Cultural Competence Assessment of Baccalaureate Nursing Students: An Integrative Review of the Literature

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Abstract

Developing cultural competence as a nursing student is a critical first step to providing culturally competent nursing care. Identifying and assessing significant curricular aspects within nursing education which enhance the development of the student's cultural competence is important for maximal utilization of time spent in undergraduate nursing studies. Nursing, as well as related disciplines, have examined strategies to maximize student attainment of cultural competence. Nursing education may benefit from borrowing curricular strategies from social service and pre-service teaching curricula. An integrative review of studies relevant to the development of cultural competence indicates significant gaps in nursing research of nursing students' cultural competence development.

Keywords: Cultural competence assessment, nursing education

"God bless you. Thank you so much. You are the first one to really listen to me." As I looked at this patient's tender eyes and sad smile, I wondered why this woman had been disregarded by others. She did not look like me. Her social history was far removed from mine. Her humanity, however, is no different. Invisible chasms exist between humans for multiple reasons. When it comes to providing health care, such chasms can lead to serious health consequences. As a nurse practitioner, I engage in best practices of patient care. As a nurse educator, I am committed to incorporate best practices into the nursing curriculum that will maximize student development of cultural competence. As a global citizen I am obligated to seek fairness in healthcare for all humanity. Once only a value (Mead, 1953), cultural competence is now a mandate (Office of Minority Health, 2001). Once only a philosophical discussion, now, it must be measurable (American Association of Colleges of Nursing, 2001.) Ethically, failure to meet care expectations of diverse groups should be of concern to nurses (Cortis & Kendrick, 2003).

Nurses are mandated by regulators to provide culturally competent care (U.S. Office of Minority Health, 2008) but often feel frustrated due to lack of system resources (Starr & Wallace, 2009). Increased anxiety is negatively correlated with effective intercultural communication (Ulrey & Amason, 2001).   The nursing profession has been examining cultural competence and developing cultural competence models for more than half a century (Leininger, 1988). The seminal work of anthropologist Margaret Mead and her efforts to humanize the westerner's approach to other cultures (Mead, 1953) have been foundational to nursing's endeavors in not only conceptualizing but also operationalizing cultural competence (Chitty, 2005).

Nursing Theories of Cultural Competence

Just a decade after Mead's publications, the first nurse theorist to explore, examine, and expound on cultural competence was Madeline Leininger. Committed to the emic view of meanings of care, she asserted one must learn and understand cultural diversities and universalities (Leininger, 1988). This includes understanding the variability and commonality of meanings that are derived either from one's culture or simply from being human, which then leads to culturally congruent care.   A key point in her theory is that technology tends to put distance between nurses and clients. In this era of advanced technology which often replaces hands-on assessment or care, the development of cultural competence may be further hindered. Leininger's model has been utilized as a framework for nursing education, research, and practice.

Seen as a process, cultural competence is constructed as cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire (Campinha-Bacote, 1999).   This model was further developed to include an additional attribute: biblically-based moral virtue (Campinha-Bacote, 2005). This model has been widely utilized as a framework for healthcare providers and for nursing education. The Purnell Model for Cultural Competence is described as a non-linear process from unconscious incompetence to unconscious competence. This occurs within the metaparadigm of global society, community, family, and person, and can be used by providers in various disciplines and settings. (Purnell, 2005).

This model, too, has been a starting point for curriculum enhancement for cultural competence development. Due to the complexity of human nature, it is difficult to be parsimonious with the exploration of cultural competence development. It is intuitive that the nursing profession must be culturally competent to provide culturally sensitive care to the ever-widening and diverse community of clients. Understanding such diversity is only the first step. Becoming culturally aware allows one to strategize more effectively to address the many issues of diversity in health care. Not doing so is an infringement upon society's trust in nurses to provide safe care. Valuing diversity and seeking experiences to expand one's worldview leads to reflexively understanding others (Meleis, 1999). "Through knowledge based on facts, it is possible that racial understanding and cooperation would replace…divided thinking…" (Nugent, 1949, p. 161).

