Journal of Interprofessional Practice and Collaboration

Volume 3 | Issue 2 Article 4

August 2021

Nurse Educator's Role in Equipping Students with Culturally Competent Skills

Olukemi Kuku
Kitty Degree School of Nursing, University of Louisiana at Monroe, Louisiana, kuku@ulm.edu

Nurse Educator's Role in Equipping Students with Culturally Competent Skills

Abstract

Abstract

Nurse educators are responsible for preparing nursing students for safe and effective practice. Culturally competent care ensures patient safety and promotes positive patient outcomes. Twenty-first century society has bowed to globalization, immigration, emerging cultures, and subcultures. This phenomenon necessitates a broadening of the nurse educator's perception of culture and strategies to facilitate student learning and preparation for effective practice. This article will examine the existing definition of culture and subcultures and discuss some strategies that nurse educators can use to facilitate student learning.

Keywords

bias, culture, cultural competency, culturally competent care, cultural humility, diversity, subculture, implicit bias

Introduction

Students who demonstrated good skills with subjective and objective data collection were challenged when they encountered patients who were different from them. Students had communication problems when they encountered immigrants from other cultural backgrounds. They were uncomfortable with asking pertinent questions relating to risks associated with current illness in patients in populations such as nonspecific genders, gay/lesbian lifestyles, the drug culture, homeless patients, patients with repeated cycles of abuse, patients with foreign spiritual beliefs, disabilities, and terminal illnesses. Students had these feelings based on the beliefs they assimilated from their environments. These beliefs form the basis of implicit bias to which almost all is vulnerable.

> Implicit biases are formed based on messaging and associations that become stored in our subconscious. … Implicit biases can alter our perception and therefore affect our ability to actively listen, have a non-judgmental attitude, make objective decisions, and communicate effectively with others' (Arif & Schlotfeldt, 2021, p.1).

In addition, students sometimes observed their preceptor's judgmental attitudes towards patients and conclude their approach to care is appropriate.

Nurse educators have an obligation to be aware of, and equip students with knowledge, skills, and attitudes (KSAs) in preparation for delivering culturally competent care to all patients. Quality and Safety Education for Nurses (QSEN) recommended KSAs as the measurable strategies defining competencies which will enable new nurses to practice

safely. The competencies recommended by QSEN are patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics (Quality and Safety Education for Nurses (qsen.org); Sherwood & Barnsteiner, (Eds.), 2018; Altmiller, Bleich, & Jun, 2020). The role of nurse educators in bridging the communication gap that nursing students, and new nurse graduates, experience in cultural competence cannot be overemphasized.

Method

This article will refer to current definition of culture and culturally competent care. There will be brief review of resources and strategies nurse educators adopt in facilitating the development of KSAs of culturally competent care. Strategies that will enhance KSAs for the current dynamics of twenty first century global society will be proposed.

A plethora of literature exists on cultural competency in health care. The Purnell Theory and Model for Cultural Competence was presented in 1998. This theory has undergone several revisions reflecting the changes in the society and role of the nurse in delivering culturally competent care. (Purnell, 2000; 2019). According to Purnell, 'Cultural competence is the adaptation of care in a manner that is congruent with the culture of the client and is therefore a conscious and nonlinear process' (Purnell, 2000, p.44). In the current revision, Purnell & Fenkl (2021) define culture as 'the totality of socially transmitted behavioral patterns, arts, beliefs, values, customs, lifeways, and all other works of human work and thought characteristics of a population of people that guide their worldview and decision making.' (p.8).

Citing Khatib & Hadid (2019), Purnell & Fenkl (2021) stated that 'Cultural competence in health care is having the knowledge, abilities, and skills to deliver care more congruent with the patient's cultural beliefs and practices' (p.9). It was noted that the healthcare provider should have cultural competence basic training using knowledge, experience, and exposure to different cultures as an educational launching pad (Purnell & Fenkl, 2021, p.9). In 1991, Madeline Leininger advocated the Culture Care theory in the theory book, *Culture Care Diversity and Universality*. This theory acknowledges that 'Universality of care reveals the common nature of human beings; diversity of care reveals the variability and unique features of persons' (Masters, 2015, p.190). A different model of cultural competence was propounded by Josephina Campinha-Bacote in 1999. This model perceives cultural competence as an:

> Ongoing process in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, community). This model requires health care providers to see themselves as becoming culturally competent rather than already being culturally competent (Campinha-Bacote, 2002, p. 181).

