

Nursing Program Evaluation of Cultural Competency by Examination of Intercultural Sensitivity

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Abstract – Nursing faculty and external stakeholders have a commitment to educate nursing students with cultural competence. Ongoing program evaluation strengthens curriculum development related to cultural care. Intercultural sensitivity is a component of cultural communication in the affective domain. The Intercultural Sensitivity Scale (ISS) is used to examine differences based on student level in the nursing program. Alphas for four of the five subscales of the ISS indicated validity for this study. MANOVA was used created a linear combination of the response variables with the resulting composite score to determine differences between student levels. After calculating the Composite Score for each participant, a one-way ANOVA tested the null assumption that sophomores and juniors reported equal scores. This ANOVA yielded significant results that the junior scores were significantly stronger than the sophomores for the subscales of intercultural sensitivity. Educators may benefit from planned educational strategies to evaluate program of study related to culture.

Keywords – Nursing Program Evaluation, Nursing Students, Cultural Care, Curriculum.

I. INTRODUCTION

Program evaluations ensure achievement of student success and attainment of program outcomes. Demonstration of alignment with the mission of the university along with program outcomes documents institutional commitment to the quality of the program. Nursing program curricula present additional challenges balancing both classroom and clinical settings organized around the nine essentials in The Essentials of Baccalaureate Education for Professional Nursing Practice. [1] As with all academic programs, nursing program evaluation should include assessing data from formative and summative data. Assessing students as they progress through the program levels enriches curriculum assessment and development along with program evaluation. This process is further strengthened when all of domains of learning are evaluated. In nursing education, three domains of learning are valued and recognized; cognitive, psychomotor and affective. Cognitive and psychomotor graduate attributes stipulated in program outcomes are commonly evaluated by aggregate data. Affective domain graduate attributes are often evaluated with individual data. As an attribute of the affective domain of learning, there is agreement in nursing education that development of cultural competence is a progressive process that is an essential component of safe quality nursing care. As the United States continues to grow increasingly diverse the preparation of nursing graduates with strong foundations related to culture in all three domains becomes increasingly important. [2]

II. PROGRAM EVALUATION OF CULTURAL COMPETENCE

The theoretical framework for this study arises from the work of Earley and Ang who identified cultural competence as a multi-faceted intelligence dimension. [3] They posited that cultural intelligence was reflected in an individual's ability and skills to manage themselves and to interact with others in cross-cultural situations and environments. Earley and Ang posit there are four dimensions of cultural intelligence, meta cognition, cognition, motivation and behavioral. [3] These span knowledge of norms, values, and practices of different cultures to specific behaviors and confidence observable in intercultural situations.

A multifaceted conceptualization of cultural intelligence is consistent with the work of Chen and Starosta, who developed a multidimensional scale of intercultural sensitivity. Chen and Starosta's work focuses on clarifying the distinctiveness of the concept of intercultural sensitivity. [4] Previously, intercultural sensitivity was closely related to both intercultural awareness and intercultural communication competence. However, Chen and Starosta view intercultural communication competence as an overarching concept, incorporating the cognitive, affective and behavioral abilities of individuals as they interact. Intercultural sensitivity represents the affective aspect, intercultural awareness represents the cognitive aspect, and intercultural adroitness represents the behavioral aspect of intercultural communication competence.

Cultural competence has a strong presence in nursing education literature. Used to explain the value and imperative for nursing students to interact and understand multiple cultures, studies in cultural competence generated multiple models and assessment instruments to assess student achievement. [5, 6] For the various nursing models that emphasize the theoretical, most incorporate the competence component expressed through inclusion of the affective domain (sensitivity) in contrast to methodological ones which incorporate the culture component expressed through the domains of: "aspects of religion, ethnicity, healing beliefs and practices, and value orientation". [6]

