Engagement in a Cultural Competence Course and its Impact on Transcultural Competence, Transcultural Confidence, and Transcultural Knowledge

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Abstract

Problem Statement: In healthcare, practicing cultural competence is expected; however, nurses struggle to fulfill this expectation (Repo et al., 2017). Language barriers and inadequate cultural knowledge often lead to anxiety and difficulty in establishing a therapeutic nurse-patient relationship (Muzumdar, Holiday-Goodman, Black, & Powers, 2010). As a result, the quality of care provided in cross-cultural care encounters is often compromised.

Purpose: To determine the impact that participating in a culturally based nursing course has on the nursing student's perceived level of transcultural self-efficacy, transcultural confidence, and cultural knowledge.

Methods: This quality improvement project used a pretest-posttest approach to determine the impact involvement in a culturally based course had on transcultural confidence and attainment of culturally sensitive skills. The Transcultural Self-Efficacy Tool (TSET) was used to compare cultural knowledge and perceived transcultural self-efficacy both before and after participation in a culturally based course.

Analysis: Descriptive and inferential statistics were used to analyze and interpret data. Paired sample t-tests were conducted to analyze the impact engagement in a culturally based course has on transcultural self-efficacy and attainment of culturally sensitive skills.

Conclusions: This quality improvement project yielded statistically significant findings that support nursing student engagement in culturally based courses. Students who participated in a culturally based course showed statistically significant improvements in the cognitive and practical domains of transcultural self-efficacy.

Keywords: *Transcultural self-efficacy, cross-cultural encounters, cultural competence*

Engagement in a Cultural Competence Course and its impact on Transcultural Competence, Transcultural Confidence, and Transcultural Knowledge

Healthcare providers strive to provide high-quality services to all patients; however, the ability to provide high-quality patient care is complicated by several factors. Today's healthcare providers need to effectively manage the needs of high acuity patients, address health disparities, and utilize advancing technologies to support the provision of high-quality patient care. In a diversifying patient population, the need to consider one's cultural background is critical to quality, holistic, patient-centered care (Avila, Kamon, & Beatson, 2016). Practicing cultural competence assists healthcare providers in addressing disparities encountered by the cultural minority (Repo, Vahlberg, Salminen, Papadopoulos, & Leino-Kilpi, 2017).

The need to provide culturally competent patient care is supported by the American Association of Colleges of Nursing (AACN); it is also outlined in the National Standards for Culturally and Linguistically Appropriate Services (CLAS) (Avila, Kamon, & Beatson, 2016; Repo et al., 2017). These standards have been established to ensure the provision of culturally competent, high-quality patient care. Practicing cultural competence is expected; however, nurses struggle to fulfill this expectation (Repo et al., 2017). As a result, the quality of care provided to culturally diverse patients is often compromised. Providing culturally competent patient care improves patient health outcomes and patient satisfaction with care (Halm & Wilgus, 2013).

Problem Statement

Nurses cite several challenges in providing culturally competent patient care. These challenges stem from limited cultural understanding, poor perception of transcultural confidence, and communication barriers. The inability to address cultural factors in patient care leaves nurses

with feelings of poor transcultural self-efficacy, or perceived confidence in cross-cultural encounters (Mareno & Hart, 2014). In practice, nurses encounter patients from different cultural backgrounds than their own. To provide culturally competent patient care, nurses need to be prepared with cultural knowledge and culturally sensitive skills (Jeffreys & Dogan, 2012).

The American Association of Colleges of Nursing (AACN) recommends incorporating culturally based information into nursing program curriculum. Nurses must establish cultural knowledge early in their career. To support this, nursing academia needs to address culturally based content throughout nursing education (Xu, 2000). This quality improvement project was implemented at a private, non-profit School of nursing in the midwestern United States. This School of Nursing has eight campuses across the Midwestern United States. The School of Nursing does not offer a culturally based course to its baccalaureate students; instead, cultural content is threaded throughout every course in the curriculum. The lack of a course that specifically addresses both cultural factors and cultural skill acquisition is problematic. As a result, students learn cultural concepts and have limited exposure for application of learned skills and knowledge.

Purpose of Project

To address the challenges encountered by nurses in practicing cultural competence, a culturally based online course was developed and implemented for baccalaureate nursing students at the aforementioned School of Nursing. Proper education and training play a pivotal role in preparing nurses to provide culturally competent patient care. Engagement in a culturally based training course will influence cultural knowledge and understanding; it will also provide students with culturally sensitive skills. Addressing cultural concepts and communication

barriers will likely improve transcultural self-efficacy and cultural understanding (Mareno & Hart, 2014).

The course developed for this project, an eight-week online course, is divided into weekly modules. The literature supports addressing communication practices, family structure, culturally relevant health practices, and traditional health practices in culturally based courses (Jirwe et al., 2010; Mareno & Hart, 2014; Mayo et al., 2014; Taylor et al., 2013). Each module in this course focuses on one of these culturally based objectives. Communication in the Spanish language is also a major focus in the course. Students completed several assignments that intended to expand Spanish vocabulary. See Appendices D and E for course objectives and a full course outline. Interactive lectures, class discussion, and written assignments are included in this course. This course supports different teaching and learning styles. Using an online platform allows for a diverse group of students to openly interact, share cultural experiences, and learn from one another (Sarabia, Torres, Ortego, Salvadores, & Saenz, 2015).

A culturally competent nurse recognizes the need to understand other cultures, acknowledge communication barriers, and accommodate them. Culturally based training programs provide cultural insight that can positively influence the provision of patient care (Fleming, Thomas, Shaw, Burnham, & Charles, 2015). Increasing cultural understanding can help nurses establish cultural perspective. Viewing culture from different perspectives can increase the nurse's ability to predict cultural needs and behaviors before they are encountered (Gudykunst, 2005). This can enhance communication and ensure that disparities are addressed early in the provider-patient relationship (Fleming et al., 2015).

Project Question

This quality improvement project specifically addresses the following question:

Do undergraduate nursing students who participate in a culturally based course experience increased transcultural knowledge and improved transcultural self-efficacy/confidence?

Following completion of this project, the researcher addressed several factors. A review of the literature supports the premise that engagement in culturally based training programs positively impacts the practice of cultural competence (Martin, 2017). Following involvement in culturally based training programs, both nursing students and practicing nurses experienced increased cultural knowledge and improved perception of transcultural self-efficacy (Avila, Kamon & Beatson, 2014; Halm & Wilgus, 2013; Halter et al., 2015; Jeffreys & Dogan, 2014; Mayo et al., 2014; Repo et al., 2017).

Theoretical Framework

The Anxiety/Uncertainty Management Theory (AUM) (1995) was established by William Gudykunst. This theory addresses the management of anxiety and uncertainty in intercultural communication. AUM is a mid-range application theory that intends to help individuals develop "intergroup and interpersonal communication competence" (Gudykunst, 2005, p. 282). Communication competence is critical in any healthcare environment. It is especially important to consider cultural factors when participating in cross-cultural communication. Gudykunst provides insight into managing anxiety and uncertainties stemming from interaction with the "cultural stranger" (Griffin, 2011, p. 427). AUM is used as a framework to guide this quality improvement project.

Assumptions/Propositions of Anxiety/Uncertainty Management Theory

AUM addresses four concepts that are central to communication theories: "The individual, interpersonal relations, intergroup interactions, and culture" (Gudykunst, 2005, p.

283). The individual level addresses the unique perspectives a person brings to an encounter. Individual perspectives ultimately influence how communicated messages are perceived. The interpersonal component of communication addresses the sharing of dialogue between two or more individuals. Intergroup interactions reflect the way individuals communicate within a social group. Culture, the last of the concepts addressed within AUM, offers an interesting dynamic to communication. People may communicate in a similar or different manner in the presence of a culturally diverse individual (Gudykunst, 2005).

Gudykunst proposes a model that supports AUM. This conceptual model titled "A Schemic Representation of AUM Theory" identifies schema that support the many axioms identified within the AUM theory. The conceptual model demonstrates how self-concepts guide anxiety and uncertainty management (Gudykunst, 2005). How an individual views him or herself in both an individual and group context alters the way he or she will communicate. This ultimately affects one's drive to communicate, response to strangers, view of the stranger, ability to connect with the stranger, and ability to respect the stranger (Gudykunst, 2005). Each of these factors may lead to uncertainty and anxiety within an encounter. Excessive feelings of uncertainty and anxiety impede effective communication. Anxiety and uncertainty can lead individuals to question what is being said, what to say next, and how to interpret one's message (Griffin, 2011).

AUM addresses ninety-four assumptions in total. Gudykunst refers to these assumptions as axioms. Several of these axioms specifically address intercultural communication, including (Gudykunst, 2005):

Axiom 3: "An increase in our self-esteem when interacting with strangers will produce a decrease in our anxiety and an increase in our ability to predict their behavior

accurately" (Griffin, 2011, p. 433).

Axiom 9: "An increase in our confidence in our ability to predict strangers' behavior will produce a decrease in our anxiety; a decrease in our anxiety will produce an increase in our confidence in predicting stranger's behavior" (Griffin, 2011, p.433).

Axiom 10: "An increase in our ability to process information complexly about strangers will produce a decrease in our anxiety and an increase in our ability to predict their behavior accurately" (Griffin, 2011, p. 434).

Axiom 14: "An increase in our ability to empathize with strangers will produce a decrease in our anxiety and increase in our ability to predict their behavior accurately" (Gudykunst, 2005, p. 298).

Axiom 17: "An increase in personal similarities we perceive between ourselves and strangers will produce a decrease in our anxiety and an increase in our ability to accurately predict their behavior" (Griffin, 2011, p. 434).

Axiom 18: "An increase in our ability to categorize strangers in the same categories they categorize themselves will produce an increase in our ability to predict their behavior accurately" (Gudykunst, 2005, p. 300).

Axiom 31: "An increase in networks we share with strangers will produce a decrease in our anxiety and an increase in our ability to accurately predict their behavior" (Griffin, 2011, p. 435).

Nurses can apply AUM in their practice. This theory addresses both communication and cross-cultural encounters. As the population within the United States continues to become more diverse, there is an increased need for nurses to be culturally competent. A component of cultural competence is effective communication across cultures (Fleming et al., 2015). To best

understand and communicate with the culturally diverse individual, one must have skills and knowledge mentioned in Gudykunst's theory.

Gudykunst (2005) believes that a certain level of anxiety and uncertainty is necessary to promote effective communication. He believes that one's level of anxiety/uncertainty must be within his or her minimum and maximum threshold. Anxiety that exceeds the maximum threshold impedes communication; anxiety and uncertainty that falls within the minimum and maximum thresholds is manageable and allows the individual to accurately predict the stranger's behavior, while also allowing for a certain degree of unpredictability (Gudykunst, 2005). This supports the premise that nurses will always have a small degree of anxiety when engaging in a cross-cultural encounter; however, high levels of anxiety must be managed (Avila, Kamon & Beatson, 2014).

Project Objectives

The intent of this project was to determine if nursing student participation in a culturally based course enhances his or her knowledge and cross-cultural confidence, or transcultural self-efficacy. Specific questions that were addressed in this project include: Do culturally-based training programs enhance cultural knowledge and the development of a culturally sensitive skillset? And, do students who engage in culturally based training programs experience decreased perceived anxiety in cross-cultural encounters?

Definition of Terms

(1) Cross-cultural encounter: An encounter between two individuals from different cultures (Jirwe, Gerrish, & Emami, 2010).

(2) Transcultural Self-efficacy/confidence: Perceived confidence in cross-cultural encounters (Mareno & Hart, 2014).

(3) Cultural stranger: An individual who is from a different culture than one's own (Griffin, 2011).