Subcultures

Among the assumptions of the theories mentioned is the possibility for nurses to be aware of most cultures in the melting pot. This assumption sufficed for a while until globalization, immigration, and emerging cultures became impactful concepts. Emerging subcultures exhibit a variety of characteristics such as economics, sexual preferences, drug

culture, homelessness, families with traditional roles reversed, LGBTQIA, multiple gender guidelines, and multi-generational immigrants. In immigrant multi-generational situations for example, the second generation and subsequent generations seek to maintain their cultural identity within the western culture, and this results in blended values. It is important for the nurse to be able to communicate with the patient effectively by asking relevant questions in the assessment phase (Nguyen, 2016). Lekas, Pahl, & Lewis (2020) contended that there should be a shift in public health vocabulary from cultural competence to cultural humility.

> Culture is not stagnant, but a changing system of beliefs and values shaped by our interactions with one another, institutions, media and technology, and by socioeconomic determinants of our lives. Yet, the claim that one can become competent in any culture suggests that there is a core set of beliefs and values that remain unchanged and that are shared by all members of a specific group (Lekas et al., 2020, p.1).

The nurse educator should be considerate of nursing students with varied cultural and linguistic backgrounds as this informs their perception. Lekas et al. (2020) advocated training in cultural humility which is:

> An orientation towards caring for one's patients that is based on: self-reflexivity and assessment, appreciation of patient's expertise on the social and cultural context of their lives, openness to

> establishing power-balanced relationships with patients, and a lifelong dedication to learning (p.2).

The New York State Cultural and Structural Competence (Humility) Training was developed in 2020 by Lekas et. al. (Lekas et al., 2020, p.3). The training was for providers, and it focused mainly on families and children experiencing serious emotional problems as an emerging subculture. Lekas et al. incorporated the existing training initiated in 2013 by United States Department of Health and Human Services – Office of Minority Health known as National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. The American Association of Colleges of Nursing (AACN) (2021) identified ten domains of practice and seven concepts of learning that are essential to effectively educate and prepare nurses for practice. The seven concepts include clinical judgement, communication, compassionate care, diversity, equity, and inclusion, ethics, evidence-based practice, and health policy. (AACN, 2021).

Promoting culturally competent nursing education

Communication is an essential strategy in the promotion of culturally competent nursing education. According to the AACN (2021), communication:

> Encompasses the various ways people interact with each other, including verbal, written, behavioral, body language, touch, and emotion. Communication also includes intentionality, mutuality, partnerships, trust, and presence. Effective communication between nurses and individuals as well as between nurses and

> other health professionals is necessary for the delivery of high quality, individualized nursing care (p.13).

It is the responsibility of nurse educators to facilitate student learning in the knowledge, skills, and attitudes that lend itself to flexibility and adaptation within the practice environment. Nurse educators need to intentionally encourage socialization, demonstrate appropriate leadership skills, commit to identify, recognize, and acknowledge societal dynamics within classroom and clinical settings.

In May 2021, the National League of Nursing (NLN) restated the core values of nursing as 'Caring, Integrity, Diversity, Excellence' (NLN Visionseries, 2021). Nurse educators must be aware of the concept of 'Diversity, Equity, and Inclusion' as proposed by AACN (2021). Recognizing implicit biases within the learning environment is a good starting point for the nurse educators' intentional movement towards promoting culturally competent nursing education. Nurse educators should practice self-reflection on a continual basis.

Knowledge: Students should be made aware of variety of subcultures through lectures, class activities, research, and field trips. Society is not stagnant and new subcultures will subsequently emerge. Nurse educators should impress on the students that communication with individual patients, knowing their preferences, and the perception of their condition is important for effective, individualized care. Students need to know there could be variations of beliefs even within subcultures. Discussion topics should be facilitated by nurse educators while effective and respectful communication should be

encouraged. Nurse educators should facilitate culture of inquiry and affirmation with intent to promoting care as opposed to a mere culture of tolerance when interacting with students.

