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Accessing the Development of Undergraduate Nursing Students on Their Cultural Awareness Journey

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This is to certify that I have examined this
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and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
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Executive Summary

In the United States there is an ever-increasing diversity of the populations receiving health care service. The newly graduated nurse needs to be prepared to step into a variety of roles quickly, armed with the understanding of what is needed to provide effective care, including cultural awareness. Nursing education programs must provide the education that students require to be equipped to effectively meet the needs of patients related to their diverse characteristics.

Understanding of the nature and process of human learning is critical to the development of educational curricula. The purpose of this systems change project was to better understand how nursing students develop cultural awareness that will enhance the delivery of nursing care to diverse patients and populations.

The college and nursing program site for this systems change project was a small, faith-based campus in Midwestern United States, with a unique faith-based mission and focus. A nursing program goal, that supports an institutional goal, is that graduates will be able to implement biblically-based professional nursing care and leadership for culturally and ethnically diverse individuals and communities. In order to understand how to measure and what measurements would best demonstrate this outcome, it is incumbent upon the program to attempt to qualify and quantify how students develop and demonstrate growth in cultural awareness.

A convenience sample of eleven students enrolled in the junior-year transcultural nursing course were assigned three unique lesson modules created for the project. Utilizing a test-retest (a pre and post-test) intervention methodology, participants provided answers to questions about their understanding of the concept of culture and caring for diverse patients. Content analysis

was performed to describe the themes and growth in participant's cultural awareness following completion of the course modules.

Content analysis revealed three themes: culture is a mosaic that gives meaning to human experience, culture evokes conflicting emotions, and cultural awareness is experiential. Descriptive statistics demonstrated small changes in the percentage of participants' movement towards understanding of the complexities of culture and caring across cultures. Perceptions and understanding were measured over a relatively short time-frame of five weeks. Results suggest that the process of cultural awareness occurs slowly over time. Participants also indicated that their Christian faith should inform their desire to care for diverse patients, though it was not as simple as first assumed.

The results of this project pointed to the importance of appreciating the process of nursing students' growing cultural awareness. For the nursing program, there is now more information that will assist in establishing measurable outcome criteria for student achievement of the program goal of being able to care for culturally and ethnically diverse individuals and communities.

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Health care knowledge, technology, and delivery continue to change rapidly in response to scientific advances, financial realities and population demographics. Nursing education is changing, but has struggled to develop pedagogies that effectively keep pace with new knowledge, technology and the changes in patient demographics. There is a growing body of theory and evidence-based practice that should inform curricula and teaching methodologies. In contrast to secondary educational institutions, where outcomes are primarily based on attainment of subject knowledge, institutions of higher learning should be able to demonstrate that they are able to produce students who meet both academic standards and behavioral outcomes established in the institution's mission or vision and outcome goals.

An understanding of the nature and process of human learning is critical to the development of educational curricula. Nursing program curricula must meet the student's cognitive, affective and psychomotor learning needs. In addition to the institutional mission for its graduates, programs of nursing education must adhere to licensing board standards and professional standards for the educational preparation of future nurses. A key to successful nursing education is a balance of strong mission, critical content, effective methodology and an appreciation of the diverse developmental processes of the student.

Background and Significance

Many nurses recite the Florence Nightingale Pledge (Gretter, 1893) during nursing school graduation ceremonies. The pledge has an enduring place in the philosophy of nursing in the United States. As graduates recite the pledge, they promise to focus on their patient's welfare. Providing for the welfare of the patient has been interpreted to include the concept that a nurse

must assesses the unique situation of each patient and provides a plan of care that meets the individual needs of that patient. Characteristics of patients that contribute to their uniqueness include age, family of origin, gender, their life history, and all of the environmental influences that have shaped the patient's life, health beliefs, and health status.

The metaparadigm of nursing guides the training of future nurses to include an understanding of the philosophical definitions to these concepts; the person, the environment, health, and the nursing profession (Thorne, et.al. 1998). It is important for nursing students to understand and practice the integration of these concepts as they develop their own caring style and approach to each patient as a unique individual.

The nursing metaparadigm does not include the concept of caring, however, a nurse's understanding of the "person" is the focal point for the nurse's reason for caring. Caring for the patient implies emotional and relationship qualities that the nursing student must develop in order to effectively meet the unique needs of the patient. There is an emotional component to the connections that are made between two people as they learn about the each other in the context of a caring relationship. For nursing students whose work will involve establishing therapeutic relationships, it is important to develop social and emotional intelligences in addition to traditional cognitive and psychomotor intelligence. In his seminal work on "emotional intelligence," Goleman (2005) posits a link between emotions and an ability to see and interpret a variety of verbal and non-verbal cues about another person. This ability would be an important factor in understanding and relating to a patient's culture.

An approach that may help to identify this ability and perhaps a preferred pedagogy to support students' growth is "appreciative inquiry." It is both a research methodology and process developed by Cooperrider (2005), that seeks to understand and motivate participants using

positive aspects of human behavior or systems to effect positive change. The concept involves transformational thinking; the opposite of traditional problem-solving approaches to change. Rather than fixing or repairing negatives, change is built on existing strengths.

Nursing students learn to obtain patient histories and assess detailed information about demographics, developmental, psychosocial, spiritual, and physiological status. National professional nursing organizations have established education guidelines that advise nursing education programs to include competencies in providing individualized patient care that includes culturally appropriate care and basic social equality supported by ethical practice (American Association of Colleges of Nursing, 2008; American Nurses Association, 2001; 2003). The American Association of Colleges of Nursing (AACN) (2008) established *The Essentials of Baccalaureate Education for Professional Nursing Practice* in 1998 and revised them in 2008. These standards and others from professional nursing, including the American Nurses Association, advise baccalaureate programs to include competencies in providing culturally appropriate care, basic social equality, and ethical practice. Essential VIII states: *"*Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to nursing" (p.4). The rationale for this standard, in part, includes knowledge and the understanding of the needs of patients of all ages, genders, literacy levels or languages, cultures, belief systems and values.

Patient characteristics and context are components of the patient's culture. Merriam-Webster (2011) includes the following concepts in the definition of culture: "The characteristic features of everyday existence (as diversions or a way of life} shared by people in a place or time" (5 b). As they sought to define parameters of cultural competence for health care providers, Kleinman & Benson (2006) summarized a series of definitions of culture that included

patients' social, psychological, physiologic, and emotional aspects. On a practical level, the authors suggest that caregivers obtain "mini-ethnography" from each patient (p.1676). This complex skill requires an understanding of what is included in the patient's cultural identity, but also requires the nurse to have developed an awareness of and sensitivity towards the emotions and beliefs affected by culture. Nursing education bears responsibility for developing student outcomes that demonstrate growth in both knowledge and interpersonal behaviors, often referred to as "cultural competence" (Kardong-Edgren, & Campinha-Bacote,2008; Leininger,1991: Kleinman, Frederickson & Lundy, 2004; Luna & Miller, 2008).

Social justice background. Principles of social justice speak to sharing resources among all populations, identifying the source of disparities, and working to change systems that create barriers to access. Although, less than 20% of the nursing workforce is identified as belonging to a minority group (U.S. Department of Health and Human Services Health Resources and Services Administration, 2008), all nurses must be prepared to meet the needs of each of their patients: across the lifespan, from all backgrounds, all lifestyles, religions, and ethnicities. And, although efforts to increase diversity in the nursing workforce are an important part of reducing barriers to care, the imperative for nursing education to embrace cross cultural knowledge and experience in their curricula is critical.

Minority and immigrant populations are increasing in the U.S. While the population of White Americans has increased less than 6%, minority populations have increased by over 20% according to the 2010 U.S. Census (U.S. Census Bureau, 2010). Of concern to nursing are the health outcomes for minority populations in the United States that are falling behind the outcomes for Caucasian populations in all age groups and across a wide variety of acute and chronic health problems (Agency for Healthcare Research and Quality, 2011b). Management of

chronic health problems for minority patients was considered optimal only 75% of the time, matching the average of quality acute care services provided (Agency for Healthcare Research and Quality, 2011). Twenty percent of all U.S. citizens surveyed in the National Health Disparities Report (Agency for Healthcare Research and Quality, March 2011b), stated that they experienced barriers, including delays in obtaining prescription medications and limited health care office hours. Nurses need to respond to this data, in part, by understanding patient characteristics that predispose them to barriers to care.

From the perspective of the needs of the health care industry in the United States, the recent Institute of Medicine Report (Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine, 2010) explains that the goal of nursing education is to prepare new nurses to meet the needs of the whole person, and must consider the changing dynamics and characteristics of the populations that are served by nurses. One of these characteristics is the ever-increasing diversity of the populations receiving health care services. Changes are the result of globalization, immigration, and other social trends, and nursing education programs must provide the education that students require to be equipped to effectively meet the needs of patients related to their diverse characteristics. The report emphasizes that the newly graduated nurse needs to be prepared to step into a variety of roles quickly, armed with the understanding of what is needed to provide effective care, including cultural awareness. This is part of the nurse's ethical duty to recognize the principle of human dignity.

Parallel with the ethical principles provided by professional organizations and other secular moral frameworks for cross-cultural practice, the faith-based nursing program that was the focus of this project relies on the Bible as a spiritual imperative. There are a number of

references to the inclusion of all nations and people in the Christian's call to servanthood and ministry. Most notable is the Apostle Paul's adoption of the characteristics of others described in I Corinthians 9: 17-22, where he explains that he gives freely of his knowledge and becomes like those to whom he is ministering in order to reach them effectively. In order to do this, one must understand the culture of the people and take on an attitude of servanthood. Some of the nursing students have lived cross-culturally, growing up in missionary families. Frequently, program application essays describe the desire to learn to provide care for all of God's people.

These students express the "cultural desire" described by Campinha-Bacote (2005 p. 18) related to her model of the development of cultural competence. She asserts that several emotions, including love and caring are fundamental to cultural desire. This cultural desire is the impetus that drives students to seek to become culturally competent, to understand what it means to provide cultural caring. In addition, there is a strong biblical basis to this desire. Campinha-Bacote describes the scriptural precepts that require Christians to reach out to diverse people in love to meet their needs and help them to experience God's grace as his precious creations (p. 19).

Another key to effective Christian ministry is proposed in Livermore's (2009) theory of cultural intelligence. From a biblical perspective his graphic model of cultural intelligence centers on love. According to Livermore, love begins as a desire, and must be developed overtime and with experience to grow. Livermore also described specific types of culture that Christians would face in the practice of caring across cultures; socioethnic culture, organizational culture, and generational cultures. The cultural intelligence map includes knowledge, interpretation skills, behavioral parameters and the concept of perseverance. This biblical principal is acknowledged by both Campinha-Bacote and Livermore based on I Corinthians

13:3-7, …"love bears all things…is patient….not easily provoked." Campinha-Bacote, Livermore and Kleinman and Benson all seem to steer away from the idea that "competence" is a desirable goal. Rather, the concepts of growing desire, awareness and holism are developmental processes, without a definable endpoint.

Organization background. The college and nursing program site for this project was a small, faith-based campus in Midwestern United States, with a unique faith-based mission and focus, that aims to produce graduates who are prepared for Christian leadership in professional careers, the church, locally and around the globe. The college is accredited by the Higher Learning Commission. Every student earning a baccalaureate degree in any major, including business, education, and nursing, also completes a second major in Christian Studies. All graduates from this college must also meet a global awareness requirement defined by the college, but supported with courses and practicums defined within the individual departments. The college claims to have an historic commitment to diversity as a result of its mission A number of the college's graduates are serving in cross-cultural capacities in the United States and internationally. Many faculty have served as missionaries in other countries and bring unique understanding and experience to the classroom.

Based on publically available reports, in 2010 the student body consisted of 1176 undergraduate students; 532 men and 644 women, 77% white, 8% Asian and 3% each Hispanic and African American. Forty-one students were enrolled at the junior and senior level with another 40 students who declared nursing as their major. The program has provided 60 new nurses from four graduating classes.

College Outcome Evaluation

Initiatives for assessing student development in leadership did not address specific evaluation of students' growth in the area of global with its implications of cross-cultural service As an indication of dedication to cross-cultural experiences and service, the college reports that over 100 students, including several nursing students participated in 15 inter-cultural experience (ICE) trips to diverse cultural locations in the U.S. and the world in 2010, through the International Service Learning office However, there are no data that demonstrates student outcomes related to this cross-cultural service learning experience.