(4) Intergroup communication: If one predicts a cultural stranger's behavior based on cultural norms and/or social roles, he or she is participating in intergroup communication (Gudykunst, 2005).

(5) Interpersonal communication: When one predicts a cultural stranger's behaviors based on unique qualities conveyed by that individual, one is participating in interpersonal communication (Gudykunst, 2005).

(6) Hispanic: Any individual of "Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race" (U. S. Department of Commerce, 2010, pg. 2).

(7) Culture: "A set group of values, beliefs, or traditions that are shared by a particular group of people" (Orozco, 2012, pg. 4).

(8) Self-efficacy strength: A measurement on the Transcultural Self-Efficacy Tool (TSET) that refers to the average strength of self-efficacy perception within one of three domains addressed in the tool. The three subscales include items in the cognitive domain, practical domain, and affective domain (see definitions for each domain) (Jeffreys, 2016).

(9) Cognitive subscale of self-efficacy strength on the TSET: Perceived confidence about cultural knowledge and its impact on care of the culturally diverse patient is scored on a scale of one (not confident) to ten (totally confident) (Jeffreys, 2016).

10) Practical subscale of self-efficacy strength on the TSET: Perceived confidence in interviewing culturally diverse patients to identify cultural beliefs and values is scored on a scale of one (not confident) to ten (totally confident) (Jeffreys, 2016).

(11) Affective subscale of self-efficacy strength on the TSET: Perceived confidence in recognizing personal attitudes, values, and beliefs regarding other cultures is scored on a scale of one (not confident) to ten (totally confident) (Jeffreys, 2016).

Review of Literature

A review of the literature suggests that nursing students will experience improved transcultural self-efficacy, increased confidence, and increased cultural knowledge following engagement in a culturally based training program (Halter et al., 2015). Related literature provides insight into the challenges providers face in practicing cultural competence, the impact culturally based training programs have on the development of cultural competence, effective strategies to use in culturally based training programs, and essential factors that should be addressed in such programs. See appendix A.

Cultural Competence in Practice

Cultural competency is an expectation in nursing practice. Achieving cultural competency involves developing "cultural awareness, knowledge, skills, and [participating in cultural] encounters" (Mareno & Hart, 2014, pg. 84). According to Parlar Kilic, Buyukkaya Besen, Tokem, Fadiloglu, and Karadag (2014), nurses are often uncomfortable when engaging in cross-cultural encounters. This discomfort stems from feelings of inadequacy. Nurses often feel they lack the cultural knowledge, self-awareness, and communication skills needed to effectively manage cultural differences in patient care. An inability to effectively communicate with the culturally diverse patient leaves the nurse feeling anxious. Communication barriers hinder the nurse-patient relationship which can compromise both care quality and patient satisfaction (Jirwe et al., 2010).

Communication difficulties are a major contributing factor to the presence of challenges

in cross-cultural encounters. Communication is a foundational component of the nurse-patient relationship; therefore, it needs to be addressed to practice cultural competence. When communication is compromised, one's ability to care for the patient is compromised (Jirwe et al., 2010).

Communication difficulties may stem from the patient speaking a different primary language than that of the health care provider. Health care providers then must rely on interpreters or the use of gesturing to communicate with the patient. The risk for miscommunication and misunderstanding for both parties is high. This is a significant safety concern (Muzumdar et al., 2010). Also, fragmented communication can leave both the health care provider and the patient feeling anxious. Rather than fostering a therapeutic nurse-patient relationship, the absence of clear communication leaves the relationship fractured (Jirwe et al., 2010).

When a provider and patient have limited cross-cultural understanding, it can lead to conflict. Conflict can stem from the presence of different morals, values, and beliefs in an interaction (Ohana & Mash, 2015). The inability to provide culturally sensitive patient care may result in the culturally diverse patient avoiding healthcare services altogether. According to Ohana & Mash (2015), patients who perceive their providers as culturally competent are more likely to comply with plans of care. Patients who perceive their providers as having lower levels of cultural competence are less likely to be adherent with their plan of care. Noncompliance is problematic and negatively impacts patient health (Downing & Kowal, 2010).

Development of Cultural Competence

Engagement in culturally based training programs is associated with several positive outcomes. Participants benefit from increases in cultural knowledge, understanding of

disparities, development of culturally appropriate linguistic skills, increased confidence in cross-cultural encounters, and attainment of additional culturally-sensitive skills (Avila, Kamon & Beatson, 2014; Halm & Wilgus, 2013; Halter et al., 2015; Repo et al., 2017). According to Jeffreys & Dogan (2014), there is a positive correlation between the total number of culturally based experiences an individual has and his or her level of transcultural self-efficacy. Senior level nursing students demonstrate a higher level of cultural confidence than novice students (Jeffreys & Dogan, 2014).

Effective Training Strategies

Research regarding the most effective approach to teaching cultural concepts is limited. According to Jeffreys and Dogan (2010), effective approaches should build on learner strengths, support the learner in the presence of weaknesses, and offer different platforms for learning. To improve the quality of nursing care, practicing nurses and nursing students should engage in culturally-based learning experiences. Learners can be motivated by their perceptions of self-efficacy. Individuals who feel they can master a specific skill or learn material that will improve their practice are motivated to continue to engage in similar learning opportunities (Jeffreys & Dogan, 2010).

Student learning needs coupled with the complexities of cultural factors makes identifying the most effective teaching approach difficult (Jeffreys & Dogan, 2010). However, establishing a foundational knowledge through any approach can help engage the student, motivate ongoing cultural learning, and offer skills that support the provision of culturally competent patient care in nursing practice (Downing & Kowal, 2010; Jeffereys & Dogan, 2010).

Nurse educators can expose nursing students to cultural content and experience in didactic curricula and clinical experiences. Effective instructional strategies identified in the

literature include: participation in cultural immersion courses, facilitating cultural immersion experiences in the clinical setting, designing culturally relevant course work, attending expert-led conferences on cultural competence, participating in online culturally based courses, and engaging in cultural comparison learning activities (Jeffreys & Dogan, 2014; Mayo et al., 2014; Rew et al., 2014). Students can also benefit from engagement in structured role-play activities (Muzumdar et al., 2010). Using simulated learning environments or role-playing activities helps students to identify and manage cultural factors as they are encountered. This can help students to learn effective practices that convey sensitivity and genuine concern for patient interests (Muzumdar et al., 2010).

Downing and Kowal (2010) conducted a qualitative research study involving nurses who participated in culturally-based training programs. This study involved a review of the literature and interviewing six nurses about their perceived level of cultural competence. The focus of the research was the nurses' perceived impact of such training programs on patient care delivery. All study participants felt culturally-based training positively impacted their ability to provide culturally competent patient care. Each participant engaged in some form of a culturally-based training program. Culturally based training programs varied in length from three-hour workshops to brief exposures during other educational programs. Learning about culturally-based communication styles, health practices, and kinship values helped nurses to provide patient-centered care. Training participants felt they were better able to inform their patients which increased patient engagement (Downing & Kowal, 2010).

Essential Components of Culturally Based Training Programs

To enhance transcultural self-efficacy, nursing academia should address cultural concepts at regular intervals throughout the curriculum (Mareno & Hart, 2014). However, research also

supports incorporating formal, structured teachings into the curriculum (Repo et al., 2017). Structured teachings can take many forms including: cultural immersion, studying abroad, culturally relevant virtual simulations, and culturally based online learning modules (Repo et al., 2017). Culturally based training programs should address cultural awareness, cultural knowledge, and cultural skills (Mayo et al., 2014). Nurses need to be informed of factors that should be considered in the provision of culturally competent patient care. Specific components include awareness of what culture is, what it means to be culturally competent, the need to maintain current cultural knowledge, and the need to incorporate cultural knowledge into practice (Taylor et al., 2013). A failure or inability to recognize cultural factors leads to the provision of care that is not patient-centered, and thus of lower quality (Downing & Kowal, 2010). Actively engaging in culturally-based learning opportunities and cross-cultural encounters further enhances one's cultural knowledge (Mareno & Hart, 2014).

According to Jirwe et al. (2010), communication practices need to be addressed in culturally based training courses. Addressing communication differences across cultures is very important. Interpreters are sometimes available in practice; however, they are often underused due to limited availability and cost constraints. Telephone-based interpreters are available, but some nurses feel this approach is impersonal and difficult to use in some circumstances. Learning the patient's language, or even just a few words, has shown to be beneficial in rapport building. Having a shared language can establish trust and show a genuine interest in the patient's culture (Jirwe et al., 2010). Having cultural understanding can also influence cross-cultural communication. With cultural knowledge, nurses are better able to identify culturally acceptable behaviors, modify approaches to care and recognize cultural values early in a cross-cultural encounter. This can facilitate communication, enhance the nurse-patient relationship,

and improve the quality of patient care (Jirwe et al., 2010).

A disadvantage of culturally based training programs is the risk of stereotyping patients based on their cultural background (Jeffreys & Dogan, 2010; Taylor et al., 2013). Not everyone fits into a particular cultural group or follows common cultural practices. Learning about different cultural values or beliefs may lead a provider to incorporate certain practices into a patient's plan of care based on the patient's expressed cultural identity. The patient may identify with a particular cultural group, but he or she may not support culturally based health practices. To avoid stereotyping, one must recognize individuality and maintain an open mind when working in cross-cultural encounters (Taylor et al., 2013). The achievement of cultural competency is a continual process; the presence of cultural diversity requires ongoing learning. One must continuously learn about cultural differences and address them to provide culturally competent patient care. The provision of safe patient care is reliant on the administration of holistic, individualized patient care (Jeffreys & Dogan, 2010).

Summary

Overall, the literature supports the premise that engagement in culturally based training programs fosters cultural competence (Jeffreys & Dogan, 2010; Mayo et al., 2014; Rew et al., 2014, Taylor et al., 2013). The availability of research related to effective teaching methodologies to address cultural content is limited. However, relevant studies that have been conducted include quasi-experimental studies, observational studies, cross-sectional studies, and descriptive design studies. These studies address cultural competence, achievement of cultural competence, and interventions that influence cultural competence. The quasi-experimental studies included in this literature review used a pretest/posttest design, and they reflect a high level of methodological rigor (Downing & Kowal, 2010; Jeffreys & Dogan, 2014; Mayo et al.,

2014; Rew et al., 2014). The observational, cross-sectional, or descriptive design studies addressed in this review are of lower rigor (Grove, Burns, & Gray, 2013).

Culturally based training programs support achievement of cultural competence. With increased exposure to culturally based content, nursing students gain insight and cultural awareness. Culturally based courses should address communication practices, family structure, spiritual, and culturally sensitive health practices. Addressing these factors through effective instructional approaches may influence transcultural self-efficacy (Jeffreys & Dogan, 2010; Taylor et al., 2013).

Nursing program curricula should address cultural concepts. Effective approaches to teaching cultural concepts include role play, interactive lecture, and supporting engagement in cross-cultural encounters (Jeffreys & Dogan, 2014; Mayo et al., 2014; Rew et al., 2014). Courses should address communication practices, communication skills, content related to cultural practices, and culturally based health beliefs. Studies show an increase in cultural awareness and cultural knowledge improves transcultural self-efficacy (Jeffreys & Dogan, 2010; Jirwe, 2010; Taylor et al., 2013).

Project Design and Implementation

Goal

This quality improvement project involved developing a culturally based training course aimed to increase transcultural self-efficacy and cultural knowledge in undergraduate nursing students. Blackboard, an online learning management system, was used to design and implement a culturally based course within the aforementioned midwestern United States, private, non-profit School of Nursing. The culturally based course developed for this project focuses on the care of the Hispanic patient. The Hispanic population is the largest growing minority group in

the United States (Halm & Wilgus, 2013). Focusing on this patient population will prepare students with a specialized body of knowledge and skills for inclusion in nursing practice.

