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Enhancing Cultural Competency

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Abstract

Background
Increases in ethnic diversity and globalization of healthcare have made it imperative to develop a culturally competent nursing workforce. The American Association of Colleges of Nursing (AACN), National League for Nursing (NLN), and the Institute of Medicine (IOM) support this effort. The purpose of this study was to evaluate the use of contemporary literature and cultural learning activities in an undergraduate nursing curriculum.

Design and Methods
A quasi-experimental pretest-posttest research design was used to evaluate the integration of contemporary literature and classroom activities into three nursing courses in an effort to increase the cultural competency of nursing students. A convenience sample of 56 accelerated undergraduate nursing students was used. The Transcultural Self Efficacy Tool (TSET) was used to assess transcultural self-efficacy perceptions while also differentiating between three types of learning: cognitive, practical, and affective.

Results
There was an overall increase in the students' cognitive, practical, and affective subscales of the TSET after the study interventions.

Discussion and Implications
The results of the study indicate that overall cultural competency improved after the cultural learning activities in this cohort of students. The integration of contemporary literature and cultural learning activities across several courses provides an accessible and effective method of integrating and teaching cultural competency in a nursing curriculum.

Keywords
cultural competence, curriculum, education, self-efficacy

The need to develop and educate baccalaureate nursing students to practice in a culturally diverse environment has never been greater. With each passing day the population in the United States becomes more culturally diverse. The United States Census Bureau (U.S. Census

Bureau) projected in 2014, if the current growth trends continue the nation will be more racially and ethnically diverse, as well as much older. Minority groups, now roughly one-third of the U.S. population, are expected to become the majority, with the nation projected to be 56% minority in 2060. By 2060, minorities will comprise more than half of all children, increasing from 48% in 2014 to 64.4% in 2060, 33.5% are predicted to be Hispanic (Colby & Ortman, 2014). All individuals have a culture that needs to be recognized, thus it is important for healthcare professionals to be prepared to care for patients who are diverse.

In 2008, the American Association of Colleges of Nursing (AACN) implemented their new "*Essentials of Baccalaureate Education for Professional Nursing Practice*" ("*Essentials*"). These revised "*Essentials*" mandate teaching cultural competency. This is an as essential component for program accreditation. Along with the *"Essentials,"* AACN provided nursing faculty with a *"Cultural Competency in Baccalaureate Nursing Education toolkit,"* which outlines five competencies necessary for baccalaureate nursing students. AACN emphasized that "despite efforts to incorporate psychosocial and cultural factors in traditional nursing education, disparities among diverse groups' health status and access to health care continue to exist" (p. 1). The National League for Nursing (NLN, 2009) also called for a commitment to diversity in nursing education and stated, "Quality, safety and diversity are intertwined" (p. 2). The leaders in transcultural nursing have established an edict for increased cultural competency, awareness and sensitivity (Leininger & McFarland, 2002). However; one of nursing faculty's greatest challenges is designing curricula and learning activities that prepare nursing students to provide care confidently and competently to clients especially to those representing diverse cultures.

Faculty worked collaboratively to review and strengthen the existing cultural curricular content in order to provide undergraduate nursing students with the skills to practice cultural competent care. Faculty teaching in the final semester of the accelerated baccalaureate program adapted Jeffreys' (2016) Cultural Competence and Confidence (CCC) Model and the related concept of transcultural self-efficacy (confidence) to guide the development of their educational strategies. The book entitled *The Spirit Catches You and You Fall Down*: *A Hmong Child, Her American Doctors, and the Collision of Two Cultures (*Fadiman, 1997) along with planned educational activities were utilized to enhance cultural competence learning outcomes.

Research Questions

To better evaluate the educational strategies implemented with this cohort, and add to the body of evidence-based teaching strategies and curricular approaches to prepare undergraduate nursing students in their quest for cultural competency, the following questions guided the study.

Research Question 1: Is there a change in the perceived self-efficacy of second degree accelerated undergraduate nursing students when contemporary literature and cultural learning activities are incorporated with a cohort of nursing students to facilitate the development of cultural competence?

