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# Nursing Student's Perceptions of Cultural Competency.

Caitlin Malcolm

*East Tennessee State University*

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Running Head: Nursing Student's Perceptions of Cultural Competency

EAST TENNESSEE STATE UNIVERSITY  
COLLEGE OF NURSING  
HONORS-IN-DISCIPLINE PROGRAM

Nursing Student's Perceptions of Cultural Competency

Caitlin Malcolm

An Honors Thesis  
submitted in partial fulfillment  
of the requirements for the  
University Honors-In-Discipline Program  
East Tennessee States University  
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Signature of the Author                      Date

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Signature of HID Mentor                      Date

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Signature of Thesis Reader                      Date

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Signature of Thesis Reader                      Date

### Abstract

As the United States population becomes more culturally diverse, it has become a priority for health care professionals to competently provide culturally sensitive care. Cultural competency is required in baccalaureate (BSN) programs, mandated by collegiate nursing accrediting agencies. Although BSN programs have integrated cultural competency education into their core curricula, little data has been collected evaluating outcomes and effectiveness. Using a 36 question survey, students in all levels of a selected BSN program were asked questions regarding cultural competency and attitudes towards cultural care. The ANOVA and a Tukey Kramer analyses were performed with an alpha coefficient of 0.05 and a confidence interval of 95%. The results revealed some statistically significant differences between several cohorts. Additionally, Cohort 5 (students in the last semester of the nursing program) did not differ significantly to Cohorts 2, 3, and 4, indicating that current cultural competency education may not be adequate or effectively taught as students progress through the BSN program.

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## Introduction

The United States (U.S.) has long been revered as the “melting pot,” a collection of many unique and distinct cultures that over time blend and assimilate American culture, creating new and more complex cultural identities. The United States remains one of the largest and most diverse nations, as millions of individuals continue to immigrate to the U.S. each year. The 2010 US Census indicated that between 2000 and 2010 the U.S. welcomed more than 13 million immigrants (Center for Immigration Studies, n.d.). These immigrant groups bring unique sets of beliefs, languages, worldviews, and healthcare practices. These differing beliefs can pose problems for clients and healthcare professionals when Western medicine fails to ally or identify with the clients' particular cultural beliefs.

Recognizing these challenges, collegiate accreditation organizations such as the Commission on Collegiate Nursing Education, and the National League for Nursing Accrediting Commission, Inc. mandate that graduating students be well versed in cultural competency. The American Association of Colleges of Nursing requires cultural competency as a core of nursing education (Krainovich-Miller, et.al., 2008). Cultural competency is defined as “the process in which the healthcare provider continuously strives to achieve the ability to work effectively within the cultural context of a client, individual, family, or community” (Campinha-Bacote, 2003, p. 54).

Despite mandates from these accreditation agencies, many nursing programs still lack effective education for cultural competency and these deficits are seen in healthcare practice. With the incorporation of cultural competence into the nursing curriculum, senior students

should have well established perceptions of and experiences with cultural competency compared to students beginning their first semester in a nursing program.

### **Statement of the Problem**

Cultural competence has been recognized by the accrediting bodies of BSN programs as an essential and vital component of nursing education. Despite this fact, no cultural curriculum has been established for nursing programs, leaving cultural competency education to the discretion of individual professor's interest and level of competency. For this reason, levels of cultural competency vary greatly from program to program and even student to student within a program. Although, much research exists on the importance of cultural competency in nursing education, few studies have identified how to assess the effectiveness of a nursing program's cultural competency content and experiences (Kardong-Edgren & Campinha-Bacote, 2008). Without evaluation of the cultural competency education, a BSN program does not have any way of knowing whether or not this education has been effective. Nursing students are continually evaluated on clinical skills and foundational knowledge, but assessment of cultural competency is lacking. For this reason, it is imperative that nursing programs begin to evaluate the effectiveness of their cultural competency education.

### **Research Question**

This research seeks to answer the following question: "Do nursing students' perceptions and understanding of cultural awareness and cultural competency improve as they progress through the BSN program?"

## **Assumptions**

Cultural competency is a requirement of accredited collegiate nursing programs; this education must be integrated across the program. For these reasons, students preparing for graduation from BSN programs should exhibit a higher level of comfort with and understanding about cultural awareness topics as opposed to their peers beginning their first year in the nursing program.

## **Literature Review**

Immigration has introduced new cultures to the United States, bringing unique and distinct health care beliefs and practices to health care organizations. As immigrants seek residency in the United States, health care providers can expect to more frequently interact with patients from different cultural backgrounds. Data has projected that by 2025 40% of adults and 48% of children living in the United States will belong to a racial or ethnic minority group (Rutledge, Barham, Wiles, & Benjamin. 2008). With the cultural complexion of the nation continuing to change, it is imperative for health professionals to recognize the importance of cultural competency in their practices. Rutledge, et al (2008) describes the development of the patient/professional relationship as “The ability of individuals to obtain the most effective and appropriate care is affected by the ability of the patient to seek care and share concerns with the provider honestly and without fear” (p. 121). The relationship between the patient and the healthcare provider can be difficult to establish within the same cultural context, but differences in cultural beliefs can adversely affect this relationship. These differences can create uncomfortable experiences and ultimately create barriers to health care access and acceptance

(Rew, et al., 2003). For these reasons the nursing community has recognized the need to include cultural awareness and competency in nursing practice.

