Cultural Diversity: A Foundational Building Block for Graduate Curricula

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Objectives

- Discuss cultural diversity as it relates to advanced practice nursing
- Recognize the importance of understanding culture and the implications for advanced practice nursing
- Describe an assignment used in a graduate level nursing class to promote cultural competence
- Understand how students perceive the reflection they engage in
The United States (U.S.) population is growing more diverse all the time.

The U.S. population is now 24.4% non-White with 13.2% non-U.S.-born citizens, according to the 2016 census data (Dyches, Haynes-Ferere, & Haynes, 2019). There is an estimated 44 million immigrants that reside in the U.S. (Zong, Batalova, & Hallock, 2018).

“Cultural diversity is a fact of life” (Schim, Doorenbos, Benkert, & Miller, 2007, p.105).

Technology connects people like never before.
Themes like cultural competence, cultural humility, cultural awareness, and cultural sensitivity have come to the forefront of both health care practice and the preparation of nurses and advanced practice providers (Schim et al., 2007).

These themes should be foundational to advanced practice education
What is Culture?

- The concept of culture has been variously defined across a broad scope of worldviews

- Leininger's (1991) classic definition: “learned and transmitted values, beliefs and practices” (p. 111)

- Definitions that transcend race and ethnicity and include diverse subcultures (Schim et al., 2007): “A dynamic, nested, systems perspective that goes beyond discussions of race and ethnicity to include diverse subcultures” (p. 104)

- However culture is conceived, one’s cultural beliefs impact the provision of health care: cultural and ethnic backgrounds shape views of both illness and wellness (Schim et al., 2007; Yeo, Phillips, Delengowski, Griffiths, & Purnell, 2011)
Process of Cultural Competence

(Ampinha-Bacote, 2002)
Implications for Advanced Practice

💧💧 To be effective, advanced practice nurses must not only understand the concept of cultural competence but also fully embrace its utility in their everyday encounters with clients

💧💧 Effectiveness in this domain does not necessarily happen as a matter of course

💧💧 Opportunities for rigorous self-examination and application of the concepts are needed to hone and refine cultural skill
People from other cultures retain their opinions, values, and systems of belief, regardless of where they live (Yeo et al., 2011).

However, “health care providers often assume that different cultures are more alike than they actually are” (Yeo et al., 2011, p.248) or conversely, that they are more different than they actually are.

Erroneous assumptions can have a detrimental impact at all points along the healthcare continuum: assessment, diagnosis, treatment, follow-up, and ultimate outcome.
What Did we Do?

💧💧 In that spirit, graduate-level assignments that demonstrate the uniqueness of all individuals and the critical need for advanced practice students to prepare themselves to deal compassionately and effectively with diverse groups of individuals are key to preparing the providers of the future (Dyches et al., 2019)

💧💧 In a course devoted to illuminating the complexity of health protective behaviors and taking into consideration these key cultural concepts, faculty developed a cultural humility assignment

💧💧 Students choose a book or film with a protagonist from a culture different from their own
Students are challenged to apply the core principles of Campinha-Bacote’s model, *The Process of Cultural Competence in the Delivery of Healthcare Services* (Campinha-Bacote, 2002)

Provides a framework for (a) understanding the cultural beliefs, values, rituals, and customs of an unfamiliar group of individuals and then (b) articulating how that exposure has increased understanding of one’s own cultural values and biases
According to Campinha-Bacote (2002), there are five essential components of cultural competence: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire, which must be experienced and integrated into one's clinical approach (pp. 181-183).

Two central components of the model, cultural desire and cultural awareness, were chosen as the foci of the project because faculty believe they are foundational to cultural competence as a whole.
Overarching Objectives

This dual approach is designed to achieve a two-pronged objective:

To (a) prepare future providers who both understand and appreciate the impact of culture on human motivation and behavior, and (b) to initiate a lifelong process of self-examination and self-reflection that helps them grow as individuals and informs their holistic care of all clients, regardless of cultural background.

Students deeply reflect on their experience of watching a movie or reading a book that speaks to these fundamental concepts and then construct a formal reflection paper based on what they learned.

The critical combination of exposure followed by reflection lays the groundwork for personal growth and transformation.
Books

- Mama might be better off dead (Abraham, 1994)
- How the Garcia girls lost their accents (Alvarez, 1992)
- The heart of a woman (Angelou, 1981)
- A midwife’s story (Armstrong, 1986)
- The Black girl next door (Bazile, 2008)
- The Nazi officer’s wife (Beer, 1999)
- Daughter of destiny (Bhutto, 1988)
- God grew tired of us (Bul Dau, 2007)
- Like one of the family (Childress, 1986)
- Between the world and me (Coates, 2015)
- The house at Sugar Beach (Cooper, 2003)
- Breath, eyes, memory (Dandicat, 1994)
- Krik? Krak! (Dandicat, 1996)
- The spirit catches you and you fall down (Fadiman, 1997)
- The kite runner (Hosseini, 2003)
- A thousand splendid suns (Hosseini, 2007)

Movies

- All about my mother (Almodovar, 1999)
- In the time of butterflies (Barlett et al., 2001)
- Whale rider (Barnett et al., 2002)
- The Danish girl (Bevan et al., 2016)
- Driving Miss Daisy (Billcock et al., 2010)
- Race (Brunig et al., 2016)
- Arranged (Crespo & Schaefer, 2007)
- Gran Torino (Eastwood, 2008)
- Memoirs of a geisha (Fisher et al., 2005)
- The Last Samurai (Herskovitz et al., 2003)
- Imitation of life (Hunter, 1959)
- Belle (Jones, 2013)
- The stoning of Soraya M (McEveety et al., 2010)
- Wadjda (Meixner et al., 2013)
- Bend it like Beckham (Nayara & Chadha, 2002)
- Something the Lord made (Sargent, 2005)
- Schindler’s list (Spielberg et al., 1993)
How did it Work?

The basic structures and intentions of the Cultural Humility assignment were represented and assessed in the form of summative comments from students on course evaluations.

How did the experience help correct and inform their understanding of culture, bias, and the importance of incorporating these core principles into the care they provide?
“A really fun assignment.”
“I learned things I will take with me long after I leave the program.”
“I really never understood how much there is to being culturally competent!”
“I couldn’t believe how many hidden biases and prejudices I had--I honestly thought I had none!”
“I will never look at cultural diversity the same way again.”
“I see now it takes more than just “not being racist” to be culturally competent.”

“This assignment helped me see that I was racially profiling on a regular basis, even though I would have sworn I would never do that.”

“Some assignments change you as a person--this one did. Not just my practice, but my life.”
The hope is that the process of dwelling deeply with these principles will set the stage for practice that is based on respect for and appreciation of the dignity of all human beings and the diversity and commonality present in all cultures and traditions.
References