The Nursing Program

The nursing program at this faith-based college appeals to prospective students who are interested in the unique mission and goals of the college. Program accreditation was obtained in 2008 from the Commission on Collegiate Nursing Education (CCNE) The college mission statement guides the nursing program promotion material. The nursing plan of study includes a didactic transcultural nursing course with a practicum that can be met in several ways. One option is a service experience with a diverse population in a regional agency, and a second option is to apply to join one of the ICE trips to locations across the United States or the world. Over the past five years, nursing students have traveled to the Republic of the Congo, Kenya, Guinea, Haiti, Hamtramck, MI, and a Native American reservation in Arizona.

Because the national professional nursing organizations have established standards that include culture-care competencies for nursing practice and education, most baccalaureate nursing programs offer some coursework with objectives that point to the nursing student being able to demonstrate some understanding of how to provide care patients from a variety of cultures. "The mission of the project site Nursing Department includes a Christian Studies in addition to

sciences and humanities. Clinical nursing experiences engage with a variety of hospitals and agencies, with some focus on diversity related to missionary nursing. A cross-cultural nursing experience is embedded in at least one nursing course.

The unique goals of this faith-based college nursing program include producing graduates who will:

- Provide biblically-based professional nursing care incorporating all aspects of the nursing process in keeping with evidence-based practice.
- Carry out biblically-based professional care and leadership for culturally and ethnically diverse individuals and communities.
- Continue to learn throughout their career, synthesizing and biblical principles, nursing theory, research, and the sciences.
- Utilize a Christian worldview to influence the health care system through organizational, political, and regulatory processes.

Nursing course objectives, content, and activities support these goals. The framework of professional practice for program graduates is a Christian worldview.

Problem Statement

In spite of the college and nursing program's mission and stated commitment to diversity and to prepare students to meet the needs of a diverse world, there is not a clear measure that demonstrates student accomplishment of this goal. The academic preparation of nursing students must provide and evaluate course content related to cross-cultural care. Although an intercultural course is in the nursing department curriculum, there are no specified evaluation criteria to evaluate whether or not students meet the standard addressed by this requirement. In addition, in order to understand how to measure and what measurements would best demonstrate

this outcome, it is incumbent upon the program to attempt to qualify and quantify how students develop and demonstrate growth in cultural awareness.

Project Purpose

The purpose of this systems change project was to better understand how nursing students develop cultural awareness that will enhance the delivery of nursing care to diverse patients and populations. Baccalaureate nursing students need to be able to effectively care for individuals and groups of people from diverse backgrounds, life experiences and belief systems. Therefore, it is necessary to understand whether or not national standards for nursing education and the mission statements for the college and nursing program are being met.

Of particular concern, in November, 2010, results of the annual student assessment of the Nursing Department's mission and goals indicated a need for content revision in the transcultural nursing course to enhance student learning. In response to student's learning need of cultural awareness, this project explores the effectiveness of three unique learning modules created for a course in transcultural nursing.

Stakeholders

Stakeholders, affected or potentially affected by this project, include a number of groups at a variety of levels within and outside of the organization. Within the organization, there are board members appointed by the affiliated national church organization, administrators including a president, and vice-presidents of academics, marketing, finance, and operations. Each of the nine academic departments is led by a department appointed chairperson who holds a teaching load in addition to working with faculty to establish the program and course objectives that are tied to student learning and behavioral outcomes. Students were advised and taught by the 33 full-time faculty in 2011. There were over 80 nursing students planning to complete a nursing degree and join the ranks of healthcare providers.

Externally, the nursing program is supported in its mission by a volunteer advisory board with four external community health care professional members and one internal non-health care member. There are approximately 12 external community partner agencies that provide clinical sites and preceptors for the pre-licensure students. While it has been difficult to track graduate employment, local agencies have hired a number of graduates, often hiring students who participated in the agency's summer internship program (T. Newby, personal communication, August 16, 2012).

Each of these stakeholders has a vested interest in the success of the nursing program and expect it to graduate students who have meet the program's mission and goals. Stakeholder surveys internally and externally report the belief that the program provides students with the education necessary to successfully enter the profession. However, there are no aggregate outcome data to demonstrate the' ability of graduates to serve effectively across cultures. The Commission on Collegiate Nursing Education (CCNE), a national accreditation organization, requires that accredited programs be able to show that they are meeting nursing program goals and student outcomes.

> Increasing globalization of healthcare and the diversity of this nation's population mandates an attention to diversity in order to provide safe, high quality care. The professional nurse practices in a multicultural environment and must possess the skills to provide culturally appropriate care (American Association of Colleges of Nursing, 2008. p. 6).

Research Question

How do junior nursing students in a baccalaureate, faith-based nursing program achieve cultural awareness as a result of intentionally developed educational modules placed in an existing transcultural nursing course?

Project Overview

This nursing program's mission requires an appreciation and sensitivity to transcultural nursing as a planned concept, nurtured within the nursing curriculum. This systems change project sought to qualify the importance of guided experiences that encourage inquiry into the complexities of cultural caring and growth in student awareness. The modules incorporated principles of emotional intelligence education and appreciative inquiry to increase the nursing student's awareness of the components of culture, self-awareness of their own culture, and how this understanding relates to caring across cultures. Results of participant pre- and post-test evaluations monitored students' progress towards the nursing program's mission and goal: nurses who are able to provide culturally sensitive care wherever in the world they serve patient's health care needs.

Chapter 2

Theoretical Frameworks

Education, as an academic discipline, has been developing theories of learning for over a century (Raholm, 2010). As a professional discipline, nursing looks back to Nightingale (Gretter, 1893) for the beginnings of nursing theory, but development of nursing theories for practice and nursing education have evolved over the past 60 years (Bond, et al., 2010). Alligood and Tomey (2010) describe the role of nursing theory as the basis for a body of "nursing knowledge" (p.10). Research that contributes to nursing knowledge has the underlying aim of improving nursing practice and, therefore, patient care.

If described as three interlocking rings, theory, research and practice come together in a space that could be labeled "evidence." However, there are legitimate questions in practice as to what constitutes evidence, and how complex reasoning within research will be accepted in practice (Matthew-Maich, Ploeg, Jack, & Dobbins, 2010; Raholm, 2010). The realities of nursing practice are complex, and new knowledge needs to be able to apply to many dimensions: human, technology, and scientific. Raholm (2010) asserts that abductive reasoning, with its connection to pragmatism, contributes to understanding of the complexities that define nursing. Research that appreciates a breadth to the process and the patterns that are involved is more likely to contribute useful knowledge to nursing. In many cases, several theories, including those from other disciplines, are useful to researchers. These varied theories inform the aims and methods that lead to an understanding of complex relationships inherent in the research questions.

The next challenge is applying research to practice. Matthew-Maich, et al. (2010) suggest that the most effective process for nurses to integrate the knowledge uncovered by research is transformative learning. This type of learning, theorized by Mizerow (2000)

encourages nurses to be reflective practitioners. "Critical discourse" must appreciate nurses' feelings and experiences because the implementation of research findings does not occur in a vacuum. Nurses must agree that change is necessary and beneficial to practice (Matthew-Maich, et.al., 2010, p.28). The aim of research should be to provide useful knowledge; not just new knowledge for knowledge' sake.

Dewey and experiential learning. John Dewey (1933), a philosopher and psychologist driven to describe the process of learning and the pedagogy that best supports learning, postulated that learning could not be achieved by absorbing a series of concrete facts that would be parroted back by the passive student. In fact, he insisted that it was critical to understand how we think, and what effect that has on the process of learning, ultimately demonstrated in changed behaviors. Dewey insisted that the process of knowing was based on an individual's experience. Each experience had its roots in the context of social development. Dewey theorized that meaningful learning could only occur as the student applied cognitive understanding to the real-world experiences in life as they had lived it. When the student matured and gained more experience, learning or knowledge would become additive, based on prior experiences.

The expression of these experiences became the gauge of readiness for a student to add to knowledge in the context of new experiences. Teachers, whether in the form of a parent or a formal teacher, were the experts who determined the student's readiness for new experiences. Learning took place in a carefully crafted environment that encouraged the student's own inquisitiveness and desire to participate in a new experience.

Empiricism, the belief that learning based on experience informs the knowledge that leads to rational thought or the ability to critically examine a piece of knowledge, not the other way around (Dewey, Ratner &Post, 1939). In this respect, it could be said that Dewey based his

theory on anthropological principles; that people are a product of environment and experience, both concepts that will vary within the cultural and social environment. Dewey's theory of the learning process is introductory to Benner's (1984) theory of novice to expert, an affirmation of the development of expertise through ongoing experiences, and complimentary to Leininger's culture care theory. In relation to this project, it is important to understand how knowledge and experience function in the journey toward effective cross-cultural care. The implication is that the development of an effective understanding of cultural caring begins with an understanding of how the student's life experiences shape thinking.

Benner's novice to expert theory. Although the origins of Benner's (1984) theory of nursing practice development were in an exploration of clinical practice, this theory has also become associated with nursing education. Further, it has been listed by a number of health care facilities and programs as one of several theoretical frameworks that inform their curriculum development and student outcomes. Based on a mathematical model of how experts acquire the skills that make them experts at a particular task, Benner applied the model to actual clinical situations to identify levels of clinical decision-making ability and describe a theory for the development of nursing expertise (Benner, 1984).

It is important for educators and nursing supervisors to understand that this theory is not attempting to define manual skills that are often learned and practiced in a nursing intervention laboratory. Benner was interested in learning if nurses progressed through levels of the ability to think and respond in practice (Benner, 1984). Nursing schools graduate students who are trained to be entry-level nurse generalists or novices. Pedagogy involves methods that give students cognitive and psychomotor knowledge and skills. In addition, nursing programs need to help

students develop attitudes and interpersonal skills that complete the matrix that makes the nurse a caring practitioner (Benner, 2011).

The equivalent of expertise in cross cultural caring has often been referred to as "cultural competence." However, according to Benner (1984), the term "competent" describes level three out of five levels (p. 25). Developing expertise in any nursing situation requires repeated opportunities to build proficiency. The model and the theory are based on practice experience in a given environment or situation. Behavioral changes occur over time, and are affected by the variables and complexity of the practice environment. As novices, nursing students require performance parameters based on rules and steps. The role of educators at this level is to understand how the student is developing, and skillfully craft learning experiences that offer some variety, but also require the student to demonstrate the standards set forth by the national accrediting organizations. These standards include standards for assessing and responding to socio-cultural patient characteristics.

The breadth and depth of differences that define an individual's culture suggest the possibility that a nurse with transcultural expertise is not an expert on every culture, but experienced in responding with attitudes and behaviors based on a never-ending sum of experiences. The assumption related to this project is that nursing students may need to start with very basic understanding and rules for performance, and understanding how to help students move along the novice to expert continuum is critical to developing curriculum and assessments.

Leininger's culture care diversity and universality. Madeleine Leininger subtitled her "culture care diversity and universality" a "worldwide nursing theory" (Leininger & McFarland, 2006). The theory had its roots in her early nursing practice. As she provided her patients with

care or caring as she had learned it, she began to understand that caring by itself was not enough. When she cared for clients from diverse ethnic traditions, she realized that understanding their cultures was a critical key to providing the kind of caring that contributed to honoring the unique healing language and definitions of a particular culture.

Because Leininger believed she did not possess the knowledge and skills to adequately assess cultural characteristics and describe their importance, she obtained a degree in anthropology. Her research interest focused on discovering the specifics that could form a basis for nurses to provide culturally appropriate caring (Leininger, 1991; Leininger & McFarland, 2006; Nelson, 2006). Leininger's goal was to establish a nursing specialty that focused on the transcultural aspects of the profession (Leininger & McFarland, 2006). The theory that evolved reflected a new research ethnography, one that Leininger termed "ethnonursing methodology" (Nelson, p. 50). It was her desire to focus nursing on the caring essentials that were true for all humans; she found that caring was a universal quality, expressed in different ways in each culture she researched. Leininger asserted that it was necessary for nurses involved in culture care research to hear the stories that would explain cultural phenomena unknown prior to that time.

As she differentiated her theory from other nursing theories; Leininger specifically questioned the definitions of concepts of the philosophical "metaparadigm": person, environment, health, and nursing, defined by other nursing theorists. She declared the commonly understood meanings to be "inadequate" in that there was no inclusion of care or culture as defining concepts (Leininger & McFarland, 2006, p.6). Leininger developed four major tenets with her Culture Care Theory (summarized):

a) Culture care expressions…are diverse but have many common attributes.

b) Worldview, many other factors, contexts, and care influence care patterns in a predictable manner so far as people face disabilities and death

c) Generic folk and professional health factors and contexts influence health and illness outcomes

d) ….based on the first three tenets, three major actions and decision guides were predicted to provide culturally congruent, safe, and meaningful healthcare to cultures.

