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Cultural Competency in Nursing Education

Linda E. Wolf, Cheryl Delgado

Abstract :

Nursing education must include cultural competency. This content material is most often integrated within the curriculum with varying degrees of success. This plan suggests proven strategies for teaching cultural competence organized into three steps. These steps are self reflection and awareness, acquisition of cultural knowledge, and integration of cultural knowledge into practice. The plan is based on nursing professional standards, diversity management theory, adult learning pedagogy and reflective teaching.

Key Words : Cultural Competence, Nursing Education

Strategies for teaching cultural competency

Cultural diversity is a hallmark of American life. According to the U.S. Census Bureau, over 37 million persons living here are foreign born and nearly 26 percent of the population is other than White (U.S. Census Bureau, 2005-2007). However this diversity does not extend to the healthcare workforce and only 10.7% of all RNs identified themselves as a racial or ethnic minority in a survey by the Department of Health and Human Services (U.S. Department of Health and Human Services, 2009). This imbalance makes imperative a plan for cultural competency in nursing education as directed by the American Association of Colleges of Nursing (American Association of College of Nursing, 2008), the American Nurses Association (American Nurses Association Council on Cultural Diversity in Nursing Practice, 1986) and the National League of Nurses (National League for Nursing, 2003).

Most collegiate nursing education programs have responded in a variety of ways: individual courses on culture, immersion and international experiences, and integration of cultural competency across a curriculum (Kandong-Edgren, S & Camphina-Bacote, 2008). Integration within a curriculum is the most frequently described method for teaching cultural competency most likely because it is a more holistic approach and because few programs could commit adequate credit hours to the topic as a

separate course. A recent study found that cultural awareness did significantly improve regardless of method when cultural competency was taught, but that curricular strategies made no significant difference in student achievement of cultural competency (Kandong-Edgren, S & Camphina-Bacate, 2005).

The following plan, loosely based on Schim, Doorenbos, Benkery and Miller's (Schim, et al., 2007) three dimensional puzzle model, as an extension of Leininger's Transcultural Model of Nursing (Leininger, 1991), also uses nursing professional standards, diversity management theory, adult learning pedagogy and reflective teaching (Henderson, 2001). It has produced measurable improvement in cultural awareness in our program. Some of the strategies are similar to those recommended in the AACN Cultural Competency Toolkit (<http://www.aacn.nche.edu/education/pdf/toolkit.pdf>)

Emphasizing the need for cultural competency in practice by noting the changing demographics of American society and the implication of that for nursing as a profession can be the introduction to personal reflection and growth as a culturally competent provider. Prior to engaging students in interactions centering on culture, it is important that the instructor be culturally competent. It is recommended that the instructor obtain training and perhaps certification as a culturally competent provider from a recognized group. Resources for cultural competency training and certification are available on the website of the Health Resources and Services Administration (<http://www.hrsa.gov/culturalcompetence>). An on line program that provides training and certification is available from Georgetown University (<http://www11.georgetown.edu/research/guccnd/nccc/features/CCHPA.html>)

Henderson (Leininger, 1991) challenges teachers to invite their students to collaborate on creative projects and to encourage meaningful human growth through the use of the 3S's: self, subject matter, and social learning. Developing deep subject matter learning assists students in development of the self as a lifelong learner and social learning or learning to interact with those from diverse backgrounds (Henderson & Kesson, 2004). This can be applied to cultural competency in nursing education as self reflection and awareness, mastery of content material, and integration of knowledge into practice. The proposed strategies are organized within these categories and in this order. The first step, understanding self, can be the most challenging, but it is the most important and therefore will require more dedicated class time. Step two, learning how to find cultural descriptions and accepted care practices, requires instructor guidance, but may be done semi-independently by the student. The final integration into professional practice is accomplished after formal class work as the student encounters persons from different cultures in the clinical practice setting. These encounters may be encouraged by the instructor, but may occur irregularly and with varying frequency and cannot always be anticipated.

It is important to establish an understanding of the concept of culture and provide shared definitions for commonly used terms. Cultural awareness, cultural sensitivity and cultural competency are often used interchangeably, but are significantly different. Cultural awareness is a cognitive construct which involves recognition of cultural differences and the first step in cultural competency, because to recognize that differences exist is essential. Cultural sensitivity is described as an attitudinal construct in which personal beliefs about self and others, and openness to cultures different from one's own, is key

The sensitized individual recognizes the need to move beyond the limitations created by those differences. Cultural competence is described as the response to awareness and sensitivity: the ability to work effectively with persons of another culture. It is not an end point, but a series of "learned, practiced and evolving behaviors to be approached with cultural humility" (7).

