Cultural Competence In Nursing Education

AMERICAN
SENTINEL
U N I V E R S I T Y

American Sentinel University is committed to diversity, equity, and inclusion. We will constantly strive for the continued improvement in social justice, health, well-being, and education of all people, regardless of race, ethnicity, culture, age, gender, sexual orientation, gender identity, ability, national origin, veteran status, social economic class, religion, or profession. We believe that social justice is best achieved through a continuous process of review; and the adoption of programs and practices that eliminate bias or oppression, either intentionally or unintentionally. We believe in transparently reporting on our social justice actions to all stakeholders. We will advocate for social justice, improved health and education for all (American Sentinel University, 2020).

Introduction

Cultural competence and the advancement of diversity, inclusion, and equity are crucial components of nursing education, research, and practice, as identified by the American Association of Colleges of Nursing (AACN). Nursing programs are tasked with ensuring that the curriculum within the nursing program presents cultural competence in a sensitive and applicable way by providing appropriate learning opportunities for all students. "Despite efforts to incorporate psychosocial and cultural factors in traditional nursing education, disparities among diverse groups' health status and access to health care continue to exist. The 21st century brings heightened awareness of how beliefs, values, religion, language, and other cultural and socioeconomic factors influence health promotion and help-seeking behaviors (American Association of Colleges of Nursing, 2008; Anderson, Calvillo, & Fongwa, 2007)."

This paper serves as a platform to articulate the responsibility of nursing education to ensure students are prepared to embrace cultural competence and the values of diversity, inclusion, and equity. Theoretical frameworks that support teaching and learning opportunities to encourage culturally sensitive interactions and mutual respect are provided. American Sentinel University methods to incorporate best practices guidelines and standards in preparing nurses to integrate cultural competence in their practice are outlined.

Essentials of Baccalaureate Education for Professional Nursing Practice

AACN established the Essentials of Baccalaureate Education for Professional Nursing Practice (2008) to guide nursing programs in the establishment of key components necessary for nurses to function in a complex healthcare environment. The nine essentials provide the curricular elements and framework for nursing education. Although each essential outlines the practice-focused outcomes required of the professional nurse, two of the essentials directly reflect the need to incorporate cultural competence in education:

Essential VII – Clinical Prevention and Population Health

> Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.

Essential VIII - Baccalaureate Generalist Nursing Practice

> The baccalaureate graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments.

> The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients (pg. 4).

Students must have the opportunity to integrate these concepts through various learning activities. These activities can be provided through various academic assignments such as role-playing, clinical experiences, or simulated activities.

Source: https://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/Cultural-Competency-Bacc-Tool-Kit.pdf pages 5 & 6

Culture Competencies for Baccalaureate Nursing Education

In association with the Essentials of Baccalaureate Education, the AACN (2008) developed five competencies necessary for the nurse to provide culturally competent care. The five competencies are meant to serve as a framework for integrating suggested content and learning experiences into curriculum and learning activities. Each critical function is defined with samples of supported integrative learning activities.

Competency 1: Apply knowledge of social and cultural factors that affect nursing and health care across multiple contexts.

Integrative learning activities include case studies comparing and contrasting cultural characteristics in select patients and identification of health disparities in diverse groups (pg. 4).

Competency 2: Use relevant data sources and best evidence in providing culturally competent care.

Integrative learning activities include community and cultural assessments in diverse populations (pg. 5).

Competency 3: Promote achievement of safe and quality outcomes of care for diverse populations.

Integrative learning activities include caring for patients with limited English proficiency (LEP), visiting bodegas or ethnic restaurants, or assessing communication of diverse patient groups (pg. 6).

Competency 4: Advocate for social justice, including commitment to the health of vulnerable populations and the elimination of health disparities.

Integrative learning activities include evaluating case studies that contain elements of discrimination or violations of human and civil rights with recommendations for advocacy (pg.7).

Competency 5: Participate in continuous cultural competence development (pg. 2).

