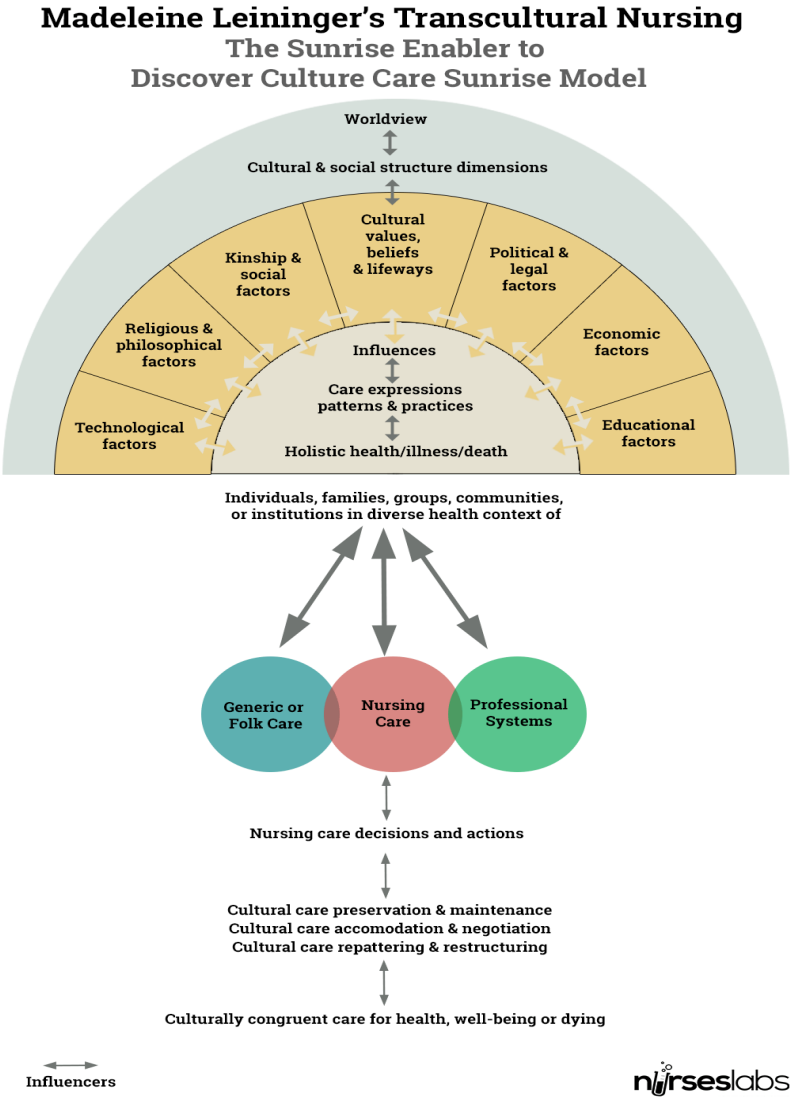
Hair Equity: treating different hair textures with the same value and providing appropriate hair care to fit the needs of diverse people

Hair Hygiene: practices and conditions conducive to hair health

Backward Design Approach: in this educational approach, nurses are not being taught aimlessly but are taught with a sense of purpose and optimal coaching practices to reach the desired results or knowledge level needed to provide appropriate care (Bowen, 2017)

Figure 2

Madeleine Leininger's Culture Care Model



Note. From *Madeleine Leininger: Transcultural Nursing Theory* by A. Gonzalo, 2024, Nurseslabs. https://nurseslabs.com/madeleine-leininger-transcultural-nursing-theory.

CHAPTER 3: METHODOLOGY

Project Site and Population

The project site population encompasses nurses specifically within an inpatient pediatric setting. The DNP student deemed it appropriate to utilize their current place of work, as a clinical nurse on a general pediatrics & adolescent unit (Unit 9), as the site for this project. In addition, the DNP student included eight other units for participation in this project that were similar in terms of population served, including a medical hospitalist care unit (Unit 1), a general pediatric complex unit care unit (Unit 2), a medical subspeciality unit (Unit 3), a gastrointestinal & endocrine unit (Unit 4), two surgical units (Units 5 & 6), a progressive care unit (Unit 7), and an infant transitional unit (Unit 8). Only patients who stayed 48 hours or longer at the project site were selected. Based on the subject matter of this scholarly project, the DNP student deemed it appropriate to utilize nurses from the project site for their scholarly project. Participants of this project were nurses who took care of children within an inpatient setting, and on units that took care of diverse patients. The project site was an ideal location for this project because it was in a Northeastern United States city where diverse patients from a variety of ethnicities were provided with health care. In addition, the project site had a policy on how to take care of BIPOC patient hair within a clinical setting and the hospital was looking for ways to improve their care and this specific policy.

Sampling Methodology and Recruitment

The sampling method that the DNP student used for this project was non-probability sampling, which means that the individuals were selected based on non-random criterion and not every person had an even chance of being included in the project (Stratton, 2021). More specifically, this project utilized convenience sampling, which meant that the participants of this project were those that were most accessible to the DNP student (Stratton, 2021). The number of RNs from each of the nine participating units were taken from the project site's Workday dashboard by a nursing informatics personnel. Based on the number of RNs within each unit, a total of 491 registered nurses had the opportunity to be a part of this project which consisted of three components: completing a (1) "Hair Care for BIPOC Patients" survey that was sent via the project site's staff email (Appendix B), (2) watching an instructional video (2-5 mins long in length) that was made available to all staff on the project site's website and through a link, in which participants could watch at their convenience (Appendix C), and (3) viewing educational visual aid posters that were on the units mentioned above (Appendix C). Participants engaged in implied consent by agreeing to fill out the survey, and in addition the DNP student made certain that the risk to their project's participants (the project site staff) was no greater than what they would have experienced in their daily life or during the performance of routine care through completing the following:

(1) Signature of DNP Scholarly Project Support Memorandum of Understanding: This described the mutual commitment involved between a representative of the project site and the project site's employee/Andrews University

(2) DNP Scholarly Project Engagement Checklist: This made sure that the DNP student at the project site met the minimum expectations of engagement with key stakeholders such as:

a. Nursing Professional Development Team
b. Clinical Leadership Team
c. The project site's center that focused on pediatric evidence-based practices & a specialist that focused on evidence-based practices

(3) Evidence Based Project (EBP) Determination for Scholarly Project review process through the project site:

This process provided the review committee with knowledge of why this quality improvement project was not considered research and that statistical analyses would be limited to descriptive and summary statistics

(4) Project Charter: This succinctly described the resources, purpose, timelines, approvals, and logistics of the DNP student's project

(5) Letter of Support from the project setting's senior leadership team

(6) Andrews University's Institutional Review Board (IRB) Process (Appendix B)

Project Design

This project followed the project site's framework for quality improvement, by using the SMART goal format: specific, measurable, achievable, relevant and time bound. The specifics of this project were based on increasing the awareness of nurses with regards to hair hygiene practices for BIPOC patients. It was measured through using a:

1) pretest/posttest project design using a "Hair Care for BIPOC Patients" survey,

2) assessing the number of times, the project site's policy regarding BIPOC hair hygiene had been accessed by staff

3) gathering data from the materials department at the project site regarding ordering of relevant products

Project Start Date

The DNP student had expected to start their project in February in accordance with Black History month, but due to a delay in IRB approval, the project began on March 14 instead.

Project End Date

The project's intervention end date was Friday, May 31, 2024

TIMELINES			
Meeting Frequency	Twice a month (Every other week) or as needed		
Decision Makers Who needs to be at meetings	Sharlene Lansiquot, BSN-RN, other project site members		
Define	Diagnose	Test & Implement	Sustain & Spread
October 2023	November 2023-January 2024	March 14, 2024	March 14 – May 31, 2024

Note. This information was extracted from the project site's DNP charter.

Variables

Some of the variables that the DNP project had at the forefront were the independent and dependent variables. The independent variable is known as the variable that you can manipulate to affect the outcome of an experiment (Bloomfield & Fisher, 2019). In this project, the independent variable was the intervention provided: an

instructional video and educational visual cues (i.e., posters) based on the backward design educational approach.

The dependent variable was the “response variable,” which reflected the outcome of the project. This measured the awareness of nurses regarding hair hygiene practices of BIPOC children within an inpatient setting. The outcomes measures were based on providing learners with a post-intervention assessment survey to make sure they had mastered the information taught and met the goals of the unit or the nursing professional workshop.

Project Intervention(s)

As previously mentioned in the literature review, the three stages of the backward design process are: (1) identifying the desired results, (2) determining acceptable evidence, and (3) planning learning experiences/instruction (Wiggins & McTighe, 2005).

- The **first stage** of the backward design process was to identify the desired results, which was to increase awareness around hair hygiene for BIPOC patients. Within this first stage the nurse educator was focused on identifying the learning goals (Wiggins & McTighe, 2005).
- In **stage two**, the nurse educator was focused on the evaluative criteria that may have been formative/diagnostic in the design process, which consisted of the survey and usage data from the policy and products (Wiggins & McTighe, 2005).
- In **stage three**, the educator was thinking about the "where to" component which helped plan the learning experiences and instruction, which was the video and visual cues (i.e., posters) (Wiggins & McTighe, 2005).

Project Outcome(s)/Endpoints

(1) Descriptive summary of staff/RNs who have accessed the BIPOC hair hygiene policy: with the projected outcome that after the intervention there will be an increased use of the project site's policy regarding BIPOC hair by 5%.

(2) Descriptive summary of BIPOC hair products ordering/usage: with the projected outcome that after the intervention there will be an increased use of BIPOC hair products by 5%.

(3) After the intervention, the repetition of initial survey response questions pertaining to hair care practices, policy & products will show an increase of 5% in terms of awareness.

Data Collection and Data Management

All project data was collected, stored, and managed utilizing the project site's REDCap and password-protected OneDrive application(s) in addition to the project site's Epic SlicerDicer and Workday dashboard. The data was collected in the local language, English. Lastly, all information regarding the project site was de-identified to protect their confidentiality and anonymity.

Analyses

Categorical data was summarized by frequencies and percentages. Continuous data was summarized by standard descriptive statistics. For example, see Appendix A for the racial distribution of BIPOC patients on all 9 units at the project site from January to June 2024.

Measurement Tool

The DNP student did not use an evidence-based measurement tool aside from the survey. At the time of this scholarly project, there was no validated measuring tool for BIPOC hair care available. The foundational evidence-based framework of this DNP scholarly project was rooted in the backward design educational approach.

CHAPTER 4: RESULTS

On June 1st, 2024, the post-intervention survey was distributed through the project site's REDCap and participants from nine units began filling it out until the survey closed at the end of June. Within that period, 91 individuals filled out the survey. Of those 91 individuals, 73 were registered nurses, making them 80.22% of the participant population. This was significant because the scholarly project focuses on the awareness of nurses. As shown in Table 1, the total number of registered nurses across these nine units was approximately 491 during the survey period. This means that the response rate of nurses was approximately 14.87%.

In Figure 3, the data shows that there was a 5% or greater increase in two areas, and a close to 5% increase (4.5%) in another area addressed in the survey. The first area that showed a 5% increase (n=71) was the number of staff members who responded "yes" to the question "Do you know if there are hair care products offered at the project site for children who identify as BIPOC?". The second area that showed a greater than 5% increase (7.8%, n=54) was the number of participants who responded "yes" to the question "The project site has a policy specifically for haircare hygiene practices pertaining to BIPOC children and I know how to find it?". The remaining areas fell short of the desired 5% increase, with the number of individuals who responded "yes" to the question "If these products exist, have you ever used them?" showing a significant

decrease of 9.60% (n=52). For the question, “Are you comfortable using hair products and hair care procedures that are specifically tailored for BIPOC patients?”, the number of participants who responded “yes” to this question increased by only 4.5% (n=58). The smallest increase was for the question, “Have you ever ordered hair products for children of color to use on your unit?”, which was an increase of only 0.5% (n=45).