(Leininger & McFarland, 2006, pp. 17-18)

The tenets were followed by 11 theoretical assumptions, or constructs, that described and further differentiated Leininger's theory from other nursing theories. The constructs define "care," and "culture care," contrasting these with "generic care" and "professional nursing care" (Leininger & McFarland, 2006, pp.12-14). Of key importance in Leininger's theory are clear definitions of how it utilizes understandings of various aspects of care and culture that can be woven into a rich tapestry that defines the discipline of transcultural nursing. "Ethnonursing" is the term that Leininger & McFarland (2006,. p. 43) chose to describe the science used to gather qualitative data to describe the phenomena that form an understanding of transcultural nursing, and what it means to care holistically across cultures.

In order to support culture care research efforts, Leininger (1985) developed a series of instruments to assist researchers to identify the acculturation patterns or life history experiences of study informants. This research is important as it adds to knowledge about diverse patients, their beliefs and the implications that this information presents to nurses. It is equally important to assess these histories and attitudes in nurses. However, while qualitative research is adding to an understanding of meaning of experiences, it is also necessary to explore the individual nurse's or student nurse's process of growth or formation towards culturally intelligent caring.

Change theory. A theory that supports changes unique to education and learning is Schein's (1995). Schein's theory is an adaptation or enhancement of Lewin's theory of change, and represents normative change; emphasizing learning that maintains self-esteem and personal safety. The forces that drive the changes required of students and teachers are often uncomfortable; especially change that involves self-knowledge, relationships, or unfamiliar teaching and learning practices. According to Schein, such change requires a "cognitive redefinition." The resistance to this sort of change comes from within; the educator/innovator must think differently about the subject or process to be changed, and the student must overcome resistance to a change of familiar behaviors.

Schein (1995) describes the initiation of all change as resulting from a sense that change needs to occur; that fundamental dissatisfaction is necessary (p. 59). He asks the fundamental question in this project, "By what means does the motivated learner learn something new when we are dealing with thought processes, feelings and attitudes (p. 61)?" The directional aspect of Lewin's planned change, unfreezing – change - refreeze process, is challenging when applied to the learning process, but provides a simple framework for Schein's application. Schein did not imply that the outcomes to his process were predictable, however, the direction of the learning that is taking place during the unfreezing phase is unpredictable (p. 62). The complexities that are part of any exploration of the learning process occurring as a part of larger institutional change may be better managed with the use of a change framework that can be applied to both learning and institutional change.

Summary of Theoretical Frameworks

Theories that describe learning processes, educational growth, and culture care in nursing support the aims of this project, a better understanding of how students grow in cultural

awareness, and possible educational methodologies that may support their growth. It is also important to understand how change occurs in any educational context. Change process theory provides a framework for both the learning that takes place for an individual student, and also an approach toward organizational change within the hierarchy of the academic program.

Analysis of the Literature

Cultural awareness in nursing students. The issue of how nursing programs approach the development of cultural awareness is a driving force behind this project. Kardong-Edgren et.al. (2010) posits that instructors want to understand and utilize methods that have demonstrated effective learning outcomes. Campinha-Bacote (2008) explored the notion of how students develop cultural competence: is it "caught" or "taught?" While these particular studies did not differentiate student growth in regards to educational experiences, some suggest that cultural immersion (experiencing intensive practice with a given population over a period of time), there is no consensus regarding the level of immersion, length of time or other environmental factors, such as health care access or other disparities (Liu, Mao, & Barnes-Willis, 2008; Sargent, Sedlak, & Martsolf, 2005). Kardong-Edgren and Campinha-Bacote (2005), and Kardong-Edgren, et al. (2010) found that there were no significant differences between students related to variations in content and instructional methods in different nursing programs. They raised questions about the significance of course content and methods and propose the need to investigate the qualitative responses of students. In both studies, the authors raised concerns regarding faculty commitment and expertise arose relative to continuity within a program; would these factors account for differences in student outcomes over time?

Another author addressed directives for curriculum to include course content that speaks to the broader issues of cultural care in relation to the realities of social structures. Campesino

(2008) urged educators to explore the limitations of cultural care theories and models. Critical questions should be explored. Is learning facts and characteristics about different cultures and experiencing contact with other cultures sufficient for student nurses to understand how to plan care and promote individualized positive health goals for any client? How will they fully develop their advocacy skills without an introduction to the social constructs that perpetuate inequality, racism, ageism, ethnocentrism, classism, and essentialism (Campesino, 2008)?

Emotional intelligence. Emotional intelligence, as developed by Goleman (2005), states that a person's ability to understand and manage their emotions, and apply interpersonal emotions such as empathy to their relationships may be more important than traditional concepts of academic intelligence when effective practice involves successful relationships. Furthermore, this intelligence is not innate, and develops through life experiences into adulthood; it can be cultivated and strengthened over time. Although there are scales developed to measure emotional intelligence (traditionally referred to as "EQ"), the purpose of this project was not to measure students' EQ, but to apply emotional intelligence learning principles to lessons aimed at nurturing the students' emotional intelligence.

There is scant research regarding lessons that appeal to emotional intelligence. Available qualitative research hints at the need to help students to clarify conflicts between feelings and practice. In a quest to identify themes related to emotional intelligence expressed by nursing students, Wilson and Carryer (2008) found that nurse educators identified elements of self-awareness and the ability to manage self-knowledge characterized "emotional competence" (p.41). Nursing students in a small study measuring emotional intelligence with the Bar-0n (2002) emotional Quotient Inventory, scored well (Benson, Ploeg, & Brown, 2010). This study also found improvement in scores over the four years of the program. The implications are that

students develop emotional skill over time, allowing development of relationship management skills required to form culturally sensitive relationships for individualized client care.

According to Goleman (2005), emotional intelligence is the essence of the ability for human beings to be self-aware, disciplined and empathetic. Over the past two decades, psychology, education and a host of social sciences have acknowledged that these aspects of human existence play an important role in in our achievements; one that cannot be predicted by traditional intelligence measures, though researchers concluded that it is a form of intelligence that can be measured (Salovey & Mayer, 1997; Bar-on & Parker, 2000).

Following the logical connections of emotions and relationship, the importance of understanding the development of emotional and social awareness, discipline and skill is recognized by nurse educators and researchers; it is the "heart of the art," (Freshwater & Stickley, 2004). These authors state the ubiquitous "way of knowing" for nurses is directly related to our emotional selves; that a balance of head and heart knowledge is critical for nursing practice.

Robertson (2007) describes the relationship between emotional intelligence and culturally competent clinicians, suggesting that there are four "building-blocks" that should guide the health professional's journey toward what is referred to as "cultural proficiency" (p.18). The first building block is "self-awareness" (p. 16). This building block involves an understanding one's own reactions to people and situations. When someone attempts to interpret the emotional responses of a patient from another culture, it may be based on two different ways of thinking. Therefore, it is critical to be aware of one's personal perspective. The second building block is "self-management (p. 17). Caregivers must control their reactions, understanding how patients may interpret the caregiver's emotions based on their individual cultural backgrounds.

Robertson makes the point that professionals with "high EQ" will invest in relationship formation (p. 17). The third and fourth building blocks are "social awareness" and "relationship management" (p. 17). The ability to perceive other's emotions and combine this with the other building blocks to manage relationships is essential for maintaining successful therapeutic relationships.

Based on their systematic review of the literature, Akerjordet and Severinsson (2007) concluded that through 2005, the importance of the elements of emotional intelligence to nursing practice made further research imperative. This conclusion was specifically applied to the development of emotional intelligence as pedagogy in nursing education. A more recent integrative literature review concluded that there are many gaps in the nursing literature that should be addressed. Smith, Profetto-McGrath, & Cummings (2009) reviewed 39 articles, of which only six were research-based. Of importance to this project, the authors asked, "Do nursing curricula include content on emotional knowledge, and if so, is this knowledge explicit" (p. 1634)?

Appreciative inquiry. While change theories providing frameworks for the implementation of inevitable and successful change within organizations were being established in industry and academia , another theory seeking to address complex systems and change was appearing in the literature. It is simply described as a "narrative-based process of positive change" (Cooperrider, 2005, p. 15) or appreciative inquiry (Ai). The sweeping changes suggested by the summative findings of the Institute of Medicine Report (2011) and detailed in Benner, Sutphen, Leonard and Day's (2010) work, call for "radical transformation" in nursing education. The application of Ai to the complex process of nursing education may assist academia with this challenging call for change. Appreciative inquiry is a process of inviting all

stakeholders in an organization to share their ideas and propose the possibilities for change. The resulting changes are developed from the positive strengths of an organization and its resources.

Although course, program, and institutional evaluation are part of quality improvement processes, changes are often instituted in a hierarchical response to evaluation data without a solid appreciation for the complexity involved. The literature revealed examples of Ai applied to student success and retention initiatives (Fergy et.al.2011). Appreciative inquiry was also identified as a uniquely suited change process that has the capacity to support values and values-based leadership in a nursing program similar to the one in this project (Moody, Horton-Deutsch & Pesut, 2007). Moody et al. (2007) described the importance of relationships and shared power when affecting change in the complex environment of nursing education, and asserts that Ai is ideal because it seeks and integrates input from all stakeholders as equal players. According to Cooperrider (2005), the operational aspect of appreciation is "discovery" (p. 27). In this systems change project, discovery involves the concept and practice of understanding or appreciating change within a student as they develop cultural awareness. Discovery also describes to the actions of educators as they seek to create supportive learning environments, teaching and assessment practices.

This project began to explore the emotional nature of building relationships across cultures and the ability of the student to incorporate learning that altered their attitudes towards people whose life experiences, beliefs, and worldviews differ from their own. In addition, it is important to appreciate the student's individual learning, emotional intelligence capacity and growth in order to better inform educators planning successful learning activities that foster cultural awareness.

National Nursing Education Guidelines

The "practice" of nursing education has expanded in content as the amount of knowledge and technology at our disposal has grown. Interestingly, the methods of delivery of nursing knowledge and skill have changed very little. Nursing program accreditation bodies have written guidelines for expected outcomes that should apply to program graduates, both at the associate and baccalaureate degree levels. The practical theory behind the most recent sets of guidelines has been established by national groups dedicated to building a responsive and safe healthcare system; the Institute of Medicine, the American Hospital Association, the Robert Wood Johnson Foundation, and the Joint Commission (American Association of Colleges of Nursing [AACN], 2008, p. 5). Both the AACN and the National League for Nursing (NLN) state that they have established guidelines to help ensure core knowledge that nursing students should possess upon graduation. Of course, all students must pass the National Council Licensing Exam (NCLEX) RN in order to become licensed to practice nursing. Accreditation is a voluntary process, though most nursing programs seek and maintain accreditation. This has become increasingly important because many employers will no longer hire someone who has not graduated from an accredited program. Also, graduates of non-accredited programs are not accepted to graduate programs. Associate degree graduates from a non-accredited program are not readily accepted into RN-BSN programs. And employers who offer their nursing staff tuition assistance for baccalaureate education will not allow funds to go towards non-accredited nursing programs.

In addition, there are scopes of practice that have been established for basic nursing, or the nurse generalist, for many specialty areas such as pediatrics, obstetrics, and public health. There are also scope-of-practice guidelines for advance practice nurses and educators, and a nurse's "Code of Ethics" (American Nurses Association [ANA], 2001). Each of these documents contains guidelines that are directed towards the practice of culturally knowledgeable

and sensitive care. It is important to note that each of these documents is based on western culture and values for health care and nursing. Thus, the standards or guidelines are not necessarily universal.

Guidelines that are relevant for this project include the NLNAC baccalaureate standard 4.4, "The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives" (National League for Nursing [NLN], 2008). According to the accreditation manual, the standards are "the agreed-upon rules for the measurement of quantity, extent, value, and quality" (National League for Nursing Accrediting Commission, Inc. [NLNAC] 2008, p.11). These standards have been developed by consensus of all programs accredited by the NLNAC.

The NLN also published the following practice scope for nurse educators: "Ensures that the curriculum reflects institutional philosophy and mission….and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment"(NLN, 2005, p.19). In this case, there is both theoretical and expert opinion offered to support the practice standards. There were no studies cited.

