

MAR Proposal: Cultural Competence and Diversity Awareness in Nursing Education

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### **Abstract**

With the increasing diversity in society, there is an increased need for cultural competence amongst health care providers, including nurses and nurse educators; further, there is a need for a nursing profession that reflects the growing diversity of society. Delivering culturally competent care is an expectation amongst registered nurses and nurse educators have a role in facilitating that learning. Personal self-assessment, ongoing self-reflection, cultural immersion, mentoring, and completing class and individual assessments are some of the strategies that can increase cultural competence amongst nurse educators. Based on preliminary findings, minority nursing students experienced blatant acts of racism from patients in the clinical setting and were not supported by their nursing supervisors leaving them with feelings of distress. Drawing upon an anti-bias education framework and from a lens of power, feminism, and critical theory, I propose to conduct a literature review using reflexive inquiry to guide the process and critically analyze the data. I propose to answer the question of how cultural competence and diversity awareness of nurse educators affects nursing students in classroom and clinical settings, such as cultural competence of nursing students or successful completion of the nursing program. The premise being attracting, retaining, and training culturally competent nursing students from diverse backgrounds could be improved with increased cultural competence and diversity of nurse educators, who are mostly white and female. The intent of this major academic report is to inform next steps such as an action research project that I could undertake to improve my nursing practice as a nurse educator related to culturally diverse nursing students. Racism between students and between educators and students are other areas to be explored further.

*Keywords:* cultural competence, diversity, diversity awareness, nurse educators, nursing students

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## Cultural Competence & Diversity Awareness in Nursing Education

### Description of the Proposed Project

According to the 2016 Canadian census, 21.9% of the population reported they were foreign-born and arrived in Canada through the immigration process (Statistics Canada, 2017a). Projections for the year 2036 indicate that up to 30% of Canada's population would be comprised of immigrants; additionally, up to 39.9% of working-age Canadians could belong to a visible minority group compared to 19.6% in 2011 (Morency, Malenfant, & MacIsaac, 2018). According to Statistics Canada (2017b) visible minorities refers to persons who are non-white, non-Caucasian in race, and not Aboriginal peoples. In keeping with the outlined definition, not all immigrants are necessarily visible minorities. In terms of changing immigration patterns, until the 1970s, most immigrants coming to Canada were from Eastern Europe or Western countries; since then, people immigrating to Canada have been from Asia, the Middle East, Africa, Latin America, and the Caribbean (Shavez, 2019). Results from the Canadian University Survey Consortium (2019) indicated that 44% of over 18,000 first year university students from across Canada self-identified as being a visible minority; 85% as Canadian citizens; 9% as international students and 5% as permanent residents.

Diversity encompasses more than race and ethnicity. As depicted in the Diversity Wheel (as cited in Johnson, 2018), diversity includes age, race, sex, ethnicity, gender, physical abilities/qualities, sexual/affectional orientation, income, marital status, military experience, religious beliefs, geographic location, parental status, education, and work background (Figure 1, p. 15). Johnson (2018) suggested that understanding diversity means taking a comprehensive approach to differences and locates individuals in relation to others, which is troublesome in "a world organized in ways that encourage people to use difference in order to include or exclude,

accept or reject, reward or punish, credit or discredit, elevate or oppress, value or devalue, leave alone or harass” (p. 15). Healthcare professionals may recognize existing disparities and advocate for a fair and just society, starting with current nursing professionals and the education of the next generation of nurses.

In Canada, the College of Nurses of Ontario (CNO, 2018) has argued that “Providing culturally sensitive care is an important component of patient centered-care. Nurses must strive to enhance their ability to provide patient-centered care by reflecting on how their and the patient’s culture’s, values, and beliefs impact the nurse-patient relationship” (Culturally Sensitive Care section, para. 3). Being mindful, accepting, respectful of differences, and reflecting on the differences embodies culturally sensitive care. Similarly, the Registered Nurses Association of Ontario (RNAO, 2002) released a position statement on racism that acknowledged the value of diversity, identified the harm discrimination can have on individual and community health, and the role of nursing in advocating for health. There is recognition that Canadian nursing professionals do not reflect the cultural diversity of Canada and nurses’ organizations endeavour to have a workforce more reflective of society (CNA, 2010).