The intervention period was from March 14, when the “Love Your Locks” video was presented to Unit 9, to end of May, which was the month in which on May 20th the project site’s CEO made a hospital-wide recognition of the “Love Your Locks” project to all staff members. Also, in the month of April the project was acknowledged at a hospital-wide town hall meeting that was attended by hundreds of staff members in which the project was presented. Furthermore, the office of internal communication presented informational screensaver posters that were displayed on all hospital computers about the “Love Your Locks” project (Appendix C). It was also promoted in the hospital-wide email newsletter and displayed as a topic area within an email from the Office of Diversity, Equity, and Inclusion. In addition, posters for the “Love Your Locks” initiative were made digitally available through the project site’s internal website, along with the educational video (Appendix C).

However, even though the intervention period began on March 14, the data shown in Figure 4 and Table 3 demonstrated higher levels of BIPOC hair products ordered in January (n=17) and February (n=30) compared to intervention and post-intervention months of March (n=12), April (n=12), May (n=13), and June (n=11). From the pre-intervention month of February to the intervention month of March, there was a 60% decrease in BIPOC hair products ordered, across the nine units. The number of BIPOC

hair products ordered in the subsequent intervention months remained consistently low compared to preintervention months. It should be noted, though, that of the 30 BIPOC hair products ordered in February across the nine units, Table 6 shows that 26 were ordered by Unit 7, which accounts for 86.67% of the BIPOC hair products ordered in February.

Compared to the decreasing levels of BIPOC hair products ordered, the number and percentage of BIPOC patients admitted to the nine units within intervention months continued to steadily increase. The number of BIPOC patients admitted in January 2024 across all nine units (shown in Figure 4 and Table 3), began at 79 (14.06%), before dipping in February to 74 (13.33%). After this, the number of BIPOC patients admitted across all nine units, began to steadily increase for three months straight, with 88 in March (14.80%), 93 in April (18.06%), 96 in May (17.24%). Finally in the post-intervention month of June, the number decreased to 79 (16.92%).

Meanwhile, in terms of the number of staff members hospital-wide who accessed the BIPOC hair care policy, the number of times the policy was accessed (shown in Figure 4 and Table 3) stayed steady at 14 for the pre-intervention months of January and February. In the first intervention month of March, policy access decreased to 9, which is a 36% decrease. After that, the policy access number increased during the remaining intervention months, with 16 in April and 23 in May. From March to April, there was 78% increase in the number of times the policy was accessed. From April to May, there was a 43.75% increase in the number of times the policy was accessed. In post-intervention month of June, the policy was accessed 11 times, which is a 52% decrease from the month of May.

Table 1

Approximate Number of Registered Nurses and Senior Nursing Aids Across Nine Units

Project Site's Units	# of RNs	~# of SNAs
Unit 1	33	7
Unit 2	38	10
Unit 3	43	8
Units 4 & 5	89	17
Unit 6	51	11
Unit 7	108	16
Unit 8	63	9
Unit 9	66	18
Total	491	96

Note. The data for this table was extracted in January 2024 from the Workday dashboard provided by an evidence-based specialist from the project site. These values are labeled “approximate” on account of onboarding and turnover.

Figure 3

Percentage of "Yes" Answers to Survey Questions from Preliminary and Post-Intervention Data

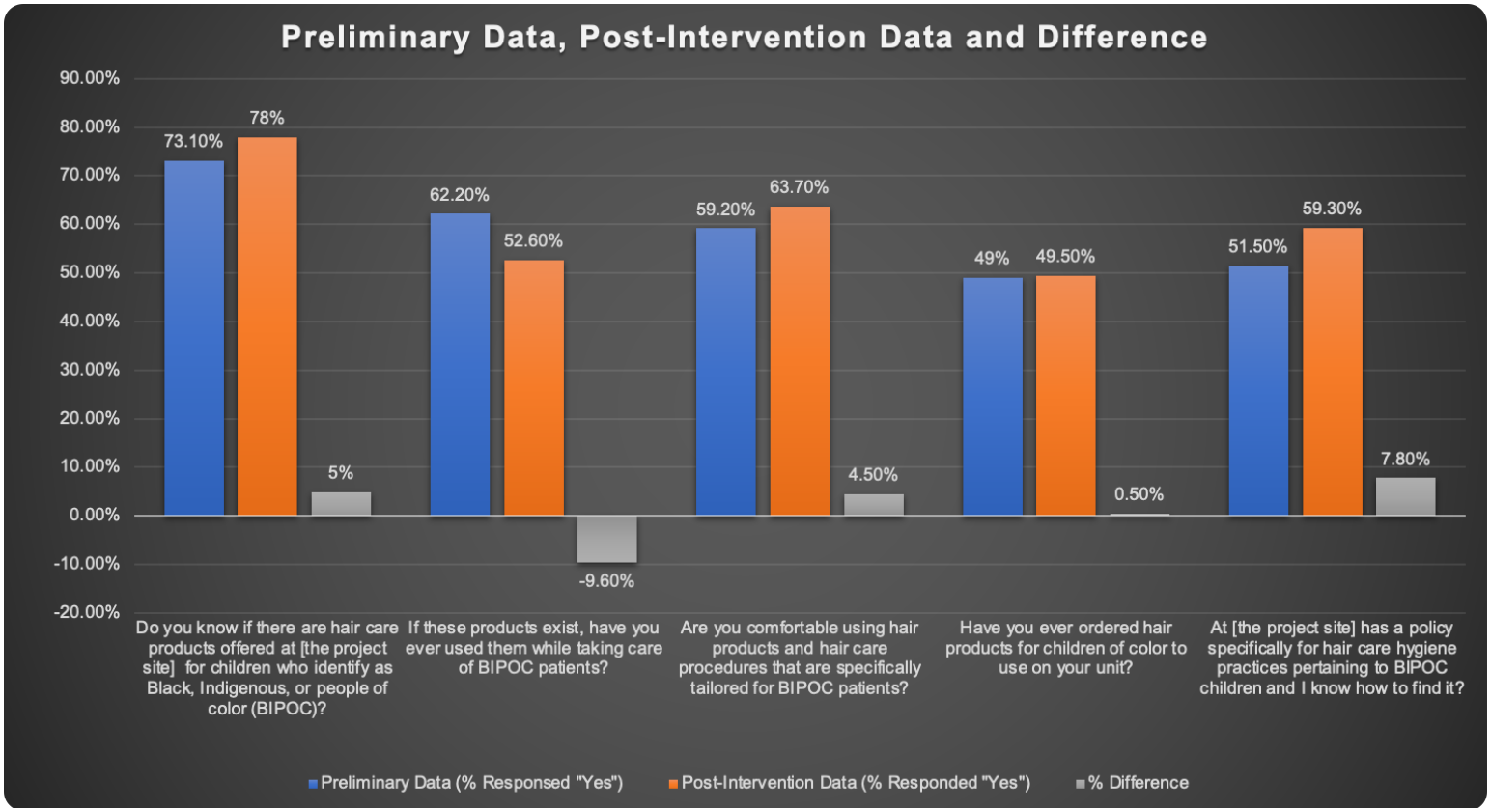


Table 2

Percentage of "Yes" Answers to Survey Questions from Preliminary and Post-Intervention Data

BIPOC Hair Care Survey Questions	Preliminary Data (% Responsed "Yes")	Post-Intervention Data (% Responded "Yes")	% Difference
Do you know if there are hair care products offered at [the project site] for children who identify as Black, Indigenous, or people of color (BIPOC)?	73.10%	78%	5%
If these products exist, have you ever used them while taking care of BIPOC patients?	62.20%	52.60%	-9.60%
Are you comfortable using hair products and hair care procedures that are specifically tailored for BIPOC patients?	59.20%	63.70%	4.50%
Have you ever ordered hair products for children of color to use on your unit?	49%	49.50%	0.50%
At [the project site] has a policy specifically for hair care hygiene practices pertaining to BIPOC children and I know how to find it?	51.50%	59.30%	7.80%

Figure 4

Side-by-side View of BIPOC Products Ordered, Patients Admitted, and Policy Accesses from January to June 2024

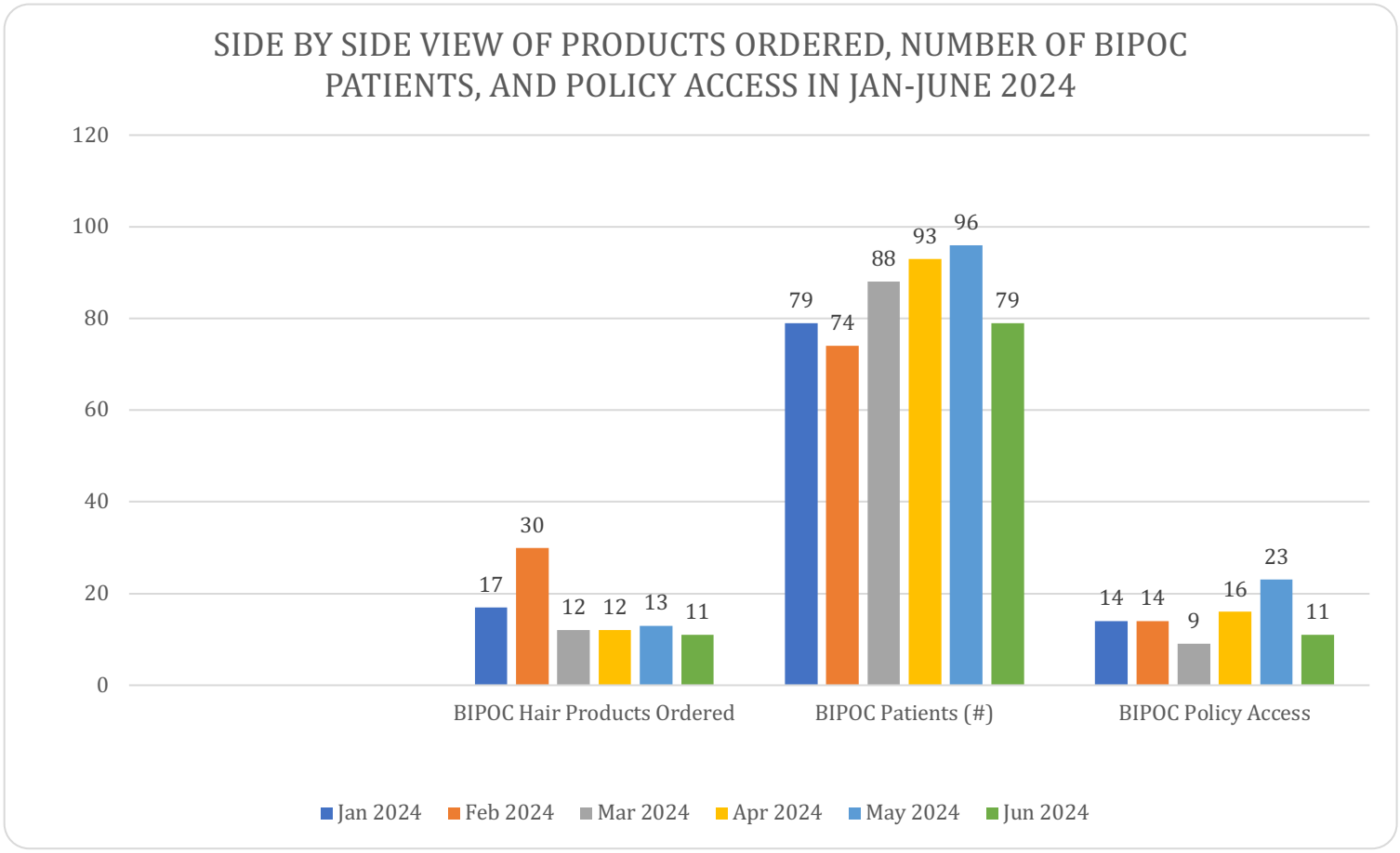


Table 3

Total Number of BIPOC Products Ordered, Patients Admitted, and Policy Accesses from January to June 2024

	2024					
	Jan	Feb	Mar	Apr	May	Jun
BIPOC Hair Products Ordered	17	30	12	12	13	11
BIPOC Patients (#)	79	74	88	93	96	79
BIPOC Policy Access	14	14	9	16	23	11
Total Number of Patients on all 9 Units	566	562	599	517	555	513

