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Undergraduate nursing students and cross-cultural care: A program evaluation

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SUMMARY

Objective: The purpose of this study was to evaluate baccalaureate nursing students' perspectives on their acquired cultural competency following the integration of a transcultural nursing thread throughout the curriculum. This research is as part of an ongoing program evaluation.
Design: A cross-sectional survey design utilizing The Residents Physicians' Preparedness to Provide Cross-Cultural Care Survey (Weissman et al., 2005). The instrument was adapted and used as the Nursing Education in Cross-Cultural Care Survey. This survey consisted of five sections: training, cross-cultural experiences, resources, specialty areas, and personal and professional characteristics.
Setting: The setting for this research was a baccalaureate school of nursing at a small university in rural Hawaii.
Participants: A convenience sample of 56 graduating senior nursing students over a 2-year period participated in the study.
Results: Students perceived themselves as somewhat prepared to provide cultural competent care. Limited exposure and utilization of interpreters, lack of role models and mentors, and unpreparedness to counsel different cultures in the area of terminal health were the lowest scoring subsections. Students learned best in the clinical setting compared to classroom setting.
Conclusions: Nursing program evaluation needs to be systematic and ongoing. All programs need to determine whether program goals were met. This survey tool assisted faculty to evaluate the integration of the transcultural thread throughout the nursing curriculum. At the end of the nursing program, students were somewhat prepared to deliver cross-cultural care. Areas were identified for program improvement.

Over the last few decades, there have been changes in the demographics and economics of a growing multicultural United States. Nurses are faced with new and complex challenges because of an increasingly diverse cultural population (Kanitsaki, 2003). Culturally competent nurses have knowledge of other cultural ways and are skilled practitioners in identifying unique culture patterns so that an individualized plan of care is formulated to help meet the healthcare goals for that patient (Gustafson, 2005). The complexity of providing care for patients from a variety of cultural backgrounds has challenged schools of nursing to make curricular changes integrating cultural training a priority.

Curriculum development and evaluation is largely the responsibility of nursing faculty (Keating, 2011). Program evaluation has been a vital part of nursing education programs and is required for accreditation. It is an ongoing process where program data are collected and described in order to assist with decision making (Watson & Herbener, 1990). It is a tool that can improve and evaluate the effectiveness and quality of a program (Suhayda & Miller, 2006) including changes to the curriculum such as the integration of culture into nursing curricula.

Purpose

To meet this challenge, educators at a rural school of nursing in Hawaii integrated a thread of transcultural nursing throughout the nursing curriculum. The degree to which students have acquired the skills to practice culturally competent care had not been evaluated. The purpose of this study was to evaluate the students' perspectives on their acquired cultural competency following the integration of the transcultural nursing thread throughout the curriculum. This outcome measurement will augment the program evaluation process in terms of the effectiveness of the curriculum relating to cross-cultural care.

Literature Review

According to Leininger (2002), transcultural nursing is a substantive area of study and practice focused on comparative cultural care (caring) values, beliefs, and practices of individuals or groups of similar or

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different cultures. In transcultural nursing, it is the nurse's goal to provide both culturally individualized care along with universal nursing care for the health and well-being of clients. Leininger (2002) also states that this nursing care can help clients to face unfavorable human conditions such as illness, death, and human conditions in a meaningful way. Transcultural nurses are specialists, generalists, and consultants who function in diverse practice settings (Murphy, 2006).

Integrating Culture in Nursing Curriculum

Cultural competence as a component of curriculum is now an expectation in nursing schools. A number of researchers have evaluated the effectiveness of including cultural consideration as an educational intervention. Kardong-Edgren and Campinha-Bacote (2008) conducted a study using four different approaches evaluating the effectiveness of cultural competency in four geographically diverse graduating bachelor of science of nursing (BSN) groups. Two programs used theories by Madeline Leininger and Josepha Campina-Bacote, one utilized an integrated approach, and another incorporated a freestanding two-credit culture course taught in the curriculum. The findings were that the graduating nurses scored only in the culturally aware range, regardless of what program they attended. Kardong-Edgren et al. (2010) conducted a study which utilized Campinha-Bacote's Inventory for Assessing the Process of Cultural Competency among Healthcare Professionals-R. Of the graduating students from six different BSN programs, participants scored on the average in the culturally aware range. The results of these studies suggest that no one curricular approach is proving to be more effective than another in achieving essential cultural competency.