Recognizing the cultural shift taking place in the United States, the American Nurses Association has established the “nurses’ commitment to serve all clients regardless of age, gender, religious affiliation, or racial origin,” as a central component of their *Code of Ethics* (Maltby, 2008, p.113). Along with the clinical skills and knowledge required, nurses are now expected to practice culturally appropriate patient care. Culturally competent care consists of the interactions between “cultural desire, cultural awareness, cultural knowledge, cultural skills, and cultural encounter” (Rutledge, et al., 2008, p. 121). Competence is developed and continually enhanced as a nurse experiences and interacts with new cultures. Failure to recognize the importance of cultural sensitivity can lead to ineffective patient-provider relationships, and more importantly, unsafe patient care. The Joint Commission on Accreditation of Healthcare Organizations has identified the ability to provide culturally competent care as a valid quality and safety issue (Krainovich-Miller, et al., 2008). With these healthcare organizations recognizing and mandating the importance of cultural competency in healthcare practice, it has become a required component of collegiate nursing education programs.

Since collegiate nursing accreditation organizations began to mandate cultural competency education in the nursing curricula, BSN programs have incorporated cultural education into their curricula. However, it is unclear which educational methods are most effective and if these cultural educational opportunities are adequate for students beginning to enter professional practice. Kardong-Edgren and Campinha-Bacote (2008) stated that the most cited method for teaching cultural competency is integration across the curriculum. The BSN program selected for this study uses this teaching method. Cultural competence is presented as a

topic each semester; however, cultural educational opportunities are limited by professors' knowledge and personal interest in the topic. Although integration is the most widely used method, it may not be the most effective. An abundance of research on the topic of educational methods for teaching cultural competency exists, but less evidence is available on the effectiveness of the programs. Lipson and DeSantis (2007) stated, "Without adequate evaluation, we cannot know which is the most effective method to develop cultural competency" (p. 18). Teaching methods should be tailored to students' learning styles, thus BSN programs should be actively engaged in assessing the effectiveness of their cultural competency education within their nursing curriculum as well as among learning styles.

Although integration into the curricula is the most frequently cited method of teaching cultural competency, several different teaching methods can be used in this integration process. Long (2012) outlined nine different teaching methods that have been used in cultural competency education. Lecture style and group discussion are among two of the most popular teaching methods and are easily incorporated into the classroom. However, both methods have shown low retention and lack of long term changes. Student written reports using learning modules, clinical experiences, and guest lecturers are also cited as teaching methods and have been used in the curriculum of the BSN program in this study. Although these methods have positive feedback, limited results as to their effectiveness for learning the material exist (Long 2012). Furthermore, students will face different experiences using these methods, so one student may have an enriched experience, while the other may gain little exposure to cultural interaction.

Four other teaching methods are simulation, mentoring and consultation, educational partnerships with the community, and immersion or study abroad. These four methods provide student with direct contact with cultural experts or members of particular cultural groups; these

methods have the potential to offer the richest experiences for students, but, they are among the most expensive options (Long, 2012). It is not feasible for every student to have the opportunity to study abroad and become fully immersed in culture. So nursing curricula must incorporate multiple teaching methods throughout the program to address different learning needs and styles, and continue to emphasize the importance of cultural competency in professional practice.

The importance of cultural competency in nursing education has been established, as well as various methods to teach the topic; however, it is imperative to investigate the outcomes of these educational programs. Cultural competency education can incorporate the principles of the nursing process. Maltby (2008) described the imperative for nursing programs to view cultural competence as a developmental process for which content is operationalized and outcomes evaluated. Mandating the incorporation of cultural competency into education is the first step in improving cultural awareness among students, but if the education is not effective then what good does it do? Evaluating the effectiveness of cultural competency education is critical, to improve teaching methods and provide registered nurses with the knowledge and skills to serve clients from differing cultural backgrounds. Nursing programs should implement internal evaluation of their curricula and its effectiveness in preparing culturally competent and confident nursing graduates.

### **Method**

Using quantitative design, data were gathered through surveys conducted in the classroom. This design was chosen to best access a large number of potential participants and for the ease and speed of response return. The surveys addressed participants' attitudes and beliefs about cultures differing from their own. This convenience sample was accessed in classrooms at

a university in east Tennessee. The principle investigator attended five different classes to approach potential participants. This particular BSN program is two and half years long and consists of five semesters of nursing specific courses. Each class surveyed represented one of the cohorts from the first semester students to the final semester students preparing for graduation.

### **Setting**

The surveys were distributed in classrooms at a university in east Tennessee. Most classrooms were located within the College of Nursing, but data collection for some cohorts was conducted in other buildings on campus. Each class was a nursing course within the BSN curriculum.

### **Sample**

The sample included of 301 traditional four year, accelerated second degree, and LPN to BSN students who returned surveys. No distinction was made between these three groups because they all complete the same curriculum.

