Developing Cultural Competence in Practicing Nurses: A Qualitative Inquiry

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Review of the Literature

• The American Nurses Association has, since 1991, advocated for culturally appropriate nursing care to be delivered to patients in all settings (ANA, 1991).

• The Joint Commission has indicated the importance of culturally appropriate communication for patient-centered and included this in the 2012 accreditation standards (The Joint Commission, 2010).

• Research regarding culturally-competent care among nursing students has been recently conducted in nursing education.

• However, few studies, both empirical and qualitative, are available to understand the perceived experience of nurses caring for clients of diverse cultural backgrounds.
Review of the Literature

• Starr and Wallace (2009) explored the self-reported cultural competence of 31 Public Health Nurses practicing in a Public Health Department in the Southeastern United States. They concluded that “the nurses had cultural competence knowledge and attitudes but were unable to fully and consistently enact these in practice.” (Starr and Wallace, 2009, p. 48).

• Cioffi (2006) interviewed eight acute care nurses practicing in Australia and concluded that relationships between these nurses and culturally diverse patients were strained and detached.

• Additional information is needed to demonstrate the perceived relationships between nurses and culturally diverse patients in order to develop strategies to promote safe, effective culturally sensitive care.
Purposes of the Study

- The purposes for conducting this study were to:
  - explore the participants’ definition of cultural competence
  - identify any formal training in culturally-competent care and any theory-practice gaps
  - elicit perceived experiences of participants who provide care for clients with different cultural backgrounds than their own
  - highlight any positive or negative experiences reported by staff RNs who care for clients with diverse cultural backgrounds
  - to illuminate the perceived value of developing concepts of cultural competence (skills, awareness, knowledge)
Research Questions

• How do practicing staff nurses perceive and report their development of cultural competence?

• How do practicing staff nurses perceive their experiences caring for and working with people from a culture different from their own culture?
Method

• Qualitative descriptive inquiry
• IRB was sought and obtained from both the university where the researchers are employed as faculty and the specific hospital of interest
• In-depth, audiotaped individual interviews lasting approximately 1 hour with 10 participants to collect data to answer the research questions
• Transcriptions were reviewed by the researchers first individually and then together to note evident themes in the verbatim of the participants until consensus was achieved
Method

• **Inclusion criteria list:**
  – Current practicing staff RNs at a specific hospital with any educational preparation (ADN, BSN, MSN) and any length of nursing experience who are delivering direct patient care.
  – All ages, genders, and ethnic groups had the potential to be included in the study sample

• **Exclusion criteria list:**
  – Any staff RN employed at a specific hospital who was not currently providing direct patient care

- Participants selected a pseudonym and a mutually convenient time/place was scheduled for the individual audiotaped interview with either one or both of the researchers
Demographics of Sample

- All were current staff RNs at one facility in the Northeast Region of Florida
- Initial recruitment yielded no participants
  - IRB revision to offer $50 gift card honorarium to participate in the research study yielded 10 participants
Demographics of Sample

Education

ADN

BSN

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Demographics of Sample

Years of Experience as an RN

- 0-5 years
- 6-10 years
- > 20 years

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Demographics of Sample

Type of Cultural Competence Training

- separate college course
- content in college course
- professional conference
- employer-sponsored program
- online education
- continuing education

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Demographics of Sample

Gender

male  female

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Experience as RN with Ethnic/Cultural Groups Different than Your Own

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Reported Level of Cultural Competence

- 8-9
- 7-8
- 6-7
- 5-6
- 4-5
- 9-10

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Themes

- Recognizing Culture and Cultural Competence: Acknowledging Differences and Respecting Viewpoints
- Negotiating Cultural Competence: Overcoming Barriers to Achieve Benefits
- Moving Toward Cultural Competence: Developing, Practicing, Engaging
Recognizing Culture and Cultural Competence: Acknowledging Differences and Respecting Viewpoints

• Culture defined as a way of living
• Cultural competence as awareness of differences and accepting “being OK with it”
• Competence does not imply expertise, but having knowledge that differences exist; “cannot know it all”
• Understanding and respecting cultures
# Negotiating Cultural Competence: Overcoming Barriers to Achieve Benefits

