Abstract
The purpose of this manuscript is to describe an educational innovation promoting attention to culture in the context of service learning. The innovation is one component in a community-based baccalaureate nursing curriculum at an urban university in the Mid-Atlantic States. The innovation comprises blending specific aspects of two required freshmen level courses, Transcultural Responses in Health Care and Service Learning Strategies. The overall goal of this endeavor is to better prepare students to integrate concepts of cultural competence throughout their undergraduate education and ultimately into their own practice of nursing.

Keywords
Transcultural nursing, education, service learning, educational strategies

Demographics of the United States are becoming more diverse. It is predicted that near 2045, no single racial-ethnic group will hold a majority in the population (U.S. Census Bureau, 2008). With the changing demographics it is probable every nurse will care for culturally diverse clients during his or her career. Unless nurses have knowledge and experience in promoting culturally congruent care, health disparities among culturally diverse populations may become more problematic. Culturally competent care includes knowledge, attitudes, and skills that support caring for people across different languages and cultures (Seeleman, Suurmond, & Stronks, 2009). There are multiple ways to promote cultural competence in nursing and in other health care professions. One way to bring about systemic change is to include concepts and experiences of culturally competent care during the educational process. If nursing students and other health care professionals are steeped in a meaningful process of developing greater cultural competence as students, there is the prospect that these skills, beliefs, and traditions will continue to be used throughout their careers. The purpose of this paper is to describe one such example of a curricular innovation which can be replicated in nursing and other professions. This curricular innovation includes the bridging of two undergraduate nursing courses, Transcultural Responses to Health Care.
(TRHC) and Service-Learning Strategies, with the goal of teaching cultural concepts in the classroom followed by culturally rich clinical experiences in neighborhoods surrounding the University. The students are also contributing to the neighborhoods as they perform their Service-Learning assignment. The freshman experience is the foundation for the remainder of the students’ undergraduate education. As part of this bridging, faculty challenge nursing students to begin to understand not only their own culture but also the culture of the community in which they serve. The joint focus of the two courses is an educational innovation that is supported by the School of Nursing’s curriculum outcomes which are based on the Synergy model (Hardin & Kaplow, 2005) and the Core Competency of Human Diversity from the Essentials for Baccalaureate Education (AACN, 1998; AACN, 2008). This core competency states:

Human diversity includes understanding the ways cultural, racial, socioeconomic, religious, and lifestyle variations are expressed. Course work or clinical experiences should provide the graduate with the knowledge and skills to: understand how human behavior is affected by culture, race, religion, gender, lifestyle and age; provide holistic care that addresses the needs of diverse populations across the life span; work collaboratively with health care providers from diverse backgrounds; understand the effects of health and social policies on persons from diverse backgrounds; and advocate for health care that is sensitive to the needs of patients, with particular emphasis on vulnerable populations.

The bridging of the service-learning and TCN courses encourages an underlying natural connection with common goals and outcomes to promote an increase in cultural understanding and the potential to prepare culturally competent nursing students and future nurses. Concepts, theories, and practices are utilized to support culturally competent and sustainable community-based relationships as a foundation for current and future nursing practice.

**Background**

Since the advent of managed care, patient length of stay in the hospital has decreased significantly and the majority of patient disease management occurs in the home or community. The undergraduate nursing program at this urban university made a commitment in 2004 to create and implement a community-based curriculum that would prepare nurses for a rapidly changing health care environment. In addition to Transcultural Responses to Health Care (a theory course) and Service-Learning Strategies (a clinically based course), the nursing curriculum introduces students to nursing theory and science in the freshman year, even though it is unusual to have two cultural courses required in an undergraduate curriculum, especially at the freshman level.

The synergy identified between these courses challenges nursing students to understand not only their own personal culture but also the culture of the nursing profession through processes of cultural rooting and identification of cultural icons (Zoucha, 2011). Cultural rooting is a cultural self-assessment focused on the students and their family/cultural histories. The cultural icon is a large class presentation where students bring in a symbol representing who they are culturally and share it with the entire class. In addition, students are introduced to common patterns of health related behaviors and beliefs of people living in the neighborhoods surrounding the University. This process is viewed as “holding” knowledge (Leininger & McFarland, 2006).
Students assess culture in the neighborhoods of those they serve. It is through the bridging of these two courses that students gain an appreciation for the unique culture of values, beliefs, traditions, language, life ways, and patterns they will encounter as nurses. The greatest potential for mutual transformation exists when learning occurs in both the classroom and the neighborhood. Mutual transformation means that both the student and the neighborhood are changed because of the interaction and mutually learn and grow from the experiences. Mutual transformation is important in that the experiences of serving in neighborhoods from a transcultural perspective can and should transform the neighborhood, the students, and the University in a culturally congruent manner. Strategies include not only teaching transcultural nursing theory in the classroom, but also facilitating the student’s entrance into the rich and culturally unique neighborhoods of the University’s metropolitan area which provides a context for learning.