### **Instrumentation**

The survey instrument used for this research was the *Cultural Awareness Student* survey (CAS) (2003), created by Catterson, Cookston, Martinez, and Rew, at The University of Texas at Austin School of Nursing. This assessment tool consists of 36 questions addressing cultural awareness and sensitivity generated from literature review on cultural awareness and sensitivity and nursing competency. Five categories were created to address the multidimensional nature of the topic: general experiences at this university, general awareness and attitudes, nursing classes and clinical, research issues, and clinical practice. Using a 7-point Likert scale, participants were

asked to rate statements from strongly disagree to strongly agree. The authors of the *Cultural Awareness Student* survey determined the internal reliability for the total scale to be .91. Using a panel of seven individuals who the authors determined to be experts in the area of cultural competency, the content validity index was calculated at .88. (Rew, et. al., 2003). The original assessment tool was adapted for this research, including four demographic questions. The adapted assessment can be found in Appendix A.

### **Data Collection**

Following ETSU IRB approval (Appendix B) of the proposed study and the approval of the dean of the College of Nursing, the principle investigator, with the assistance of the undergraduate BSN Program Director, identified appropriate classes to be surveyed. Inclusion criteria for the study included being over the age of 18 and currently enrolled in the “on ground” BSN program at the university. The principle investigator then visited the potential participants in their classrooms and briefly explained the research. Informed consent (Appendix D) was attached to each of the surveys and participants were instructed that the completion and return of the survey indicated their consent to voluntarily participate in the study. The principle investigator explained that no instructor outside of the research team would have access to these surveys. Once surveys were completed, participants returned completed and uncompleted surveys to the principle investigator who placed them into a large envelope identified with each specific cohort that was surveyed.

### **Data Analysis**

Data from the surveys were entered into Microsoft Excel and transferred to SPSS for Windows to complete data analysis. Descriptive statistical analysis was used to determine the

frequencies and percentages of student racial/ethnic groups, gender, age group, and BSN Cohort (Table 1). Using SPSS for Windows, the data were next analyzed to determine the measures of central tendency for each question in the survey. These measures were calculated for each of the five sections of the *CAS*; general experiences at this school of nursing (questions 1-4), general awareness and attitudes (questions 5-12), nursing classes and clinical (questions 13-27), research issues (questions 28-31), and clinical practice (questions 32-36) and then further divided by scores for each cohort (Table 2). Analysis of variance (ANOVA) was used to answer the research questions, "Do *CAS* scores improve as students progress through the nursing program?" Using Tukey Kramer, a pair-wise comparison was completed among the five cohorts with an alpha coefficient of 0.05 and a confidence interval of 95% (Table 3).

## Results

Demographic data indicates a lack of diversity in the program itself. An overwhelming number of students identified themselves as Caucasian (90.7%) and a majority of students identified themselves as female (78.4%). The geographic area in which this survey was conducted is populated by mostly Caucasian residents (76%) (CensusScope (n.d.)). With these demographics, it appears that students in this program have little exposure to cultural diversity within the student body as well as in clinical practice in the community.

Table 1. Demographic Data

<b>Demographic Characteristics of Sample</b>	<b>Number of Participants</b>	<b>Percent (rounded to the nearest tenth)</b>
<b><i>Racial/Ethnic Group</i></b>		
Caucasian/White	273	90.7
African/African-American	8	2.7
Native American	1	0.3
Hispanic/Latino	1	0.3
Asian	8	2.7
Indian	0	0
Other	2 (Bi-racial and Jewish)	0.7
No answer	8	2.7
Total	301	100%
<b><i>Gender</i></b>		
Female	236	78.4
Male	58	19.3
No answer	7	2.3
Total	301	100%
<b><i>Age Group</i></b>		
18-20	68	22.6
21-30	166	55.1
31-40	41	13.6
41-50	16	5.3
51-60	2	0.7
Over 60	0	0
No Answer	8	2.7
Total	301	100%
<b><i>BSN Cohort</i></b>		
Second semester Sophomore	76	25.2
First semester Junior	38	12.6
Second semester Junior	38	12.6
First semester Senior	71	23.6
Second semester Senior	71	23.6
No Answer	7	2.3
Total	301	100%

The results were categorized by the questions on the *CAS* and compared by cohorts.

### **General Experiences at this School of Nursing**

Average scores varied across the program (Cohort 1=5.27, Cohort 2=4.72, Cohort 3=5.27, Cohort 4=5.14, Cohort 5=4.23). Some statistically significant differences were found between several of the cohorts, but statistically significant differences existed for every question in this section between Cohort 1 and Cohort 5. Students in the first semester of the nursing program had more positive responses as to whether cultural issues were explored within the program than the students preparing to graduate.

### **General Awareness and Attitudes**

This section of the *CAS* looked at individuals perceptions of multicultural issues and respondents' views of how culture affects interactions with patients. Within this section of the *CAS*, several questions revealed some differences between Cohort 1 and 2, 2 and 3, and 3 and 4; however average scores were similar across the cohorts (Cohort 1=4.34, Cohort 2=4.27, Cohort 3=4.53, Cohort 4=4.36, Cohort 5=4.41). It was expected that students in Cohort 5, who had both more exposure to cultural competency content in both the classroom and clinical setting, would have a stronger awareness compared to the other groups surveyed; however, data indicated no statistically significant difference among the cohorts.

