Culturally competent practice in a pre-licensure baccalaureate nursing program in the United States: A mixed-methods study

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Culturally Competent Practice in a Pre-Licensure Baccalaureate Nursing Program in the United States: A Mixed-Methods Study

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doi: 10.5480/11-574.1

Abstract

AIM This study examined how one pre-licensure baccalaureate nursing program at a public university in the southeastern United States integrated concepts and issues of culture and culturally competent practice into its curriculum.

BACKGROUND Teaching and learning about culturally competent practice in pre-licensure nursing programs are essential to ensure a culturally competent health care workforce.

METHOD A mixed-methods case study approach was used. Data were collected from student surveys (n = 111), student focus groups (three groups, n = 9), faculty interviews (n = 14), and school of nursing documents, including the mission statement, faculty and student handbooks, and course syllabi. Data were analyzed using descriptive statistics and content analysis.

RESULTS Findings provide evidence of cultural competence, barriers to deeper engagement with cultural issues, and suggestions for improvement.

CONCLUSION These findings suggest teaching/learning strategies and curricular design issues that may lead to greater student and faculty member cultural understandings.

Nursing education in pre-licensure nursing programs is the first step in providing a nursing workforce that delivers compassionate care to diverse populations. Thus, nursing programs and nurse educators need to help students become “effective professionals and socially responsible citizens” (Commission on Collegiate Nursing Education [CCNE], 2008, p. 4) prepared to integrate professional values and behaviors into the delivery of nursing care to diverse populations (Kalb, 2008; National League for Nursing [NLN], 2005).

The Institute of Medicine has provided ample evidence of health disparities in the United States (Smedley, Stith, & Nelson, 2003) and suggests that one way to address this problem is to incorporate elements of cross-cultural education and culturally competent practice into nursing education. According to the American Association of Colleges of Nursing (AACN), cultural competency is “the attitudes, knowledge, and skills necessary for providing quality care to diverse populations,” and the rationale for its inclusion in baccalaureate nursing education “includes the mandate to eliminate health disparities” (2008a, p. 1). Teaching and learning about culturally competent practice in pre-licensure nursing programs are both essential to ensure a culturally competent health care workforce (Smedley, BURLER, & BRISTOW, 2004; Smedley et al., 2003). This article reports findings from a mixed-methods case study of how one pre-licensure baccalaureate nursing program integrates concepts and issues of culture and culturally competent practices into its curriculum.

METHOD

Case/Setting
The case/setting was a pre-licensure, baccalaureate, upper division nursing program accredited by the CCNE and the Accreditation Commission for Education in Nursing. It is located in a medium-sized public university in a midsized city in the southeastern United States. The program had approximately 180 pre-licensure students at the time of the study.

Procedures
The university institutional review board approved the study, and all participants signed informed consent forms before
participating. No incentives were given for participation. Faculty were recruited through email, and those who agreed to participate were individually interviewed by one of the authors in a private office on campus.

Data from students were collected outside of class and clinical time. The study was explained to the students at the end of class and those who wanted to participate completed the surveys following the class. Trained school of nursing (SON) research office staff members collected the student survey data and consent forms. An author who was not a faculty member at the school facilitated the student focus groups and unidentified data in the focus group transcripts. Authors who were faculty at the school did not know the identities of the participating students.

Data

DOCUMENTS Authors on the faculty collected several SON documents deemed important to the study, such as the SON mission statement and core values and student and faculty handbooks. The documents were reviewed to identify instances in which cultural issues were addressed. The research team also reviewed the meeting minutes from 2005 to 2009 of the Race and Gender Committee (now called the Equity, Diversity and Inclusion [EDI] Committee) meetings to identify activities of the committee and any influence it may have on the presentation of issues of culture and cultural competency in the SON. Lastly, syllabi of all required upper level nursing courses were reviewed, and student learning outcomes, teaching/learning strategies, and descriptions of classroom activities, assignments, and content outlines were analyzed to determine the presence of cultural content in each course. To assess cultural issues, each syllabus was searched for the words culture, cultural diversity, cultural awareness, and cultural competence.

