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Original article

Efficacies of different methods of teaching transcultural nursing practice in China[☆]Chiang-Hanisko Lenny^a, You-Qing Peng^{b,*}^a Christine E.Lynn College of Nursing, Florida Atlantic University, Boca Raton, FL, USA^b Department of Nursing, East Hospital of School of Medicine, Tongji University, Shanghai, China

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ABSTRACT

Purpose: This study assessed the effectiveness of three teaching methods for developing cultural competency based upon Leininger's theoretical framework with nursing students in China: case studies, traditional didactic learning, and self-directed learning. These methods were used in transcultural nursing teaching practices to identify the method that resulted in the greatest improvements in the nursing student's understanding and clinical application of transcultural nursing.

Methods: The Transcultural Nursing Questionnaire (TNQ) was used for pre-and post-test comparisons of all participants in four areas of cultural knowledge and the Evaluation of Transcultural Nursing Competency (ETNC) was applied via role-play to evaluate the cultural competency of 120 of the 305 participants from three general hospitals in the PuDong New District, Shanghai, China. Individual transcultural nursing courses that focused on case study, traditional didactic or self-directed methods persisted for four months in three hospitals.

Results: Statistical analyses of the cognitive scores of the participants in the transcultural nursing courses revealed a significant difference ($P < 0.01$) between scores collected before and after the teaching with the three methods. Comparisons of the three hospitals revealed that the scores for transcultural nursing cognition and simulating service assessment were significantly different ($P < 0.01$) for the case study nursing students. The scores of the students who were taught with the traditional didactic and self-directed methods were not significantly different across the three hospitals ($P > 0.05$).

Conclusion: The results revealed that the case study, traditional didactic and self-directed method effectively improved the transcultural nursing cognitive levels of the nursing students. The case study method appeared to be the most effective approach based upon the TNQ pre-and post-tests and the ETNC cultural competency scores.

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1. Introduction

Market globalization and the entrance of China into the World Trade Organization (WTO) have resulted in greater contact between nursing professionals and an increasingly multicultural patient base. A growing number of foreign nationals are establishing residency in the Shanghai, Pudong New District and throughout China which has resulted in a significant increase of patients from culturally diverse backgrounds in medical institutions.^{1,2} The

numbers of foreign-born patients who visited public hospitals in the Shanghai Pudong New District were 4979, 7001, 15280, 24653, 30082 and 40091 in 2005, 2006, 2007, 2008, 2009 and 2010, respectively, which represents a rate of increase of 705% over a five year period.³ However, formal education programs that teach cultural competency in China are lacking, and nurses are not prepared to provide optimal care for patients from different cultures.^{4–7} As the healthcare landscape in China undergoes dramatic changes, meeting the needs of a multicultural patient population will become more complex and demanding. It might be difficult to determine the best practices for educating nurses to achieve cultural competency because few instructional programs that focus on this challenge have been developed in China. There is also limited evidence from the West or from within China with which to determine which teaching strategies and what content are best for

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developing cultural expertise within the Chinese nursing educational system.

Driven by the urgency to provide quality care to diverse populations and confronted by a lack of research on what and how to teach cultural-specific phenomena in China, our research team embarked on a systematic process to develop, implement and evaluate an educational nursing program concerning cultural competency.

2. Literature review

Currently, didactic (teacher centered) teaching and self-directed learning are two of the principal methods for teaching nursing in China. China's pedagogical approach to nursing education is a subset of the Chinese higher education system, which embodies the central importance of the teacher and face-to-face lecture.⁸ Whether the nature of knowledge is theoretical or applied, the preference for the lecture method honors a long-standing tradition of teacher-directed instruction. Traditional didactic teaching is considered to be the best way to ensure that the standards for the transmission of knowledge are maintained at the highest level.⁹ Although Chinese scholars have recognized the need to modernize higher education by adopting Western contemporary methods, such as problem-based learning and evidence based learning, according to Wang and Kreysa,¹⁰ current and future Chinese teaching practices are likely to retain traditional didactic methods that are teacher-dominated.