### **Nursing Classes and Clinical**

This section was the largest in the *CAS* and some variance between the different cohorts existed (Cohort 1= 4.73, Cohort 2=4.60, Cohort 3=4.98, Cohort 4=4.92, Cohort 5=4.55). Each semester, students are exposed to cultural competency and cultural awareness content in the

classroom, furthering students' knowledge of the topic. Additionally, as students progress through this BSN program, they participate in more clinical experiences, offering them more opportunities to work with patients from different cultural and religious backgrounds than their own. The data indicates improvements from Cohort 2 to Cohort 3 and again to Cohort 4, but scores decreased with Cohort 5. Additionally, Cohort 5 had the lowest average score of any of the cohorts in this section.

### **Research Issues**

This section of the *CAS* was the only section that had no statistically significant differences between any of the cohorts. Scores were similar across the five cohorts (1=3.99, 2=4.44, 3=4.3, 4=4.48, 5=4.04). Average scores for all cohorts aligned with the response "no opinion." Students across the program seemed to have little knowledge or concern about whether faculty or students participate in research on cultural issues.

### **Clinical Practice**

The questions in this section specifically focused on working with patients in the clinical setting and accessing information on different cultures. Scores varied across the cohorts (Cohort 1=4.70, Cohort 2=5.18, Cohort 3=5.58, Cohort 4=5.36, Cohort 5=5.34), statistically significant differences were found between all the cohorts compared to Cohort 1. This can be partially attributed to students in Cohort 1 having minimal clinical experiences and many also responded with "N/A" or "no response." Scores among the remaining cohorts were similar and no statistically significant differences existed among the responses to these questions from the remaining cohorts.

Table 2. Average responses on CAS for each Cohort

**Cohort 1**

<b>Questions</b>	<b>Average</b>	<b>Standard Deviation</b>
1-4: General Experiences at this School of Nursing	5.27	0.47
5-12: General Awareness and Attitudes	4.34	0.72
13-27: Nursing Classes and Clinical	4.73	0.56
28-31: Research Issues	3.99	1.50
32-36: Clinical Practice	4.70	1.83

**Cohort 2**

<b>Questions</b>	<b>Average</b>	<b>Standard Deviation</b>
1-4: General Experiences at this School of Nursing	4.72	0.88
5-12: General Awareness and Attitudes	4.27	0.88
13-27: Nursing Classes and Clinical	4.60	0.86
28-31: Research Issues	4.44	0.86
32-36: Clinical Practice	5.18	0.86

**Cohort 3**

<b>Questions</b>	<b>Average</b>	<b>Standard Deviation</b>
1-4: General Experiences at this School of Nursing	5.27	0.50
5-12: General Awareness and Attitudes	4.53	0.60
13-27: Nursing Classes and Clinical	4.98	0.54
28-31: Research Issues	4.30	1.44
32-36: Clinical Practice	5.58	0.47

**Cohort 4**

<b>Questions</b>	<b>Average</b>	<b>Standard Deviation</b>
1-4: General Experiences at this School of Nursing	5.14	0.75
5-12: General Awareness and Attitudes	4.36	0.68
13-27: Nursing Classes and Clinical	4.92	0.59
28-31: Research Issues	4.48	1.66
32-36: Clinical Practice	5.36	0.71

**Cohort 5**

<b>Questions</b>	<b>Average</b>	<b>Standard Deviation</b>
1-4: General Experiences at this School of Nursing	4.23	0.70
5-12: General Awareness and Attitudes	4.41	0.67
13-27: Nursing Classes and Clinical	4.55	0.62
28-31: Research Issues	4.04	1.47
32-36: Clinical Practice	5.34	0.70

Table 3. Tukey Kramer analysis revealing statistically significant differences in the responses between the different cohorts. P-value is <0.05 for the following results.

### **General Experiences at this School of Nursing (Questions 1-4)**

<b>Question</b>	<b>Cohorts with significant differences</b>
1	1-5, 3-5, 4-5, 2-5
2	4-5, 3-5, 1-5
3	2-5, 1-5
4	3-5, 1-5, 4-5

How to interpret Tukey-Kramer analysis: In Question 1: The mean score for Cohort 1 was significantly different from the mean score of Cohort 5. The mean score for Cohort 3 was significantly different from the mean score of Cohort 5. The mean score for Cohort 4 was significantly different from the mean score of Cohort 5. Likewise, the mean score for Cohort 2 was significantly different from the mean score of Cohort 5.

### **General Awareness and Attitudes (Questions 5-12)**

<b>Question</b>	<b>Cohorts with significant differences</b>
6	3-2, 1-2
10	3-4

**Nursing Classes and Clinical (Questions 13-27)**

<b>Question</b>	<b>Cohorts with significant differences</b>
13	4-5, 4-1, 4-3, 4-2
14	3-5, 1-5
16	4-1, 4-3, 5-1, 5-3
18	1-5
19	4-5, 1-5
21	1-5, 3-5, 4-5
22	5-3
24	3-5, 3-2, 3-1, 4-2, 4-1, 5-1
25	3-5, 1-5
26	3-2, 1-2
27	3-1, 3-5, 4-5

**Research Issues (Questions 28-31)**

No statistically significant differences were found between any of the cohorts for any of the questions in this category.

