

ASSESSMENT OF THE CULTURAL COMPETENCE LEVEL OF FACULTY AND NURSING STUDENTS AT A MIDWESTERN UNIVERSITY

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THE PURPOSE

- To assess the cultural competence (CC) level of faculty, undergraduate and graduate nursing students at a Midwestern University
- To evaluate the effectiveness of the curriculum in preparing culturally competent students

What is cultural competence?

*“ The process in which the health care provider continuously strives to achieve the ability to **effectively work within the cultural context of a client** (individual, family, or community”*

(Campinha-Bacote, 1998, p6)

The Compelling Need for Cultural and Linguistic Competence

- To respond to current and projected demographic changes in the United States
- To eliminate long-standing disparities in the health status of people of diverse racial, ethnic and cultural backgrounds
- To improve the quality of services and health outcomes (NCCC, 2006)

The Compelling Need for Cultural and Linguistic Competence

- To meet legislative, regulatory and accreditation mandates
- To gain a competitive edge in the market place
- To decrease the likelihood of liability/malpractice claims (NCCC, 2006)

Research Questions

- Is the curriculum effective in preparing students in CC knowledge & skills?
- What is the CC level of nursing faculty and students?

Theoretical Model

Campinha-Bacote's Model: *The process of cultural competence in the delivery of health care services" (1998).*

Literature Review

Focus: student and faculty CC levels
Dissertation (Sealy, 2003)

- Cultural Diversity Questionnaire based on Campinha-Bacote's model
- 13 nursing schools, 313 faculty in Louisiana
- Likert type items (five scales, 55 questions)

Literature Review (cont.)

- Findings
 - Cultural awareness index high
 - Cultural encounter index low
 - Subscale in cultural knowledge & encounters explained 87% of variance in overall CC

Literature Review (cont.)

- Findings (cont.)
 - Continuing education in transcultural nursing within last five years highest positive correlation with each subscale
 - Specialties: women's health, childbearing nursing, & community health had higher index on select subscales (Sealy, 2003)

Literature Review (cont.)

(Kardong-Edgren, 2005)

- 170 faculty nationwide (IAPCC-R)
- Faculty from larger immigrant population states: higher CC scores
- Cultural immersion & working with diverse clients influenced their comfort level with diverse cultures
- Many faculty not prepared for cultural content they were teaching (Kardong-Edgren, 2003)

Literature Review (cont.)

Sargent , Sedlak Martsof (2005)

- 88 first year students, 121 fourth year students & 51 faculty at a college of nursing
- A positive correlation between IAPCC scores and work experience & foreign travel
- Fourth year students more culturally competent than first year students
- Findings: suggest CC can be increased by including structured cultural content in nursing curricula.

Methodology

- Survey research methods
- The instrument: *“Inventory for assessing the process of cultural competence among healthcare professionals (Campinha-Bacote, 2002) IAPCC-R)*
 - 25 items
 - 4-point Likert scale
- SPSS version 14

The IAPCC-R (cont.)

