

Improved Cultural Competence Through Simulation

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Abstract

Our quality improvement project focused on increasing the cultural competency of undergraduate nursing students at the College of St. Benedict/St. John's University. In nursing culturally competent care is defined as having the knowledge, skills, and attitudes that support caring for patients across different languages and cultures. Caring for culturally diverse patients was first identified as an area of improvement during our capstone seminar while discussing our own clinical experiences. Subsequently we conducted a student survey that displayed strong interest in increasing practice caring for culturally diverse patients. Based on current research we identified simulation experiences as an advantageous method for students to experience caring for culturally diverse patients. The simulation takes students through different aspects of how culture can affect the nursing process and care they are delivering. During the simulation students are able to discuss how they would try to approach the situation giving them ideas of what to do when they are in these difficult situations as RNs.

Focus

The selected issue that was identified is the need for increased practice caring for patients from different cultures. This issue was identified during a seminar discussion that talked about the use of simulation and cultural competency. We then discussed some of the clinical situations that we have encountered that we would have liked to experience first in simulation setting. This was a launching point for our idea. We then conducted a survey to all accepted nursing students, sophomores, juniors and seniors. We received sixty-two responses, of those responses 51.7% have had one or fewer patients that spoke a different language. No students who responded said they felt very comfortable with caring for patients who spoke a different language. 36.7% of students said they felt the current program was average in preparing them to care for a patient from a different cultural background. The students that responded said ways to improve the current curriculum would be to include Q&A panels with several people from different cultural backgrounds, speakers, classroom discussions, as well as, simulations. With this information we decided to do a simulation to help students practice caring for a patient from a different cultural background.

Analysis

When considering what must be known about the problem of how to prepare student nurses to care for culturally and linguistically diverse patients, we determined that must know how culturally competent nursing care or the lack-thereof affects patient health outcomes. In addition, it is important to know what nursing programs can incorporate into their curricula to best prepare students to care for patients from culturally

and linguistically diverse backgrounds. This leads to the need to know what method is best for increasing the cultural awareness and competency of nursing students. Finally, we determined that we need to know how cultural competency simulations should be designed and what elements they should include.

In the current literature regarding cultural competency and nursing care, many authors discussed the increasing proportion of the U.S. population that comes from culturally diverse backgrounds and the implications that this has on nursing care (Bahreman & Swoboda, 2016; Roberts, Warda, Garbutt, & Curry, 2013; San, 2015). This increase in cultural diversity creates a critical need for the nursing profession to increase its cultural competency including improved cultural awareness, understanding, and communication (Bahreman & Swoboda, 2016; San, 2015). Cultural competence is important in the delivery of health care because “a person’s culture significantly influences their definition of health, what is considered an illness, when and where medical attention is sought, and the overall health and healing process” (Roberts, Warda, Garbutt, & Curry, 2013, p. 260). It is common for patients and nurses to have different conceptions of illness and the delivery of healthcare, and this can cause patients to experience negative health outcomes and feel unsatisfied with their care. In addition, this can make it difficult for nurses to carry out the nursing process and provide quality care (San, 2015, p. 229) Patients from culturally diverse backgrounds often experience health disparities, suffer from increased rates of certain chronic diseases including diabetes and heart disease, and face discrimination from healthcare professionals (Roberts, Warda, Garbutt, & Curry, 2013, p. 260). According to Cantey, Randolph, Molloy, Carter, & Cary (2017), an effective way to reduce the health disparities faced by individuals from

diverse cultural backgrounds is to improve the cultural competency of health care providers (Cantey, Randolph, Molloy, Carter, & Cary, 2017, p. 243). The current research shows that an effective way to improve the cultural competency of nurses is to include it in the curriculum of nursing programs. According to San (2015), “To eliminate health disparities, enhance patient outcomes, recruit a diverse workforce, and prevent multicultural workplace conflicts, culturally competent nursing care must be integrated into the core of nursing education” (p. 229).