**Clinical Practice (Questions 32-36)**

Question	Cohorts with significant differences
32	3-1, 4-1, 5-1
33	3-1, 5-1
35	3-5, 3-1, 4-1
36	1-5

**Discussion**

This study identified whether cultural awareness and competency scores improved as students progressed through the BSN program. By identifying the mean scores for each category of the *CAS* and comparing them between cohorts, inferences can be made as to whether comprehension improved as students received more exposure to the subject matter. Variation was found between all of the cohorts, but the groups of particular interest to examine are Cohort 1, consisting of students in their first semester of the program, and Cohort 5, consisting of students preparing to graduate from the program. Because students in Cohort 5 have had the most exposure to the subject matter, it was assumed that their scores would be higher than students who were in their first semester and had little exposure to the topic. However, data indicated in the “general experiences at this school of nursing” and the “nursing classes and clinical” categories, that Cohort 5 scored lower than Cohort 1. This is a concerning finding as the “nursing classes and clinical category” asked questions aimed at identifying if experiences in the classroom and nursing clinical helped students feel more comfortable working with patients from different cultural backgrounds than their own. Students who had the most exposure both

academically and clinically should have the highest score; however, they scored the lowest of all the cohorts surveyed. No differences were found among any of the cohorts for the “research issues” category. This finding can be attributed to several factors including but not limited to students’ lack of interest in nursing research, the college’s lack of promotion of research symposiums, or simply a lack of research on the topic. The overwhelming response of “no opinion” was surprising as this research study in which the students were participating was focused on cultural issues. Additionally, Cohort 5 did not have any significant differences in scores compared to Cohorts 2, 3, and 4. This finding raises concerns as these students are preparing to become registered nurses at the conclusion of this semester. The lack of improved scores with progression through the program raises the question whether the current cultural competency education within this nursing program is effective. This is concerning, because students who should have had exposure to the topic each semester should feel more aware of and confident with multicultural issues.

### **Limitations**

Several limitations have been identified in this study. This study used a convenience sample rather than a randomized sample. The sample came from only one college of nursing, so the results cannot be generalized to other colleges of nursing. Response bias is likely, because this study used a self-report tool, giving respondents the opportunity to give socially acceptable responses, thereby manipulating the scores through their responses. There are several variables that could influence participants’ cultural awareness and sensitivity that this study did not address. Factors such as exposure to individuals from other cultures or living and studying abroad were not controlled. One of the main goals of this research was to identify if students’ CAS scores improved as they progressed through the program, indicating that cultural

competence and confidence improved by the completion of the BSN program. Although, the data indicated statistically significant scores for many of the items between the different cohorts, differences can be attributed to several factors. A more accurate way to assess for this improvement would be to survey a set of students at the beginning of the program and to continually survey this same group of participants as they progress through the program. In the future a more extensive and detailed research study that tracks one group of students through the BSN program is recommended.

### **Implications for Nursing Education and Research**

The importance of cultural competency education has been established and is required in accredited collegiate nursing programs. Instructors incorporate the material into their classrooms, but little regulation determines what should be taught, when it should be taught, how it should be taught, and how long instructors should focus on the topic. To ensure that cultural competency education is effective, an internal review by the faculty of the institution is suggested. Faculty should meet and establish a detailed curriculum for the topic that addresses not only the extent and detail of the topic, but also the most beneficial methods to instruct particular students. By creating a more focused and detailed curriculum, instructors would have more direction about how to teach the topic as well as established standards, ensuring students receive adequate and effective education. This small pilot study can be easily repeated in BSN programs all over the country to provide faculty insight to their students' attitudes and perceptions on the topic of cultural awareness and competency.

### **Conclusion**

The results of this study indicated that students' scores in certain areas of the *CAS* tool did not improve as they progressed through the program as expected. This finding raises concerns, especially for faculty, as to whether students are continuing to learn the subject matter as they progress through the program. More complex studies that include data on learning styles and BSN curricula (traditional, accelerated, LPN-BSN) should be conducted. This study should prompt faculty to reflect on the content and methods of teaching on the topic of cultural competency and assess if improvements can be made to provide better education throughout the span of the program.

## References

- Campinha-Bacote, J. (2003) *The Process of Cultural Competency in the Delivery of Healthcare Services: A Culturally Competent Model of Care*. OH: Transcultural C.A.R.E. Associates Press.
- Catterson, S., Cookson, J., Martinez, S., & Rew, L. (2003). Cultural Awareness Student Survey. The University of Texas at Austin School of Nursing.
- Census Scope. (n.d.). Trends and statistic for the new census release. Retrieved April 9<sup>th</sup>, 2013 from <http://censuscope.org/2010Census/states.php?state=TN&name=Tennessee>.
- Center for Immigration Studies. (n.d.). Retrieved February 4<sup>th</sup>, 2013 from <http://cis.org/>.
- Kardong-Edgren, S., & Campinha-Bacote, J. (2008) Cultural competency of graduating US Bachelor of Science nursing student. *Contemporary Nurse*, 28, 37-44.
- Krainovich-Miller, B., Yost, J.M., Norman, R.G., Auerhahn, C., Dobal, M., Rosedale, M., Lowry, M., & Moffa, C. (2008). Measuring Cultural Awareness of Nursing Students: A First Step Toward Cultural Competency. *Journal of Transcultural Nursing*, 19(3), 250-258.
- Lipson, J., & DeSantis, L. (2007). Current approaches to integrating elements of cultural competence in nursing education. *Journal of Transcultural Nursing*, 18, 10-20.
- Long, T.B. (2012). Overview of Teaching Strategies for Cultural Competence in Nursing

Students. *Journal of Cultural Diversity*, 19(3), 102-108.

