



Full length article

Effectiveness of gaming in creating cultural awareness☆☆☆

Chenit Ong-Flaherty^{a,*}, Dellanira Valencia-Garcia^a, David A. Martinez^a,
Wanda Borges^a, Linda Summers^b^a University of San Francisco, School of Nursing and Health Professions, 2130 Fulton Street, San Francisco, CA 94117, United States^b New Mexico State University, School of Nursing, 1335 International Mall, Las Cruces, NM 88003, United States

ARTICLE INFO

Article history:

Received 19 August 2016

Received in revised form 11 December 2016

Accepted 19 December 2016

Available online 8 January 2017

Keywords:

Cultural awareness

Cultural humility

Experiential learning

Gaming

Qualitative research

ABSTRACT

Despite the emphasis on cultural competency education in the United States for the past three decades, inequities and disparities in healthcare continue to persist, particularly among minority populations. With the current growing gap in provider and patient cultural congruence, how effectively we train students to work with diverse populations in healthcare settings warrants attention. This article presents the results of a qualitative study on the effectiveness of experiential learning, in the form of the game BaFa' BaFa', in raising cultural awareness among students of health professions. Using thematic analysis, the authors analyzed written reflections from student participants. The findings support earlier studies, conducted mainly outside of healthcare, on the effectiveness of gaming in nurturing cultural awareness.

© 2017 Elsevier Ltd. All rights reserved.

1. Introduction

Cultural competency has been the emphasis in healthcare for more than a decade (The Joint Commission, 2010). Despite the emphasis, inequities and disparities in healthcare continue to persist, particularly among minority populations (Agency for Healthcare Research and Quality, 2013). With the current growing gap in provider and patient cultural congruence, how effectively we train students to work with diverse populations in healthcare settings warrants attention. Creative solutions to diversity training led us to employ BaFa' BaFa', a game used for decades mainly by other industries outside of healthcare, to develop cultural awareness among healthcare trainees as part of a training toolkit. There is a lack of quantitative studies on the effects of gaming in cultural awareness training (Chin, Dukes, & Gamson, 2009; Hofstede, de Caluwé, & Peters, 2010) with only three studies completed in healthcare.

Using qualitative methodology, the purpose of our research was to describe the effectiveness of experiential learning, in the form of the game BaFa' BaFa', in raising cultural awareness among students of health professions. BaFa' BaFa' is a form of low fidelity, non-computer based simulation. It is used as part of a larger training which incorporates culturally-focused readings and short videos; a short didactic session on the meaning of cultural dimensions and their application to daily life and healthcare; participation in the game; debriefing; and a written reflection exercise. Using thematic analysis, the authors analyzed written

☆ The authors certify that we meet authorship criteria and that we are in agreement with the content of the manuscript.

☆☆ The abstract of the manuscript, fully titled, "Diversity Training: Effectiveness of Gaming in Creating Cultural Awareness among Students of Health Professions," was presented at the STTI 27th International Nursing Research Congress in Cape Town, July 21–25, 2016.

* Corresponding author.

E-mail addresses: congflaherty@usfca.edu (C. Ong-Flaherty), dgarcia12@usfca.edu (D. Valencia-Garcia), dmartinez9@usfca.edu (D.A. Martinez), wborges@usfca.edu (W. Borges), lsummers@nmsu.edu (L. Summers).

reflections from student participants. The findings support earlier studies, conducted mainly outside of healthcare, on the effectiveness of gaming in nurturing cultural awareness.

2. Background

2.1. Cultural issues in healthcare

Since the turn of the century, cultural competency has been given much attention in healthcare in the United States (U.S.). The Joint Commission (TJC) formally required cultural competency in 2010, providing a roadmap for all hospitals to meet patient or person-centered care (The Joint Commission, 2010). Similarly, in 2001, the Institute of Medicine (IOM) recommended rules for redesigning the U.S. healthcare system in which the patient is essentially the center of all care provision (The Institute of Medicine, 2001). While the IOM rules do not explicitly call for culturally competent care, three of the rules: care is based on continuous healing relationships; care is customized according to patient needs and values; and the patient is the source of control (The Institute of Medicine, 2001), implicate the importance of understanding and respecting each patient's culture. The emphasis is the patient; effective patient care must incorporate cultural needs and respect for patient wishes. Donald Berwick (2009) aptly summarizes patient-centered care to include “recognition, respect, dignity, and choice in all matters.”

