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Curricular and Teaching Strategies that Increase Desire to Provide Culturally Competent Care in
Baccalaureate Nursing Students: An Integrated Review

By

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A Master's Evidence-Based Education Project

submitted to Cardinal Stritch University Ruth S. Coleman College of Nursing

in partial fulfillment of the requirements for the degree

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CARDINAL STRITCH UNIVERSITY
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APPROVAL FORM

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We hereby recommend that the evidence based nursing education integrated review prepared by

Jeffrey Wobig

Entitled:

Curricular and Teaching Strategies that Increase Desire to Provide Culturally Competent Care in
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be accepted as fulfilling this part of the requirements for the Degree of Master of Science in
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Academic Reader



Accepted:


CON Dean Signature

Abstract

Cultural competence is a component of the *2008 Essentials of Baccalaureate Nursing Education*. Nationally, graduation exit testing has found that students continue to score as culturally aware, rather than culturally competent. This twelve article review of research literature identified curricular approaches and teaching strategies that have been found to create a student's desire to provide and demonstrate cultural competent in practice. Findings supported the continuance of a thread of culture content within all nursing theory and clinical courses through inclusion of local or international, live or simulated service-learning. To facilitate contemplation of their progression journey of cultural awareness to competence, students should maintain a cultural activities self-reflection journal at all levels to support graduates as they transition into their professional practice.

Key Words: baccalaureate nursing students, cultural awareness, nursing education, transcultural nursing

Dedication

To Dylan, Emily, Mckenna, and Luke

The four of you always make me smile

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Curricular and Teaching Strategies that Increase Desire to Provide Culturally Competent Care in
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The expectation that graduating baccalaureate nursing students are prepared to provide culturally competent care has been identified as an essential component in the curricula of nursing programs in the United States (American Association of Colleges of Nursing, 2008). Changing demographics in the population of the United States, documented health disparities in minority populations, the lack of diversity in the profession of nursing, and nursing's charge to provide culturally competent care are the main drivers of this mandate (Calvillo et al., 2009; Humes, Jones, & Ramirez, 2011; Lowe & Archibald, 2009; Maier-Lorentz, 2008; U.S. Department of Health and Human Services Health Resources and Services Administration, 2010). According to the Pew Research Center (2008), "Hispanics will make up 29% of the U.S. population in 2050, compared with 14% in 2005" (p. i). In addition to this major shift in demographics, "The non-Hispanic white population will increase more slowly than other racial and ethnic groups; whites will become a minority (47%) by 2050" (Passel & Cohn, 2008, p. i). In stark contrast to these shifts in demographics, the profession of nursing remains homogenous. According to the U.S. Department of Health and Human Services Health Resources and Administration (HRSA) (2008), 83.2% of registered nurses are non-Hispanic white while the remaining 16.8% is non-white or Hispanic (p. 11). As demographics of the United States change, health disparities currently seen within minority populations will become increasingly evident and the need for registered nurses to provide culturally competent care will become increasingly evident to not only the profession, but society as a whole.

The report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* issued by The Institute of Medicine (IOM), "...reviewed well over 100 studies that assessed the

quality of healthcare for various racial and ethnic minority groups, while holding constant variations in insurance status, patient income, and other access-related factors” (Institute of Medicine, 2002, p. 2). The IOM found that, “(Al)though myriad sources contribute to these disparities, some evidence suggests that bias, prejudice, and stereotyping on part of the healthcare providers may contribute to differences in care” (Institute of Medicine, 2002, p. 1). The IOM did not find any evidence that provider bias was intentional however treatment decisions were affected by race or ethnicity of patients. The IOM recommends cross-cultural education for healthcare providers. According to the IOM (2002), “Cross-cultural education can be divided into three conceptual approaches focusing on attitudes (cultural sensitivity/awareness approach), knowledge (multicultural/categorical approach), and skills (cross-cultural approach)...using a variety of interactive and experiential methodologies” (Institute of Medicine, 2002, p. 5). Culturally competent care by registered nurses increases the potential for minority patients to follow a plan of care that positively impacts the health outcomes for these patients (Calvillo et al., 2009; Maier-Lorentz, 2008; Lowe & Archibald, 2009).

The profession of nursing has been a leader in working toward a decrease in and eventually elimination of health disparities for minority populations (Maier-Lorentz, 2008). As stated by Maier-Lorentz (2008), “[Nurses] have emphasized the need to provide culturally competent care to their patients five years before the legislative Healthy People 2010 was initiated by the government (ANA, 1999)” (p. 40). “It is vital that nurses be educated about how to provide culturally competent care in the United States, particularly because nurses spend more time assessing and managing patients than other health care providers” (Calvillo et al., 2009, p. 138). By incorporating culturally competent care into the practice setting, the goal is that nurses

will begin to practice in a more culturally competent manner to each and every individual that is cared for by the registered nurse.