Literature Search Strategies

Academic Search Premier and ERIC were used to search for published studies across the years 1895-2009. Key words utilized were: cultural competence and nursing education (22 articles), self-knowing and nursing education (one article), cultural self-awareness and training/competence (ten articles), cultural sensitivity and nursing education (46 articles), cultural sensitivity and nursing care (33 articles), Margaret Mead and nursing education or cultural competence (three books and 300,000 articles). Since Margaret Mead is cited extensively in the literature, three of her original books were reviewed. Reference lists in retrieved articles were searched for additional citations, providing a richer and more complete number of studies to review. Leininger's (1978), Campinha-Bacote's (1991), and Purnell's (2005) elaborations on transcultural nursing were consistently cited. Leininger's (1991) theory of culture care diversity and universality has become foundational to the investigation of cultural diversity and nursing education.

A major theme emerged from the literature. Can cultural competence be learned? Mead (1953) bluntly stated humanity is "denigrated when… treated as interchangeable ciphers in monolithic schemes" (p. 17). She asserted that cultural behavior is mediated by human beings communicating through multiple senses and concrete forms. Her colleague, Bateson, (1953) challenges that all people are the same but living under different circumstances. In other words, merely learning lists, traits, and characteristics of a culture only reduces the human to something quantifiable. The nature of the human being is lost.

Patient Perspective

Although professional organizations standardize and legislators regulate the need for cultural competence among providers, there is very little documented from the patient's perspective. The Sullivan Commission (2004) cites the details of health care disparities, asserting the likelihood they are related to the lack of cultural competence of providers. Cultural incompetence is reflected in such ways as linguistic barriers, geographic inaccessibility, and unawareness of cultural norms. What appears as a list of things to fix, is actually representative of a complex culturally incompetent system that leads to severe health consequences, even premature death. Some providers have developed programs to attempt crossing cultural divides from patients. Studies reflect some success with their efforts. Providing linguistically appropriate education programs (Hall, Hall, Pfriemer, Wimberley, & Jones, 2007; Davies, 2006), developing an understanding of Aboriginal cultural practices (McGrath & Phillips, 2008), and increasing providers' Spanish-speaking skills (de Pheils & Saul, 2009) improved patient provider communication and increased patient satisfaction and quality of care (Castro & Ruiz, 2009).

The client will experience cultural safety when cared for by a culturally competent provider (Ratima, Waetford, & Wikaire, 2006). This means the client is secure in and confident of care provided. The few studies that have asked patients what they think about their care from others of another culture identified "caring" as all they wanted (Davies, 2006; Hall, et al, 2007; Toofany, 2007; McGrath& Phillips, 2008; Castor & Ruiz, 2009, de Pheils & Saul, 2009). Ethnic minority groups reported language barriers as the reason for needs not being met (Toofany, 2007). Nurses were seen "as being very busy people" (Cortis & Kendrick, 2003, p. 84). If clients are unable to communicate in the same language, or, even worse, afraid to interrupt nurses and ask for assistance, care will be compromised.

Nursing Practice

How has cultural competence nursing education affected practice? Having participated in an international community health exchange program two years previously in school, nurses indicated continued impact on their cultural sensitivity within their practice, in that they were more accepting and adaptable (Duffy, Farmer, Ravert, & Huittinen, 2005). This finding suggests that cross-cultural experiences during their nursing education had a positive effect on their development of cultural competence.

Cultural Competence Assessment Tools

Many anecdotes have been collected regarding efforts to develop cultural competence.

Qualitative studies have been performed. In order to quantify and conveniently assess for cultural competence, a variety of measurement tools have been developed. The Multicultural Counseling Inventory (MCI) was designed and tested to measure students' cultural competence (Pope-Davis, Eliason, & Ottavi, 1994; Greenholtz, 2000). Narayanasamy's (2006) research has led to the development of the ASSET and ACCESS models, to guide curriculum and practice developments related to spiritual and cultural dimensions of care. Subsequent studies utilizing their tools have not been identified. From Campinha-Bacote's model, a self-administered assessment tool has been developed. The Inventory to Assess the Process of Cultural Competence Among Healthcare Professions (IAPCC) measures the effectiveness of educational programs for health professionals. A student version of the IAPCC was subsequently developed, the IAPCC-SV (Campinha-Bacote, 2007), with the purpose to determine if at least basic cultural competency has been attained upon completion of an undergraduate nursing program. Using this 25-item Likert scale administered in 10-15 minutes, one can obtain a measure along the range from cultural incompetence to cultural proficiency.