Maltby, H.J. (2008). A reflection on culture over time by Baccalaureate nursing students.

*Contemporary Nurse*. 28, 111-118.

Rew, L., Becker, H., Cookston, J., Khosropour, S. & Martinez, S. (2003) Measuring Cultural

Awareness in Nursing Students. *Journal of Nursing Education*. 42(6), 249-257.

Rutledge, C.M., Barham, P., Wiles, L., & Benjamin, R.S. (2008) Integrative simulation: A novel

approach to educating culturally competent nurses. *Contemporary Nurse*. 28, 119-128.

## Appendix A

### CAS Instrument

#### Cultural Awareness Student Survey

Please circle one choice in the following questions:

With what racial/ethnic group do you identify?

1. Caucasian/White
  2. African/African-American
  3. Native American
  4. Hispanic/Latino
  5. Asian
  6. Indian
  7. Other: Specify
- 

What is your gender?

1. Female
2. Male

In what age group do you belong?

1. 18 years to 20 years
2. 21 year to 30 years
3. 31 years to 40 years
4. 41 years to 50 years
5. 51 years to 60 years
6. Over 60 years

In what BSN cohort do you belong?

1. Sophomore year second semester (Health assessment, Pathophysiology, etc.)
2. Junior year first semester (Foundations, Theory and Research, etc.)
3. Junior year second semester (OB, Peds, Psych)
4. Senior year first semester (Care of the Adult, Care of the Older Adult, Populations I)
5. Senior year second semester (Transition to Professional Practice, Populations II, Senior Practicum)



12. I typically feel somewhat uncomfortable when I am in the company of people from cultural or ethnic backgrounds different from my own.

N/A	1	2	3	4	5	6	7
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**Nursing Classes and Clinical**

13. I have noticed that the instructors at this nursing school call on students from minority or cultural groups when issues related to their group come up in class.

N/A	1	2	3	4	5	6	7
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14. During group discussion or exercises, I have noticed the nursing instructors make efforts to ensure that no student is excluded.

N/A	1	2	3	4	5	6	7
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15. I think that students’ cultural values influence their classroom behaviors (for example, asking questions, participation in groups, or offering comments).

N/A	1	2	3	4	5	6	7
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16. In my nursing classes, my instructors have engaged in behaviors that may have made students from certain cultural backgrounds feel excluded.

N/A	1	2	3	4	5	6	7
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17. I think it is the nursing instructor’s responsibility to accommodate the diverse learning need of students.

N/A	1	2	3	4	5	6	7
-----	---	---	---	---	---	---	---

18. My instructors at this nursing school seem comfortable discussing cultural issues in the classroom.

N/A	1	2	3	4	5	6	7
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19. My nursing instructors seem interested in learning how their classroom behaviors may discourage students from certain cultural or ethnic groups.

N/A	1	2	3	4	5	6	7
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20. I think the cultural values of the nursing instructors influence their behaviors in the clinical setting.

N/A	1	2	3	4	5	6	7
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21. I believe the classroom experiences at this nursing school help our students become more comfortable interacting with people from different cultures.

N/A	1	2	3	4	5	6	7
-----	---	---	---	---	---	---	---

- 22. I believe that some aspects of the classroom environment at this nursing school may alienate students from some cultural backgrounds.
- 23. I feel comfortable discussing cultural issues in the classroom.
- 24. My clinical courses at this nursing school have helped me become more comfortable interacting with people from different cultures.
- 25. I feel that this nursing school’s instructors respect differences in individuals from diverse cultural backgrounds.
- 26. The instructors at this nursing school model behaviors that are sensitive to multicultural issues.
- 27. The instructors at this nursing school use examples and/or case studies that incorporate information from various cultural and ethnic groups.

N/A	1	2	3	4	5	6	7
N/A	1	2	3	4	5	6	7
N/A	1	2	3	4	5	6	7
N/A	1	2	3	4	5	6	7
N/A	1	2	3	4	5	6	7
N/A	1	2	3	4	5	6	7

**Research Issues**

- 28. The faculty at this school of nursing conducts research that considers multicultural aspects of health-related issues.
- 29. The students at this school of nursing have completed theses and dissertation studies that considered cultural differences related to health issues.
- 30. The researchers at this school of nursing consider relevance of data collection measures for the cultural groups they are studying.
- 31. The researchers at this school of nursing consider cultural issues when interpreting findings in their studies.

N/A	1	2	3	4	5	6	7
N/A	1	2	3	4	5	6	7
N/A	1	2	3	4	5	6	7
N/A	1	2	3	4	5	6	7

**Clinical Practice**

- 32. I respect the decision of my patients when they are influenced by their culture, even if I disagree.
- 33. If I need more information about a patient’s culture, I would use resources available on site (for example, books, videos, etc.)
- 34. If I need more information about a patient’s culture, I would feel comfortable asking people I work with.
- 35. If I need more information about a patient’s culture, I would feel comfortable asking the patient or family member.
- 36. I feel somewhat uncomfortable working with the families of patients from cultural backgrounds different than my own.