Figure 5

Percentage of BIPOC Patients from January to June 2024

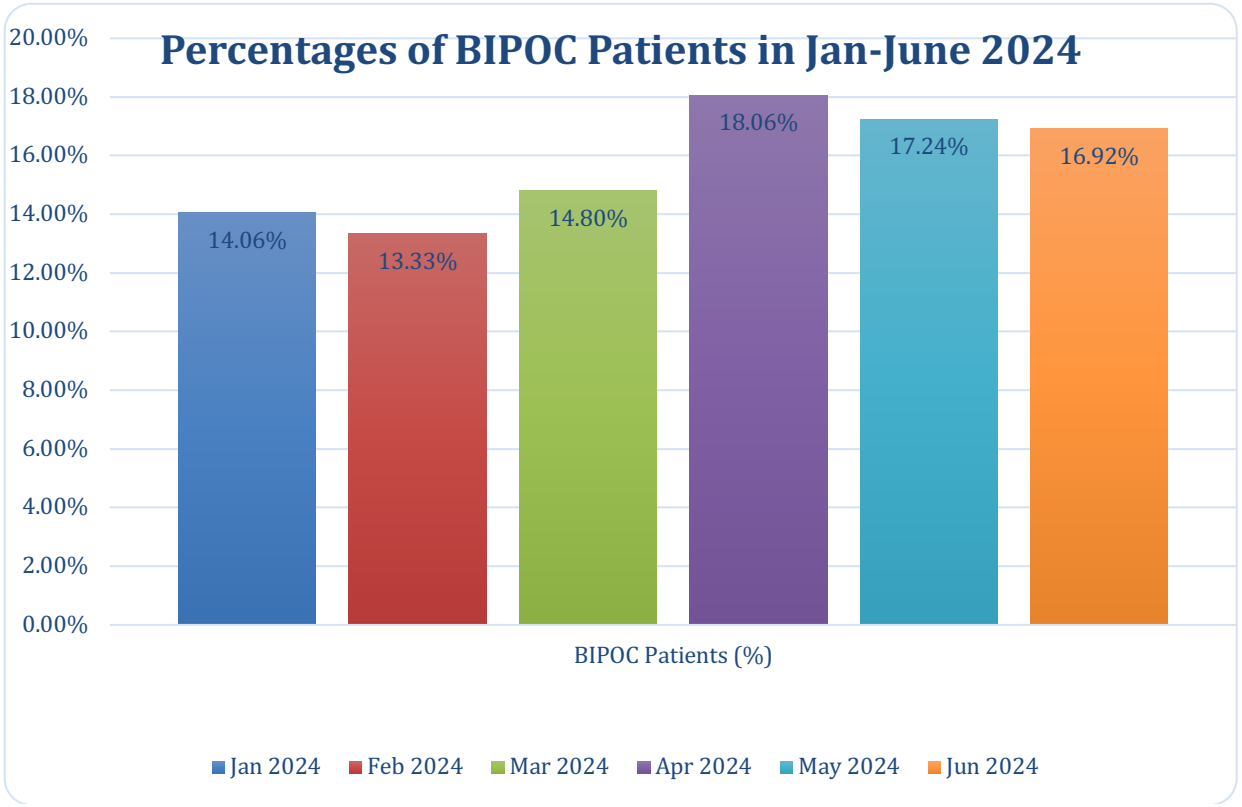


Table 4

Percentage of BIPOC Patients from January to June 2024

	2024					
	Jan	Feb	Mar	Apr	May	Jun
BIPOC Patients (%)	14.06%	13.33%	14.80%	18.06%	17.24%	16.92%

Table 5

Number and Percent of BIPOC Patients Across Nine Units from January to June 2024

Units	# BIPOC patients in Jan 2024	# BIPOC patients in Feb 2024	# BIPOC patients in March 2024	# BIPOC patients in April 2024	# BIPOC patients in May 2024	# BIPOC patients in June 2024
Unit 1	4	6	7	8	7	8
Unit 2	1	0	1	1	0	1
Unit 3	33	27	36	32	35	34
Unit 4	6	5	7	14	15	5
Unit 5	14	13	14	12	14	7
Unit 6	10	15	8	10	13	11
Unit 7	3	1	1	3	1	0
Unit 8	2	3	8	5	3	3
Unit 9	6	4	6	8	8	10
Total	79	74	88	93	96	79

Units	% BIPOC patients in Jan 2024	% BIPOC patients in Feb 2024	% BIPOC patients in March 2024	% BIPOC patients in April 2024	% BIPOC patients in May 2024	% BIPOC patients in June 2024
Unit 1	8.16%	9.38%	9.46%	11.59%	10.14%	16.67%
Unit 2	3.70%	0.00%	5.88%	4.55%	0.00%	5.26%
Unit 3	39.76%	32.14%	38.30%	41.03%	37.63%	42.50%
Unit 4	10.17%	8.77%	11.29%	25.93%	25.42%	8.47%
Unit 5	14.74%	13.83%	14.14%	14.12%	15.22%	11.29%
Unit 6	8.70%	12.61%	7.34%	9.43%	11.61%	7.45%
Unit 7	12.00%	6.25%	4.76%	23.08%	7.14%	0.00%
Unit 8	8.00%	7.69%	20.51%	22.73%	10.71%	7.32%
Unit 9	8.33%	6.67%	7.50%	12.12%	11.27%	17.54%
Total	14.06%	13.33%	14.80%	18.06%	17.24%	16.92%

Table 6

Number of BIPOC Hair Products Ordered Across Nine Units from January to June 2024

Units	BIPOC Hair Products Ordered	# products ordered in Jan 2024	# products ordered in Feb 2024	# products ordered in March 2024	# products ordered in April 2024	# products ordered in May 2024	# products ordered in June 2024
Unit 1	5	0	3	0	1	1	0
Unit 2	4	0	0	0	0	0	4
Unit 3	14	2	0	3	0	5	4
Unit 4	14	2	1	3	1	7	0
Unit 5	11	1	0	5	5	0	0
Unit 6	7	4	0	0	2	0	1
Unit 7	29	3	26	0	0	0	0
Unit 8	7	3	0	1	3	0	0
Unit 9	4	2	0	0	0	0	2
Total	95	17	30	12	12	13	11
Item Description							
Conditioner Cantu 8oz							
Shampoo Cantu 8oz							
Lotion Hair Moisturizing Olive Oil 8.5oz							
Cap Satin Sleep							
Pomade S-Curl 3oz							
Brush Boar Bristle							
Cap Wrap							
Cap Shower 4pc							
Shampoo Cantu 3oz							
Conditioner Cantu 3oz							

Table 7

Number of BIPOC Hair Policy Access Entries Across Nine Units from January to June 2024

Access # in Jan 2024	Access # Feb 2024	Access # March 2024	Access # April 2024	Access # May 2024	Access # June 2024
14	14	9	16	23	11

CHAPTER 5: DISCUSSION

Summary of Study Findings

To reiterate, the outcome measures for this scholarly project were based on the expectation that after the intervention there would be an increased use of the project site's BIPOC hair care policy and products by 5%. Additionally, the DNP student inferred that after the intervention, the post-intervention survey would demonstrate a 5% increase in terms of BIPOC hair care product and policy awareness. It was also expected that the post-intervention survey would demonstrate a 5% increase in comfort using BIPOC hair care products and procedures and that 5% more staff members would report ordering BIPOC hair care products.

As demonstrated in Figure 3, the post-intervention survey showed that awareness of BIPOC hair care products, procedures, and the policy increased according to expectations. Awareness of BIPOC hair care products and procedures increased by 5% whereas awareness of the policy increased by 7.80%. Policy access showed the greatest increase during the intervention months of April and May with a 78% increase from March to April and a 43.75% increase from April to May. Comfort levels around using BIPOC hair products and procedures also increased, but slightly less than desired at 4.50%. However, regarding the ordering and use of BIPOC hair products, these two expectations fell significantly short of the project's desired goals with product ordering

increasing by only 0.50% and product usage decreasing by 9.60%. This latter result was the most perplexing element within the data and requires an explanation.

One plausible hypothesis for why BIPOC hair product use declined in the post-intervention survey is that the needs of the patients changed based on the seasons. Since the preliminary survey was completed during the winter (December 2023 – January 2024) and the post-intervention survey was completed in June 2024, it is possible that BIPOC patients had a greater need for these products during the winter due to dryness in the air. During the summer, less product may have been needed and certain BIPOC patients may have been wearing protective hair styles to protect their hair from the sun and humidity. In addition to this, there was no way to guarantee that the respondents for the preliminary survey would be the same people who would respond to the post-intervention survey. Because of this factor, it is possible that the two groups of respondents simply had different levels of experience working with BIPOC patient hair.

Another hypothesis that the DNP student considered was that the preliminary respondents may have had more BIPOC hair care experience whereas the post-intervention group may have had less experience caring for BIPOC hair. In consideration of this hypothesis, the DNP student compared the racial demographics of respondents from the preliminary and post-intervention data which is given in Table 14. According to this data, there was very little difference in the distribution of racial demographics between the two surveys with 23.08% (n = 24) of preliminary respondents identifying as Black and/or African American compared to 28.57% (n = 26) in the post-intervention survey. Considering this data, it seems unlikely that the disparity was caused by racial factors.

Another reason for why BIPOC hair product use declined may be due to nurses having to balance more responsibilities related to acuity levels, diagnoses, and a steady increase in BIPOC patients from February to May 2024 as shown in Figure 4. This may have led to a shift in priorities and delegation, in which nurses were too busy with other nursing care tasks to deal with hair hygiene care. Furthermore, even if hair hygiene care was delegated to SNAs on those nine units, there may have been a breakdown in communication or SNAs were also managing different tasks that did not leave time for hair hygiene care.

Another part of the data that the DNP student would like to address is the stark increase of BIPOC hair products ordered in the month of February 2024. Upon looking at Figure 4, the contrast between February's ordering data and the following months appears to indicate a sharp decline. However, upon closer inspection of the ordering data found in Table 6, most of February's increase can be attributed to one unit, Unit 7, ordering 26 of the 30 BIPOC hair products ordered that month across the nine units, or 86.67%.

Although there is no way for us to definitively say why this unit ordered such a large quantity of BIPOC hair products in February compared to other units and other months, there are a few factors that may have contributed to this increase. For one thing, the month of February is Black History Month in the United States. Upon reviewing the list of BIPOC hair product item descriptions in Table 6, most of these products are primarily useful for patients with the kind of hair texture that Black and African American patients are more likely to have. It is plausible that the staff on Unit 7 wanted to acknowledge Black History Month by having products that celebrate the beautiful and

unique hair textures of Black patients. It is also plausible that Unit 7 may customarily order a lot of products in bulk during certain months so that they do not have to order smaller quantities every month. Judging by the fact that Unit 7 was the only unit not to order any BIPOC hair products from March to June 2024, this seems plausible. More investigation would need to be done to gain insight into the root cause of this issue.

Project Strengths

One of the principal strengths of the DNP project has been the overwhelming amount of support it has received from the partner institution. From the very beginning, the project site has been replete with resources that they have been eager to share with the DNP student with the express purpose of seeing this project to completion. The first person at the project site to show their support was a Nursing Professional Development Specialist from the Nursing Education Department who opened the door to further collaboration by helping the DNP student fine-tune their topic and connecting them with some other people at the project site who had already laid some of the groundwork for future BIPOC hair care projects by creating a BIPOC hair policy. Once the project was already underway, the project site continued to lend its support by assigning the DNP student a nurse educator mentor, an evidence-based specialist, a nurse scientist, a content creator, and other members of the hospital community who helped lift the project off the ground.

The DNP student also had a very supportive manager who suggested which units they should reach out to and helped them get in touch with the units, eventually facilitating contact with the nursing directors for each unit. The project site also recognized the DNP student by inviting them to speak at a town hall meeting to promote

their project, eventually resulting in the CEO of the hospital writing an official message to all staff members recognizing the project and increasing awareness around the issue of BIPOC hair hygiene equity. In addition to the support found at the project site, the DNP student also had a lot of support from their participating school, Andrews University, which helped make the project a success. The director of the DNP program and chair of the DNP student's project gave them autonomy and immense support, being very excited about the cultural and innovative aspects of the project.

