

A Comparative Study of Cultural Competence Curricula in Baccalaureate Nursing Programs

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July 25, 2013

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Why is Cultural Competence (CC) Education Needed?

- ▶ Health care disparities exist
- ▶ Changing Demographics
- ▶ Nurses lack CC
- ▶ Nurses need CC Education

3 Types of CC Curricula in BSN Programs

- Required nursing course
- Required non-nursing course
- Integrated

Purpose

▶ **Primary Purpose**

- ▶ To determine if one of 3 curriculum types is more efficacious than the others on improving CC and Self-efficacy (SE).
 - ▶ Nursing culture course
 - ▶ Non-nursing culture course
 - ▶ Integrated throughout the curriculum

Purpose

▶ Secondary Purpose

- ▶ To determine if one of 3 curriculum types is more efficacious than the others in improving CC and SE across academic levels.
 - ▶ Freshman
 - ▶ Junior
 - ▶ Senior

Inventory for Assessing the Process of CC Among Healthcare Professionals (IAPCC-R)

(Campinha-Bacote, 2002)

- IAPCC-R
 - Measures CC in healthcare professionals, nurses, students
 - 25 items, 5 on each construct
 - 4 point Likert scale (1-4)
 - Completion time is 15 minutes
 - Has Construct and Content Validity (8 studies)
 - Reliability of 0.71-0.96
 - Scoring
 - Culturally Incompetent: 25 to 50
 - Culturally Aware: 51 to 74
 - Culturally Competent: 75 to 90
 - Culturally Proficient: 91 to 100

Transcultural Self-Efficacy Tool (TSET) (Jeffreys, 1994)

▶ TSET

- Measures perceived self-efficacy (confidence) in nursing students only
- 83 items divided into 3 subscales
 - Cognitive: 25 items
 - Practical: 28 items
 - Affective: 30 items
- 10 point Likert scale (1-10)
- Completion time is 15 to 20 minutes
- Has Construct and Content Validity (6 studies)
- Reliability of .93 – .98
- Measures the most attributes of cultural competence & is the most promising instrument.

Methods

▶ Design

- Exploratory, cross-sectional, between groups design
 - Convenience sample

▶ Participants

- Traditional BSN students (N = 759)
- 6 Colleges in New Jersey
- Enrolled in one of the 3 CC curricula types
 - **Nursing Culture Course (n=363)**
 - **Non-Nursing Culture Course (n=237)**
 - **Integrated Programs (n=159)**

Data Analysis

- ▶ Two-way ANOVA (3x3)
 - 2 independent variables: IAPCC-R, TSET scored as instructed by authors (Capinha-Bacote, 2002; Jeffreys, 1994)
 - 3 program subgroups
 - 3 academic subgroups
- ▶ Tukey's HSD Post Hoc Analysis with $p < 0.05$
- ▶ Demographics
 - Used key demographics identified in literature:
 - Program, Age, Gender, Academic Level, Prior Degree(s), Race/Ethnicity, Belief in CC importance
 - Analyzed frequency, Spearman's rho