There is also acknowledgement of the importance of delivering culturally competent nursing education (Smith, 2017). In their position statement *Promoting Cultural Competence in Nursing*, the Canadian Nurses Association (2010) stated, “Educators are responsible for integrating concepts of cultural competence and diversity into curricula. They are responsible for promoting cultural competence within the faculty and the student populations” (p. 2). The RNAO (2002) encouraged all nurses to be good role models and to foster environments that are inclusive and respectful in their *Policy Statement on Racism*.

Although policies, practices, and position statements have been developed, I am hesitant to believe that learning environments are free of implicit bias or unintended acts of microaggression (Johnson, 2018). As a nurse educator, I am concerned that our current and future diverse nursing students may not experience a learning environment that is welcoming, sensitive, safe, respectful, and supportive. With the increasing diversity in Canada, there is an increased need for cultural competence and diversity awareness amongst health care providers. The benefits of an accomplished and diverse nursing labour force are well documented, such as improved quality of care, better patient outcomes, improved access to health care, and reduced health disparities (Talley, Talley, & Collins-McNeil, 2016). Over the past 30 years, I attended one mandatory professional development session and one voluntary session on cultural competence. Based on my personal and professional experience, I submit that nursing educators likely would benefit from support in applying knowledge, skills, and abilities related to cultural competence and diversity awareness in the classroom and clinical settings.

### **Research Questions**

Through a lens of adult education, I intend to explore how nurse educators can explore their own cultural competence and diversity awareness and how they can better support nursing students in providing culturally competent care. My main research question is “How does the cultural competence and diversity awareness of nurse educators affect nursing students in classroom and clinical settings?” From this, three sub-questions follow:

- How can adult learning theory be applied to professional development related to cultural competence and diversity awareness amongst nurse educators?
- What training do nurse educators need to become culturally competent to support student learning?

- How can nurse educators demonstrate cultural competence and advocate for diversity throughout the healthcare system to better serve diverse clients?

My plan, after the capstone project, is to apply my research findings to my practice setting by informing next steps in cultural competence and diversity awareness of nurse educators and exploring opportunities to improve my nursing practice through an action research project.

### **Theoretical Framework**

The approach taken for the proposed systematic review will draw upon an anti-bias education framework, based on principles and learning outcomes incorporating the areas of identity, diversity, justice, and action (Teaching Tolerance, 2014). An anti-bias education framework is intended to increase consideration and value for differences in society and actively confront discrimination, bias, and stereotyping in the school community and in society (ADL, 2019). Strategies are employed to establish and maintain respectful, safe, and inclusive learning environments for all learners (ADL, 2019). The framework resonates with me as there are aspects of critical theory and feminism.

Feminist approaches include women's perspectives and, "recognize factors that limit or extend power, such as race/ethnicity, income, class, location ability, age, and so on" (Reid, Greaves, & Kirby, 2017, p. 25). Many of these factors are related to my inquiry. As a public health nurse, the social determinants of health, health equity, and social justice are key issues to my practice. I view the world through a lens that questions systems that perpetuate social injustice, disparity, poverty, inequities, power, and privilege, which aligns with critical inquiry and feminism approaches. Additionally, adult education theoretical perspectives will be considered such as Malcolm Knowles' theory of andragogy (as cited in Merriam & Bierema,



2014) and transformative learning theory (Mezirow, 2009) in the context of professional development approaches for cultural competency.

### **Methodology**

For my proposed research, I will utilize reflexive inquiry to guide my systematic process of gathering and analyzing information from my literature review. Reflexive inquiry is well suited to my proposed inquiry, enabling me to explore my social location, my experience, and consider the consequence of any power in an open and transparent process (Reid et al., 2017). My ontological approach for my inquiry will be a positivist paradigm where I will focus on being as objective as possible for my literature review to maintain rigour in the research process (Reid et al., 2017). I believe that knowledge can be constructed with others and that knowledge can be ambiguous (McNiff, 2017). I am confident my epistemological stance and my ontological beliefs are well suited to answer my proposed research questions.

### **Methods**

The method I will use to gather data and answer my research questions is a critical literature review. According to Patel (2015), it is important to situate one's own research inside the context of current research. A literature review provides a critical summary of the current state of research relative to the research questions under study (USC, 2019) and an appropriate method to inform next steps. I plan to utilize Bell and Waters' (2018) approach to a critical review of the literature, "questioning assumptions, querying claims made for which no evidence has been provided, considering the findings of one researcher versus those of others, and evaluating the conclusions drawn" (p. 132).