STUDENT FOCUS GROUPS/FACULTY INTERVIEWS
Researchers employed a semistructured interview format to conduct three student focus groups and 14 individual faculty interviews. Interview questions addressed topics such as how one’s own culture influences one’s nursing practice; how, when, and where cultural issues are addressed in the program; how experiential learning has encouraged and supported cultural competency; and under what circumstances it is difficult to discuss cultural issues.

STUDENT SURVEYS
Quantitative data were collected in two student surveys. The Blueprint for Integration of Cultural Competence in the Curriculum (BICCC) examined student views of the content on cultural components taught (Tulman & Watts, 2008) in five domains: knowledge of key concepts, knowledge of basics, cultural communication, attitudes and skills, and knowledge of theory. The BICCC has 30 items and uses a Likert scale, with scores ranging from 0 to 2 (0 = never, 1 = sometimes, and 2 = often). Students rated items based on how frequently the items were addressed in class. Reliability and validity of the tool have both been established, and the reported Cronbach’s alpha is 0.96 (Tulman & Watts). Cronbach’s alphas ranged from .94 to .96 for the subscales in the current study.

The Transcultural Self-Efficacy Tool (TSET) measured student self-perceived confidence in performing specific transcultural nursing skills in the cognitive, affective, and practical domains. The TSET has eight items and uses a 10-point Likert scale, with scores ranging from 1 to 2 (low confidence), 3 to 8 (medium confidence), and 9 to 10 (high confidence). Reliability and validity were established with Cronbach’s alphas of 0.92 to 0.98 (Jeffreys, 2006).

Data Analysis
Data were analyzed using the content analysis method described by Patton (2002). First, the authors read and reread faculty interview and student focus group transcripts, meeting minutes, course syllabi, the SON mission statement, and faculty and student handbooks. Notes were made in the margins of texts on concepts and issues of culture and cultural competencies. The authors then categorized the data using concepts derived from these data, which were discussed by the authors to determine the final categories. The transcripts and SON documents were then reread to ensure that the categories were complete and representative. Descriptive statistics were used to describe the characteristics of the sample, the TSET, and the BICCC tool.

RESULTS

Sample

STUDENTS A convenience sample of 111 undergraduate nursing students completed the BICCC and TSET surveys; they were between 20 and 53 years of age (M = 25). Most students were Caucasian (88.3 percent), with black or African American (6.3 percent), Asian American (2.7 percent), Alaska Native/ American Indian (0.9 percent), and Hispanic/ Latino/a (0.9 percent) ethnic groups also represented. Most were women (91 percent), juniors (69.4 percent), and earning their first bachelor’s degree (83.8 percent); English was their primary language (95.5 percent). At the time of the study, students were enrolled in medical/surgical (adult health, 50.5 percent), pediatric (20.7 percent), psychiatric and mental health (14.4 percent), and maternity (pregnancy, childbirth, 10.8 percent) nursing courses. More than one half of the students (67.6 percent) participated in student nursing organizations. The majority (61.3 percent) had previous health care job experience, and 37.8 percent were also working as unpaid volunteers.

A convenience sample of nine, native English-speaking female students between the ages of 20 and 32 years of age participated in the focus groups. All were enrolled in a clinical course in either their junior or senior year of nursing school; most had health-related work experience with some employed in a health-related field at the time of the focus group. The majority of the group was Caucasian, securing their first bachelor’s degree, and participating in student nursing organizations.

