Predictors of Cultural Competence Among Registered Nurses in the New York Metropolitan and Suburban Workplace

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Abstract

This study examined cultural competence attitudes of registered nurses who graduated from associate degree-granting nursing programs; there were156 participants and they were enrolled in registered nurse pathway bachelor degree programs at the time of this study. There were three major variables measured: development of cultural competence, institutional learning experiences in culture care, and cultural competent care at workplace. This article focuses on one of the research question, predictors of cultural competence from the classroom to the workplace.

Conceptual Rationale

This study was guided by the theoretical underpinnings of these theorists: Leininger (1990 1995), Banks (2001), Campinha-Bacote (2003, 2007), and Leininger (1990, 1995). They affirmed that it was essential to understand the cultural backgrounds of clients so that one may better meet their health needs. Leininger, believed that culture is the broadest, most comprehensive, holistic and universal feature of human beings and to provide for the health needs of clients, both care and culture need to be understood.

Methodology

Design and Setting

A 32-item Likert-Scale type survey that included an open-ended question was used to measure the development of cultural competence attitudes of the nurses. This study took place at three bachelor degree nursing programs in New York metropolitan area and its suburbs. The nurses were from diverse cultural and ethnic backgrounds.

Summary and Results

Multiple regressions were done to evaluate which variables would better predict cultural competence at the workplace; nine variables were analyzed; learning experiences of: classroom, laboratory, clinical setting, community, institutional learning experiences in culture care, development of cultural competence, age, years of experience, and number of spoken languages.

There were strong relationships between institutional learning experiences in culture care and development of cultural competence. This relationship caused collinearity; therefore, a variable called development of cultural competence and institutional learning experiences was identified; Among the variables, three predictors where shown to have significant effect size:

Development of culture competence & institutional learning experiences

(ß= .686) Strongest Predictor:

Classroom ((ß =.096)

Age (ß = 0.59)

Discussion and Implications

The strongest predictor of cultural competence in the workplace was Development of cultural competence and institutional learning experiences, and this finding is significant. Registered nurses who are culturally competent demonstrate through their nursing care that they have acquired the knowledge to address health needs of patients from diverse backgrounds.

Discussion and Implications (cont.)

This major findings is consistence with the work of researches (Giger,Davidhizar, Purnell, Harden, Phillips, &Strickland, 2007; Lieinninger,1990,1995; Banks , 2001; Compinha-Bacote, 2003,2007; Owens &Randhawa, 2004; Reeves &Fogg,2006), who noted the importance of being aware of cultural similarities and differences, as that might inform the critical decision-making required to deliver care to patients from diverse backgrounds.

Administrators in associate degree-granting nursing programs can use the findings of this study to enhance their curricula that includes, but is not limited to classroom, laboratory, and clinical experiences that might target misconceptions in nursing students. However, to maintain cultural competence among registered nurses, administrators at the workplace should also promote continuous cultural diversity professional development to remain current with best leadership practices.

References

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