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Perceived Effectiveness of Cultural Competence Training by Nursing Students Caring for Refugees

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PERCEIVED EFFECTIVENESS OF CULTURAL COMPETENCE TRAINING BY NURSING STUDENTS CARING FOR REFUGEES

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Abstract

Providing culturally competent care is a vital component of the nursing profession to improve patient outcomes by overcoming cultural barriers in an ever-changing global environment. Research shows cultural competency education that includes self-assessment, cultural knowledge, and cultural sensitivity training can improve the use of cultural competency practice for nurses. In this study, an educational cultural competency intervention including self-assessment, training module, and clinical rotation was developed and implemented for baccalaureate nursing students with the goal to increase the students' perceived knowledge and use of cultural competence when working with refugee populations. Thirty-two participants completed a clinical rotation at a primary care clinic serving refugee populations in the Atlanta area between January and March 2017. Results indicate the intervention was effective in increasing self-perceived knowledge and utilization of culturally competent practice, reaffirming the perceived benefit of cultural competence education for baccalaureate nursing students.

Keywords: cultural competence, nursing, education, refugees

Perceived Effectiveness of Cultural Competence Training by Nursing Students Caring for Refugees

In the face of an ever-changing global environment, nurses encounter a variety of challenges when caring for patients from diverse backgrounds. Cultural competence education can result in increased provider sensitivity, respect, knowledge, and awareness of personal bias (American Association of Colleges of Nursing [AACN], 2008). The U.S. Department of Health and Human Services (HHS) (2003) has defined cultural competence as "the capacity for individuals and organizations to work and communicate effectively in cross-cultural situations." The development of culturally competent skills reduces cultural and linguistic barriers to care, improving patient outcomes by increasing patient satisfaction, communication, and trust (HHS, 2012).

The development of nursing cultural competency is a priority and should be included throughout the baccalaureate curriculum (AACN, 2008). Expected outcomes for baccalaureate nursing programs include preparing nurses to provide patient-centered care to patients from diverse populations, overcome healthcare disparities in the present global environment, become aware of their cultural biases, and recognize the impact of these assumptions on the delivery of care (AACN, 2008). Educators are therefore responsible for building the framework upon which nurses can continue to expand cultural understanding (Halter et al., 2015).

The use of culturally competent practice by nurses working with refugee populations is crucial due to the variety of considerations and cultural barriers unique to refugee populations. The U.S. Department of State (DOS) (2011) defines a refugee as a person who has fled his or her home country due to "well-founded fear of persecution based on religion, race, nationality, political opinion or membership in a particular social group." In 2016 the U.S. admitted

approximately 85,000 refugees from more than 70 countries (Department of State Bureau of Population, Refugees, and Migration, 2016).

The goal of this study is to determine the self-perceived effectiveness of cultural competence training on knowledge and utilization of culturally competent practice for nursing students working with refugee populations by the end of their clinical rotation.

Background

Cultural competency education for nurses is critical to the development and use of culturally competent practice and is recommended by several governing bodies, including AACN and HHS, because nurses must be prepared to provide patient-centered care to patients from many diverse populations (AACN, 2008; HHS, 2012). Research has shown that cultural competency education that includes self-assessment, cultural knowledge, and cultural sensitivity training can improve the use of cultural competency practice (Halter, 2015; Long, 2012; Perng & Watson, 2012; Haywood et al., 2014). Culturally competent practice by nurses working with refugees is crucial due to the variety of considerations and cultural barriers unique to the refugee population.

Refugees are subject to unstable and traumatic conditions that increase their risk for infectious disease, mental health disorders, and unmanaged chronic conditions (Amara & Aljunid, 2014; Terasaki et al., 2015). Healthcare for refugees is often fragmented and significant barriers to healthcare for refugees in the U.S. include language, culture, finance, and knowledge of the healthcare system (Asgary & Segar, 2011). The use of culturally competent practice can significantly reduce healthcare barriers for refugee populations (Asgary & Segar, 2011).

Assessing cultural competence has been a challenge for researchers and educators due to the subjective nature of individual cultural competency scores and research methodology that has yet to determine the most effective approach to cultural competency evaluation (Jeffreys &

Dogan, 2013; Halter et al., 2015; Perng & Watson, 2012; Long, 2012). Furthermore, the development of cultural competency is a continual process and cannot be achieved after one training session or by the completion of a nursing degree (Halter et al., 2015). Despite these challenges, research continues to support the use of cultural competency education for nurses; therefore, inclusion in baccalaureate nursing curriculum is recommended (AACN, 2008).

Method

A cultural competency intervention was developed for baccalaureate nursing students enrolled at a university in northeastern Georgia. Participants were assigned a clinical rotation in a culturally diverse setting caring for a large population of refugees. The intervention consisted of a cultural competency self-assessment, author-developed narrated presentation with refugee population focus, clinical rotation and post-training survey. The goal was to determine if the intervention increased the students' perceived cultural competence. Approval to implement this study was obtained from the institutional review board, nursing department, clinical site, and Georgetown University Center for Child and Human Development for use of the Promoting Cultural and Linguistic Competency Self-Assessment Checklist for Personnel Providing Primary Health Care Services (Goode, 2009).

Convenience sampling was utilized and informed consent obtained. Inclusion criteria was baccalaureate nursing students over the age of 18 assigned to the study site for clinical rotation from January to March 2017. Participation was voluntary, and students who did not wish to participate or those not completing all components were excluded.