The current research suggests that including cultural competency simulation in nursing education is an effective way to improve this skill in nursing students (Bahreman & Swoboda, 2016; Cantey, Randolph, Molloy, Carter, & Cary, 2017; Roberts, Warda, Garbutt, & Curry, 2013; San, 2015). According to Bahreman and Swoboda (2016), “cultural competence can be developed by repeated exposure to and engagement with diverse patients in the simulated setting. It is not merely learning how to act toward a person from a different background, but rather understanding their values and meeting their unique needs” (p. 106). Multiple authors and studies conclude that using a combination of simulation and lecture to teach cultural competency is more effective than solely using lecture as it allows students to practice the knowledge they have gained in a realistic scenario (Bahreman & Swoboda, 2016; Cantey, Randolph, Molloy, Carter, & Cary, 2017; San, 2015). As Bahreman and Swoboda explain, “teaching cultural competence in the classroom, without facilitating the application of this knowledge, may provide new information to the learner but may not increase their confidence in their ability to provide culturally informed care to their patients. The simulated environment promotes active learning and reflection” (p. 106). In addition, using simulation to teach

cultural competence provides a controlled and comfortable setting in which nursing students can encounter culturally diverse patients before entering the clinical setting and professional practice setting (Bahreman & Swoboda, 2016; San, 2015). The results of San's (2015) literature review "revealed that the use of simulation can support [culturally competent] nursing care by providing a safe environment to conduct a cultural assessment, elicit students' attitudes toward cross-cultural situations, and improve communication, critical thinking, and nursing skills" (p. 228). In regards to the design of cultural competency simulations, San (2015) found that the four most effective methods are high-fidelity patient simulation, low-fidelity patient simulation, standardized patient simulation, and integrating international concepts through simulation (p. 230). High-fidelity simulation involves the use of a mannequin that can be simulated to provide the experience of working with a patient patient from a diverse cultural and linguistic background. Low-fidelity patient simulation uses a patient story as the basis for simulation and can incorporate realistic elements such as a patient's living environment. Standardized patient simulation uses real people to play the roles of patient, family, and health care providers from different disciplines (San, 2015). Roberts, Warda, Garbutt, and Curry (2013) suggest that "aspects of culture that may be included in simulated experiences include religious artifacts, dietary restrictions, language concerns, family dynamics, space, and the use of nonverbal communication . . . 'patients' may be dressed appropriate to their culture/ethnicity, be named with common names for their heritage, and be programmed to speak using phrases from their cultural group" (p. 262).

We conducted a cultural competency survey to determine the perceptions of nursing students at the College of St. Benedict and St. John's University in regards to

how well the nursing program prepares them to care for culturally and linguistically diverse patients. Sixty-two students responded to this survey and represented all classes enrolled in the nursing program including sophomores, juniors, and seniors. Over half of the students that responded have cared for one or fewer patients who spoke a language other than English. 62.9% of students responded that they have never used a phone interpreter in the clinical setting. No students responded that they felt very comfortable caring for a patient who spoke a different language than English. 36.7% of students rated the current program as average for how well they feel they are prepared to care for a patient from a different cultural background. We used this survey to identify the need to include added cultural competency education into the nursing curriculum at the College of St. Benedict and St. John's University. Upon consideration of the results of this survey as well as our review of current literature on this topic, we determined that simulation would be the most effective way to improve the cultural competency of nursing students.

The root causes of the need for nursing education to incorporate cultural competency simulation into the curriculum include the high percentage of the U.S. population that is from a diverse background (Bahreman & Swoboda, 2016; Roberts, Warda, Garbutt, & Curry, 2013; San, 2015). As was discussed previously, the health disparities that are faced by individuals from culturally diverse backgrounds and the differences in health beliefs between care professionals and diverse patients lead to the need for increased cultural competence among nurses. In addition, the research has shown that teaching cultural competency solely in the classroom does not provide students with experience that is realistic enough to allow them to feel prepared to care for a patient who is from a culture that is different from their own or speaks a language

different than their own. Currently, nursing students are not allowed the chance to meaningfully reflect on their attitudes towards culture, their level of competence in providing culturally-sensitive care, or increase their functional cultural awareness before entering the clinical setting (Bahreman & Swoboda, 2016; Cantey, Randolph, Molloy, Carter, & Cary, 2017; San, 2015).

