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Evaluation of a Cultural Competency Program

Cheryl Delgado, Linda E. Wolf

Purpose :

Cultural diversity is a hallmark of American life, but diversity does not extend to the health workforce. This makes a plan for cultural competency in nursing education imperative. Integration within a curriculum is the most frequently described method for teaching cultural competency, but few studies have been done to establish the effectiveness any method. Our school placed emphasis on development of cultural awareness as a first step to competency. We used a diversity expert to lead a class in self exploration of attitudes and stereotypes. It was popular but we did not know if this had real impact on cultural awareness.

Methods :

A simple pretest-posttest design study to test cultural competency was implemented. The Cross Cultural Adaptability Inventory (CCAI) (Kelley and Meyers, 1987) was used to measure cultural awareness and was administered to students in an introductory course. Cultural considerations were imbedded within the remainder of the curriculum and in clinical experiences. As seniors students took the CCAI again and a paired t test was done to compare aggregate mean scores.

Results :

The final N for the study was 81 and results revealed significant increases in scores for emotional resilience, perceptual acuity and personal autonomy. Male students increased scores in three of four subscales while female students improved in two. Correlations were calculated for age, gender and living abroad with the mean change in CCAI scores, but only a weak positive correlation between age and emotional resilience was found.

Conclusion :

The results indicate an increase in cultural awareness and the subscale increases indicate that students are less frustrated, more self confident in communication, and less threatened by contact with those that were different.

Evaluation of a Cultural Competency Program

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 (US Census). However this diversity does not extend to the healthcare workforce and only 10.7% of all RNs identified themselves as a racial or ethnic in a 2004 survey by the department of Health and Human Services. This imbalance makes imperative a plan for cultural competency in nursing education as

directed by the American Association of Colleges of Nursing (2008), the American Nurses Association (1986) and the National League of Nurses (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 competencies across a curriculum (Kardong-Endgren and Camphina-Bacote, 2008). Although integration within a curriculum is the most frequently described method for teaching cultural competency, few studies have been done to establish to best method. A recent study found that there was little difference in levels of cultural competency among four different curricula although cultural awareness did significantly improve regardless of method when cultural competency was taught (Kardong-Endgren and Camphina-Bacote, 2008).

Schim, Doorenbos, Benkery and Miller (2007) have proposed a three dimensional puzzle model as an extension of Leininger's transcultural model of nursing (1991). In this model they define cultural diversity as both the commonalities and differences that exist among groups. They describe cultural awareness as a cognitive construct which involves recognition of cultural differences and rethinking based on that knowledge that allows one to move beyond previous limitations. 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. Cultural competence is described as the response to diversity, awareness and sensitivity which allows one to work effectively with persons of another culture and is not an end point, but a series of "learned, practiced and evolving behaviors to be approached with cultural humility" (Schim et al., 2007, p.107). The plan for cultural competency at our school is based on nursing professional standards, diversity management theory and adult learning pedagogy, focusing on three areas : self awareness, knowledge of other cultures, and skill in communication and care planning.

Commonly in nursing and other healthcare cultural diversity education, a general discussion of expanding diversity and globalization trends lead into further exploration of the differences thought common to various racial, ethnic, and religious groups. A problem with this is that within these broad groups there is considerable variation and the generalization of knowledge about a culture from a small sample can be problematic. At Cleveland State the faculty experienced this phenomenon in assignments requiring students to interview persons from a culturally Americanized. More alarmingly, students often used potentially pejorative terms such as 'these people' in their reports unconsciously. As a response, two faculty members teaching the course in which cultural competence was initially addressed decided to emphasize cultural self awareness and sensitivity rather than facts and figures about cultural differences.

This was accomplished with the cooperation of the university's Office of Institutional Diversity who provided a diversity expert who led a class in a self exploration of attitudes and stereotypes. Although popular with the class, it was not known if this had a real impact on the students' cultural awareness which faculty considered essential as a first step to cultural competency. It was decided to test the emphasis on awareness and the integration of cultural competency throughout the curriculum

by testing students at the start of the nursing program and in their senior year to note changes.

The instrument selected to measure change was the Cross Cultural Adaptability Inventory (CCAI) developed by Kelley and Mayers (1995). The CCAI is a self awareness inventory, designed to help individuals learn about their potential for cross cultural effectiveness. It does not predict success or failure in cross cultural interventions but focuses on readiness to interact with persons from another culture. The inventory contains 50 items, with scores calculated in four dimensions: emotional resilience, flexibility and openness, perceptual acuity and personal autonomy. The scores offer feedback on the individual's relative strength and weaknesses in these domains.