The School has at least eight nurse-managed wellness centers in culturally diverse neighborhoods. These nurse–managed wellness centers use concepts of wellness to promote health. The School of Nursing has a long history of involvement in local University communities. For example, faculty and students partner with the African-American community to promote Cardiopulmonary Resuscitation initiatives through participatory action research, practice, and health-enhancing activities. Faculty and students also collaborate with the county health department and local churches in the African-American community to promote health through yearly flu shot clinics.

Theoretical Foundation

The courses are designed and taught in a manner that is consistent with Campinha-Bacotes’ model for culturally competent care (Campinha-Bacote, 2002). The model is rooted philosophically in the fields of transcultural nursing, multicultural counseling, and medical anthropology and is based on the following five constructs (assumptive premises):

1. Culture competence is a process and not an event.
2. Cultural competence consists of five constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire.
3. There is more variation within ethnic groups than across ethnic groups (in-
traethnic variation).
4. There is a direct relationship between the level of competence of health care providers and their ability to provide culturally responsive health care services.
5. Cultural competence is an essential component in rendering effective and culturally responsive services to culturally and ethnically diverse clients (Campinha-Bacote, 2003).

The major constructs in the model are defined as Cultural Desire, Cultural Awareness, Cultural Knowledge, Cultural Skills, and Cultural Encounter (Table 1).

The model asserts that although health care professionals can enter the competency process at any point in time, all cultural constructs must be addressed. The courses and experiences in the innovative curricular design provide opportunities to address and experience the five constructs described by Campinha-Bacote, (2002).

The Courses

Transcultural nursing has been defined as an area of study focusing on comparative human-care (caring) differences and similarities of the beliefs, values, and patterned life ways of cultures to provide culturally congruent, meaningful, and beneficial health care to people of various cultures (Leininger & McFarland, 2006). Service-learning is defined as “application of classroom learning to the real world” (D. colizza, personal communication, April 10, 2010). Bringle and Hatcher (1995) further described service-learning as “a credit-bearing, educational experience in which students participate in organized service activities that meet identified community needs and reflect . . . an enhanced sense of civic responsibility” (p. 112).

TCN forms the cultural foundation for the students in the community based curriculum. It is structured to assist students to understand and develop a “cultural self” through the previously defined concepts of cultural rooting, cultural icons, and “holding” knowledge. In cultural rooting, students learn historically about their own personal culture as well as how one learns barriers to cultural communication through practices such as racism, stereotyping, prejudices, and discrimination. The cultural icon the student chose to share with the class is placed on a Mexican blanket (because of its colorful nature represents the various threads of culture) on a table that symbolically represents culture with the intent of then creating a cultural collage of the class. By this method students are afforded opportunities to learn about individuals in the context of their culture, the culture of nursing, and cultural communities. Third, students learn about common patterns of health related behaviors and beliefs of people living in the City. This is viewed as “holding” knowledge, which then enables students to begin to interact with people who are culturally different with some knowledge of persons in the context of their culture. However, students are always cautioned about using “holding” knowledge in a manner that may stereotype people and their cultures. The Transcultural course prepares students to interact through service learning with culturally different people. Even though they have this opportunity, the student’s personal journey toward cultural competence does not begin until he or she has developed a genuine desire to do so.

The University has embraced the need to prepare student nurses for careers in a changing health care environment that warrants a more flexible and culturally competent health care practitioner. Furthermore, the university believes it may benefit each nurse to understand not only his or her own culture but also diverse
cultures in order to provide culturally-specific care. Transcultural Nursing develops cultural awareness, assessment, knowledge, and skills concurrent with the cultural encounter experienced in service learning.

Service-Learning Strategies is a one credit required course in the first year of study. Service-learning is intended to benefit both the provider (student) and the recipient (community) of service. Faculty engage students in a process that is both active and reflective, focusing equally on providing service as well as learning through a process of student self-reflection. During the service-learning course and experiences in neighborhoods, students learn about their own culture in relation to the culture of others through reflective journaling. The private online reflective journal is an on-going personal recording of the each student’s experiences while performing service-learning activities. The journal typically includes thoughts about civic responsibilities, new skills and accomplishments, and critical incidents that occurred in the community. Reflective journaling is one way for students to share thoughts and feelings about the course material in a more informal and personal way. It differs from many other required forms of coursework in that students are challenged to apply learned transcultural nursing theory to their service-learning experience. Students also look at how this experience impacts their education, community knowledge, and involvement. Four reflective journals, in addition to Blackboard Discussion Board postings, are required for each student throughout the semester. The reflective journal includes, but is not limited to, a description of the student’s service-learning project and goals, in addition to a process of self-evaluation.

