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Strategies That Prepare Nurse Educators for Teaching Cultural Competence: A Review of the  
Literature

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### **Introduction**

Higher education has called for the transformation of how students are being educated across the board. Unique challenges exist for schools of nursing as they strive to fluidly meet the quickly changing landscape of healthcare and the standards that are required from accreditation standards for both the Higher Learning Commission (HLC) and their accrediting bodies. Not only do Nurse Educators (NE) face the task of educating the future workforce to be safe practitioners, they must do so through the creation of significant and rich learning experiences. An area of increasing importance in nursing education is the concept of cultural competence. For many schools of nursing, curriculum is designed to achieve the outcome of cultural competence through significant learning experiences such as study abroad and immersion opportunities. Research indicates that study abroad and immersion opportunities in nursing allow for students to gain a firsthand view of different cultures and how culture shapes our perceptions of health and wellness. Further, study abroad and cultural immersion opportunities allow nursing students to experience nursing practice, health care delivery models, grow personally and professionally, and gain a global perspective of health and wellness (Kent-Wilkinson, Leurer, Luimes, Ferguson, and Murrery, 2015).

While these rich cultural learning experiences are prominent in baccalaureate nursing programs, programs are lacking for graduate students. More specifically, programs are lacking for the NE student who will need to be able to assure cultural competence in the students they engage with and potentially lead global immersion experiences in their future practice. In the following paper, the historical timeline of how the nursing profession came to understand the need for cultural competence, the influence that a provider's cultural competence has on patient outcomes, methods for preparing nursing students to be culturally competent in a variety of

environments, and identification of areas that would improve the preparation of NE graduate students to teach cultural competence will be explored.

### **Background & Significance**

For the purpose of this paper, cultural competence is defined as “the attitudes, knowledge, and skills necessary for providing quality care to diverse populations” (American Association of Colleges of Nursing (AACN), 2008a, p. 1). Further, cultural competence is comprised of four components: cultural awareness, cultural sensitivity, cultural knowledge, and cultural skills (Rew, Becker, Cookston, Khsropour, & Martinez, 2003). Over the past twenty years, the importance of cultural competence in nursing has evolved. Theories of culture and transcultural nursing first emerged in the 1970s with Leininger’s Transcultural nursing theory (Harkess & Kaddoura, 2015). This theory has since evolved to Leningier’s Cultural Care Theory, introduced in 1995. The initial introduction of transcultural nursing has proved to be a stepping stone in nursing theory and has paved the way for further research on culture and nursing. In 2008, Giger and Davidhizar created a new model in transcultural nursing and cultural competence, called the *Model of Transcultural Nursing* (AACN, 2008a, p. 5). This model was used to guide the development of core competencies addressing cultural competence in *The Essentials in Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges in Nursing [AACN], 2008b). At the same time, AACN (2008c) published a toolkit for baccalaureate nursing education that identified the baccalaureate core competencies in cultural competence (Table 1). These essentials and cultural competence core competencies are all pillars to nursing curriculum frameworks across the nation.

Cultural competence is an important part of nursing curriculum and is important to the overall healthcare profession. The Institute of Medicine (IOM) report *Crossing the Quality*

*Chasm and Unequal Treatment* (as cited in Betancourt, Green, Carrillo, & Park, 2005, p. 499) highlights the importance of patient-centered care and cultural competence in improving the quality of health care and eliminating racial/ethnic health care disparities. This report illustrates that without cultural competence education in all healthcare professions health disparities will remain present in our complex healthcare systems. Betancourt et.al (2005) note that key leaders in academic healthcare education “stressed the importance of providers understanding the relationship between cultural beliefs and behavior and developing skills to improve quality of care to diverse populations” (p.501) further supporting the need to embed concepts of cultural competence into nursing curriculum.

Table 1. Cultural Competency in Baccalaureate Nursing Education

	Core Baccalaureate Cultural Competencies
1	Apply knowledge of social and cultural factors that affect nursing and health care across multiple contexts.
2	Use relevant data sources and best evidence in providing culturally competent care.
3	Promote achievement of safe and quality outcomes of care for diverse populations.
4	Advocate for social justice, including commitment to the health of vulnerable populations and the elimination of health disparities.
5	Participates in continuous cultural competence development.