Nursing Education

Nurse educators have valued and attempted to incorporate cultural competence development in the curriculum. While many anecdotal reports have been shared, there is a paucity of careful evaluation of these education endeavors. Included here are studies which provide much-needed insight to the possible pathway to cultural competence. An adaptation of the Multicultural Counseling Inventory was used to evaluate nursing students to help determine educational needs of students (Pope-Davis, Eliason, & Ottavi, 1994). They found that students with work experience scored higher than those without work experience in interpersonal communication, cultural consideration, and knowledge of cultural factors and appropriateness when interacting with ethnic minority clients. Student academic experiences outside of one's country were found to increase self-awareness and long-lasting impressions of a variety of cultural dimensions (Lindquist, 1984; Haloburdo & Thompson, 1998; St. Clair & McKenry, 1999; Evanson & Zust, 2006; Ryan & Twibell, 2002; Kardong-Edgren & Campinha-Bacote, 2008). Others assert that studying within one's country but emphasizing working with clients from ethnic groups different from the student' provides valuable personal growth and subsequent positive effect on health care (Spence, 2001; Upvall & Bost, 2006; Warner, 2002). The length of cross-cultural immersion experience has been evaluated.

Experiences of two to three weeks led to increased self-confidence and belief in one's abilities as a nurse (Walsh & DeJoseph, 2003) and an accelerated development of cultural sensitivity and cultural competence (Drake, 2004). A summer-long experience promoted cultural sensitivity and competence (Harrison & Malone, 2004) and flexibility and creativity with clients (Levine, 2009). Studying in an unfamiliar environment and learning to make adjustments (Ruddock & Turner, 2007) and learning to identify patterns in contrast to stereotyping (Doutrich & Storey, 2004) led to increased cultural sensitivity. "Student exchange programmes should be encouraged as it provides realistic dynamic and meaningful experience as they relate with patients from other cultures" (Agbedia, 2008). Simple modifications in classroom strategies have included the utilization of research-based teaching approaches (Deakins, 2006), ethical dilemmas (Yarbrough & Klotz, 2007) and consultations with an expert in cultural nursing (Napholz, 1999) all of which led to increased cultural competence. The development of interpersonal skills and knowledge can be developed by the use of role play. Role play enables students to practice both verbal and nonverbal communication techniques used in addressing culturally diverse patients, as well as to experience what it may be like to attempt to communicate when cultural orientation differs between patient and nurse (Shearer & Davidhizar, 2003). Self-awareness contributes to cultural competence.

Duffy discussed a change in focus from traditional cultural education to transformative education. This de-emphasizes the brain as the centre of learning and emphasizes the being. Cultural education becomes a process that affects the attitudes, knowledge, behaviors, and feelings of a student because it begins with the student's own culture (Duffy, 2001). An example of this is a multiple country student exchange, which led to student growth in cultural awareness. Particular concern was paid to re-entry to the home country and reflection on experience (Scholes & Moore, 2000). Focus groups have identified themes of coming to understand, unsettled feelings, and advocating for change (Evanson & Zust, 2006); themes of learned values, increased flexibility, and recognized limitations (Scholes & Moore, 2000; and themes of precontact, interaction, and outcomes (Upvall & Bost, 2006). Using loosely structured interviews of nursing students caring for patients of ethnic groups other than their own, Spence (2001) described encountering difference, experiencing tensions, and striving. Because subsequent follow-up is not described, the reader is left wondering if growth in cultural competence continued to evolve. An evaluation was performed at one school of nursing, which included three different nursing programs, BSN, RN to BSN, and master's students (Bond, et al, 2001).

The generic BSN students attained a statistically significant higher score in the knowledge area on the measurement instruments. The BSN students were able to distinguish between concepts related to cultures. Kardong-Edgren and Campinha-Bacote (2008) evaluated the effectiveness of four different baccalaureate nursing program curricula in developing culturally competent new graduates. Utilizing the Inventory to Assess the Process of Cultural Competence Among Healthcare Professions-Revised (IAPCC-R), they found that students scored only in the culturally aware range, regardless of what program model they attended.

Recommendations for Nursing Education

The American Association of College of Nursing has recommended five competencies for cultural competency in baccalaureate education. These include the "use of relevant data sources and best evidence in providing culturally competent care" (Calvillo, Clark, Ballantyne, Pacquiao, Purnell, & Villarruel, 2009, p. 140) Perhaps we can gain insight from our colleagues in teacher education, struck with the same dilemma of how best to assess pre-service teachers' cultural competence. Liang and Zhang (2009) described the multidimensionality of cultural competence. This includes professional beliefs, self-reflections, expectations, and actions to ameliorate stereotyping and discrimination, which provide a framework for a holistic approach to education and assessment.

