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Enhancing the Success of Underrepresented Nursing Students:
Developing a Posture of Cultural Humility

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ENHANCING THE SUCCESS OF UNDERREPRESENTED NURSING STUDENTS:
DEVELOPING A POSTURE OF CULTURAL HUMILITY

DNP Project
Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

St. Catherine University
St. Paul, Minnesota

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May 2020
This form is to certify that I have examined this Doctor of Nursing Practice DNP project manuscript written by

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and have found that it is complete and satisfactory in all respects, and that all revisions required by the final examining committee have been made.

Graduate Programs Faculty

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Dr. Susan Hageness

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Date

DEPARTMENT OF NURSING
Abstract

Background: Educators who actively explore ways to facilitate positive perceptions of comfort, satisfaction, and cultural humility lead to strong student-educator relationships and optimal student outcomes (Abdul-Raheem, 2018). Active exploration requires a posture of cultural humility. Perceiving faculty as academic stewards of the learning environment, this project focuses on faculty development to increase awareness of systemic bias, micro-inequalities, and personal bias that exist in nursing education. Increased awareness through humility allows faculty to develop a more engaging, welcoming, and culturally sensitive learning environment for underrepresented nursing students.

Purpose: The purpose of this DNP project study is to determine if faculty perception of cultural humility and faculty engagement strategies with underrepresented students are affected by a faculty enrichment opportunity introducing the concept of cultural humility while exploring the negative impact of systemic bias on underrepresented nursing students.

Methods: A quasi-experimental pre and post-survey design was used to determine if faculty perceptions of cultural humility and faculty engagement strategies with underrepresented students are affected by a faculty enrichment opportunity. A convenience sample of nursing faculty was recruited from the nursing faculty at a medium-sized Midwestern urban public university. A faculty enrichment program on cultural humility and implicit bias in nursing faculty was developed and presented. Pre enrichment surveys were collected before the presentation. Post enrichment surveys were collected four weeks following the enrichment presentation. Surveys used for data collection are the expanded cultural intelligence scale (E-CQS) and the faculty engagement with underrepresented minority students scale (EFURMS).

Results: The perception of cultural humility was affected by participating in a faculty enrichment opportunity. The components of cultural humility include commitment to self-evaluation and self-critique, addressing power imbalances in the faculty-student relationship, and a desire to work with and advocate on the behalf of underrepresented students. All three of these areas showed statistically significant changes as measured in two out of four E-CQS statements and three out of six EFURMS statements analyzed post enrichment.

Conclusions and Implications: Cultural humility in nursing faculty is necessary and allows one to recognize and acknowledge that implicit bias and institutional racism exists and negatively impacts the success of underrepresented students in undergraduate nursing programs. Introducing the concept of cultural humility may encourage nurse educators to seek out better strategies to engage, encourage, and support underrepresented students.
Enhancing the Success of Diverse Nursing Students: Developing a Posture of Cultural Humility

Introduction

Background and Significance

The current lack of diversity in the nurse workforce, student population, and nursing faculty impede the ability of nursing to achieve excellent care for all. Adverse effects in population healthcare due to the lack of a diverse workforce that knows how to build inclusive environments are well documented (HRSA, 2017; Institute of Medicine, 2004; Laveist & Pierre, 2014; Lim et al., 2014). Diabetes care, maternal and child health care, adverse events, cancer screening, and access to care are just a few examples in which persistent disparities exist for minority and low-income populations (Phillips & Malone, 2014). A diverse health workforce links to increased patient satisfaction, improved patient-clinician communication, and greater access to care for patients belonging to minority populations (HRSA, 2017). Diversity in nursing fosters cultural competence and removes socio-cultural barriers to care in clinical settings, such as language, values, and shared belief systems (Grant, 2019).

To meet the demands of an increasingly diverse patient population, there is a need to increase the number of underrepresented minority (URM) students enrolled in and successfully graduating from baccalaureate nursing programs (Gibson-Jones, 2017). Addressing this need is challenging. Higher attrition and academic failure rates among underrepresented nursing students exacerbate the problem of nursing workforce underrepresentation (Veal, Bull, & Miller, 2012; Seago & Spetz, 2005).

Various programs have been implemented to improve the success of underrepresented students and include financial assistance, tutoring, mentoring, study skills, and association with peer groups (White, 2017). Programs like this place the responsibility for change on the
students. Studies of progression issues among underrepresented minority students have revealed minority race-linked barriers to achievement, such as the fear of social isolation, perceived lower academic expectation, stereotyping or stereotype threat, and discrimination (Chang, Eagan, Lin, & Hurtado, 2011; Reynolds, Sneva, & Beehler, 2010). Thus, Robinson (2013) recommends that nursing faculty members and administrators evaluate their organizational culture concerning systemic bias and institutional racism. By doing so, White (2017) posits a shift that moves “the responsibility for diversity from the student to the institution” (p. 347).

Perceiving faculty as academic stewards of the learning environment, this project focuses on faculty development to increase awareness of systemic bias, micro-inequalities, and personal bias that exists in nursing education. Power and privilege, resulting from racism and implicit bias, create environments within nursing education that make it difficult for students of color to succeed (Fitzsimmons, 2009). Yoder (1996) found that nursing faculty who demonstrated high levels of cultural awareness and sensitivity attended to the learning needs of underrepresented students. In contrast, those with low levels of cultural awareness and sensitivity did not attend to the needs of the minority students. Increased awareness allows faculty to develop a more engaging, welcoming, and culturally sensitive learning environment for at-risk students.

**Needs Assessment**

Minorities represent 38.7 % of the population in the United States while comprising only 24.5 % of the nursing workforce (HRSA, 2017). Similarly, less than 30% of students enrolled in baccalaureate nursing programs are racially, ethnically, culturally, or gender diverse (NLN, 2017). Furthermore, 80% of the nursing faculty in the U.S. are white and female (NLN, 2017). Considering the dissimilarity in the learning environment, nurse educators may not be aware of the subtle ways that ethnocentrism permeates nursing education (Akerman-Barger, 2010).
Schoofs (2012) challenges the assumption that diverse students need to adapt to the expectations and practices of the predominately Euro-white female and charge faculty to acquire new knowledge, skills, and attitudes that foster the success of the diverse student learner.

The project takes place at a medium-sized university located in a large metropolitan area in the Midwest. This university is a public land-grant institution in an urban environment that serves a diverse population. The site's undergraduate first-time enrollment total for 2018-2019 is 2,853 students, 27% of which are African American. The four-year graduation rate at this university for African American students in 2018 was 15%.