Integrative learning activities include experiences that bring stereotyping, ethnocentrism, discrimination, and racism to the forefront for discussion (p. 8).

Source: https://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/Cultural-Competency-Bacc-Tool-Kit.pdf pages 5 & 6

Concepts, Principles, and Definitions of Cultural Competency

The American Association of Colleges of Nursing (AACN), the collective voice for academic nursing, has identified concepts and principles essential to cultural competency in nursing. The directive is to present and openly discuss these concepts in the nursing curriculum, preparing students for a baccalaureate degree. The following definitions have been taken directly from the AACN (2008) cultural competence toolkit and position statement on diversity, inclusion, and equity in academic nursing.

Acculturation:

Acculturation is the process of incorporating some of the cultural attributes of the larger society by diverse groups, individuals, or peoples (Helman, 2007). The process of acculturation is bi-directional, affecting both the host and target individual or communities in culture contact. Acculturation considers the psychological processes of culture contact between two or more cultural groups involving some degree of acculturative stress and

"The directive is to present and openly discuss these concepts in the nursing curriculum, preparing students for a baccalaureate degree."

possibly syncretism leading to new cultural variations and innovations (Chun, Organista, & Marín, 2003; Sam & Berry, 2006).

Culture:

Culture is a learned, patterned behavioral response acquired over time that includes implicit versus explicit beliefs, attitudes, values, customs, norms, taboos, arts, and life ways accepted by a community of individuals. Culture is primarily learned and transmitted in the family and other social organizations, is shared by the majority of the group, includes an individualized worldview, guides decision making, and facilitates self worth and self-esteem (Giger, Davidhizar, Purnell, Harden, Phillips, & Strickland, 2007).

Cultural Awareness:

Cultural awareness is being knowledgeable about one's own thoughts, feelings, and sensations, as well as the ability to reflect on how these can affect one's interactions with others (Giger et al., 2007).

Cultural Competence:

Cultural competence is defined for our purposes as the attitudes, knowledge, and skills necessary for providing quality care to diverse populations (California Endowment, 2003). "…Competence is an ongoing process that involves accepting and respecting differences and not letting one's personal beliefs have an undue influence on those whose worldview is different from one's own. Cultural Competence includes having general cultural as well as cultural-specific information so the health care provider knows what questions to ask." (Giger et al., 2007).

Cultural Imposition:

Cultural imposition intrusively applies the majority cultural view to individual and families. Prescribing a special diet without regard to the client's culture and limiting visitors to immediate family borders in cultural imposition. In this context, health care providers must be careful in expressing their cultural values too strongly until cultural issues are more fully understood (Giger et al., 2007).

Cultural Sensitivity:

Cultural sensitivity is experienced when neutral language–both verbal and nonverbal–is used in a way that reflects sensitivity and appreciation for the diversity of another. It is conveyed when words, phrases, categorizations, etc. are intentionally avoided, especially when referring to any individual who may interpret them as impolite or offensive (Giger et al., 2007). Cultural sensitivity is expressed through behaviors that are considered polite and respectful by the other. Such behaviors may be expressed in the choice of words, use of distance, negotiating with established cultural norms of others, etc.

Discrimination:

Discrimination occurs when a person acts on prejudice and denies another person one or more of his or her fundamental rights (Spector, 2004). Direct discrimination occurs when someone is treated differently, based upon race, religion, color, national origin, gender, age, disability, sexual orientation, familial/marital status, prior arrest/conviction record, etc. Indirect discrimination occurs when someone is treated differently based on an unfair superimposed requirement that gives another group the advantage. Discrimination results in disrespect, marginalization or disregard of rights and privileges of others who are different from one's own background. This may be evident in different forms such as ageism, sexism, racism, etc. (Purnell, 2008; Andrews & Boyle, 2008).

