THE INFLUENCE OF INTERNATIONAL SERVICE LEARNING ON THE DEVELOPMENT OF CULTURAL COMPETENCE IN UNDERGRADUATE STUDENTS

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Sigma Theta Tau Leadership Conference 2016
Tracey Long PhD, RN is the sole author of this work and has no conflicts of interest to disclose. No sponsorship or commercial support was given to the author for this research. Tracey is adjunct faculty at the College of Southern Nevada, Kaplan College and Chamberlain College.

**Learner Objectives:**

1. Define cultural competence.

2. Review current strategies for teaching cultural competence to nurses and nursing students.

3. Examine the value of an ISL experience for nursing students in developing cultural competence.
Cultural awareness = a consciousness of one’s personal reactions to people who are different.
Cultural diversity = the variety of human societies or cultures in a specific region, or in the world.
Cultural competence = combination of awareness, sensitivity, experience, knowledge and desire to work effectively with people of a different culture other than your own.
• Providing culturally competent care to a diverse population is a necessary goal for new nursing school graduates.

• Various teaching strategies need to be compared to determine how best to prepare nursing students to work effectively with a growing diverse population.

• Empirical evidence is needed to compare effectiveness of teaching strategies for cultural competence among undergraduate nursing students.
Comparison of Strategies for Teaching Cultural Competence

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Abstract

Multiple curricular approaches are being used to teach cultural competency to nursing students in the United States in accordance with accrediting board standards. As nurse educators are searching for evidence-based teaching practices, this poster compares the most commonly used teaching methods. Although a variety of methods are being implemented, little empirical evidence exists to suggest any one methodology for teaching cultural competency for nursing students produces significantly better outcomes. The use of clinical experiences, standardized patients and immersion experiences have produced the most favorable results which increase student awareness, knowledge and confidence in working with ethnically diverse patients.

Definitions

**What: Definition of cultural competency:**
(U.S. Dept. of Health and Human Services Office of Minority Health)

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Cross, 1989).

**Why teach cultural competence?**
- Changing demographics in the U.S. indicate increasing diversity, which demands training and competency in serving diverse populations.
- Accreditation boards require cultural diversity training for nursing education.
- Safe patient care requires overcoming communication and cultural barriers.
- Improved patient outcomes when the patient receives appropriate care.

Strategies Comparison Code

**Components of Cultural Competence**
- Communication skills
- Open to new perspectives
- Multicultural skills
- Prejudices are absent
- Experiences with other cultures
- Time, space, and food preferences & social factors are acknowledged
- Examination of your own values and culture
- Needs of others valued
- Cognitive understanding of other cultural beliefs, practices and values
- Explanatory model of health and illness understood for different cultures

Resources

- AACN Toolkit for Graduate Cultural Competence in Nursing Education
- Culturally Competent Nursing Modules from the Office of Minority Health
- Teaching Cultural Competence in Nursing and Health Care: Implications for Practice by M. Jeffries
- Transforming the Face of Health Professions Through Cultural Competence: A Case Study from the United States Department of Health and Human Services

Conclusion

Educational interventions to teach cultural competence to nursing students are positive outcomes regardless of the content, method, length of program, or educational method. Little empirical evidence has been shown to produce stronger results than any other nursing students for cultural competency. Although most studies demonstrate positive outcomes, none were able to declare the students as fully culturally competent. Evidence may be due to the variations in definitions, content, and research methodology. Further research is needed to properly define, model, evaluate instruments, curricula and compare effective teaching methods. Future studies should also examine the impact of delivery, and patient behavior change and outcomes.

References

The use of international service learning needs more research to measure its effectiveness as a possible strategy to teach cultural competence to associate degree nursing students.
OBJECTIVES OF THE STUDY

1) Measure the cultural competence and self-efficacy level of nursing students in the pre-intervention experience phase.

2) Compare pre-intervention scores to the post-intervention scores.

3) Evaluate the effectiveness of an international service learning experience as a teaching strategy in strengthening self-efficacy towards developing cultural competence.

4) Identify the phenomenological themes of student nurses in an international service learning medical experience.