Reliability

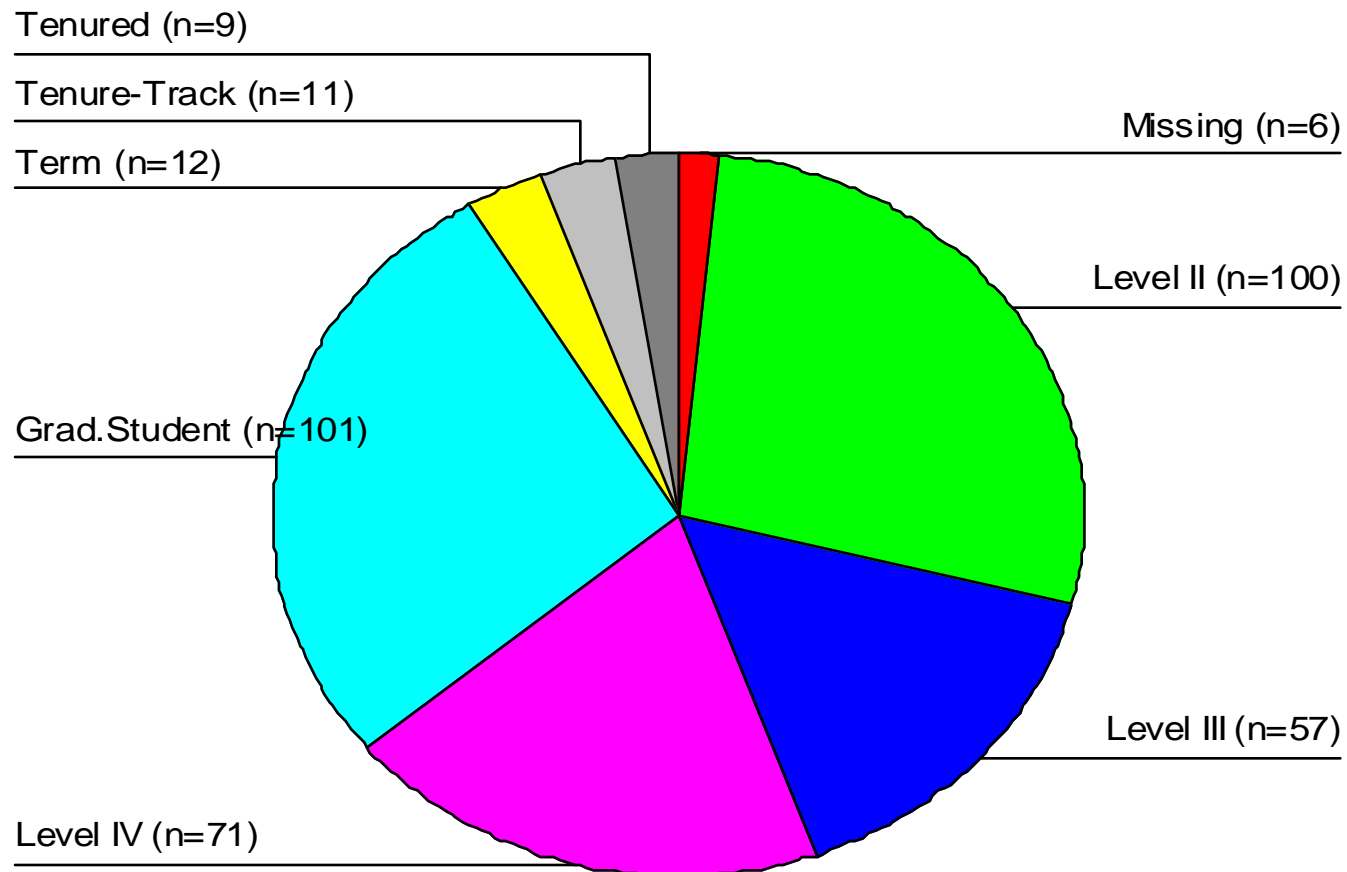
- Koempel (2003), 275 Nurse practitioners
 - Reliability Coefficient Cronbach Alpha = .85
 - Guttman Split-half = .83
- Spencer & Cooper-Brathwaite (2003) (50 PHN)
 - Reliability Coefficient = .90
- Content & Construct validity established by national experts & by linking IAPCC-R with Campinha-Bacote's model
- Reliability coefficient Cronbach Alpha = .81
- Guttman Split-half = .84

The IAPCC-R CC Categories

Range of scores

- culturally incompetent (25-50)
- culturally aware (51-74)
- culturally competent (75-90)
- culturally proficient (91-100)

The sample ($N=367$)



Findings

Faculty

- Tenured Faculty ($N = 9$): ($m = 75.44$); (range 57-87)
- Tenure-track faculty ($N = 11$): ($m = 76.91$); (range 70 – 96)
- Term faculty ($N = 12$): ($m = 68.40$); (range 49-86)