The practice of culturally competent care is directly related to positive health outcomes such as increased trust between provider and patient, increased community participation, decreased missed patient appointments, more active patient participation in their care, and reduced disparities in patient populations (American Hospital Association as cited in Health Research & Educational Trust, 2013, p. 3). Nurses have a unique role in patient care and subsequently improving patient care outcomes, thus, the importance of incorporating cultural competence concepts within nursing curriculum is not to be understated.

For nursing programs to prepare nurses to be able to incorporate cultural competence into their practice, NEs must be adequately prepared to deliver and role model this content. As such,

“improving the delivery of cultural competence education starts by developing the cultural competency of nursing faculty” (Raman, 2015, p. 110). Creating opportunities for nursing students that promote cultural and self-awareness is an important task for nurse educators (Edmonds, 2012) and yet, despite knowing how important cultural competence is in the workforce, evidence suggests that NEs aren’t adequately prepared to foster these skills in the students they are teaching.

The following paper seeks to better understand how to prepare nurse educators to meet the required competencies from the perspective of both student and educator. A review of the literature will explore the historical and current approaches for teaching cultural competence, unique opportunities for teaching cultural competence, preparation necessary for nurse educators to teach cultural competence, and preparation necessary for nurse educators to lead study abroad or immersion opportunities that teach cultural competence.

### **Literature Review**

In 2009, the AACN published *Cultural Competencies for Graduate Nursing Education* which outlines six core competencies for cultural competence (Table 2).

Table 2. Cultural Competencies for Graduate Nursing Students

	Core Graduate Cultural Competencies
1	Prioritize the social and cultural factors that affect health in designing and delivering care across multiple contexts.
2	Construct socially and empirically derived cultural knowledge of people and populations to guide practice and research.
3	Assume leadership in developing, implementing, and evaluating culturally competent nursing and other healthcare services.
4	Transform systems to address social justice and health disparities.
5	Provide leadership to educators and members of the healthcare or research team in learning, applying, and evaluating continuous cultural competence development.
6	Conduct culturally competent scholarship that can be utilized in practice.

Of these core competences, core competency number five underscores the necessity of preparing educators to be culturally competent and able to both apply and evaluate the development of cultural competence in the students they serve. As a NE student, understanding how to embed concepts of cultural competence into nursing curriculum is imperative to assuring that baccalaureate nursing students can competently respond and interact with patients, families and communities whose cultural beliefs may not be like their own.

To better understand how the graduate NE student can prepare for this important role, a review of the literature was completed. Search terms included; cultural competence, nursing education, nurse educator, study abroad, immersion, and teaching methods. CINAHL, MEDLINE via PubMed, and ProQuest Education databases were used. Eighty-three articles were identified directly related to the subjects of cultural competence, nursing education, teaching methods, immersion, study abroad, and nurse educator. These articles were reviewed for relevance and 62 were eliminated due to limited relevance to search terms and topic. Others were eliminated because they were not peer-reviewed. A total of 22 articles remained and were included in this review. Themes in the literature included strategies for incorporating cultural competence into nursing curriculum and are presented first, followed by a discussion of the preparation needed to assure nurse educators are capable and ready to teach cultural competence.

### **Approaches to Teaching Cultural Competence**

Theories of culture and transcultural nursing first emerged in the 1970s with Leininger's Transcultural nursing theory. Along with the theory came identification of how to teach concepts of cultural and transcultural nursing (Harkess & Kaddoura, 2015). Historically, Schools of Nursing choose one of two options when teaching cultural competence, a whole course dedicated to culture and nursing or integrating the concept of culture throughout each course in the

curriculum (Hadwiger, 1999). Common strategies initially included lecture, case studies, and patient stories through novels. As our understanding of cultural competence has expanded so too did our understanding of the best methods for teaching cultural competence. For instance, it is now understood that lecturing about individual cultures is not an effective strategy. Simply providing facts specific to a patient's culture does not adequately prepare nursing students to care for those patients (Long, 2012). Instead, strategies such as simulation, role play, case studies and occasionally study abroad or immersion experiences have been reported as meaningful activities that promote student appreciation and understanding of cultural differences, norms and how they as a healthcare provider can best serve each individual. In the following sections, currently used strategies will be reviewed.