The AACN guidelines for curricular outcomes also apply specifically to the schools of nursing that it accredits, but may also serve as a curricular measure for non-accredited programs. One of the assumptions regarding the nursing generalist graduate is that they will be able to "care for patients across the lifespan… (and) for diverse populations" (AACN, 2008, p. 8). In general, there are specific guidelines with sample content that speak to social justice, ethics, and care for diverse and vulnerable individuals and populations. The baccalaureate graduate must understand their personal beliefs and values, and understand the impact those characteristics may have on the care they provide. Altruism and attention to human dignity are to be exercised as the graduate nurse attends to the unique needs and preferences of each patient (pp. 23-29).

The AACN (2008) document provides rationale for the guidelines in general, and each of the "essential" categories. All rationales include a broad spectrum of healthcare and population data, government regulatory reports, expert opinions and stakeholders, including baccalaureate nursing programs. Though the executive summary explains that concepts of patient –centered care, evidence-based practice, and cultural sensitivity are key components of the essentials, the evidence is more historic and based on current thinking, than higher quality sources of evidence.

Systematic Review

A search for meta-analyses was undertaken using the terms "cultural awareness," meta-analysis," "nursing students," and "education." The Cochrane Libraries found only analyses related to culture and specific clinical nursing practice or institutional culture. A search of CINAHL and other healthcare databases found no systematic reviews of qualitative research focused on nursing students. When the term "emotional intelligence" was added, one literature review (Smith, Profetto-McGrath, & Cummings, 2009) was located. Initially, the search dates were set between 2006 and 2011. When no results were found, the date was extended back to 2002. The resulting meta-synthesis of qualitative studies focused on cultural caring in nursing from the previous decade (Coffman, 2004). Although only four of the thirteen studies included in the analysis included student participants, the themes of interest were related to the findings of the literature previously discussed and summarized in Appendix A.

Coffman (2004) was searching for meanings from nurses as the experienced caring for patients from other cultures (p.100). An ethnographic comparative method was used to analyze the themes from thirteen qualitative studies. The search process was described in detail. However, there is no indication as to how the large number of studies from all health disciplines was narrowed to 18 studies for final inclusion consideration. Following a read/ re-read process

of the resulting 18 articles, the author explained that the original intent to review all care provider disciplines was modified. The ethnographic comparative method required the author to identify the inter-relatedness of the studies to be analyzed. It became clear that the majority (13) of the articles focused on the experiences of nurses and nursing students. Coffman described how the method was followed in each step of the meta-synthesis process. Commonalities and divergent properties of the group of studies were discussed. Heterogeneity was necessary only for the ability to extract concepts from a study for further translation.

Six "reciprocal translations" (Coffman, 2004, p. 102) were listed; "connecting with client, cultural discovery, patient in context, in their world-not mine, road blocks, and the cultural lens" (pp. 102- 104). Coffman thoroughly discussed each translation as it related to individual studies, and offered exemplary participant quotes to support her conclusions. Exceptions to study generalizations were also analyzed. The strengths and limitations of the studies in were included as limitations of the meta-synthesis. Although the focus of the studies in this analysis was limited to ethnicity, the findings are of interest to this project. When describing the experience of providing cross-cultural care, nurses and nursing students cited both positive and negative feelings. Key analyses were the perception of broadly defined communication barriers and inadequate preparation to care for clients from diverse backgrounds.

Synthesis of the evidence. This project proposed an exploration of a new pedagogical method using emotional intelligence, appreciative inquiry, and qualitative research methodology to make sense of the process and promote understanding of nursing students' journeys as they grow in cultural awareness. Underlying theory includes the supposition that emotional intelligence is a platform for human relationships; that human relationship skills, including self-awareness and empathy are key factors in the ability to understand people from all walks of life,

all ages and stages of development and need. Coffman's (2004) synthesis provides insight into the responses of nurses and students based on the lived experience of providing cross-cultural care. Nurses want to provide sensitive care, but express a lack of competence and confidence in their abilities. A deeper understanding of how students perceive and express growth in this area will guide those who plan student learning experiences.

The educational guidelines demonstrate effectiveness in that they generally assist programs to establish curricular outcomes. The companion document for instructors (AACN, 2009) offers practical suggestions for content and lesson elements that support the individual guidelines. The guidelines specifically related to this project do not dictate how programs must address culture-care content. However, attention to program mission, principles of self-awareness, individualized care planning, and diversity, support the underlying question addressed in this project.

The use of open-ended survey questions will afford opportunities for individuals to give voice to and reflect upon the experiences that are shaping their ability to function effectively in therapeutic professional roles. The proposed study would use individual self-reflection, and maximize the appreciation of the experiences and feelings. In addition, recording the descriptive information for thematic and value analysis will afford the researcher the opportunity to evaluate a number of facets of the education process. These facets include curricula, course objectives, clinical structure and populations, and the individual needs of students in their emotional and professional growth.

The literature did not reveal any research asking questions similar to the question in the present project. The literature repeatedly pointed to a need for studies that address the role of emotional intelligence and the development of cultural awareness in nursing students. Evidence

for focus group methodology application in nursing research requires more examples to establish stronger recommendations for practice.

Chapter 3

The purpose of this project was to explore the use of innovative pedagogy in the existing nursing program to promote student and faculty understanding of students' progress along a continuum of cultural awareness and caring. Professional nursing organizations guide all nursing programs to include instruction in caring across cultures. In addition to this mandate, the nursing program that was the focus of this project has a mission statement and goals that are based on the Bible. The program is committed to graduating students who are prepared to serve across cultures in order to carry out its mission.

Problem Statement

The project sought to identify what culturally caring behaviors are desired by program stake-holders, which nursing theory for culture care best supports these behaviors, and pilot an intervention. Only six years old, this undergraduate nursing program began with high hopes of providing unique cross-cultural experiences for students. A careful examination of the curriculum found a vague theoretical framework to guide the delivery of cultural care content, and faculty had expressed diverse interpretations of the cultural learning goals and objectives for nursing students. In order to try to document that the program goal was being met, this project combined educational theory, transcultural nursing and change theories with aspects of emotional intelligence and appreciative inquiry to determine if there was a growth in students' cultural awareness.

Research Question

How do junior nursing students in a baccalaureate, faith-based nursing program achieve cultural awareness as a result of intentionally developed educational modules placed in an existing transcultural nursing course?

Sample and Setting

The participants invited to participate in this project were junior level nursing students. The students were in a baccalaureate nursing program at a small faith-based college located in a semi-rural setting outside of a major Midwestern metropolitan area. Students were enrolled in the transcultural nursing course, a three credit course that included 15 weeks of didactic content delivered in online learning modules and twenty-four hours of scheduled practicum experience where students worked with populations from a variety of ethnic and lifestyle backgrounds. These practicum hours could be individualized to student preference, and included a school-sponsored overseas international service learning trip that occurred following the end of the semester.

There were 19 students enrolled in the course. The subjects consisted of a convenience sample – invited based on their status as enrollees in the course. There were no exclusions from among the population. The nursing course instructor agreed to inform students about the study, include the modules in the course content during the first half of the semester, and give the information for completing the online pre-test and post-test to recruited participants. Students were informed that the project modules would be delivered to all students in the course, whether or not enrolled in the accompanying study. Students were free to decline participation in the project study. Although all course students were assigned the project modules, participation or lack of participation had no connection to or impact on course grades. This course was not a typical distance learning course, in that the students were in residence on the campus and had access to the instructor onsite, and the practical experiences were arranged in the geographic area of the college.

The students responded to an email invitation to join the study. The study aims and expectations were described in the informed consent offered to respondents. These consents were signed and returned to the project lead. Out of 19 students, 14 students agreed to participate.

Project Design

This study was a designed as a pilot project. A test-retest (a pre and post-test) intervention methodology was employed. Three learning modules were created to be delivered during the first four weeks of the Transcultural course. The modules were intentionally crafted to address aspects of the pre / post survey questions. The survey statistics were descriptive in nature, and content analysis of participants' qualitative replies to specific questions was used to determine if changes in cultural awareness had occurred.

Protocol

The aim of the study was to understand nursing students' thoughts as a measure of growth following completion of transcultural course content. Therefore, qualitative descriptive information on participant life experiences, beliefs and attitudes responses was gathered. A number of test survey questions were also designed so that descriptive information could also be analyzed quantitatively.

The pre and post-test items were identical, consisting of 10 items; three of the questions that were open-ended, requiring narrative responses from each participant, and seven questions that required a Likert-type scale response (Appendix B) These items were entered into the Survey Monkey® website by the nursing program administrative assistant. Each student participant was given the web link to the pre-test and an envelope containing a unique, random ID number between 20 and 45 to be entered into the response page in Survey Monkey®. The

participants were asked to respond during a time frame that needed to be met in order to gather the pretest data prior to beginning the first module.

Three learning modules were developed for the transcultural nursing course that is situated in the spring semester of the junior year. The learning modules were created in accordance with accepted practices to engage the students with the course and module outcomes (Committee for Online Instruction, 2003; Conrad & Donaldson, 2004; Swan et al. 2003). Each module had unique learning objectives, the reading assignments, associated media presentations, and a question for asynchronous online discussion (Appendix C). This course was delivered through the Angel® course management system used by the entire college for all types of course delivery. The researcher/project lead was not the course instructor but partnered with the course instructor to present the modules that had been developed for the on-line delivery format. The course instructor interacted in a limited capacity with the online discussions, responding with occasional probing questions in response to student themes or comments. At no time during the project did the researcher/project lead have access to the online course.

Four weeks after the pretest and following the delivery of the three modules, the participants were given a second link for the posttest, which also requested student demographic information. The data were downloaded into Excel two formats; one included raw data and the other included participant IDs and individual responses.

Ethical Consideration

Project participants were presented with an informed consent that described the project background and purpose, procedures, potential risks and benefits of participation, and the measures to be followed to ensure confidentiality for each participant. Participants did not

receive any financial compensation for their time, however, a gift certificate to the on-campus coffee shop was offered in appreciation for their time following completion of the project.

The project proposal was completed and submitted to the Institutional Review Board (IRB) at St. Catherine's University on November 28, 2011. Exempt level approval was received on December 21, 2011. The project proposal was also submitted to the project site's Institutional Review Board in early January 2012, and received approval on January 6, 2012. The online modules were delivered online via the ANGEL ™ learning platform by arrangement with the nursing department administrative assistant. Students were able to access the pre-test survey from January 10 – 18, 2012. The three modules were to be completed from January 12 thru February 9, 2012, with the posttest completed from February 9 – 21, 2012. Each participant, who indicated that they completed both the pre and posttest surveys, was presented with a $5 certificate for the college coffee shop. Data were analyzed following the completion of the course in May, 2012.

Module Design

The purpose of the project was to better understand how nursing students develop cultural awareness that will enhance the delivery of nursing care to diverse patients and populations. The literature did not support any particular teaching methodology that resulted in increased student cultural awareness based on self-report assessments (Liu, L., Mao, C., & Barnes-Willis, L., 2008; Kardong-Edgren, et al., 2010; Kardong-Edgren & Campinha-Bacote, 2005). The unique nature of the faith-based nursing program in this project required a careful consideration of the biblical mandate to care for others as we would for ourselves. There was a need to help students define their "neighbor," so a video with a modern twist on the "Good Samaritan" was selected for viewing. Readings included Christian perspectives on the topic of

culture and caring. Current Christian music was includes in another module, asking students to reflect on stereotypes and the needs of vulnerable individuals in situations where poor choices led to undesirable outcomes.

The definition of culture was addressed broadly. Differences associated with age, gender, lifestyle, belief systems and ethnicity were featured in a variety of readings, activities and discussions. Students were asked to complete an inventory of their own cultural heritage in a deliberate effort to begin a journey of self-awareness pertaining to culture. Each module was implemented to prepare the student for the next module and promoting cultural awareness in a step-by-step manner. Learning about specific cultures and their beliefs regarding health and healthcare was only one part of the course plan. Specific module outcomes included knowledge expectations and refection's designed to have students consider difficult consideration of personal bias and cultural stereotyping. Activities included reading, viewing and listening to contemporary media presentations, asynchronous discussions and written reflections.