Underrepresented student attrition at the college of nursing (CON) over five semesters from Fall 2012 through Spring 2014 averaged 24.6% in comparison to 2.8% for traditional Caucasian students. While the university’s CON recently instituted a holistic admission process to increase the diversity of the nursing student body, it has not fully explored the unique needs of underrepresented students or how best to reduce attrition and ensure higher graduation rates. Ume-Nwagbo (2012) suggests that attention be given to the cultural competence of nursing educators as significant statistical correlation exists between mean cultural competence scores of nurse educators and the percentage of minority nursing students graduating from schools of nursing. Achieving cultural competence (a cognitive ability) and developing cultural humility (an affective skill) in nursing faculty is essential to meet the needs of a culturally diverse student body.

**Problem Statement**

The failure of faculty and administration to acknowledge ethnocentrism and explore systemic and personal implicit bias creates a negative learning environment. This failure undermines the success of underrepresented undergraduate nursing students in the nursing
program. The purpose of this project is to increase cultural awareness in nursing faculty at the CON by exploring the concept of cultural humility. Using the Emancipatory Nursing Praxis (ENP) model (Walter, 2017) as a framework, a two hour faculty enrichment program on the concept of cultural humility that includes discussion on implicit bias in faculty was developed and provided to the CON faculty. Cultural humility is a lifelong commitment to self-evaluation and self-critique, addressing power imbalances in faculty-student relationships and the development of mutually beneficial and dynamic partnerships (Tervalon & Murray Garcia, 1998). A successful interaction requires the faculty's critical self-awareness of the power, privilege, and inequities between themselves and the students they encounter.

**PICO question.** The population, intervention, comparison, and outcome (PICO) question is: Is the perception level of cultural humility in nursing faculty at an urban Midwestern university affected by participating in an enrichment seminar entitled “Developing a Posture of Cultural Humility”?

**Theoretical Framework**

There has been much discussion in literature over the similarities and differences between cultural competence and cultural humility. Cultural competence has been described as obtaining knowledge, skills, and behaviors in the culture of others and implies an endpoint (Walter, 2017). The idea that one can become competent in cultural differences supports a myth that culture does not evolve. Competence depends on knowledge acquisition rather than lived experience. Therefore, competence is considered a cognitive activity.

Cultural humility, a term coined by Tervalon and Murray-Garcia in 1998, is one construct for understanding and developing a process-oriented approach to competency. They describe three components of cultural humility. The first is a life-long commitment to self-evaluation and
self-critique and willingness to acknowledge that one never finishes learning. The second is a desire to recognize and fix power imbalances that persist. The third is that humility creates a desire to work with individuals and groups to advocate for others.

Hook, Davis, Owen, Worthington, and Utsey (2013) conceptualize cultural humility as the “ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are most important to the person” (p. 357). One cannot individually commit to self-evaluation and fixing power imbalances without advocating within the larger organizations in which we participate (Hook et al. 2013). Cultural humility requires an understanding of self on a deeper level and an analysis of power and privilege. Thus, cultural humility is an affective activity.

While the term cultural competence has been challenged for its failure to account for the structural forces that shape individuals' experiences and opportunities, the concept of cultural humility considers the fluidity of culture and challenges both individuals and institutions to address inequalities (Fish-Borne, Cain, & Martin, 2015). “Cultural knowledge is important, but knowledge about how populations are marginalized is vital” (Melies & Im, 1999, p. 97). Therefore, this project suggests a shift from a focus on mastery in understanding ‘others’ (competence) to a framework that requires personal accountability (humility) in challenging institutional barriers that negatively impact the success of underrepresented students in nursing school.

**Emancipatory Nursing Praxis Model**

Societal racism, resulting in power and privilege, impacts nurses in multiple ways at the micro and macro levels within academia, research, and clinical settings. The Emancipatory Nursing Praxis (ENP) model (Walter, 2017) combines elements of the critical race theory (CRT)
with transformational learning theory to inform an emancipatory perspective to cultural competency. CRT recognizes that racism is engrained in the fabric and system of American society and that these power structures are based on white privilege and white supremacy, which perpetuates the marginalization of people of color (UCLA, 2009). Transformational learning theory (Mezirow, 1981) suggests that individuals change their frames of reference by critically reflecting on their assumptions and beliefs and consciously making and implementing plans that bring about new ways of defining their worlds.

The ENP model (Walter, 2017) shown in Appendix A, is a concrete mid-range theory specific to nursing that can add conceptual clarity to faculty development initiatives. A successful interaction requires the faculty's critical self-awareness of the power, privilege, and inequities between themselves and the students they encounter. ENP underpins the concept of cultural humility as being a life-long commitment to self-evaluation and self-critique, addressing power imbalances in the faculty-student relationship, and to the development of mutually beneficial and dynamic partnerships (Tervalon & Murray Garcia, 1998).

ENP identifies four conceptual categories (becoming, awakening, engaging, and transforming) experienced when undergoing transformational change. Becoming is described as an initial unconscious exploration of ways of being in the world and perceptions of unfair social situations.

Awakening is marked by changes in which a nurse sees himself or herself in relationship to others. Also, awakening occurs when one recognizes structural forces that impact the well-being of others and may occur after an event that shifts the nurse's worldview. It is during this phase where one can begin identifying sources of power, privilege, and oppression and its impact on others. In the absence of awakening, the likelihood of engaging in social justice diminishes.
The concept of engaging explores the actions and interactions involved in enacting behaviors of social justice. The nurse identifies those who benefit from the status quo and those who do not, and then determines strategies to mitigate the power imbalances.

The final concept of transforming describes an expansion of consciousness that fundamentally reconditions the nurse's forms of thought, feeling, and actions (Walter, 2017; Tervalon & Murray Garcia, 1998) to promote equity.

The learning processes of becoming, awakening, engaging, and transforming are continually informing and shaping each other, occurring, and recurring in a non-linear fashion. ENP can be conceptually visualized as an ongoing, evolutionary, unpredictable, transformative process as nurses endeavor to identify, redress, and change the socially constructed conditions that preclude full human expression and flourishing for all.

Walter (2017) includes two contextual conditions in the theory, reflexivity, and relational contexts. Reflexivity requires the nurse to exam his/her role in creating or maintaining structures and practices. Relational contexts consist of those the nurse engages with on an individual, groups, organizational, and/or national level.

