Cultural Competence and Awareness Among Nursing Students in a Mid-Western State

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Abstract

The United States patient population continues to become more racially and culturally diverse. When it comes to healthcare, there are differing values, beliefs, and culture with this diversity. The purpose of this study was to determine if implementing a cultural education intervention would improve nursing students' cultural competency and awareness among nursing students in a Midwestern college. Participants completed a pre-test survey designed on Google Forms utilizing the Cultural Competence Self-Assessment Checklist (CCSAC) tool followed by administration of the educational video intervention. CCSAC tool is a 36-item questionnaire that was developed to measure the constructs of cultural awareness, knowledge, and skills (AKS). Two weeks after the intervention, a post-test survey was conducted to determine whether the objectives were met. Demographic information was collected to determine whether there was an association between the participants' cultural background with their cultural competence and awareness. A paired t-test was conducted to compare the participants' pre-intervention AKS before and after the intervention. In the subclass of awareness, the average difference between pre/post intervention was (M = 2.33, SD = 4.37), p = 0.12; subclass of knowledge, the average difference between pre/post intervention was (M = 1.33, SD = 3.39), p = 0.19; and subclass skills, the average difference between pre/post intervention was (M =3.17, SD = 2.86), p = 0.02. This study suggests that the student nurses' perceived level of cultural competence was variable. Yet, they were able to articulate their learning needs and suggest strategies to integrate cultural nursing content in the nursing curriculum. It is crucial for nurses to learn about what the cultural needs are of this patient population and have access to resources to address these needs. Nurses' ability to deliver culturally competent care is important as it affects patient health outcomes and engagement.

Keywords: cultural competency, cultural awareness, cultural skills, cultural knowledge, CCSAC tool, cultural nursing

Cultural Competence and Awareness Among Nursing Students in a Mid-Western State

In 2021, nearly 45.3 million immigrants live in the Unites States, the most since census records have been kept (Batalova, 2024). Moreover, the Unites States is home to more immigrants than any country in the world - which make up 13.6% of the total U.S. population. The largest racial or ethnic group in the United States at 57.8% was the White, non-Hispanic population which represented a decrease from 63.7% in 2010 (United States Census Bureau, 2020). The growth of a culturally diverse population in the United States suggests that healthcare professionals (HCP) increasingly provide care for patients from different backgrounds.

Overview

Problem

Cultural diversity has markedly increased in the U.S. over the past 10 years according to the United States Census Bureau (2020). The Institute of Medicine's (IOM) publication of *Unequal Treatment* in 2003 was the first major report recognizing racism as the main reason for the nation's deeply rooted health disparities. This publication was significant for providing recommendations in addressing confronting racial and ethnic disparities in health care. Cultural competence requires the skill of the HCP to amass knowledge about cultural groups and modify that knowledge into practices, policies, and attitudes (Kumar et al., 2019). The integration of cultural competence into the plan of care reduces health disparities and increases the quality of care rendered to the patient. Moreover, the HCP's level of cultural competence, as demonstrated by proficiencies in cultural awareness, knowledge, and skills (AKS), improves the health of all by positively affecting the patient's health outcomes (Kumar et al., 2019). The significance of cultural competence development among HCP is in its emphasis on reducing ethnic and racial disparities in healthcare settings (Campinha-Bacote, 2011).

Acknowledging these challenges, collegiate accreditation organizations such as the National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA) and the Commission on

Collegiate Nursing Education (CCNE) mandate that graduating nursing students be well educated in cultural competency. The American Association of Colleges of Nursing (AACN) mandates cultural competency as a core of nursing education (Krainovich-Miller et al., 2008).

Many nursing programs still lack effective education for cultural competency despite mandates from accreditation agencies, and these deficits are seen in healthcare practice. Understanding which aspects of cultural competency are lacking among nursing students, and assessing students' actual levels of cultural competency, can help in developing competency programs (Lampley et al., 2008; Marzilli, 2016).