In the contemporary retelling on YouTube™, the injured neighbor is a homeless man lying on the sidewalk (DaSilva, 2006). Skloot's (2010) historic narrative, "The immortal life of Henrietta Lacks," exposed students to institutional racial inequity, how one woman's heritage affected her health care and rights to her own tissue. There was no attempt to direct student learning towards a particular attitude or point-of-view. The college's foundational world view is based on the Christian Bible, but students were encouraged to explore how their faith should support cross cultural relationships, to "love one another as [Jesus] has loved [us]" John 13:35.

Outcome Measures

This systems change project was designed as a pilot project, where descriptive qualitative and quantitative questions were asked in the same survey. Although the project proposal

originally considered that the data would be measure in the aggregate without connecting pretest and posttest data, it was determined that outcome measures would provide more information if positive attitudinal changes could be measured for each quantitative question in addition to aggregate data. The goal was to gather data that would show progress toward cultural awareness while also providing insight into the students' expressions of their feelings and changing thoughts about culture.

Evaluation Plan

This project did not have an investigational design, so some conclusions were tempered by the pilot nature of the project. The importance of the aims of the project was tied to the mission and goals of the nursing program. The data were examined to see if it provided a new understanding of how nursing students progress forward on their cultural awareness journey. Data analysis was also expected to provide suggestions for further development of course activities and on-going evaluation.

Upon completion, the project outcomes will be presented to the nursing department as part of the master plan of evaluation of the program mission, and to college administration and faculty for consideration of its value to the institution. Within the following school year, it is proposed that the project will serve as a template for each department to develop similar assessments in order to better qualify and quantify the college's overall achievement of its mission.

Data Sources

Existing data gathered without individual identifiers as a part of routine, planned nursing department student opinion assessments, were used to evaluate nursing students' understanding and value placed on the project site Nursing Department Mission Statement and Goals.

Permission from the project site Academic Dean and Nursing Program Chair was obtained (Appendices I and J). The existing assessment data from November 9, 2011, are the property of the nursing department, and available only to Nursing Department employees. Data were obtained from the pretest and posttest surveys completed by participants. Additional demographic data were obtained with the posttest.

Rigor in Descriptive Qualitative Analysis

This project evaluation did not use qualitative research methodology; however, it did use qualitative analysis methodology to understand descriptive data from three open ended questions in the survey. Since the project used a qualitative data analysis framework, issue of rigor becomes an important consideration in data analysis. According to Lincoln and Guba (1985) as cited in Melnyk and Fineout-Overholt (2005), the qualitative researcher needs to address credibility, transferability, dependability and confirmability. Credibility may be demonstrated by the author thoroughly explaning personal experience and expertise on the topic of interest, describing purposeful sampling and the depth and amount of data collected, verifying and corroborating data analysis, and consulting with peers to review the data analysis process and conclusions. Transferability may be established when the author compares qualitative data to the demographics of the participants, and the presence of data analysis descriptions are deep and clear enough for the reader to decide whether or not the study may apply to other groups in diverse environments. Detailed descriptions of the research methods and steps involved in the study provide a basis for dependability. Lastly, confirmability is grounded in the clarity and logic with which the researcher connects interpretations to the study data and avoids assumptions that are unrelated to the finding (pp. 150-151).

Rigor in Quantitative Research

Since this study was pilot in nature, power analyses were not conducted. The face validity of the survey was established by inviting other nurse educators who are also content experts, to provide feedback for the survey questions. Cronbach's alpha, a measure of internal consistency reliability, is useful when Likert-type responses are used in in a survey/questionnaire and the investigator wishes to determine if the scale is reliable. There was a difficulty in establishing Cronbach alpha as the survey consisted of both quantitative and qualitative questions; therefore, the analysis was not meaningful. Due to the quasi-experimental nature of this project, inferential statistics were deemed appropriate. Non-parametric statistical tests are performed when a normal distribution is not expected and the sample size is very small, as was the case in this project. The pre and posttest quantitative items were correlated for reliability purposes using Spearman rho. The use of Spearman rho was indicated due to the ordinal level of survey questions.

Data Analysis

A survey with 10 questions was developed by the project lead (Appendix B). The questions were mixed (quantitative and qualitative) in nature. Three of them were in an open-ended short answer format, and seven asked for a scaled response. Choices for the scaled questions included “strongly disagree,” “disagree,” “neutral,” “agree,” “strongly agree,” and an option for “unsure.” There was also a space for participants to qualify their scaled responses with a qualitative narrative.

The scale choices were assigned numbers 1 thru 5, and responses were converted based on a determination of a positive change in attitude or understanding. For example, if the participant responded in agreement to a desirable change in awareness or attitude, the assigned

number was 4 (5, for "strongly agree). Similarly, if the response was "agree" to a question that indicated limited understanding of culturally sensitive factors, the assigned number was "2" (1 for "strongly agree). Responses to questions 4, 5, 7, 8 & 9 were oriented towards a positive increase over time. Agreement to questions 6 and 10 was indicative of a misunderstanding of culturally sensitive responses. The results, comparing the responses to each question in the aggregate, would be indicative of overall changes for the sample population from the pre to the posttest.

Qualitative data were gathered to assess participant feelings, attitudes and past cross-cultural experiences. The responses to questions one through three, were transcribed into a file that logged a participant's response prior to and after completing the learning modules. Based on the project' research question, descriptive data were analyzed to determine if there was identifiable growth in participants' perceptions and awareness of culture over time Using content analysis, data were compared pre and post intervention to determine similar patterns and labeled as codes. Similar codes were collapsed into categories where identifying themes became apparent in participant responses. The data, codes and themes were reviewed by the project lead's faculty colleagues, including the transcultural course professor. Demographic data were obtained following the posttest in order to collect data for the participants who completed both surveys. These data were analyzed for description and frequency.

Project Feasibility

This project addresses the lack of quantifiable assessment that would show how the nursing department meets its program mission and objectives. This assessment is critical to establish a comprehensive understanding and evidence of the integrity of the program and the college as to its foundations for its existence as an institution of higher learning. The assessment

process and outcomes were important to the national Commission on Collegiate Nursing Education accreditation self-study written by the Nursing Department over the summer 2012. Although difficult to quantify, the issue of maintaining accreditations affects the ability of the program to survive, and continue to educate future nurses.

Failure to continue the program would mean a loss of over $1 million dollars of revenue in tuition, plus other money associated with room and board, resources that would need to be adjusted accordingly. In addition, the local hospital in this small community has invested in excess of $150,000 towards the nursing lab and other equipment in a partnership that has produced a number of graduates for positions in the hospital. The value of a community partnership has value beyond the fiscal relationship (Henderson & Hassmiller, 2007). Representatives from the partnerships are members of the project nursing program's Health Care Advisory Board. Input from the local health care community helps the program to understand whether or not the program's mission, curriculum and student performance meets the needs and expectations of the community.

Project resources and budget: Return on investment. Leadership for innovation is encouraged and supported in principle, and with available college resources, though there are not budgets for departmental projects. Human resources are also at a premium in this institution, and professors fill many roles. This faculty workload means that time available in support of innovative projects is limited. The project lead was responsible for making all of the arrangements and controlling the timing of events related to the project. For this project, meetings occurred during other activities, such as lunch or dinner, to make the most of the time available.

Actual costs of the project are related to faculty time that has been offset by the college, and the dollars that it has committed for the DNP education of the faculty. Three credit hours were granted for the year to work on the project. This amount is approximately $6,500, based on the salary and benefits of the DNP student. The total additional forgivable loan will be approximately $15,000 which was invested towards the development of academically prepared faculty. College administration expects a return on its fifty percent share of the DNP tuition, requiring that the student continue to serve as faculty for five years beyond the final semester of support. This project did not encounter issues with barriers, except the premium of time. Improvements to internet bandwidth and the availability of Instructional Technology consultants assisted with the delivery of the educational content. An example of a resource expectation that saved time and money was the use of the free online resource, Survey Monkey ™.

The professor who taught the transcultural course provided assistance for no cost to the project. However, in turn, the project lead created three modules for the first weeks of the course. The infrastructure of the platform for course delivery and any classroom materials was already part of the course delivery structure and did not add to the cost of the project. Other costs involved the use of a statistician and statistical analysis software needed to complete data analysis. The statistician's charges were $180 for three hours of consultation, and the SPSS™ software was an additional $90.

The time required for the project was the largest cost requiring human capital. At an approximate hourly wage of $35 per hour including benefits for a full-time faculty member, the hours "donated" by the college faculty for site mentoring, planning the project, requesting input and submitting various documents, the planning exceeded $1200 (Appendix D). Much of this was donated or provided in-kind time from colleagues and an administrative assistant. Other

outlays, such as food, honoraria for faculty, site mentors and assistants, were incurred as a personal expense.

Expenses in this budget also included the 760+ hours spent researching the project, completing practicum hours not previously accrued, and the time for academic writing for publication or presentation of the project for wider dissemination. However, not included in the budget calculation was indirect cost or "overhead," electricity, space, heat, or materials that are used for other aspects of the project lead's normal work, such as the laptop computer, college library print resources, or other incidentals. There are no rules for determining such costs, as they will vary widely, but at 10% of the budget, that would add another $2800, bringing the total budget to over $30,000.

In education, projects of this sort are often questioned for their ability to provide value to the institution. Future nurses may choose not to come to the college if it cannot show that it meets its goal of preparing students to serve in their profession in keeping with its Mission, Vision, and Goals. With each student attracted to the program, the college realizes nearly $90,000 in tuition and fees over the four-year program. This sum is associated with a 300% return on the investment for just one student. The employment possibilities for nurses, who are able serve with skill and knowledge inter-culturally would be would include unique opportunities to work in a wide variety of diverse environments.

Chapter 4

The purpose of the project was to understand how junior nursing students in a baccalaureate, faith-based nursing program develop cultural awareness after an educational intervention as a part of an existing transcultural nursing course. The goal of the data gathering methodology was to give participants the chance to share their feelings, experiences and understanding of cultural awareness.

Results

Demographics

Fourteen participants originally agreed to be part of the project. Three participants did not complete the posttest, leaving eleven participants with paired data results. Demographic data ere collected at the time the participant completed the post-survey. Participants included ten females and one male. Ages ranged from 20 to 22 years, with a mean of 20.8 years. All participants had been students at the college for 2–3 years, or 2.8 mean years. Nine of the 11 participants had been on a cross cultural service trip prior to the project, and one had lived in another cultural environment for more than one year. Eight participants grew up in suburbs of large cities, two in rural areas and only one grew up in the inner city. Two of the 11 spoke a language other than English, though English was the first language of all participants.

Qualitative results

The first three questions on the project pre / posttest survey required short responses that required reflections and critical thinking. An analysis of the pre and posttest responses produced the following findings.

Question 1 *What is meant by the term "culture?"*

Culture is a mosaic that gives meaning to human experience.

Pretest. Participants identified culture in more basic terms. Their responses indicated that culture is, "the beliefs and customs that are shared by a group of people. It is usually made up of a family (one or more persons) and it is usually passed down from generation to generation. Similar notions were shared where culture was seen as, "a set of shared / mutual attitudes, values, goals and practices that characterizes a particular social, ethnic or age group."

Posttest. The most notable differences at posttest were that the responses tended to be longer, and more complex. Changes in the perceptions and depth of understanding of culture was observed where participants reflected, "Culture is a make-up of many different things including practices related to health, religion, food, etc. The way of living in itself is a culture." One participant articulated,

> "The term "culture" can mean many different things. It can refer to ethnicity, social associations, religious practices, attitudes, values, or goals of an organization or group of people. It is an integrated pattern of human knowledge, belief and behaviors that depend on your surroundings. "Culture" is something that is learned. It is passed down from generation to generation, or from a friend to a friend. You are shaped and changed by the culture in which you live."

Question 2 *Describe any feelings you are aware of when learning about cultures.*

Culture evokes conflicting emotions.

Pretest. Participants were asked to share their introspection and feelings about culture. Common key terms included feeling of excitement and interest; but also being scared and nervous related to a lack of knowledge about other cultures. One participant said, "Learning

about different cultures is exciting and interesting. [O] lot of time it can be exciting, sometimes it can be sad." Another participant stated, "The feeling of being scared to deal with other cultures because I am scared that I might offend someone or not know about their culture enough."