Development

Implementing a culturally geared SIM stemmed from a discussion in one of our leadership seminars. Throughout our course at St. Ben's/St. John's, we have been educated about different cultures and how those encounters can alter the "norm" in a clinical setting. Even though we learn about them, we never were able to practice them in a simulation setting. In one of our capstone seminars, we focused on cultural competency. We initially talked about how our immersion experiences contributed to us being culturally competent nurses as well as different encounters in clinical/internship/capstone. Different options were discussed in hopes to better prepare us for cultural encounters, aside from our immersion experience. We talked about having more classes relate to different cultures, have individuals who are members of different cultures come and educate us and so forth. Instead of solely learning about the cultures in the classroom, we thought incorporating a simulation would be the most realistic option for us to learn from. Getting previous exposure to a simulated clinical situation could potentially better prepare us for when we experience it in a real setting. We brought the idea to different nursing faculty, Kathy Ohman and Carie Braun, who also agreed that this could benefit our education as nursing students. Previously, we analyzed different evidence based practice articles that are congruent with the effectiveness of culturally geared simulations.

As shown through several articles, Bahreman and Swoboda (2016) explained, “cultural competence can be developed by repeated exposure to and engagement with diverse patients in the simulated setting. It is not merely learning how to act toward a person from a different background, but rather understanding their values and meeting their unique needs” (p. 106). This is one piece of literature that is in support of the effectiveness of simulations in the curriculum. Some factors aside from research that impacted our decision to choose incorporating a simulation would be that it is low-cost, we had several students and staff on board, it doesn’t take up much time and it can be beneficial to our education. We also conducted a survey before the implementation of the simulation, which showed that our students would benefit from this.

When creating the guidelines and objectives of our simulation, we discussed different clinical situations we have experienced in regards to different cultures. Some experiences we had included using different types of interpreters, having to adapt to cultural needs and beliefs for cares or different medications and understanding family roles in certain cultures. We then decided that the ones that we most commonly have experienced were the use of some sort of interpreter and adapting your daily plan around cultural needs of the patient. For our simulation guidelines in regards to resources see Appendix A. In order to implement this simulation we had to partner with our CSBSJU staff in order to get it approved and the materials we needed along with the students as they were participating on a voluntary basis. To see if our simulation was necessary, we sent out the cultural competency survey to determine the perceived need of nursing students. Through this survey which showed that 54% of students, 62 responded, rated their comfort with caring for a patient from a different cultural background as a 4 on a

scale of 1-5. This, along with other questions, suggested that this simulation could be beneficial for our students. Junior nursing students volunteered to participate in the simulation. We had 4 groups of 7-8 students. We had the students fill out a pre and post survey in order to measure the effectiveness of the simulation. These surveys showed an increase in students' comfort level caring for culturally diverse patients.

We came up with four different objectives for the simulation that we wanted to be accomplished by the students: be able to use a phone interpreter, students will go into room to do morning cares however they must respect the patient's need for meditation practices, student will identify that the patient should not receive heparin due to it having a pork product, and students will identify DNR and the need to help with death ritual after MI happened. These objectives were used as a guideline in order to make sure we got our goals accomplished.

Dissemination and Evaluation

During our seminar with Faculty member Carrie Braun, we discussed how we, as students, felt that there was a need for more practice with caring for patients of different cultures and with the use of interpreters. We were able to identify that students would be interested in this addition to the program with the amount of Junior nursing students that volunteered to participate in the simulation and in feedback from the initial cultural competency survey that was sent to all accepted nursing majors. The students' interest in this education is the driving factor that will help keep the nursing curriculum focused on integrating parts or all of this simulation into the nursing program. However, some of the limiting factors would be that there are many other important skills and exercises that are needed in the nursing curriculum already. Adding another simulation might take time

from other important learning. This can be resolved with the integration of parts of this simulation with current simulations that are more skill based. A student would be able to hang fluids or give medications while using a phone interpreter or doing a neuro assessment. This simulation provides the program with a stepping stone to build off of or to take and add to existing course material. Staff members will continue to be motivated to integrate this simulation or its parts due to the students self identifying the need for this information in their knowledge set. As well as, the faculty's commitment to graduate well rounded competent nurses.

The response from students to try to implement a cultural component to simulation practice has been very positive both in the planning and implementing phases. During the planning phase many students specifically said to improve their cultural competency they would like to have simulations to help them develop these skills. During the implementation phase we were able to see that the integration of cultural stimulation increased the comfort level in both the use of a phone interpreter and in providing competent care for a patient that is from a different cultural background. We received feedback from five faculty members after presenting the data we gather from conducting our simulation. All the faculty members responded with strongly agree that cultural competency education is important for a baccalaureate prepared nurse. All of the faculty also responded that they would agree that the addition of a simulation like the one we conducted should be included in the nursing curriculum. The one comment that we did receive for a change in who should be our target audience is that “it needs to occur early on before students learn skills otherwise students may lose focus on the skills and not meet those objective.” After reviewing this comment we identified that adding this

simulation possibly to the sophomore year may have the most benefit instead of the Junior year curriculum because the focus sophomore year is based on assessment and communication skills.