An emancipatory approach enables faculty to develop skills that analyze the dynamics of power, implicit bias, and structural racism to develop strategies that mitigate the negative impact of these on underrepresented students. Through an emancipatory lens, there is a shift to “critiquing structures and processes of power instead of accepting them as status quo” (Wesp et al., 2018, p. 316).

**Review of Literature**

Using the identified PICO question, a comprehensive review of the literature was initiated (see Appendix B). Databases queried included the *Cumulative Index to Nursing and
Allied Health Literature (CINAHL), PubMed, Cochrane, and Health Source: Nursing/Academic Edition. Search terms included cultural humility, cultural competence, inclusion, culturally responsive teaching, cultural humility in nursing education, and cultural understanding. Articles selected for critical appraisal included those that addressed the relationship between faculty level of cultural competence and student success, faculty perception of cultural competence, and faculty development recommendations to enhance cultural competence.

Using the Boolean phrase "and" feature combining terms, CINAHL yielded 251 articles, of which 30 were screened based upon the abstract or introduction content. Five of those articles subsequently underwent a critical appraisal. The majority of literature that populated with the search mentioned above terms addressed the need for students and nurses to provide culturally competent care to their patients. There is less literature that explores the impact of the nursing faculty level of cultural awareness and competence on the success of diverse students.

The phrase cultural humility in nursing education yielded six articles; two of those underwent a critical appraisal. CINAHL was the most productive database and provided 15-30 articles per search term or combination of terms. PubMed was the least useful with 223 articles generated, and only three articles that met criteria for relevancy. Two articles selected were identified from a reference list from other selected studies.

The search phrase "cultural competence versus cultural humility" yielded one article which provides context for the primary intervention of this project. The article by Camphinha-Bacote (2019) highlights the distinction made between cultural competence being a cognitive skill that is achieved, while cultural humility is an affective skill that evolves with additional exposure to diversity. Rather than a research study or meta-analysis of research, this important
and relevant article summarizes how the terms cultural competence and cultural humility came into being, the evolution of the terms, and the application to nursing and nursing education.

Table 1 highlights the articles selected for critical appraisal and includes a brief evidence summary for the PICO question identified. The table provides evidence type, findings, outcome measures, and study limitations. Articles appraised used the Johns Hopkins (2017) Research Evidence Appraisal Tool. The collective evidence reviewed indicates a correlation between implicit faculty bias and increased attrition and lower graduation rates of the diverse undergraduate nursing student. Furthermore, the evidence emphasizes the importance of the nurse educator becoming more culturally competent to assist students from diverse cultural backgrounds to stay in school, graduate, and enter the workforce. An enrichment program as an intervention to support the development of cultural humility in nursing faculty is adequately supported by the literature reviewed.
<table>
<thead>
<tr>
<th>Article #</th>
<th>Author &amp; Date Title</th>
<th>Evidence Type</th>
<th>Sample, Sample Size &amp; Setting</th>
<th>Findings that help answer the EBP question</th>
<th>Observable Measures</th>
<th>Limitations</th>
<th>Evidence Level &amp; Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ume-Nwagbo, P. 2012</td>
<td>Descriptive, correlational non-experimental design</td>
<td>Undergraduate nursing faculty from 10 BSN programs in TN N=76</td>
<td>A significant statistical correlation found between mean cultural competence scores for faculty and the percentage of minority nursing students graduated from baccalaureate nursing programs in Tennessee. This finding emphasized the importance of nurse educators becoming more culturally competent to assist students from diverse cultural backgrounds stay in school, graduate, and enter the workforce.</td>
<td>CDQNE scores</td>
<td>Use of convenience samples limits generalizability. The study also used a self-report instrument, which allowed respondents to provide socially acceptable responses, thereby increasing the possibility of result manipulation.</td>
<td>Level III Quality B-Good</td>
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<td>2</td>
<td>Isaacson, M. 2014</td>
<td>Mixed method; hermeneutic phenomenology of narrative, and descriptive statistics, Likert item survey</td>
<td>Convenience sampling undergraduate nursing students n=11</td>
<td>Nursing students identified themselves as culturally competent, but journal entries revealed existing implicit bias. Following a cultural immersion experience, students appeared to have reshaped their understanding regarding power imbalances occurring in health care. The study makes the distinction between cultural competence and cultural humility.</td>
<td>IAPCC-SV scores increased following immersion experiences</td>
<td>Sample size small;</td>
<td>Level II Quality B-Good (except for small sample size)</td>
</tr>
<tr>
<td>3</td>
<td>Montenery, S., Jones, A., Perry, N., Ross, D., &amp; Zoucha, R. 2013</td>
<td>A non-research, metaanalysis of existing literature on the importance of cultural competence of nursing faculty and the effect on student outcomes</td>
<td></td>
<td>Background information supports needs assessment acknowledging the need for faculty development of cultural humility and desire. Educators are responsible for grooming cultural competence in students, yet there is no predetermined plan for faculty development.</td>
<td>Literature summary</td>
<td>None noted</td>
<td>Level V Quality: A - Excellent</td>
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<tr>
<td></td>
<td>Author(s)</td>
<td>Year</td>
<td>Study Design</td>
<td>Sample</td>
<td>Main Findings</td>
<td>Methodology/Comments</td>
<td>Quality Level</td>
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<td>4</td>
<td>Morton-Miller, A. 2013</td>
<td>Cultural competence in nursing education. Practicing what we preach</td>
<td>Review of literature exploring the concept of cultural competence as a journey combined with interviews of minority students for suggestions on how to enhance the learning experience</td>
<td>Nursing students in an associate degree program that volunteered to be interviewed by the author. n=11</td>
<td>Review of literature supports needs assessment. Committing to enhancing faculty cultural awareness and sensitivity with students requires individual and institutional commitment. Student interviews gave insight into areas of implicit bias by faculty that impeded their success.</td>
<td>Literature review and summary</td>
<td>Small n size. Also, interviewer used students that she knew which may impact the accuracy of their answers and interaction</td>
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<td>5</td>
<td>Baghdadi, N., &amp; Ismaile, S. 2018</td>
<td>Cultural competency of nursing faculty teaching in baccalaureate nursing programs in the United States</td>
<td>Descriptive and correlational, non-experimental design</td>
<td>Survey invitation sent to 2404 potential participants (faculty teaching in BSN programs throughout the U.S). n=461 (23% response rate)</td>
<td>The study highlights inconsistencies in faculty cultural competency scores (CDQNE-R). The researchers concluded that cultural training for faculty needs to be mandated.</td>
<td>CDQNE-R scores indicated a moderate level of cultural competence in faculty with the highest scores in cultural knowledge, lowest scores in cultural skills</td>
<td>This study is a descriptive correlational design, which can only show the relationship between and among variables. The researcher cannot establish causality.</td>
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<td>6</td>
<td>Abdul-Raheem, J. 2018</td>
<td>Cultural humility in nursing education</td>
<td>A descriptive, correlational study</td>
<td>Convenience purposive sample Oklahoma City University BSN students. n=118</td>
<td>The cultural humility process helps students thrive in nursing programs through strong relationships with nurse educators. Positive student-educator relationships allow students to become comfortable in the classroom environment and increase satisfaction with instruction.</td>
<td>Lack of diversity of nurse educators (all were nonminority females). A small number of minority students compared with non-minority students in the study.</td>
<td>Level III Quality- B Good</td>
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<td>7</td>
<td>Beard, K. 2014</td>
<td>An exploratory, descriptive design</td>
<td>A convenience sample of nurse</td>
<td>Nursing schools that seek to increase graduation rates for underrepresented minorities may</td>
<td>Nurse Educator Cultural</td>
<td>Lowe response rate. Although anonymity was protected, the</td>
<td>Level III Quality B-good</td>
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<td>Strengthening diversity in nursing: The practices and preparedness of nursing faculty</td>
<td>educators at an urban institution n=34</td>
<td>find it challenging to do so if educators are not trained, do not feel adequately prepared, or are unaware of practices that promote the academic success of minority nursing students. Findings should prompt institutions to explore whether the educational needs of nursing faculty in teaching underrepresented populations are being met.</td>
<td>Competency Survey scores; Findings revealed that not all faculty felt prepared to teach minorities or promote their academic success.</td>
<td>author was a colleague and faculty could have felt compelled to respond in a way that they felt was socially acceptable.</td>
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<td>8</td>
<td>Starr, K. 2009 Nursing education challenges: Students with English as an additional language</td>
<td>Descriptive meta-synthesis/analysis of qualitative studies</td>
<td>Faculty bias regarding culture and language can negatively affect learning. Faculty that recognizes the need for emotional and language support and use of alternate methods of instruction should increase the success rate for these students. Faculty development courses related to culture and language promote success.</td>
<td>Meta-analysis An older article dating from 2009, with some analyzed studies done before 2000.</td>
<td>Level III Quality: B Good</td>
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<td>9</td>
<td>Reneau, M. 2013 Teaching nursing sight unseen: Comparing the cultural competency of online and on-campus BSN faculty</td>
<td>Quantitative non-experimental descriptive correlational design</td>
<td>There was a significant finding that faculty who underwent cultural competency training within the past five years showed higher competency scores when measured using the CDQ-NE measurement tool. Results suggest that cultural training for faculty should be mandatory.</td>
<td>CDQ-NE scores; lower scores reflected in on-campus faculty</td>
<td>Inability to determine true cause-and-effect relationships between the five constructs and their overall cultural competency. The use of convenience sampling may have also introduced selection bias.</td>
<td>Level III Quality: A-Excellent</td>
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<td>10</td>
<td>Beard, K. 2016 Examining the impact of critical multicultural</td>
<td>Quasi-experimental pre and posttest design without a control group</td>
<td>The findings revealed that the nurse educators’ awareness of factors that hinder or facilitate the academic success of underrepresented groups (URGs) was limited and that</td>
<td>Nurse Educator Multicultural Awareness</td>
<td>Small sample size, convenience sample.</td>
<td>Level II Quality C-poor</td>
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<td>Education training on the multicultural attitudes, awareness, and practices of nurse educators</td>
<td>University n=37</td>
<td>Attending the multiethnic training strengthened their multicultural awareness. When educators have positive attitudes toward URGs and are knowledgeable about the learning needs of URGs, they are enabled to translate that knowledge into effective instructional practices and create learning environments that support the academic success of all students.</td>
<td>andPractices Scale (MAPS)</td>
<td>Did not distinguish between adjunct and full-time faculty. Only looked at short term outcomes. Scale used had low-reliability score</td>
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<tr>
<td>Gibbs, D. &amp; Culleiton, A. 2016 A project to increase educator cultural competence in mentoring at-risk nursing students</td>
<td>Convenience sample of ADN nurse educators n=16</td>
<td>The faculty participants in the project self-reported significantly improved cultural competence in mentoring at-risk students. The results of this project support the importance of continuing education that helps the educator on the journey toward cultural competence in mentoring at-risk nursing students.</td>
<td>IAPCC-M</td>
<td>Small sample size.</td>
<td>Level II Quality B-good</td>
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</table>
Synthesis of Evidence