Posttest. Growing self-awareness and reflection were evident in posttest responses. Most participants talked about biases and prejudices after learning from modules and taking part in the online discussions. One participant commented, "I am a bit apprehensive. It is hard to leave the stereotypes behind." Similar responses included, "I think it is interesting, but sometimes I feel like my internal prejudices can get in the way of my learning," or "I tend to think that my culture is the best. I believe that my way of doing things is the best, and all other ways are odd or wrong. Although my belief is not true, I do tend to feel like my way is the best or better than other cultures. In reality, I believe that my way is best because that's all I'm used to. It's not that my way is better; it's just that my way is what makes me comfortable. All other cultures make me feel uncomfortable because they bring me outside of my comfort zone."

Question 3 *Explain your experiences with people or groups of people from a culture other than your own.*

Cultural awareness is experiential.

Participants reflected on their personal experiences and assigned meanings to them. Analysis of this question revealed similar pattern pretest and posttest. Discernible change was not noted in participants' comments. Most comments confined culture to ethnicity, differences in language, religion and way of living. Participants' experiences were expressed in terms of positive or negative, comfort or discomfort during interactions with people from different countries and ethnicities.

Pretest. Some comments stated, "I have had a chance to spend time with children from Guatemala and it was an eye opening experience. The food was different because I am not used to eating beans and tortillas with every meal. Also, their priorities are different and their pace of lifestyle is not so hectic," and "I have been to Kenya, Haiti, and Mexico. It was a great experience to learn about their way of life and the different things they do. I thought it was interesting and cool to build relationships with the Masai people and the Haitians and Mexicans"

Posttest. Similar experiences were shared following the completion of the content modules. One student said,

> "I have had very good experiences with people of other cultures. I have been on a few mission trips and each time [I] have been graciously welcomed by the people in the country. It is very interesting to see how diverse our world is and how many different beliefs and practices specific cultures have. It is even cooler when we realize that we were all created in the image of god. What an awesome God."

Another said, "Challenging because of different views and understanding about things. Also, with communication barriers make it difficult." A student who had begun the practicum experience elaborated about reactions to an exposure to cultural differences based on individuals behavior and lifestyle; "They swore, smoked, drank and had unprotected sex on a daily basis…..I felt very uncomfortable in this type of culture because I grew up in a family who never smoked, drank or cussed."

Quantitative Results

Descriptive results. Descriptive information provides understanding on participants responses. Although it does not establish significance, it does provide insights into trends and directions.

Questions 4 through 10 asked student to consider topics from their own culture and worldview, to concepts of age as a cultural characteristic. The questions probed their understanding of strategies that could facilitate communication and personal comfort when caring for patient whose lifestyles differed from their own. The aggregate percentages revealed changes towards agreement or disagreement depending on the question.

Table 1. *Pre and posttest aggregate response percentages*

Questions		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Unsure	*n*
4 "Describe own culture"	Pretest	7%	71%	22%	0	0	0	14
	Posttest	18%	64%	18%	0	0	0	11
5 "Enjoy caring for all ages"	Pretest	50%	36%	14%	0	0	0	14
	Posttest	27%	55%	18%	0	0	0	11
6 "Knowing characteristics is all"	Pretest	7%	43%	29%	14%	7%	0	14
	Posttest	9%	36%	36%	18%	0	0	11
7 "Prepared w/ communication tools"	Pretest	0	58%	28%	14%	0	0	14
	Posttest	18%	55%	27%	0	0	0	11
8 "Interpreter alone meets needs"	Pretest	0	7%	21%	43%	29%	0	14
	Posttest	9%	9%	0	45%	36%	0	11
9 "Christian world view challenging"	Pretest	0	29%	21%	43%	7%	0	14
	Posttest	0	36%	0	45%	18%	0	11
10 "Comfort caring for diverse patient"	Pretest	14%	43%	36%	7%	0	0	14
	Posttest	0	45%	45%	0	9%	0	11

Question 4 *I can describe my own culture.*

Following the modules that required participants to reflect on and describe their own culture, more students agreed or strongly agreed on the posttest that they could. One participant compared American culture was "a kind of stew…culture in the states can vary to a great extent." In response to the posttest question, the same participant stated that, "America is kind of

a ‘stew’ of cultures, but I could loosely describe it. I could easily describe, however, the culture of my own family.”

Question 5 *I enjoy caring for people of all ages.*

The pretest responses to this question revealed that participants were more certain that they enjoyed caring for all ages of patients. Once they had covered the module content, they were somewhat less sure that they were positive about patients of differing ages, though none disagreed with the statement. Some expressed preferences on the pretest, apparently already aware of their preferences among age groups; “I would struggle to work with children in the hospital setting (this would really affect me emotionally) and I prefer to work with acute care (not geriatrics in a nursing home).”

Question 6 *Knowing the general characteristics of a particular culture will tell me how to approach anyone from that culture.*

There was very little change between the pretest and posttest quantitative responses to this question. One participant went from “agree” to “neutral.” However, five participants expanded on their understanding with narrative responses. One said, “I don’t think you can assume characteristics are relate-able to the entire culture. Each person is going to have certain characteristics,” While another offered, “It will give me a basic understanding of what is acceptable and what is offensive. It will not tell me everything about a person’s beliefs.”

Question 7 *I feel prepared with the tools for effective communication with people of all ages.*

Although the percentages of participants who agreed or were neutral did not change between the pretest and posttest, there was a shift of responses across the range from “disagree” towards “strongly agree.” One comment was, “I still have much to learn about the differences in

dealing with different age groups, but I feel I have enough common sense to be an effective communicator," indicating that they were comfortable with their acquired communication skills. However, during the posttest, another response was, "I would not have said this 5 months ago, but being in nursing school has definitely helped educate me on this!"

Question 8 *If a patient speaks a language that I cannot speak; having an interpreter is all that is needed to provide culturally appropriate care.*

Although one participant "strongly agreed" to this question, most participants "disagreed" or "strongly disagreed" that this was not an accurate statement. Posttest responses showed that participants tended to disagree more with this statement. Whereas 21% gave neutral responses on the pretest, and 72% disagreed/strongly disagreed, on the posttest there were no neutral responses and 81% disagreed/strongly disagreed. Though the changes were not statistically significant (Table 2) there was movement indicating increased awareness. Offering recognition of the broader aspects of communication, two participants commented that understanding and interpreting "non-verbals," should be part of interpreting patient needs. This interpretation was supported by participant comments. One participant commented, "An interpreter is definitely necessary for providing culturally appropriate care, but it is not the only thing needed. Many questions should be asked via the interpreter to help one understand another's cultural context." And for the same posttest question simply explained, "Language is only one of the [variables] you must face in dealing with people from different cultures."

Question 9 *Having a Christian worldview makes it more challenging to effectively care for people with different beliefs.*

Following the modules, participants appeared to have been more divided. Some were more certain that this was not a challenge, while others indicated that a Christian worldview

might provide a challenge to their caring cross-culturally. In narrative clarifications to their answers on the posttest, four out of five participants stated that their Christian faith and views "should make it easier to love and accept those who are different than yourself," "this helps me to be more culturally sensitive and love others just as Christ loved me," "being a good Christian should mean loving everyone, especially those that are looked down upon," and " My faith in Jesus Christ has taught me to love and care for all people, no matter their skin color, gender or beliefs." However, one participant wrote,

> This is situational, but I don't like the word "effectively" because it is a double standard in the sentence. Because of my Christian views, I can't serve them effectively. For example, if a culture needs to keep the uterus after they give birth, and with my belief, that is not right. That doesn't mean I can't serve them with an answer or reason why.

This participant acknowledged the significance of the word "effectively," and seemed to indicate that individual beliefs might interfere with delivering the most effective care. Serving the patient's needs could still be possible, just not as effective due to the nurse's personal beliefs.

Question10 *I feel comfortable caring for people whose lifestyle choices and behaviors are different from mine.*

Although many responses were "neutral" on this topic, no participants strongly agreed following the learning modules, and one participant "strongly disagreed." Participants were ambivalent before and after completing the modules. A sampling of responses included, "It can be hard at times because I do not agree with their lifestyle or because I do not understand the traditions and beliefs of their lifestyle. However…..I realize that, as a nurse our job is to care for them and there are going to be times when we have to set our traditions aside in order to better care for our patient." Another participant commented, "I never have really had to deal with a lot

of people who had very noticeable differences from me. I think that from the knowledge that I have learned through nursing though I would be more comfortable with it." Voicing discomfort, some participants added, "I wouldn't say comfortable because that would definitely stretch my character and what I think is right" "I have a hard time with certain patients that make lifestyle choices and their irresponsible actions. I know that is stereotyping and judging." And finally, "I don't' have to agree with them in order to love and care for them."

These questions that attempted to probe participants' awareness of the complexities for relating effectively with patients of diverse ages, languages and lifestyles. As students become more aware that these care situations require more that the seemingly obvious and simple "solutions," they are less certain about what they believed before they explored the meaning of culture. The modules challenged the course students to consider a variety of aspects of culture, and examine their desire for cultural awareness along with preconceptions and biases.

Nonparametric results. In order to determine possible significance of the mean responses for the Likert-type test items, Freidman's Tests were performed. The data generated during this project did not meet the parameters for analysis of variance (ANOVA). The Friedman Test is a non-parametric statistic, or an "analog of ANOVA that can be used with paired groups" (Polit & Beck, 2010, p.555), when the variable measure is ordinal, as was the case in the project. Freidman's calculates a Chi-square that compares mean ranks of data.

Table 2. *Freidman's Tests for questions 4 - 10, comparing pretest to posttest responses*

Question	$\chi^2(1)$	*P*
4. *I can describe my own culture.*	1.000	.317
5. *I enjoy caring for people of all ages.*	.200	.655
6. *Knowing the general characteristics of a particular culture will tell me how to approach anyone from that culture*.	.111	.739
7. *I feel prepared with the tools for effective communication with people of all ages.*	.200	.655
8. *If a patient speaks a language that I cannot speak, having an interpreter is all that is needed to provide culturally appropriate care.*	.400	.527
9. *Having a Christian worldview makes it more challenging to effectively care for people with different beliefs.*	.000	1.000
10. *I feel comfortable caring for people whose lifestyle choices and behaviors are different from mine.*	.111	.739

N = 11

The results for all responses were non-significant. There could be several explanations for this. Since this was a pilot study, no reliability and construct validity measures were performed. It is also possible that time between pretest and posttest was not sufficient enough to capture the difference in change of cultural awareness. There was only one "treatment" or variable in this study. Only the learning modules were implemented as an educational intervention. Therefore, correlational statistics were not indicated. The descriptive data analysis demonstrated some positive movement of participants' cultural awareness.

Chapter 5

Discussion

This project was focused on developing cultural awareness for junior level baccalaureate nursing students. Aims of the project were tied to the mission and goals of the nursing program. Nursing students were provided with three learning modules and their insights provided understanding of learning process. Data were examined to see if they provided a new understanding of how nursing students progress forward on their cultural awareness journey.

This systems change project sought to qualify the importance of guided experiences that encourage inquiry into the complexities of cultural caring and growth in student awareness. The modules developed and delivered during this project incorporated principles of emotional intelligence and appreciative inquiry. Guided by multiple theories, this project pursued to determine an increase the nursing student's awareness of the components of culture, self-awareness of their own culture, and how this understanding relates to caring across cultures. Results of participant pre- and post-test evaluations monitored students' progress towards the nursing program's mission and goals; to become nurses who are able to provide culturally sensitive care wherever in the world they serve patient's health care needs.

Application of Theory to Practice

With similarities to Benner's (1984) novice to expert nursing knowledge and skill development, Campinha-Bacote (2003) identified stages of cultural competence development; cultural incompetence, awareness, competence and proficiency. Campinha-Bacote (2003) further articulated the position that "cultural desire" was the key to progress through the stages of developing cultural competency. The term used for the student's journey during this project was "awareness." This term "awareness" was not a determination of the stage of students' progress, but an assumption that the participants in this project had some degree of desire, and were most

likely at various stages of understanding and awareness of how to care cross-culturally. Project participants at the site are learning to provide biblically based care from a Christian (T. Newby, personal communication, August 16, 2012). These factors were considered during the project design and implementation.

Concepts based on emotional intelligence were also included in the project design. The project lead considered how nursing students, with their own culture and past cross-cultural experiences, might approach any preconceptions or emotions stimulated as awareness increased. Goleman's (2005) theory suggested that people with emotional intelligence would be able to employ self-awareness, discipline, and empathy to relate to others in a sensitive manner. However, Livermore (2009) stated that emotional intelligence (EQ) could explain how people might behave or react in culturally familiar encounters (p. 47). As a Christian, Livermore sought to expand EQ into the concept of cultural intelligence that would form a foundation for biblical cross-cultural ministry. These theories helped to shape the modules and the survey questions.