Application to Nursing Curriculum

We identified our target audience as the undergraduate nursing students at College of St. Benedict/St. John's University. Based on how the nursing curriculum is structured we believe it would be most beneficial for students in the fall semester of their junior year to engage in a cultural competency simulation. This is because these students are in the beginning stages of their clinical experiences at the St. Cloud Hospital and our simulation is structured around the care of a hospitalized patient. Also, based on our Cultural Competency Survey, junior nursing students reported a lack in confidence caring for culturally diverse patients. Similar to other interactive simulations throughout the nursing curriculum, we selected a simulation environment as an ideal learning setting for students. Simulations allow students to develop problem solving and critical thinking skills while caring for patients in a safe and secure environment (Mills et al., 2013). Also, simulation has been shown to provide students with the most learning benefits compared to other methods of learning (Curl, Smith, Chisholm, McGee & Das, 2016).

The overall outcome we established for our simulation was to increase the nursing students' confidence while caring for culturally diverse patients. We created a simulation that consisted of four different scenes each encompassing a different situation that could be encountered while caring for culturally diverse patients. We established a learner centered outcome we wanted to accomplish with each scene. The first scene included

conducting an initial assessment of a non-English speaking patient and having to utilize a phone-based interpreter to communicate with the patient. The scene specific outcome was that students would be competent using a phone interpreter to describe the assessment process and obtain necessary subjective patient data. The second scene involved performing personal hygiene cares while working around the patient's religious meditation. The scene specific outcome was that students would be flexible with their care plan to allow for the patient's religious practices. The third scene centered around medication administration and recognizing the medication contained a product prohibited by the patient's religion. The scene specific outcome was that students would be able to identify the medication contained a product that the patient could not receive due to their religious beliefs. And the final scene consisted of the patient passing away and the student helping the present family member with the death rituals specific to their religion. The scene specific goal was that the students would be cognizant to the importance of correctly performing death rituals specific to a patient's religion.

To evaluate the effectiveness of our simulation we created a five question survey that we had students complete prior to beginning the simulation and immediately after the simulation was complete. We used the results from these surveys to determine if students' confidence in caring for culturally diverse patients increased after engaging in the simulation. Survey results showed a 20% increase in student's comfort level caring for non-English speaking patients and a 40% increase in ability using a phone-based interpreter. Survey results also showed a 16% increase in students' comfort level supporting the cultural and religious needs of patients from diverse backgrounds. Based on these survey results we met our goal of increasing nursing students' confidence caring

for culturally diverse patients. We also met our four scene specific goals based on the student's performance throughout the simulation.

References

Bahremen, N., T., & Swodoba, S. M. (2016). Honoring diversity: Developing culturally competent communication skills through simulation. *Journal of Nursing Education, 55*(2), 105-108.

<http://search.proquest.com/docview/1760536332?OpenUrlRefId=info:xri/sidLwcdiscovery&accountid=14070>

Cantey, D.S., Randolph, S.D., Molloy, M.A., Carter, B., & Cary, M.P. (2017). Student-developed Simulations: Enhancing cultural awareness and understanding social determinants of Health. *Journal of Nursing Education, 56*(4), 243-246

<http://search.proquest.com/docview/1884432802?OpenUrlRefId=info:xri/sid:wcdiscovery&accountid=14070>

Mills, J., West, C., Langtree, T., Usher, K., Henry, R., Chamberlain-Salaun, J., & Mason, M. (2014). 'Putting it together': Unfolding case studies and high-fidelity simulation in the first-year of an undergraduate nursing curriculum. *Nurse Education in Practice, 14*(1), 12-7.

Roberts, S.G., Warda, M., Garbutt, S., & Curry, K. (2013). The use of high-fidelity simulation to teach cultural competence in the nursing curriculum. *Journal of Professional Nursing, 30*(3), 259-265. <http://doi.org/10.1016/j.profnurs.2013.09.012>

San, E.O. (2015). Using clinical simulation to enhance culturally competent nursing care: A review of the literature. *Clinical Simulation in Nursing*, 11(4), 228-243.

<http://doi.org/10.1016/j.ecns.2015.01.004>