Another strength of this project was the cultural diversity of the project site's patient population and staff. The project site's BIPOC nurses were eager to lend their support and proactively sought out the DNP student, asking them how they could implement similar DEIB initiatives on their units. Beyond the immediate support gained from frontline staff, the project site also helped the project succeed by having already begun to diversify their supply chain. No new BIPOC hair products needed to be added to the supply chain for this project to be implemented; the products were already there because of previous advocacy. All these factors helped provide momentum for the DNP project, allowing it to take flight more easily.

Project Limitations

Although the DNP project demonstrably succeeded at raising awareness about the project site's BIPOC hair products, procedures, and policy, there was no significant increase in BIPOC hair product ordering or usage. If anything, the use of BIPOC hair products seemed to have decreased. One of the DNP project's limitations was that it was unable to investigate the cause of this decrease in BIPOC hair product usage and therefore could not offer any remedies to this apparent issue. The supply chain data was

also difficult to decipher. This may not have been so much of a problem if there had been more time to discuss the issue with the project site's supply chain specialists, but because the issue only became apparent toward the end of the DNP project, time did not allow for a more thorough investigation of the issue.

All that could be discovered from communicating with one of the analysts who worked with the project site's supply chain department is that a couple of new BIPOC hair products had been recently added to the project site's inventory with new item numbers and the ordering process had been changed so that it was no longer through the same portal that was advertised in the posters and the educational video. The analyst suggested that these factors may have caused some confusion among staff and contributed to the decrease in ordering numbers. Anecdotally, the DNP student also received word from a senior nurse on one of the units who reported difficulty ordering the BIPOC hair products for her unit through the new portal. However, it is impossible for the DNP student to say how widespread this issue was at the time of the project. All these factors limit the DNP project's ability to discuss the cause of this issue.

Another limitation was that pre/post intervention responses were not a 1:1 comparison, meaning that the respondents were anonymous and may have not been the same participants who responded in both the pre/post intervention survey. Participants were not recruited in advance, but voluntarily responded to the survey. Only specific units (nine units) were selected in advance, due to those units being somewhat similar in terms of patient population. Response rates were also quite low with 21.18% for the preliminary survey and 14.87% for the post-test.

In addition, in terms of the policy access data, it is important to note that the numbers provided were based on the entire hospital, not just the nine units that were analyzed in this DNP scholarly project. Furthermore, due to the project becoming recognized at a hospital-wide level town hall event and in the CEO's email, it is difficult to ascertain how much the project's primary intervention measures (i.e., the video and posters) influenced the policy access numbers.

Moreover, the project was also limited in terms of ambiguous racial distribution data as seen in Appendix A because of the racial category "other" being an ambiguous category. For the purpose of this scholarly project, "other" was excluded from the BIPOC aggregation of ethnic categories. While it is possible that some of the patients who checked the "other" box had some BIPOC heritage, there was no way for the DNP student to see this in SlicerDicer, thus causing them to have potentially excluded some BIPOC patients from their analysis. As for patients who reported being "Black or African American" or "Hispanic or Latino Black," or with other ethnic categories included in the BIPOC aggregation, it was also impossible for the DNP student to know for certain if they had a hair texture that would benefit from the specific kinds of BIPOC hair products offered at the project site, since not everyone from those ethnic communities has curly or coily hair.

Lastly, it was not within the scope of the DNP student's project to analyze the number of years participants were employed at the project site or their gender. Although this might have been interesting to look at in more depth, this was not the focus of the project. The DNP student also did not collect age data from participants because they were advised by senior members of the project site to keep the survey simple and keep in

mind the time investment required for staff to fill out surveys. However, these are factors that may be interesting to examine in the future. It may also be useful to consider the impact of patient age and parental rooming-in or overnight accompaniment on the rate of hospital hair product usage since these factors could have potentially affected usage, although they were outside the scope of this scholarly project to include.

Plan for Dissemination

This DNP scholarly project will be very beneficial to the field of pediatric health equity. The DNP student expects that the results from this project will show a positive increase in the awareness of BIPOC haircare needs within inpatient settings and across interdisciplinary groups. For example, the salon services department, the occupational therapists' educational department, and other nurses from units, such as the NICU, have expressed interest in continuing some of the elements of this project to fit the needs of their patient population.

The DNP student considers the importance of planning how to disseminate the knowledge gained from this project. As a result, the DNP student will reflect on making sure that the results and key findings of this project are available to nursing colleagues who are at Andrews University and the wider academic and clinical community who may be interested in pediatric health equity.

Recommendations

The following is a list of recommendations that the DNP student would like to present to the project site for further consideration:

- A survey for patients who stay for longer than 24 hours that will allow them to report their hair texture, hair care seasonal needs, and whether they are using a protective hair style. There could also be space provided on the survey for patients to recommend hair products that aren't already offered at the project site. This will allow the hospital to better ascertain their patients' hair care needs and provide valuable data to supply chain analysts
- Do more research into natural hair products such as oils that are safe for children under three years old since Cantu products are not recommended for children under that age
- Provide a way for patients who identify as "other" to specify what ethnicities they identify as and make this data available through SlicerDicer so that mixed race patients can be more represented in future projects
- Streamline the ordering process for BIPOC hair products since it is no longer ordered through materials and is now ordered through the service portal. Making sure the service portal is accessible to all staff and that the ordering process works
- Remind staff that they can reach out to salon services if they are unsure about how to care for BIPOC patients' hair
- Update BIPOC hair care policy to include more products that are inclusive to all types of BIPOC patients
- Provide an option to staff members, particularly nurses, to engage in hands-on BIPOC hair care training using mannequins and other training equipment

Use of DNP Essentials

The Doctor of Nursing practice (DNP) degree being obtained by this graduate student is motivated by a response to the DEIB nursing educational needs within a pediatric health setting. This DNP scholarly project was guided by *Essentials for Doctoral Education for Advanced Nursing Practice*, which are the foundational competencies for doctorally prepared nurses (AACN, 2006). Six of the eight Essentials were utilized (I, II, III, IV, V, and VI). The other two Essentials, VII and VIII, are important within nursing care, but not substantially applicable to this project.

Essential I: Scientific Underpinnings for Practice

The knowledge of nursing science was demonstrated through this DNP scholarly project by providing nursing education that focused on pediatric health equity and cultural awareness. The backward design framework that was used in this DNP scholarly project focused on demonstrating the application of nursing science to practice (AACN, 2006, p. 8). Examples of application of the evidence-based backward design educational approach was exhibited through the use of a survey to collect assessment evidence and visual cues and a video for the use of learning activities that will lead to the desired result, which is to increase nurses' awareness regarding BIPOC hair care.

Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

The leadership that was behind the success of this DNP scholarly project made a significant difference. The DNP student in a clinical setting is usually being managed by

a nursing or health care leader(s). Furthermore, within a pediatric inpatient setting, the DNP student will sometimes have to take on a leadership role to help oversee all the moving parts of their project. It is important that the DNP student who conducted this scholarly project understands the importance of good leadership which can motivate and inspire others to act as agents of change regarding DEIB initiatives (AACN, 2006, p. 10).

The DNP student specializing in nursing education should act as an agent of transformation. To be transformative, nurse educators should be open to hearing instructional needs of nurses, even if the feelings expressed may be perceived as undesired sentiments or thoughts (Panneerselvam, 2018). Furthermore, nurse leaders within the field of education should encourage growth and professional development for all nurses and be sensitive to the unique needs of the nurses that they are educating. For example, in this DNP scholarly project the DNP nurse educator student was able to listen to the unique needs of nurses at as it related to BIPOC patients' hair care at the project site and created learning instruction that fit those needs.

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

Nursing scholarship to improve the health of pediatric patients is extremely useful when taking care of diverse patients within an inpatient clinical setting (AACN, 2006, p. 11). Nurse educators are inquisitive when making important clinical and instructional decisions. To find a resolution for an educational health equity gap, nurse educators must ask the right questions and use those questions to guide them in finding evidence-based knowledge that can help answer them. Furthermore, if nurse educators are finding that there are gaps within the literature, it is encouraged that nurses further their graduate

education and pursue doctoral work or seek peers, such as nurse scientists and other related professionals that are doing research to answer those specific questions. At the project site, there are scholarly meetings and gatherings where practitioners, educators, and researchers can talk about the best evidence in practice and communicate scholarly findings. The foundation of the BIPOC hair care policy that was utilized in this DNP scholarly project is centered on clinical scholarship and evidence-based practices. At the project site, the clinical policies that are created must be supported by evidence from the literature and are edited as clinical scholarship is refined and updated as scientific discoveries and nursing care continues to evolve to meet the needs of all patients.

Essential IV: Information Systems-Technology and Patient-Care Technology for the Improvement and Transformation of Healthcare

This DNP scholarly project would not have been possible without access to the project site's Epic SlicerDicer data exploration tool or its REDCap survey-building and management application. Neither would it have been possible without access to the project site's supply chain, Workday, and BIPOC policy access data which were provided to the DNP student by the project site's analysts and department coordinators. These information technologies and systems allowed the DNP student to build and administer two rounds of surveys through REDCap to nurses and other frontline health care providers on nine units at the project site, drawing on a wealth of hospital-wide information regarding the care of BIPOC patients. SlicerDicer was a powerful tool that granted the DNP student the ability to correlate survey data gained through REDCap with BIPOC patient demographics, carefully selected by applying the appropriate filters to

compare pre- and post-intervention figures. The DNP student expects that the data produced by this scholarly project will encourage other nurse researchers and evidence-based specialists at the project site to further investigate issues pertaining to BIPOC health equity.

Essential V: Health Care Policy for Advocacy and Health Care

This DNP scholarly project is aligned with this DNP essential because it is deeply connected to health care advocacy as it relates to BIPOC hair hygiene equity. This issue is a social justice issue and helps to amplify the voices of the needs of communities that are underserved within health care. Furthermore, the project highlights racial health disparities and how they are widespread even in areas of patient hygiene and nursing care. Nurse educators act as advocates for BIPOC patients by developing instructional materials and disseminating knowledge to nurses and other related health professionals (AACN, 2006, p. 14). The DNP student who created this project greatly benefited from the BIPOC hair care policy document that was already available within the project site's policy manager and was able to use this project as a stepping stone to expand on the ideas and information provided in the policy created by one of the project site's clinical nurse specialists.

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

Interprofessional collaboration was a foundational part of this DNP scholarly project. Although the DNP student wrote the first draft of the educational video script and

came up with an initial poster design, the final products that went out first to the nine participating units and next to the whole hospital were designed in collaboration with a nursing instructional media design specialist. Likewise, a significant portion of the data used in this DNP scholarly project would not have been accessible to the DNP student on their own without the collaboration of evidence-based specialists, supply chain analysts, nurse scientists, and nursing informatics specialists. Additionally, as this project pertained to inpatient hair care, Senior Nursing Aids (SNAs) played a vital role in catalyzing this project by advocating for BIPOC hair products. As frontline providers of hair care services, their insight into the complex issue of BIPOC hair hygiene equity was vital for the success of this project.

Population health is another area of importance within nursing education. Nurse educators can choose to specialize within an area of nursing, such as pediatrics, to learn how to better instruct nurses how to take care of children. At the project site, there was an Office of Diversity and Inclusion, or specific groups, such as the Multicultural Nursing Alliance that helped to elevate health issues connected to certain populations who are at the margins of society and build on community partnership efforts to help those populations. For this DNP project, improving patient and population outcomes was important because this scholarly project was about mitigating health inequity as it related to hair hygiene practices for BIPOC patients.

Impact of the Project on the Project Site

Due to this DNP scholarly project, awareness was increased regarding hair care needs for BIPOC patients. Also, procedures, policy, and products related to care for BIPOC hair were brought into the forefront of the staff members' minds. Anecdotally,

staff members have reached out through email and in person about this project and how to order hair products for BIPOC patients on their unit. Also, individuals who are in leadership positions and not necessarily at the bedside have showed interests in this project, such as the CEO and the communication department who invited me to speak at a hospital wide town hall meeting. Furthermore, it has opened the door to further work to be done on this very important health equity issue. It has made room for interdisciplinary and interdepartmental collaboration, which provides other staff members inspiration with how to develop their own projects or initiatives.