The intervention contained both didactic and clinical experiences. All documents and materials were distributed and collected through the university learning management system. Participants were instructed to complete the intervention in the following order:

1. Complete the demographic survey.
2. Complete the Promoting Cultural and Linguistic Competency Self-Assessment Checklist for Personnel Providing Primary Health Care Services (Goode, 2009) to introduce the topic of cultural competency and increase self-awareness.
3. Review the narrated self-study presentation developed by the authors. The presentation explored the clinical site, general healthcare concerns and barriers affecting refugees, as well as the concept of cultural competence and how it can be developed.
4. Complete at least one 8-hour clinical rotation at the clinical site.
5. Complete the post-training survey within one week of the clinical rotation. The post-training survey included six Likert-scale questions and four free-text questions. The post training survey explored the participants' perceived knowledge and use of cultural competent practice before and after the intervention, as well as the influence of the intervention on their delivery of care. There were also free-text questions that explored the effectiveness of the module and participants' suggestions for improvement.

Results

Forty-nine students met criteria for inclusion, two declined to participate, and 15 were excluded for failure to complete all components, resulting in 32 total participants. Data was evaluated and analyzed using SPSS Statistics 23 software for descriptive analysis. The demographic survey results showed all participants were second year BSN students. Ninety-seven percent did not have a nurse license. Eighty-four percent were female. The age of the participants ranged from 21 to 46 years, with a median of 23 years. Ninety-three percent were born in the US with 15.6% having at least one parent born outside the U.S. Predominant self-identified cultures were American (59.4%), Christian (9.4%), and Hispanic/Latino (6.3%). Nineteen percent self-identified as bilingual, with Spanish the predominant second

language. Eighty-one percent stated they had previous cultural competency training, most frequently identified as occurring in a school setting.

The six post-survey 5-point Likert-scale questions used the following scale: 1 (*poor*), 2 (*fair*), 3 (*good*), 4 (*very good*), and 5 (*excellent*). Results are shown in the following table:

Table 1

Aggregate Responses to Post Intervention Survey

Average Perceived Cultural Competence Knowledge Pre and Post Training Module	Prior to this training module	After this training module
Rate your cultural competence knowledge	2.94 out of 5 (*good*)	4.06 out of 5 (*very good*)
Rate your use of cultural competency	2.88 out of 5 (*good*)	4.03 out of 5 (*very good*)
Influence of Module on Delivery of Care and Nursing Care in the Future	On delivery of care at clinic	On your nursing care in the future
Rate the influence of this module	56% of participants selected 4 (*very good*); the average response was 4.19 out of 5	62.5% of participants selected 4 (*very good*); the average response was 4.31 out of 5
Influence of Self-Assessment Survey Checklist on Personal Bias	Yes	No
Did the self-assessment increase your awareness of cultural bias?	78%	19%

As noted in Table 1, average perceived cultural competence knowledge prior to training was 2.94 (*good*); average knowledge post training increased to 4.06 *(very good)*. Average perceived use of cultural competency prior to training was 2.88 *(good)*; average use post training was 4.03 *(very good)*. Average influence of the module on delivery care at the clinic was rated 4 *(very good)* by 56% of participants; the average response was 4.19. Average influence of the module on future delivery care was rated 4 *(very good)* by 62.5% of participants; the average response was 4.31. Seventy-eight percent of the participants indicated that the influence of the

Self-Assessment Survey Checklist did increase awareness of personal bias. Overall, the Likert-scale results affirm the benefits of the cultural competency intervention.

Themes of the post-survey free-text responses were increased awareness of personal bias and confidence when caring for patients of diverse cultures. When asked, "Did the Self-Assessment Checklist increase your awareness of cultural bias?" one participant responded, "It made me aware that I am not as culturally diverse as I thought I was," while another stated "No, because it focused on topics and experiences I had not been exposed to." When asked, "What benefits have you received from this training module?" participants responded, "I am more aware of my actions and biases toward different cultures," and "I learned to be more patient and humble." Participants' suggestions for improvement were to provide a list of community resources and specific examples of cultural preferences of the predominant cultures encountered at the clinical site. All participants who chose to provide additional comments provided positive feedback about their overall experience and one stated, "I was really nervous going to this clinic for the first time since it was my first interaction with such a diverse group of patients. I actually loved this clinical experience!"

Discussion

Overall the intervention was considered effective in increasing self-perceived knowledge and utilization of culturally competent practice thus supporting the perceived benefit of cultural competence education for baccalaureate nursing students. The majority of participants indicated the intervention prepared them to work with the refugee population at the clinic and would positively impact their approach to future delivery of care with diverse populations.

The limitations of the study included the inability to confirm the order of document completion, the limited time at the clinical site, the vulnerability of the results to personal bias, and the exclusion of 15 participants. The predominant reason for exclusion from the study was

participant failure to correctly submit all required components to the university learning management system. The order of component completion could not be verified through the university learning management system, and the minimum required length of clinical rotation was arguably short. Additionally, the results focused on participant self-perception and were vulnerable to personal bias. Therefore, further research is needed on the effectiveness of cultural competence education using measurable and objective patient outcomes as well as on the patient's perception of culturally competent care.

Assessing cultural competence has been the greatest challenge for researchers and educators in the field because individual cultural competency scores are subjective by nature, and research methodology has yet to determine the most effective approach to cultural competency evaluation. Furthermore, the development of cultural competency is a continual process and cannot be achieved after one training session or by the completion of a nursing degree. Nevertheless, research has continually shown the benefits of cultural competency education for nurses thus its inclusion in baccalaureate nursing curriculums is recommended, and educators are responsible for building the framework upon which nurses can continue to expand cultural understanding.

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