Alternative Clinical Experiences to Promote Cultural Competence in FNP Students

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Review of Literature

• Cultural competent care as a requirement (AACN, 2011; ANA 1991; The Joint Commission, 2010)

• Practicing RNs report cultural competence knowledge, but are often unable to incorporate this information into practice (Cioffi, 2006; Edmonds & Richards, 2014; Richardson et al., 2009; Starr & Wallace, 2009)

• Higher levels of education correlate with increased cultural competence (Mareno & Hart, 2014; Schim et al., 2005, 2006; Starr & Wallace, 2009)

• Cultural training increases levels of cultural competence (Brathwaite, 2005; Brathwaite & Majumdar, 2006)

• Immersion with vulnerable groups improves cultural competency (Campbell-Heider et al., 2006)
Purpose of the Study

The purpose of this study is to determine the effects of participating in seminars and alternative cultural experiences on nurse practitioner student levels and perceptions of cultural competence.

This builds on previous a qualitative study conducted by Drs. Edmonds and Richards regarding cultural competence development in practicing RNs.
Research Questions

• Does participating in alternative seminars and clinical experiences focused on cultural awareness, knowledge, skill, and exposure increase FNP student’s levels of cultural competence?

• How do FNP students integrate culturally competent practice as a consequence of participating in alternative seminars and clinical experiences focused on culturally competent care?

• What are the perceived benefits of FNP students participating in alternative seminars and clinical experiences focused on culturally competent care?
Method

• Mixed-method Scholarship of Teaching and Learning (SoTL) project
  • Pre-test/Post-test design using Campinha-Bacote’s Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Revised (IAPCC-R©)
  • Focus Group Interview
• IRB obtained from University
  • Students used a pseudonym on pre-test/post-test IAPCC-R ©
• Inclusion criteria: RN enrolled in NUR 501 for Fall 2015 who volunteer for an alternative clinical experience with culturally diverse populations and 9 hours of additional seminars.
Method

• Volunteers from family nurse practitioner physical assessment course
  • N=7
• Participated in clinical rotations in which clients would be culturally diverse: free/low income, specific ethnicities, walk-in care
  • Encounters
• Attended 3 workshops focused on developing cultural skills
  • Knowledge & Skills

www.transculturalcare.net/Cultural_Competence_Model.htm

• **Awareness**
  - Self-examining one’s own biases toward other cultures; exploration of one’s own cultural and professional background; being aware of racism and other “isms” in healthcare delivery

• **Skill**
  - Conducting a cultural assessment of relevant cultural data; conducting a culturally-based physical assessment

• **Knowledge**
  - Seeking and obtaining a sound educational base on culturally diverse groups

• **Encounter**
  - Encouragement of engaging face-to-face encounters with clients from culturally-diverse backgrounds to modify existing beliefs and prevent possible stereotyping
  - Pivotal construct that provides energy source and foundation for one’s journey toward cultural competence

• **Desire**
  - Motivation to “want to” engage in the process of cultural competence rather than “have to”
Level of Cultural Competence

- IAPPC-R ©
  - 25-item Likert scale
  - Cultural Incompetence
  - Cultural Awareness
  - Cultural Competence
  - Cultural Proficient

- Results:
  - Pretest: $M=67.143$ (Cultural Awareness) – all participants
  - Posttest: $M=80.857$ (Cultural Competence) – all participants
Focus Group Themes

• Recognizing Culture and Cultural Competence: Knowing Thyself, Developing Tolerance, Encompassing All of Life

• Negotiating Cultural Competence: Overcoming Barriers to Achieve Benefits

• Moving Toward Cultural Competence: Developing, Practicing, Engaging
Recognizing Culture and Cultural Competence: Knowing Thyself, Developing Tolerance, Encompassing All of Life

- Cultural competence as awareness of differences and accepting “being OK with it” and “looking beyond”
- Accept differences & respect viewpoints
- Competence does not imply expertise, but having knowledge that differences exist; “cannot know it all”
- Acknowledging that other providers are less culturally aware
- Culture is all encompassing; a way of life that touches everything
Negotiating Cultural Competence: Overcoming Barriers to Achieve Benefits

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>Language*</td>
<td>Better patient outcomes</td>
</tr>
<tr>
<td>Lack of knowledge</td>
<td>Patient satisfaction</td>
</tr>
<tr>
<td>Family/Low socioeconomic status</td>
<td>Nursing care was facilitated; “easier”</td>
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<td>Specific requests for like-genders to provide care</td>
<td>Increased patient understanding of their condition (Health Literacy)</td>
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<td>Lack of time</td>
<td>Hospital may benefit financially</td>
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<tr>
<td>Practitioner</td>
<td>Society</td>
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Moving Toward Cultural Competence: Developing, Practicing, Engaging

• Cultural competence is at the core of nursing knowledge

  • Identified culture beyond ethnicity & included workplace culture
  • Nursing required respect & empathy for all persons
  • If nursing care is considered “good”, it must be culturally competent
  • Internal conflict for RNs when culturally competent care is not provided
Moving Toward Cultural Competence: Developing, Practicing, Engaging

- Patient safety depends on cultural competence of practitioner
  - Plan of care must align with culture of client
  - Plan of care needs to adapt to client needs
  - Takes time/effort on the part of the nurse to accommodate a client’s culture
Moving Toward Cultural Competence: Developing, Practicing, **Engaging**

- Providing culturally appropriate resources
  - Awareness of community resources
  - Assist with access to healthcare
  - Engage with client and others within community
  - Vital to establishing trust/rapport in nurse-client relationship
Implications for Nursing

**Nursing Education**
- Facilitate opportunities for students to examine their own cultural beliefs and values
- Include encounters with vulnerable patient populations through clinical learning experiences
- Formal education within curricula to apply theory to practice

**Nursing Practice**
- Mandatory formal education and continuing educational opportunities for nurses on the topic of cultural competence are needed
- Multiple encounters with diverse patient populations are needed to promote confidence and competence
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Thank You!