The articles included for review were evaluated for leveling and quality of evidence. (Table 1). Of the 11 selected, two were meta-analyses, one systematic review, four non-experimental correlational, two quasi-experimental, one mixed-method, and one exploratory, descriptive design. All but one study was rated good or excellent quality. Beard's (2016) study was included due to the author's high-quality work evident in a previous study (Beard, 2014). There were no randomized-controlled trial studies found during the search process.

Each of the studies evaluated for appraisal and synthesis reflected one or more of three recurring themes, as noted in Appendix B. Three of the eleven studies included all three themes (Ume-Nwagbo, 2012; Reneau, 2013; Beard, 2014).

Emergent Themes

Clarity of operational definitions. The first of three emerging themes identified suggests that there is a clear distinction between the concept of cultural competence and the concept of cultural humility. This theme was present in five of the eleven articles (Ume-Nwagbo, 2012; Isaacson, 2014; Bagdadi & Ismaile, 2018; Beard, 2014; Reneau, 2013). Cultural competence is described as cognitive (head) knowing, whereas cultural humility is affective (heart) knowing. Cultural competence denotes an outcome, whereby cultural humility implies a lifelong commitment with continuing self-reflection (Beard, 2014). A study by Bagdadi and Ismaile (2018) provides compelling evidence that undergraduate faculty score highest in cultural knowledge (cognitive) and lowest in cultural skills (affective) as measured by the Cultural Diversity Questionnaire for Nurse Educators-Revised (CDQNE-R). Isaacson (2014) makes a recommendation to change thinking from being culturally competent to being culturally humble and aware. The articles reviewed provided essential information about what content to include in the faculty development intervention.
Professional development of cultural humility. The second theme which appeared in nine of the eleven articles (Ume-Nwagbo, 2012; Montenery, Jones, Perry, Ross, & Zoucha, 2013; Morton-Miller, 2013; Baghdadi & Ismaile, 2018; Abdul-Raheem, 2018; Beard, 2014; Starr, 2009; Reneau, 2013; Gibbs & Culleiton, 2016) is based on faculty development considerations and recommendations. The meta-analysis facilitated by Montenery, Jones, Perry, Ross, and Zoucha (2013) acknowledges the need for faculty development to include cultural humility and address the desire to make a change. The study indicates that educators are responsible for grooming cultural competence in students, yet, there is often no predetermined plan for faculty development in either the areas of cultural competence or cultural humility. Reneau (2013) suggests that faculty scores for cultural competence (as measured by CDQNE) are affected by participating in cultural competency training. Likewise, the study by Abdul-Raheem (2018) emphasizes that educators who actively explore ways to facilitate positive perceptions of comfort, satisfaction, and cultural humility lead to strong student-educator relationships and optimal student outcomes. What is unclear in the literature is the idea that the faculty perceptions of cultural humility can be affected by faculty development and enrichment opportunities, thus supporting the purpose of this project.