#### *Lecture.*

Theoretical frameworks and knowledge through the use of lecture is a historical approach to teaching nursing and subsequently cultural competence. Lecture as a teaching strategy has been widely used in nursing curriculum and has demonstrated both positive and negative outcomes for student learning. Positive outcomes such as clarification of complex topics, time efficiency for covering complex topics, and promotion of class discussion are noted within the literature. The latter, promotion of class discussions, often allows the NE to use other teaching strategies to enhance student learning supporting the use of lecture within the curriculum. However, the negative outcomes cannot be ignored (Billings and Halstead, 2012, p. 266). Negative outcomes include minimal student involvement, lengthy preparation time for faculty, and duplication of readings that students can complete on own (Billings and Halstead, 2012, p. 266). Applied directly to cultural competence, the literature suggests that "traditionally, cultural competence training has focused on providing facts, common health beliefs and generalized

behaviors of certain cultural groups” (Long, 2012, p. 104). The intention of this strategy was to give a broad understanding of a variety of commonly encountered cultural groups that a student might encounter in practice. However, as the diverse population of the United States continues to expand, this approach becomes less and less appropriate for acknowledging the unique individuals both within and across groups. One author described a course offered to baccalaureate nursing students during their first year of schooling that explored histories, basic values, beliefs, and health practices of various ethnic groups in the United States (Clinton, 1996, p. 5). The author suggests that a foundational course on culture, ethnicity, and health is where students will learn and achieve cultural competence (p. 8), however evidence suggests that while theory offers a base knowledge for students to build upon and grow, it does not provide opportunities to practice skills associated with cultural competence. Most recently the use of lecture to teach cultural competence is used in conjunction with other learning activities such as case studies, role play, novels, and simulation. These strategies are reviewed next.

#### *Case Studies.*

Case studies to develop nursing student’s cultural competence and cultural awareness has been a commonly used teaching strategy. Case studies are in-depth analyses of situations that nursing students may encounter in the real-world, allowing for students to apply knowledge from course content (Billings and Halstead, 2012, p. 267). Many positive outcomes are noted when using this teaching strategy including promotion of critical thinking skills, applying theoretical knowledge to real patient scenarios, and promotion of problem solving in a non threatening environment (Billings & Halstead, 2012, p. 268). Despite the positives that can be seen, using this teaching strategy relies heavily on student preparation for class. If students are not prepared, the intended learning might not occur significantly limiting the ability to achieve the desired

student learning outcomes (Billings & Halstead, 2012, p. 268). Not only do case studies promote critical thinking, problem solving, and application of theoretical knowledge, case studies are shown to increase peer interaction and group discussions which are beneficial in learning about cultural competence. For instance, one author described the creation of a two-fold cultural care assignment which called for the nursing student to research a particular culture and then design nursing care plans based on that specific case study. The author acknowledged that approaching cultural competence from this methodology did not provide students with the opportunities for rich learning that could have occurred in real life encounters with patients but felt that it did provide students with a basic understanding of the role culture plays in healthcare (Hadwiger, 1999). Case studies have also been used to teach cultural competence at the masters' level. Cross, Walsh Brennan, Cotter, and Watts (2008) state that the benefit of using case studies (scenarios) in the master's curriculum as a method for teaching cultural competence promotes the ability of the student to "incorporate patient's health and spirituals beliefs into the management plan" (p. 152). However, as previous authors noted, completing case studies might provide the learner with the opportunity to learn how to incorporate cultural beliefs into plan of care, but there are still limitations due to the lack of face to face interaction (Cross, Walsh Brennan, Cotter, & Watts, 2008).