Many of us want to trust that all nurses strive to care for patients in a culturally competent manner. Action must be taken to develop cultural competence among all nursing students, since they will be the standard-bearers. They are charged with changing the way nursing care is provided. In order to identify the most prudent action, further research regarding educational endeavors needs to be done. Qualitative studies engaging both students and patients would help reveal what types of experiences or encounters maximize cultural competence development. Studies with a quantitative component would measure level of cultural competence. Qualitative research utilizing focus groups of those individuals with high cultural competence scores could then identify themes. These themes could provide direction for further refinement of nursing curricula.

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Table 1 Integrative Review of the Literature

	Nursing Student Studies				
	Purpose	Sample	Tool	Design	Conclusions
Benkert et al. 2005	Assess extent of engagement in process of providing culturally competent care	122 nurse practitioner students from 4 schools in Michigan	Adaptation of Cultural Competence Self-Assessment Questionnaire	Convenience sample survey Part of a larger attitude and knowledge survey	Comfort level with people who are different and likelihood of practicing in rural area were statistically significant predictors of culturally competent behaviors
Bond et al. 2001	Describe personal attitudes toward culturally diverse patients and perceived knowledge of specific cultural practices and culture-specific skills; determine relationship between attitude and perceived	152 students from BSN, RN to BSN and MSN programs in Dallas-Fort Worth area	Ethnic Attitude Scale, Transcultural Questionnaire, demographic survey	Convenience sample survey	No significant differences in attitudes, perceived cultural skills among students from different programs BSN students statistically significantly scored higher on knowledge of cultural concepts

	confidence in knowledge of cultural patterns; describe differences in students' attitudes/knowledge by type of program				
Castillo et al. 2007	Examine effect of multicultural training on counselors' implicit racial prejudice and multicultural counseling competencies	84 counseling graduate students from two universities	Multicultural Counseling Inventory; Race Implicit Association Test	Convenience sample from 10 classes (5 multicultural counseling and 5 counseling foundations) collected over 3 years. Pre-test/post-test	Improved cultural awareness and decreased implicit racial prejudice in multicultural class
Duffy et al. 2005	Evaluation of international exchange students two years after gradation	21 students from four schools, eight of whom "targeted" as disadvantaged	Bennet's continuum of intercultural sensitivity; Open-ended interview	Convenience sample Phone or email interview	Gains in cultural sensitivity greatest benefit and influence on practice; previous international experience improved placement on continuum of intercultural sensitivity
Evanson et. al. 2006	Describe long-term personal and professional effects of international experience	Six nurses two years after	Individual written narrative, focus group		Coming to understand, unsettled feelings, advocating for change
Haloburdo et.al. 1998	Compare international experiences in developing vs. developed countries	14 RN to BSN students	Interview	Grounded theory comparing students studying in developing vs. developed countries	Students in developing countries had reconnection with caring as essence of nursing.
Hughes et. al. 2007	Outcome tool for measuring cultural sensitivity in undergrad students	218 students	Cross-cultural evaluation tool	Pretest/post test	Tool reliable
Kardong-Edgren et al. 2008	Evaluate effectiveness of four different nursing program curricula in developing culturally competent new graduates	218 nursing graduates from four schools	IAPCC-R Descriptives of previous international travel	Snowball sample	All scored as only culturally aware
Koskinen et al 2003	Describe process of gaining intercultural competence during study abroad	15 British nursing students studying in Finland 3-4 months	Interview, observation, diary notes, background questionnaires	Ethnography	Intercultural desire manifested as insider (overcame culture shock) vs. outsider (never adjusted)
Koskinen et al. 2004	Describe context of learning intercultural competence	12 Finnish nursing students Studying in Britain 3-4 months	Group interviews, learning documents, background questionnaires, research diaries	Ethnography	Three types of students: Personal identity crisis enhanced self-understanding; people more similar than different; differences perceived as threats Lack of communication between schools hindered learning
Liang et al. 2009	Examine professional beliefs about cultural diversity, self reflections of instructional behaviors, expectations of	489 pre-service teachers	49 item self-reported, Likert scale assessment developed by panel of experts	Convenience sample of students in three phases of pre-service teacher education	Pre-service cultural competence is an evolving process from cognition, to affection, to action; professional belief predicts self-reflection; higher teacher expectations lead to effort to ameliorate