Optimal outcomes for underrepresented students. The third and final emerging theme is that cultural competence and cultural humility of nursing faculty has a positive correlation to the success of underrepresented or diverse students in undergraduate nursing programs. This theme was identified in three out of the eleven studies (Ume-Nwagbo, 2012; Reneau, 2013; Beard, 2016). Also, a meta-analysis conducted by Starr (2009) concludes that faculty should understand how cultural background can affect relationships with instructors and peers, thus affecting learning and success. Cultural awareness and recognition of barriers to learning enable
faculty to engage in teaching methods and strategies that enhance the success of the diverse student learner.

Project Implementation

Purpose

Three themes emerged from the literature review. The first is that there is a distinction between the concepts of cultural competence and cultural humility (Ume-Nwagbo, 2012; Isaacson, 2014; Baghdadi & Ismaile, 2018; Beard, 2014; Reneau, 2013). The second suggests an acknowledgment of the need for cultural humility development in nursing faculty (Montenery et al., 2013). Lastly, the presence of cultural humility in nursing faculty has a positive correlation to the success of underrepresented students in undergraduate nursing programs (Ume-Nwagbo, 2012; Reneau, 2013; Beard, 2016).

There is little information about the efforts used to develop cultural awareness in nursing faculty. The literature is unclear about what to include or how to present content that introduces the concept of cultural humility. Can cultural humility be taught? Is introducing the concept enough to increase awareness and change behaviors that enhance the success of underrepresented nursing students? There is no consensus on whether faculty development opportunities creates an awareness or changes behaviors.

The purpose of this quasi-experimental pre and post-survey design is to determine if perception level of cultural humility in nursing faculty is affected by participating in a faculty enrichment opportunity. The development or awareness of cultural humility in faculty may facilitate positive behaviors and engagement strategies with underrepresented students that may be measured with the measurement surveys.
Description

With the understanding that underrepresented nursing students identify faculty relationships and interactions as essential in their ability to persist and complete their nursing education, a faculty enrichment opportunity was developed. Educators who actively explore ways to facilitate positive perceptions of comfort, satisfaction, and cultural humility lead to strong student-educator relationships and optimal student outcomes (Abdul-Raheem, 2018). Active exploration requires a posture of cultural humility. The enrichment initiative introducing cultural humility was presented to the faculty. Surveys measuring self-perception of cultural humility and faculty engagement with underrepresented minority students were collected pre and post enrichment presentation and analyzed for comparison.

Methods

Design. A quasi-experimental pre and post-survey design using a convenience sample of nursing faculty at a medium-sized Midwestern urban public university was used. A two-hour faculty enrichment program was created and presented to nursing faculty during an all-day back-to-school faculty forum. While the faculty enrichment program was a requirement for full-time nursing faculty, completion of the pre and post surveys was voluntary and anonymous. The faculty enrichment content created used the Emancipatory Nursing Praxis Model (Walters, 2017) as a framework. Specific content contained in the enrichment program appears in Appendix C.

Recruitment. Participation was open to all nursing faculty teaching at this institution. Nursing faculty were notified and reminded of the upcoming faculty enrichment opportunity on multiple occasions towards the end of the previous academic semester. Emails were sent to nursing faculty with the study topic, purpose, and timeline. Verbal announcements were made at two faculty meetings before implementation. Flyers were created and posted throughout faculty
areas encouraging participation for eight weeks leading up to the enrichment presentation. To create additional interest in the topic, a link to take an online implicit associations test (Harvard University Project Implicit, 2011) measuring bias was emailed to nursing faculty six weeks and again two weeks prior to the enrichment opportunity.

**Anonymity and Confidentiality of Participants.** Cooperative IRB approval was obtained between St. Catherine University and the participating Midwestern university. An informed consent form explaining the risks and benefits of participants was distributed with the surveys. Implied consent was assumed when faculty voluntarily completed surveys. Confidentiality and anonymity were protected by using a self-selected pseudonym on both pre and post surveys to assist with comparisons. Demographic data collected included full or part-time status, educational preparation, and length of years teaching. Demographic information did not include ethnic/racial or gender information to further ensure anonymity.

**Measurement Tools.** The two measurement survey tools include the Expanded Cultural Intelligence Scale (E-CQS), and the Faculty Engagement with Underrepresented Minority Nursing Students Scale (EFURMS)(Moreau, 2015). Cultural intelligence (CQ) is defined as an individual's capability to function and manage effectively in diverse settings (Dyne, Ang, Ng, Rockstuhl, Tan, & Koh, 2012). The E-CQS (Appendix D) is an 11 item Likert scale that allows the taker to self-reflect on cultural awareness (statements 1-3), cognitive knowledge (statements 4-5), motivation and desire (statements 6-8), and behaviors (statements 9-11). The Cultural Intelligence Center copyrights the E-CQS. The use of these items and scale is granted for academic research purposes only. To address the PICO question, statements 1,2 and 3 were analyzed to determine a change in awareness and statement 6 which reflects motivation. These four statements selected for analysis reflect the concept more specifically to an academic setting.
The EFURMS (Appendix E) is a 10 item Likert scale that measures faculty responses and patterns of engagement with underrepresented nursing students. The survey tool is valid with a Cronbach alpha score of .81 (Moreau, 2015). Because cultural humility implies a desire to change behaviors, this survey is used to determine if faculty interaction responses and behaviors changed as a result of the faculty enrichment program. This scale by P.J. Moreau is made available for use through Creative Commons licensing. Cultural humility reflects both awareness and a desire to identify power imbalances and change behaviors. This tool measures both behaviors and level of confidence about teaching strategies to address the needs of underrepresented students.