Skills: Role play, simulation training, and virtual clinical experiences are safe environments available for the nurse educators to facilitate training and assessment of culturally competent care. Nurse educators should encourage students to be culturally sensitive during physical examination and collection of subjective and objective data. For example, if a patient prefers to be addressed by patient's perceived gender, the nurse should respect the patient's values and realize this is important to the patient. If the patient feels a bias, subjective information which will impact care may be withheld. Opportunities to provide culturally competent care should be sought during clinical assignments. Rationales for actions that contain patient's needs and values should be taught and assessed in nursing education. Debriefing should be an ongoing strategy utilized by nurse educators.

Attitudes: Teaching and assessing in the affective domain requires careful planning. The perception of the nurse educator's attitudes will inform the nursing students' learning experiences. YouTube movie clips and TED Talks may be used in a flip classroom style as ice breakers to generate culturally competent care topics in nursing education. The use of reflective journaling 'is an active learning technique … to develop not only critical thinking, but self-understanding and cultural awareness' (Taliaferro & Diesel, 2016, p. 155). Reflective journaling will enable the students to identify and process thoughts and what could be done differently. Nurse educators will need provide guidance to students using objective evaluation criteria.

Nurse educators should advocate incorporation of culturally competent education in clinical and theory settings across the curriculum rather than confining the education to one

course or elective students are required to take. Nurse educators should be sensitized to teachable moments and encourage safe practices. A strategy I have used in face-to-face clinicals, digital clinical experiences, and face-to-face classroom discussions is what I refer to as ARC – affirmation, reflection, and correcting (reorienting). The student is affirmed for the care, or effort made at delivering culturally competent care. The student is asked open-ended questions leading to the reflective phase. During this phase, the student is encouraged to recreate the encounter with the patient. Students would often miss overt cues or decide that the cues are not important enough to impact care. The student is allowed to recreate the scenario including the cues and move into the reorienting phase. Nurse educators should generate strategies that meet the needs of their student groups and the learning environment.

Conclusion

Nurse educators play a vital role in preparing student nurses for safe practice. Citing Gavin-Knecht, Fontana, Fischer, Spitz, & Tetreault (2019), Andrews (2021) stated that 'To improve health outcomes, care should include appreciation for patient's values and belief system regardless of the setting' (p.20). The acquisition of the basic skills of culturally competent care will give the students confidence as they transition to practice.

References

Altmiller, G., Bleich, M., & Jun, D. (2020). QSEN transcends cultures: Teaching quality and safety education in China. *The Journal of Continuing Education in Nursing*, *51*(3), 106-108.

American Association of Colleges of Nursing. (AACN). (2021). The Essentials: Core competencies for professional nursing education. https://www.aacnnursing.org

Andrews, I. (2021). Prebriefing as a tool to building cultural competence during a study away program. *Journal of Cultural Diversity*, *28*(1), 20-29.

Arif, S. A., & Schlotfeldt, J. (2021, March). Gaps in measuring and mitigating implicit bias in healthcare. *Frontiers in Pharmacology*, 12:633565. doi: 10.3389/fphar.2021.633565.

Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing, 13*(3), 181-184.

Lekas, H., Pahl, K., & Lewis, C. (2020). Rethinking cultural competence: Shifting to cultural humility. *Health Services Insights, 13*, 1-4.

Masters, K. (2015). *Nursing theories: A framework for professional practice* (2nd ed.). Jones & Bartlett Learning.

National League of Nursing. (2021, May). The equitable determinants of access to vaccine distribution and vaccinations for all. *Visionseries.* https://www.nln.org

Nguyen, T. H. (2016). Cultural adaptation, tradition, and identity of diasporic Vietnamese people: A case study in Silicon Valley, California, USA. *Asian Ethnology, 75*(2), 441- 459.

Purnell, L. (2019). Update: The Purnell theory and model for culturally competent healthcare. *Journal of Transcultural Nursing, 30*(2), 98 -105.

Purnell, L. & Fenkl, E. (Eds.). (2021). Textbook for transcultural health care: A population approach. Springer.

Taliaferro, D. & Diesel, H. (2016). Cultural impact with reflective journaling. *International Journal for Human Caring*, *20*(3), 155.

United States Department of Health and Human Services [Office of Minority Health]. (2013). Culturally competent nursing care (e-learning). https://ccnm.thinkculturalhealth.hhs.gov/