	students with diverse cultural background				stereotyping and discrimination
Lim et al. 2004	Enhance understanding of self-efficacy in relation to transcultural nursing	109 2nd and 90 4th year undergraduate nursing students	Transcultural self-efficacy tool	Convenience sample of 2nd and 4th year nursing students	Significant increase in cognitive, clinical and affective subscales by 4th year
Napholz 1999	Ascertain if addition of innovative cultural sensitivity intervention facilitates self-perceived cultural competency skills	49 students from six clinical groups for traditional group, 17 students from two clinical groups for treatment group	Ethnic Competency Skills Assessment Inventory	Pre-test/Post-test	Collaborations between cultural expert and students significantly increase in cultural competence scores
Narayanas amy 2006	Impact of studies of spirituality and culture on education	Nurses	Survey	Action research	ASSETT, ACCESS
Newcomb et all 2006	Gain insight into ways middle-class nursing students connect themselves and their nursing practice to the experiences of Latino and African-American families that are animated by novelists	40 nursing students enrolled in maternal-child clinical nursing courses during two consecutive semesters	Student journals	Grounded theory	Themes for nursing: Compliance with dominant cultural norm, moral neutrality of nurses in practice, preferential care for those less privileged
Nokes et al. 2005	Develop service-learning intervention, refine it, and explore whether it affects critical thinking, cultural competence, and civic engagement	1st Pilot – 5 2nd pilot – 9 ADN to BSN students	California Critical Thinking Disposition Inventory (CCDTI), IAPCC, 12 items adapted from a n instrument to measure civic engagement, Demographics	Pre-test/post-test	After intervention, significantly lower scores for critical thinking and cultural competence but higher in civic engagement
Pope-Davis et al. 1994	Investigate undergraduate nursing students' multicultural competencies working with culturally diverse clients	120 nursing students	Multicultural Counseling Inventory (MCI)	Convenience sample Questionnaire	Work experience significant for higher multicultural skill levels and knowledge
Ruddock et al 2007	Explore whether international learning experience as part of programme promoted cultural sensitivity in nursing	7 Diploma and Bachelor of Nursing students who participated in international exchange to Jamaica, Malta, Greenland, or Australia	In-depth, conversational interviews	Gadamerian hermeneutic phenomenological approach	Experiencing transition from one culture to another, adjusting to cultural differences, developing cultural sensitivity and growing personally
Ryan et. al. 2002	Conceptualize model to guide field experience	25 senior students from four universities who had	Transcultural Nursing Immersion Experience Questionnaire	Convenience sample Questionnaire to validate dimensional	Check personal characteristics prior to departure, personal and professional growth

		completed 3 week immersion in Jamaica, Native American reservation in Northwest US, India, Russia, Brazil, Guyana	(TNIEQ)	matrix	
Scholes et.al. 2000	Become culturally sensitive carers	79 students	Interview, focus groups, questionnaire	Illuminative evaluation	Learned values, increased flexibility, recognized limitations
St. Clair et al. 1999	Explore relationship between intense international cultural immersion experiences and development of cultural competence	Ten groups of senior undergraduate and graduate students over two years. 80 studied internationally, 120 remained in U.S.	Cultural Self-Efficacy Scale(CSES), participant observation, field notes, student journals	Triangulated quantitative and qualitative CSES completed by all students three times: in fall before cultural immersion, in spring after immersion, at end of academic year	Significant difference in 1st CSES if student had previous international experience, significant increase for all students in 2nd CSES, significantly higher CSES for international immersion students in 2nd CSES; personal transformation described by immersion students
Tomlinson-Clarke 2000	Preliminary study examining counselor training outcomes in a multicultural counseling course in counseling psychology training program	17 counseling psychology graduate students in multicultural course	Interviews		Training valued but need for further training to move toward multicultural competence, think they would benefit more by working directly with diverse clients
Upvall et. al. 2006	Explore students; experiences with Somali refugees	5 students	Focus groups, student portfolios	Pre-test/posttest	Phases of pre-contact, interaction, outcome
Walsh et al. 2002	Explore experiences of nursing students and faculty mentors seeking to increase cultural competence through short-term (two weeks) immersion learning project in Guatemala	10 students whom had been admitted based on essay regarding strengths related to community building, commitment to work in diverse communities, and interest in increasing knowledge of other cultures	Focus groups, student journals		Themes: Being "other", expanding worldview
Yarbrough et. al. 2007	Affect of incorporating cultural issues in education	94 BSN students last semester	Class discussion, observation	Description process evaluation	Increased awareness of cultural issues

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