**Data Collection:** Pre and post enrichment presentation surveys with informed consent information were made available to faculty in several ways. Pre-surveys were distributed through emails two weeks before and again one day before the enrichment presentation. In addition, a stack of printed pre-surveys with informed consent were taken to a faculty meeting prior to the presentation that faculty could take and return as desired. Post enrichment presentation surveys were distributed through emails four weeks following the presentation. Hard copy post-surveys were made available at a faculty meeting one month after presentation (researcher not present) with a collection envelope left out for faculty to return. Some surveys were returned to the researcher's mailbox via campus mail.

**Results**

Twenty-five pre-enrichment presentation surveys were completed and returned. Seventeen post enrichment presentation surveys were completed and returned. Of the 17 post surveys returned, four were from PhD faculty that taught in the graduate program only. The remaining 13 surveys returned came from faculty teaching in the undergraduate program. Ten
were from MSN prepared faculty, two from DNP prepared faculty, and one from a PhD prepared faculty. Analysis was completed on the the surveys returned from faculty teaching in the undergraduate nursing program only as the intent was to evaluate faculty that interact with underrepresented undergraduate nursing students. Data was analyzed for descriptive statistics using Excel software. Pre and post survey statement aggregate means were compared using a two tailed t test to determine significance. Data was not broken down by faculty demographics (length of time teaching or academic preparation) due to small n size for each demographic category.

**E-CQS Results.** In order to determine if the perception level of cultural humility in nursing faculty at an urban Midwestern university is affected by participating in an enrichment seminar, analysis was completed on statements 1, 2, 3, and 6. Statement 1, 2, and 3 measure metacognitive cultural intelligence and refer to an individual’s level of conscious cultural awareness and executive processing during cross-cultural interactions (Ang & Van Dyne, 2008). As cultural humility includes desire, statement 6 reflecting motivation was also analyzed.

Statement 1 and 3 (see Table 2) shows a statistically significant increase in cultural awareness following the enrichment opportunity. Statement 3 did not result in a change that was statistically significant, however, results suggest that faculty thought they were more aware (pre-enrichment) of their cultural impact on student interaction (mean score decreased from 5.5 to 5) and less aware following the enrichment. One who is culturally humble may recognize they know less than they thought they knew.

Statement 6 reflects desire and suggests that faculty overall enjoy working with others coming from different cultural backgrounds (range from 5-7 both pre and post survey) with no significant change following the enrichment.
**EFURMS results.** Cultural humility includes self-reflection and critique, a desire to recognize and fix power imbalances, and a desire to advocate for individuals and groups (Tervalon & Murray-Garcia, 1998). Statements 1, 2, and 7 address advocating for underrepresented students, while statements 8, 9, and 10 encourage reflection on one’s personal abilities to meet the needs of underrepresented students. Table 2 shows the results of the analysis for statements 1, 2, 7, 8, 9, and 10.

Statements 1 and 2 show an improvement (from an average of none of the time to some of the time response) but without statistical significance (Table 2). Four weeks may not have provided enough time or opportunity for those types of advocacy behaviors to take place.

Analysis on statement 7 suggests that faculty are more likely to search for resources to improve teaching underrepresented students following the enrichment with a statistical significance. While the statistical significance is weak (p=0.05), it does suggest a willingness to seek out better strategies for engaging the underrepresented student. This willingness supports the presence of cultural humility.

### Table 2. *E-CQS Statements Pre/Post Survey Descriptive Statistics and Paired t Test (n=13)*

<table>
<thead>
<tr>
<th>E-CQS Statement</th>
<th>Mean Pre-Survey</th>
<th>Standard Deviation</th>
<th>Mean Post-Survey</th>
<th>Standard Deviation</th>
<th>p-value</th>
<th>Statistical Significance α=0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I develop action plans before interacting with people from a different culture.</td>
<td>3.91</td>
<td>0.41</td>
<td>4.5</td>
<td>0.41</td>
<td>0.002</td>
<td>Yes</td>
</tr>
<tr>
<td>2. I am aware of how my culture influences my interaction with people from different cultures.</td>
<td>5.5</td>
<td>0.35</td>
<td>5</td>
<td>0.35</td>
<td>0.082</td>
<td>No</td>
</tr>
<tr>
<td>3. I adjust my understanding of a culture while I interact with people from that culture.</td>
<td>5.08</td>
<td>0.35</td>
<td>5.58</td>
<td>0.35</td>
<td>0.026</td>
<td>Yes</td>
</tr>
<tr>
<td>6. I truly enjoy interacting with people from different cultures.</td>
<td>6.41</td>
<td>0.35</td>
<td>6.66</td>
<td>0.35</td>
<td>0.191</td>
<td>No</td>
</tr>
</tbody>
</table>

Response Scale  
1- strongly disagree  2- Mod disagree  3- Slightly disagree  4- Neutral  5- Slightly agree  6- Mod Agree  7- Strongly agree
Statement 8 indicates that faculty confidence meeting underrepresented students’ needs is low (confident only some of the time) and did not show a significant change. Faculty may be willing to advocate for and assist URM students but lack knowledge in how best to meet specific needs. Building faculty confidence to adequately support URM students will require institutional support.

Statement 9 and 10 suggest that the enrichment opportunity decreased faculty uncertainty (from most of the time to some of the time) when working with underrepresented students with a statistical significance of 0.05 and 0.01 respectively. The faculty enrichment opportunity (Appendix C) elaborated on Yoder’s patterns of faculty engagement (Yoder, 2001; Moreau et al., 2017) and may have impacted the changes in these two statements.