Research Question 2: What are the perceived differences between students who have a prior bachelor's degree and those students who hold a master's or doctoral degree after the educational intervention?

Review of the Literature

Transcultural Nursing

The importance of identifying cultural differences in order to formulate effective nursing interventions was identified by Madeline Leininger in the 1950s (Leininger, 1988).

Through her work, Leininger determined that it was critical for nurses to recognize and respond to the differences between individuals. As a result, Leininger formulated her Cultural Care Diversity and Universality Nursing Theory. Leininger defined culture as "learned, shared, and transmitted values, beliefs, norms, and life practices of a particular group that guides thinking, decision, and actions in patterned ways" (1988, p. 156). Over the last few decades, terminology transformed to better describe this important aspect of care; however, the focus of providing care that reflects patient preferences and beliefs has essentially remained the same. The establishment of the Transcultural Nursing Society (TCNS) grew out of Leininger's mission to enhance the quality of cultural competence and to support health care professionals in this effort (TCNS, 2011).

Over the last 20 years, leaders in the transcultural nursing movement have developed models of care to guide culturally competent nursing care. Campinha-Bacote developed one of these models. It is centered on five constructs of becoming culturally competent: cultural awareness, cultural knowledge, cultural skills, cultural encounters, and cultural desire (Campinha-Bacote, 2003). Models such as this can be used by nursing educators to guide curriculum development and student experiences in order to meet outcomes related to cultural competence. Another important advance has been the development and availability of tools that measure the effectiveness of interventions that teach cultural competence in nursing curricula. One tool, the Transcultural Self-Efficacy Tool (TSET) developed by Marianne Jeffreys, has been useful in measuring changes in students' transcultural self-efficacy perceptions following educational interventions (Jeffreys & Dogan, 2010). This particular tool assesses the multidimensional nature of cultural competence by differentiating between cognitive, practical, and affective dimensions of learning.

The Need for Cultural Competency in Nursing School Curriculum

The AACN (2009) "*Essentials*" have made it clear that nursing educators must integrate cultural competence into their curricula through the development of relevant and culturally diverse experiences for the next generation of nurses. In order to outline the body of knowledge of transcultural nursing, the TCNS developed a Core Curriculum that establishes a basis of knowledge that supports the transcultural nursing practice (Douglas & Pacquiao, 2010). Colleges of nursing have adopted a variety of methods and strategies to incorporate cultural competence into baccalaureate nursing education, such as experiential clinical opportunities in other countries (Mill, Yonge, & Cameron, 2005), service learning (Amerson 2010), and cultural and community assessments.

Taylor and Alfred (2010) interviewed practicing nurses on the topic of culturally competent care. Their study revealed that nurses found working with culturally diverse clients was both challenging and frustrating (Taylor & Alfred). Maddelena's study (2009) also echoes this finding and recommends that nurse leaders provide more cultural supports, such as increased awareness, training and skills in order to provide cultural competent care. Lastly, the Joint Commission now requires health care institutions provide evidence that they are providing culturally competent care (Glittenberg, 2004). Culturally competent nursing care is not just "a nice thing to do," but rather it has become an essential element and focus of the care nurses are obligated to provide.

Strategies for Teaching Cultural Competence

Nursing literature identifies several methods or approaches that nurse educators have used to help students learn how to provide culturally competent care. However, there is a lack of consensus on how to best integrate this into a nursing curriculum (Larsen & Reif, 2011). Some

of these approaches include threading cultural education across the curriculum within courses, service-learning strategies, specific courses focused on cultural, immersion experiences, and the use of literature.

Kardong-Edgren (2010) and colleagues evaluated the program outcomes related to cultural competence of six nursing school curricula. Some of these approaches included integrating culture throughout the nursing program, clinical placements that provided cultural experiences, study abroad programs, and discrete courses in culture. Study results did not identify any one particular curricular approach as superior in achieving essential cultural competency outcomes in nursing students (Kardong-Edgren et al., 2010).