Nursing researchers in China have recognized that with the marked increase in international mobility, the spread of cultural traits and ideas between societies and ethnic groups is accelerating. Cultural diffusion has progressed quickly in China with increased globalization and the opening of the Chinese economy and resulted in the need for cultural competency as an essential component in the preparation of healthcare professionals. With a foreign-born population that is rapidly expanding and a patient population that is becoming more diverse, cultural competence and cross-cultural communication are increasingly viewed as a prerequisite for addressing developing racial and ethnic disparities in healthcare in China.

As the Chinese nursing profession prepares to address increasingly diverse populations, the definition of health is being more closely examined. Nurse researchers in China have not reached a consensus on the definition of health; some maintain a traditional Chinese perspective, while others have attempted to integrate their views with Western beliefs. In the Theory of Culture Care,¹¹ Leininger's definition of health as culturally defined strengthens and broadens the view of the importance of culture in the conceptualizations of illness, health and wellness. As encounters with patient diversity grow, the notion of culture as an important dimension of care will likely receive increasing emphasis and support by the Chinese nursing profession. Leininger's theoretical tenets of the cultural diversities and universalities of human caring provide a framework to guide nurses in adapting care that is congruent with the patient's culture. Because change is occurring quickly, nurses need to be competent in recognizing and supporting cultural traditions and the evolution of care to greater universality for the Chinese people; nurses also require the ability to work with persons from other cultures who are receiving care in China.

Nurse educators in China acknowledge the importance of delivering care based upon the best evidence available and supported by the latest research. They have advocated for an integration of evidence based nursing with traditional nursing education curricula to improve the analytical and problem-solving abilities of nurses. A number of programs have been launched to address this need. One such program that was performed in Hubei province used self-directed learning and was organized around the students'

clinical practice.¹² Self-directed learning was selected as the instructional method to provide maximum flexibility to accommodate work and study schedules based upon different shifts, encourage independent study and be consistent with the Chinese value of life long learning. Although the focus of this project was self-directed learning, students voiced a preference to combine this method of instruction with more direction and guidance from the teacher because they felt this combination would improve learning proficiency.¹²

As nurse educators in China anticipate the need to prepare nurses in cultural competency, they have examined literature to identify the learned that can be learning regarding the development of educational programs while maintaining respect for their teaching and learning traditions. Numerous strategies, whether through stand-alone courses or integrated across the curriculum, have been used to teach cultural content.¹³ Examples of methodologies that have been used in cultural education in nursing include lectures, case scenarios, immersion, role modeling and service learning. Despite the widespread acknowledgement that cultural competence education is necessary, there is little agreement regarding the most effective approaches to teach this subject matter.¹³ Future research is needed to determine the effectiveness of instructional methods in the preparation of culturally competent nurses. Therefore, the purpose of this study was to evaluate the effectiveness of three teaching methods, i. e., case study, traditional didactic and self-directed learning, in the development of cultural competency among nursing students in China.

3. Methods

The research team embarked on a systematic process to identify the learning needs and goals for developing expertise in cultural competency. The team conducted brainstorming sessions with senior nursing staff, medical doctors and foreign-born people working in a healthcare capacity in Shanghai to obtain a clearer picture of the desirable educational goals, objectives and practice outcomes. The team then continued with a closer analysis of the characteristics of the target students and their probable instructional needs in terms of attitudes and the extent of prior experience with cultural content. Reflection on the input from the healthcare professionals and the student needs guided the educational design process.

3.1. Setting and sampling

This study was performed with a random sample of 305 nursing students in three teaching hospitals (A, B and C) in Shanghai Pudong New District. Hospital A had 900 beds, and 108 students (35. 40%) participated in the study; hospital B had 850 beds, and 99 students (32. 46%) participated in the study; and hospital C had 900 beds, and 98 students (32. 13%) participated in the study. Among the 305 participants, 63 students were enrolled in a diploma-level program (20. 66%), 182 students were enrolled in an associate degree-level program (59. 67%), and 59 students were enrolled in a BSN-level program (19. 34%) (see Table 1).

Although the participants attended programs of different levels (i. e., diploma, associate, or bachelor) within the Chinese nursing education system, they were considered senior level students within each program during the time of their participation in the study.

3.2. Study procedure

The study was approved by each of the hospital ethics committees before its implementation. All participants from hospitals

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