<table>
<thead>
<tr>
<th>EFURMS Statement</th>
<th>Mean Pre-Survey</th>
<th>Mean Post-Survey</th>
<th>Standard Deviation</th>
<th>p-value</th>
<th>Statistical Significance α=0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have worked to change institutional practices that may negatively affect the success of URM students.</td>
<td>0.58</td>
<td>0.66</td>
<td>0.05</td>
<td>0.3</td>
<td>No</td>
</tr>
<tr>
<td>2. I have intervened on behalf of URM students who were misunderstood because of their cultural background.</td>
<td>0.92</td>
<td>1.17</td>
<td>0.01</td>
<td>0.08</td>
<td>No</td>
</tr>
<tr>
<td>7. I actively search for articles about how to improve my teaching skills with URM students.</td>
<td>0.25</td>
<td>1.17</td>
<td>0.64</td>
<td>0.05</td>
<td>Yes</td>
</tr>
<tr>
<td>8. I am confident in my ability to meet the needs of URM students.</td>
<td>1</td>
<td>1.08</td>
<td>0.05</td>
<td>0.33</td>
<td>No</td>
</tr>
<tr>
<td>9. I am unsure about the best teaching strategies to address the needs of URM students.</td>
<td>1.91</td>
<td>1.42</td>
<td>0.35</td>
<td>0.05</td>
<td>Yes</td>
</tr>
<tr>
<td>10. I feel unprepared when trying to meet the needs of URM students.</td>
<td>1.67</td>
<td>1.08</td>
<td>0.41</td>
<td>0.01</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Response Scale 0- none of the time 1- Some of the time 2- Most of the time 3- All the time
Discussion

The results support that the perception level of cultural humility in nursing faculty at an urban Midwestern university is affected by participating in an enrichment seminar entitled “Developing a Posture of Cultural Humility”. The components of cultural humility include commitment to self-evaluation and self-critique, addressing power imbalances in the faculty-student relationship, and a desire to work with and advocate on the behalf of underrepresented students. All three of these areas showed statistically significant changes as measured in two out of four E-CQS statements and three out of six EFURMS statements analyzed post enrichment.

While full-time faculty attendance in the enrichment opportunity was mandatory, voluntary participation in completion of surveys suggests the presence of one component of cultural humility, a willingness for self-reflection. Of the available 30 full-time faculty (0.75-1.0 full time equivalent), 26 completed pre-surveys (87% completion rate). Of the 25 faculty members attending the enrichment, 17 of those who completed pre surveys also completed the post-surveys (68% response rate of attendees; 56% response rate of total faculty). While this information does not validate a change in perception of cultural humility, it does support a willingness of the majority of faculty to explore the concept.

The willingness to explore relates to the awakening phase of the ENP theory as discussed previously. Participation suggests that faculty are beginning to recognize that sources of power, privilege, and oppression impact others. In the absence of awakening, the likelihood of engaging in social justice in nursing education diminishes.

**E-CQS.** Changes in perception of cultural humility (addressing power imbalances and developing a desire to advocate for the underrepresented students) is supported by pre-post scoring differences in E-CQS statements 1,3 and 6. Statement 1 indicates that faculty showed a
statistically significant increase ($p=0.002$) for developing an action plan when interacting with people from a different culture. This statement reflects a recognition that cultural differences do require a unique approach which is a tenant of cultural humility. Analysis of statement 3 (I adjust my understanding of a culture while I interact with people from that culture) shows a statistically significant change ($p=0.026$) suggesting faculty flexibility rather than ethnocentric rigidity when interacting with URM students.

**EFURMS.** The majority of participating faculty have not worked to change institutional practices that may negatively affect the success of URM students. This may result from underestimating the presence or significance of institutional racism. Few intervene on behalf of URM students, although the score was slightly higher after the enrichment (from none of the time to some of the time) but without statistical significance.

Faculty increased in searching for ways to enhance their teaching skills with URM students following the enrichment. In addition, the level of uncertainty meeting the needs of URM students decreased, indicating some of the strategies provided and/or their active search for skills increased their confidence (statements 9 and 10 both reflecting statistical significance).

**Presentation evaluation.** Twenty-two of the 25 faculty attending the enrichment completed an eight-item evaluation (Appendix F) using a Likert scale 1-5 (strongly disagree to strongly agree). Two items ("content is applicable" and "learned something new) scored 4.9 and 4.6 respectively, indicating the faculty found the presentation both appropriate and helpful.

**Conclusions**

Faculty that are unaware of personal and institutional bias in nursing education contributes to higher attrition and lower graduation rates for underrepresented minority students. Faculty professional development programs often limit discussions of diversity to "comfortable"
topics (such as learning styles) and miss opportunities to explore deeper issues related to faculty privilege, implicit bias, and cues for stereotype threat brought into the classroom (Killpack & Melon, 2016). Facilitating difficult dialogues on race requires educators to recognize what makes such discussions difficult. For people of color, engaging in race talk exposes them to microaggressions that invalidate and assail their racial/ethnic identities. For Whites, honest discussions are impeded by fears of appearing racist, of realizing their racism, of acknowledging White privilege, and of taking responsibility to combat racism (Sue, 2013). Although conversations about the negative impact of institutional racism and implicit bias in faculty is difficult, it is necessary. Change does not occur when people are comfortable. Introducing the topic and supporting it with statistics of attrition lower graduation rates in underrepresented students is a necessary step in addressing and mitigating issues of bias in nursing education. Creating a posture of cultural humility allows one to safely explore how actions and inactions can and do impact others. The intent of this project is to create awareness. Through a lens of cultural humility, one shifts to critiquing and making changes to the structure and process of power instead of accepting them as status quo. The faculty enrichment entitled “Developing a Posture of Cultural Humility” was successful in creating that awareness. Awareness is an essential first step to creating an environment that will enhance student engagement and facilitate institutional transformation. While faculty have been identified as contributing to the problem of URM student attrition, they can be empowered to become the solution.

Limitations

Due to the small number of faculty available at the site, demographic information including ethnic or racial background was not included to protect the anonymity of participants. Results may not generalize due to the small n size (n=13). Most measurement tools available
regarding this topic address cultural competence in nursing practice or how faculty teach cultural competence to their students. While the measurement tools selected for this project explore concepts of cultural humility, they were not specifically designed for this purpose. Lastly, the researcher developed and presented the enrichment opportunity to colleagues where she is employed as a nurse educator. This relationship may have impacted the honesty of the answers provided by the participants.

**Recommendations**

Faculty surveyed enjoy working with diverse students but feel uncertain about teaching strategies or how best to enhance the success and decrease attrition rate of underrepresented minority students. In order to meet the needs of diverse nursing students, faculty must be provided with opportunities to learn and implement education strategies to better serve these students. Through a lens of cultural humility, one can recognize the negative impact that implicit bias and institutional racism has on nursing education. Humility is required to create an authentic and supportive learning environment that will meet the needs of diverse students. Introducing the concept of cultural humility may encourage nurse educators to seek out better strategies to engage, encourage, and support underrepresented students. Nursing schools should provide ongoing funding and opportunities for faculty development for those teaching underrepresented nursing students. The faculty enrichment opportunity implemented was a positive first step in the effort to enhance the success of underrepresented minority nursing students in this Midwestern university undergraduate program.
References


Beard, K. (2016). Examining the impact of critical multicultural education training on the multicultural attitudes, awareness, and practices of nurse educators. *Journal of Professional Nursing, 32*(6), 439-458. doi: 0.1016/j.profnurs.2016.05.007


