Experiential Learning to Teach Cultural Competence in Nursing

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Purpose: The purpose of this evidence-based practice project is to design a plan to implement experiential learning activities to improve cultural competence in undergraduate nursing students. Cultural competence of healthcare professionals, defined as their ability to function effectively within a variety of cultural situations, has been identified as a key factor in improving communication with patients, increasing patient adherence to treatment, and potentially reducing health disparities. However, despite the widespread recognition of the importance of cultural competence, curricular strategies to teach this skill have yielded mixed results. Among the wide range of teaching strategies used, experiential learning activities such as service-learning, cultural immersion, and simulation show promise as teaching strategies to improve cultural competence.

Methods: A focused search of the literature was performed using CINAHL. Search terms included “cultural competence” or “cultural humility” and “nursing” or “nursing education.” The search was limited to peer-reviewed full-text journal articles in English published since 2012. Concept analyses and descriptive qualitative studies were excluded. Reference lists and related articles were also reviewed to find more qualifying studies.

The target population for implementation consists of prelicensure nursing students at a university-affiliated baccalaureate nursing program in a large diverse metropolitan area in the southern United States. Two simulations focused on cultural competence, including debriefing guides, were developed for integration into the curriculum. The Advancing Research and Clinical Practice through Close Collaboration in Education (ARCC-E) model was chosen to guide project implementation.

Results: Twelve of the articles reviewed were included in the literature review. Four were systematic or integrative reviews, six were quasi-experimental studies, one was a longitudinal cohort study, and one was a cross-sectional study. Out of the included studies, five showed statistically significant improvements in cultural competence after experiential learning; another four displayed general, non-statistically significant improvements in cultural competence after such interventions. Several systematic reviews demonstrate that simulation may be an effective strategy to increase cultural competence, awareness, communication, and empathy. Debriefing was an important part of all simulation experiences and many of the cultural immersion and service-learning experiences.

Based on the literature, the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals, Student Version (IAPCC-SV) was chosen to measure cultural competence in the target population. The IAPCC-SV will be administered at the beginning and end of a semester and the results analyzed with a paired sample t-test. Student and faculty feedback regarding the simulations will also be collected in a survey to support future improvements.
Conclusion: Overall, evidence supports the effectiveness of experiential learning strategies in teaching cultural competence. Based on this evidence, nurse educators should make efforts to include cross-cultural experiential learning, including service-learning, cultural immersion, and simulation, into the undergraduate curriculum. Educators must also provide opportunity for debriefing and reflection after these experiences, as much of students’ learning occurs during such times.

Title:
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Keywords:
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Abstract Summary:
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References:


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Author Summary: Anita Schulte recently completed her MSN in Nursing Education at University of Houston, where she also worked as the graduate teaching assistant in UH’s state-of-the-art simulation lab. Her clinical experience is in progressive care, burns, and general surgery, and she has clinical interests in hospice and palliative care. She has lived and worked in both the United States and the Middle East, and loves to bring together people of different cultures.