Wikberg and Eriksson (2008) sought to "understand caring from a transcultural perspective" (p. 485), using content analysis to examine statements from theorists in the literature. The result was an "abductive model" of "intercultural" caring (p.492). The use of abductive inference is a methodology that allows the nurse researcher to form new understanding of complex phenomena (Raholm, 2010). Although the purpose of this systems change project was not to form a foundation for theory, there was a realization that the thoughts and reflections of nursing students, who are becoming culturally aware, must be appreciated. As opposed to inferential studies that aim to measure relationship between variables and outcomes, this project used content analysis to ascertain the understanding and feelings of participants in an early phase of the cultural awareness journey. There was no expectation of defining stages or identifying

specific educational interventions that might be optimal for teaching cross-cultural caring. The findings of this project may contribute to an initial stage of inquiry that will lead to new hypotheses and research toward a theory of developing cultural awareness in the novice nursing student.

The modules (Appendix C) developed for the transcultural course required participants to explore questions of who was their "neighbor," their personal definitions of culture, health and illness, and how their Christian beliefs influenced their answers to these questions. They were assigned to read from various texts including a historical narrative, and to listen to or view media examples of how diversity might be viewed in popular culture. Because the course was delivered online, there were asynchronous discussions related to the content, and reflections based on life experiences and completion of a published heritage assessment tool. Each of these activities was intended to support transformative learning. Benner (2011) explored the relationship of theories of meaning and self, arguing that "disengaged views of the person cannot account for formative changes in a person's identity and capacities" (p. 342). Introspection, self-assessment, and personal expression required the participant to engage self in the context of culture as a personal construct rather than a mere definition (though complex) for clinical application.

The Cultural Awareness Journey

Analysis of the data did reveal some important themes. Participants described culture as a mosaic, giving meaning to the human experience. Responses changed from more basic, common definitions of culture to more thoughtful responses, reflecting new understanding. Conflicted feelings were evident both before and after, but following the initial modules, participants showed more awareness of their conflicts and biases and their potential effect on

practice. A third theme, the connection of cultural awareness to experience, was evident across most of the data. In general, participants seemed more able to identify their own culture, and verbalize awareness of the complexities required to be able to effectively care across cultures, in their posttest responses. Concepts of diversity seemed to make them a little less confident that they currently possessed the skills and attitudes to feel comfortable caring for patients of all ages and diverse cultures, including lifestyle.

The readings, media content, discussions and reflective assignments in the modules were designed to show concepts of culture in contexts that were familiar, yet not necessarily connected to traditional definitions of culture. For instance, the biblical story of the "Good Samaritan" is familiar to the students, but the parable has a number of interpretations, including the hypocrisy of the religious and the elite citizen. The class discussions asked students to reflect on personal biases, describe their own health beliefs and traditions, and compare/contrast with responses form their peers. During the fourth week, students were challenged to write about how their relationship to God and their faith influenced personal health beliefs and practices.

The readings and activities were designed to evoke emotions, in order to help students connect to the lesson content with great depth. Then the pre and posttest survey asked project participants to describe their emotions. In a relatively short period of time, participants had the opportunity to challenge what they believed that they knew about culture and culture's role in human relationships. What was evident is participant responses was that knowledge, coupled with emotion, provided insights that culture is a complex phenomenon and therefore requires more introspection. It would be reasonable to conclude that their confidence level will change as their worldviews has been challenged and they are in a process of re-examining and rebuilding this world view, particularly in the context of nursing profession and caring.

Previous studies in the literature found that students measured on a standardized self-report instrument scored as "culturally aware" on Campinha-Bacote's (2003) scale, regardless of the curricular approach or teaching methodology that compared a separate course to cultural content integrated into standard nursing courses (Kardong-Edgren, & Campinha-Bacote, 2008; Kardong-Edgren et al., 2010). Ultimately, these researchers concluded that "the development of robust tools to evaluate the application of cultural knowledge in patient care situations is needed" (Kardong-Edgren et al.p.284.). One of the aims of this systems change project was to offer curriculum content and student activities that would encourage emotional involvement and personal reflection rather than straightforward cognitive knowledge content. In addition, a criticism of Campinha-Bacote's self-report tool has been that responders have a tendency to answer questions with a politically correct frame of mind (Kardong-Edgren et al., 2010).

Maltby (2008) presented baccalaureate students in a nursing program with the reflective question regarding nurses' commitment to provide care for all clients at the beginning of their program and eighteen months later at the conclusion. Although student participants were able to reflect from a position of minimal experience, the sole conclusion was that "cultural competency is a developmental process that goes across time" (p. 116). This study echoed similar findings; students' responses indicate change in awareness through passage of time. One of the concerns with Maltby's use of as pre- and post-program narrative student response was its potential to elicit politically correct answers form students who may have become more aware of the sort of response that is expected, rather than a reflection. In this systems change project, for example, question seven attempted to ascertain changes in the participant's self-perception regarding awareness. When the participants answered the question in the posttest, an increased number of students perceived that they could provide good care for their elderly patients despite underlying

negativity towards the elderly. Yet one participant stated, "I would not have said this 5 months ago, but being in nursing school has definitely helped educate me on this!"

Review of the literature points out that baccalaureate nursing students report cultural self-efficacy but there was no clear evidence of corroborating behaviors in their study (Kardong-Edgren, & Campinha-Bacote, 2008). The nursing students may have tendency to want to access clear rules to apply to ambiguous or complex care situations (Cagle, 2006). Celik et al. (2010) reported that nursing students in their study expressed negative views about elderly patients, but stated that they believed they could provide sensitive care in spite of their feelings. This systems change project seemed to support the finding that nursing students may start with confident narrow viewpoint but more education in affective domain coupled with introspection questions their comfort level. This self-awareness journey may make them question their cultural competency but this new found awareness also affords them an opportunity to learn and grow.

The quantitative data from the survey complements and triangulates the data. There is a synergy between aggregate numbers and explanations provided. For example, question 5 and 10 asked about caring for diverse populations. Before the education interventions, participants "strongly agree" (Question 5 = 50%; Question 10 =14%); however, these responses decreased for "strongly agree" category (Question 5 = 27%; Question 10 =0%). The descriptive narrative informs the change pattern where participants sum-up by saying,

> "It can be hard at times because I do not agree with their lifestyle or because I do not understand the traditions and beliefs of their lifestyle. However…..I realize that, as a nurse our job is to care for them and there are going to be times when we have to set our traditions aside in order to better care for our patient."

The quantitative data clearly indicates this discomfort, yet descriptive responses clarify the meaning behind the numbers.

Social Justice

Principles of social justice speak to sharing resources among all populations. While it is imperative that all nurses assess patients for their cultural beliefs and preferences for health care, it is notable that less than 20% of the nursing workforce is identified as belonging to a minority group (U.S. Department of Health and Human Services Health Resources and Services Administration, 2008). The nursing program in this project has established that it desires to graduate students who are prepared to serve the needs of diverse patients. Graduates are working in underserved areas (T. Newby, personal communication, August 16, 2012).

The profession is becoming more reflective of the environmental context in which minorities receive care. With the support of a number of apolitical groups such as the Institutes of Medicine (IOM) and the Robert Woods Johnson Foundation (RWJF), the Quad Council of Public Health Nursing Organizations, and the Joint Commission, the political will has been encouraged to specifically address the need to improve nursing education in cultural awareness and the overall diverse composition of the nursing profession (Bernstein, 2009; Quad Council of Public Health Nursing Organizations, 2004; The Joint Commission, 2010).

The project site college has made a deliberate effort to recruit students from ethnic minority groups and students from other countries. Among the 2012 freshman students who have declared nursing as their major 36% are from such countries as Ethiopia and Malaysia, and from diverse United States minority groups. There is a desire and effort to establish community clinical partners where students are able to serve and learn from patients with diverse

backgrounds and life experiences. The department also desires to recruit faculty who represent diverse ethnic backgrounds (T. Newby, personal communication, August 16, 2012). However, there are limits to hiring faculty or recruiting students who represent diverse lifestyles out of the parameters of the doctrinal beliefs of the college. The lifestyle and doctrinal faith statement signed by all faculty presents a challenge for the nursing program when hiring faculty. Yet the college and the nursing program maintain a broader approach to cultural awareness and caring across social and religious differences as evidenced by community ministry and service. The desire to serve and experience diverse relationships as a response to their faith was apparent in project participant responses. Two participants in the post-survey indicated that, "It *should* make it easier to love and accept those who are different than yourself," and "Being a good Christian *should* mean loving everyone, especially those that are looked down upon." The use of the term "should" seems to indicate some reluctance to state that they could reach beyond some aspects of their faith, a politically correct statement from the Christian point of view, but without complete commitment to caring in some circumstances. The nursing department would benefit from establishing approaches to care that will help students understand how the Christian nurse can apply her faith caring for patients living lifestyles that are not consistent with their beliefs. As on participant expressed," When I learn about cultures I try to be pretty open about it and keep an open mind. Sometimes I do struggle with looking down on a culture about their religious views or their health practices." And another participant's response indicated that, "I tend to think that my culture is the best. I believe that my way of doing things is the best, and all other ways are odd or wrong." What activities or experiences would assist students to practice responses consistent with caring from a Christian perspective? The data suggest that the nursing program needs to develop activities, such as care simulations, that will address this need. The

transcultural course modules addressed one aspect of cultural awareness learning needs, but more needs to be done.

Limitations. This systems change project took place in a unique small private college setting. The college attracts students from a specific Christian perspective. The sample was homogeneous; primarily Caucasian females in their early 20's. A more diverse sample would be more representative of other nursing programs, and limit the interpretation of data from the project participants based on a demographic data showing largely similar life experience backgrounds. The project intervention modules and questions were specifically developed for this student population with inclusion of elements related specifically to Christian faith. Transferability is limited, but may provide some basis for review for other faith-based nursing programs. The test-retest design has inherent bias potential, although the questions used in this project were not measuring specific knowledge change. Reliability and construct validity of survey is not available as this project was exploratory in nature. This pilot project also prevented from apriori power analysis. Participants represented over 50% of the course roster, but the small sample size also limits the ability to generalize the findings.

Future plans. Upon completion, the project outcomes will be presented to the nursing department at the project site. These findings may be considered as a part of revising the master plan of evaluation of the program goals and outcomes. As suggested by participant responses, the program should work to include cultural aspects that challenge students, especially with aspects of culture that are particularly uncomfortable for students. Case studies and simulations could be infused with opportunities for students to respond to hypothetical patients outside of the experiences of most of the nursing students in this program. It would also be beneficial to students and the community to continue to pursue relationships with agencies that will give

student opportunities to work with diverse patients and practice assessing their needs. The project and findings will also be disseminated to college administration and faculty for consideration of potential value to the institution, which is currently establishing institutional outcome measures for graduates in all majors. Within the following school year, it is proposed that the project will serve as a template for each department to develop similar assessments in order to better qualify and quantify the college's overall achievement of its goals including global awareness. The project and results will form the basis for a proposal to present at ta national conference. It is important to keep the questions, about understanding the cultural awareness journey, moving forward. Articulation of the project in publications will be explored. Of particular interest would be disseminating the information in Christian journals because the project begins a conversation about the preparation of Christian students for cross-cultural service in professions outside of traditional ministry.

Recommendations

The role of the Doctor of Nursing Practice (DNP) is still in the process of being defined. In reality, the role may be defined by each institution and area of advanced practice. As leaders in practice, and clinical experts, DNPs can identify the issues and needs in their sphere of influence, and institute needed change. The DNP must be involved in policy advocacy in healthcare systems, education and at all levels of government. For example, "The Health Equity and Accountability Act of 2011; "Title III of the bill addresses 'Health Workforce Diversity" (U.S. Government Printing Office, 2011), which may offer minority students, who may not have access to other necessary financial resources, eligibility for funds enabling them to attend otherwise unaffordable nursing programs. With an understanding of what constitutes the evidence that should inform practice, the DNP is capable of reviewing and leading

implementation of quality practice changes. In contrast to the empirical and theoretical focus of the PhD prepared nurse, the practice focus of the DNP emphasizes quality improvement for patient care and education that is embedded in practice (Webber, 2008). For the nurse educator at the DNP level, the focus must be on the education system and the challenge of providing education under rapidly changing circumstances to diverse student populations. There is a place for descriptive content analysis research, especially where the voices of participants create knowledge that affects processes, and institutional cultures.