The profession of nursing has also been charged to provide holistic care to all patients and that includes culturally competent care (American Association of Colleges of Nursing, 2008; Calvillo et al., 2009; Maier-Lorentz, 2008; Lowe & Archibald, 2009). As defined in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges of Nursing, 2008), “Holistic nursing care is comprehensive and focuses on the mind, body, and spirit, as well as emotions” (p. 9). Culturally competent care is one of the cornerstones of holistic care. The attitudes, knowledge, and skills associated with providing quality care to all patients is an essential component of nursing care that is linked directly to producing registered nurses who are able to provide culturally competent care (American Association of Colleges of Nursing, 2008; Calvillo et al., 2009; Maier-Lorentz, 2008; Lowe & Archibald, 2009). This link is seen in the need to provide holistic and individualistic care when creating a plan of care that will be successfully incorporated by each patient and therefore produce better health outcomes for minority populations (American Association of Colleges of Nursing, 2008; Calvillo et al., 2009; Maier-Lorentz, 2008; Lowe & Archibald, 2009).

Historical Perspective

Madeline Leininger was the first nurse to introduce a theory that recognized the importance of culturally competent care. As stated by Leininger (2002):

As the founder of the discipline and author of 28 books and 220 published articles, I hold that my Culture Care Diversity and Universality theory has made a significant contribution to establish and advance transcultural nursing research knowledge and practice since the mid-1950's (p. 189).

Leininger recognized the need for culturally competent care as a result of increased multiculturalism (Leininger, 2002). Throughout the 1950's and 1960's, Leininger struggled to find support within the nursing profession as Leininger insisted, "...that care was the essence of nursing and had meaning within cultural contexts" (Leininger, 2002, p. 189). "Moreover, many nurses believed care was "too soft, feminine, and nonscientific" and "culture was irrelevant and unnecessary"" (Leininger, 2002, p. 189). In time, Leininger's ideas began to gain acceptance within the nursing profession. "Today, the theory is known for its broad holistic yet culture-specific focus to discover meaningful care to diverse cultures" (Leininger, 2002, p. 190).

Since the introduction of Leininger's transcultural nursing theory, Larry Purnell, Josepha Campinha-Bacote, and Joyce Newman Geiger and Ruth Davidhizar have added to Leininger's work, creating their own models of culturally competent care, and embracing these models as an essential component of nursing care. (American Association of Colleges of Nursing, 2008; Calvillo et al., 2009; Maier-Lorentz, 2008; Lowe & Archibald, 2009). As the idea of culturally competent care took hold, the importance of the nurse-patient interaction became apparent. The development of holistic care planning that includes the concepts of culturally competent care were evident, and the impact of these concepts on patient outcomes lead to the mandate for nursing students to receive an education that included an emphasis on providing culturally competent care as a component of holistic nursing care (American Association of Colleges of Nursing, 2008; Calvillo et al., 2009; Maier-Lorentz, 2008; Morgan, 2006 Lowe & Archibald, 2009). Despite the progress made to acknowledge the importance of this aspect of nursing care, there currently exists no consistent approach to educating nursing students in culturally competent care within baccalaureate nursing programs.

Curricular Approaches

Currently nursing education programs use a variety of curricular approaches and teaching strategies that include: cultural immersion at a local level or internationally, free standing cultural courses, faculty certified in transcultural nursing, and integrating transcultural nursing theories or models into the entire curriculum (Kardong-Edgren et al., 2010; Kardong-Edgren & Campinha-Bacote, 2008). The use of these curricular approaches and teaching strategies has not resulted in culturally competent graduating baccalaureate nurses (Amerson, 2010; Carpenter & Garcia, 2012; Kardong-Edgren & Campinha-Bacote, 2008). These approaches have been shown to increase cultural awareness but have not been shown to create a desire on the part of students to provide culturally competent care (Kardong-Edgren & Campinha-Bacote, 2008; Kardong-Edgren et al., 2010). Beginning in the early 2000s, the use of virtual communities, international videoconferences, and diversity forums are new teaching strategies being implemented in baccalaureate nursing programs (Giddens, North, Carlson-Sabelli, Rogers, & Fogg, 2012; Kemppainen, Kim-Goodwin, Mechling, Kanematsu, & Kikuchi, 2012; Rutledge et al., 2008; Sanner, Baldwin, Cannella, Charles, & Parker, 2010). The relative low cost of these approaches make these new teaching strategies viable options for nursing programs. Virtual communities are web-based platforms that can be accessed with the purchase of an access card by the student at a cost of \$49.00 to the student. The initial cost to the University is roughly \$1800.00 per year for 40 students. Faculty can be trained to use virtual programs via free webinars. These costs are estimates based on costs associated with one virtual community *The Neighborhood* which as of 2005 has been studied in nursing research as an intervention to increase cultural competency in students.