Developing awareness of Culture and Self

An initial exploration of culture and self can be accomplished with a class or seminar that provides time to explore the meaning of culture and to identify cultural variants. One can begin by acknowledging that our first cognitive function after birth is to differentiate self from non-self (other). Later, in childhood, we assimilate cultural norms within the family and social environment. We encourage students in this exploration of self to recognize that culture is learned and value laden (ethnocentric). An opening class exercise is to acknowledge who we are and what our heritage is. As part of this exploration is awareness that we may be members of more than one cultural group. Multicultural backgrounds, cultural identity and the phenomenon of 'hyphenated' Americans can emerge from this type of sharing.

Race, ethnicity and religion are the most easily recognized cultural differences, but gender and age differences may be considered cultural as well. Encourage students to consider variations in language, social interactions, time orientations, space and environmental preferences for teens, middle adult and senior citizens. Male and female may also be considered different cultures and a similar comparison may be done. It may prove revealing and informative. One way to do this is to role play an ordinary situation such as paying the check in a restaurant, reversing genders, or to play a communication game such as "She said : He heard". In this interaction one person makes a statement that could be heard in an everyday situation ("Those jeans make you look really great") and the possible interpretations of that statement by the other party ("Your other clothes make you look fat").

During these explorations it is likely that stereotypical thinking may be exposed. Stereotypes are preconceived notions, based on broad generalizations that are not likely to be accurate and carry a negative connotation. It is very akin to what is known today as profiling – making a decision about a person based on superficial observations of that person. Most people are reluctant to admit that they stereotype or profile others. In our program we use a short video clip of an extreme closeup of an object which appears to be moist, moving and growing. Students watching the video identify, as they watch, what they think the object to be. Only at the end is it apparent that this object is a popcorn kernel in hot oil, ready to pop. This is used to initiate a discussion of how they were influenced by what they thought they were seeing.

Assessments can be used to facilitate cultural awareness. The Cross Cultural Adaptability Inventory (CCAI) is designed to determine readiness for interaction with different cultures. It is a self-administered paper and pencil survey that evaluates four areas: emotional resilience (stability and positive reactions when exposed to cultures different from one's own), flexibility and openness, perceptual acuity (sensitivity to unfamiliar cues in verbal and non-verbal communication), and personal autonomy (self identity unthreatened by others). Students may score themselves in these areas and

learn what their strengths and weaknesses are (Kelley & Meyers, 1995). Another self assessment for cultural competency readiness developed by the Committee of the Associations of University Centers on Disabilities Multicultural Council has been published by Ritter and Hoffman (Ritter & Hoffman, 2010)

Learning about other cultures

Because there are so many cultures, it is a good idea to know what cultural groups students may be likely to engage with. The largest racial/ethnic groups in the United States other than European Caucasian are African American, Hispanic and Latino, Native American, and Asian. Each of these may be further divided into smaller, yet still distinct cultures than may have significant differences among themselves.

Obtaining information about other cultures may be done as an individual or as a group, or both. Students may select a culture of interest to them or be assigned a culture to explore, but it should be one different from their own. Students can find information from books or other publications and the Internet. Internet sources vary widely in the quality and accuracy of information, but national embassies or consulates often have websites with a wide variety of information. Students may interview persons from the culture of interest. Nationality churches and social clubs may have members willing to serve as resources and if your school is fortunate to attract foreign students, they may also provide interesting interviews. Often foreign language or English as a second language programs involve their students in exercises of a similar nature and they may have contacts with recent immigrants. The difference between a recent immigrant and a person who has been in the United States for some time and is in the process of assimilating should be noted. Interviews and research should focus on the health practices of the culture: attitudes toward health and illness, lifestyles, family structure and roles, diet and restrictions, religious practices and social supports.

Information students obtain may be shared in student led classes. Artifacts from the cultures, such as clothing, food, art or music may be displayed. In the case of a large class, a poster fair featuring student designed posters highlighting various cultures and their health beliefs and practices. This exhibition can be open to the public with invitation issued to cultural communities of interest.

Integration of culturally sensitive practices into care

The third step focuses on social learning and implementing in practice what has been learned. Opportunities to engage in culturally competent care may arise in any clinical setting after the original course content has been presented to students. All clinical instructors should be prepared to assist the student in planning and implementing culturally sensitive interventions. Faculty should be alert to any situation that would offer the chance to engage in or to observe culturally sensitive practices enacted.