5) Compare the intervention group with a control group of ADN nursing students.
RESEARCH QUESTIONS

1) How does service learning in an international country effect self-efficacy toward the development of cultural competence in undergraduate ADN nursing students?

2) How do ADN nursing students value a medical international service learning experience towards gaining skills in cultural competence?

3) How do ADN students in different semesters compare between each other in self-efficacy in developing cultural competence?

4) Is there a difference in self-efficacy among ADN students towards cultural competence who have had prior language or international travel experience?

5) How does the control group compare in self-efficacy towards cultural competence compared to the intervention group?
METHODOLOGY

• This original descriptive qualitative and quantitative study used the intervention of a two-week international immersion medical service experience for undergraduate associate degree (ADN) nursing students to evaluate the teaching strategy of international service learning towards cultural competence.

• The study was quasi-experimental involving the comparison of two groups, one, which received the intervention of international service learning, and the second served as a control group, which served in a local US hospital without additional training in cultural competence.
• 36 ADN Nursing students from CSN in LV, NV.

• Control group: 18 (in last semester of nursing school) randomly assigned to instructor. 11 completed surveys and journals. Worked 2 weeks in acute hospital clinical with RN preceptor in local LV hospital.

• Intervention group: 18 (in all semesters of nursing school). 16 completed surveys and journals. Worked 2 weeks in Belize serving in medical clinics and rural communities.
This research concludes that a two-week medical service learning experience in Belize significantly improved self-efficacy, self-confidence, skills and self-awareness among ADN nursing students towards working with the Hispanic population and developing cultural competence.

Both qualitative and quantitative results showed significant improvement in post-survey scores after the intervention for the control group.

There was no statistical improvement for the control group.
1. Several last semester and graduated RN’s from the same program stated they never received training in cultural competence, although it is built into their curriculum with lecture and readings.

2. Previous travel and foreign language training didn’t impact pre-survey results towards self-efficacy towards cultural competence.

3. The control group often stated in their journals that their patients had no special considerations for culture although the variety of patients seen is very diverse.
CONCLUSIONS

1. The nursing profession needs to agree on a definition of cultural competence and how to train both students and educators.

2. Nurse educators need to measure the effectiveness of teaching strategies for required topics in their curriculum.

3. Reliable and valid instruments & rubrics need to be created to better compare and contrast teaching methodologies in nursing education.

4. Nurse educators and students need to be aware of the positive impact of international service learning on self-efficacy towards cultural competence.

5. Funding resources need to be identified to allow this opportunity for more nursing students, or to create similar experiences in their local community with diverse populations.
IMPLICATIONS FOR EDUCATORS

- Awareness & training is needed for nurse educators to:
  - 1. Work towards cultural competence themselves.
  - 2. Be aware of the literature and research on this topic.
  - 3. Acknowledge international service learning as an effective training strategy.
  - 4. Promote opportunities for students to serve internationally.
  - 5. Collaborate with their communities to create clinical opportunities with more diversity.
  - 6. Collect and share resources for students seeking this learning experience.
**IMPLICATIONS FOR NURSES**

- **All nurses need additional training in cultural competence** to help decrease ethnic disparities and to increase quality nursing care by effectively meeting the unique needs of our growing diverse population.

- **Graduated nurses can also take advantage of international service learning experiences** traveling with companies who take groups internationally to serve in areas around the world.
RECOMMENDATIONS

• Repeat studies would be needed to generalize the findings to all ADN nursing students.

• Studies offering cultural competence training for nursing students within their own community should be done to determine if the international location is unique to the improvement, or the training.
• As a nurse educator, more can be done to improve cultural competence training during nursing school.

• Student nurses generally may not graduate as “culturally competent,” as it is a process and they will move from novice to expert; however current training is lacking in effectiveness.

• Global nursing and international service learning offers additional skills and insights that could never be taught in textbooks!
• Repeat studies completed in Peru and Colombia.

• Statistical findings similar with different instruments.

• Recommendations for developing cultural diversity training in home city.
Based on this research, the following articles have been published:


Poster Presentations to:

- Traveling Nurses Conference
- ATI Nurse Educators Conference
- Elsevier Nurse Educator Conference
Thank you for your attention and interest in my study!

Question and Answer time!