The purpose statement guiding this project was to determine if implementing a cultural education intervention would improve nursing students' cultural competency and awareness among nursing students in a local Midwestern college. The outcome to be evaluated by the project was nursing students' cultural AKS.

Available Knowledge

Baseline Cultural Competency

Campinha-Bacote (2003, p.54) describes cultural competency as an ongoing process of striving to effectively work with cultural context of the client in a sensitive and constructive way. The American Association of Colleges and Nursing (AACN) proposed in 2008 the integration of cultural competence into nursing curriculums to provide nursing care for patients from diverse cultural backgrounds. Consequently, many nursing schools in the United States and other countries have developed and implemented programs for cultural competency (Calvillo et al., 2009). Many studies have demonstrated that cultural competence educational intervention improves the cultural competence of nursing student (Knecht et al., 2018; Park et al., 2019; and Safipour et al., 2017).

A review of literature found inconsistent results regarding cultural competence of nursing students. Reyes et al. (2013) revealed perceptions of cultural competency and awareness of graduating

nursing students were slightly higher compared to the first-year nursing students. Each HCP is expected to provide culturally sensitive care to each patient to warrant the highest level of care (Cruz et al., 2016). Compared to the cultural competence reported by Taiwan nursing students, the cultural competence of Filipino nursing students was higher according to Cruz et al. (2016). Additionally, the participants demonstrated the highest competence in understanding the beliefs of different cultural groups. This aligned with previous studies that investigated the cultural awareness of nursing students (Clark et al., 2011; Meleis, 2010; and Lipson & Desantis, 2007). Students' academic level was another significant predictor of cultural competence among nursing students in this study; graduating nursing students showed higher cultural competence. This may be because they have more cultural encounters in both community and clinical rotations.

Park et al. (2019) revealed that nursing students' cultural skills and knowledge were enhanced, and total cultural competency scores of nursing students increased in each category: cultural awareness, cultural skills, cultural sensitivity, and cultural knowledge after the students attended a cultural nursing course for two hours per week for 13 weeks. Safipour et al. (2017) revealed that, with the exception of one dimension of cultural awareness related to research issue, the level of cultural awareness among Swedish graduating nursing students was moderately high for all three participating universities. The results aligned with a previous study by Vandenberg and Kalischuk (2014) that suggested a limited cultural awareness of nursing students to the ideals of cultural care requires inclusion of structured cultural content in the nursing curricula to help increase their cultural competence.

The use of a culturally diverse service-learning program in undergraduate nursing students was supported by Knecht et al. (2018) to increase cultural competence. The findings revealed three themes: enlightenment, competence, and connection. These themes mirrored the theoretical constructs of cultural awareness, cultural knowledge and skills, and cultural encounters (Knecht et al., 2018). Previous studies by Cerezo et al. (2014), Gebru and William (2010), and Reyes et al. (2013) agreed that by

integrating adequate cultural education, nursing students' awareness could be increased. Moreover, Repo et al. (2017) suggested that nursing education offers opportunities for internationalization both at home and abroad, interaction with people from diverse cultural backgrounds, and opportunities for students to develop linguistic skills.

The Need for Cultural Competency Education

Hultsjö et al. (2019) concluded that students in courses incorporating cultural competence did not feel confident in providing culturally competent care. Nursing students reported that they were conscious of the importance of cultural awareness but felt that the program did not offer enough opportunities to pivot. Surprisingly, the students stated that they developed cultural awareness during their temporary work or through social media such as watching reels, videos, etc. Previous findings from a qualitative study in Canada by Vandenberg & Kalischuk (2014) revealed low cultural competence in nursing students despite the paramount role of cultural competence in establishing quality of care, and concepts and issues of transcultural nursing care continue to encounter poor coverage in nursing education counter poor coverage in nursing education (Bombeke et al., 2012). A decline of curricula focused on culture, limited and inconsistent formal evaluation of effectiveness, a lack of standards, and inadequate preparation of faculty along with the need for support are few of the barriers to integrating culture into the nursing curriculum (Lipson & Desantis, 2007).