Service-learning opportunities have been used to introduce students to cultural competence with success. Amerson (2010) used a service-learning approach in a community health nursing course to improve cultural competence in a group of undergraduate nursing students. Students enrolled in the study completed a cultural assessment and community interviews that resulted in a specific plan of education to improve the health of the international community members. Using the Transcultural Self-Efficacy Tool (TSET) developed by Jeffreys (2010), Amerson noted that post-test scores were increased in the cognitive, practical, and affective categories that influence students' confidence in providing culturally congruent care. A limitation of this approach is variation between clinical assignments and sections of students.

Another method used to teach cultural competency includes culture-specific courses. Smith (2001) used an intervention called "culture school" to improve cultural competence levels in practicing registered nurses. The nurses participated in an all-day intensive educational program that involved simulations and demonstrations. Results indicated that nurses who participated in the "culture school" intervention demonstrated a significant increase in cultural self-efficacy and cultural knowledge than did the nurses who did not participate in the intervention (Smith). One study limitation was the short period for data collection that did not allow for assessment of long term outcomes. Although this study used registered nurses as the sample, the "culture school" intervention is an example of another type of intervention that can be used to teach cultural competence to nursing students.

International immersion experiences are another method to increase students' cultural competency. Bentley and Ellison (2007) utilized an international service-learning immersion intervention in an effort to improve cultural competence in undergraduate nursing students. Students enrolled in a nursing elective course that involved a service-learning trip to Ecuador. Comparison of pre- and post-test scores after the immersion experience revealed an increase in cultural competence scores, with many students moving from the level of cultural awareness to cultural competence (Bentley & Ellison). Both of these studies highlight the usefulness of clinical immersion in order to increase cultural competence; however, the logistics of experiences such as these can be expensive, complicated and difficult to repeat semester after semester.

Using Literature to Teach Cultural Competence

Use of literature is a unique way to allow students the opportunity to immerse themselves in a cultural experience in a personal, safe and reflective way. Campinha-Bacote (2003) discusses the importance of cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire as steps in the process of becoming culturally competent. All these steps can be experienced to some degree through the use of the literature, especially if it is enhanced through reflective classroom activities.

The evidence supports outcomes related to the use of literature as a teaching method for nursing students. Stowe and Igo (1996) found

various forms of literature useful as a way for students to expand perception of self and the world. Bartol and Richardson (1998) promoted students cultural competence by assigning reading excerpts from the novel, *The Color Purple*. They found that reading reputable literature could help students dispel false ideas and thoughts of cultures (Bartol & Richardson, 1998).

More recently, Halloran (2009) used literature to teach cultural competence to undergraduate nursing students by allowing them to choose a novel to read that focused on a culture other than their own. Students then participated in discussions and written reflective exercises. Halloran found that this approach helpful in starting conversations about culture with the students while increasing their awareness and cultural sensitivity. Additionally, Halloran found that the novels provided a rich background that allowed students to explore a culture in a safe and reflective way.

Kaplan (2010) also used literature as a way to increase cultural competence in teaching health policy to nursing students. Students read Ann Fadiman's book, *The Spirit Catches You and You Fall Down*. Students who read this book then engaged in health policy discussions that encompassed cultural competencies. Kaplan's approach also exemplified how literature can be effectively used to add a multicultural aspect to a nursing curriculum.

Integrating cultural competency into a nursing curriculum is both necessary and key to increasing global citizenship in nursing students. Nurse educators need to develop innovative strategies to meet cultural competency initiatives (Mill et al., 2010). Although clinical experiences, service-learning opportunities, and international immersion activities provide students with intense and first-hand experiences in cultural aspects of care, they can be expensive and logistically difficult. The authors chose to evaluate the use of literature and cultural learning activities integrated throughout several courses in a nursing curriculum as a cost effective option to provide a deep, rich context of cultural issues in an effort to increase cultural competency.