The online course developed for this quality improvement project was eight weeks in length. See appendices D and E for course objectives and a full course outline. Course enrollment was open to all third-year nursing students at this School of Nursing who were taking a nursing elective course. Completion of a nursing elective course is a requirement for successful completion of the baccalaureate of nursing program within this School of Nursing. This course specifically addresses culturally based objectives through interactive lectures, class discussions, and written assignments. Learned knowledge and skills can be used to provide culturally competent care in the clinical setting (Saribia, Torres, Ortego, Salvadores, & Saenz, 2015).

The Bachelor of Science in Nursing (BSN) Program at the aforementioned School of Nursing is relatively new. Prior to developing this culturally based course, there were only two nursing elective course offerings. Nursing elective courses aid in the fulfillment of bachelor's degree requirements established by the Commission on Collegiate Nursing Education (CCNE) (Xu, 2000; L. Morgan, personal communication, April 15, 2016). A culturally based course offers unique insight that can help prepare nurses for the provision of culturally competent patient care (Sarabia, Torres, Ortego, Salvadores, & Saenz, 2015).

Benefits to Agency and Population

The cultural course developed for this project focused on the Hispanic culture, knowledge of the culture's beliefs and practices, communication styles, and kinship structure. The Hispanic culture was selected as a focal point for this quality improvement project based on local demographics. The Hispanic culture is the largest minority group in midwestern communities in the United States; focusing on this culture will yield the most benefit, for nurses

and patients alike (Bloom et al., 2006). The Spanish language is the second most common language spoken in the midwestern United States. English is the primary spoken language of the region (The Right Place, INC., 2016). Developing a course that specifically addresses the care of the Hispanic patient will help the participating nursing students to be better prepared to address the needs of the largest minority population within their local community (Mareno & Hart, 2014).

Initially, this course was offered to third-year Bachelor in the Science of Nursing Students as a nursing elective. However, this course's audience could ultimately be extended to include interested nurses who work in local affiliated clinical sites. Offering this course to individuals outside of the nursing student population can increase course buy-in for college officials. Information provided in the course could be provided to nursing students and other prospective students. Expanding course availability will increase the spread of knowledge, thus further expanding the reach of increased care quality and patient satisfaction (Mareno & Hart, 2014).

Setting and Target Population

The aforementioned School of Nursing embraces technology throughout its curriculum. This School of Nursing has access to Blackboard, an online learning management system used for instruction, collaboration, and learning. Courses offered through this platform are available to students across several campuses within this School of Nursing. The culturally based course created as a component of this project was implemented as one of three nursing elective courses. The cultural course was advertised as a nursing elective option. Advertising took the form of electronic communication and verbal communication. Increasing awareness of the course's availability provoked the interest of students.

According to the dean at this midwestern United States School of Nursing (personal communication, April 15, 2016), using an online platform for nursing elective courses is desired to provide course availability across campuses. This course was offered to all third-year baccalaureate nursing students at this School of Nursing as a nursing elective course option. Course enrollment was limited to sixteen students; however, only eight students enrolled in the course. Seven of the eight enrolled students completed informed consent documents and participated in this quality improvement project.

Timeline and Procedures

This project was reviewed by the project review committee at Jacksonville University on July 11, 2017; concurrently, the culturally based course was developed and submitted for approval at the aforementioned midwestern United States School of Nursing. A course plan for the cultural course was developed and submitted to the Curriculum Committee at this School of Nursing. This committee consists of nursing faculty from every college campus within this School of Nursing. Each member of the curriculum committee reviewed the proposed course plan. This course plan identified course content, appropriate teaching strategies, and course objectives. See appendix E for a course overview.

After review, the curriculum committee sent the proposed course plan to all full-time faculty within this School of Nursing for faculty vote. This process allowed all nursing faculty to review the proposed course plan. After review, each faculty member had the right to accept the proposed course plan as is, accept the course plan with suggested revisions, or dismiss the proposal entirely. All faculty members had the ability to make an informed decision in the support of the proposed change in the program curriculum at this School of Nursing. By vote,

faculty approved the incorporation of the online culturally based course into nursing program curriculum at this School of Nursing (October 6, 2017).

Documents for instructional design were completed and submitted to the Blackboard Instructional support team for uploading to Blackboard. The course was loaded and ready for implementation from January 8th, 2018 to March 4th, 2018. The course was eight weeks in length.

This quality improvement project used a pretest-posttest approach to determine the impact involvement in this culturally based course had on transcultural confidence. The Transcultural Self-Efficacy Tool (TSET) was used to compare cultural knowledge, perceived transcultural self-efficacy, and the presence of culturally-sensitive skills both before and after participation in this course. A license granting permission to the TSET was purchased on December 8, 2017.

Ethical and Fiscal Considerations

This project was approved by the Institutional Review Boards at the involved midwestern United States School of Nursing and Jacksonville University. See appendices H and I for letters of approval. Third-year baccalaureate nursing students from the private, non-profit, midwestern United States School of Nursing were recruited through advertising efforts for enrollment in this project. Students were provided a course description prior to enrolling in the course. See appendix J for the informed consent document. Students signed this document prior to course initiation. The primary researcher for this project served as the instructor for the culturally-based course.

To protect the rights and confidentiality of the nursing students involved in this project, a research assistant was recruited. The Instructional Effectiveness Specialist at the involved

college agreed to support this project as a research assistant. Students were enrolled in the culturally based course as one of three nursing elective options. Once students were enrolled and signed informed consent documents were received, the research assistant disseminated the pre-test TSET questionnaire through email. Students completed the cultural course, received a course grade, and then submitted completed post-test TSET surveys. Data was collected and coded by the research assistant prior to sharing the data with the primary researcher. Data given to the primary researcher did not contain any personal identifiers.

BSN Students who attend this School of Nursing are required to take a nursing elective course. Students who enrolled in this culturally based nursing elective were required to pay the cost of course tuition for a three-credit course; $460 per credit hour. Students who successfully completed the course received course credit (three) as a nursing elective. Credit was received if course objectives were met and a minimum grade of 80% was achieved per policy at this midwestern institution. These credits will apply to the credit count needed for graduation. Students were not required to complete the TSET questionnaire as a component of the course. The development of the culturally based nursing elective course had no associated cost.

Data Analysis

Measurement Tools

To collect and analyze data in the implementation of this project, the Transcultural Self Efficacy Tool (TSET) was used. See Appendix B for a sample version of the TSET. Jeffreys (2010) provides the TSET as a part of the Cultural Competence Education Resource Toolkit. The TSET is an 83-item questionnaire that addresses several components of transcultural nursing care. Cognitive, practical, and affective domains of cultural competence are addressed in this questionnaire (Jeffreys, 2016).

Students completed the questionnaire by scoring their perception of self-confidence in each domain using a Likert scale. The TSET yields the most consistent results if it is implemented just prior to and at completion of an educational intervention (Jeffreys, 2016). For this project, the TSET was administered at the time of course enrollment and at course termination. Data was compared from before and after engagement in the cultural course.

Each statement on the TSET relates to the cognitive domain, the practical domain, or the affective domain of cultural competence (Jeffreys, 2016). Items addressed in the cognitive domain measure an individual's perceived confidence in relation to his or her cultural knowledge and its impact on the delivery of patient care. Items in the practical domain measure the individual's perceived level of confidence when interviewing a culturally diverse patient to identify culturally based-preferences in healthcare. The affective domain includes items that measure the individual's perceived confidence in recognizing personal values, attitudes and beliefs regarding other cultures (Jeffreys, 2016). The TSET measures these variables using a Likert scale. Items in the TSET are presented as closed-ended statements that are scored on a scale from one to ten. Students who perceived themselves to be 'not confident' scored an item with a one; students who perceived themselves to be 'totally confident' scored an item with a ten (Jeffreys, 2010).

To measure behavioral change as a component of this quality improvement project, a standardized rubric for a role play assignment completed at two points in the culturally based course was used. Students completed a standardized role play assignment during weeks two and seven of the culturally based course. The role play assignment was identical for each attempt. To complete the role play assignment, students viewed and responded to a pre-recorded simulated

care encounter. The encounter was split into three phases that were to be completed in chronological order.

The standardized patient in this role play was a Hispanic patient who spoke only in the Spanish Language. Phase one of the role play required students to view a video of the simulated patient and address the patient's concerns. Students responded by introducing themselves, checking patient identifiers, and assessing for the patient's chief complaint while displaying cultural competence. This response was submitted as a video recording. Phase two of the role play required students to respond to the standardized patient's inquiries presented in a pre-recorded video. The student's second video response required addressing patient inquiries and assessing the patient's pain. Phase three required students to respond to the standardized patient's questions as presented in a pre-recorded video. In a video response, students addressed patient inquires and were required to end the care encounter in therapeutic manner. This role play assignment was scored using the same standardized rubric for attempts one and two. See appendices F and G for the standardized role play transcript, response requirements, and the assignment rubric.

Variables

Variables measured using the TSET include transcultural self-efficacy and cultural knowledge. The content presented in the TSET addresses factors that are integral to the provision of culturally competent nursing care. Statements are relevant and support current practice (Jeffreys, 2016). Each item addressed on the TSET was analyzed individually for improved perceived self-efficacy. Items were also clustered based on the applicable domain (cognitive, practical, or affective). To determine overall self-efficacy in each domain before and after intervention, self-efficacy strength was measured. Self-efficacy strength is an overall score that is

measured for each domain per the TSET. Scoring involves totaling all responses in a domain and dividing by the number of items that are identified in that domain (Jeffreys, 2010).

Statistical Analysis and Power

The TSET has content validity, construct validity, and reliability (Jeffreys, 2016). The TSET has been used to effectively identify differences in transcultural self-efficacy. The tool has identified statistically significant differences when used in longitudinal and cross-sectional studies. Significant findings have been detected when comparing transcultural self-efficacy between two different sample groups; significant findings are also identifiable when comparing transcultural self-efficacy within one group before and after participation in a culturally based training program (Jeffreys, 2016).

For this project, data was collected through completion of the TSET before and after students completed the cultural course. The TSET was provided electronically to students through email. Students completed the questionnaire and submitted the completed form to the research assistant through email.

Once the primary researcher accessed protected (coded) student information, it was manually entered by the researcher into Statistical Package for the Social Science (SPSS). SPSS was used to analyze the data. Data analysis involved comparison of data before and after intervention. This provided the researcher insight into the impact this educational intervention had on the students' transcultural self-efficacy.

Findings in each domain were analyzed using descriptive statistics and a paired sample t-test. Paired sample T-tests were used to determine if there was a difference in data pre-intervention and post-intervention. This allowed the researcher to measure the impact the course

had on transcultural self-efficacy and cultural knowledge. See appendix C for table shells that were used for data collection and analysis.

To determine the presence of skills for practical application before and after intervention, additional data was collected from the rubric used to grade each attempt of the standardized role play assignment in this course. Students completed the standardized role play assignment twice during the course (Attempt one: Week two; Attempt two: Week seven). The same rubric was used to score each attempt. Scores that were calculated include the cross-cultural communication score, the therapeutic rapport score, and the transcultural knowledge score. Scores were compared using descriptive statistics to determine presence of behavioral change from the first attempt to the second attempt. Self-efficacy strength scores in the practical domain were also compared to each student's average role play score. This allowed the researcher to determine if the relationship between self-efficacy in the practical domain and practical skills is statistically significant.