Similarly, Flood & Commendador (2016) revealed that nursing students recognized themselves as somewhat prepared to provide culturally competent care, but they had limited exposure and utilization of interpreters, lack of role models and mentors, and were unequipped to advise people from diverse cultures about health. Mayo et al. (2014) posited the need for training in cultural competence as a priority for nursing students at the baccalaureate level. A follow-up study by Cruz et al. (2017) highlighted where current nursing education stands regarding how cultural competence is embedded in the nursing curriculum. They used a multi-country perspective from 2167 nursing students to pinpoint a

proposition for a focused yet multimodal nursing education program design that would train nursing students become culturally motivated, culturally sensitive, and culturally adaptive. The findings revealed two main sections: the students demonstrated a moderate range of cultural competence; and the cultural competence of the students was associated with and influenced by their demographic profiles and cultural-related experiences (Cruz et al., 2017). Sarafis and Malliarou (2013) concluded that nursing students should be aware of their own cultural values, attitudes, beliefs, and behaviors and obtain the appropriate assessment and communication skills to interact with individuals from different cultural backgrounds.

Rationale

Culture is a complex construct encompassing the aspects that influence individual's behaviors, including language, values, beliefs, and the institutions of race, religion, or ethnicity (Centers for Disease Control and Prevention [CDC], 2022). Transcultural nursing education is intricately linked to the idea that nursing must provide individualized, high-quality, appropriate care to all individuals (McFarland & Wehbe-Alamah, 2019). Nursing is grounded in a holistic and humanistic approach that integrates kindness, honesty, compassion, and altruism in delivery of care. Further, it involves considering the cultural needs of patients as well as, the need for equal access to health care, respect for cultural background, beliefs, and safety needs (Papadopoulos et al., 2021; Prosen, 2015). There are various theories that undertake health care delivery from different viewpoints. This project followed the theory of Campinha-Bacote's Model of Cultural Competence (MCC) framework as the primary reference. This framework can help guide this project, in particular the findings, analysis, and discussion elements of this work.

Campinha-Bacote (2002) defines cultural competency 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]" (p. 181). Campinha-Bacote (2002) characterizes

cultural awareness as being not static but rather, a process of learning and self-reflection. Cultural awareness promotes communication and decreases the risk of mistrust and misunderstandings between people in a multicultural society (Tomalin & Stempleski, 2013, p. 168). This model explains five essential interrelated constructs: cultural awareness, cultural skill, cultural knowledge, cultural encounters, and cultural desire. Cultural awareness (CA) refers to the realization of one's attitudes and biases within the cultural domain. Cultural skill (CS) refers to practical abilities to appraise health and cultural impacts on health. Cultural knowledge (CK) refers to professional knowledge about the connection between health, disease, prevalence, treatment, and culture. Cultural encounters (CE) refer to the constructive collaboration with the diverse cultural group representatives with respect to their needs, values, and uniqueness. Cultural desire (CD) refers to eagerness and readiness to engage in becoming culturally competent. All five constructs overlap, creating a complete cultural competence system. For cultural competency, each construct must be addressed or experienced. Each construct has its own meaning and contributes to the overall model of culturally competent health care delivery (Campinha-Bacote, 2002). Campinha-Bacote's model explains cultural competence as a process that nurses must undertake to develop the capacity to provide efficient and high-quality care, encompassing five components (Albougami et al., 2016, Campinha-Bacote, 2011).

Cultural awareness is one of the most important components of culturally competent nursing care in nursing education. Kaihlanen et al. (2019) pointed out that cultural awareness can also be a key element of understanding one's own cultural characteristics and values, which aids in comprehending the cultural beliefs, values, and behaviors of others. Finally, cultural awareness of one's own values, beliefs, attitudes, and practices has been characterized as a vital first step before cultural knowledge (Brooks et al., 2019).