Organizational Framework

The Cultural Competence and Confidence (CCC) model by Jeffreys (2016) was utilized as the organizational framework for designing the learning process and classroom activities. Jeffreys' CCC model incorporates concepts that explain, describe, influence and/or predict the phenomenon of learning (developing) cultural competence. The model uses the "construct of transcultural self-efficacy (confidence as a major influencing factor "(p. 66). Jeffreys (2010) defines transcultural self-efficacy (TSE) as "perceived confidence for performing or learning general transcultural skills among culturally different clients" (p.66). Cultural competence is defined as a multidimensional learning process that integrates transcultural skills in all three dimensions (cognitive, practical and affective), involves TSE (confidence) as a major influencing factor, and aims to achieve culturally congruent care" (p. 71). The cognitive learning dimension focuses on knowledge outcomes, intellectual abilities and skills while the practical learning dimension focuses on motor skills or the practical application of skills. The affective learning dimension incorporates values, attitudes and beliefs as well as self-awareness, acceptance, appreciation and recognition.

Educational Strategies

Using Jeffreys (2016) model, educational strategies were intentionally designed to weave both horizontal and vertical threads of culture and cultural competency into the curriculum, while incorporating activities in each of the learning dimensions: cognitive, practical and affective (Table 1). This intervention used horizontal threads introduced early in the curriculum and focused on the process of learning. Vertical threads are "content" orient-

ed (Jeffreys) and were threaded throughout the semester. The cognitive learning dimension includes knowledge outcomes, skills and intellectual abilities. The intervention included, such activities as book club, case studies, lectures on family-centered care that included examples of the Hmong family culture, and role plays that focused on patient communication, beliefs and cross-cultural encounters. The practical dimension focused on motor skills and their practical application. Activities in this dimension included a cultural assessment of a nursing unit and clinical practice activities that included working with language access services and the related nursing responsibilities. The affective domain is "a learning dimension concerned with attitudes, values and beliefs" as well as "self-awareness, awareness of cultural gap (differences), acceptance, appreciation, recognition and advocacy" (Jeffreys, p. 79). Affective learning activities included clinical journal reflections focused on students' experiences and perceived confidence while working with interpreters, clients or families from a different culture than the students and specific reflective questions from the respective course subject.

Method

Study Design

This study utilized a quasi-experimental pre- and post-test research design with the Transcultural Self-Efficacy Tool (TSET) (Jeffreys, 2016). The TSET is a reliable and valid tool to effectively measure changes in transcultural self-efficacy perceptions following interventions with both nurses and nursing students. Adams & Nevel (2010) reported a Cronbach's alpha range from .87 to .966; Burrell (2010) Cronbach's alpha range from .810 -.991 and Jeffreys & Dogan (2010) reported a range from .92 - .98 confirming the validity of TSET.

Procedures

Prior to the study, approval was obtained from the Washington University in Saint Louis, MO Institutional Review Board and the study was given exempt status. The faculty involved met several times before the beginning of the semester and discussed their individual course objectives and content. Faculty continued to have meetings and dialogue to identify contemporary literature that would be appropriate to stimulate student cultural learning. The faculty agreed that the book, *The Spirit Catches You and You Fall Down*: *A Hmong Child, Her American Doctors, and The Collision of Two Cultures* (Fadiman, 1997), would be adopted for community health, pediatric and leadership nursing courses.

A convenience sample of participants was recruited from all students who were concurrently enrolled in community health, pediatric, and leadership nursing courses. Students were briefed about the purpose of the study and given the opportunity to opt out of the research with no negative consequences for their grade or academic standing. Students were provided with a letter of consent, information related to the study's benefit, confidentiality, and assured that participation was completely voluntary. A demographic and personal data form, which included variables such as age, gender, marital status, number of children, race, and previous education degrees, was completed. The first TSET was administered to the students at the start of the semester, thus serving as the pre-test. Students were then assigned to read the book, *The Spirit Catches You and You Fall Down* as part of their coursework for all three courses. Throughout the semester, various cultural learning activities, see Table 1, were infused throughout the three courses. At the completion of the semester, the TSET was then administered again as the post-test. All data were collected during course time. Data were then entered, by hand into a Microsoft Excel dataset by a member of the research team.