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>Language*</td>
<td>Better patient outcomes</td>
</tr>
<tr>
<td>Lack of knowledge</td>
<td>Patient satisfaction</td>
</tr>
<tr>
<td>Family</td>
<td>Nursing care was facilitated; “easier”</td>
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<tr>
<td>Specific requests for like-genders to provide care</td>
<td>Increased patient understanding of their condition</td>
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<tr>
<td>Lack of time</td>
<td>Hospital may benefit financially</td>
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Moving Toward Cultural Competence: Developing, Practicing, Engaging

- Cultural competence is part of nursing
  - If nursing care is considered “good”, it must be culturally competent
- When culturally competent care is not provided, RNs experienced internal conflict
- Identified culture to include:
  - Food, religion, environment, language, geographic region, background, societal influences, beliefs, values, family, race, socioeconomic status, school, generation, gender, gender preferences for healthcare provider, marital status
  - One participant mentioned sexual orientation
- Cultural competence is vital to establishing trust/rapport in nurse-client relationship
- Takes time/effort on the part of the nurse to accommodate a client’s culture
Themes

Recognizing
- Acknowledging Differences
- Respecting Viewpoints

Negotiating
- Overcoming Barriers to Achieve Benefits

Moving Toward
- Developing
- Practicing
- Engaging

www.transculturalcare.net/Cultural_Competence_Model.htm

• **Awareness**
  – Self-examining one’s own biases toward other cultures; exploration of one’s own cultural and professional background; being aware of racism and other “isms” in healthcare delivery

• **Skill**
  – Conducting a cultural assessment of relevant cultural data; conducting a culturally-based physical assessment

• **Knowledge**
  – Seeking and obtaining a sound educational base on culturally diverse groups

• **Encounter***
  – Encouragement of engaging face-to-face encounters with clients from culturally-diverse backgrounds to modify existing beliefs and prevent possible stereotyping
  – Pivotal construct that provides energy source and foundation for one’s journey toward cultural competence

• **Desire**
  – Motivation to “want to” engage in the process of cultural competence rather than “have to”
Literature

• Starr & Wallace (2009) reported that nurses recognized barriers to care and “very often to always” worked to remove barriers and adapted nursing care to individual and group preferences (p. 53).

• Richardson et al. (2009) reported senior nurses in New Zealand valued cultural safety and identified a link between cultural safety and patient outcomes, yet had difficulty incorporating cultural practices due to limited patient interaction related to increased complexity of patient care and workloads.

• Arias-Murcia (2012) described cultural brokerage as a means provide proper interactions to avoid conflict and promote respect for cultural differences. Language was identified as a barrier and interpretation as a form of cultural brokerage.

• Waite, Nardi, & Killian (2014) explained that when healthcare providers are not knowledgeable about a patient’s culture, they “must always be respectful of the differences” and be willing to learn (p. 79). They also note that cultural competence is a key component of basic nursing care.
Limitations

• Homogenous sample
• Self-report from those who were interested and honorarium provided for participation ($50)
• Single hospital with reported diversity of patient population and staff
  – Patients – 50% Black, 43% White, 3% Hispanic
  – Staff - 55% White, 29% Black, 12% Asian
• Fairly new RNs – approx. 50% < 5 years
• Several participants known to the researchers as former students or colleagues
• Many participants in this study have lived abroad (varying lengths of time) in military and mission work
Implications for Nursing

**Nursing Practice**
- Mandatory formal education and continuing educational opportunities for nurses on the topic of cultural competence are needed
- Multiple encounters with diverse patient populations are needed to promote confidence and competence

**Nursing Education**
- Facilitate opportunities for students to examine their own cultural beliefs and values
- Repeated encounters with diverse patient populations through clinical learning experiences
- Formal education within curricula to apply theory to practice
Recommendations for Further Research

• Does a diverse clinical environment make a difference in the desire or development of cultural competence?
• Is educational level a predictor of development of cultural competence?
• Does a team approach facilitate cultural competence development?
• Could encounters outside of nursing practice facilitate cultural competence?
  – Many of the participants in this study have had personal experiences living and working abroad
  – Volunteer with local refugees, study abroad, living abroad, medical mission work in foreign countries, etc.
• Explore conflicts within the culture of nursing practice?
References