Diversity:

Diversity as an all-inclusive concept, and includes differences in race, color, ethnicity, national origin, and immigration status (refugee, sojourner, immigrant, or undocumented), religion, age, gender, sexual orientation, ability/disability, political beliefs, social and economic status, education, occupation, spirituality, marital and parental status, urban versus rural residence, enclave identity, and other attributes of groups of people in society (Giger et al., 2007; Purnell & Paulanka, 2008).

"Cultural Competence includes having general cultural as well as cultural-specific information so the health care provider knows what questions to ask."

Equity:

"Equity is the ability to recognize the differences in the resources or knowledge needed to allow individuals to fully participate in society, including access to higher education, with the goal of overcoming obstacles to ensure fairness (Kranich, 2001). To have equitable systems, all people should be treated fairly, unhampered by artificial barriers, stereotypes or prejudices (Cooper, 2016)" (AACN, 2018, p. 1).

Health Disparity and Healthcare Disparity:

Health disparities are differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States (NIH, 2002- 2006). The definition of health disparities assumes not only a difference in health but a difference in which disadvantaged social groups - who have persistently experienced social disadvantage or discrimination—systematically experience worse health or greater health risks than more advantaged social groups (Braveman, 2006). Consideration of who is considered to be within a health-disparity population has policy and resource implications. A healthcare disparity is defined as a difference in treatment provided to members of different racial (or ethnic) groups that is not justified by the underlying health conditions or treatment preferences of patients (1OM, 2002). These differences are often attributed to conscious or unconscious bias, provider bias, and institutional discriminatory policies toward patients of diverse socioeconomic status, race, ethnicity, and/or gender orientation.

Inclusion:

Environmental cultures where diversity thrives, encompassing intentionality and embracing differences. "Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected in inclusive environments" (AACN, 2018, pg. 1).

Stereotyping:

Stereotyping can be defined as the process by which people acquire and recall information about others based on race, sex, religion, etc. (IOM, 2002). Prejudice often associated with stereotyping is defined in psychology as an unjustified negative attitude based on a person's group membership. Stereotype includes having an attitude, conception, opinion, or belief about a person or group (Giger et al., 2007). Stereotypes can have an influence in interpersonal interactions. The beliefs (stereotypes) and general orientations expressed by attitudes and opinions can contribute to disparities in health care. "Some evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care" (IOM, 2002) and they may not recognize manifestations of prejudice in their own behavior. However, patients might react to providers' behavior associated with these practices in a way that contributes to disparities. A healthcare provider who fails to recognize individuality within a group is jumping to conclusions about the individual or family (Giger et al., 2007).

Source: https://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/Cultural-Competency-Bacc-Tool-Kit.pdf pages 5 & 6

Theoretical Framework

AACN (2008) outlines numerous theoretical models in their toolkit for cultural diversity that provides the framework for cultural competence. One such framework, Giger and Davidhizar's Model of Transcultural Nursing (2008), focuses on assessment and intervention from a transcultural nursing perspective. In this model, the person is seen as a unique cultural being influenced by culture, ethnicity, and religion (AACN, 2008, p. 6). There are six areas of human diversity and variation in the model, each viewed as evident in all cultural groups.

Communication:

The factors that influence communication are universal but vary among culture-specific groups in terms of language spoken, voice quality, pronunciation, use of silence, and use of nonverbal communication.

Space:

People perceive physical and personal space through their biological senses. The cultural aspect of space is in determining the degree of comfort one feels in proximity to others, in body movement, and in perception of personal, intimate, and public space.

Social Orientation:

Components of social organization vary by culture, with differences observed in what constitutes one's understanding of culture, race, ethnicity, family role and function, work, leisure, church, and friends in day-to-day life.

Time:

Time is perceived, measured and valued differently across cultures. Time is conceptualized in reference to the lifespan in terms of growth and developments, perception of time in relation to duration of events, and time as an external entity, outside our control.

Environmental Control:

Environment is more than just the place where one lives, and involves systems and processes that influence and are influenced by individuals and groups. Culture shapes an understanding of how individuals and groups shape their environments and how environments constrain or enable individual health behaviors.