End Products (Deliverables)

Having already received and disseminated the educational video and electronic copies of the original posters (Appendix C) hospital-wide, the only end products yet to be delivered to the project site are the printed copies of the posters and the DNP dissertation paper itself together with its recommendations. Due to changes made at the project site to the ordering process for hair products, the ordering instructions that were on the original posters are no longer relevant. However, the instructions for how to reach the BIPOC hair care policy still are. Upon completion of the project, the DNP student will distribute printed copies of the original poster to all nine units with a verbal addendum regarding changes in ordering.

Significance and Implication for Practice

Although this project has been initiated by other hospitals and nursing colleagues, especially during or after the period of the Black Lives Matter (BLM) movement, in 2020, there are still educational revisions that must be done within nursing, to allow for

long-term and sustainable changes (Harris et al., 2023). Although many nurses value the importance of the hair equity initiatives within the hospital setting, it is apparent based on hospital data that nurses are still not highly knowledgeable about hair care hygiene practices for children of color. It is important that this initiative not be centered on "good public relations (PR)", performative activism, or virtue signaling from hospital staff, who are not from those communities and do not comprehend the lived experiences of children of color and their families. It is equally important that individuals, such as nurses or health care staff from those communities are not promoted as tokens, for the diverse voices that people of color carry.

Plan for Sustainability & Project Evaluation

The completion of this project is important because when finalized, the project site will receive a completed video, visual cues, such as posters or handouts that they can use for future training and as a reference or resource. In addition, the original author of the project site's policy for BIPOC Hair Hygiene will be provided with pertinent information based on the project's results and provided with necessary feedback to help improve accessibility and use of the policy. Furthermore, this project will be evaluated as a quality improvement project that helps to promote diversity, equity, inclusion, and belonging within the field of nursing. The DNP student plans for sustainability of this project by connecting with diverse groups within the project site's community. Furthermore, the DNP student hopes that this project will lead to an e-learning module for staff, specifically nurses, to be placed on the project site's website, and to be made part of the training for clinical nurse educators, clinical nurse experts, and other onboarding staff and orientees. To promote the sustainability of the project, the DNP

student will ensure that a member of the interdisciplinary teams who showed interest in furthering parts of the project will be made aware of some of the limitations that need to be addressed regarding the new BIPOC hair product ordering procedures so that they can continue the work that has already been started if possible.

Since this scholarly DNP project was founded on the backward design educational framework, it would be advantageous if the nursing education department at the project site considered incorporating the backward design approach into their teaching methodology. The reasoning behind this consideration lies in the effectiveness of this project to meet some of the outcome measures that were selected for this educational initiative. By applying the backward design approach to meet the learning goals of different nursing skills, nurse educators can examine the efficacy of this approach and tailor it to meet the diverse needs of nurses.

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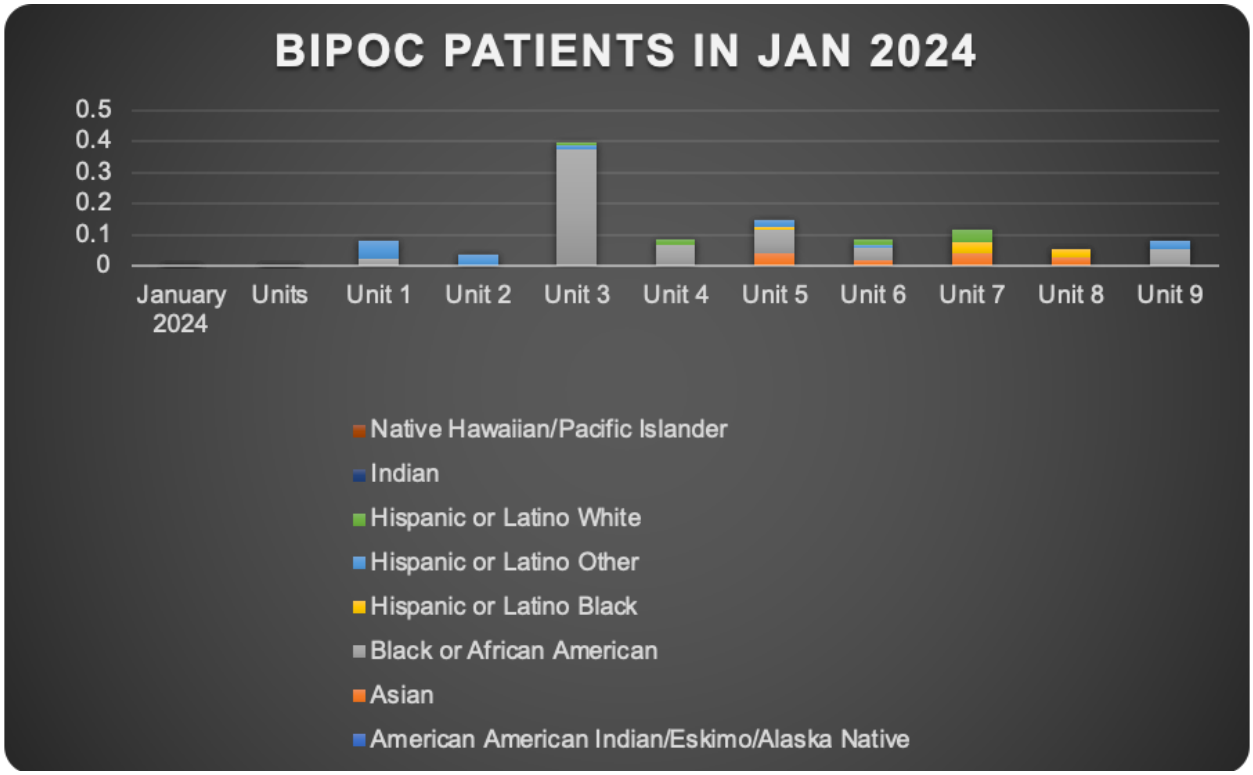
APPENDICES

Appendix A: Racial Distribution of Patients Across Nine Units from January to June 2024

Figure 6

Racial Distribution of BIPOC Patients Across Nine Units in January 2024



Note. The y-axis number represent percentages in their decimal forms.

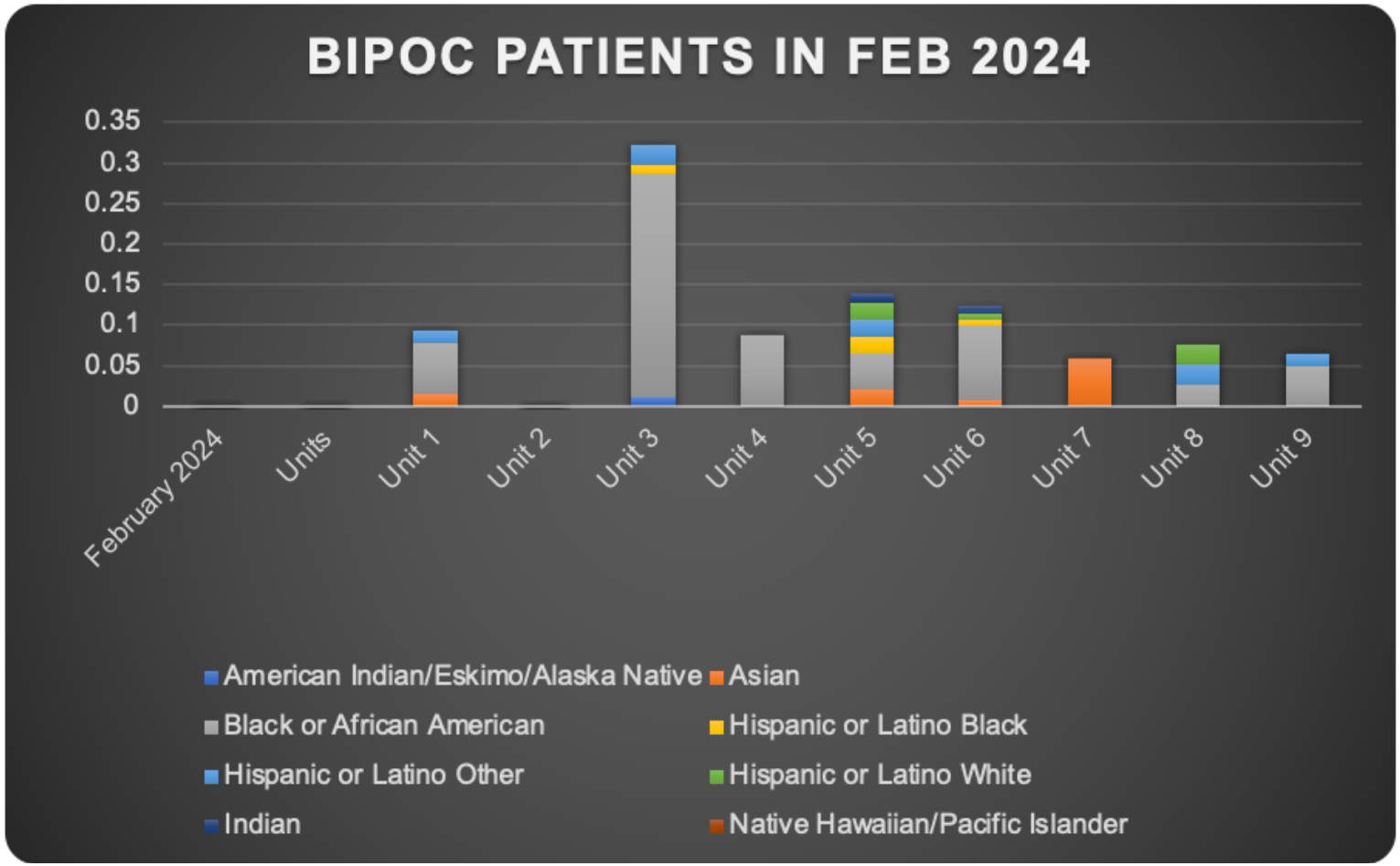
Table 8

Racial Distribution of BIPOC Patients Across Nine Units in January 2024

January 2024									
Units	American Indian/Eskimo/Alaska Native	Asian	Black or African American	Hispanic or Latino Black	Hispanic or Latino Other	Hispanic or Latino White	Indian	Native Hawaiian /Pacific Islander	Total Number of Patients on Unit
Unit 1	0.00%	0.00%	2.04%	0.00%	6.12%	0.00%	0.00%	0.00%	49
Unit 2	0.00%	0.00%	0.00%	0.00%	3.70%	0.00%	0.00%	0.00%	27
Unit 3	0.00%	0.00%	37.35%	0.00%	1.20%	1.20%	0.00%	0.00%	83
Unit 4	0.00%	0.00%	6.78%	0.00%	0.00%	1.69%	0.00%	0.00%	59
Unit 5	0.00%	4.21%	7.37%	1.05%	2.11%	0.00%	0.00%	0.00%	95
Unit 6	0.00%	1.71%	4.27%	0.00%	0.85%	1.71%	0.00%	0.00%	117
Unit 7	0.00%	3.85%	0.00%	3.85%	0.00%	3.85%	0.00%	0.00%	26
Unit 8	0.00%	2.70%	0.00%	2.70%	0.00%	0.00%	0.00%	0.00%	37
Unit 9	0.00%	0.00%	5.48%	0.00%	2.74%	0.00%	0.00%	0.00%	73
Total									566

Figure 7

Racial Distribution of BIPOC Patients Across Nine Units in February 2024



Note. The y-axis number represent percentages in their decimal forms.