The matter of culturally competent care is all the more significant with the current growing gap in provider and patient cultural congruence. Reports from government and non-government agencies such as the Agency for Healthcare Research and Quality (AHRQ) point to poorer outcomes for blacks and Hispanics by ethnicity, transgender individuals, and those of lower socioeconomic status when there is a lack of cultural congruence between providers and patients (Agency for Healthcare Research and Quality, 2013).

The persisting gaps in cultural congruent care brings to question the effectiveness of education and training programs on cultural competency in healthcare of the past two decades. Existing literature demonstrates an emphasis on didactic approaches and training programs that have focused on standardized patients and stereotypical cultural practices (Agency for Healthcare Research and Quality, 2014). Among healthcare students, faculty, and professionals, self-report surveys on perceived cultural competency or multiple-choice testing on specific cultural characteristics have been used to measure cultural competency (Lotin, Hartin, Branson, & Reyes, 2013). Long (2012) describes this emphasis on “cultural competency” without addressing effective teaching strategies as offering problematic solutions that do not contribute to resolving the problem. These limited approaches may be a reflection of cultural competency being perceived as a “requirement” by industry leaders to comply to regulations, with training and measurements of competency given token consideration. There is little to no dialectic exchange on the meanings of culture or time given for critical reflection on the role of culture in society from sociological, historical, and political perspectives (Long, 2012).

Without critical reflection, the stages of learning leading to cultural competency are not given due consideration. Leading experts in the field of cultural competence including Campinha-Bacote, Hofstede, Papadopoulos, and Leininger, have identified that cultural awareness has to be awoken before cultural knowledge, sensitivity, skill, and competence can occur (Andrews et al., 2010; Graham & Richardson, 2008; Koskinen, Abdelhamid, & Likitalo, 2008). Awareness occurs when persons become conscious of the self in relation to others, of attitudes, beliefs, and practices: “cultural awareness is... the process of identification of culture as a phenomenon, examination of one's own biases and emotions against cultural diversity, and exploration of one's own cultural and professional background” (Koskinen et al., 2008, p. 56).

Immersion programs abroad, where students are immersed in cultures new to them and are guided in their interactions and experiences, are effective in creating cultural awareness (Ballestas & Roller, 2013). However, immersion programs can require a large financial investment, which may be out of the reach to many students. With the understanding that cultural awareness is awoken when human interactions occur as exemplified in immersion programs, there is growing appreciation that simulation of human interactions, such as gaming, can be utilized to help healthcare providers and professionals develop awareness of themselves and others, helping to close the gap of cultural incongruence (Graham & Richardson, 2008; Roberts & Roberts, 2014).

2.2. Gaming and cultural awareness

Gaming in cultural awareness training, a form of low fidelity simulation has been utilized for decades in business, foreign affairs, and the military prior to the advent of digital gaming (Chin et al., 2009; Hofstede, de Caluwé, et al., 2010; Hofstede & Pederson, 1999; Hurn, 2011; Mills & Smith, 2004). Existing literature shows that group interactive gaming entails the use of cognitive, social, sensory, and emotional aspects of a person in the learning process, making a simulated situation a lived experience (Graham & Richardson, 2008; Roberts & Roberts, 2014). Two other advantages identified from gaming include the relatively low cost of materials, and the component of “fun” that comes from participation, a factor particularly helpful among students who learn better when anxiety is lower and from active participation.

Researchers, however, emphasize the importance of using gaming as part of a larger training program which should include reading and audio-visual assignments, short didactics sessions, journaling, and debriefing after the gaming exercise to allow for reflective learning (Hofstede, de Caluwé, et al., 2010; Hofstede, Hofstede & Minkov, 2010; Mills & Smith, 2004). A facilitator, versed in cultural diversity and the effects of gaming, is also emphasized as gaming brings an element of

Download English Version:

<https://daneshyari.com/en/article/4939930>

Download Persian Version:

<https://daneshyari.com/article/4939930>

[Daneshyari.com](https://daneshyari.com)