Methods

Context

The minority population in the Midwestern state where the project was conducted has been increasing more rapidly than the non-Hispanic White population. From 2010 to 2018, the racial/ethnic minority population grew from 297,376 to 376,761, a 26.7% increase while the non-Hispanic White population had only a 0.9% increase (United States Census Bureau, 2020). Health disparities are recognizable because of the increase in minority populations (Campinha-Bacote, 2007).

The project took place in a private, nursing and healthcare college. The college offers bachelor's, master's, doctorate degrees, as well as certificates both in person and online format. Nursing students were the target population. According to the college's website, there were 857 undergraduate students in 2020-2021 school year, with an 80% graduation rate. A letter of support was obtained from the Vice President of Academic Affairs. Only undergraduate nursing students enrolled in the assisting faculty course, ages 18 years and older, and those that agreed to participate were included in the project.

Intervention

The intervention that was implemented is an educational video that highlights cultural competency. This is part of the Nebraska Department of Health and Human Services (NDHHS) initiative to provide training for individuals and organizations regarding culturally and linguistically appropriate services (CLAS) training and materials (NDHHS, 2017). Additionally, the video is part of the *People are People are People: Increasing your CQ training.* NDHHS offers this and additional cultural competency training for free. The educational video was approximately 16 minutes and is also available on YouTube. Permission to use the video was obtained prior to the project implementation.

Participants completed a pre-test survey designed on Google Forms utilizing the Cultural Competence Self-Assessment Checklist (CCSAC) tool followed by administration of the NDHHS video via a You Tube link. The CCSAC tool is a 36-item questionnaire that was developed to measure the constructs

of AKS. Two weeks after the educational intervention, a post-test survey designed on Google Forms was also conducted to determine whether the objectives were met. The surveys and educational video were completed during class time. The total time to implement the project was about four weeks. There was no cost to the participants or organization involved in this project.

Study of the Intervention

The course faculty sent the initial email to the participating class which consists of nursing and allied health students. This email included the purpose of the study, consent and the link for pre-intervention survey and the educational video. The project facilitator utilized an electronic format of the CCSAC tool as the questionnaire to evaluate the efficacy of the educational intervention. The pre and post survey contained 35 questions as well as 7 questions to gather demographic information. Demographic information was gathered to determine whether there was an association between the participants' cultural background with their cultural competence and awareness. Data collected from the surveys were transcribed into an excel spreadsheet to allow for analysis.

Measures

The survey had two components. The student designed the first component to gather data on the participants' characteristics and cultural-related background. The demographic survey had seven multiple choice questions about the participant's background information which includes prior cultural care training, the encounter with people belonging to a special group and residential environment.

The Cultural Competence Assessment Checklist

The second component was the CCSAC tool. This tool was developed by the Central Vancouver Island Multicultural Society. The fundamental goal of the CCSAC tool was to support people to consider their awareness, knowledge, and skills of themselves in their interactions with others. Its goal was to aid communities to acknowledge what they can do to become more effective in living and working in a diverse environment. The self-assessment tool, which consists of thirty-six questions addressing cultural

awareness, uses a 4- point Likert scale to help participants recognize areas of strength and areas that need further development to reach cultural competence. Moreover, the tool consists of three main sections, which measure awareness, knowledge, and skills. The rating of the answers is set as 0 = never, 1 = sometimes/occasionally, 2 = fairly often/pretty well, and 3 = always/very well with the total score of 108 with the subscale A having a total score of 33, subscale K a total score of 39, and subscale S total score of 36, respectively. The more points the participant has, the higher culturally competent score is. Cross-sectional analysis by Argyriadis et al. (2022) revealed Cronbach's alpha indication of 0.7 in all three thematic units after using the translated CCSAC tool.