Within the nursing department that participated in this project the faculty need to decide how our world view, theoretical underpinnings and goals will inform our outcome measures. More information should be gathered to build a better understanding of the growth of cultural awareness over time. The awareness journey does not end with graduation, but what indicators should be evident by graduation remain to be determined. The transcultural nursing course occurs in the second semester of the four semester program. Cultural care issues are woven into other courses and clinical experiences. It is possible that measures at two or three points across the curriculum will be the necessary in order to demonstrate accomplishment of the expected outcomes (Campinha-Bacote, 2006).

In addition to the continuation of this project with in the nursing department and institution, further research is indicated in keeping with the spirit of appreciative inquiry. Repeated measurement could utilize current assessment tools (Campinha-Bacote, 2007; Jeffrey's, 2010) or a newly created rubric based on a combination of observed behaviors and student reflections. The literature on this aspect of nurse caring is certain to grow as the population of the United States continues to become more diverse. All nursing programs and educators must continue to look for best practices for transcultural education, and assess outcome

measures in their efforts to prepare future nurses who can effectively care for all patients. Undergraduate nursing education will find a balance of strong mission, critical content, effective methodology and an appreciation of the diverse developmental processes of the student.

Conclusion

This project responded to a need in a nursing program to be able to measure cultural awareness for their students. Data that indicates achievement of student learning outcomes must be available for accrediting bodies and for program improvement efforts. It was necessary to develop and test cultural content modules that combined education, nursing and cultural awareness theories with emotional intelligence and appreciative inquiry concepts. The intentional application of these concepts formed a pilot project with promising results. Based on the changes revealed during the data analysis, the aims of this project were met. The themes that were synthesized from participant responses and evidence of changing student attitudes form the basis for further development of curricular elements and outcome measures. Project results are promising because students demonstrated growth in self-awareness and an understanding of culture. Future projects are advised to learn more about nursing students' understanding of how their faith and Christian world view affect their approach to cross-cultural caring

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Appendix A

TABLE OF STUDY CHARACTERISTICS

Study (Author, Year)	Purpose	Sample	Research Design/ Method	Measures to Assure Rigor	Findings
Celik et al. (2010)	To determine the views and attitudes of nursing students about the elderly	N = 42 second year BSN students Mean age 21 All female	Semi-structured interviews with focus groups	Sampling rationale Limitations specified Human subjects protections Questions piloted Member checking	Six themes; Meaning of aging, views on aging, problems of aging, attitudes of students, skills needed for care, work setting post-graduation More the 50% held negative view of aging but believed they were respectful and sensitive toward elderly patients
Harrison, & Fopma-Loy (2010)	Pilot test of 10 reflective journal prompts to stimulate reflection on emotional intelligence competency	N = 16 ADN students in two psychiatric clinical groups	Progressive reflective journaling	Framework specified Human subjects protections Data analysis detailed Prolonged engagement	Prompts provided mechanism for faculty to assess emotional intelligence competencies
Jordan et al. (2007)	Usefulness of focus groups for researching "sensitive" issues	N = 12 nursing faculty 11 female, 1 male	One-to-one and mixed religious / community group discussions	Sampling rationale Human subjects protections Ethics addressed Thick descriptions Analysis rationale	Focus groups useful for exploring locally accepted dialogue about "sensitive" issues

Appendix A cont.

Study (Author, Year)	Purpose	Sample	Research Design/Method	Measures to Assure Rigor	Findings
Torsvik et al. (2008)	Explore how students develop reflective nursing practice through cross-cultural encounters	N = 14 (2 groups of 2 Norwegian and 5 Tanzanian students each.	Participatory observation, written narrative, & focus group interviews	Human subjects protections Prolonged engagement Triangulation of the data Cross checking data	Open attitudes facilitate co-learning between cultures Main themes differed between student groups; Norwegian stud: nurse-pt. relationships, individualized care, & emotional involvement Tanzanian stud: nurse-relative-pt. relationships, & caring attributes R/T skillful procedure performance
Wilson & Carryer, (2008)	Explore the views of nurse educators about the challenges of assessing student development of emotional competence during the nursing program	N = 15, 3 discussion focus groups of nursing faculty	Volunteer focus group questions	Sampling rationale Method rationale Human subjects protections Peer review	Three major themes identified; personal &social competence comprise emotional competence, emotional comp. is a key to fitness to practice, & transforming caring into practice

Appendix B

Caring Across Cultures (To be loaded into Survey Monkey)

Answer the following questions as best you can. Please be reflective and thoughtful in your replies

1. What is meant by the term “culture?”

2. Describe any feelings you are aware of when learning about cultures.

3. Explain your experiences with people or groups of people from a culture other than your own.

4. I can describe my own culture.

5. I enjoy caring for people of all ages.

6. Knowing the general characteristics of a particular culture will tell me how to approach anyone from that culture.

7. I feel prepared with the tools for effective communication with people of all ages.

8. If a patient speaks a language that I cannot speak, having an interpreter is all that is needed to provide culturally appropriate care.

9. Having a Christian worldview makes it more challenging to effectively care for people with different beliefs.

10. I feel comfortable caring for people whose lifestyle choices and behaviors are different from mine.

Thank-you for your time!

Appendix C

Module One / Week One (to be delivered starting January 12, 2012)

Introduction; *what is culture and how do we, as Christians, relate to cultures that are different from ours?*

Module Objectives:
The student will;

1. Define culture and Christian cross-cultural nursing in a pluralist society.
2. Consider personal cultural biases and describe the scriptural definition of caring for our "neighbor"
3. List the possible cultures that individuals may choose to identify with.
4. Describe the cultural influences evident in the health care of a Henrietta Lacks, a Black woman in mid-20th century United States

Required readings:

Shelly & Miller, 2nd Ed. (2006) Ch. 6 "Person as a Cultural Being"

Parable of the Good Samaritan Luke 10: 23-37

Skloot (2010) (*Henrietta Lacks*) Chs 1-3

View:

"And Who is My Neighbor?"
http://www.youtube.com/watch?v=SvMyxFnCgKw&feature=related

Instructor PowerPoint in ANGEL

Suggested Reading:

Elmer (2006) Ch. 1

Online assignment:

Intro Discussion Question (DQ); Who are you, and who is your neighbor?
Discuss your understanding of the term "culture," based on your experience and the readings.
Describe some personal biases or stereotypes that you have regarding other lifestyles or cultures. (Do not limit your thinking to race and ethnicity, which are only two aspects of one's culture.)
How can you work to overcome personal biases or stereotypes in your effort to effectively respond to those who look to you for care?
Primary Post **Due Jan 15; A minimum of 2 replies due Wed, Jan 18**

Appendix C cont.

Syllabus instructions regarding respectful and safe; also posted in the discussion instructions in the ANGEL platform

Communication (discussions and conversations with peers or faculty):

This course requires that all participants use professional communication. The importance of communication is such that disrespect will not be tolerated. Every effort should be made to offer and receive constructive information and feedback that will facilitate the learning and growth of all involved. The Nursing Department appreciates diverse voices (opinions and experiences), whether on-line or face-to-face.

In addition, all conversations must be kept within the confines of the office, classroom or on-line discussion area, and may not be discussed with anyone who is not a member of the class or faculty. These communications are subject to confidentiality within the purposes of the learning environment. Any breaches of this trust should be reported to the course professor or department chair.

Each participant in an online community needs to be cognizant of the perceptions of others. Whether the communication is in the form of an e-mail or discussion post, it is imperative that sensitivity is used in all situations.

"Netiquette" is etiquette on the Net. Here are some tips that can help improve the communication in this course:

- Do not USE ALL CAPS. This is considered shouting.
- Emoticons can be used, :-(BUT be careful as some may not understand them.
- Avoid slang and jargon. There are many terms in this category that can either be offensive to others or not make sense.
- Instead of saying "You are wrong," or "That's not true," ask for clarification; "I don't understand the connection between this and that," or "Could you please help me understand this…?"
- Never put anybody down or use any type of derogatory term.

For more information on Netiquette visit: http://www.albion.com/netiquette/corerules.html

Appendix C cont.

Module 2 / Week 2 (to be delivered starting January 19, 2012)

Exploration; *The origins of personal cultural heritage*

Module Objectives:
The student will;

1. Describe their personal cultural heritage.
2. Consider their personal definition of "health" and "illness"
3. Describe the national standards for Culturally and Linguistically Appropriate Services (CLAS)
4. Determine and describe how culture and life experiences may affect the life path and health of individuals.

Required readings:

Spector 7th Ed. (2009) Chs. 1-2

Skloot (2010) (*Henrietta Lacks*) Chs. 4-7

Butts (2008) Pp. 87-103

View:

"Does Anybody Hear Her?" Casting Crowns
http://www.youtube.com/watch?v=FlJACCOknqc&feature=related

Instructor PowerPoint in ANGEL

Assignments;

Complete the Heritage Assessment Tool,
Appendix E found in Spector (2009) Pp. 365-367

Reflection: *My heritage, definitions of health and illness, and how my culture and life experiences have shaped my life until now.*

This reflection should be 3-4 scholarly paragraphs, one to two pages in double spaced, no title page, but identify your work, and place it in the drop-box by **Sunday, Jan 22, midnight**

Appendix C cont.

Module 4 / Week 4 (Follows Module 3, created by the course instructor) (To be delivered starting February 2, 2012)

Continuation*; healing and health traditions as practiced in families*

Module Objectives:
The student will;

1. Describe personal family beliefs and practices for promoting, maintaining and recovering health.
2. In an asynchronous discussion inline, compare and contrast personal family beliefs and health practices with your classmates' families.
3. Consider how, as a receiver of health care, one allows or brings others into an understanding of personal beliefs and practices.
4. Describe how the outcome of Henrietta lacks illness affected her family's subsequent life, health, and heath care outcomes

Required readings:

Spector 7th Ed. (2009) Ch. 6

Skloot (2010) (*Henrietta Lacks*) Chs. 12-15

View:

"Who am I?" Casting Crowns
http://www.youtube.com/watch?v=VU_rTX23V7Q&feature=related

Instructor PowerPoint in ANGEL

Suggested Reading:

Elmer (2006) Chs. 4-5

Assignments:

Discussion Question (DQ) 2: Briefly describe your own family's beliefs and practices for promoting, maintaining and recovering health. (Give one or two examples)
How does your understanding of your relationship to God affect your beliefs and practices?
Read several of your classmates' postings, and reply to at least two peers, comparing or contrasting their health traditions to your own.
Primary Post **Due Sunday, Feb. 5; A minimum of 2 replies due Wed, Feb 8.**

Appendix C cont.

References

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Appendix D

Project Budget

Project Component	Resource	Expense Explanation	Units/Rate	Source of funds	Expense
Feasibility and planning	Project lead	Project baseline input, hours of research and practica	650 hr x $35	In-kind donation	
		Project explanation & presentations	12 hr x $35		
		Letters of support & project approval	6 hr x $35		**$24,220**
		Module content coordination and creation	24hr x $35		
	Administrative & Faculty;	Project baseline input	8 x 2 x $35	In-kind donation	
		Project explanation	1 hr x 2 x $35		
	Site mentors, Nursing		2 hr x 2 x $35		
		Letters of support	0.5 hr x 4x $35		
	Instructional technician	Course content consultation and coordination	5 x 2 x $35 4 x 1 x $25		**$1290**
	Meeting expenses	Meals	$25.00		
		lunch		Personal funds	
			$75.00		
		dinner		Nsg. Dept.	
			10 miles x $0.42		
		Travel	20 miles x $0.42	Personal funds	**$112.60**
	Materials	Paper & Printing	25 pp @ $ 0.04	Personal funds	**$1.00**
Project implementation	Project lead	Loading & administering content , tests	5 hr x $35	In-kind funds	
	Nsg course faculty	Inviting participants	0.5 hr. x $35		
	Statistician	Consultation	3 hr x $60	Personal Funds	
	Administrative assistant	Survey Monkey administration	1.5 hr x $25		**$210.**
	Gifts for participants	Coffee shop certificates	12 x $5	Personal funds	**$150**
	Software	SPSS	$90		
Project Evaluation & Dissemination	Project lead	Evaluate results Presentations of project	60 hr x $ 35	In-kind funds	**$2100**
	Misc expenses	Thank-you Gifts colleagues	5 x $25 (approx)	Personal funds	**$135**
		Printing	~250 x $0.04		
				TOTAL	**$28,218.60**