Evaluating the Level of Cultural Competence in Undergraduate Nursing Students Using Standardized Patients in Simulation

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Background

Health disparities are a growing concern in the United States. In order to reduce the incidence of health disparities, it is imperative that nurses deliver culturally competent care. Leading bodies of nursing have included appropriate cultural care in their accreditation standards. Simulation is an effective teaching tool that allows students to practice nursing skills in a controlled environment.

Research Questions

1. What was the self-reported level of cultural competence in sophomore undergraduate nursing students prior to simulation with the culturally diverse SPs?
2. What was the effect of a specifically developed classroom lecture on the self-reported level of cultural competence in undergraduate students?
3. What was the effect of a specifically developed simulation with culturally diverse SPs on the self-reported level of cultural competence in undergraduate students?
4. What was the post-intervention difference in the self-reported level of cultural competence in students who received a specifically developed lecture on cultural competence and students who received both the specifically developed lecture and simulation with culturally diverse SPs on cultural competence?

Results

Question 1

- The mean for the total pretest score was 58.6 (SD ± 5.13; R = 21 – 51).
- Categorized as culturally aware on the IAPCC-SV instrument.

Question 2

- The total mean score was 66.7 (SD ± 4.27; R = 60-75).
- Categorized as culturally competent on the IAPCC-SV instrument.

Question 3

- The total mean was 65.65 (SD ± 5.80; R = 57-77).
- Categorized as culturally competent on the IAPCC-SV tool.

Question 4

- An analysis of variance (ANOVA) with repeated measures showed a statistical significance for time effect (pretest v. posttest) F (1,36) = 48.819, p <. 001 and large effect size (partial eta squared = .576).
- The interaction was not significant: F (1,36) = .077, p = .782 (see Table 6). In addition, a between-groups F test showed the group effect was not significant: F (1,36)=. 117, p = .734

Open-ended Questions

Question 1: What was your reaction to the standardized patient once you started interacting with him or her?

- Nervous, but relaxed when started asking questions.
- Became more comfortable as time went on.

Question 2: Was the experience of interacting with standardized patient in the scenario a valuable experience? If so, why? If not, why?

- Yes, very valuable.
- Helped with interacting with patients.

Question 3: How strongly would you recommend that we continue to have standardized patients in simulation?

- I loved having the standardized patients.
- I highly recommend doing it again.
- Very strongly.

Design

This mixed-methods research study used a pretest/posttest design to evaluate the level of cultural competence in undergraduate nursing students.

Methods

- A convenience, non-random sample of sophomore level undergraduate nursing students (n = 38) participated in this study.
- The IAPCC-SV tool developed by Campinha-Bacote was used for pretest and posttest in both groups. Descriptive statistics were used to analyze the mean of the control group and intervention group pretest and posttest.

Implications

- Simulation with SPs is an effective tool to bridge the gap between theory and practice.
- Specifically designed cultural competence lecture and simulation is an effective teaching tool.
- Content analysis suggests the subjects thought the simulation was beneficial and improved their communication skills.
- There was no statistical significance between the groups
  - Simulation with SPs can be cost prohibitive and logistically difficult

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