Reyes et al.'s (2013) research examined whether the self-perception of cultural competence in baccalaureate nursing students increased during the nursing program as a result of their education and experiences. The findings showed that nursing students perceived that they had become culturally competent during their nursing education. This study was done during a period of curriculum revision and highlighted the need for continued education relating to this concept beginning with the first course and continuing throughout the nursing curriculum. Lipson and Desantis (2007) presented a variety of methods that different nursing programs used to incorporate content on cultural competence throughout nursing curriculum. Curriculum of the different colleges incorporated concepts such as knowledge, attitudes and skills, utilizing a variety of teaching and learning methods. The authors discussed the use of specialty focus, required course models, immersion experiences, distance learning, and simulation. Some of the models used in the different programs were the Purnell Model for Cultural Competence, Giger and Davidhizar Transcultural Assessment Model, and Campinha-Bacote's Process of Cultural Competence in the Delivery of Healthcare Services Model. Although cultural content was incorporated into the nursing curricula, several issues characterized all levels of nursing programs were discussed. This included lack of consensus on what should be taught, lack of standards, limited and inconsistent formal evaluation of effectiveness, a decline of curricula specialty courses on culture, a focus on the micro level of nurse-patient encounters, and the need for support of and preparation of faculty (Lipson and Desantis, 2007). Strategies for developing cultural competency included storytelling, articles, learning from childhood, cultural analysis, a cultural dinner, guest speakers, international health exercise, and the use of limericks (Eshleman and Davidhizar (2006).

Weissman et al. (2005) conducted a notable study measuring cultural competence in resident physicians. The findings revealed that resident physicians self-reported preparedness to deliver cross-cultural care lagged behind the preparedness in other clinical and technical areas. Although cross-cultural care was perceived to be important, there was little time during residency to address cultural issues. The research exposed the fact that there were mixed educational messages in the residency program and there was a need for significant improvement in cross-cultural education to help eliminate racial and ethnic disparities in health care.

Methodology

The participants in this cross-sectional study were recruited from a rural university nursing program in Hawaii. The convenience sample included graduating nursing students from 2013 and 2014. The demographic data collected included age, gender, birthplace, language proficiency other than English, and whether students had taken additional courses on cultural competency beyond the basic requirements of the nursing curriculum.

Instrument

This survey tool utilized for this exploration was adapted from the Residency Training in Cross-Cultural Care survey for physicians. It consisted of questions related to attitudes toward cross-cultural care, preparedness to care for diverse patient populations, self-assessment of skills, and reports of educational experiences (Weissman et al., 2005). The resident study was the first time this instrument was used and no reliability coefficient was reported. The original instrument was only altered to change the wording of “resident” to “nursing student” and “medical education” to “nursing education.” The instrument consisted of a series of Likert scales and short answer questions which are described in the following sections.

Instrument Variables

Attitudes, Preparedness, and Skills

Three constructs related to preparedness were measured: (1) attitudes about the importance of cross-cultural care and its consequences for patient care; (2) self-reported preparedness to treat specific types of patients, manage specific issues and situations, or to provide certain services; and (3) self-assessment of skills (Weissman et al., 2005).

To assess attitudes toward cross-cultural care, participants were asked about the importance of considering the patient's culture when providing care and their perceptions of the potential impact on care processes and outcomes. Questions were related to their experience issues such as language barriers and the consequence of increasing patient visits, longer than average wait times, delays in obtaining patient consent, increased length of hospital stay, patient compliance, and performance of unnecessary tests (Weissman et al., 2005).

Preparedness was assessed by asking participants how prepared they believed they were to care for a series of types of patients or pediatric patients' families. The list included patients from cultures different from their own, patients with health beliefs at odds with Western medicine, patients with religious beliefs that might affect treatment, new immigrants, patients with limited English proficiency, and patients who receive alternative or complementary medical treatments. Participants were asked their skill level in treating culturally diverse patients in the areas of mental health, obstetrics, pediatrics, and medical/surgical areas. These included determining how to address patients from different cultures, assessing patients' understanding of their illness, identifying mistrust, negotiating treatment plans, assessing English proficiency, identifying relevant cultural and religious beliefs, understanding decision-making roles, and working with interpreters. Participants were also asked to rate their preparedness to perform health service and counseling for sociobehavioral concerns, such as smoking, weight loss, exercise, and terminal health (Weissman et al., 2005).

Quantity of Training, Assessment of Educational Climate, and Other Variables

To assess the quantity of training received during nursing school, participants were asked how much additional training beyond what they received in nursing school was devoted during their training to

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