Instrument

Permission to use the TSET instrument was

Table 1. Sample Learning Activities

Course	Cognitive Dimension	Practical Dimension	Affective Dimension
Leadership	Book club case studies, content and lecture focusing on managing a culturally diverse workforce.	Cultural assessment of a nursing unit, inclusive of resources and programs.	Written reflections. Sample questions. Reflect on your own personal cultural self-awareness and your own communication style with person(s) from different cultural backgrounds. What implications does "cultural diversity" have for you as a nurse leader?
Pediatrics	Discussion; lecture of family-centered care utilizing multiple examples from the Hmong family culture.	Clinical examples of neurological disorders and cultural practices.	Clinical diary focusing on conversations with clients and families from different cultures.
Community Health Nursing	Lecture, discussion, case studies, role playing that focuses on patient communication, beliefs and cross-cultural encounters.	Clinical practice activities working with language access services and the related responsibilities.	Clinical journal reflection of their experience and perceived confidence of working with an interpreter, as well as a client or family from a different culture.

obtained from the developer (Dr. Jeffreys, 2010). Reliability and validity of this instrument has been demonstrated in prior research (Adams & Nevel, 2010; Jeffreys, 2016; Jeffreys & Dogan, 2010). The TSET contains three subscales in the following sequence: Cognitive (25 items), Practical (28 items), and Affective (30 items) and uses a 10-point rating scale from 1 (not confident) to 10 (totally confident). The Cognitive subscale asks participants to rate their confidence of how knowledgeable they are about the ways cultural factors may influence their nursing care among clients of different culture backgrounds. Sample items from the Cognitive 25-item subscale include health history, informed consent, pain relief and comfort. In the Practical subscale, which includes 28 items, participants are requested to evaluate "right now" how confident they are in interviewing clients of different cultural backgrounds to learn about their values and beliefs. Example items in the Practical subscale include items such as meaning of space and touch, time perception, and orientation and role of elders in other cultures. In the Affective subscale, participants are requested to rate their degree of confidence on 30 items relating to their awareness of attitudes, values, and beliefs.

Data Analysis

A total of 56 nursing students were asked to complete the questionnaire. Participant records were matched across study periods by a unique study code. Upon completion of the study, 32 completed observations had matched records from both before and after the study. Participants without a matching record between study periods were eliminated from the analysis. Observations with missing values were excluded from only the analytic variable impacted by the absent value. Demographic information was converted to binary variables in order to increase analytic power and improve interpretation. Univariate analysis provided the distribution of demographic and personal information collected during the initial survey.

Univariate analysis was completed on questionnaire items, subscales and overall scores. Alpha was preset at 5% for all analyses. Repeated-measures analysis of variance (ANOVA) was used to compare change in mean subscale and overall scores from pre- to post-intervention by demographic variables. The Mann-Whitney *U* test was used to compare mean item scores by demographic variables because mortality was not assumed for individual items. Analysis was performed by a member of the research team using *IBM SPSS* Statistics for Windows, version 18.0 (IBM Corporation, Somers, NY, USA).

Results

A univariate summary of the demographic variables is reported in Table 2. The majority of participants were female (87.5%), were not married, (60.0%), had no children (84%), were Caucasian (76.9%), did not hold a Master of Science or PhD (79.3%), had some patient care experience (62.1%), had not worked outside the U.S. (79.3%), were born in the U.S. (86.2%), lived in a suburban setting (72.4%), and did not speak a second language (65.6%). Roughly half of the participants were less than 25 years of age (52.0%).