Of yet, there is no consensus in nursing literature regarding the most effective learning pedagogies for cultural competency. Multiple studies have been conducted to evaluate various aspects of cultural competency in nursing students, the majority assessed cultural awareness after an implementation of specific interventions and teaching methods. [5] Recent studies were identified as evaluating achievement of cultural competence by graduated nursing students as part of a summative program evaluation process. Two studies utilized a cultural

competence assessment tool, [7, 8] the other used an adaptation of the Resident’s Physician Preparedness to Provide Cross Cultural Care Survey. [9] Findings ranged from moderate to increased levels on instrument scores. While all of the instruments assess components of cultural sensitivity, none of them focused solely on the affective domain of learning, cultural sensitivity.

While studies from nursing education are more limited, other areas of higher education provide valuable insight. Examining the impact of study abroad on undergraduate students, found that fourth year diverse experiences and fourth year integrated learning experiences generated significant positive effects on the total measure of intercultural competence. [10] Other researchers tested the impact of a cross cultural management course for undergraduate students in business majors. [11] The results confirmed the course significantly improved the metacognitive and cognitive dimensions of cultural intelligence, however neither the motivational nor behavioral dimensions significantly changed.

III. PURPOSE

The purpose of the cross-sectional study is to extend existing studies of intercultural competence to nursing education. Specifically, this study seeks to determine if specific curricular efforts to impact intercultural sensitivity are effective when comparing sophomore and junior level nursing students. Further, are there specific aspects of intercultural sensitivity which demonstrate differences based on program level?

IV. METHODS

The target population for this study were sophomore and junior undergraduate nursing students at a public state regional university in the United States of America. The Human Studies Council at the state university provided institutional review and approval for the study. Using in-class time, students completed the ISS during the second week of the semester. This allowed for a cross-sectional study assessing the potential impact of the nursing curriculum on intercultural sensitivity.

The Intercultural Sensitivity Scale was developed and validated by Chen and Starosta to measure 5 components of intercultural sensitivity, Interaction Engagement, Respect for Cultural Differences, Interaction Confidence, Interaction Enjoyment, and Interaction Attentiveness. [4] For the present study the alphas for four of the five subscales (Interaction Engagement, 0.704; Respect for Cultural Differences, 0.738; Interaction Confidence, 0.759; Interaction Enjoyment, 0.774) indicated the subscales were valid for this study. However, the fifth scale, interaction attentiveness, is not used due to an unacceptable alpha.

In addition to the four sub-scales, the ISS is designed to yield an overall composite score. Given the nature of the validity of only 4 of the 5 subscales, a MANOVA was used for the analysis, appropriately avoiding the commonly held misperception that a MANOVA is simply an additive ANOVA for composite scores. [12]

V. RESULTS

Of the 168 participants, 85 were sophomores and 83 juniors. For all respondents, the subscale Interaction Confidence has the lowest mean (3.70) and the largest standard deviation (0.61) and Respect for Cultural Differences (4.47) and Interaction Enjoyment (4.42) are the highest.

Two of the subscales deviated from normality, however, given the sample size, the MANOVA is robust to this violation given the equal covariance (Grice & Iwasaki, 2007). The MANOVA analysis yielded a significant effect (Wilks .93484, $F = 2.84$, $p < .05$) and the resulting betas from the MANOVA were used to calculate a composite score.

The raw beta coefficients form the equation: Composite Score = (-1.307780) Interaction Confidence + (-1.57165) Respect for Cultural Differences + (0.00166) Interaction Enjoyment + (2.50674) Interaction Engagement.

After calculating the Composite Score for each participant, a one-way ANOVA tested the null assumption that sophomores and juniors reported equal scores. This ANOVA yielded a significant result ($F = 11.57$, $p < .05$). Table 1 contains the estimated marginal means, demonstrating a significantly more negative composite score for sophomores than juniors. This indicates intercultural sensitivity, as measured by the four subscales, was significantly stronger for juniors than for sophomores.