Based on looking at the number of curricular approaches and teaching strategies, the purpose of this literature review is to explore if specific curricular approaches and teaching strategies promote cultural competence in graduating baccalaureate nursing students. The research question is: In undergraduate nursing education, what is the most effective curricular approach or teaching strategy that produces graduating baccalaureate nursing students who demonstrate a desire to provide culturally competent care?

Methods

A search of the databases Cumulative Index of Nursing and Allied Health Literature (CINAHL), Education Resource Information Center (ERIC), ProQuest Education Journals, and SAGE Premium Publications using various combinations of key words: cultural competence, nursing, nursing theory, nursing education, undergraduate nursing students, nursing methodology research, cultural diversity, and transcultural nursing was conducted for 2000 – 2014. Additional search criteria included: peer reviewed journals, full text availability, research articles, and excluded literature not found in a nursing or education journal. The ancestry approach was used to identify relevant research studies that were not identified during the database search.

Inclusion and Exclusion Criteria

Inclusion criteria included: research studies on how various curricular approaches or teaching strategies impacted overall cultural competency or components of cultural competence and studies including samples of undergraduate nursing students enrolled in baccalaureate nursing programs located in the United States. Studies of licensed baccalaureate prepared nurses in the practice setting and studies conducted internationally were excluded. These studies were excluded due to being outside the scope of the research question. Using research evidence tables adopted from Grove, Burns, and Gray (2013) and Rumrill, Fiitzgerald, and Ware (2000), studies

meeting selection criteria were evaluated for rigorous adherence to research purpose, research question, research design, sample characteristics, and data collection.

Defining Cultural Competence

Joespha Campinha-Bacote (2002) defined cultural competence for nursing professionals with the development of *A Culturally Competent Model of Care*. Campinha-Bacote's assumptions of cultural competence in the model are: ongoing process, five constructs, more variation within ethnic groups than across these groups, direct relationship between level of competence and ability to provide culturally competent care, and an essential component in the delivery of culturally competent services to diverse clients (Campinha-Bacote, 2002). According to Campinha-Bacote (2002):

The Process of Cultural Competence in the Delivery of Healthcare Services is a model that views cultural competence as the ongoing process in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, community) (p. 181).

The model has five constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire (Campinha-Bacote, 2002). Campinha-Bacote (2002) defines cultural awareness as, "The self-examination and in-depth exploration of one's own cultural and professional background" (p. 182). Cultural knowledge is defined as, "The process of seeking and obtaining a sound educational foundation about diverse cultural and ethnic groups" (Campinha-Bacote, 2002, p. 182). Cultural skills is defined as, "The ability to collect relevant cultural data regarding the client's presenting problem as well as accurately performing culturally based physical assessments" (Campinha-Bacote, 2002, p. 182). Cultural encounters is defined as, "The process that encourages the health care provider to directly engage in cross-

cultural interactions with clients from culturally diverse backgrounds (Campinha-Bacote, 2002, p. 182). Cultural desire is defined as, “The motivation of the health care provider to want to, rather than have to, engage in the process of becoming culturally aware, culturally knowledgeable, culturally skillful, and familiar with cultural encounters” (Campinha-Bacote, 2002, p. 182). The five constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire are interdependent upon each other in this model. The interaction of these constructs leads to culturally competent care and culturally competent nurses. Campinha-Bacote’s definition of cultural competence and the definitions of the five concepts imbedded in the model define cultural competence for the purpose of this literature review.

Theoretical Framework

Albert Bandura’s social cognitive theory (SCT) serves as the theoretical framework for this literature review. “It is founded on a casual model of triadic reciprocal causation in which personal factors in the form of cognitive, affective and biological events, behavioral patterns, and environmental events all operate as interacting determinants that influence one another bidirectionally” (Bandura, 1999, p. 21). Figure 1 depicts the bidirectional nature of the interactions of personal factors, behavior, and environmental factors.