The first section of cultural awareness includes questions about self-knowledge, dealing with otherness, the perception of discomfort when encountering individuals from different cultural backgrounds, and the individual's willingness to share his or her culture and participate in the process of cultural exchange. It also has questions about the assumptions made by individuals trying to understand the culture of another cultural group as well as questions about challenging stereotypes, reflecting on how culture influences personal judgment, behavior, and acceptance as well as ambiguity, curiosity, and awareness of white identity.

The second section focuses on cultural knowledge and includes the assessment of knowledge, questions about learning from mistakes, review of the questions that the individual asks himself in terms of cultural difference, and the importance that this difference has to the individual. It also includes interest in lifelong learning and understanding the consequences of racism, homophobia, sexism, etc., and questions about understanding the impact of culture and knowledge of history. This section also has questions about knowledge of origin that has the individual back in time and the understanding of boundaries.

The third and last section listing skills has questions about intercultural communication skills, adaptability to diversity, and active support for people on the diversity spectrum. It also records the

search for opportunities to acquire skills and the active involvement of the individual in processes that promote cultural experiences.

Analysis

The pre-and post-tests were scored based on the CCSAC scoring key. Descriptive statistics were utilized to analyze the demographic data. A paired t-test was used to analyze the pre and post-test survey responses from the CCSAC tool. Both pre- and post-survey tests had designated codes for analysis. Participants created a unique ID, consisting of their birth month in numerical form and the last two digits of their zip code. Instructions were provided in the email they received from the course faculty. Reliability of assessment is vital in education and research (Voyager Sopris Learning, 2023).

Ethical Considerations

Permission to use the CCSAC was obtained from Jansait Qughondouqa, the Community Engagement Lead at Central Vancouver Island Multicultural Society via email correspondence. Permission to use the educational video was obtained from the NDHHS. The researcher obtained the Institutional Review Board (IRB) approval before initiating the study. The student and the faculty mentor both completed the Collaborative Institutional Training Institute (CITI) training.

Participation was voluntary and there were no consequences for refusal to participate. Consent was obtained and a waiver of signature of consent was requested. The risks were minimal, and the participants were able to withdraw from the study at any time. The data collection was anonymous and reported in aggregate form.

Results

Sample characteristics

The participants' general characteristics, cultural education, experiences, and cultural competence were analyzed through frequencies, percentages, means, and standard deviations.

A total of 13 students participated in this study. Only one student came from a non-nursing major and was excluded in the paired t-test analysis. Moreover, only six completed both the pre- and post- survey. Similarly, only one of the participants spoke another language than English. Most participants (66%) were familiar with the concept of transcultural care nursing but only 16% of the participants reported they received a specific course about "cultural care nursing" as part of the nursing curriculum. Additionally, participants reported that only 33% of them received a cultural training course within the past year. In regard to the best method to teach cultural competency, 50% of the participants preferred volunteering, 33% preferred lectures and only 16% preferred simulation.

Cultural knowledge, awareness, and skills

A descriptive statistic revealed that there was a positive effect after the educational intervention looking at the pre- and post- group surveys.

Table 1

Descriptive statistics for pre- and post- scores

	A Pre	A Post	K Pre	K Post	S Pre	S Post
Mean	20.17	22.5	25.83	27.17	22.5	25.67
Standard Deviation	3.54	7.34	7.25	8.33	6.16	8.26
Median	20	23.5	25.5	26.5	22.5	25.5

An in-depth analysis examined the impact of the intervention on the nursing students' cultural competency and awareness. A paired t-test was conducted to compare the participants' AKS before and after the intervention. In the subclass of awareness, the average difference between pre/post intervention was (M = 2.33, SD = 4.37), p = 0.12; subclass of knowledge, the average difference between

pre/post intervention was (M = 1.33, SD = 3.39), p = 0.19; and subclass skills, the average difference between pre/post intervention was (M =3.17, SD = 2.86), p = 0.02. The results imply that the participants demonstrated a high level of cultural competence after the intervention, as dictated by coding the CCSAC tool.