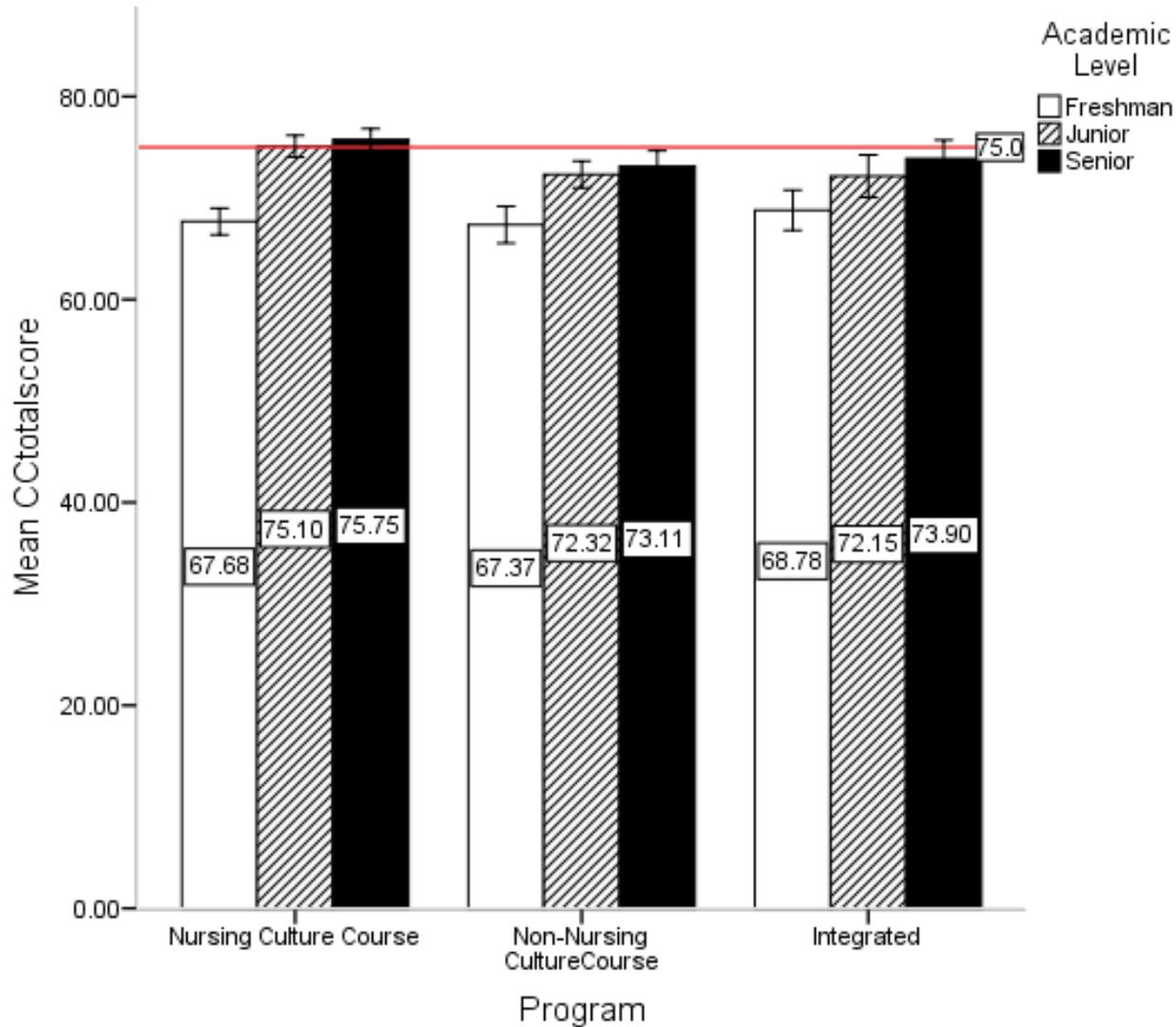
Results.....