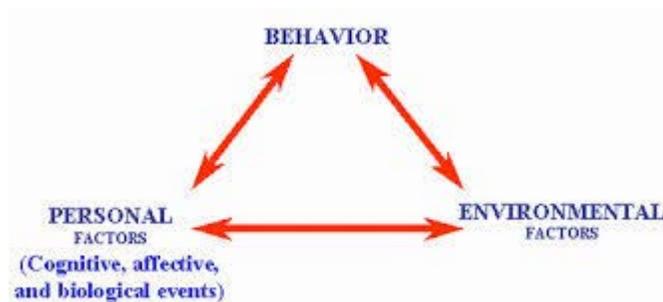


Figure 1. Overview of social cognitive theory and of self-efficacy. 12-8-04. From <http://www.emory.edu/EDUCATION/mfp/eff.html>.

SCT views individuals as agentic operators (Bandura, 1999). According to Bandura (1999):

They construct thoughts about future courses of action to suit ever-changing situations, assess their likely functional value, organize and deploy strategically the selected options, evaluate the adequacy of their thinking based on the effects which their actions produce and make whatever changes may be necessary. (p. 23).

The essence of this theoretical perspective is the acknowledgement of the ability of the learner to change one's thoughts and actions as a result of observations and modeling.

“Much human learning occurs either deliberately or inadvertently by observing the actual behavior of others and the consequences for them” (Bandura, 1999, p. 25). Observation leads to modeling behaviors that produce positive outcomes. “Unlike learning by doing...in observational learning a single model can transmit new ways of thinking and behaving...” (Bandura, 1999, p. 25). In observational learning, modeling provides the learner with insight beyond that of the action performed. “Modeling is not merely a process of behavioral mimicry” (Bandura, 1999, p. 25). The interaction of the cognitive, affective, and biological events with the modeled behavior are also impacted by the learning environment (Bandura, 1999).

“The environment is not a monolithic entity” (Bandura, 1999, p. 23). The environment can be imposed, selected, or constructed by the learner (Bandura, 1999). The learner has little control of an imposed environment but the learner can choose how to react to the imposed environment (Bandura, 1999). “The choice of associates, activities and milieus constitutes the selected environment” (Bandura, 1999, p. 23). The constructed environment is created by the learner (Bandura, 1999). “The construal, selection, and construction of environments affect the nature of the reciprocal interplay between personal, behavioral, and environmental factors” (Bandura, 1999, p. 23). SCT aligns with the intent of this literature review as it seeks to

determine which curricular approaches or learning strategies increase levels of desire to provide culturally competent care in baccalaureate nursing students.

Literature Review

A search of the literature yielded a mix of 67 articles and research studies as a result of various combinations of the identified keywords. After review of the identified 67 articles and research studies, 12 research studies were selected for the purpose of this literature review. The selected 12 research studies met all inclusion and exclusion criteria and aligned with the purpose and the research question. Eight are quantitative research studies and four are qualitative research studies. All twelve research studies are presented in evidence tables (see Appendix).

Two of the quantitative studies studied the impact of international and local service learning experiences on the development of cultural competence. Amerson (2010) presented the findings on perceived cultural competence of students following one group's international experience in Guatemala in relation to local clinical experiences in *The Impact of Service-Learning on Cultural Competence*. Carpenter and Garcia (2012) presented findings on how service learning influenced students' cultural competence and clinical practice following two separate cohorts' experience in Guadalajara in *Assessing Outcomes of a Study Abroad Course for Nursing Students*.

Three of the quantitative studies studied the impact of various curricular approaches on the development of cultural competence. Caffrey, Neander, Markle, and Stewart (2005) presented findings on the impact of integrating cultural content though out the educational experience versus integrating cultural content, along with an international service learning experience in *Improving the Cultural Competence of Nursing Students: Results of Integrating Cultural Content in the Curriculum and an International Experience*. Kardong-Edgren and

Campinha-Bacote (2008) presented findings on four different nursing programs using two different approaches including an integrated approach with Campinha-Bacote's model, an integrated approach with Leininger's model, an integrated approach with no specific model, and a culture course in *Cultural Competency of Graduating US Bachelor of Science Nursing Students*. Kardong-Edgren et al. (2010) presented findings on program outcomes for six different nursing programs that use an integrated approach, faculty certified in transcultural nursing, and or a culture course in *Cultural Competency of Graduating BSN Nursing Students*.

One of the quantitative studies studied the level of perceived cultural self-efficacy in graduating nursing students. Liu, Chai-Ling, and Barnes-Willis (2008) presented findings on the relationship between perceived self-efficacy and the demographics of the nursing student in *Cultural Self-Efficacy of Baccalaureate Nursing Students in a State Funded University in the Silicon Valley*.