Statistical Stewardship

To maintain the integrity of this research project, a research assistant collected all student data. The research assistant followed guidelines presented in the Cultural Competence Education Resource Toolkit to gather and store student data. The toolkit includes specific guidelines for gathering data and effective implementation of the TSET in a research study. The tool also includes educational assessment and planning tools (The Cultural Competence Education Resource Toolkit, 2016). Data was collected and stored in electronic format only. The primary researcher did not have access to this data. The research assistant secured this information with a password. This supported students' confidentiality of sensitive data. Data was shared with the

primary researcher after the cultural course was complete and final grades were entered for all students. Information was coded to remove any personal identifiers.

Project Outcomes

A total of eight students were recruited for this quality improvement project. Emails were sent by the research assistant weekly until week two of the course to encourage completion of the TSET; however, completion of the TSET was not a requirement of the nursing elective course. One student opted out of completing the TSET before and after course completion. This student was excluded from the quality improvement project. All participants were third-year nursing students at a midwestern United States School of Nursing. A total of seven students completed the quality improvement project.

Descriptive Statistics

The score derived from the TSET is the self-efficacy strength score. This score was not analyzed using descriptive statistics; this score was analyzed using paired sample t-tests and is discussed later. In addition to this score, select items from the TSET were analyzed using descriptive statistics. Selected items for analysis included topics that could be linked directly to learning objectives in the culturally based course. Items on the TSET that were not addressed in the culturally-based course were not included in this analysis. Analysis involved reviewing pre-test scores and post-test scores. Appendix K presents a table displaying descriptive statistics for each selected TSET item. Individual TSET scores were not normally distributed. No outliers were identified in the sample. The mean self-efficacy score for each item improved from pre-test to post-test. The minimum mean improvement was 2.857; the maximum mean improvement was 3.5715; the mode mean improvement was 2.8571; and the median mean improvement was 2.5714.

Table 1: Descriptive Statistics, Role Play Assignment

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Attempt 1 Cross Cultural Communication Skills Score	7	40.00	50.00	46.0000	3.05505	-1.178	.794	3.000	1.587
Attempt 2 Cross Cultural Communication Skills Score	7	48.00	50.00	48.8571	.89974	.353	.794	-1.817	1.587
Attempt 1 Therapeutic Rapport Score	7	40.00	50.00	45.8571	3.43650	-.348	.794	.515	1.587
Attempt 2 Therapeutic Rapport Score	7	50.00	50.00	50.0000	.00000	.	.	.	.
Attempt 1 Transcultural Knowledge Score	7	1.00	46.00	36.8571	16.06682	-2.472	.794	6.308	1.587
Attempt 2 Transcultural Knowledge Score	7	45.00	50.00	49.2857	1.88982	-2.646	.794	7.000	1.587

Descriptive statistics were also used to determine the presence of behavioral change in the standardized role play assignment. Table 1 displays descriptive statistics for the role play assignment. This data is not evenly distributed. One outlier was identified in the data from the first attempt of the role play assignment. Factors that could have contributed to the presence of the outlier include: failure to address assignment requirements, limited knowledge of the Spanish language, and/or limited understanding of cultural influences on the delivery of patient care.

Scores for each component of the rubric improved from attempt one (week two of the course) to attempt two (week seven of the course). The mean cross-cultural communication score improved 2.86 points from attempt one to attempt two. This indicates that students demonstrated an improved ability to speak to the simulated patient using the Spanish language. The mean therapeutic rapport score improved 4.14 points from attempt one to attempt two. This improvement indicates that students demonstrated an improved ability to understand and help the patient in the simulated scenario. This was displayed in an increased ability to interview the patient and identify culturally relevant health needs. The mean transcultural knowledge score improved 12.43 points from attempt one to attempt two. When excluding the outlier, the mean transcultural knowledge score improved 6.46 points from attempt one to attempt two. An improved transcultural knowledge score demonstrates an improved ability to recognize values and beliefs and their influence on patient health. The improvement in each of these scores were also analyzed using a paired sample t-test to determine significance (p-value < 0.5).

Inferential Statistics

Paired sample t-tests were used to compare self-efficacy strength both before and after involvement in the culturally based course. The mean self-efficacy strength improved in each domain after engagement in the culturally based course. The mean self-efficacy strength in the cognitive domain increased by 2.63 points; the mean self-efficacy strength in the practical domain increased by 2.75 points; the mean self-efficacy strength in the affective domain improved by 0.739 point. See table 2 for statistics of the paired sample (Self-Efficacy Strength).

The increases in scores in the cognitive and practical domains were statistically significant. The significance value for the self-efficacy strength in the cognitive domain was 0.045 ($p < 0.05$). The significance value for the self-efficacy strength in the practical domain was

Table 2: Paired Samples Statistics (Self-Efficacy Strength)

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Self-efficacy strength pre-intervention (Cognitive Domain)	5.2514	7	2.71752	1.02713
	Self-efficacy strength post intervention (Cognitive Domain	7.8857	7	2.01520	.76167
Pair 2	Self-efficacy strength pre-intervention (Practical Domain)	5.1214	7	2.03058	.76749
	Self-efficacy strength post intervention (Practical Domain)	7.8686	7	1.75581	.66364
Pair 3	Self-efficacy strength pre-intervention (Affective Domain)	8.4086	7	.77471	.29281
	Self-efficacy strength post intervention (Affective Domain)	9.1471	7	.67198	.25398

0.025 ($p < 0.05$). These findings suggest that students felt more confident in their transcultural knowledge and cross-cultural communication skills after participation in this culturally based course. The significance value for the self-efficacy strength in the affective domain was 0.068 ($p <0.05$). Although scores in the affective domain improved, this improvement is not statistically significant suggesting a need for further investigation with a larger sample size. See table 3 (Paired Samples Test).

Table 4 displays average rubric scores for the first and second attempts of the role play assignment completed in the culturally based course. The mean average score increased by 6.48 points from attempt one to attempt two. This increase is statistically significant. Conducting a paired sample t-test yielded a significance value of 0.012 (p-value < 0.05). See table 5 Average

Table 3: Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper			
Pair 1	Self-Efficacy Strength Pre-intervention (Cognitive Domain) & Self-efficacy strength Post-intervention (Cognitive Domain)	-2.63429	2.76361	1.04455	-5.19020	-.07837	-2.522	6	.045
Pair 2	Self-Efficacy Strength Pre-intervention (Practical Domain) & Self-Efficacy Strength Post-intervention (Practical Domain)	-2.74714	2.45057	.92623	-5.01354	-.48074	-2.966	6	.025
Pair 3	Self-Efficacy Strength Pre-intervention (Affective Domain) & Self-Efficacy Strength Post-intervention (Affective Domain)	-.73857	.87828	.33196	-1.55085	.07370	-2.225	6	.068

Table 4: Paired Samples Statistics (Role Play Assignment Rubric Scores)

		Mean	N	Std. Deviation	Std. Error Mean
Average Score (Cross Cultural Communication Skills Score, Therapeutic Rapport Score, Transcultural Knowledge Score)	Attempt 1	42.9043	7	5.63117	2.12838
	Attempt 2	49.3814	7	.80271	.30340

Table 5: Average Rubric Scores

		Paired Differences							
					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
Average Score (Cross Cultural Communication Skills Score, Therapeutic Rapport Score, Transcultural Knowledge Score)	Mean Attempt 1 -Mean Attempt 2	-6.47714	4.85554	1.83522	-10.96777	-1.98652	-3.529	6	.012

Rubric Scores.

To further analyze the significance of behavioral change in this course, paired sample T-tests were conducted. The paired sample t-test first compared average rubric scores for attempt one of the role play assignment to self-efficacy strength in the practical domain pretest. The significance value was 0.00 ($p < 0.05$). Secondly, the paired sample t-test compared average rubric scores for attempt two of the role play assignment to self-efficacy strength in the practical domain post-test. The significance value was 0.00 ($p < 0.05$). See table 6 for self-efficacy strength in the practical domain and average rubric scores. These findings suggest that there is a direct correlation between perceived self-efficacy and skill ability.

Discussion

Project objectives

The intent of this project was to determine if nursing student participation in a culturally based course enhances his or her knowledge and cross-cultural confidence, or transcultural self-efficacy. The objectives of this project were met. It was determined that engagement in a culturally based course supports enhanced transcultural self-efficacy and provoked behavioral

Table 6: Self-efficacy Strength in the practical domain and Average rubric scores

		Paired Differences							
					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
Pair 1	Self-Efficacy Strength Mean Pre-intervention (Practical Domain) & Pre-intervention Mean Rubric Score (Role Play)	-37.78286	5.38794	2.03645	-42.76587	-32.79984	-18.553	6	.000
Pair 2	Self-Efficacy Strength Mean Post-intervention (Practical Domain) & Post-intervention Mean Rubric Score (Role Play)	-41.51286	2.37212	.89658	-43.70670	-39.31901	-46.301	6	.000

change. Through completion of the culturally based course, students were able to apply culturally based practical skills in completion of the role play assignment. Analysis of this assignment indicates that students were able to display a culturally sensitive skillset and deliver culturally competent care to a Hispanic patient in a simulated care scenario. Behavioral changes were statistically significant in this quality improvement project.

The culturally based nursing elective was open to sixteen third-year nursing students at the aforementioned midwestern School of Nursing. Recruitment efforts lasted approximately two

months. Only eight students were recruited for participation in this course; these eight students agreed to participate in this quality improvement project; however, one student chose not to complete the TSET evaluations. This was an optional component in the course. This student was excluded from this project. Convenience sampling is a potential weakness in this project; a larger, randomized sample would have provided for greater generalizability of the project's findings. There is no specific reason for lower enrollment in the course. It is speculated, however, that because this nursing elective course was new, students did not select to enroll in the course. Students may have chosen an alternative nursing elective.

The findings of this quality improvement project support findings presented in other related studies. According to the literature, engagement in culturally based training programs improves transcultural self-efficacy (Avila, Kamon & Beatson, 2014; Halm & Wilgus, 2013; Halter et al., 2015; Jeffreys & Dogan, 2014; Mayo et al., 2014; Repo et al., 2017). Statistically significant findings were identified in completion of this project. Because of participation in this course, students perceived higher levels of transcultural self-efficacy in the cognitive and practical domains of transcultural self-efficacy. This is expected as the culturally based course focused on expanding cultural knowledge and application of culturally-sensitive skills.

Although improvements in transcultural self-efficacy were identified in the affective domain, these findings were not statistically significant. Perhaps this is due to the course's limited focus on personal cultural perspective. Opportunities to reflect on personal views regarding different cultural practices and perspectives were not included in the culturally based course. A small sample size may also contribute to the lack of a statistically significant finding in this domain. Further investigation with a larger sample size is warranted.

This project's focus was two-fold. The researcher addressed self-efficacy and application of practical skills through implementation of this project. Comparing the average role play assignment rubric scores to self-efficacy strength in the practical domain yielded statistically significant behavioral change. The role play assignment focused on incorporation of culturally sensitive skills into patient care delivery. The statistically significant findings support that improved perceived self-efficacy in the practical domain is strongly correlated to the application of skills in practice.

Practicing nurses need to be equipped with culturally sensitive skills that can be incorporated in the delivery of culturally competent patient care (Jeffreys & Dogan, 2012; Mareno & Hart, 2014). Through completion of the role play assignment, students were able to demonstrate use of the Spanish language when interacting with the Hispanic patient. Students were able to approach each encounter with insight related to care of the Hispanic patient. Specific knowledge gained from course participation related to culturally relevant health beliefs, disparities, communication practices, and family structure helped the student to better care for the culturally diverse patient. With improved language ability and new knowledge, students were able to establish a therapeutic rapport and address the patient's needs.

Recommendations for Future Research and Implications for Practice

Future research should focus on best strategies to educate students about culturally relevant topics. Through this quality improvement project, it is evident that education can enhance transcultural self-efficacy and attainment of culturally sensitive skills; however, the research available identifying the most effective approach to teaching cultural concepts to nursing students is limited (Jeffreys & Dogan, 2010).