#### *Role Play.*

Role play is another teaching strategy that was identified in the literature. Role play is an approach to teaching where the student takes on the role of others, such as nurse, patient, family, or other healthcare professionals (Billings & Halstead, 2012, p. 275). This teaching strategy has the positive outcomes of increased decision making skills, opportunities for students to have immediate feedback, and allowing for students to practice communication skills in a non

threatening environment (Billings & Halstead, 2012, p. 276). A negative to this approach is that students may be reluctant to participate and stereotypical behavior has the potential to be reinforced (Billings & Halstead, 2012, p. 276). Shearer and Davidhizar (2003) identify role play as a strong teaching strategy for cultural competence because participants may experience diverse roles (p. 273). The use of role play in teaching cultural competence allows for nursing students to begin to develop communication skills when caring for those of different cultural and ethnic backgrounds (Shearer & Davidhizar, 2003). Practicing potential real world nursing interactions through role play is one of the benefits of using this approach compared to other methods of teaching cultural competence. Another positive of this strategy as described by Eshleman & Davidhizar (2006) is that there are discussions that occur after the role play activity. These discussions allow for students to have an increased awareness of the desired care that individuals of specific cultures may appreciate and/or require. A downfall for using role play is the lack of authentic patient interactions between the nurse and patient. However, this strategy helps to prepare nursing students to be successful when cultural interactions occur (Eshleman & Davidhizar, 2006).

#### *Novels.*

Novels have long been used to tell stories. Billings & Halstead (2012) describe literature analogies (such as novels) as a means of conveying concepts in literature to those in nursing practice. This method of instruction provides the student with a new way of relating concepts. While often well received by students, not all learners may interpret or see the relationship of the story they are reading to the concepts they are learning in the classroom (Billings & Halstead, 2012, p. 272). In one example, Clark, Zuk, and Baramée (2000) use literature to teach cultural competence through reading *The Spirit Catches You and You Fall Down* by Anne Fadiman. The

authors suggest that by reading this novel, nursing students gained an in-depth view of a Hmong family navigating the American health care system. The authors noted that by reading this novel, students were able to see the negative effect stereotypes and myths can have on culturally diverse patients. Eshleman & Davidhizar (2006) also suggest that the use of novels or stories can help students learn about culture and cultural competence because of the lasting impressions stories have on learners. The most prominent positive in this teaching strategy is that it allows for students to view healthcare from a patient perspective, and through story, create a memory. Creating memories allows for significant learning to occur which promotes future retention an ability to apply knowledge. While a con of this method is that it does not provide face to face interactions, the literature is supportive of the use of this method as a means to promote significant learning in cultural competence.

#### *Simulation.*

Today's approach to teaching cultural competence is inclusive of methods that provide foundational knowledge, which helps to prepare nursing students to apply cultural competence skills in practice. Roberts, Warda, Garbutt, and Curry (2014) notes that knowledge alone is not enough to be considered culturally competent; nursing students need to learn the skills and be able to apply to all types of patients. Simulation, another teaching strategy, is an approach to teach cultural competence that takes applying theoretical knowledge via role play to the next level. Simulation as a teaching strategy has evolved with the advancement in technology and the need to create learning opportunities for nursing students outside of a clinical setting for a variety of reasons. Simulation provides the student with the opportunity to function in the role of the nurse in a setting that is as close to "real life" as possible (Billings & Halstead, 2012, p. 175). One of the positive outcomes of this teaching method is that learners are able to practice in a non

threatening environment and allow for immediate feedback (Billings & Halstead, 2012). While ripe for significant learning, simulation requires a significant amount of time and dedication by nursing faculty to create and implement. Simulation might also be difficult for some students as it places the student in the active learning role which may not be as familiar or comfortable for all nursing students (Billings & Halstead, 2012). Roberts, Warda, Garbutt, and Curry (2014) suggest using high fidelity simulation scenarios to help foster cultural competence skills in nursing students. The use of simulation as a means to teach cultural competence is also supported by Long (2012) who states “students have opportunities in non-threatening environments to practice skills and knowledge of the culture or ethnic groups in controlled clinical situations” (p. 105). The current trends in teaching cultural competence create a unique opportunity for immersion experiences to emerge.

*Immersion Opportunities.*

Billings & Halstead (2012) describe immersion as a means to engage the student with another culture or diverse patient population. Immersion does not necessarily need to occur internationally (abroad) as traditionally envisioned, instead, this type of engagement can occur within the nursing school’s community. Immersion experiences provide nursing students an opportunity for personal and professional growth and a greater sense of understanding and appreciation of culture. While immersion is shown to have positive outcomes, a negative aspect for this strategy is the amount of time it takes to prepare the experience and the limited number of participants that can often partake (Billings & Halstead). Kent-Wilkinson, Leurer, Luimes, Ferguson, and Murraray (2015) identifies study abroad experiences as “unparalleled opportunities to experience nursing practice and health care systems in a different country, to become immersed in a different culture...and to gain a more global view of health and health care” (p.