Emotional Resilience is the ability to maintain emotional equilibrium in a new or changing environment, in other words, the effect of culture shock experienced. The score for Flexibility / Openness reflects positive reactions to the unfamiliar; a non-judgmental acceptance of those different from themselves or a level of comfort in interactions with those who think and behave differently than oneself. Perceptual Acuity refers to the attention and sensitivity to the nuances of interpersonal cues in communication, or the person's ability to read unfamiliar verbal and non-verbal cues. The last domain, Personal Autonomy references a sense of identity not context dependent and the ability to respect other value systems while maintaining one's own beliefs.

The study design was a simple pretest-posttest design with nursing education as the intervention variable. The CCAI was administered to students in the first semester of the nursing program in a course in which cultural competency was addressed, but prior to exposure to that content. Cultural considerations were then imbedded within the remainder of the curriculum, revisited in specific content areas such as maternal and child health, community health and in clinical experiences as they arose. Our university is located in a city that has a culturally diverse population and many of our clinical are in a tertiary referral medical center which attracts patients from around the world. In the final semester, the students in the study took the CCAI as a post and a paired t test was done to compare the aggregate mean scores.

The recruited sample was 92 Students enrolled in the CSU School of Nursing pre-licensure programs, both basic and accelerate, in 2006/07 academic year. By May, 2009, 81 students remained in the study, some having been lost through attrition from the program for academic or personal reasons, and some having academic or personal leave and therefore not progressing at the expected pace. They ranged from 19 to 58 years of age and were 81% female. Only 43 provided information on living abroad and of those 11% said they had done so. It is not known how many of this number had done so in the military, but considering the high percentage of men it may be assumed. At least two students were born outside of the United States.

As shown in the Table 1, the paired samples t test revealed significant increases in scores for emotional resilience, perceptual acuity and personal autonomy at the end of the nursing program. When sorted by gender (Table 2), the male students increased scores in three areas: emotional resilience, flexibility and openness and perceptual acuity, while female students improved in two, emotional resilience and perceptual acuity. Pearson correlations were calculated for age, gender and living abroad

with the mean change in CCAI scores. The only significant finding was a weak positive ($r = .228, <.05$) correlation between age and emotional resilience. Students in our sample were higher or at the mean for CCAI normative scores for persons with some college.

Table 1. Change in CCAI Scores

Paired samples t test	t	df	Sig (2 tailed)
Emotional Resilience	3.739	80	.000
Flexibility and Openness	1.806	80	.075
Perceptual Ability	3.028	80	.003
Personal Autonomy	2.256	80	.027

Table 2. Comparison by Gender

	t	Sig (2 tailed)
Emotional Resilience		
• Male	4.106	.001
• Female	2.525	.014
Flexibility and Openness		
• Male	2.820	.015
• Female	.761	.449
Perceptual Ability		
• Male	2.996	.011
• Female	2.042	.045
Personal Autonomy		
• Male	1.104	.291
• Female	1.964	.054

The limitations of the study include a possible self selection by students who were more interested in cultural concerns, but as more than 95% of the students eligible joined the study this may not be a major issue. Of more concern is the possibility that events other than nursing education may have affected the students' responses and been a confounding factor. Age was not found to affect scores except for emotional resilience, but the longest time between pretest and posttest was three years. Accelerated program students, 53% of the sample, finished in fifteen months. The sample size is also a limitation. The mean change in flexibility and openness might have reached significance in a larger sample.

The results of this study show that there was an increase in cultural awareness in the senior semester of the students in the study, as evidenced by increased scores on the CCAI in emotional

resilience, perceptual acuity and personal autonomy. This increase in scores implies that the students were less frustrated or confused in contacts with persons of another culture and more self confident. The scores indicate greater confidence in their ability to communicate and read non-verbal cues despite cultural differences and the perception of less threat from contact with those that were different.

The findings of this study agree with the findings of Kardong-Edgren and Comphina-Bacote (2008) in which they found an increase in cultural awareness across nursing programs. They have raised the question of whether cultural awareness is a more realistic goal for students than cultural competence which may not occur until after graduation. Our faculty feel that this position is compatible with Benner's conceptualization of the progression from novice to expert (Benner, 2001) and believe that true cultural competence emerges only after many cultural encounters. We are encouraged that the findings of this study indicate that we have begun that process and that journey by increasing the cultural awareness of our students.

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