THE USE OF HIGH-FIDELITY SIMULATION TO TEACH CULTURAL COMPETENCE IN THE NURSING CURRICULUM

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The United States population is undergoing a major demographic shift, by the year 2050, it is predicted that minority populations will constitute half of the general population. This evolving population change is significant due to the overwhelming burden of disease that minorities face in the nation. Cultural competence training is currently being used to prepare practitioners to provide care to a diverse population in an effort to eliminate health disparities. With the increasing demands of the nursing curriculum and the limited time frame to prepare competent clinicians, the search continues for innovative strategies that will produce culturally competent providers. Patient simulation is a technique that replicates real-world scenarios in a controlled and nonthreatening environment. However, despite the legal and moral obligations that nurses have to provide culturally competent care, a lack of evidence exists regarding how to properly integrate simulation methods for cultural competence training into the nursing curriculum. In the nursing curriculum, patient simulation has been used mainly to teach the biomedical aspects of care with less focus on the psychological, cultural, and environmental context. The potential exists for the use of high-fidelity patient simulation as an effective teaching strategy for cultural competence training. (Index words: Simulation; Culture; Cultural competence; Nursing; Curriculum) J Prof Nurs 30:259–265, 2014. © 2014 Elsevier Inc. All rights reserved.

Culture

CULTURE IS A broad construct that is difficult to define and operationalize. Depending on the research perspective, or ones beliefs, culture can be viewed as an "integrative pattern of human behaviors" (Office of Minority Health, 2005) that encompass an individual's ethnic or racial background, geographic location, religion, values, morals, and language. According to Leininger (1991), culture is defined as "the learned, shared, and transmitted values, beliefs, norms and lifeway's of a particular culture that guides thinking, decisions, and actions in patterned ways and often intergenerationally" (p. 47); the author postulates that appropriate nursing care cannot be provided without considering and integrating the culture of patients or their families. The following section will discuss (a) the importance of culture in providing health care, (b) the cultural competence and the importance of teaching this construct, and (c) the challenges of integrating cultural competence into the nursing curriculum. Finally, the use of high-fidelity patient simulation (HFPS) as an innovative approach to teaching cultural competence will be addressed.

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Why is Culture Important to Health Care?

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 (Giger & Davidhizar, 2002). The population in the United States is undergoing a major demographic shift. According to the U.S. Census Bureau (2004), it is projected that by the year 2050, minority populations (Black, Asian, Hispanic, American Indian and Alaska Native, Native Hawaiian and other Pacific Islander, and persons of two or more races) will constitute half of the general population. For the first time in the demographic history of the United States, minorities will outnumber the majority Caucasian population. This demographic change is concerning for three reasons: (a) the nursing workforce lacks diversity, currently Caucasian, and females encompass 83.2% of registered nurses, while nurses from minority populations represent 16.8% of the registered nurse workforce (U.S. Department of Health and Human Services, Health Resources and Services Administration, 2010). (b) Minority populations face the burden of chronic illness and disease; the rate of morbidity and mortality from illnesses such as diabetes and cardiovascular diseases within African American, Hispanic, and Native American populations are disproportionately higher in comparison to Caucasian Americans (Sullivan, 2004). (c) Because of societal influences (such as institutional racism and discrimination), individual health care workers' prejudices and biases, and internalized racism (negative perceptions or feelings of self-worth embraced by stigmatized minority populations), minorities historically have not had the power to influence health care practices (Sullivan, 2004).

Because of much rhetoric regarding the importance of culture in the provision of health care and the increased diversity of constituents in the United States, two prevailing approaches are being used to prepare future clinicians to provide care to diverse individuals. The first initiative is the increase in minority enrollment in health care institutions. There is a persistent lack of diversity in the nursing workforce. In an attempt to rectify this issue, efforts are being made to increase minority enrollment through recruitment and retention initiatives (Fletcher, William, Beacham, Elliot, Northington, Calvin, & Davis 2003; McNeal & Walker, 2006; Childs, Jones, Nugent, & Cook, 2004), and the commitment of academic leaders to support strategies that integrate diversity throughout the nursing curriculum (Schroeder & DiAngelo, 2010). Research has demonstrated that minority providers tend to practice in areas that are culturally diverse (Pacquiao, 2007) and that minority patients have a preference for minority providers (Komaromy, Grumbach, Drake, Vranizan, Lurie, Keane, & Bindman, 1996; Moy & Bartman, 1995; Saha, Taggart, Komarmoy, & Bindman, 2000). Although increasing diversity in nursing is important, this initiative alone is not enough to adequately address the health care issues that minorities face in the United States.

The second initiative to facilitate culturally appropriate care is application of cultural content into the nursing curriculum. Purnell and Paulanka (2003) define cultural competence as "the act whereby a health care professional develops and awareness of one's existence, sensations, thoughts and environment without letting these factors have an undue influence on this for whom care is provided" (as cited in Giger et al., 2007). Colleges of Nursing have attempted several different techniques to prepare nurses who understand the significance of culture in the provision of care. In doing so, nursing educators face several challenges that need to be addressed regarding the preparation and training of culturally competent clinicians.

The disenfranchisement and disempowerment of minority populations within the health care arena in the United States are evident. This persistent disparity is concerning because of the projected increase of minority populations over the next few decades.

Increasing minority enrollment in colleges of nursing is one technique to address the prevailing issue of underrepresentation of minorities in nursing programs. Yet, increasing diversity in nursing is not enough. Interestingly, the National League of Nursing Report (2012) recently reported a decrease in minority enrollment in prelicensure nursing programs from 29% in 2009 to 24% in 2011. Preparation of nurses who are culturally competent and understand the important role that culture plays in the provision of health care is imperative to decreasing the burden of disease and addressing the negative institutionalized practices embedded in the health care culture within the United States.

The Challenge of Teaching Cultural Competence

In the United States, the challenge of reducing profound disparities in health status is compounded by the persistent and pervasive disparities in the provision of health care to ethnic minorities, socioeconomically disadvantaged, and/or marginalized groups (Institute of Medicine of the National Academies [IOM], 2002; National Center for Minority Health and Health Disparities, 2003). Health disparities refer to the differences in the presence of disease, mortality, health outcomes, or access to health care across racial, ethnic, sexual orientation, and socioeconomic groups (National Institute of Health, 2002).

In an effort to prepare health care workers to provide care to a more culturally diverse population and to facilitate elimination of health disparities, the term cultural competence has been conceptualized. Academic institutions are attempting to integrate some semblance of cultural competence into their curricula. Acquiring knowledge regarding cultural competence is not sufficient; clinicians must also possess the skills needed to apply cultural competence training effectively. The California Endowment (2003) defines cultural competence as attitudes, knowledge, and skills necessary for providing quality care to diverse populations. Thus, cultural competence can be generalized to include an