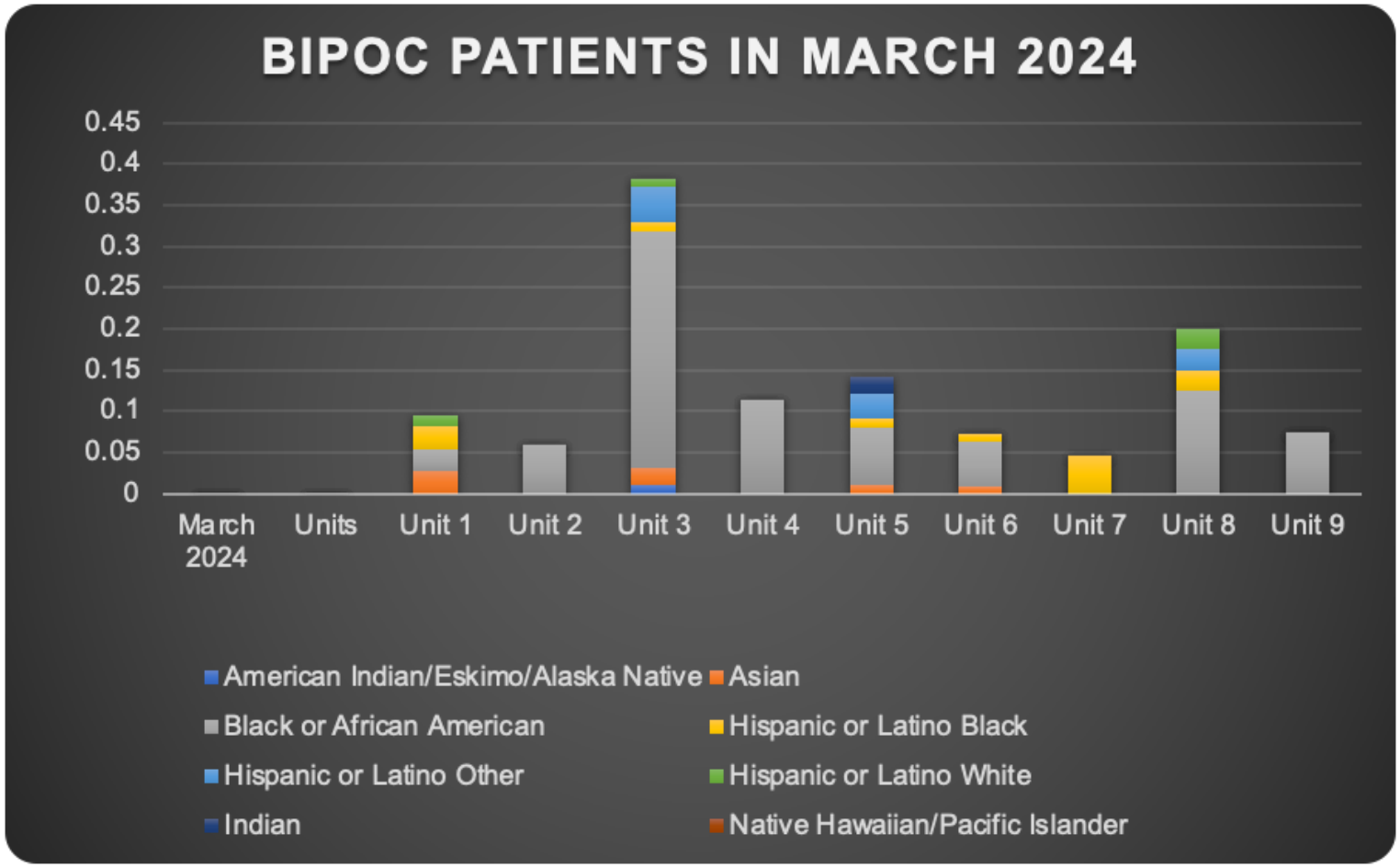
Table 9

Racial Distribution of BIPOC Patients Across Nine Units in February 2024

February 2024									
Units	American Indian/Eskimo/Alaska Native	Asian	Black or African American	Hispanic or Latino Black	Hispanic or Latino Other	Hispanic or Latino White	Indian	Native Hawaiian /Pacific Islander	Number of Patients on Unit
Unit 1	0.00%	1.56%	6.25%	0.00%	1.56%	0.00%	0.00%	0.00%	64
Unit 2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	23
Unit 3	1.19%	0.00%	27.38%	1.19%	2.38%	0.00%	0.00%	0.00%	84
Unit 4	0.00%	0.00%	8.77%	0.00%	0.00%	0.00%	0.00%	0.00%	57
Unit 5	0.00%	2.13%	4.26%	2.13%	2.13%	2.13%	1.06%	0.00%	94
Unit 6	0.00%	0.82%	9.02%	0.82%	0.00%	0.82%	0.82%	0.00%	122
Unit 7	0.00%	5.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17
Unit 8	0.00%	0.00%	2.56%	0.00%	2.56%	2.56%	0.00%	0.00%	39
Unit 9	0.00%	0.00%	4.84%	0.00%	1.61%	0.00%	0.00%	0.00%	62
Total									562

Figure 8

Racial Distribution of BIPOC Patients Across Nine Units in March 2024



Note. The y-axis number represent percentages in their decimal forms.

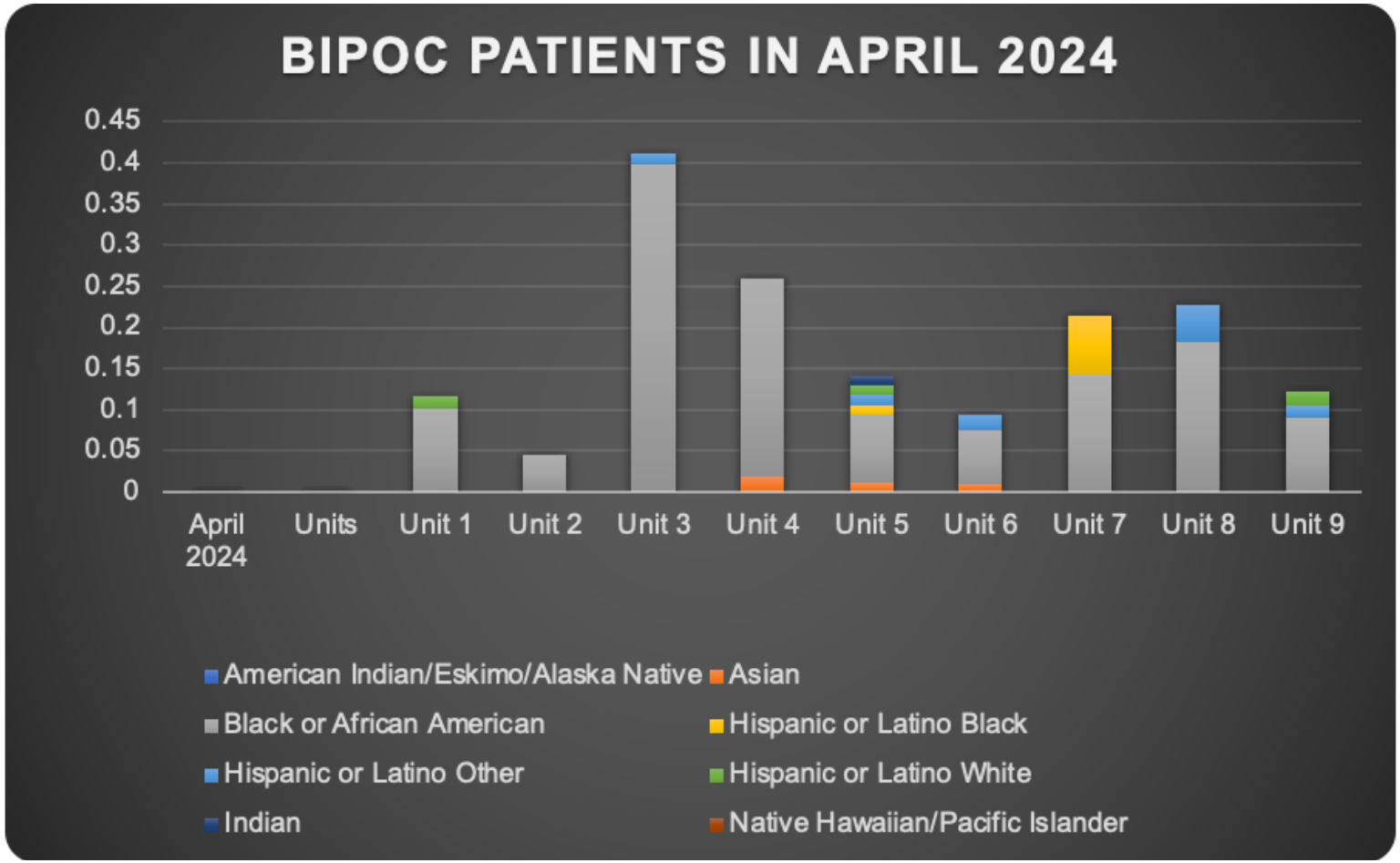
Table 10

Racial Distribution of BIPOC Patients Across Nine Units in March 2024

March 2024									
Units	American Indian/Eskimo/Alaska Native	Asian	Black or African American	Hispanic or Latino Black	Hispanic or Latino Other	Hispanic or Latino White	Indian	Native Hawaiian /Pacific Islander	Total Number of Patients on Unit
Unit 1	0.00%	2.70%	2.70%	2.70%	0.00%	1.35%	0.00%	0.00%	74
Unit 2	0.00%	0.00%	5.88%	0.00%	0.00%	0.00%	0.00%	0.00%	17
Unit 3	1.06%	2.13%	28.72%	1.06%	4.26%	1.06%	0.00%	0.00%	94
Unit 4	0.00%	0.00%	11.29%	0.00%	0.00%	0.00%	0.00%	0.00%	62
Unit 5	0.00%	1.01%	7.07%	1.01%	3.03%	0.00%	2.02%	0.00%	99
Unit 6	0.00%	0.90%	5.41%	0.90%	0.00%	0.00%	0.00%	0.00%	111
Unit 7	0.00%	0.00%	0.00%	4.55%	0.00%	0.00%	0.00%	0.00%	22
Unit 8	0.00%	0.00%	12.50%	2.50%	2.50%	2.50%	0.00%	0.00%	40
Unit 9	0.00%	0.00%	7.50%	0.00%	0.00%	0.00%	0.00%	0.00%	80
Total									599

Figure 9

Racial Distribution of BIPOC Patients Across Nine Units in April 2024



Note. The y-axis number represent percentages in their decimal forms.