N/A	1	2	3	4	5	6	7
N/A	1	2	3	4	5	6	7
N/A	1	2	3	4	5	6	7
N/A	1	2	3	4	5	6	7
N/A	1	2	3	4	5	6	7

Thank you for completing this survey.

## Running Head: Perceptions of Cultural Competency Among Nursing Students

### Appendix B

### IRB Approval

East Tennessee State University Office for the Protection of Human Research Subjects Box 70565 □ Johnson City, Tennessee 37614-1707 Phone: (423) 439-6053 Fax: (423) 439-6060

*Accredited Since December 2005*

#### **IRB APPROVAL – Initial Exempt**

February 19, 2013

Caitlin Malcolm

RE: Perceptions of Cultural Competency Among Nursing Students

IRB#: 0213.13

ORSPA#: ,

On **February 19, 2013**, an exempt approval was granted in accordance with 45 CFR 46.101(b)(2). It is understood this project will be conducted in full accordance with all applicable sections of the IRB Policies. No continuing review is required. The exempt approval will be reported to the convened board on the next agenda.

• New protocol submission form, Cultural Awareness Student Survey, ICD (no date), CV, References

#### **Projects involving Mountain States Health Alliance must also be approved by MSHA following IRB approval prior to initiating the study.**

Unanticipated Problems Involving Risks to Subjects or Others must be reported to the IRB (and VA R&D if applicable) within 10 working days.

Proposed changes in approved research cannot be initiated without IRB review and approval. The only exception to this rule is that a change can be made prior to IRB approval when necessary to eliminate apparent immediate hazards to the research subjects [21 CFR 56.108 (a)(4)]. In such a case, the IRB must be promptly informed of the change following its implementation (within 10 working days) on Form 109 ([www.etsu.edu/irb](http://www.etsu.edu/irb)).

The IRB will review the change to determine that it is consistent with ensuring the subject's continued welfare.

Sincerely,

George Youngberg, M.D., Chair

ETSU/VA Medical IRB

Appendix C

Consent to use CAS

Lynn Rew <ellerew@mail.utexas.edu>

Feb  
4

to me

No fee, but I would like a copy of your results. Best wishes.

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On Mon, Feb 4, 2013 at 2:50 PM, Caitlin Malcolm <[malcolmc@goldmail.etsu.edu](mailto:malcolmc@goldmail.etsu.edu)> wrote:  
Good afternoon Ms. Rew,

My name is Caitlin Malcolm and I am a senior in the BSN program at East Tennessee State University. I am participating in an honors program that requires me to complete a research project. I am interested in exploring nursing students attitudes towards cultural competency. I feel my program does not provide adequate education in this area and am interested to see if fellow students think there is even a need for this education. During my literature review I came across your article "Measuring Cultural Awareness in Nursing Students," and I was interested in using the same Cultural Awareness Scale tool for my quantitative research. I am writing to you to ask exactly what the process would be to acquire this assessment tool for research purposes and if there is any fee or additional expenses that would be associated. Thank you for your time and consideration.

Sincerely,

Caitlin Malcolm

--

Lynn Rew, EdD, RN, AHN-BC, FAAN  
Denton & Louise Cooley and Family Centennial Professor in Nursing  
The University of Texas at Austin School of Nursing  
1700 Red River  
Austin, TX 78701  
Phone: [512-471-7941](tel:512-471-7941)

 **Cultural-2.awarenessScale .doc**  
101K [View](#) [Download](#)

Appendix D

Informed Consent

02/12/2013

Dear Colleague,

My name is Caitlin Malcolm and I am a senior nursing student in the Honors-in-Discipline at East Tennessee State University. I am conducting a research project titled "Perceptions of Cultural Competency Among Nursing Students."

The purpose of this study will be to assess ETSU's BSN student's perceptions of cultural competency. Cultural competency is a requirement of nursing curriculum as outlined by the collegiate accrediting agencies, but effectiveness of education is debated. I would like to distribute a brief survey that will take about fifteen minutes to complete. You will be asked to read statements addressing issues in cultural competence and then rank them from strongly disagree to strongly agree. By assessing the student's perceptions of cultural competency, this study could demonstrate if teaching methods utilized by the ETSU College of Nursing have left students feeling confident and prepared in the subject matter. The results of this study could be used to make improvements to the current cultural competency education provided in the BSN program and create better prepared and culturally sensitive practicing nurses.

This survey will be completely confidential. Choosing to participate or to not participate will have no effect on your grades or standing in the College of Nursing. Your name and identifying information will appear nowhere on the survey, furthermore no professor outside of the research team will have access to the survey. Confidentiality will be maintained, however the Secretary of the Department of Health and Human Services, the ETSU IRB, and study personnel (Caitlin Malcolm, Pearl Ume-Nwagbo, and Rafie Khoygani) will have access to your records.

