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

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
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 Martsolf (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 ($N=367$)

- Tenured ($n=9$)
- Tenure-Track ($n=11$)
- Term ($n=12$)
- Grad. Student ($n=101$)
- Level II ($n=100$)
- Level III ($n=57$)
- Level IV ($n=71$)
- Missing ($n=6$)
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: 0.8% (n=3)
- Competent: 23.2% (n=8)
- Incompetent: 0.8% (n=3)
- Aware: 76.0% (n=276)

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Student-Faculty Cultural Competence Scores

Std. Dev = 7.66
Mean = 69.6
N = 367.00

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