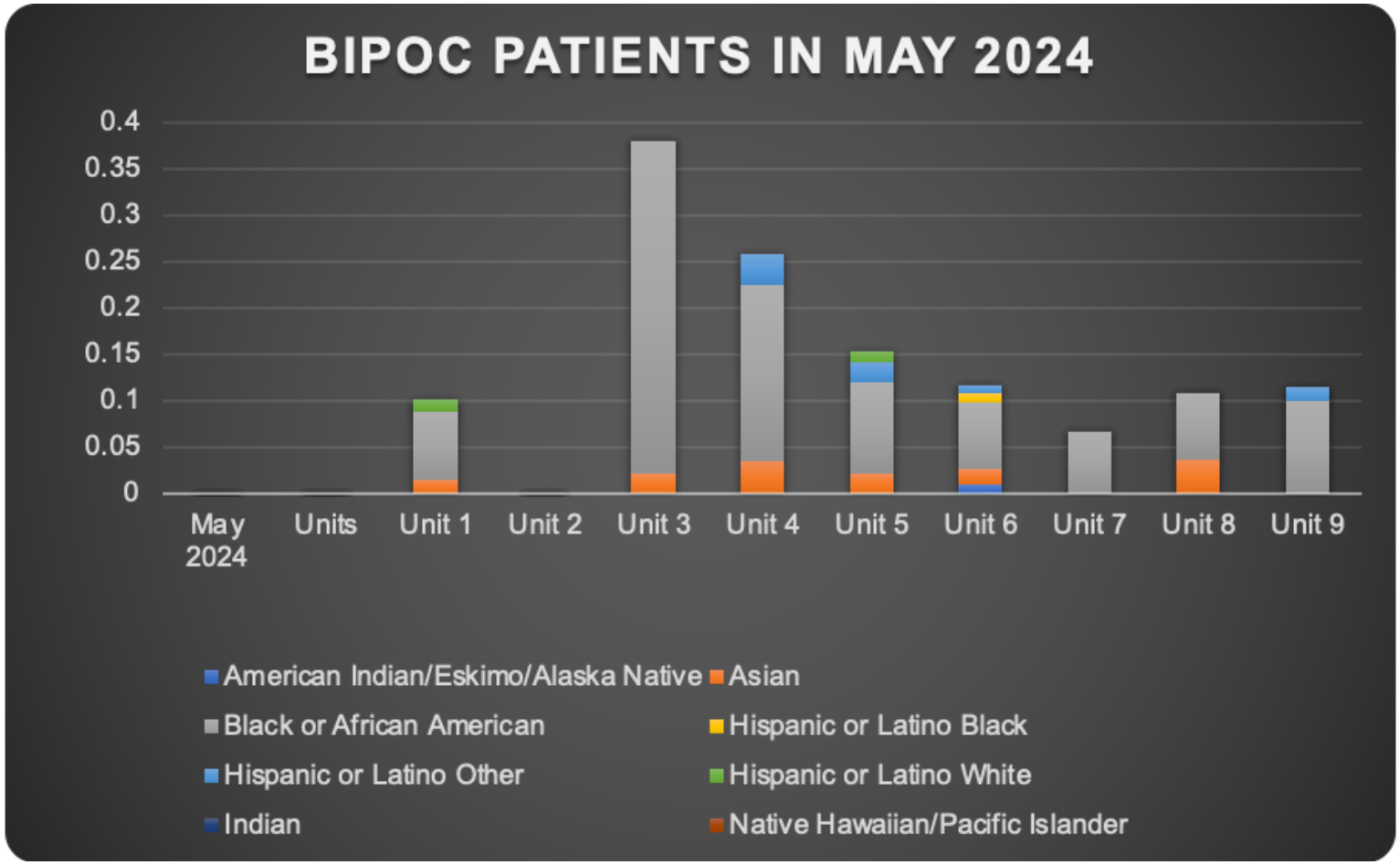
Table 11

Racial Distribution of BIPOC Patients Across Nine Units in April 2024

April 2024									
Units	American Indian/Eskimo/Alaska Native	Asian	Black or African American	Hispanic or Latino Black	Hispanic or Latino Other	Hispanic or Latino White	Indian	Native Hawaiian /Pacific Islander	Total Number of Patients on Unit
Unit 1	0.00%	0.00%	10.14%	0.00%	0.00%	1.45%	0.00%	0.00%	69
Unit 2	0.00%	0.00%	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	22
Unit 3	0.00%	0.00%	39.74%	0.00%	1.28%	0.00%	0.00%	0.00%	78
Unit 4	0.00%	1.85%	24.07%	0.00%	0.00%	0.00%	0.00%	0.00%	54
Unit 5	0.00%	1.18%	8.24%	1.18%	1.18%	1.18%	1.18%	0.00%	85
Unit 6	0.00%	0.93%	6.54%	0.00%	1.87%	0.00%	0.00%	0.00%	107
Unit 7	0.00%	0.00%	14.29%	7.14%	0.00%	0.00%	0.00%	0.00%	14
Unit 8	0.00%	0.00%	18.18%	0.00%	4.55%	0.00%	0.00%	0.00%	22
Unit 9	0.00%	0.00%	9.09%	0.00%	1.52%	1.52%	0.00%	0.00%	66
Total									517

Figure 10

Racial Distribution of BIPOC Patients Across Nine Units in May 2024



Note. The y-axis number represent percentages in their decimal forms.

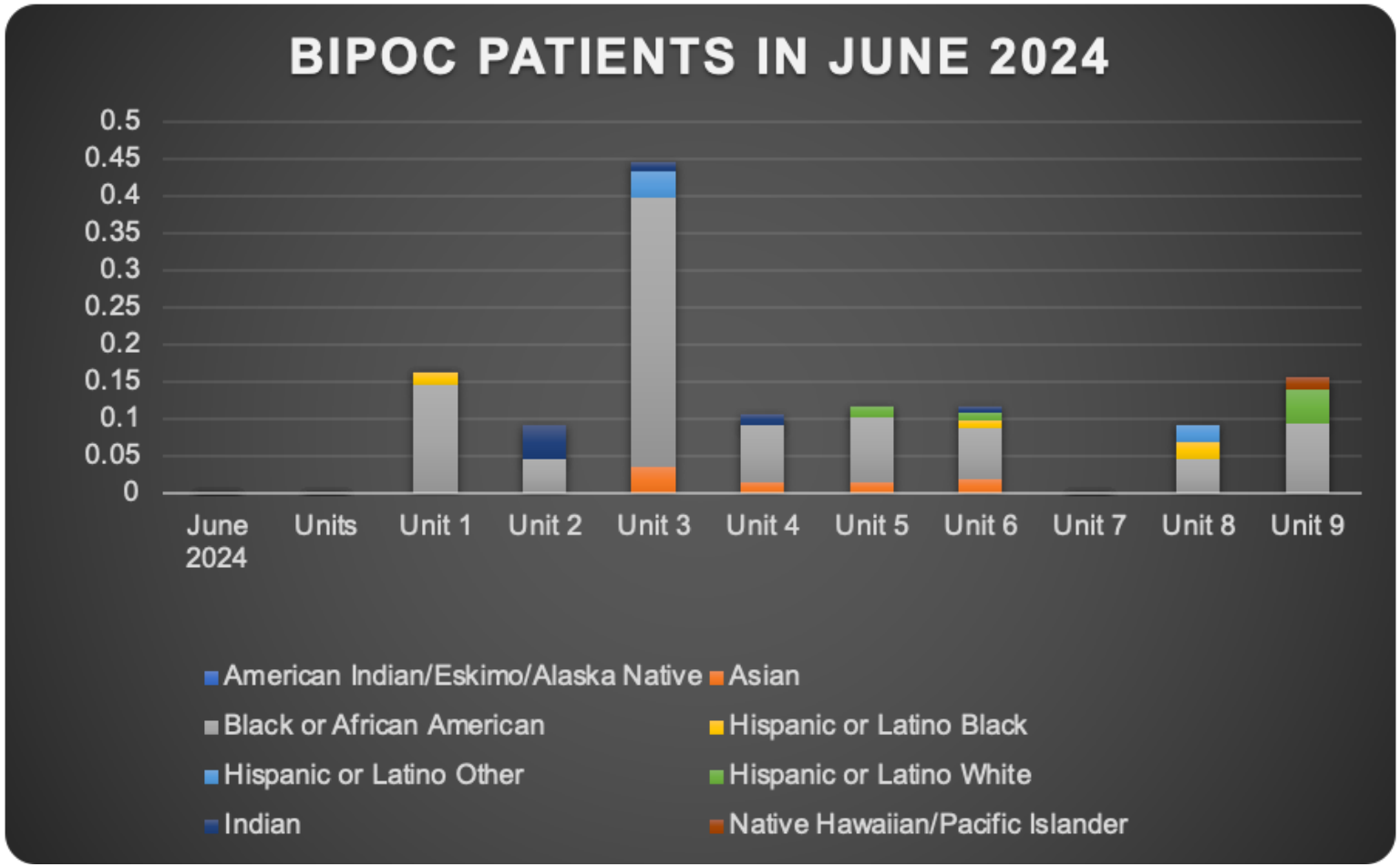
Table 12

Racial Distribution of BIPOC Patients Across Nine Units in May 2024

May 2024									
Units	American Indian/Eskimo/Alaska Native	Asian	Black or African American	Hispanic or Latino Black	Hispanic or Latino Other	Hispanic or Latino White	Indian	Native Hawaiian /Pacific Islander	Total Number of Patients on Unit
Unit 1	0.00%	1.45%	7.25%	0.00%	0.00%	1.45%	0.00%	0.00%	69
Unit 2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	19
Unit 3	0.00%	2.17%	35.87%	0.00%	0.00%	0.00%	0.00%	0.00%	92
Unit 4	0.00%	3.45%	18.97%	0.00%	3.45%	0.00%	0.00%	0.00%	58
Unit 5	0.00%	2.17%	9.78%	0.00%	2.17%	1.09%	0.00%	0.00%	92
Unit 6	0.89%	1.79%	7.14%	0.89%	0.89%	0.00%	0.00%	0.00%	112
Unit 7	0.00%	0.00%	6.67%	0.00%	0.00%	0.00%	0.00%	0.00%	15
Unit 8	0.00%	3.57%	7.14%	0.00%	0.00%	0.00%	0.00%	0.00%	28
Unit 9	0.00%	0.00%	10.00%	0.00%	1.43%	0.00%	0.00%	0.00%	70
Total									555

Figure 11

Racial Distribution of BIPOC Patients Across Nine Units in June 2024



Note. The y-axis number represent percentages in their decimal forms.

Table 13

Racial Distribution of BIPOC Patients Across Nine Units in June 2024

June 2024									
Units	American Indian/Eskimo/Alaska Native	Asian	Black or African American	Hispanic or Latino Black	Hispanic or Latino Other	Hispanic or Latino White	Indian	Native Hawaiian /Pacific Islander	Total Number of Patients on Unit
Unit 1	0.00%	0.00%	14.55%	1.82%	0.00%	0.00%	0.00%	0.00%	55
Unit 2	0.00%	0.00%	4.55%	0.00%	0.00%	0.00%	4.55%	0.00%	22
Unit 3	0.00%	3.61%	36.14%	0.00%	3.61%	0.00%	1.20%	0.00%	83
Unit 4	0.00%	1.52%	7.58%	0.00%	0.00%	0.00%	1.52%	0.00%	66
Unit 5	0.00%	1.45%	8.70%	0.00%	0.00%	1.45%	0.00%	0.00%	69
Unit 6	0.00%	1.96%	6.86%	0.98%	0.00%	0.98%	0.98%	0.00%	102
Unit 7	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8
Unit 8	0.00%	0.00%	4.55%	2.27%	2.27%	0.00%	0.00%	0.00%	44
Unit 9	0.00%	0.00%	9.38%	0.00%	0.00%	4.69%	0.00%	1.56%	64
Total									513

Table 14

Racial Demographics of Preliminary and Post-Intervention Survey Respondents

	White/Caucasian	Black and African American	Other	No Response	Total
Pre (#)	68	24	8	4	104
Post (#)	58	26	6	1	91
Pre (%)	65.38%	23.08%	7.69%	3.85%	
Post (%)	63.74%	28.57%	6.59%	1.10%	

Note. The "Other" category included respondents who identified as Hispanic, Latino, Latina, Asian, Indigenous, Middle-eastern, etc. and those who chose to identify as two or more ethnic/racial categories.

Appendix B: Preliminary Survey Materials

Preliminary Survey Email

Dear staff members,

My name is Sharlene Lansiquot. I'm a clinical nurse at [the project site]. I'm currently working on a quality improvement project and I'm hoping to gather some preliminary information to find out how to better meet the needs of staff members regarding the care of diverse patients. Please complete this survey, it should take only about a minute of your time. Thank you so much. Please click on this link: [redacted]

Best,
Sharlene Lansiquot, BSN-RN
Clinical Nurse, [Unit 9]
Lansiquots@[theprojectsite].edu

Preliminary/Post-Intervention Survey Questions

Assessment survey created by DNP Student and Reviewed by the project site's Evidence Based
Specialist for specific DNP project. Administered through REDCap
• Assessment survey entitled: Hair Care for BIPOC Patients
• Questions are:
• 1) Do you know if there are hair products offered at [the project site] for children who identified as Black, Indigenous, or People of Color (BIPOC)? (Yes/No)
• 2) If these products exist, have you ever used them while taking care of BIPOC patients?
• 3) What is your current role (RN, SNA, etc.) and which unit are you working on?
• 4) In terms of ethnicity/race, how do you identify?
• 5) In terms of gender/sex, how do you identify?
• 6) Number of years at [the project site]?
• 7) Are you comfortable using hair products and hair care procedures that are specifically tailored for BIPOC patients? (Yes, No, Unsure)
• 8) Have you ever ordered hair products children of color to use on your unit? (Yes/No)
• 9) [The project site] has a policy specifically for hair care hygiene practices pertaining to BIPOC children and I know how to find it? (Yes/No)

Andrews University IRB Application Approval Letter

Andrews University
Office of Research & Creative Scholarship

March 13, 2024

Sharlene Lansiquot
[redacted]

RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS
IRB Protocol #:24-021 **Application Type:** Original **Dept.:** Nursing
Review Category: Exempt **Action Taken**: Approved **Advisor:** Melinda Nwanganga
Title: Hair equity gap.