941). In an integrative review by Kelleher (2013) as cited by Kent-Wilkinson, et. al., (2015), the author described the perceived benefits of study abroad reported by participating students, these included growth in cultural competence and sensitivity. A research study by Caffrey, Neander, Markle, and Stewart (2005) examined student outcomes that occurred when integration of cultural content in the curriculum was done through an international immersion experience. The authors reported a change in student's beliefs, attitudes, and values, which can have an impact on cultural competence. These findings were supported by Carpenter and Garcia (2012), who reported that the nursing students in their study believed that the immersion experiences they were a part of enhanced their learning of cultures (p. 88). While not mentioned in the literature, it can be assumed that a negative of the immersion experience might also be the lack of diversity in the experience itself. With the exposure to one singular cultural group the goal of the experience, this limited experience may not translate to other cultures. Overall however, the literature suggests that an immersion experience, regardless of the location, is one of the richest experiences for learning about cultural competency.

### **Summary of Strategies for Teaching Cultural Competence**

Methods of teaching cultural competence have evolved over the past twenty years. The call for the radical transformation of nursing education suggests that unique learning experiences be implemented to enhance student understanding, learning, and application of cultural competence. Some approaches to teaching cultural competence focus on learning about cultures and lack opportunities for face to face patient-nurse interactions while others attempt to simulate real patient care scenarios through role play, case studies, and simulation. Study abroad, and immersion experiences are also emerging and unique trends in nursing education for teaching cultural competence that show promise in enhancing student learning of cultural competence

(Caffrey, Neander, Markle, & Stewart, 2005; Carpenter & Garcia, 2012; Kent-Wilkinson, Leurer, Luimes, Ferguson, & Murrar, 2015; Mkandawire-Valhum & Doering, 2012). Despite a relatively robust literature bank on strategies that can be used to teach cultural competence, little evidence is available that demonstrates how to prepare the NE to use these strategies effectively to teach the concept of cultural competence. In the following discussion, the author offers ways in which graduate NE students can be better prepared to role model and teach this important content.

### **Discussion & Implications for Nurse Educators**

A review of the literature clearly describes what strategies and activities are best used to teach cultural competence to pre-licensure students, however, the literature on how to assure that graduate NE students can teach cultural competence and prepare students to be culturally competent identifies a critical gap. Tanner (1996) suggests faculty are presumed to have mastered, or be competent, in the skills that they are attempting to develop in nursing students, such as cultural competence. While the NE plays a fundamental role in facilitating student learning about cultural competence, many NEs believe they lack the ability to teach this subject effectively (Kardong-Edgren, Bond, Schlosser, Cason, Jones, Warr, 2005 [as cited by Starr, Shattell, Gonzales, 2011, p. 85]).

It is important for the NE student to have the knowledge and skills necessary to teach cultural competence to the student nurse as faculty are expected to facilitate learning and role model nursing behaviors (NLN, 2012, *The Scope of Practice for Academic Nurse Educators*). Teaching cultural competence requires the NE to have a vast array of knowledge and teaching strategies on this topic. However, throughout the literature, it has been noted that NE lack this confidence. Kardong-Edgren et.al (2005; as cited by Starr, Shattell, Gonzales, 2011, p. 85)

suggests “faculty expressed feeling inadequately prepared for caring for those from cultures different from their own.” To assure faculty confidence, an initial approach could be preparing graduate NE students to teach cultural competence to pre-licensure students in their graduate education. One way to do this is to provide opportunities for the NE graduate student to have the same learning experiences. “Educators must become the student and employ many of the same teaching and learning strategies used in their classroom and clinical experiences” (Montenery, Jones, Perry, Ross, Zoucha, 2013, p. 55). NE students could benefit from an immersion experience within their program of study as one means to increase competency. By incorporating immersion and study abroad courses within NE programs, students could foster the development of teaching cultural competence through rich and engaging learning experiences. For instance, in an article by Tabi and Mukherjee (2003), the authors state “overseas travel offers nurse educators the opportunity to broaden their own world, to stretch their own boundaries, and to observe and experience the things that they teach in textbooks” (p. 136). The authors further indicate that participating in a study abroad and immersion experience before leading one is an essential preparation strategy for NEs. Additionally, NEs who bring nursing students abroad should have prior experiences working with other cultures and be comfortable working in international settings to enhance the experience of both student and faculty (Levine, 2009, p. 167). Working with a variety of cultures isn’t always feasibly done abroad, as such, participating in immersion experiences locally or regionally are additional ways that the NE could prepare for bringing nursing students abroad.