FACULTY MEMBERS Fourteen faculty with primary teaching responsibilities in the undergraduate program were individually interviewed using a semistructured interview guide. They were all white women between
In the upper level nursing program, senior students and faculty members most often cited the community nursing clinical course as the course that provided the most direct experience in working with people from diverse cultural backgrounds. Students take this clinical course in the fall of their senior year. Small groups of students are assigned to different community sites and experiences, but emphasis is placed on encountering people in their homes, community clinics, and adult day care programs, and in specific health-related locations such as influenza vaccine clinics and immunization clinics. These experiences appeared mainly to increase students’ understanding of how socioeconomic status affects health. This course offers a poverty simulation exercise that teaches students what it is like to navigate and access services such as Medicaid, Social Services, and Social Security. Issues of the legal system and systemic classism are incorporated into the exercise.

The amount and quality of cultural experiences available to students during acute care experiences in hospital settings varied. Some clinical faculty sought out opportunities by assigning students to patients with cultural backgrounds different from the students’ backgrounds. Others focused on providing a variety of clinical experiences and addressed cultural issues only if students raised questions. For example, during an experience in the hospital clinical setting, a student described a question asked about the way the glomerular filtration rate (GFR) was documented in the computerized medical record; the online document gave two categories of GFR: “African American GFR” and “Non-African American GFR.” The student asked the nurses on the floor why GFR was documented in this way and did not receive an answer. No further discussion of this occurred in the focus group interview; however, this illustrates how students raise issues of race and culture in the clinical setting and are often disappointed with the lack of knowledge or substantive discussion.

Theory components of courses varied in cultural content, depending on the instructor. One faculty member said, “It seems like we look at it more from a ‘health care’ point of view, how it is going to affect health care and the delivery of care, and then kind of adding ‘Asian’ or ‘Hispanic,’ or something of that nature.” Emphasis was placed on which racial or ethnic groups were most likely to have which diseases, but without substantive discussion of why or without discussing other aspects of culture, such as those that affect health. Students recalled that cultural concepts and issues were touched on often but hardly ever fully explored.

Students also believed that relevant personal and professional values were consistently emphasized. For example, one student remarked, “I think the professors here have been good about instilling into their curriculum, you know, ‘be open-minded,’ ‘don’t be judgmental.’” Although cultural competency was not necessarily explicit in every course or class, students perceived the faculty’s commitment to promote antibias attitudes and values.

Analysis of the BICCC surveys showed that students perceived the curriculum as providing relatively substantial knowledge of key concepts of cultural competency. On a scale of 0 to 2, knowledge of key concepts
that the program included some content affecting; three categories (cognitive, practical, and affective; Table 1). Thus, students perceived that the program included some content about culture and cultural competency and, by and large, were moderately confident in their abilities to function in a culturally competent manner.

Evidence of activities promoting cultural competency within the SON was found in the SON EDI committee meeting minutes. The committee organized a panel of teachers, researchers, advocates, and activists who presented information about a local Hispanic community. It also invited two guest speakers from other universities to provide workshops and consultations to SON faculty and doctoral students on incorporating elements of cultural competency in the curriculum. Other programming involved the sharing of information about current research on at-risk populations by SON faculty and researchers and stories gleaned from teaching cultural concepts and issues in the classroom. Several members of the committee published a manuscript on the committee’s work (Leiper, Van Horn, Hu, & Upadhyaya, 2008). Other initiatives by the EDI committee have included building strong relationships with the university’s Multicultural Resource Center and establishing a chapter of Men in Nursing.

Twelve course syllabi were analyzed for evidence of cultural competency concepts. Table 2 presents the common words related to cultural diversity found in the syllabi. The majority (83.33 percent) were found in the course objectives; self-awareness and culture were found most frequently. The fewest (16.67 percent) were found in sections on grading and recommended texts. Common words used in the course objectives did not thread consistently through the remaining sections of the syllabi. Only one syllabus threaded the word family in all sections except the content area. One syllabus did not include any pertinent words.