Students

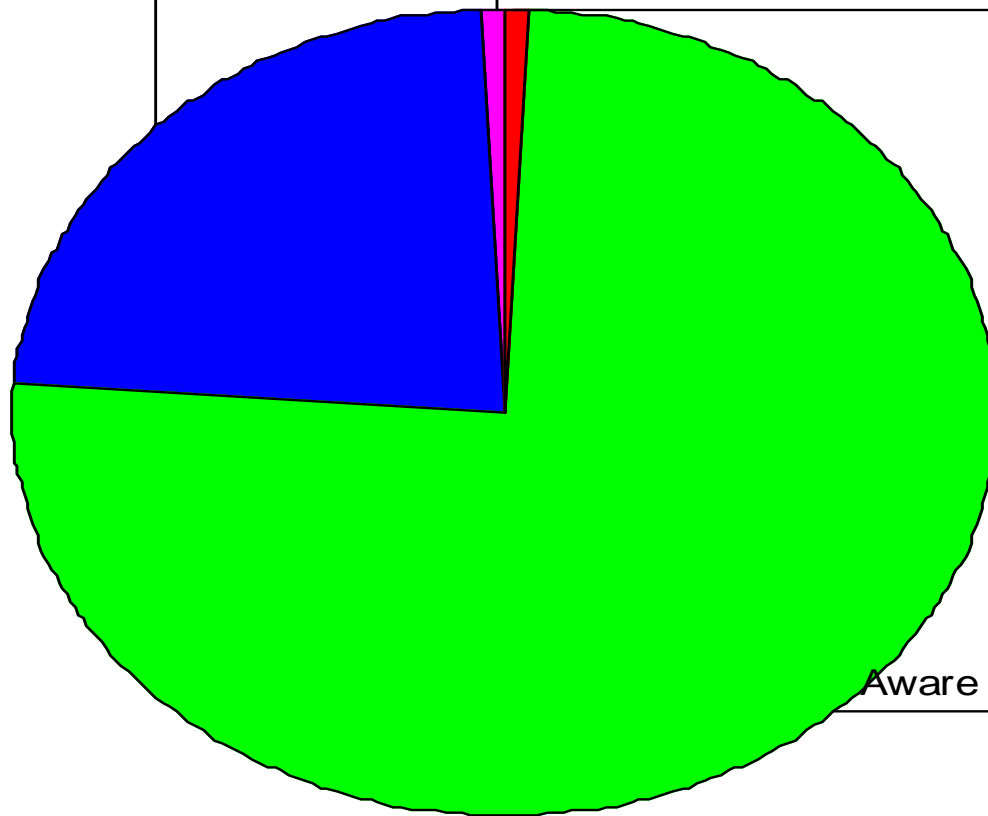
- Level II students ($N = 100$): ($m = 66.58$) (range 51 – 80)
- Level III students ($N = 57$): ($m = 69.68$) (range 57-92)
- Level IV: ($N = 71$) ($m = 72.13$) (range 56 –93)
- Graduate students ($N = 101$): ($m = 70.46$) (range 51-90).

Students' & Faculty Cultural Competence

Proficient .8% (n=3)

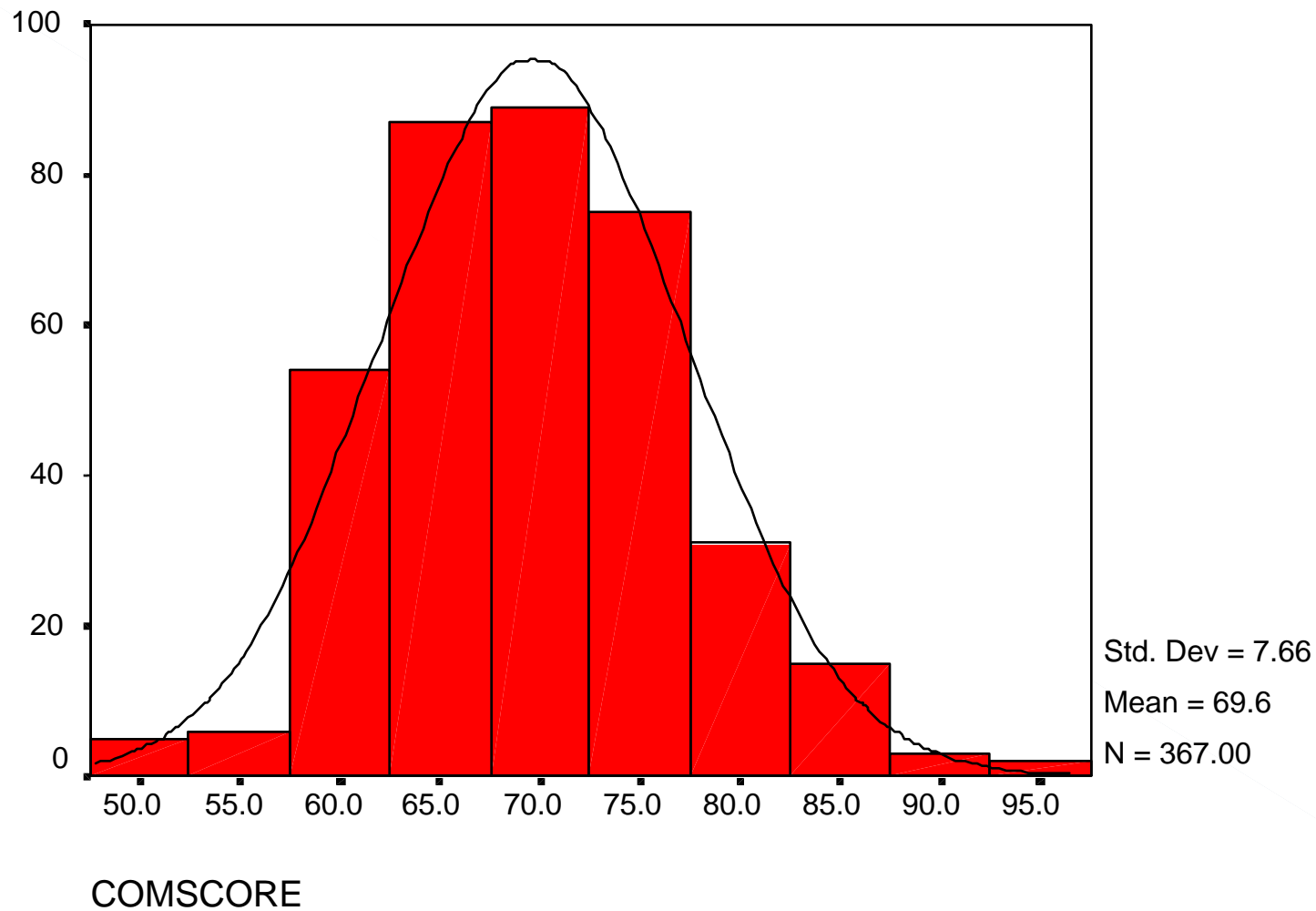
Competent 23.2% (n=8)