As a component of future offerings of this culturally based course, course evaluations should include questions that specifically address transcultural self-efficacy. Questions should address elements in the cognitive, practical, and affective domains of transcultural self-efficacy. Incorporating questions specific to transcultural self-efficacy into the course evaluation form will aid in monitoring course effectiveness and development of transcultural self-efficacy in nursing students.

The culturally based course developed as a component of this quality improvement project is now a nursing elective option within the BSN program curriculum at the involved midwestern United States School of Nursing. This course will continue to be offered to meet student need. Data from course evaluations is automatically archived in Blackboard, the learning management system used to implement this cultural based course. Adding specific questions to the evaluation form that address transcultural self-efficacy will provide access to ongoing data for monitoring. The data can be reviewed in Blackboard at regular intervals to see the impact the course has on transcultural self-efficacy over time.

Limitations

This quality improvement project was conducted at School of Nursing in the midwestern United States. The small sample size used in this quality improvement project limits the generalizability of its findings. Although findings for this project are not generalizable; the findings in this project support findings of other studies addressing transcultural self-efficacy.

The standardized role play assignment was scored using a standardized rubric. This tool has not been determined to be valid or reliable. This tool allowed for analyzing application of skills learned in a simulated practice environment. For this project, the role play assignment was completed online. Students submitted video responses to a standardized role play experience.

This did not allow for two-way verbal exchange between the simulated patient and the student. This limited the ability to have fluid communication. Offering the course in a traditional, face-to-face format would allow for real-time role play experiences. This could provide for stronger analysis of achieved cross-cultural practical skills.

Dissemination of Findings

The findings derived from this project have the potential to influence nursing education and nursing practice significantly. Findings of this quality improvement project will be shared both inside and outside of the involved School of Nursing. This report will be shared with the curriculum committee at the involved institution. Once reviewed by the curriculum committee, it will be shared with all faculty within the institution. Information from this report was presented to faculty and administration at the involved midwestern college on March 22, 2018. To disseminate findings outside of this School Nursing, this report will be submitted for publication in a nursing journal.

Engagement in culturally based training courses not only benefits nursing students, but it also benefits practicing nurses (Mayo et al., 2014). Future efforts will involve extending dissemination of this quality improvement project's findings to local hospitals.

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Appendix A

Reference (Discipline)	Phenomenon/ Research Question	Method	Data Gathering and Data Analysis	Participants	Findings	Critique and Ethical Implications
(Downing & Kowal, 2010)	To investigate how indigenous cultural training can impact the provision of nursing care. No specific research question identified.	Qualitative research study.	Research was collected from available literature and interviews with staff nurses. Literature review provided information for theoretical framework and the impact indigenous training can have on patient care. Interviews allowed for insight into the nurse's perception of how cultural-based training impacts	6 nurses currently employed at Royal Darwin Hospital in Australia. All nurses had experience caring for Aboriginal and Torres Strait Islander patients. 1 of the participants declined participation in cultural-based training, which offered insight into perception of need or lack of need for training.	All participants deemed indigenous training as beneficial in the provision of nursing care. Themes identified included: • Increased ability to address racism. • Increased understanding of communication styles, socioeconomic status, relationships, and beliefs • Limitations to the establishment of training programs. Institutional	Not a representative sample. Stated that participants were likely to participate because of their passion about the research topic.

			cultural encounters in nursing care. Data analysis involved thematic analysis. This allowed for perceptions to be linked to established research in the literature.	All participants were female. 3 of 6 participants underwent nursing training overseas.	support is needed.	
(Jeffreys & Dogan, 2010)	Aims of the study were to examine the reliability and validity of the Transcultural Self-efficacy Tool (TSET), and identify how undergraduate nursing students develop transcultural competency. To investigate the reliability	Exploratory factor analysis	Study was guided by the Cultural Competence and Confidence Model. TSET was completed by nursing students (1st year and 2nd year) at the beginning of the semester. Common exploratory	272 baccalaureate nursing students. • 93 students enrolled in first semester. • 77 enrolled in second semester • 48 in their third semester • 55 in their 4th semester	Identified the following factors as reliable and valid: • Factor 1: Knowledge and understanding • Factor 2: Interview • Factor 3: Awareness, Acceptance, and Appreciation • Factor 4: Recognition	Factor analysis only allows for one interpretation of the data, although other interpretations may exist. Other evidence is needed to confirm findings obtained from the TSET. Future research should be conducted using larger sample size to increase generalizability.

	and validity of the TSET.		factor analysis (CEFA) was used as a form of statistical data analysis. Data was analyzed using CEFA software. Analysis occurred several times until sound results were established.		The TSET demonstrated internal consistency. The TSET addresses the multidimensional components involved in transcultural care while also addressing learning in the cognitive, practical, and affective domains. The TSET is applicable across different healthcare settings and addresses multiple cultural groups.	
(Jirwe, Gerrish, & Emami, 2010)	To investigate student nurse communication in cross-cultural encounters.	Exploratory qualitative Study	Semi-structured interviews were conducted with 10 nursing students. Students were asked to address 2 cross-cultural care encounters –	10 final-year nursing students were interviewed. • 5 swedish students • 5 imigrant students Participants had attended a transcultural	Culture was defined based on place of origin. Effective communication was determined to be critical in a satisfactory cultural encounter. Three themes were identified:	Students were offered support during the interview phase if they encountered a difficult patient care situation. The interviewer was a lecture instructor, but not one the students currently had in class.

			one identified as satisfactory, and one identified as unsatisfactory. Analysis of data involved 5 steps: • Data familiari-zation • Developing a thematic framework for data comparison • Coding of responses • Organizing responses • Establishin g relationship s between data	nursing course prior to the study. Participants had experience caring for multi-cultural patients. All participants spoke Swedish and English languages; immigrants new some other languages as well.	1. Difficulties in communication – viewed communication as stagnant and impersonal; scared to make communication mistakes in cultural encounters which led to increased anxiety; misunderstanding occurred 2. Communication strategies – interpreter use, relative interpreters, bilingual communication, body language, being attentive, using pictures 3. Factors influencing communication – positive attitude, plugging-in to patient encounters, and	To ensure credible analysis, the initial analysis was completed by the interviewer; the data was later analyzed by the other authors to confirm accurate analysis. Further research is needed to increase generalizability.

					cultural knowledge Interpreters were not readily used because of the perceived cost for service.	
(Mareno & Hart, 2014)	To compare the level of cultural awareness, knowledge, skills, and comfort in cross-cultural encounters in nurses with undergraduate or graduate degrees. The study also compared the level of cultural competency training completed by the graduate prepared nurse and the undergraduate prepared nurse.	Prospective, cross-sectional, descriptive study design.	The Process of Cultural Competence in the Delivery of Healthcare Services model was used to compare levels of cultural awareness, desire, knowledge, skills, and encounters. A literature review was conducted in relation to the following topics: • Level of education • Cultural competenc	Surveys were sent to 2,000 nurses from a residing in a southeastern state. A sample of 365 nurses completed the survey. • 41% of partici-pants obtained under-graduate degrees • 58% of participan t obtained graduate degrees A majority of participants	Nurses with an undergraduate degree scored lower on the knowledge subscale than graduate-prepared nurses. Awareness, skills, and comfort did not vary significantly based on degree type. Both graduate-prepared and the undergraduate prepared nurses had culturally based training at their place of employment. Nurses with undergraduate degrees reported completing less culturally-based continuing education programs than graduate-prepared nurses.	Women made up a majority of the study sample. Caucasians made up a majority of the study sample. All nurses came from within one geographic location (State). Doctorally prepared nurses were not included in the study.

			y training programs The packet sent to nurses included a demographic questionnaire, a clinical cultural competency questionnaire. Data was analyzed using Statistical Program for Social Sciences (SPSS) for Microsoft Windows. Independent sample t-tests were used to compare cultural awareness, knowledge, skills, and comfort in cultural encounters.	identified as Caucasian. Average age of undergraduate-prepared nurses: 49 years old Average age of graduate-prepared nurses: 47 years old Undergraduate nurses were licensed for an average of 21.6 years. Graduate nurses were licensed for an average of 22.9 years.		

(Muzumdar, Holiday-Goodman, Black, & Powers, 2010)	To determine a change in cultural knowledge following a culturally-based curriculum.	Pretest/ Posttest study design	Cultural competence material was presented to students in PharmD program. The material included a lecture, a laboratory component, and an experimental out-of-class assignment. As a component of the in-class materials, students watched videos depicting relevant cross-cultural encounters. A 32-item questionnaire measured cultural competence knowledge and self-reported	105 second year PharmD students attending University of Toledo College of Pharmacy. Students were selected because the cultural competence material was incorporated across the second year of the educational program.	Posttest scores significantly improved in all areas following exposure to the culturally-based materials. This shows significant increase in cultural knowledge. Students showed the greatest level of improvement in regards to understanding cultural differences and incorporating cultural sensitivity in care delivery. The cultural materials increased the students' perceived confidence when engaging in cross-cultural encounters. Focus group interviews yielded the following: • Cultural modules effectively increased cultural	Only students from one college were included in the study. Students were only exposed to select cultural materials. 86% of participants were white; 8 of 10 focus group participants were white. The study only addressed self-perception of knowledge.

			confidence in cultural encounters before and after exposure to culturally-based materials. Pretest and posttest questionnaires were completed as a component of Human Interaction and Healthcare Course. Data was analyzed using Statistical Program for Social Sciences (SPSS). Significance level was set a $p<0.01$. A paired t-test was used to		awareness and knowledge. • Identification of the need to include herbal medications into the cultural-based materials. • Identification of the need to incorporate an interactive component in the cultural learning experience. • Identification of the need to ensure clinical placement is in at least one culturally diverse location.	

			compare pretest and posttest scores. Focus group interviews were conducted following completion of the posttest questionnaire. These interviews allowed for qualitative findings. Information was gained in regards to the strengths and weaknesses identified within the culturally-based curricula.			
(Parlar Kilic, Buyukkaya Besen, Tokem, Fadiloglu, & Karadag, 2014)	To investigate the cultural problems experienced while caring for culturally	Descriptive, comparative study.	A 10-question individual description questionnaire and a 14-question	338 nurses from two university hospitals in Turkey. One university is	The most reported cultural-based problem encountered involved communication.	The study was conducted in university hospitals that were selected because of their known

	diverse patients.		questionnaire were used to identify cultural problems encountered in cross-cultural care delivery. The questionnaires were completed using a face-to-face interview approach. Instruments used included the Self-Description Form and the Questionnaire to identify cultural problems experienced by nurses giving care. The self-description questionnaire	located in eastern Turkey, and the other in western Turkey. 206 nurses were from the western hospital, and 132 nurses were from the eastern hospital.	Demographic results: Eastern: • Mean age: 26.54 +/- 4.70 • 46.2% married • 60.6% had an undergraduate degree • 63.8% worked in internal units • 56.8% had worked for 1-5 years • 21.4% had worked for 6-10 years. Western: • Greater number of undergraduate prepared nurses with a greater number of nurses who worked for a longer length of time. 289 nurses only spoke the Turkish language. Only 59 nurses had transcultural nursing	diversity; therefore, results of the study cannot be generalized.

			addressed individual information – age, languages spoken within the home, and family demographics. The cultural problems questionnaire gained insight into the nurse's cultural information, experience with cultural-based training, and problems encountered. Data was analyzed using Statistical Program for Social Sciences (SPSS). Demographical information was organized		training. The training was university-based. 286 nurses provided care to a culturally different patient. Western nurses were found to experience more cultural problems stemming from communication issues, and cultural beliefs. Problems in	

			using numbers and chi-squared analysis was used to compare the two samples (eastern and western samples).			
(Rew, Becker, Chontichachalalauk, & Lee, 2014)	To analyze the Cultural Awareness Scale (CAS) for validity. To analyze the level of cultural awareness of students in varying educational levels.	Confirmatory Factor Analysis	Confirmatory Factor Analysis was conducted using Mplus V6 to determine the fit of data fit a previously established five-factor model. A chi-square model was used to determine fit.	150 nursing students at the University of Texas. 92% of the sample was female. 1/3 of the sample was of a racial minority. 65 participants were pre-BSN nursing students, 56 were senior nursing students, and	This studies results support the use of a three-factor structure to CAS. The components that should be addressed include general attitudes, research attitudes, and clinical experiences.	Many participants indicated that certain items addressed in the study did not apply to them as certain clinical experiences had not yet occurred.