Moreau, P. (2015). *Development and psychometric testing of the EFURMS Scale: An instrument to measure faculty engagement with underrepresented minority nursing*
students: A dissertation [Doctoral dissertation]. The University of Massachusetts, Graduate School of Nursing Dissertations. doi: 10.13028/b5xc-1v04


race, postcolonial, and intersectionality theories. Advances in Nursing Science, 14(4), 316-326. doi: 10.1097/ANS.0000000000000230


Appendix A

Emancipatory Nursing Praxis Model (Walter, 2017)
Appendix B

Literature Review Flow Diagram

Records identified through databases 2010-2019
PubMed n= 223  CINAHL n=251
Health Source Nursing Academic Edition n=0
Cochrane n=1

Additional Records Identified through other Sources
Reference lists  n=2

Records after duplicates removed
n=102
Citations screened

Records Screened
n=102
Abstract/Introduction review for relevance

Exclusion Criteria
Articles pertaining to:
Teaching cultural competence to BSN students
Teaching cultural competence to grad students
Cultural competence of practicing RNs
Cultural competence in undergrad curriculum
n=65 excluded articles

Inclusion Criteria
Articles pertaining to:
Cultural bias in nursing faculty
Cultural competence and/or humility in nursing faculty
Faculty perception of cultural competence
Faculty development of cultural competence/humility
Relationship between faculty cultural humility and student success
n=27

Full articles assessed for eligibility
n=27
Critical appraisal for leveling and quality

Eligible articles included after appraisal
n=11
Meta-analysis  n=2
Systematic review  n=1
Descriptive/correlational non experimental  n=4
Quasi-experimental  n= 2
Mixed methods  n= 1
Exploratory descriptive  n=1
Appendix C

Faculty Enrichment Content Summary Overview

I. Introduction and Scope of Problem
   A. Under-represented (diverse/minority) nursing (URM) students in undergraduate BSN programs have higher attrition and academic failure rates that traditional (non-minority) students.
   B. Lack of diversity in the nursing workforce, student population, and faculty impede the ability of nursing to achieve excellent care for all.
   C. Demographics of general population, registered nurse population, nursing faculty population.
   D. Admission and attrition rates of underrepresented students*** at this college of nursing.
   E. URM students identify situational mediators (such as perceived unequal treatment or a perceived lack of inclusiveness) and affective concerns (such as feelings of isolation and fear of failure) as the greatest hindrance to their success (Loftin, 2012).

II. Clarification of terms culture, diversity, inclusion, implicit bias, racial anxiety, stereotype threat, microaggression, cultural competence, cultural humility

III. Exploration and discussion on implicit bias and microaggression in academia

   A. Awareness (cognitive)
   B. Knowledge (cognitive)
   C. Skill (cognitive)
   D. Encounters (cognitive)
   E. Desire (affective)

V. Exploration of the development of cultural humility using ENP (Walter, 2017) framework
   A. Becoming
   B. Awakening
   C. Engaging
   D. Transforming

VI. Exploration of patterns of faculty engagement (Yoder, 2001; Moreau et al., 2017) with URM students
   A. Culturally non-tolerant
   B. Generic
   C. Mainstreaming
   D. Struggling
   E. Bridging

VII. Strategies to Manage Racial Conflict and Anxieties During Encounters

VIII. Strategies to Create A Culturally Inclusive and Engaging Learning Environment

*** Underrepresented students for this study include African, African-American/Black, Hispanic (Latino/Latina), Asian, Multiple Ethnicity, students where English is not primary language.
Appendix D

Expanded Cultural Intelligence Scale (E-CQS)

Read each statement and select the response that best describes your capabilities. Select the answer that BEST describes you AS YOU REALLY ARE (1=strongly disagree; 7=strongly agree)

<table>
<thead>
<tr>
<th>Statement/Question</th>
<th>Strongly Disagree</th>
<th>Moderately Disagree</th>
<th>Slightly Disagree</th>
<th>Neutral</th>
<th>Slightly Agree</th>
<th>Moderately Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>MC-P 1. I develop action plans before interacting with people from a different culture.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>MC-A 2. I am aware of how my culture influences my interaction with people from different cultures.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>MC-C 3. I adjust my understanding of a culture while I interact with people from different cultures.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>C-CGK 4. I can describe the different cultural value frameworks that explain behaviors around the world.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>C-CSK 5. I can describe the ways that leadership styles differ across cultural settings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>M-II 6. I truly enjoy interacting with people from different cultures.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>M-EI 7. I value the status I would gain from living or working in a different culture.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>M-SE 8. I am confident that I can persist in coping with living conditions in different cultures.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>B-V 9. I change my use of pause and silence to suit different cultural situations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>B-NV 10. I modify how close or far apart I stand when interacting with people from different cultures.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>B-Sp 11. I modify the way I disagree with others to fit the cultural setting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Note. Use of these items and scale is granted to academic researchers for research purposes only. For information on using the items and scale for purposes other than academic research (e.g., consultants and non-academic organizations), please send an email to cquery@culturalq.com. Cultural Intelligence Center 2011. Used by permission from the Cultural Intelligence Center.
Appendix E

Faculty Engagement with Underrepresented Minority Students Scale (EFURMS)

Read each statement and select the response that best describes you (0-none of the time to 3-all of the time).

<table>
<thead>
<tr>
<th>Statement</th>
<th>None of the Time</th>
<th>Some of the Time</th>
<th>Most of the Time</th>
<th>All the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have worked to change institutional practices that may negatively affect the success of URM students.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. I have intervened on behalf of URM students who were misunderstood because of their cultural background.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. I have worked to increase the recruitment of minority faculty.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. I specifically ask URM students to share their cultural experiences with their classmates.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. I ask URM students about their cultural background.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. I try to introduce URM students to positive role models who are from similar backgrounds.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. I actively search for articles about how to improve my teaching skills with URM students.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. I am confident in my ability to meet the needs of URM students.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. I am unsure about the best teaching strategies to address the needs of URM students.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. I feel unprepared when trying to meet the needs of URM students.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Appendix F

Presentation Evaluation
Saleska January 14, 2020

Please rate the presentation on the following criteria:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenter was well prepared</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Presentation content easy to follow</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Content applicable to my role as educator/student support</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Video clips were helpful to my understanding of content</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Slides enhanced presentation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Presentation held my attention</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I learned something new today</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>There was ample opportunity for questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

What did you like most about presentation?

Do you have suggestions to improve the presentation?