My preliminary literature search located articles, written in English, published from 2014 through 2019, which I then expanded to include publications from 2007 through 2019 to include



key research. I accessed EBSCO, ProQuest, Cumulative Index of Nursing and Allied Health Literature (CINAHL), Education Resources Information Centre (ERIC), Semantic Scholar, and PubMed online databases. Additionally, I scanned the reference lists from articles located for any other relevant papers. The search terms used alone or in combination included: nurse educators, cultural competence, nursing students, diversity awareness, diversity, influence, mentor, cultural humility, cultural safety, transcultural nursing, cultural diversity, professional development for nurses. I intend to deepen the search as part of the capstone research process. A proposed timeline for my research is found in Appendix A.

### **Method for Reviewing the Literature and Method for Applying Literature Results**

The methods for reviewing and applying the literature will be determined in consultation with my supervisor during the capstone project. For the proposal the application of the literature has been applied to the headings indicated. For the final major academic report there is room for changes to the headings based on further review of the literature.

### **Ethical Considerations**

For my proposed literature review, one key ethical consideration is to confirm my proposed research question has not already been answered; if this were the case, it would be unethical to continue with the review (Economic and Social Research Council, 2013). Other considerations are to ensure the research work included in my literature review is represented in a precise and just manner and to be mindful of ethical questions that I may have resulting from my review of the literature (Economic and Social Research Council, 2013). I will make certain my proposed research is conducted in keeping with my personal and professional ethical principles. To mitigate unintended bias, I will keep an open mind and be ready and amazed by the findings (Bell & Waters, 2018). I will report on what the data demonstrates and not

manipulate the results (Regoniel, 2013). Additionally, I will engage critical colleagues to review the data and provide critical feedback (Hodgson, 2016; McNiff, 2017). Critical colleagues will not be part of my data gathering; rather, they will work with me to ensure my written interpretation of the literature is clear, concise, and trustworthy.

### **Preliminary Literature Review**

For the preliminary literature review I chose 13 articles to critically analyze from a lens of power, feminism, and critical theory. Four themes emerged from the preliminary literature review: the need for diversity in nursing, cultural competence, retention of minority nursing students and diverse nursing faculty, and cultural competence in the classroom and clinical setting.

#### **Need for Diversity in Nursing**

There is consensus about the need to improve the diversity in the nursing profession to reflect the cultural diversity of society (Fuller & Mott-Smith, 2017; Smith, 2017; Ume-Nwagbo, 2012). Additionally, nursing education needs to respond to the number of students studying nursing out of their country of citizenship, the trend toward international curriculum, and the need to prepare students for working in a global environment (Fabbro, Mitchell, & Shaw, 2015). These assertions reflect my personal experience as a white, female, nurse educator and as a Public Health Nurse. I do not see diversity in my profession; my colleagues look like me and many of the students that I teach look like me, only younger.

Nurse educators and the nursing profession are largely made up of white women (Ong-Flaherty, 2015). Whiteness becomes the cultural norm and health care assumes a white perspective (Ackerman-Barger, 2010), which disregards perspectives of non-white patients and non-white nursing students. In my four years of undergraduate nursing education in Ontario, in

the late 1980s, all the nursing faculty I encountered were white women. Perhaps the numbers are higher now and for the capstone literature review I will endeavor to locate more recent statistics.

### **Cultural Competence**

Culturally competent nursing education starts with personal self-assessment by the nurse educator of their knowledge, skills, abilities, and attitudes related to educational approaches with diverse students (Smith, 2017). Although the list of questions that Smith (2017) posed may be thought-provoking and insightful, the exercise alone may not lead to a culturally competent nurse educator. Other strategies identified in the literature to improve cultural competence were cultural immersion opportunities (Ume-Nwagbo, 2012); mentoring novice nurse educators by culturally diverse nurses (Smith, 2017); using an assortment of teaching activities such as role play, case studies, and simulation; and having clear policies and procedures to guide nurse educators on various culturally difficult circumstances (Shin, Fine, & Chen, 2016).

In a systematic review examining cultural competence of the health workforce, Jongen, McCalman, and Vainbridge (2018) identified that interventions influence knowledge and attitudes of cultural competence; however, effects outside the realm of knowledge and attitudes continued to be uncertain. The findings indicate the need for a comprehensive approach to support cultural competency amongst nurse educators and need for further research about the effectiveness of interventions.