				29 were in the MSN program. 72.7% of BSN students had taken a course related to cultural awareness or global health. 24.2% of participants had lived or studied abroad.		
(Taylor, Papadopoulos, Duda, Georges, Martin, Messelis, & Verstraete, & Zurheide, 2013)	To investigate perceived training needs for educators teaching intercultural learning experiences.	2 methods were used in this qualitative needs analysis study.	A questionnaire was used to identify training needs. Interviews with employers were conducted in hopes of identifying employer expectations in regards to culturally-based training.	Participants included trainers of nurses and nurse educators from Belgium, France, Germany, and Romania. Participants had to show interest in teaching	87.3% of participants taught nurses. 78.5% of educators stated that their students were culturally diverse. Only 40% of Belgian educators said their students were culturally diverse. A majority of participants were from	Study was granted ethival approval by the Health Studies Ethics Sub-Committee at Middlesex University. The researcher may have influenced the response of participants based on level of engagement in material.

			Questionnaires were analyzed using the Statistical Package of Social Sciences. Descriptive statistics were identified. Interviews were analyzed individually and across interviews for central themes. Themes were identified through common words or phrases used as responses within the interview process. Participants were asked to rate their confidence in teaching	cultural competence and have the means to engage in such teaching opportunities. Employers of interest were senior managers of nurses. 20 employers and senior managers were interviewed for this study.	Belgium and spoke Dutch. 76.2% of Romanian teachers said their students were culturally diverse. 100% of teachers from France and Germany reported their students as culturally diverse. 90.5% of Romanian cultures indicated confidence when teaching aspects of culture. 65% of Belgian educators indicated a need to review cultural content. A majority of participants indicated a desire to learn teaching methods to address cultural information.	

			cultural concepts on a scale of one to five, with five indicating no confidence at all.		Themes identified in the employer interviews included: • Safe care is reliant on cultural knowledge. • The ability to speak in the primary language of the patient directly improves the quality of patient care. • A knowledge of a culture's healthcare system can aid in the provision of quality care. • It is important for providers to keep an open mind.	

Appendix B

(Jeffreys, 2016)

ITEM 1

Transcultural Self-Efficacy Tool (TSET)

DESCRIPTION

This 83-item questionnaire is designed to measure and evaluate learners' confidence (transcultural self-efficacy) for performing general transcultural nursing skills among diverse client populations. It has been requested by researchers worldwide in multiple health disciplines for use with students, nurses, and other health professionals. The TSET–Multidisciplinary Healthcare Provider (TSET–MHP) version should be used with multidisciplinary groups. (See Toolkit Item 2.)

INSTRUCTIONS FOR RESEARCHERS

1. Detach this cover sheet before photocopying or posting online and administering it to a sample.
2. Review the information about the TSET, as well as its administration, uses, and scoring, in *Teaching Cultural Competence in Nursing and Health Care: Inquiry, Action, and Innovation (2016)* **before** study design and data collection.
3. Please be sure that all respondents return the questionnaire (if hard copy is distributed).
4. Please send reliability and validity test results and study results (see Toolkit Item 12) to: Dr. Marianne R. Jeffreys, The City University of New York College of Staten Island, Nursing Department, 2800 Victory Boulevard, Staten Island, New York 10314, USA.
5. Researchers outside the United States are granted permission to change item #71 from "inadequacies in the U.S. health care system" to "inadequacies in the nation's health care system."

EASY SCORING

Self-Efficacy Strength (SEST) refers to the average strength of self-efficacy perceptions within a particular dimension (subscale) of the construct. Calculate this value by totaling subscale item responses and dividing by the number of subscale items, resulting in the mean score. For example:

	Cognitive Subscale	Practical Subscale	Affective Subscale
Formula			
Item Response Sum / # of Subscale Items	Add Item Responses / 25	Add Item Responses / 28	Add Item Responses / 30
Application	140 / 25 = SEST = 5.6	182 / 28 = SEST = 6.5	210 / 30 = SEST = 7.0

Use these scores to compare subscale scores within and between groups to determine the effectiveness of cultural competence educational intervention(s) as seen by statistically significant differences in scores.

1

Longitudinal comparison within groups

1. TSET pre-test → Cultural Competence Educational Intervention → TSET post-test

Comparison between groups

2. TSET pre-test → Cultural Competence Educational Intervention → TSET post-test
   TSET pre-test (Control Group) → TSET post-test

Cross-sectional comparison between groups

3. TSET administration to novice group (before cultural competence educational intervention)
   TSET administration to advanced group (after cultural competence educational intervention)

Evaluation of transcultural self-efficacy (TSE) perceptions may be used for a variety of purposes targeting the individual and/or groups. The purposes are to:

- Develop a composite/baseline of learners' needs, values, attitudes, and skills concerning transcultural nursing (or health care).
- Identify general transcultural skills perceived with more confidence (or those as less difficult or stressful).
- Identify general transcultural skills perceived with less confidence (or those as more difficult or stressful).
- Identify differences within groups.
- Identify differences between groups.
- Identify at-risk individuals (low confidence or overly confident).
- Evaluate the effectiveness of specific teaching interventions.
- Assess changes in transcultural self-efficacy perceptions over time.

ADDITIONAL INFORMATION

Researchers seeking to group individuals into low efficacy, medium efficacy, and high efficacy groups for the purpose of identifying at-risk individuals and tracking changes should consult standard statistical methods and literature for guidance. The study purpose and sample may guide method selection for group categorization.

Self-efficacy level (SEL) refers to the number of items perceived at a specified minimum level of confidence. For example, SEL has been used to identify individuals with "low efficacy" and then track SEL changes following treatment interventions. The study purpose and sample may guide the selected definition of the minimum confidence level; however, this scoring calculation is no longer recommended due to consistently insignificant results with nursing students and nurses. (See previously published studies and Chapter 4.)

SUPPLEMENTARY RESOURCES

Book (Third Edition/2016), Chapters 3, 4, and 5.

TSET Research Boxes in Chapters 4, 7, 8, 9, 13, and 16.

Jeffreys, M. R. (2000). Development and psychometric evaluation of the Transcultural Self-Efficacy Tool: A synthesis of findings. *Journal of Transcultural Nursing, 11*(2), 127–136.

Jeffreys, M. R., & Dogan, E. (2010). Factor analysis of the Transcultural Self-Efficacy Tool (TSET). *Journal of Nursing Measurement, 18*(2), 120–139.

Jeffreys, M. R., & Dogan, E. (2012). Evaluating the influence of cultural competence education on students' transcultural self-efficacy perceptions. *Journal of Transcultural Nursing, 23*(2), 188–197.

Jeffreys, M. R., & Smodlaka, I. (1996). Steps of the instrument-design process: An illustrative approach for nurse educators. *Nurse Educator, 21*(6), 47–52. (Erratum, 1997, *22*(1), 49.)

Jeffreys, M. R., & Smodlaka, I. (1998). Exploring the factorial composition of the Transcultural Self-Efficacy Tool. *International Journal of Nursing Studies, 35*, 217–225.

Jeffreys, M. R., & Smodlaka, I. (1999a). Changes in students' transcultural self-efficacy perceptions following an integrated approach to culture care. *Journal of Multicultural Nursing and Health, 5*(2), 6–12. (Erratum, 2000, *6*(1), 20.)

Jeffreys, M. R., & Smodlaka, I. (1999b). Construct validation of the Transcultural Self-Efficacy Tool. *Journal of Nursing Education, 38*, 222–227.

Part III: *As a nurse who will care for many different people,* ***knowledge of yourself*** *is very important.*

Please rate **YOUR** degree of confidence or certainty for each of the following items. Use the following scale and mark your response accordingly.

	Not Confident ← 1 2 3 4 5 6 7 8 9 10 → Totally Confident
(A) About yourself, you are **AWARE OF:**	
(54) YOUR OWN cultural heritage and belief systems	1 2 3 4 5 6 7 8 9 10
(55) YOUR OWN biases and limitations	1 2 3 4 5 6 7 8 9 10
(56) differences within YOUR OWN cultural group	1 2 3 4 5 6 7 8 9 10
(B) Among clients of different cultural backgrounds, You are **AWARE OF:**	
(57) insensitive and prejudicial treatment	1 2 3 4 5 6 7 8 9 10
(58) differences in perceived role of the nurse	1 2 3 4 5 6 7 8 9 10
(59) traditional caring behaviors	1 2 3 4 5 6 7 8 9 10
(60) professional caring behaviors	1 2 3 4 5 6 7 8 9 10
(61) comfort and discomfort felt when entering a culturally different world	1 2 3 4 5 6 7 8 9 10
(62) interaction between nursing, folk, and professional systems	1 2 3 4 5 6 7 8 9 10

Appendix C

Self-Efficacy Strength									
Student	Self-efficacy Strength Cognitive Dimension (Pre)	Self-efficacy Strength Cognitive Dimension (Post)	Improvement in Self-Efficacy? Y/N	Self-Efficacy Strength Practical Dimension (Pre)	Self-Efficacy Strength Practical Dimension (Post)	Improvement in Self-Efficacy? Y/N	Self-Efficacy Strength Affective Dimension (Pre)	Self-Efficacy Strength Affective Dimension (Post)	Improvement in Self-Efficacy? Y/N
1	#	#	#	#	#	#	#	#	#
2	#	#	#	#	#	#	#	#	#
3	#	#	#	#	#	#	#	#	#

* This table will be expanded to include every student in the sample.

Item 1 TSET			
Student	Pre-intervention TSET Score	Post-intervention TSET Score	Improvement in Self-Efficacy? (Y/N)
1	#	#	#
2	#	#	#
3	#	#	#
4	#	#	#
5	#	#	#
6	#	#	#
7	#	#	#
8	#	#	#
9	#	#	#
10	#	#	#
Etc.	#	#	#

* This table will be recreated for items 2-83 on the TSET.

Appendix D

Cultural Course Learning Objectives:

1. Identify common Hispanic cultural practices and implications for nursing care.
2. Describe cultural and social factors that influence nurse-patient interactions when caring for members of the Hispanic population (Bloom et al., 2006).
3. Identify basic Spanish phrases that can be used to support the establishment of a therapeutic nurse-patient relationship.
4. Communicate with the Hispanic patient using basic Spanish language skills and medical terminology.
5. Identify and discuss common illnesses and diseases encountered by the Hispanic population.
6. Identify and discuss common health disparities faced by the Hispanic population.