Discussion

Summary

The purpose of this project was to determine if participants' cultural competence increased after implementing the educational intervention. By identifying the means, and significant differences using *p* values for each CCSAC subscale and comparing them between pre-survey and post-survey, inferences could be made about whether these assumptions were correct.

After the intervention, the data indicated improvements in participants' scores after the implementation of the intervention. These findings demonstrate the intervention's positive impact in increasing cultural competence of the participants more explicitly the *skills* aspect of the CCSAC survey questions. Having a significant result in the skills subscale ($p = 0.02$) demonstrated that the educational intervention utilized for this project changed to a favorable outcome of increasing their cultural competence and awareness. On the other hand, the awareness subscale ($p = 0.12$) may signify as having a random chance. This may also hold true with the knowledge subscale ($p = 0.19$).

Interpretation

The participants' self-perception of cultural awareness ranged from always to never, with some participants suggesting specific strategies to overcome their perceived lack of competence. Previous studies have analyzed student nurses' self-perception of cultural competency, describing it as poor to moderate (Vandenberg & Kalischuk, 2014; Flood & Commendador, 2016) with the students perceiving that their ability to provide culturally congruent care gradually increased throughout their training, leading to implications of the need for continued education relating to this concept (Park et al, 2019). The participants supported that the integration of cultural content in their respective nursing curricula was not consistent and mostly insufficient. The educational intervention used in this study is not enough to change a person's thinking and behavior. This study is somehow similar to another study done by Von Ah & Cassara (2013) where a convenience sample of 150 undergraduate nursing students completed a

one-time questionnaire assessing students' cultural competence. Nursing students rated their overall knowledge and comfort moderate to poor with only 28% rated themselves as very comfortable and 15% as very skillful in providing culturally competent care (Von AH & Cassara, 2013).

Studies done by Kratze & Bertolo (2013); Keane & Provident (2017); Repo et al. (2019); and Chappell & Provident (2020) may offer a more sustainable change in practice/thinking for nursing students. Kratze and Bertolo (2013) used reflective writing to elicit students' attitudes of the other culture and their coping skills. Cultural awareness and knowledge, observation and learning, and cross-cultural communication were the three themes that emerged from this study. Results underscore the need for student academic preparation using cross-cultural educational approaches to enhance cultural competence (Kratze & Bertolo, 2013). Another study demonstrated change in students from the level of culturally aware to culturally competent using a combination of online education with international service learning (Keane & Provident, 2017). Additionally, the experience resulted in an increased desire to continue intercultural practice. The use of simulation and volunteer to illustrate cultural issues in healthcare programs has been documented positively in the literature (Repo et al., 2019). Lastly, integrating an online evidenced- based course on cultural competency for 6 weeks resulted in change from pre to post survey was in knowledge (150%) related to cultural competence following the completion of the intervention (Chappell & Provident, 2020).

Limitations

The first limitation of this study is its generalizability. The data in this study was obtained from nursing students recruited from one institution in Midwestern state. Secondly, of 78 students who were offered to participate, only 13 completed the pre-survey (of which only 6 completed the post survey from those group). Moreover, may be having a short video is not enough to make an impact in increasing the participants' cultural competency. Lastly, the results are also limited given that all results are based on the questionnaires.

Conclusion

The revised standards for quality improvement reporting excellence (SQUIRE 2.0) were used as a framework for reporting this study**.** This study suggest that the student nurses' perceived level of cultural competence was variable. Yet, they were able to articulate their learning needs and suggest strategies to integrate transcultural nursing content in the undergraduate nursing curriculum. The United States patient population continues to become more racially and culturally diverse. When it comes to healthcare, there are differing values, beliefs, and culture with this diversity. It is crucial for healthcare providers, especially nurses, to learn about what the cultural needs are of this patient population and have access to resources to address these needs. The provider's ability to deliver culturally competent care is important as it affects patient health outcomes and engagement. To determine the strengths and weaknesses of the HCP's cultural competence and the need for cultural competence training, the HCP's current level of cultural competence needs to be established.

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