### **Retention of Minority Nursing Students and Diverse Nursing Faculty**

Talley et al. (2016) examined graduate and undergraduate nursing students' perspectives on parity in nursing and nursing education. Findings indicated that direct recruitment and retention strategies are required to increase diversity amongst nursing students; useful role models are needed; mentors for nurse educators and students are essential; financial assistance

for students is necessary; and a more diverse mix of nurse educators is needed (Talley et al., 2016). Although this is a small study conducted at one university, this information provides insight from the perspective of culturally diverse nursing students. One consideration is that mentoring may not be feasible for all nursing programs due to availability of appropriate mentees.

Practicing cultural humility to improve relationships between educators and students is intended to support and retain students (Abdul-Raheem, 2018; Foronda, Baptiste, Reinholdt, & Ousman, 2016). Cultural humility appears to be a more thorough and lifelong approach than cultural competence; however, it was not addressed in all articles reviewed. Providing a culturally safe learning environment was identified as a best practice for retention as it relates to First Nation, Inuit, and Métis nursing education, benefiting nursing students, educators, educational institutions, and the education system (Hart-Wasekeesikaw, 2009). The concepts of cultural safety and cultural humility appear intertwined, and I will explore them further in the capstone project.

### **Cultural Competence in the Classroom and Clinical Setting**

As an educator, I have not discerned racism in the classroom or clinical setting; however, that could be related to my experience as a white woman. Narratives shared from students were compelling in a study from Jirwe, Emami, and Gerrish (2015), wherein culturally diverse nursing students experienced blatant acts of racism from patients in the clinical setting and were not supported by their nursing supervisors. Tilki et al. (as cited in Jirwe et al., 2015) noted that nursing faculty are not well prepared for delivering education related to racism due to difficulties at both the institutional and individual levels. Furthermore, perspectives about cultural diversity from female clinical nurse educators who were predominantly white, non-Hispanic were

explored wherein five themes emerged: two themes revealing the commitment to accommodate the requirements of culturally diverse nursing students, and three themes demonstrating a less flexible outlook (Shin et al., 2016). The findings suggest there is room for training nurse educators in cultural competence and how to support culturally diverse students. Conducting class and individual assessments to have a fulsome understanding of the cohort was a strategy identified to develop cultural competence of nurse educators (Smith, 2017) and may be worth evaluating to see if it impacts classroom racism.

### **Significance of the Proposed Research**

My hope is that the proposed research will potentially help to identify what supports and/or professional development nurse educators may require assisting culturally diverse nursing students in classroom and clinical settings. Furthermore, the proposed research may identify additional provisions that culturally diverse nursing students need to be successful in their nursing education. The proposed research may help to understand best practice on how to recruit and retain diverse nursing students leading to a nursing workforce reflective of society. An intended outcome of the research is to inform next steps, for example, using the information to identify a potential action research project related to cultural competence and practice.

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**Appendix A: Proposed Research Timeline**

Tasks	Timeframe	Dates
Phase 1 Inquiry	Weeks 1 to 4	Sept. 2 to Sept. 29, 2019
Confirm topic	Week 1	Sept. 2 to 8
Conduct preliminary literature search	Weeks 1 and 2	Sept. 2 to 15
Draft proposal and submit to supervisor	Week 3	Sept 16 to 22
Supervisor reviews draft proposal	Week 4	Sept. 23 to 26
Make revisions based on supervisor's feedback	Week 4	Sept. 26 to 29
Submit proposal to Capstone Office	Week 4	Sept. 29
Phase 2 Data Collection and Analysis	Weeks 5 to 8	Sept. 30 to Oct. 27, 2019
Complete proposal revision and resubmit	Week 5	Sept. 30 to Oct. 6
Conduct literature review	Weeks 6 to 7	Oct. 7 to 20
Critique literature	Week 8	Oct. 21 to 27
Phase 3 Writing	Weeks 9 to 15	Oct. 28 to Dec. 15, 2019
Draft report	Weeks 9 to 10	Oct. 28 to Nov. 10
Submit draft to supervisor	Week 11	Nov. 11 to 17
Make revisions based on supervisor's feedback	Week 12	Nov. 18 to 24
Submit final paper to supervisor	Week 12	Nov. 24
Submit final paper to second reader	Week 12	Nov. 24
Make revisions based on feedback	Week 14	Dec. 2 to 8
Submit final report	Week 15	Dec. 9 to 15