Your IRB application for approval of research involving human subjects entitled*: "Hair equity gap"* IRB protocol # 24-021 has been evaluated and determined Exempt from IRB review under regulation CFR 46.104 (2)(i): Research that includes survey procedures and in which information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subject. You may now proceed with your research.

Please note that any future changes made to the study design or informed consent form require prior approval from the IRB before such changes can be implemented. Incase you need to make changes please use the attached report form.

While there appears to be no more than minimum risks with your study, should an incidence occur that results in a research-related adverse reaction or physical injury, this must be reported immediately in writing to the IRB. Any research-related physical injury must also be reported immediately to the University Physician, Dr. Katherine, by calling (269) 473-2222.

We ask that you reference the protocol number in any future correspondence regarding this study for easy retrieval of information.

Best wishes in your research.

Sincerely,

Mordekai Ongo, PhD.
Research Integrity and Compliance Officer

Institutional Review Board – 8488 E Campus Circle Dr Room 234 - Berrien Springs, MI 49104-0355
Tel: (269) 471-6361 E-mail: irb@andrews.edu

Appendix C: Intervention/Post-Intervention Materials

Love Your Locks Poster

Note. Project site information has been de-identified.

Love Your Locks Screensaver

Love Your Locks: A Celebration of BIPOC Children's Hair

Love Your Locks is an initiative dedicated to spreading love and awareness of the unique textures and styles of Black, Indigenous and People of Color (BIPOC) patient hair.

Love Your Locks includes educational resources, specifically a video and poster, explaining the products needed to care for and style the hair of BIPOC patients.

The poster and video include, but are not limited to, information on:

- Ordering products specifically formulated for a patients' hair type and texture.
- Where to find the [project site]-specific policy for BIPOC childrens' hair care.
- How to contact [project site] Salon Services.
- **Interested in learning more?** Visit the [project site's blog] to access the Love Your Locks educational poster and video.

The Project Site's Blog Content

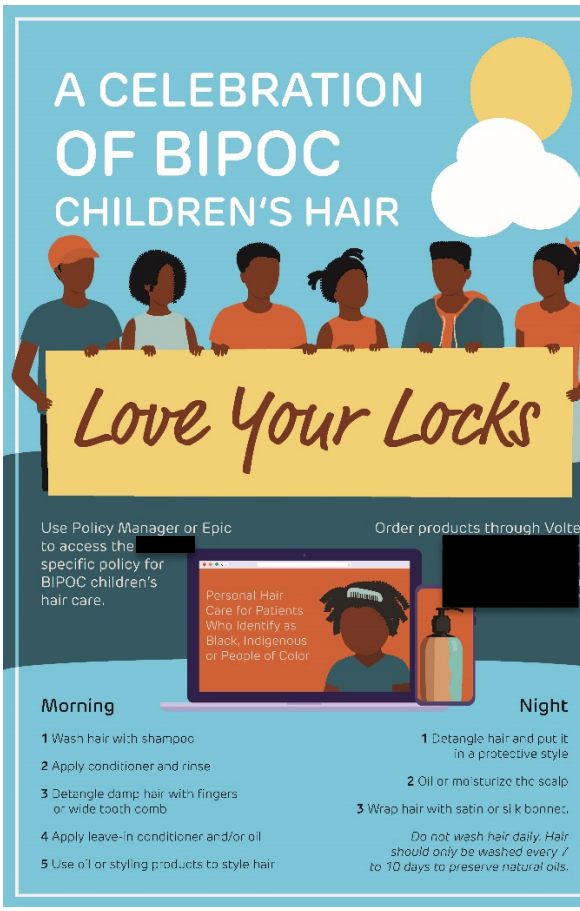
Love Your Locks: Celebrating BIPOC Patients Hair with Proper Care

Sharlene Lansiquot, MSN, RN on [Unit 9], identified an opportunity to improve the treatment of Black, Indigenous and People of Color (BIPOC) patient's hair at [the project site] through education resources. Sharlene, with the help of many [Unit 9] staff members and support of nursing leaders, launched the Love Your Locks initiative to spread love and awareness of the unique textures and styles of BIPOC hair. Read Sharlene's [project site's acknowledgement] about Love Your Locks here.

Love Your Locks includes the creation and distribution of education materials—a poster and video—that explain the different supplies staff will need to care for and style the hair of BIPOC patients.

The Love Your Locks Education Poster Includes:

- Step-by-step instructions on morning and nighttime hair care
- The location of the [project site]-specific policy for BIPOC children's hair care
- How to order products through Volte
- How often BIPOC patients' hair should be washed



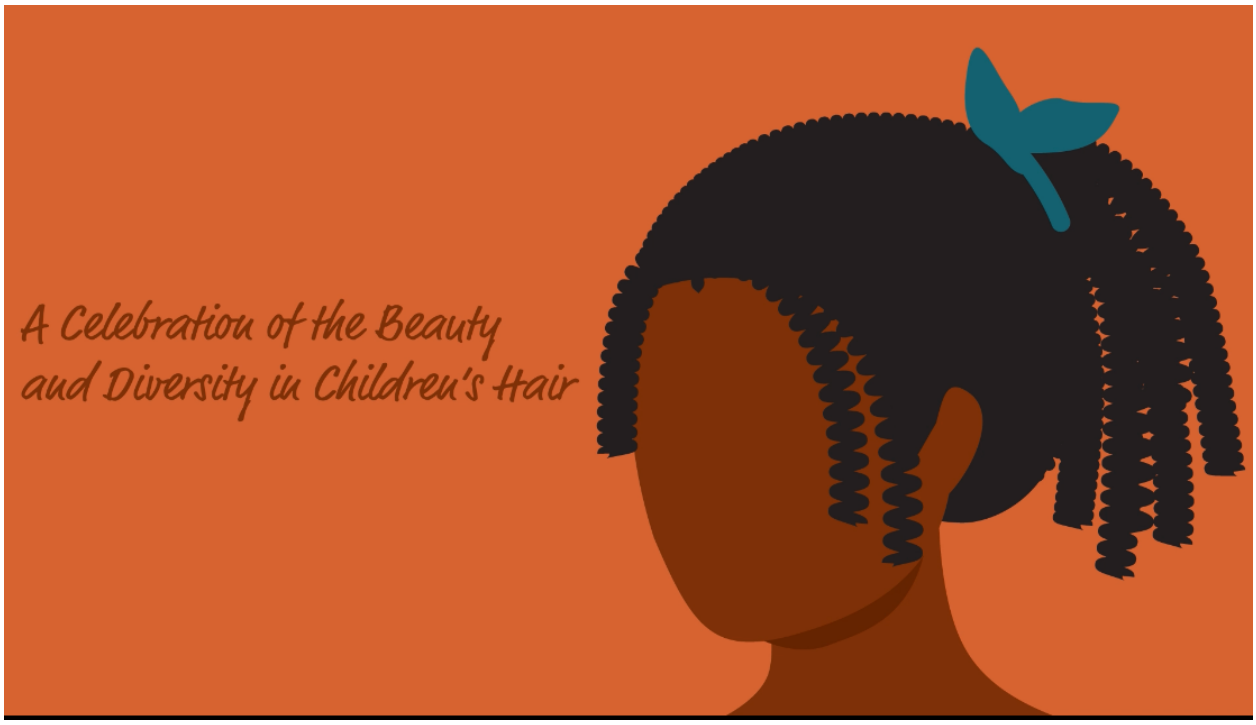
The Love Your Locks Video Includes:

- List of products needed to care and style a BIPOC patients' hair
- Hair wash, post-hair wash and hair styling step-by-step instructions
- How to order the products specifically formulated for your patients' hair type and texture on a [project site] iPhone
- Instructions on how to find BIPOC children's personal hair care job aid on Policy Manager
- How to contact [Project Site] Salon Services and obtain hair styling services for patients

Note. Names of project contributors were deleted for the purpose of de-identifying the project site.

Love Your Locks Video Still Frames

Note. Audio voiceover by Sharlene S. Lansiquot available in original video. Some of the frames were deleted for the purpose of de-identifying the project site.


A Celebration of the Beauty
and Diversity in Children's Hair


The purpose of this message is simple:
to spread love and awareness for the unique textures and styles
of Black, Indigenous, and People of Color children's hair.


Every curl


Every wave


Every
coil


Every
coil
Is a tribute to
their beautiful
heritage and
identity.

You'll need a few supplies to care for and style your patients' hair.

Gentle Shampoo

Moisturizing Conditioner

Leave-In Conditioner

Detangling Spray

Nourishing Pomade

Gentle Shampoo

Moisturizing Conditioner

Leave-In Conditioner

Detangling Spray

Nourishing Pomade

These products are essential for maintaining healthy hair and embracing its natural beauty.

Start by wetting the hair thoroughly with warm water.

Apply a small amount of shampoo and gently massage it into the scalp with fingertip pads to remove any buildup or impurities.

Children less than three years old
should use mild, baby shampoo
and conditioner such as Johnson's
Head-to-toe wash & shampoo,
not Cantu products,
since they are not recommended
for kids less than three.

Move from the hairline and nape
towards the center of the scalp.

Rinse out the shampoo thoroughly with cool water to help preserve natural oils and moisture. Do not gather the hair in a bunch on top of the child's head because it may tangle.

Apply a generous amount of conditioner from root to tip.

Use a wide-tooth comb and a detangling spray to detangle the hair gently, starting from the ends and working your way up to the roots.

Leave the conditioner in for a few minutes to allow it to penetrate the hair shaft and moisturize deeply.

After rinsing out the conditioner,
apply a leave-in conditioner
to lock in moisture and keep the hair
hydrated throughout the day.

Use a wide-tooth comb or bristle brush
to distribute leave-in conditioner
to scalp and hair. Hair lotion
should be applied prior to styling
and make sure to clean hair styling tools
with shampoo and warm water
to remove odor, dirt, and oil
and lay flat to air dry.

Finally, apply a small amount
of nourishing hair pomade
to seal in moisture and add shine
to your patient's beautiful soft locks.

You can order these supplies with your [redacted] iPhone by reaching out
to the central supply materials department by dialing [redacted]
or by having your inpatient clerk order. Just remember to choose products
that are specifically formulated for your patient's hair type and texture.

Gentle
Shampoo

Moisturizing
Conditioner

Leave-In
Conditioner

Detangling
Spray

Nourishing
Pomade


Remember, loving your locks is all about
embracing your natural beauty and celebrating
the unique qualities that make you who you are.

Post-Intervention Survey Email

Dear staff members,

I hope you're well! My name is Sharlene Lansiquot. The creator of the "Love Your Locks" project. I'm a clinical nurse at [the project site]. I'm currently working on a quality improvement project and I'm hoping to gather some information to find out how to better meet the needs of staff members regarding the care of diverse patients. Although some of you may have already completed this survey months ago. Please note this is a post-intervention survey, that should be completed **again** at this time even if you submitted the preliminary survey. If you never completed this survey, please kindly fill it out. It should take only about a minute of your time. Thank you so much. Feel free to reach out with any questions or concerns. I greatly appreciate it.

Please click on the link below to submit the survey:

https://redcap.[theprojectsite].edu/surveys/?s=4M7P97M4MF8WAMK8

Best,

Sharlene Lansiquot, MSN, BSN, RN

Clinical Nurse, [Unit 9]

lansiquots@[theprojectsite].edu

Post-Intervention Survey Reminder Email

Hi everyone,

Thank you so much for completing the survey related to hair care for diverse patients.

If you haven't completed the survey, you still have time to do so. Please click on the link below to complete the survey. I promise it will only take about a minute to complete.

You may open the survey in your web browser by clicking the link below:
Hair Care for BIPOC Patients 2

If the link above does not work, try copying the link below into your web browser:
https://redcap.[theprojectsite].edu/surveys/?s=4M7P97M4MF8WAMK8

Thank you,

Sharlene