A summary of the repeated-measures using ANOVA is reported in Table 3. Nearly all of the mean subscale and overall scores increased statistically between study periods. The Affective subscale mean score was not statistically different across study periods when adjusted for education ($p = 0.278$) nor foreign work experience ($p = 0.070$). Though the mean Affective subscale score did not differ statistically by study periods for foreign work experience, both values increased across study periods. With the exception of mean Practical subscale scores by gender ($p = 0.048$), none of the subscale and overall mean scores differed by demographic variables. The interactive impact of education on study period differed statistically for the Affective mean score ($p = 0.013$) as well as the overall mean score ($p = 0.021$).

Table 2. Demographic Frequencies of Study Sample (N=32)

	Variable	N	%
Gender			
	Male	4	12.5
	Female	28	87.5
Relationship Status			
	Single / Separated / Divorced	15	60.0
	Married	10	40.0
Age			
	< 25	13	52.0
	≥ 25	12	48.0
Children			
	None	21	84.0
	1 - 2	4	16.0
Race			
	Caucasian	20	76.9
	African American / Asian / Other	6	23.1
Education			
	Bachelor of Science / Other	23	79.3
	Master of Science / PhD	6	20.7
Patient Care Experience			
	Nursing Asst. / Phlebotomist / Secretary / Other	18	62.1
	None	11	37.9
Work Experience Outside the U.S.			
	Yes	6	20.7
	No	23	79.3
Country of Origin			
	United States	25	86.2
	In Europe / South America / Other	4	13.8
Setting for Majority of Life			
	Suburban	21	72.4
	Urban / Rural / Island	8	27.6
Second Language			
	French / Spanish / Chinese / German / Other	11	34.4
	No	21	65.6

Discussion

The utilization of the Cultural Competency and Confidence (CCC) model and organizational framework by Jeffreys (2016) provided direction for nursing faculty in designing the learning and classroom activities for the cohort of students. The TSET, was then used to assess the students' transcultural self-efficacy perceptions while also distinguishing between the three types of learning – cognitive, practical, and affective.

The results of the study indicate that nearly all of the mean subscale and overall scores had statistically significant increases between study periods. While this finding is encouraging, threats to internal validity may exist as a result of outside influences. These influences or practice effect can occur when participants recall previous items and responses between study periods. Additionally, invalidity may exist as a result of a maturation effect as participants rapidly develop confidence and competencies in the condensed curriculum. Researchers were not cognizant of any historical factors that may have contributed to invalidity immediately prior to data collection periods.

The difference by gender in mean Practical scores highlights a disparity in practical confidence. While mean scores for males approached those of females in the follow-up survey, male scores were 1.46 lower on average than female scores during the initial survey. Researchers were unable to account for this finding. The effect of education on mean overall and Affective scores demonstrates the opposing impact of the intervention on those with and without a master's of science or doctoral degree. Those without advanced degrees had a mean score increase of 0.98 on their Affective score, whereas those with advanced degrees decreased by 0.39 across study periods (Table 3). This finding may suggest that the students with advanced de-

Table 3. Subscale Summaries Across Study Periods Subscale

	N	Mean	SD	p-value
Cognitive				<0.001
Pretest	31	6.27	1.89	
Posttest	31	8.14	0.85	
Practical				<0.001
Pretest	32	6.30	1.60	
Posttest	32	8.07	1.01	
Affective				<0.009
Pretest	31	8.33	1.23	
Posttest	31	8.96	0.86	

grees were totally unaware of their weaknesses prior to their participation in the cultural learning activities and may have overestimated their knowledge and abilities on the first TSET. Bandura (1982) noted that overly confident or persons with high self-percepts can overestimate their abilities and overrate their strengths.

Conclusion

The study was conducted to determine if there was a change in the perceived general transcultural self-efficacy skills and confidence of accelerated nursing students when cultural learning activities are incorporated into their curricular cohort. Results indicate that there is a positive effect of students' perceived self-efficacy when cultural activities are threaded vertically and horizontally throughout the semester. This study clearly supports the need to incorporate learning opportunities in cultural activities in order to increase transcultural self-efficacy to prepare nursing students to advocate and care for their clients in a multicultural society. The utilization of the CCC model and the TSET can assist to direct future research and focus educational strategies to support students' confidence in providing cultural competent care.

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