**Barriers to Deeper Engagement with Cultural Issues**

Analysis of the BICCC data revealed that nursing students in this program perceived a curricular deficit of cultural competency theory. This category had a mean score of 0.62, substantially lower than the next lowest mean, 1.09, for attitudes and skills. Analysis of the TSET data (see Table 1) indicated that students felt least confident about the affective skills of transcultural nursing; in this domain, the highest percentage of students rated themselves as “low confidence,” and the lowest percentage rated themselves as “high confidence.”

In the focus groups and interviews, a lack of substantive discussion around cultural issues in both the classroom and clinical settings was noted and lamented by both students and faculty. Both groups cited the already demanding curriculum and time constraints. Students knew the type of material given primacy above all others, namely, content based on illness.
Both students and faculty identified discomfort with cultural concepts and issues as a major barrier to substantive discussion, stating they were afraid of saying the wrong thing and offending others. A conspicuous tension about culture and race was primarily identified by students, but also by faculty. Recognizing that the concepts of culture and race are often conflated, students felt strongly that the distinction between them should be made more clear, which might make the environment more conducive to classroom discussion. One student said that it was “really hard for people to distinguish sometimes, and it does usually become an issue of race, not what I think we should be talking about in nursing school.” This student stated that both faculty and students hinted at throughout the qualitative data: it was uncomfortable to talk about race. Several faculty members readily admitted that they felt under-equipped to effectively facilitate discussions on race, so they avoided these discussions; yet, many students recognized that it is difficult to address cultural differences without the subject of race becoming relevant.

Another reason that both faculty and students experienced discomfort with these discussions came from a tendency toward stereotyping and oversimplification encountered in the “cultural considerations” sections of textbooks, lectures, and clinical experiences. One student provided a vibrant example: “In maternity I took care of a Chinese woman, and the nurse came out and said, you know, ‘It’s really hot in there because that’s the way they like it.’ And I was like, ‘Okay.’ But later on the woman asked me, could we turn it down, and I asked her, ‘Isn’t that part of your culture that you like the room to be warm after the baby is born?’ She’s like, ‘No.’ You can’t just make assumptions.”

**Suggestions from Students and Faculty**

Students and faculty offered numerous suggestions about how to improve cultural competency education. Students desired more time for discussion, with greater use of case studies, small groups, and guest speakers and panels. One student questioned the credentials of certain faculty with regard to teaching about culture and cultural competence; her comments led to a discussion about the lack of diversity within the faculty and student body. The implication was that increasing diversity would make discussions easier or at least more common. Both faculty and student participants expressed concern about the faculty’s lack of preparation and confidence to teach cultural competency concepts and about the lack of diversity in the SON. One student suggested having a course devoted to cultural issues and cultural competency, while another suggested requiring language proficiency in Spanish. Some faculty believed that increasing the use of case studies could improve student awareness about cultural understanding.

**DISCUSSION**

Using a mixed-methods case study approach, this study examined integration of concepts and issues of culture and cultural competence in a pre-licensure baccalaureate nursing curriculum. Integration of cultural competence concepts in nursing curricula is advocated by many researchers (Calvillo et al., 2009; Pacquiao, 2007; Siantz & Meleis, 2007; Waite & Calamaro, 2010; Xu, 2009) and is recommended by nursing education program accrediting bodies (AACN, 2008b; National League for Nursing Accrediting Commission, 2008) to promote patient-centered care and eliminate health disparities (AACN, 2008a).

This study revealed efforts to integrate cultural competence concepts into the pre-licensure nursing curriculum. Efforts to promote cultural awareness and knowledge for faculty and students were made by the EDI committee, which serves as a resource to faculty to raise awareness on race and gender diversity, equity, and inclusion issues. Peer and administrative evaluations of each faculty member’s teaching include a rating on how well the faculty member “respects diverse talents and ways of learning.” This rating did not seem wholly adequate to evaluate and encourage the teaching and learning of culture and culturally competent practices in the pre-licensure undergraduate nursing program studied here.

