

Faculty Perceptions of Teaching Cultural Competence in Nursing

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Introduction

In recognition of the impact of cultural diversity on health outcomes, in 2008 the National League for Nursing (NLN) implemented specific initiatives “*The Power of Diversity: Embracing Differences in Heritage and Thought*” and in 2016 called for action in “*Creating Inclusive Academic Environments*” for building a strong and diverse nursing workforce to advance nursing care.

Given that nursing faculty are not aware of their own culture and not sensitive to others’ cultures, do not feel comfortable addressing diversity, or are not sure what or how they should strategically teach, it is no doubt that faculty will face challenges teaching students in a culturally competent manner.

The purpose of this mixed methods study was to explore nursing faculty cultural competence and understand their perspectives of teaching culturally competent care to students. The research questions were: (1) What is the status of nursing faculty cultural competence? (2) What are the perspectives and lived experience of teaching cultural competence among nursing faculty?

Discussions

Faculty participants viewed themselves as being culturally competent. The faculty possessed a strong cultural desire that inspired and motivated them to engage in and be willing to practice on a daily basis.

Faculty perceived that teaching cultural communications conveys respect and demonstrates familiarity with cultural contexts relevant to students by asking appropriate questions of students. Culturally relevant pedagogy should offer students an opportunity to practice substantive, cross-cultural dialogue in the classroom (Murray-Garcia, Harrell, Garcia, Gizzi, & Simms-Mackey, 2014).

Faculty perceived a dearth of diversity in students, faculty, and their community for providing resources and examples to motivate and immerse students’ learning of cultural competence.

Identifying students’ strengths and weaknesses in performing culturally competent care is an essential step to provide nursing faculty insight into the needs to teach cultural competence within the full range of nursing programs.

Methods

This mixed methods study used a convergent concurrent design and was conducted to gather the triangulation of data of faculty cultural competence in teaching. A convenience sample of all 14 eligible nursing faculty from a university offering an ASN was recruited for participation.

The 25-item IAPCC-R[®] tool developed in 2007 by Campinha-Bacote based on *the Process of Cultural Competence in the Delivery of Healthcare Services Model* was used to collect the data of the level of faculty cultural competence, including the five subscales of cultural awareness, cultural desire, cultural knowledge, cultural skill, and cultural encounters.

Semi-structured interviews were implemented to collect narrative data of faculty perspectives and experience in teaching nursing student cultural competence. After receiving the signed consent forms from 7 out of the 14 faculty, an individual audiotaped interview began in a private office to facilitate a productive interview.

Limitations

Self-reported faculty cultural competence from a specific department of nursing and the size of the sample might limit the generalizability of the quantitative results.

The other limitation of this study is the data collected are based solely on faculty’ self-report of their perceptions and experience in teaching; their voluntary participation in this study may have an impact on their self-evaluation of cultural competence.

References

- Campinha-Bacote, J. (2007). *The process of cultural competence in the delivery of healthcare services: The journey continues* (5th ed.). Cincinnati, OH: Transcultural C. A. R. E. Associates.
- Murray-García, J. L., Harrell, S., García, J. A., Gizzi, E., & Simms-Mackey, P. (2014). Dialogue as skill: Training a health professions workforce that can talk about race and racism. *American Journal of Orthopsychiatry*, 84(5), 590-596.

Results

The 13 faculty who completed the IAPCC-R survey had an average age of 54 ranging from 33 to 68 and consisted of 10 (76.9%) females and 3 (23.1%) males. The majority of the participants were White, non-Hispanic ($n = 12$, 92.3%), and currently had a clinical job ($n = 6$, 46.2%).

The level of cultural competence among the participants measured by the IAPCC-R was 75.38 ($SD = 8.55$), indicating faculty were culturally competent. The lowest average score of the subscale was cultural knowledge ($M = 2.62$, $SD = .45$), followed by cultural skill ($M = 2.82$, $SD = .51$), cultural encounters ($M = 2.89$, $SD = .42$), cultural awareness ($M = 3.18$, $SD = .62$) and cultural desire ($M = 3.57$, $SD = .34$).

Regarding faculty perceptions of teaching student cultural competence, five themes were developed including student communication skills, student cultural skills, engaged-learning, and activities for practice.

Recommendations and Implications

It is suggested that educational interventions to facilitate the development of student cultural competence should engage students in caring for patients from diverse cultures and immerse students in lived experiences to increase cultural knowledge.

The study results may be beneficial to nursing programs with similar backgrounds to understand what faculty perceive as supports and barriers in teaching cultural competence.

Given the need of augmenting culturally competent care in clinical practice, collaboration among nursing faculty to share resources might be an effective way to advance students’ abilities to work effectively within the cultural context of the patient.