Table 1. Composite Score Means.

Student Level	N	M (SD)	95% CI
Sophomore	85	-1.446 (.108)	(-1.7, -1.2)
Junior	83	-.921 (.110)	(-1.1, -.70)

VI. DISCUSSION

The data analysis demonstrates that junior level nursing students have increased overall intercultural competency reflected as a composite score of interaction confidence, interaction enjoyment, interaction engagement, and respect for cultural differences as compared to sophomore level nursing students in a traditional BSN program. The expectation is that the nursing curriculum will educate nursing students with professional values of human dignity, integrity, and social justice. [1] The results of this study are consistent with nursing students’ perceptions that their level of cultural competence has developed throughout the nursing curriculum. [13] There are several factors for junior level students to have increased scores. There is an embedded plan within the curriculum to prepare students in caring for culturally diverse patients, families, and communities. This starts with the first nursing courses and continues to other courses in which case studies or patient scenarios in the classroom or simulation lab display patients from varied ethnic, racial, and or religious groups. When educators select textbooks and use publishers’ resources, there is consideration for cultural, ethnic, and racial diversity. [14] Clinical placement for students is selected in hospitals and agencies that serve diverse patients. Research

involving education of BSN students demonstrates that there is no one curricular approach that is more effective than others in developing cultural competence. [15]

Another factor for the increase in junior level students is the increased number of general education courses in the social and behavioral sciences and humanities taken as compared to sophomores. Maturation occurs in students as they progress through baccalaureate study. Students may have employment or involvement in clubs or student government which increases exposure in communicating with persons from other cultures. Research demonstrates high-quality engagement with institutionally structured activities and interaction with diverse peers are positively associated with intergroup attitudes. [16]

A recommendation, may be to increase student service learning opportunities with persons of culturally distinct groups. Another recommendation may be for nurse educators to increase participation in study abroad programs. Research supports frequency of interacting with different cultures and exchange studies are positively associated with cultural competence. [8]

VII. CONCLUSION

Junior level students in nursing demonstrated increased intercultural sensitivity as compared to sophomore level students. Examination of this data supports the ongoing program evaluation of cultural competency. Educators may benefit from planned educational strategies to evaluate program of study related to culture.

This data shows the need for more research on the affective domain in nursing education. The competent affective nursing student knows how to receive, to respond, and to value information. Patients will be the recipients of care from nurses who have feelings and attitudes of appreciation for others.

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AUTHOR'S PROFILES

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The author received a DNP with a specialization in nursing education, in August of 2014 from Regis College, Weston Massachusetts, USA. In May of 1998 received a Master of Science with specialization in nursing education from University of Hartford, West Hartford, Connecticut, USA and a Bachelor of Science in Nursing from University of Saint Joseph, West Hartford, Connecticut, USA. Earned certification as a nurse educator from the National League for Nursing, Washington, DC, USA in November of 2015. Her clinical background is predominantly in acute care, starting at caring for vascular and thoracic surgical and transplant populations and cumulating in working in several intensive care units caring for medical and respiratory, cardiothoracic surgical, and medical-surgical specialties. She has worked in nursing education positions in several practice settings, as a Nurse Educator, a Staff Development Director, and as a Clinical Nurse Specialist in a Magnet designated facility. In academic settings, she has been part of the faculty for several types of nursing programs, an associate degree program, a RN to BSN completion program, and a Baccalaureate program. Her current position as an Assistant Professor is at Central Connecticut State University in New Britain, Connecticut, USA. She is currently the Acting Chair in the Department of Nursing. Current areas of research interest include peer tutoring, predictors of student progression and success, and impact of service learning on nursing students. Dr. Thomas is a member of Sigma Theta Tau International Honor Society, the Academy of Medical-Surgical Nurses, the Connecticut and American Nurses Associations. She is the chair of the Leadership Succession committee for the local at large chapter for Sigma Theta Tau International Honor Society.

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