Participation in this research study is voluntary. You may choose not to participate and can quit at any time. If you quit or choose not to participate, the benefits to which you are otherwise entitled will not be affected. You may quit by not completing the written survey or leaving the survey blank. You will be told immediately if any of the results of the study would be expected to make you change your mind about staying in the study. The research staff will not contact you after you have declined to participate.

If you have any questions, concerns, or problems related to the research study at any time you may contact Caitlin Malcolm at (630) 606-5119 or the faculty advisor, Dr. Pearl Ume-Nwagbo (423) 434-0290. You may also contact the Chairman of the Institutional Review Board at (423) 439-6054 if you have any questions about your rights as a participant in this study. If you have any further questions or concerns about this study and would like to talk to someone not directly involved with the research team or you cannot reach the listed contact persons you may call an IRB Coordinator at (423) 439-6055 or (423) 439-6002.

Sincerely,

Caitlin Malcolm

## Appendix E

## Resume

**Caitlin N Malcolm**

516 C Pilgrim Court  
Johnson City, TN 37601

(630) 606-5119  
[cmalco13@gmail.com](mailto:cmalco13@gmail.com)

**EDUCATION**

**East Tennessee State University, Johnson City** May 2013  
*Bachelor of Science in Nursing*  
Overall GPA 3.78/4.0 Nursing GPA 3.79/4.0

**The University of Tennessee, Knoxville** May 2009  
*Bachelor of Arts in Anthropology*  
Overall GPA 3.79/4.0 graduated Magna Cum Laude

**CERTIFICATIONS**

Basic Life Support November 2012-November 2013  
Advanced Cardiac Life Support April 2013- April 2015

**PROFESSIONAL AFFILIATIONS & PUBLICATIONS**

**Sigma Theta Tau International** October 2012  
*International Nursing Honors Society*

**Co-Author** May 2012  
Documentation and interventions in the problem of caregiver burden.  
Caitlin Malcolm, L Lee Glenn. Letter to the Editor published in *European Journal of Cardiovascular Nursing*.

**CLINICAL EXPERIENCE & EDUCATION**

**Nurse Intern 1** March 2012-Present  
*Johnson City Medical Center*  
Provide direct patient care on a medical surgical floor. Assist in monitoring patient condition and reporting to nurse. Duties included collecting patient's vital signs, assisting in feeding, bathing, and ambulation.

**Nursing Senior Practicum** Spring 2013  
*Bristol Regional Medical Center, Surgical Intensive Care Unit*  
Completed 180 clinical hours in the SICU at a Level 2 Trauma hospital in Bristol, TN. Responsible for patient assessment, medication administration, performing ADL's, and monitoring patients for post-surgical complications. Gained experience working with Vasopressor and cardiac IV drips, including titration. Gained experience working with patients receiving mechanical ventilation via endotracheal tube or tracheotomy. Learned how to operate and interpret critical care monitors and pumps including cardiac monitors, PCA pumps, sedative drips, and continuous pressure monitoring devices. Worked shifts in medical ICU and cardiovascular ICU as part of clinical experience.

**Cardiac Dysrhythmia Course** March 2013  
*Mountain States Health Alliance*  
Elective course focused on measuring telemetry strips and identifying cardiac rhythms.

**Cardiovascular Medication Course** February 2013*Mountain States Health Alliance*

Elective course focused on common cardiovascular medication and IV drips. Knowledge gained included interoperating IV drop protocol and specific drugs used in cardiac emergencies.

**12 Lead EKG Interpretation** January 2013*Mountain States Health Alliance*

Elective educational course focused on reading and interoperating the 12 lead EKG. Skills gained included identifying left and right bundle branch blockages and identifying the source of MI in a patient.

**Care of the Older Adult Clinical** Fall 2012*Mountain Home Veterans Administration Long Term Care Facility*

Provided direct nursing care such as medication administration, PICC line flushes, blood glucose monitoring, documentation, order entry, and assisted in activities of daily living such as bathing, feeding, and ambulation.

**Care of the Adult Clinical** Fall 2012*Johnson City Medical Center*

Provided direct nursing care to patients on many different units in the hospital including: Cardiovascular ICU, Neurological ICU, Medical surgical ICU, cardiovascular progressive care unit, cardiac cathertization lab, endoscopy, and the emergency room. Skills practiced include medication administration orally, intravenously, via PICC line, nasogastric tube, and PEG tube. Insertion of IV's, Foley catheters, and nasogastric tubes. Patient assessment and documentation. Practiced work with advance cardiac monitoring and basic interpretation of telemetry.

**Obstetrics Clinical** Spring 2012*Johnson City Medical Center*

Provided direct nursing care to labor and delivery and post-partum patients. Skills included patient assessment, documentation, and observation of fetal monitors.

**Pediatric Clinical** Spring 2012*Johnson City Medical Center*

Provided direct nursing care to pediatric patients in children's hospital and pediatric intensive care unit. Skills included medication administration, documentation, lab specimen collection, and patient and family education.

**Psychiatric Clinical** Spring 2012*Woodridge Hospital*

Provided direct nursing care to psychiatric patients. Skills included patient assessment, documentation, and therapeutic observation.

**Medical-Surgical Clinical** Fall 2011*Johnson City Medical Center*

Provided direct nursing care on trauma floor. Skills included medication administration, documentation, patient assessment, and patient care such as feeding, bathing, and ambulation.