Biological Variations:

The need to understand the biological variations is necessary in order to avoid generalizations and stereotyping behavior. Biological variations are dimensions such as body structure, body weight, skin color, internal biological mechanisms such as genetic and enzymatic predisposition to certain diseases, drug interactions, and metabolism (AACN, p. 5-6).

This theoretical framework guides the assessment of the individual and focuses on the patient's individual needs. The framework guides a plan of care with consideration of their cultural orientation and community.

Source: https://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/Cultural-Competency-Bacc-Tool-Kit.pdf pages 5 & 6

Significance of Simulation in Nursing Education

Simulation is a life-like model of a process or system. In nursing, simulation has been defined as "an activity or event replicating clinical practice using scenarios, high-fidelity manikins, medium-fidelity manikins, standardized patients, role-playing, skills stations, and computer-based critical thinking simulations" (American Journal of Nursing Reports, April 2018, p. 17). The recent literature review on virtual simulations by Verkuyl and Mastrilli (2017) defines virtual simulation as a computer-based simulation that includes: a) a realistic client case study; b) an activity requiring knowledge application; and c) learner engagement in the role of care provider. The International Nursing Association for Clinical Simulation & Learning (INACSL) Standards Committee (2016) determined that computer-based simulation empowers learners to "complete specific tasks in a variety of potential environments, use information to provide assessment and care, make clinical decisions, and observe the results in action" (p. s40). Virtual, computer-based simulations are developed at American Sentinel University.

Though medium- and high-fidelity manikins have become commonplace in nursing education, as the American Journal Nursing (AJN) has observed, "virtual simulation courses – which replicate real-life scenarios in virtual clinical environments" – are gaining ground on the more familiar forms of simulations." Furthermore, according to AJN, "One recent literature review of 12 studies published between 2008 and 2015 found that online virtual simulation is at least comparable or even superior to traditional simulation methods." ("The Value of Simulation in Nursing Education," AJN Reports, April 2018, p. 18.). As noted by Aebersold (2018), simulation "has become a large part of

"Computer-based simulation empowers learners to complete specific tasks in a variety of potential environments, use information to provide assessment and care, make clinical decisions, and observe the results in action."

the undergraduate curriculum." It is "an evidence-based, effective learning technology. Use of simulation offers a safe space where students can learn skills they need to be comfortable and competent before entering the clinical site."

Source: American Sentinel University White Paper: The Role of Simulation in Nursing Education (2020)

Sentinel City and Sentinel Town's Role in Supporting Cultural Competence

The goal when developing both Sentinel City® and Sentinel Town® virtual simulations was to provide nursing students with the opportunity to engage in "life-like" situations in a safe environment. The virtual simulations provide students with a culturally diverse immersive experience by allowing exploration of the buildings, neighborhoods and rural areas, to interactions with individual avatars within the city or rural town. Sentinel City and Sentinel Town present an appropriately broad range of individuals with different characteristics such as age, race, sexual orientation, national origin, socioeconomic status, and more. In these environments, students can perform a windshield survey and community assessment and apply cultural principles they may not have the opportunity to use in their own community, but might encounter in their everyday practice as registered nurses.

Sentinel City and Sentinel Town demographic and data tables present in the simulations are aligned with realistic data from reputable sources, making the virtual experiences even more authentic for the student. Additionally, national statistics are fundamental in the cultural and ethnic design of the population.

Listed below are some of the assignments utilized in Sentinel City:

Basic Windshield Survey:

This assignment requires the student to tour the neighborhoods and take note of the demographics of the population, specific citizens, and major health concerns for target populations. The student then relates the gathered data to global health issues.

Physical Environment:

The student must evaluate how each environment impacts the health of individuals and the community.

Communication:

The student learns multiple ways to communicate health information appropriately.

Economics:

The student analyzes the influence of economics on health and develops economic prevention strategies by answering questions, such as, is the area thriving or just surviving?