Appendix E

Module	Module Topics	Rationale	Learning Objective	Evaluation Method or Class Activity
1	Spanish Vocabulary: Introductions/greeting, rapport, and everyday things	Speaking to patients in their native language assists in rapport building, and relieves anxieties (Fleming et al., 2015; Halm & Wilgus, 2013; Mareno & Hart, 2014)	#3, #4	Vocabulary Quiz
	Communication Styles in the Hispanic Population	An understanding of communication styles across cultures can help the provider to address patient concerns openly (Halm & Wilgus, 2013; Jirwe et al., 2010)	#1, #3	Discussion Board
2	Spanish Vocabulary: Numbers, colors, time, days, and family	Speaking to patients in their native language assists in rapport building, and relieves anxieties (Fleming et al., 2015; Halm & Wilgus, 2013; Mareno & Hart, 2014)	#3, #4	Vocabulary Quiz
	Hispanic Family Structure	Understanding family kinship and the role of the family in the Hispanic culture addresses a potential need of the patient (Downing & Kowal, 2010).	#2	Discussion Board
3	Spanish Vocabulary: Question words, How are you? (common responses), common verbs	Speaking to patients in their native language assists in rapport building, and relieves anxieties (Fleming et al., 2015; Halm & Wilgus, 2013; Mareno & Hart, 2014)	#3, #4	Vocabulary Quiz
	Common health practices in Hispanic culture	Understanding common health practices can allow the provider to incorporate culturally sensitive practices into the culturally diverse patient's plan of care (Downing & Kowal, 2010).	#1, #2	Discussion Board
4	Spanish Vocabulary: Patient information, places and people in healthcare	Speaking to patients in their native language assists in rapport building, and relieves anxieties (Fleming et al., 2015; Halm & Wilgus, 2013; Mareno & Hart, 2014)	#3, #4	Vocabulary Quiz
	Spiritual Practices in Hispanic Culture	Understanding common spiritual practices can allow the provider to incorporate culturally sensitive practices into the culturally diverse patient's plan of care (Downing & Kowal, 2010).	#1, #2	Discussion Board

5	Spanish Vocabulary: The patient – body, Basic Initial Assessment Questions/Responses	Speaking to patients in their native language assists in rapport building, and relieves anxieties (Fleming et al., 2015; Halm & Wilgus, 2013; Mareno & Hart, 2014).	#3, #4	Vocabulary Quiz
	Healthcare disparities faced by the Hispanic population	Understanding common disparities faced by the Hispanic population can allow the provider to address these disparities as they are encountered in patient care (Downing & Kowal, 2010).	#2, #6	Discussion Board
6	Diabetes in the Hispanic Population	Developing a knowledge of common health issues encountered by the Hispanic population can assist the nurse in identifying risk factors and developing a patient specific plan of care (Halm & Wilgus, 2013).	#2, #5	Case Study
7	Spanish Vocabulary: Basic Initial Assessment Questions/Responses (continued)	Speaking to patients in their native language assists in rapport building, and relieves anxieties (Fleming et al., 2015; Halm & Wilgus, 2013; Mareno & Hart, 2014).	#3, #4	Vocabulary Quiz
	Heart Disease in the Hispanic Populations	Developing a knowledge of common health issues encountered by the Hispanic population can assist the nurse in identifying risk factors and developing a patient specific plan of care (Halm & Wilgus, 2013).	#2, #5	Case Study
8	Cultural Competence in the Care of the Hispanic Patient	Role playing provides an effective means of applying learned content. Students will role play a scenario that displays cultural competence in practice (Avila, Kamon, & Beatson, 2016; Fleming et al., 2015; Halm & Wilgus, 2013; Mareno & Hart, 2014)	#2, #3, #4	Role play with Essay Reflection (using Blackboard Collaborate)

Appendix F

NUR4710: Role Play Assignment

Phase 1	Post as an introduction to video 1: It is 7am on Thursday morning. You just received shift report and you are headed in to care for your patient, Marisa Martinez. Respond to video clip 1. In your response, introduce yourself, and check patient identifiers, and assess for the patient's chief complaint.
	Video clip 1: (*In Spanish language)* Hello. Are you my nurse today? What is your name? I need to talk to the doctor please.
	Post as a post activity following video 1: Summarize the encounter in your own words. Were you able to address the patient's needs? Why or why not?
Phase 2	Post as an introduction to video 2: After responding to video 1, you continue to assess Mrs. Martinez. Respond to her inquiries. Also conduct a full assessment of her pain.
	Video 2: (*In Spanish language)* I'm hungry. Can I eat some food? I am having so much pain in my stomach. I came into the emergency room yesterday. I'm so worried. I didn't sleep well. I'm very tired.
	Post as a post activity following video 2: Summarize the encounter in your own words. Were you able to address the patient's needs? Why or why not?
Phase 3	Post as an introduction to video 3: After responding to video 2, before leaving Mrs. Martinez, she has one concern. Answer her questions and end your patient encounter in a therapeutic way.
	Video 3: (*In Spanish language)* I want to call my husband. Does he know I'm on floor 3? What time will the doctor be here? I want my husband to be here when the doctor comes. Can you call my husband please?
	Post as a post activity following video 2: Summarize the encounter in your own words. Were you able to address the patient's needs? Why or why not?

Appendix G

Role Play Assignment Rubric

Description: This 3 part role play activity presents pre-recorded simulated care scenario with a Hispanic patient. The student will respond to each pre-recorded video with a video-recorded role-played response. Each response should be a minimum of 2 minutes in length. Phase 1: This is the introduction phase of the simulated care experience. Phase 2: The patient will provide information that requires a basic assessment to gather further information. Phase 3: This portion of the patient care scenario will focus on cultural practices. Students will be scored on their ability to incorporate cultrually-sensitive approaches into their care delivery. This assignment will be completed 2 times throughout this course. This rubric will be used to score each attempt, however only the second attempt's score will be included in the student's final grade. The first attempt will be completed during module 1. The second attempt will be completed during module 7.

Criteria:	**Proficient**	**Competent**	**Novice**
	Points: 46-50	Points: 40-45	Points: 0-39
Cross-Cultural Communication Skills	The student demonstrates effective use of culturally-sensitive communication skills.	The student demonstrates limited use of culturally-sensitive communication skills.	The student does not use culturally-sensitive communication skills
	Points: 46-50	Points: 40-45	Points: 0-39
Therapeutic Rapport	The Spanish language is used effectively to establish a rapport with the patient.	The Spanish language is used with error and hinders the ability to establish a rapport with the patient.	The Spanish language is not used and it hinders the ability to establish a rapport with the patient.
	Points: 46-50	Points: 40-45	Points: 0-39
Transcultural Knowledge	The student recognizes all relevant cultural concepts related to the Hispanic patient and addresses them appropriately.	The student recognizes some but not all cultural concepts related to the Hispanic patient and addresses them appropriately OR the student recognizes all relevant cultural concepts related to the Hispanic patient, but does not incorporate culturally-sensitive approaches to address them into his or her plan of care.	The student does not recognize several cultural concepts related to the Hispanic patient OR the student does not address culturally relevant concepts in his or her plan of care.
	Points: 46-50	Points: 40-45	Points: 0-39
Completeness	The student responds to each phase of the learning module. Each response is recorded and is a minimum of 2 minutes in length.	The student responds to each phase of the learning module; however, each response is not recorded OR each response is not a minimum of 2 minutes in length.	The student does not respond to each phase of the learning module OR responses are not recorded.

Appendix H

October 17, 2017

MEMORANDUM OF APPROVAL

TO: Ms. Kelly Martin
CC: Ms. Michelle Edmonds
FROM: Renee Rossi, Director, Research and Sponsored Programs
On behalf of the Jacksonville University Institutional Review Board
RE: IRB Decision: "Engagement in a Cultural Competence Course and its impact on Transcultural Competence, Transcultural Confidence, and Transcultural Knowledge" JU IRB # 2017-060

The purpose of this memo is to inform you that your Expedited Application to the Institutional Review Board (IRB) for the above referenced project has been Approved with the following Condition: Submission of IRB approval from Baker College

If you submitted a proposed consent with your application, the approved stamped consent is included with this approval notice. Only the stamped version of the consent may be used in recruiting subjects.

If the project is not completed by October 17, 2018, you will be required to submit a Continuing Review Report to the IRB. As a courtesy, a renewal notice will be sent to you prior to the expiration date; however, it is your responsibility as the Principal Investigator to submit a timely request for a renewal.

Please be advised that any change in the protocol for this project must be reviewed and approved by the IRB prior to implementation of the proposed change. A Revision/Amendment Form is required for consideration of any change. In addition, Federal Regulations require that the Principal Investigator promptly report, in writing, any unanticipated problems or adverse events involving risks to research subjects or others. If you have questions, please contact the Office of Research and Sponsored Programs at juirb@ju.edu or (904) 256-7151.

Appendix I

To: Kelly Martin

From: Institutional Review Board

Date: October 23, 2017

Re: Engagement in Cultural Competence Course and its Impact on Transcultural Competence, Transcultural Confidence and Transcultural Knowledge

Thank you for your submission of the above named protocol. The project has been identified as exempt under guidelines provided by rule of Health and Human Services. Please note that it is the researcher's responsibility to ensure that data is collected and maintained in a manner that meets the established criteria. No changes in procedure or documentation should be made without consultation with the Institutional Review Board (IRB). Changes to procedures may require the project to be resubmitted under a different category.

This project has been approved in its current form for one year (expires on October 23, 2018. If the project extends beyond this date, a request for modification must be submitted no later than 30 days prior to the above date. Please remember that any changes to the protocol will require the submission of a revised protocol to the IRB. Any adverse reaction by a research subject is to be reported immediately to the Chair of the IRB via e-mail at irb@baker.edu.

Questions concerning the IRB decision or any concerns may be directed to the Interim IRB Chair, through Dr. Jill Langen, President Baker College Center for Graduate Studies at irb@baker.edu.

Appendix J

IRB APPROVAL
Project: 2017-060
Approval: October 17, 2017
Expiration: October 17, 2018

JACKSONVILLE UNIVERSITY

Informed Consent Document to Participate in Research

You are being asked to take part in a research study. Before you decide whether to take part, please read the information below and ask questions about anything you do not understand.

PARTICIPANT'S NAME: _____

TITLE OF THE RESEARCH STUDY: **Engagement in Cultural Competence Course and its impact on Transcultural Competence, Transcultural Confidence, and Transcultural Knowledge**

RESEARCH INVESTIGATORS:

Principal Investigator 1:	Kelly Martin, MSN, RN Nursing Faculty Baker College of Muskegon DNP Student, Jacksonville University kelly.martin@baker.edu 231-777-5374
Principal Investigator 2:	Michelle Edmonds, PhD, FNP-BC, CNE Professor Kelgwin School of Nursing Jacksonville University medmond@ju.edu 904-256-7288
Co-Investigator 1:	Jasmine Dean, EdD Instructional Effectiveness Specialist Baker College of Muskegon jasmine.dean@baker.edu 231-777-6518
Co-Investigator 2:	Sherry Talsma, MSN, RN Nursing Program Director Baker College of Muskegon sherry.talsma@baker.edu 231-777-5257

Jacksonville University, 2800 University Blvd. N., Jacksonville, FL 32211

THE PURPOSE OF THE STUDY: My name is Kelly Martin, and I am a doctoral student at Jacksonville University working under the direction of Michelle Edmonds PhD, FNP-BC, CNE. The purpose of this study is to determine the impact that participating in a culturally based nursing course has on the nursing student's perceived level of transcultural self-efficacy, transcultural confidence, and cultural knowledge.

You will be asked to participate in an 8 week culturally-based course that addresses care of the Hispanic patient in healthcare. Topics addressed in the training course include basic communication in the Spanish language, common health disparities encountered by the Hispanic population, common health problems in the Hispanic population, common cultural, health, and spiritual practices that may influence care of the Hispanic patient. Participants will complete the Transcultural Self-efficacy tool to measure transcultural self-efficacy and transcultural knowledge prior to and after course completion.

If you choose not to participate in this study, it will not affect your enrollment in other nursing or general education courses. You will need to enroll in a different nursing elective course to fulfill graduation requirements.