The final two quantitative studies studied the impact of two relatively new teaching strategies on development of cultural competence. Giddens, North, Carlson-Sabelli, Rogers, and Fogg (2012) presented findings on the impact of using a virtual community via the computer in *Using a Virtual Community to Enhance Cultural Awareness*. Sanner, Baldwin, Cannella, Charles, and Parker (2010) presented findings on the impact of a cultural diversity forum in *The Impact of Cultural Diversity Forum on Students' Openness to Diversity*.

The four qualitative studies studied the impact of lived experiences on the development of cultural competence. Edmonds (2010) presented findings on the service learning lived experience of students in *The Lived Experience of Nursing Students Who Study Abroad: A Qualitative Inquiry*. Hunt (2007) presented findings on the lived experience of students who had the opportunity to work with families that are homeless in *Service-Learning: An Eye-Opening*

Experience that Provokes Emotion and Challenges Stereotypes. Reeves and Fogg (2006) presented findings on the relationship between lived life experiences and desire to provide culturally competent care in *Perceptions of Graduating Nursing Students Regarding Life Experiences that Promote Culturally Competent Care*. Upvall and Bost (2007) presented findings on the experience of students who had the opportunity to work with a refugee population in *Developing Cultural Competence in Nursing Students Through Their Experiences with a Refugee Population*.

Grading Methodology

The eight quantitative articles were evaluated utilizing an evaluation table with criteria adopted from Grove, Burns, & Gray (2013) and Rumrill, Fitzgerald, & Ware (2000). A total of 12 categories are identified and criteria for scoring are included in the evaluation table (see Appendix). Each category received a rating of 0-3 based on the identified criteria being present or not present. A rating of 0 indicates no criteria or <25% of criteria is present, 1 indicates 25% to 49% of criteria are present, 2 indicates 50% to 75% of criteria are present, and a rating of 3 indicates 75% to 100% of criteria are present. A score of 36 is the highest possible score. Quality ratings are assigned based on total score. QI indicates a poor level study with a score of less than 18 achieved, QII indicates a fair level study with a score of 18 – 25, and QIII indicates a high level study with a score of 26 – 36. All eight of the studies scored a quality rating of QIII. The total scores include one with a 32, three with a 34, two with a 35, and two with a 36.

The four qualitative articles were evaluated utilizing an evaluation table with criteria adopted from Cesario, Morin, and Santo-Donato (2002). A total of ten categories are identified and criteria for scoring are included in the evaluation table (see Appendix). Each category received a rating of 0-3 based on the identified criteria being present or not present. A rating of 0

indicates no criteria or <25% of criteria is present, 1 indicates 25% to 49% of criteria are present, 2 indicates 50% to 75% of criteria are present, and a rating of 3 indicates 75% to 100% of criteria are present. A score of 30 is the highest possible score. Quality ratings are assigned based on total score. QI indicates a poor level study with a score of less than 15 achieved, QII indicates a fair level study with a score of 15 – 21, and QIII indicates a high level study with a score of 22 – 30. All four of the studies scored a quality rating of QIII. The total scores include one with a 26 and the remaining three scored 30.

Synthesis of the Literature

The general finding of this literature review is that cultural encounters, in the form of life experiences and teaching strategies, increases self-awareness in the nursing student leading to a desire to provide culturally competent care.

Cultural Competency of Graduating Nursing Students

As stated in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges of Nursing, 2008):

The increasing diversity of this nation's population mandates an attention to diversity in order to provide safe, humanistic high quality care. This includes cultural, spiritual, ethnic, gender, and sexual orientation diversity. In addition, the increasing globalization of healthcare requires that professional nurses be prepared to practice in a multicultural environment and possess the skills needed to provide culturally competent care. (p. 30)

Multiple teaching strategies and curricular approaches are used to address the need for culturally competent nursing graduates. The four most common are service learning at a local level or internationally, free standing cultural courses, faculty certified in transcultural nursing, and

integrating transcultural nursing theories or models into the entire curriculum (Kardong-Edgren et al., 2010; Kardong-Edgren & Campinha-Bacote, 2008).