Table 1

Mean Scores for Program and Academic Year

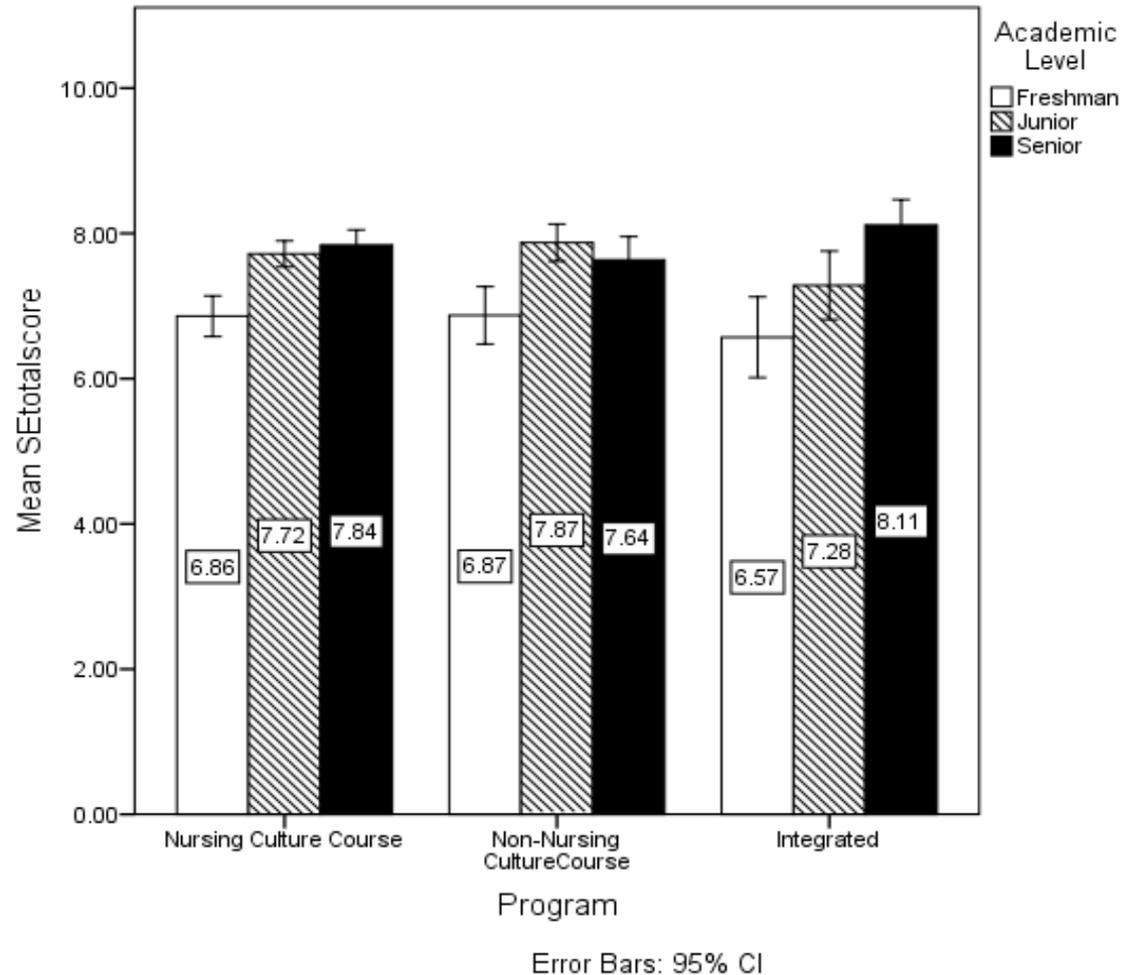
Acad Level		CC Scores/Program			SE Scores/Program		
		NC n=363	NN n=237	INT n=159	NC n=363	NN n=237	INT N=159
Freshmen n=209	Mean	67.68	67.37	68.78	6.86	6.87	6.57
	N	101	62	46	101	62	46
	Std. Dev	(6.60)	(7.15)	(6.67)	(1.42)	(1.56)	(1.87)
Junior n=322	Mean	75.10	72.32	72.15	7.72	7.87	7.28
	N	164	103	55	164	103	55
	Std. Dev	(6.98)	(6.71)	(7.73)	(1.16)	(1.32)	(1.75)
Senior n=228	Mean	75.63	73.11	73.90	7.82	7.63	8.11
	N	98	72	58	98	72	58
	Std. Dev	(5.45)	(6.62)	(6.84)	(1.04)	(1.35)	(1.34)

Figure 1. Nursing Culture Course Program Reached Level of CC



CC Total Scores by Program and Academic Level

Figure 2. SE by Program & Academic Level



Limitations and Implications

- Study Limitations
 - Self reported findings
 - Generalizability of data
 - Sample of convenience
 - Voluntary participation
 - Cross-sectional data collection
 - Senior data collection
- Implications
 - Include nursing culture course in all curricula
 - Nursing faculty advantage
 - Integrated: Culture may not be a priority

Conclusions and Future Research

▶ Conclusions

- First study
- Changing demographics

▶ Future research

- Longitudinal study
- More comparison studies in other parts of the country
- More evaluation of pseudo-immersion experiences in nursing clinical courses, especially junior & senior year.
- Measuring CC & SE of seniors at the end of the last semester.
- Faculty perceptions

Questions?