If you decide to be in the study, your confidentiality will be protected. As a participant in this study, you will be encouraged to complete the Transcultural Self-Efficacy Tool after enrollment in this nursing elective course (prior to course initiation on January 8th, 2018) and after course completion (March 4th, 2018) after final grades are submitted. As your instructor and the Principal investigator in this study, Kelly Martin will not have access to the TSET data obtained throughout the study until after final grades for the nursing elective course are submitted. Dr. Jasmine Dean will serve as a co-investigator in this study. She will collect and code all data obtained throughout this study so all personal identification is removed from the data. Jasmine Dean will store data electronically under password protection. Kelly Martin will not have access to this information until after the course is completed and final grades are submitted for all participants. Participants will have an opportunity to communicate questions or concerns via email with Jasmine Dean. She can be emailed at jasmine.dean@baker.edu.

If you have any questions now or at any time during the study, you may contact anyone listed under Investigators.

If you agree, you will take part for 75 days. About 16 participants will take part in the study.

BENEFITS OF THE STUDY: You may benefit from being in this study. As a result of participating in the study, participants are likely to gain culturally relevant knowledge and skills, and experience improved transcultural self-efficacy. This will influence the provision of the culturally sensitive, culturally competent patient care in the delivery of patient care to the Hispanic patient. Students will receive course credit for successful completion of the course. Others may benefit as the result of your participation in this intervention. Hispanic patients of these nursing student participants are likely to receive care of a higher quality as a result of the participant's ability to provide culturally competent patient care. Additionally, the completion certificate (sent electronically to participants who successfully complete the course with a passing grade of B- or better and complete both the pre-test TSET and post-test TSET) can be placed in the participants' Nursing Student Professional Portfolio.

RISKS OF THE STUDY: This study does not constitute risk to participants beyond the minimal level. Students will receive a grade and course credit for successfully completing this nursing elective course. Participation in the culturally-based training course involves completing a course workload that is comparable to other nursing courses within Baker College School of Nursing in terms of rigor and workload. To assist in stress and time management, a course syllabus will be provided at the initiation of the course.

COSTS / COMPENSATION: Students will pay tuition to enroll in this course. The cost will be $460 per credit hour (3 credit course).

ALTERNATIVE TO BE IN THE STUDY: The alternative to taking part in this study is not participating in the culturally-based course. The student would choose to participate in an alternative nursing elective course. Two other nursing elective courses are offered within Baker College School of Nursing.

RIGHT TO PARTICIPATE OR WITHDRAW: You are free to stop taking part in this research study at any time without penalty and without losing any benefits to which you are entitled. If you decide to stop taking part in this research study for any reason, you should contact Kelly Martin at (231) 777-5374 or Dr. Michelle Edmonds (faculty mentor) at (904) 256-7288. If you have any questions regarding your rights as a research participant, you may call the JU Institutional Review Board at (904) 256-7151.

CONFIDENTIALITY: Only the researchers and certain Jacksonville University officials have the legal right to review research records, and they will protect the secrecy (confidentiality) of these records as much as the law allows. Otherwise, your research records will not be released without your permission unless required by law or a court order.

CONFLICT OF INTEREST: In general, presenting research results helps the career of a scientist. The researchers may benefit if the results of this study are presented at scientific meetings or published in scientific journals but your name and/or pictures will not be used.

CONSENT TO PARTICIPATE: You have been informed about this study's purpose, procedures, possible benefits, and risks; and the alternatives to being in the study. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time.

By signing this form, you voluntarily agree to take part in this study. You are not waiving any of your legal rights. You will receive a copy of this form.

_____	_____	_____
Participant's Name Printed	Participant's Signature	Date

Person Obtaining Consent and Authorization:

_____	_____	_____
Name Printed	Signature	Date

Appendix K

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
TSET Item 4 Pretest	7	2.00	8.00	5.4286	2.43975	-.313	.794	-1.833	1.587
TSET Item 4 Posttest	7	5.00	10.00	8.1429	1.95180	-.842	.794	-.785	1.587
TSET Item 5 Pretest	7	2.00	9.00	5.4286	2.82000	-.176	.794	-1.761	1.587
TSET Item 5 Posttest	7	5.00	10.00	8.0000	1.91485	-.598	.794	-.888	1.587
TSET Item 6 Pretest	7	.00	9.00	5.0000	3.46410	-.101	.794	-1.394	1.587
TSET Item 6 Posttest	7	6.00	10.00	8.2857	1.70434	-.618	.794	-1.396	1.587
TSET Item 10 Pretest	7	2.00	9.00	5.1429	2.54484	.543	.794	-.857	1.587
TSET Item 10 Posttest	7	6.00	10.00	8.2857	1.70434	-.618	.794	-1.396	1.587
TSET Item 11 Pretest	7	2.00	9.00	5.4286	2.57275	.074	.794	-1.312	1.587
TSET Item 11 Posttest	7	5.00	10.00	8.1429	1.95180	-.842	.794	-.785	1.587
TSET Item 12 Pretest	7	.00	9.00	5.0000	3.46410	-.168	.794	-1.394	1.587
TSET Item 12 Posttest	7	5.00	10.00	8.2857	1.79947	-1.074	.794	.701	1.587
TSET Item 14 Pretest	7	1.00	9.00	5.2857	3.03942	-.330	.794	-1.517	1.587
TSET Item 14 Posttest	7	4.00	10.00	7.5714	2.14920	-.489	.794	-.183	1.587
TSET Item 26 Pretest	7	3.00	10.00	6.2857	2.49762	.176	.794	-1.152	1.587
TSET Item 26 Posttest	7	6.00	10.00	8.0000	1.73205	.000	.794	-1.978	1.587

TSET Item 27 Pretest	7	3.00	10.00	5.4286	2.50713	1.006	.794	.703	1.587
TSET Item 27 Postest	7	6.00	10.00	8.2857	1.38013	-.174	.794	.336	1.587
TSET Item 28 Pretest	7	3.00	8.00	4.8571	1.86445	.719	.794	-.540	1.587
TSET Item 28 Posttest	7	6.00	10.00	8.1429	1.46385	.109	.794	-.666	1.587
TSET Item 29 Pretest	7	2.00	8.00	4.7143	2.36039	.156	.794	-1.556	1.587
TSET Item 29 Posttest	7	5.00	10.00	7.8571	1.86445	-.361	.794	-.738	1.587
TSET Item 30 Pretest	7	2.00	7.00	4.8571	1.86445	-.145	.794	-1.070	1.587
TSET Item 30 Posttest	7	5.00	10.00	7.7143	2.05866	-.429	.794	-1.161	1.587
TSET Item 31 Pretest	7	2.00	7.00	4.5714	1.98806	-.415	.794	-1.496	1.587
TSET Item 31 Posttest	7	4.00	10.00	7.5714	2.14920	-.489	.794	-.183	1.587
TSET Item 34 Pretest	7	3.00	8.00	5.0000	1.63299	.964	.794	1.163	1.587
TSET Item 34 Posttest	7	5.00	10.00	7.8571	1.95180	-.288	.794	-1.446	1.587
TSET Item 35 Pretest	7	3.00	8.00	5.4286	2.14920	.348	.794	-2.320	1.587
TSET Item 35 Posttest	7	4.00	10.00	8.2857	2.05866	-1.817	.794	3.828	1.587
TSET Item 37 Pretest	7	3.00	8.00	5.2857	2.05866	.589	.794	-1.651	1.587
TSET Item 37 Posttest	7	4.00	10.00	8.1429	2.03540	-1.596	.794	3.271	1.587
TSET Item 41 Pretest	7	3.00	8.00	5.4286	1.81265	.043	.794	-1.374	1.587
TSET Item 41 Posttest	7	6.00	10.00	8.2857	1.49603	-.256	.794	-.968	1.587
TSET Item 44 Pretest	7	2.00	8.00	4.4286	2.07020	.773	.794	-.012	1.587
TSET Item 44 Posttest	7	5.00	10.00	7.2857	2.13809	.342	.794	-1.690	1.587

TSET Item 45 Pretest	7	3.00	8.00	4.8571	1.86445	.719	.794	-.540	1.587
TSET Item 45 Posttest	7	6.00	10.00	8.1429	1.67616	-.309	.794	-1.468	1.587
TSET Item 46 Pretest	7	2.00	7.00	4.5714	2.07020	.174	.794	-2.103	1.587
TSET Item 46 Posttest	7	6.00	10.00	8.1429	1.67616	-.309	.794	-1.468	1.587
TSET Item 49 Pretest	7	2.00	9.00	5.5714	2.37045	-.124	.794	-.649	1.587
TSET Item 49 Posttest	7	6.00	10.00	8.1429	1.67616	-.309	.794	-1.468	1.587
TSET Item 52 Pretest	7	2.00	8.00	4.7143	2.13809	.517	.794	-.771	1.587
TSET Item 52 Posttest	7	3.00	10.00	7.2857	2.56348	-.692	.794	-.281	1.587
TSET Item 59 Pretest	7	4.00	9.00	6.5714	1.90238	-.154	.794	-1.870	1.587
TSET Item 59 Posttest	7	8.00	10.00	8.8571	.89974	.353	.794	-1.817	1.587
TSET Item 61 Pretest	7	5.00	10.00	7.8571	1.57359	-.755	.794	1.448	1.587
TSET Item 61 Posttest	7	8.00	10.00	9.2857	.75593	-.595	.794	-.350	1.587
TSET Item 62 Pretest	7	4.00	9.00	6.7143	1.79947	-.368	.794	-1.130	1.587
TSET Item 62 Posttest	7	7.00	10.00	8.5714	1.13389	.235	.794	-1.227	1.587
TSET Item 66 Pretest	7	7.00	10.00	9.0000	1.29099	-.651	.794	-1.704	1.587
TSET Item 66 Posttest	7	9.00	10.00	9.5714	.53452	-.374	.794	-2.800	1.587
TSET Item 67 Pretest	7	8.00	10.00	9.0000	1.00000	.000	.794	-2.600	1.587
TSET Item 67 Posttest	7	9.00	10.00	9.4286	.53452	.374	.794	-2.800	1.587
TSET Item 69 Pretest	7	7.00	10.00	8.7143	1.11270	-.249	.794	-.944	1.587
TSET Item 69 Posttest	7	9.00	10.00	9.5714	.53452	-.374	.794	-2.800	1.587

TSET Item 71 Pretest	7	8.00	10.00	9.0000	.81650	.000	.794	-1.200	1.587
TSET Item 71 Posttest	7	8.00	10.00	9.4286	.78680	-1.115	.794	.273	1.587
TSET Item 72 Pretest	7	6.00	9.00	7.8571	1.06904	-.772	.794	.263	1.587
TSET Item 72 Posttest	7	8.00	10.00	9.0000	.81650	.000	.794	-1.200	1.587
TSET Item 75 Pretest	7	7.00	10.00	8.8571	1.34519	-.798	.794	-1.280	1.587
TSET Item 75 Posttest	7	9.00	10.00	9.4286	.53452	.374	.794	-2.800	1.587
TSET Item 76 Pretest	7	6.00	10.00	8.5714	1.27242	-1.581	.794	3.168	1.587
TSET Item 76 Posttest	7	8.00	10.00	9.1429	.89974	-.353	.794	-1.817	1.587
TSET Item 82 Pretest	7	8.00	10.00	9.2857	.75593	-.595	.794	-.350	1.587
TSET Item 82 Posttest	7	9.00	10.00	9.7143	.48795	-1.230	.794	-.840	1.587
TSET Item 83 Pretest	7	8.00	10.00	9.2857	.75593	-.595	.794	-.350	1.587
TSET Item 83 Posttest	7	8.00	10.00	9.5714	.78680	-1.760	.794	2.361	1.587
Valid N (listwise)	7								