Politics and Government:

The student identifies and evaluates adverse conditions that could impact low-income families and minority populations.

Safety and Transportation:

Safety in specific areas and social determinants of health are a focus of student assignments.

Population-focused interventions:

The learner reviews key health issues for assigned individuals or families and compares the effects to common population concerns.

Nutritional Assessment:

The learner identifies dietary deficits, such as malnutrition, developing age-appropriate care plans (Sentinel U, 2020).

The assignments for Sentinel City and Sentinel Town map to the Essentials of Baccalaureate Nursing, specifically Essential VII and Essential IX, which include population health and dealing with diverse populations in various healthcare environments. Additionally, the assignments integrate different culturally competent learning activities, supported by the AACN, that are essential for nurses practicing in a diverse society.

Conclusion

Sentinel City and Sentinel Town provide immersive learning environments that enable students to apply principles of cultural diversity and population health in safe learning environments. The city and rural simulation settings, characters, and demographic data were specifically designed to reflect a diverse community that maximizes learning opportunities and experiences for the student to develop cultural competency. The assignments were formulated to give the student the ability to identify and address healthcare inequities and reflect on diversity and equity. The goal is to guide students in the application of concepts and principles of cultural competence to improve healthcare for all persons in our society.

References

Aebersold, Michelle (2018). Simulation-Based Learning: No Longer a Novelty in Undergraduate Education. OJIN: The Online Journal of Issues in Nursing, 23 (2).

AJN Reports (2018). The Value of Simulation in Nursing Education. American Journal of Nursing, 118 (4), 17-18.

American Association of Colleges of Nursing (2017). AACN Statement on the Use of Simulation in Nursing Education. https://www.aacnnursing.org/News-Information/News/View/ArticleId/20713/Statement-Simulation

American Association of Colleges of Nursing. Clinical Practice FAQs. https://www.aacnnursing.org/Portals/42/CCNE/PDF/Clinical-Practice-FAQs.pdf

American Association of Colleges of Nursing (2008). The Essentials of Baccalaureate Education for Professional Nursing Practice.

American Association of Colleges of Nursing. (2008). Cultural competency in baccalaureate nursing education. https://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/Cultural-Competency-Bacc-Edu.pdf

American Association of Colleges of Nursing. (2017). Diversity, inclusion, & equity in academic nursing. https://www.aacnnursing.org/News-Information/Position-Statements-White-Papers/Diversity

American Sentinel University. (2020). Social justice statement. https://www.americansentinel.edu/about-us/mission/#social-justice

American Sentinel University White Paper: The Role of Simulation in Nursing Education (2020)

INACSL Standards of Best Practices (2016)

https://www.inacsl.org/INACSL/document-server/?cfp=INACSL/assets/File/public/standards/SOBPEnglishCombo.pdf

About the author

Dr. Elaine Foster is the Dean, Nursing & Healthcare Programs, at American Sentinel University and Senior Leader, Learning Resource Development for Sentinel U.

About American Sentinel University

American Sentinel University provides high-quality, innovative degree and certificate programs that enable students to enhance their professional and civic lives. Offering degrees at the Bachelors, Masters and Doctoral levels, its online programs are *focused exclusively on healthcare.* Approved to operate in all 50 states, American Sentinel is accredited by the Higher Learning Commission (www.hlcommission.org) and the Distance Education Accrediting Commission (www.deac.org). Its RN to BSN and MSN programs are accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org) and its DNP programs are accredited by the Accreditation Commission for Education in Nursing (https://www.acenursing.org)

About Sentinel U™

Sentinel U™, a division of American Sentinel University, is transforming nursing education with a portfolio of unique, immersive, gamified virtual nursing simulations that accelerate learning and improve critical decision-making. The organization's flagship products – Sentinel City® and Sentinel Town®, as well as a portfolio of virtual clinical nursing scenarios are developed in collaboration with expert nurse educators.