Service-learning is part of the University’s mission statement: “...[serving] students... through service to...the community, the nation, and the world.” Therefore the faculty decided to begin the students’ service-learning experience in the elementary schools within one of five selected neighborhoods surrounding the University. It is felt that elementary schools are a non-threatening and familiar setting for the nursing students to enter the neighborhoods as they begin service-learning. The City’s Department of Parks and Recreation was contacted because one of this department’s functions is to facilitate the entry of “volunteers” into the City School system. Students undergo a comprehensive orientation to the neighborhood and their assigned school before the experience begins. Faculty and community leaders join students in a “windshield survey” via a bus tour at the beginning of the process to enable students to become familiar with the neighborhood and its history. At the beginning of each semester a community leader is invited into the classroom to present a general overview of the City and the selected surrounding neighborhoods. Students also have a session on “street smarts” and general safety principles. Furthermore, they are always assigned to a school in groups of two or more for obvious safety reasons so that no student ever travels alone.

One of the most difficult concepts for students to understand is that the service-learning tasks assigned at the elementary schools are based on meeting the school’s needs and not only the learning needs of the nursing students. These service-learning tasks with the children included individual tutoring in and out of the classroom, supervision in computer rooms, helping with after school programs, passing snacks, monitoring lunch, providing recess coverage, and participating in health-related programs presented by the school system. Faculty at times encourage the nursing students to look deeper and beyond the task at hand to make the connection between service-learning and the
role of the professional nurse. Nursing students divided their elementary school visits into seven one-hour weekly sessions to allow for multiple opportunities to build relationships with their assigned children, teachers, staff, and school.

A review of the process of self-reflection in the context of the service-learning experience demonstrates to faculty that students have the potential to move quickly along the cultural competence continuum and begin to accept their role in delivering culturally congruent health care. Emphasis is placed on assisting the student assess and analyze cultural diversity in their assigned neighborhood and relate this information to their current assignments and future clinical practice.

The Transcultural Responses to Health Care and Service-Learning Strategies courses serve as the students’ introduction to the concept of civic responsibility and the School’s philosophy of “safe passage” for individuals, families, and groups. The courses serve as the students’ foundation for building sustainable relationships with the community. A unique curricular initiative designed to assure continuity is that students remain actively involved in the same community as their initial assignment throughout their entire undergraduate education. The involvement in forming trusting relationships built through continuity of care will potentially result in healthier communities served by culturally competent nursing students and future nursing professionals.

The Natural Connection

Even though TCN and Service Learning Strategies are taught separately, the synergy between the course concepts guides cultural knowledge and skill acquisition into action. TCN provides a deeper understanding of the cultural self and others, while service learning provides the bridge to the environmental context of people’s lives in the community. In essence, the blending of the two courses allows students to explore all of Campinha-Bacote’s constructs in a comprehensively planned experience to foster cultural desire and promote cultural awareness and competence.

Desire/Awareness Phase - TCN Course

TCN rests on the fundamental assumption that freshman students enter nursing school with some desire to help serve “others” in a health care environment. At this basic level, students are introduced to the reality that the “others” they serve and care for in various health care settings may not be people who look like them, share their cultural traditions and/or beliefs, or necessarily embrace their socialized worldviews. The students become aware of their own cultural connections through classroom discussions and experiential activities such as the discussion of a cultural icon described earlier in this document. The students are challenged with the widely accepted rationale developed by the National Center for Cultural Competence (2010) as to why health care professionals should embrace becoming culturally competent as follows:

1. The changing demographics in the United States (US Census, 2008) (the majority population will one day become the minority population).
2. To eliminate ethnic and racial health disparities.
3. To meet legal, accreditation and regulatory mandates.
4. To improve quality of services and health outcomes.
5. To decrease liability and malpractice claims.
6. To gain a competitive edge in the marketplace (valuing workforce diversity).

Refer to Table 2 for a listing of all exercises and
evaluations used in TCN and Service Learning.

Knowledge Phase – TCN and Service Learning Courses:

The educational strategy behind building the student’s cultural knowledge was an atypical approach implemented by the faculty. The most common strategy is to discuss the cultural beliefs, traditions, life patterns, health beliefs, etc. of a particular ethnic or minority group. The courses provide a framework in which students learn what is important to know about someone who is culturally different from themselves. The students start by participating in the cultural rooting exercise where they explore the cultural origins within their own family. In addition, the students are given one neighborhood (research and pilgrimage) and one cultural project (book study) to use while applying guides such as Leininger’s Sunrise Model (Leininger & McFar-

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<td></td>
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*Table 2: The natural connection*
The emphasis of the assignment is on what knowledge the student should research and study concerning a particular culture.