Clinical assignments for persons of another culture should include cultural assessments, research into cultural practices, and selection of culturally sensitive interventions. These should be discussed with the student providing the care and with other students in the clinical group or class. If staff at the clinical site is experienced in culturally competent care for a particular population, they could be used

as resources for the students. If they are also new to the culture of the patient, they may benefit from the research the student does to develop a plan of care.

When possible, culturally competent care provided by a student for a client may be the focus of a care conference or provide an opportunity for class discussion. A description of the cultural challenge, information on the culture of the client, and identification of culturally sensitive and appropriate care to be provided can be of benefit for the involved student and others.

Because not all students may have the opportunity to participate actively in a culturally challenging assignment, case studies may supplement clinical experiences. These may be created by instructors from past personal experiences or suggested by the ethnic mix of the community. Cases should describe a health care scenario that is real and requires the student to suggest a course of action based on their assessment and research into the culture. Case studies may be done as individual or group work and can be both teaching and testing tools.

Summary :

Culturally competent care can be taught and should be integrated into every nursing curriculum. The strategies outlined are based on an integrative theory of learning and may be adapted to programs of varying size and resources. There are several important points to keep in mind when developing the program for your school :

1. Instructors should be certified as culturally competent.
2. Culture may refer to more than ethnicity or race.
3. The foundation of culturally competent care is self awareness and cultural sensitivity.
4. Cultural content can be customized to your communities of interest, but should include knowledge on how to find information on many different cultures.
5. All courses can be a teaching opportunity for culturally competent care.
6. Teaching cultural competence makes a difference in the delivery of culturally sensitive and competent nursing care.

Recommended Resources for Content

- Lipson, J. G., Dibble, S.L. & Minarik, P.A. (1996) *Culture and Nursing Care : a Pocket Guide*. San Francisco : UCSF Nursing Press.
- Ritter, L.A. & Hoffman N.A. (2010) *Multicultural Health*. Sudbury, MA : Jones and Barlett Publishers.
- Pumell L. D. (2009) *Guide to Culturally Competent Health Care*, 2nd ed. Philadelphia : F.A.Davis Company.
- Spector, R.E. (2004) *Cultural Diversity in Health and Illness* 6th ed. Upper Saddle River, NJ : Pearson, Prentice Hall. 2004.

References

- American Association of Colleges of Nursing. (2008). *The Essentials of Baccalaureate Education for Professional Nursing Practice*. Washington DC : Author.
- American Nurses Association Council on Cultural Diversity in Nursing Practice. (1986). *Cultural Diversity in the Nursing Education Curriculum: A Guide for Implementation*. Washington DC : Author.
- Henderson, J.G. (2001). *Reflective Teaching : Professional Artistry through Inquiry*, 3rd ed. Upper Saddle River, NJ : Merrill Prentice Hall.
- Henderson, J. & Kesson, K. (2004). *Curriculum Wisdom : Educational decisions in Democratic Societies*. Upper Saddle River, NJ : Merrill Prentice Hall.
- Kandong-Edgren, S & Camphino-Bacote, J. (2008). Cultural Competency of Graduating US Bachelor of Science Nursing Students. *Contemporary Nurse*, (28), 37-44.
- Kelley, J. & Meyers, J. (1995). *Cross Cultural Adaptability Inventory Manual*. Minneapolis, MN : NCS Pearson, Inc.
- Leininger, M. (1991). *Culture Care Diversity & Universality : A theory of Nursing*. New York : National League for Nursing.
- National League for Nursing. (2003). *Innovation in Nursing Education : A Call to Reform*. New York : Author.
- Ritter, L.A. and Hoffman, N.A. (2010). *Multicultural Health*. Sudbury, MA : Jones and Bartlett.
- Schim, S.M., Doorenbos, A., Berkert, R. & Miller, J. (2007). Culturally Congruent Care . Putting the Puzzle Together. *Journal of Transcultural Nursing*. 18(2), 103-110.
- U.S. Census Bureau. (2005-7). *American Community Survey 3 Year Estimates*. Retrieved from http://factfinder.census.gov/servlet/ACSSAFFacts?_submenuId=factsheet_1&_sse= on April 30, 2009.
- U.S. Department of Health and Human Services. *HRSA Healthforce Survey Chapter III*. Retrieved from <http://bhp.hrsa.gov/healthforce/insurvey04/> on April 30, 2009.