While experiencing immersion or abroad programs is ideal, other ways in which the NE can prepare for a study abroad immersion experience is through effective planning (Shannon, 2013, p. 49). Planning immersion experiences and designing courses take a considerable amount

of time. By building the course outcomes and objectives first, then gearing the cultural and nursing experiences to these outcomes are best practices that should be employed (Shannon, 2013). Ultimately, NE faculty and graduate NE students must understand and apply concepts of cultural competence within their own practice first before attempting to instill this essential learning into the students they serve.

Further opportunities to consider include modifications to the NLN's nurse educator scope of practice (2012). *The Scope of Practice for Academic Nurse Educators* identifies eight core competencies for academic NE (Table 3), however a core competency specifically addressing cultural competence does not exist.

Table 3. The Scope of Practice for Academic Nurse Educators

	Core Competencies of Nurse Educators
1	Facilitate learning.
2	Facilitate learner development and socialization.
3	Use assessment and evaluation strategies.
4	Participate in curriculum design and evaluation of program outcomes.
5	Function as a change agent and leader.
6	Pursue continuous quality improvement in the nurse educator role.
7	Engage in scholarship.
8	Function within the educational environment.

The AACN (2009) core competencies for cultural competency in graduate nursing education is an important resource which could be enhanced by the addition of a task statement to core competency II: Facilitate learner development and socialization. By adding a component that specifically addresses teaching cultural competence, such as “Fosters the development of cultural competence in nursing students,” NE programs of study would have a more definitive expectation for creating these types of opportunities when developing graduate NE curriculum (NLN, 2012). Another task statement for core competency II might be “to support learner engagement with individuals or communities of different cultures or ethnic backgrounds in the

NE role.” The addition of cultural competence as a role modeling behavior under task statement eight for core competency II would also help to clarify the expectations NEs have regarding their ability to teach cultural competence.

In a recent publication, the NLN (2017) outlines *A Vision for Expanding US Nursing Education for Global Health Engagement* and offers support for the expansion and creation of immersion experiences within nursing curriculums and for further research on best practices for global engagement. The attention to this area of nursing education is a clear indication that the concept of cultural competence is becoming more and more important to the practicing nurse. The importance of culturally competent patient-centered care in improving the quality of health care and eliminating racial/ethnic health care disparities necessitates a renewed focus on how best to prepare educators to role model and teach these concepts.

Determining whether or not the development of courses with a cultural immersion component unique to graduate NE students is helpful to later being able to teach cultural competence to pre-licensure students warrants further research. This research idea could build off of current literature on immersion experiences as a teaching-learning strategy for baccalaureate nursing students and improve the educational and practice experiences for all levels of nursing. Ultimately, what is clear from the literature is that through preparing the NE student to be able to teach cultural competence, there could be direct improvement in pre-licensure nursing students understanding and application of cultural competence and this is critical to providing safe, effective care that is of the utmost quality.

### **Conclusion**

Cultural competence will continue to increase in importance when it comes to healthcare delivery in the United States. The HLC and accrediting bodies for nursing continue to set

standards for innovation in education design and teaching strategies. For nursing programs to prepare nurses to be able to incorporate cultural competence into their practice, NEs will need to be adequately prepared to deliver content related to cultural competence, role model this behavior, and possibly lead global immersion experiences in their future practice. While research reports the benefits for baccalaureate students to learn cultural competence and gain a global perspective of healthcare (Kent-Wilkinson, Leurer, Luimes, Ferguson, & Murraray, 2015; Caffrey, Neander, Markle, & Stewart, 2005), the incorporation of how to assure graduate NE students are prepared to teach this content is an area of research that warrants further exploration and NEs are well suited to do this work.

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