Two studies by Kardong-Edgren and Campinha-Bacote (2008) and Kardong-Edgren et al. (2010) found that graduating nursing students scored in the culturally aware range as measured by *Campinha-Bacote's Inventory for Assessing the Process of Cultural Competency Among Healthcare Professionals-Revised* (IAPCC-R). The two studies collected data from ten universities located throughout the United States (Kardong-Edgren et al., 2010; Kardong-Edgren & Campinha-Bacote, 2008). Kardong-Edgren and Campinha-Bacote (2008) found no significant difference in levels of cultural awareness of graduating nursing students from four nursing programs and none of the students scored above the culturally aware range; three integrated cultural content into the curriculum and one offered a free standing culture course. Kardong-Edgren et al. (2010) found no significant difference in levels of cultural awareness of graduating nursing students from six nursing programs and none of the students scored above the culturally aware range; one integrated cultural content into the curriculum, two integrated cultural content and used faculty certified in transcultural nursing, two integrated cultural content and a free standing culture course, and one integrated the cultural content into the community-based clinical. All but one of the nursing programs offered a group of students, ranging from a total of seven to ten students per nursing program, the opportunity to participate in an international service learning experience (Kardong-Edgren et al., 2010). Those who participated were responsible for the cost of the trip. In addition to the cost of the trip, students who participated had life circumstances that allowed for an extended stay outside of the country. The most recent available demographic data on nursing students enrolled in baccalaureate nursing programs shows that 16% of students are over the age of 30 and minority populations make up 33% of the

student population (National League for Nursing, 2012). These demographics influence students' ability to participate in international learning experiences due to cost and life circumstances, leaving these opportunities to a select few. The difference in overall total scores per program was attributed to the differences identified in the samples from each nursing program due to program location and student body; not the curricular approach (Kardong-Edgren et al., 2010). These four types of curricular approaches and/or teaching strategies have not met the goal of nursing programs to produce graduates that desire to provide culturally competent care. According to Kardong-Edgren and Campinha-Bacote (2008) and Kardong-Edgren et al. (2010), students did not demonstrate desire to provide culturally competent care with use of these curricular approaches and/or teaching strategies. The element missing from nursing education programs is meaningful cultural encounters. These approaches lacked cultural encounters that cause the student to reflect on the encounter; rather these approaches integrate cultural content throughout the curriculum. The exception was the small groups of students who were able to participate in the international service learning experience offered at 5 of the nursing education programs.

Cultural Encounters

Life experiences of the student and teaching strategies that include meaningful cultural encounters fostering self-reflection have shown to influence the desire of students to provide culturally competent care (Amerson, 2010; Caffrey et al., 2005; Carpenter & Garcia, 2012; Edmonds, 2010; Giddens et al., 2012; Hunt, 2007; Kardong-Edgren & Campinha-Bacote, 2008; Kardong-Edgren et al., 2010; Liu et al., 2008; Reeves & Fogg, 2006; Upvall & Bost, 2007). The goal of cultural competency is to create a desire on behalf of students to seek the knowledge and skills needed to provide culturally competent care (Campinha-Bacote, 2002).

Life experiences

The life experience of students is influenced by family's values and beliefs systems, exposure to cultural encounters in local communities that students grew up in, and exposure to cultural encounters at the university settings of students. A study by Reeves and Fogg (2006) found that life experience prior to entrance in a nursing program correlates with the student's self-awareness and desire to provide culturally competent care. Reeves and Fogg (2006) used Campinha-Bacote's model to define cultural competence and the IAPCC-R, along with interviews during data collection. "Three patterns emerged from the researchers' analysis that focused on defining life experience and were based on nursing students' perceptions of culturally diverse experiences" (Reeves & Fogg, 2006, p. 176). The three patterns were positive, neutral, and negative; each one impacting the students' desire to provide culturally competent care (Reeves & Fogg, 2006). A positive pattern increased cultural awareness and desire while a neutral or negative pattern had little effect or decreased cultural awareness and desire (Reeves & Fogg, 2006). In contrast to Reeves and Fogg's (2006) findings, Liu et al. (2008) found no significant difference in cultural confidence based on life experiences of the student. Although Liu et al (2008) found no differences based off of life experiences, a significant difference in cultural confidence was seen along gender lines. Men scored higher than women in overall self-efficacy (Liu et al., 2008). The life experience of each student was not correlated with overall cultural confidence however cultural confidence is linked to self-awareness and self-perceived cultural confidence and this link drives the desire to provide culturally competent care. Both studies identify an important aspect that is outside of a nursing programs ability to control however of note is the impact of teaching strategies on nursing students' desire to provide culturally competent care. Cultural encounters alone do not result in an increased desire but the

combination of cultural content with meaningful cultural encounters in fact do increase desire to provide culturally competent care for those who experienced a positive and neutral pattern and may increase the openness of those who experienced a negative pattern (Reeves & Fogg, 2006). In addition to the life experiences prior to entrance into a nursing program, the life experiences of the students as related to teaching strategies that include meaningful cultural encounters throughout the educational experience and the impact of these on the desire to provide culturally competent care is explored in this literature review.

