Review Article

Cultural Competency and Cultural Humility in Simulation-Based Education: An Integrative Review

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Abstract
Background: Cultural humility is endorsed; yet, the state of the science of cultural humility in simulation-based education is unknown. The aim of this integrative review is to provide what is known about cultural competence and cultural humility in simulation-based education to base future efforts in education, research, and policy.
Methods: Sixteen studies were reviewed and appraised in this integrative review.
Results: Four themes of learning outcomes from simulation emerged from the studies: (a) cultural sensitivity and cultural competence, (b) insight and understanding, (c) communication, and (d) confidence and comfort. There were no studies that mentioned cultural humility.
Conclusions: Cultural humility in simulation-based education is lacking, signifying a need for educational reform and research.

Cite this article:
Foronda, C. L., Baptiste, D.-L., Pfaff, T., Velez, R., Reinholdt, M., Sanchez, M., & Hudson, K. W. (2018, February). Cultural competency and cultural humility in simulation-based education: An integrative review. *Clinical Simulation in Nursing, 15*(C), 42-60. https://doi.org/10.1016/j.ecns.2017.09.006

"Understanding and eliminating health disparities requires a close examination of our past work and future focus in health care research across settings" (Yeager & Bauer-

Wu, 2013, p. 1). As the science of simulation continues to expand and is increasingly accepted as a mechanism to improve patient safety, educational researchers will benefit from examining what is known about best practices in simulation and the directions to move forward. Current research suggests a gap in knowledge related to best simulation

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practices for underrepresented students (Fuselier, Baldwin, & Townsend-Chambers, 2016; Graham & Atz, 2015). To improve diversity in workforce representation and prepare nursing students to aptly care for a multicultural population to reduce health disparities, improved education and research regarding cultural humility in simulation is essential.

Studies have indicated that students of minority backgrounds appreciate integration of race and culture in simulation (Fuselier et al., 2016; Graham & Atz, 2015). However, current international simulation standards lack an emphasis on diversity and cultural humility; thus, simulation curricula may be missing this essential component. The aim of this article is to provide the state of the science or what is known about cultural competence and cultural humility in simulation-based education to provide direction for simulation education, research, and policy development.

> **Key Points**
> - Current research suggests a gap in knowledge related to best simulation practices for underrepresented students.
> - Not one study was located that described the use of simulation to teach cultural humility.
> - We recommend a diverse simulation curriculum and cultural humility training.
> - Adding cultural humility as a standard will serve as the impetus to transform simulation environments globally.

Background

The Merriam Webster (2017) dictionary defines "diversity" as "the condition of having or being composed of differing elements; the inclusion of different types of people (such as people of different races or cultures) in a group or organization" (para 1). According to the National League for Nursing (2016):

> Diversity signifies that each individual is unique and recognizes individual differences — race, ethnicity, gender, sexual orientation and gender identity, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other attributes. It encourages self-awareness and respect for all persons, embracing and celebrating the richness of each individual. It also encompasses organizational, institutional, and system-wide behaviors in nursing, nursing education, and health care (NLN, 2016, p. 2).

In the presence of increased globalization, increased diversity within the student body, inadequate minority workforce representation, and in the midst of global health disparities, "diversity and quality health care are inseparable"

(NLN, 2016, p. 2). For these reasons, faculty and administrators of schools of nursing and health sciences are working to improve efforts to foster diversity and enact cultural humility.

In their seminal article, Tervalon and Murray-Garcia (1998) distinguished cultural humility from cultural competency. The authors indicated that "cultural humility incorporates a lifelong commitment to self-evaluation and critique, to redressing the power imbalances in the physician-patient dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations" (p. 123). In the context of medical education, they suggested a movement from cultural competence to cultural humility. Chang, Simon, and Dong (2012) created the QIAN model to describe cultural humility. QIAN, the Chinese word for "humbleness," summarized the core values of cultural humility. The Q for self-questioning and critique, the I for bidirectional cultural immersion, the A for active listening, and the N for the flexibility of negotiation. Foronda, Baptiste, Ousman, and Reinholdt (2016) performed a concept analysis of the term "cultural humility" and arrived at the following definition:

> In a multicultural world where power imbalances exist, cultural humility is a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals. The results of achieving cultural humility are mutual empowerment, respect, partnerships, optimal care, and lifelong learning (p. 213).

The goal of achieving cultural competence implies a sense of expertise or a skill that can be mastered, the notion of cultural humility suggests a more flexible and humble endpoint (Yeager & Bauer-Wu, 2013). Therefore, it is suggested that nurse educators shift away from cultural competence and help students develop a foundation for the life process of working toward cultural humility.

Methods

Whittemore and Knafl's (2005) method of integrative review was applied. This type of review involves five steps: (a) problem identification, (b) literature search, (c) data evaluation, (d) data analysis, and (e) presentation. We searched the databases of PubMed, CINAHL, EMBASE, and ERIC for articles describing cultural competence or cultural humility in simulation with the assistance of a Johns Hopkins Welch Medical Library Informationist and applied the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (PRISMA, 2015) (Figure). The guiding question was "What is the state of the science of cultural humility in simulation-based education in the health professions?" All methods (high-fidelity, low-fidelity, etc.) of simulation were included. The date parameters were from January 1, 2010 to June 19, 2015. Search terms included cultural competence,