As stated before, Service Learning provides the structure to apply TCN in the community setting. The content in TCN provides a framework for the students to engage in dialog with health related and social service community health care team leaders. The student’s application of their enhanced cultural awareness and cultural knowledge in the assigned neighborhood was exemplified through questions asked of community leaders, research reports on the neighborhoods, and through their reflective journals.

**Skill Building Phase – TCN and Service Learning Courses:**

In TCN the students learn how to develop basic clinical inquiry skills for cultural assessment. Although the assessment is clinically focused, the skill sets learned can be transferred to the task of collecting a community windshield assessment and direct application of cultural theory to the neighborhood in Service Learning.

**Cultural Encounter/Desire Phase – Service Learning Course:**

The Service Learning experiences provided the Freshmen level nursing students opportunities to have a face-to-face interaction with elementary school children that are, for the most part, culturally different than themselves. At first, the faculty worried that students would not be engaged in the process, but it became apparent that the interaction between college students and young elementary school children broke down multiple barriers in a non-threatening manner. In reading students’ reflective journals, it is interesting to discover that the elementary children were curious about the nursing student and engaged in culturally specific discussions with them. The children ask direct questions about students’ lives, their college educational programs, their families, their hair, their skin color, and other personal information. Over the duration of the course, faculty are able to measure changes in students’ perceptions and thinking as it related to the neighborhoods, the schools, and the children through in-class discussions, student-offered comments, and reflective journal entries. Nursing students began to question educational inequities and to articulate challenges faced by the community. Questions regarding social justice issues began to surface by the end of the semester.

**Lessons Learned**

All students are also evaluated through a culminating project. Students synthesize their experience in the form of a poster presentation to demonstrate their learning about the neighborhood and to share that knowledge with others in the University and community. Students interactively present known facts such as current health status, neighborhood assessment, and reflections on their service-learning sites in the neighborhood during their poster presentations. Students worked in groups from their assigned neighborhood on the poster presentation, culminating in one poster per community. During the presentation, students used the poster to explain their experiences and to answer questions. The poster presentation is held at the School of Nursing. The University community and selected representatives from the five neighborhoods are invited to attend. The poster presentation celebrates learning with opportunities for discussion and sharing.

In course evaluations, students feel that the experience in the neighborhoods was “to a large extent” relevant to the theory presented and “enriched my nursing practice”. The majority of the students also commented that this experience
heightened their sense of advocacy and moral agency. All students express that this experience “increased their sensitivity to recognize, appreciate, and incorporate cultural differences into the provision of care”. Additionally, students identify the actual service-learning experience as the major strength of the course. Students earn a group grade for the assignment, and as a whole, the classes do well in the development and presentation of their posters.

Health Care and Service-Learning Strategies was conceived by faculty when they became aware that the courses were scheduled in a “back to back” fashion on the same day of the week. In faculty discussion, connections between the course content began to emerge. The scheduling provided faculty with the opportunity to plan and implement this innovative concept. Faculty continued to offer the courses consecutively so students can share experiences between the courses. Although community partners, faculty, and students participate in many initiatives to acclimate the students to their new service-learning environment, some students still experience difficulty. A number of students feel insecure and uncertain about entering an environment so different from their own. At times, this feeling also extends to the students’ families. Faculty deal with these issues by continued support, encouragement, and detailed explanation of course objectives and outcomes. In addition, student feedback is valued and the curriculum is continually adjusted to improve student experiences. The teaching strategy is now in its 6th year of implementation, and the aforementioned problems appear to be lessening with each course offering.

Conclusion and Implications

The bridging of Transcultural Responses to Health Care and Service-Learning Strategies provides an essential foundation for students as they establish cultural competence not only as students but also as practicing nurses. Faculty members believe this exposure will better prepare beginning practitioners to function in a diverse health care delivery system and society. Students become aware of unmet needs in underserved vulnerable populations as they become increasingly aware of their own limitations in interacting with others who may be culturally different. A major goal of the two courses is to promote cultural competence in nurses and to create possibilities of mutual transformation for a more open, honest, and real partnership with nursing students, School of Nursing faculty, and most importantly the neighborhoods. As a long-term outcome, faculty members hope to observe a decrease in health care stereotyping and more sensitive professional nurses. Engaging nursing students in the neighborhood can impact present and future health disparities in culturally diverse communities not only in the neighborhoods surrounding the University but globally. Faculty believe that diverse experiences can help to build a foundation of lifelong commitment to service and cultural competence as students develop in the nursing profession.

References