International service learning

International service learning experiences have demonstrated an increase in cultural awareness, perceived cultural competence, and desire to provide culturally competent care (Caffrey et al., 2005; Carpenter & Garcia, 2012; Edmonds, 2010). In a study by Edmonds (2010), Bandura's *Social Cognitive Theory* served as a framework. Bandura's theory illustrates the importance of how learning environment and personal factors influence the behavior of the learner. In Edmonds (2010) students participated in a service learning experience in England or the Dominican Republic. Edmonds (2010) found using student interviews and written journals four themes emerged: recognizing, encountering, adapting, and mastering (Edmonds, 2010). Increased self-awareness, perceived cultural competence, and desire to provide culturally competent care were evident in the four themes (Edmonds, 2010). "This study additionally found that by being out of one's comfort-zone and learning to adapt, personal transformations and self-awareness can occur" (Edmonds, 2010, p. 560). The combination of the life experience and the cultural encounter has demonstrated an increase in self-awareness resulting in a desire to provide culturally competent care.

Studies by Caffrey et al. (2005) and Carpenter and Garcia (2012) found that classroom experiences had little or no impact on the students' self-perceived cultural competence while a cultural encounter in an international service learning experience significantly increased the self-perceived cultural competence of the student. Both studies included samples that participated in international service learning experiences in Mexico and Guatemala. The findings were compared to those in the sample that simply experienced cultural content integrated in the curriculum (Caffrey et al., 2005; Carpenter & Garcia, 2012). Although the studies utilized different tools, both of the tools measured aspects of cultural competence (Caffrey et al., 2005; Carpenter & Garcia, 2012). The study by Caffrey et al (2005) used the *Caffrey Cultural Competence in Healthcare Scale* while the study by Carpenter and Garcia (2012) used the *Cultural Awareness Surevy* (Caffrey et al., 2005; Carpenter & Garcia, 2012). Both tools have been tested extensively for reliability and validity and are widely recognized to measure concepts associated with cultural competence and cultural-awareness (Caffrey et al., 2005; Carpenter & Garcia, 2012).

These three studies, on international service learning experiences, found a significant increase in cultural awareness, self-perceived cultural competence, and desire to provide culturally competent care when meaningful cultural encounters are incorporated as a teaching strategy (Edmonds, 2010; Caffrey et al., 2005; Carpenter & Garcia, 2012). However, international service learning experiences are not the only service learning experiences that have been shown to increase the desire of students to provide culturally competent care. Local service learning is an effective teaching strategy, particularly since international experiences are not always feasible for nursing students due to cost or life circumstances (Amerson, 2010; Hunt, 2007; Upvall & Bost, 2007).

Local service learning

Local service learning experiences have been identified to increase cultural awareness, perceived cultural competence, and a desire to provide culturally competent care (Amerson, 2010; Hunt, 2007; Upvall & Bost, 2007). In studies by Amerson (2010), Hunt (2007), and Upvall and Bost (2007) students participated in local service learning experiences with vulnerable populations that the students had not been previously exposed to. Amerson (2010) used the *Transcultural Self-Efficacy Tool* (TSET) to measure self-perceived cultural competence prior to and after the service learning experience. This study found a significant increase in students' self-perceived cultural competence after the service learning experience (Amerson, 2010). Of particular note, six students participated in an international service learning experience in Guatemala (Amerson, 2010). It is important to note that Amerson (2010) did not find a significant difference in self-perceived cultural competence between the international service learning group and the local service learning group (Amerson, 2010). This study confirms that cultural encounters, whether international or local, increase self-perceived cultural competence if the cultural encounter is meaningful.

Two studies by Hunt (2007) and Upvall and Bost (2007) found that local service learning experiences with vulnerable populations increased self-awareness and overall cultural competence. Hunt (2007) used interviews to collect data while Upvall and Bost (2007) used interviews along with analysis of written reflective journals to collect data. In Hunt (2007) students worked with the local homeless population and in Upvall and Bost (2007) students worked with Somali refugees. Although the students worked with different populations; students shared similar experiences. Hunt (2007) and Upvall and Bost (2007) found that as self-awareness increased so too did the desire to provide culturally competent care. As stated by one

participant in Hunt (2007), “You can read about poverty, but you don’t feel the emotion of it or the impact of it like when you see it firsthand” (p. 278). A similar sentiment was expressed by one participant in Upvall and Bost (2007), “No amount of education can prepare you for this project; it must be experienced” (p. 382). Along with an increase in self-awareness, both studies found an increase in desire to provide culturally competent care. Hunt (2007) labeled one of the themes from the results of this study as “Challenging and transforming assumptions, perceptions, and stereotypes” (p. 279). This theme drives the reflection that is needed on the part of the students to reach the desire to provide culturally competent care. Upvall and Bost (2007) found, “Growth in each of the components of the cultural competence model was evident, along with the desire to continue learning about culturally diverse groups” (p. 382).