Various methods of integrating cultural competence concepts in nursing curricula have been documented, including requiring students to take a course that focuses on cultural competence concepts or integrating concepts throughout the curriculum (Amerson, 2010; Anderson, Calvillo, & Fongwa, 2007; Bentley & Ellison, 2007; Hughes & Hood, 2007; Lipson & Desantis, 2007; Watts, Cuellar, & O’Sullivan, 2008). Programs can also use a cultural competence theoretical model, for example, Campinha-Baptiste’s Process of Cultural Competence in the Delivery of Health Care Services (2002), to guide the curriculum (Lipson & Desantis). The curriculum in this school does not incorporate a specific cultural competence theoretical model, nor does it have a specific course devoted to cultural competence, although both faculty and students mentioned two courses in which cultural competence concepts were evident.

Cultural competence concepts were integrated throughout the curriculum in this SON. The school’s mission and goals contained language addressing culture, cultural diversity, and the need to meet the needs of a global society. Specific courses contained student-learning outcomes that address culture and cultural competence. Students’ self-report of transcultural self-efficacy revealed that 87 percent to 90 percent of the students rated themselves as moderately confident in cognitive, practical, and affective transcultural skills. This was also evident in the findings from the BICCC, which showed that students perceived that the curriculum contains information about concepts such as definitions of diversity and cultural competence; societal and professional discrimination within the health care industry; and analysis of cultural competence issues in health care systems. However, possibly as a result of the lack of a specific course or the lack of a cultural competence theoretical model, the students were not knowledgeable about cultural competence theoretical models such as...

Pacquiao (2007) and Waite and Calamaro (2010) also explored the relationship between faculty preparation and confidence to teach about culturally competent nursing practice, as well as the lack of diversity in the SON, which we found in our study. Faculty require more education and training about how to facilitate discussions on race, and they also need more knowledge about culture and transcultural theories. In addition, nurse faculty should be more culturally and ethnically diverse. According to the NLN/Carnegie National Survey of Nurse Educators, most nursing faculty are women (96 percent) and only 7 percent are minorities (Kaufman, 2007).

White women predominate the student body as well as the faculty in the program studied, reflecting the professional nurse population in the United States. A 2011 US Department of Labor report based on US Census data found that 80.4 percent of registered nurses in the United States identified as white (US Department of Labor, 2012).

Nursing has made little progress since the Institute of Medicine’s published report on diversity in the health care workforce (Smedley et al., 2004); however, the NLN has made attempts through the work of its Task Force on Diversity in the Nurse Educator Workforce to address the lack of diversity in nurse faculty (Hinds, 2008) -- work that must continue. In addition, faculty need training in order to teach cultural competence concepts, which is included in two of the eight core competencies of nurse educators by the NLN (Kalb, 2008; NLN, 2005).

CONCLUSIONS

According to the NLN report, “At the institutional level, invisibility is often evidenced through failures to address issues of diversity and engage in honest, thoughtful reflection or analysis” (Hinds, 2008, p. 185).

This article presents a mixed-methods case study of one SON and its efforts to provide education that leads to cultural competence in student nurse graduates. According to Stake (2008), “The utility of case research to practitioners and policy makers is in its extension of experience” (p. 142).

The experience of this SON reflects some strategies in the undergraduate pre-licensure baccalaureate curriculum to promote cultural competency in students, but both faculty and students recognize the need for additional strategies to strengthen current measures. More pre-licensure nursing programs should examine how well they incorporate issues of culture and cultural competency into their curricula. To determine whether students increase their levels of cultural competency within specific programs, evaluations could be performed upon SON entrance and at graduation. Tools have been developed and tested to evaluate student cultural competency (Fitzgerald, Cronin, & Campinha-Bacote, 2009). Incorporating this evaluation as well as other measures would provide additional data about how well a nursing program integrates cultural competence concepts into its curriculum.

REFERENCES


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KEY WORDS

Cultural Competency – Diversity – Pre-Licensure Nursing Program – Nursing Education Research