Incompetete .8%(n=3)



Aware 76.0% (n=276)

Student-Faculty Cultural Competence Scores



Findings

- Significant difference in students' and faculty cultural competence means ($t = 2.51, p = .01$).

Significant difference in student-faculty:

- Understanding of what cultural competence is ($F = 10.12, p = .000$)
- That it is an ongoing process ($F = 7.53, p = .000$)
- Recognition of what must be considered regarding cultural differences ($F = 2.97, p = .008$)
- The relationship between culture and health ($F = 5.02, p = .000$)

Significant difference in student-faculty:

- Ethnic pharmacology ($F = 3.37, p = .003$)
- Knowledge of at least two other cultural groups ($F = 5.54, p = .000$)
- Limitations of existing assessment tools used with culturally different groups ($F = 6.96, p = .000$)
- Biological difference between ethnic groups ($F = 6.40, p = .000$)

Significant difference in student-faculty:

- Diseases common in different ethnic groups ($F = 8.54, p = .000$)
- Willingness to learn more about other cultures ($F = 3.58, p = .002$)
- Awareness of healthcare barriers for persons of different cultures ($F = 5.76, p = .000$)
- Being comfortable asking clients questions about their culture ($F = 1.25, p = .046$)

Significant difference in student-faculty (cont.):

- Recognition of their own cultural competence limitations when interacting with others from a different culture ($F = 3.71, p = .001$)
- Aware of stereotyping ($F = 5.86, p = .000$)
- The need to conduct a cultural assessment with all clients ($F = 3.52, p = .002$)
- Involvement with cultural/ethnic groups different than their own outside of the clinical setting ($F = 3.26, p = .004$).

Statistically significant relationships

- Those students & faculty that felt that there is a relationship between culture and health also had a greater understanding of things that should be taken into consideration when seeking cultural competence ($\rho = .728^{**}$, $p = .000$), had a personal commitment to care for clients from diverse groups ($\rho = .420^*$, $p = .017$), and believed that cultural competence is an ongoing process ($\rho = .462^{**}$, $p = .008$).

Statistically significant relationships

- The higher the level of education/more experience in practice, the more motivated to care for clients of diverse groups ($\rho = .380^*$, $p = .038$), the higher their recognition of their own limitations when interacting with culturally/ ethnically diverse clients ($\rho = .407^*$, $p = .023$), a greater awareness of stereotyping ($\rho = .362^*$, $p = .045$), a greater passion of caring for clients from diverse groups ($\rho = .421^*$, $p = .026$), and that there is a greater difference within cultural groups than across cultural groups ($\rho = .512^{**}$, $p = .006$).

Statistically significant relationships

- Those that had a knowledge of at least two other cultural groups also recognized the cultural limitation of existing assessment tools ($\rho = .443^*$, $p = .011$), institutional barriers that prevent cultural/ethnic groups from seeking healthcare services ($\rho = .592^{**}$, $p = .000$).

CONCLUSIONS

- There is general cultural awareness at the nursing school
- Results revealed that overall, both students' and faculty scores ranged from being culturally aware to proficient.
- The fact that faculty had higher cultural competence scores than students indicates a resource for students to learn from. This opportunity is reflected in the progressive improvement of scores as the students progressed in the program.
- The curriculum meets the educational needs of students; it is effective in preparing culturally competent graduates

Nursing Implications and recommendations

- Make efforts to help students move from being culturally aware to being culturally competent (increasing cultural knowledge & cultural encounters)
- There is a need to provide continuous education and training for faculty

Limitations

- Use of convenience sample
- Use of classrooms and faculty for recruitment
- Data is from one nursing school
- Limited demographic data