The six studies on service learning experiences identified a significant increase in cultural awareness, self-perceived cultural competence, self-awareness, as well as a desire to provide culturally competent care when meaningful cultural encounters were incorporated as a teaching strategy.

Simulation

Teaching strategies that provide a meaningful cultural encounter through the use of simulation are beginning to emerge in nursing research literature. Simulation of cultural encounters is possible with use of computer programs that offer students the experience of interacting with culturally diverse and vulnerable populations. A study by Giddens et al. (2012) found a significant increase in levels of cultural awareness with this teaching strategy. Giddens et al. (2012) used a virtual community *The Neighborhood* as an intervention in five different nursing programs in the United States. As described by Giddens et al. (2012), “Because featured characters are diverse, there are multiple opportunities for learning activities and discussion

related to differences in personal preferences and decision making among the characters” (p. 200). Cultural awareness was measured with use of a survey, “Eighteen items formed four subscales (engagement, learning, cognitive outcomes, and cultural awareness); one item measured frequency of use, and three questions were open-ended responses” (Giddens et al., 2012, p. 201). The survey included 18 subscale items, content validity was tested prior to use of items included on the survey. This study found that the amount of use of the virtual community directly correlated to an increase in cultural awareness on the part of the student (Giddens et al., 2012). Simulation of cultural encounters has not been extensively researched however this study shows the promise of incorporating a simulated experience for students who may not have access to diverse populations at the local level.

The study by Sanner et al. (2010) does not report on a teaching strategy that includes a meaningful cultural encounter. Sanner et al. (2010) reported on the effects of a student diversity forum. The forum included a presentation by an expert in transcultural nursing, an interactive activity with faculty and students, small group discussion groups, and a debriefing session occurred. This encounter was between students and lasted for four hours. The diversity forum as an intervention does not meet the criteria of a meaningful cultural encounter and is not included as a teaching strategy that includes a meaningful cultural encounter. The teaching strategies studied in the research included in this literature review are listed in Table 1.

Table 1

Teaching Strategies

| Authors of Article | Integrating Content | International Service Learning | Local Service Learning | Simulation |
|---|---------------------|--------------------------------|------------------------|------------|
| Amerson (2010) | | X | X | |
| Caffrey et al. (2005) | X | X | X | |
| Carpenter & Garcia (2012) | X | X | X | |
| Edmonds (2010) | X | X | X | |
| Giddens et al. (2012) | X | | X | X |
| Hunt (2007) | X | | X | |
| Kardong-Edgren & Campinha-Bacote (2008) | X | | X | |
| Kardong-Edgren et al. (2010) | X | X | X | |
| Liu et al. (2008) | X | | X | |
| Reeves & Fogg (2006) | X | | X | |
| Upvall & Bost (2007) | X | | X | |

Self-Awareness

Self-awareness is the critical component to producing graduating nursing students with a desire to provide culturally competent care. Self-awareness includes being knowledgeable about one's own biases, how those biases impact the care of patients, and willingness to develop skills needed to decrease the effects of personal biases on patient care. All twelve research studies used in this literature review identified increased self-awareness as the outcome when cultural awareness and self-perceived cultural competence is increased in nursing students through life experiences that cause the student to reflect; causing a transformation in thoughts regarding culturally competent care to occur (Amerson, 2010; Caffrey et al., 2005; Carpenter & Garcia, 2012; Edmonds, 2010; Giddens et al., 2012; Hunt, 2007; Kardong-Edgren & Campinha-Bacote, 2008; Kardong-Edgren et al., 2010; Liu et al., 2008; Reeves & Fogg, 2006; Sanner et al., 2010; Upvall & Bost, 2007). The study by Edmonds perfectly describes this transformation, "As

participants encountered the local people...they had eye-opening cultural experiences that allowed them to recognize self, including their own ethnocentrism on occasion” (p. 553). One participant in Hunt’s (2007) study stated, “Reflection forced me to have to put words to what I was feeling, which was very difficult for me” (p. 279). It was found that self-awareness increased significantly when students participated in a meaningful cultural encounter through service-learning and simulation (Amerson, 2010; Caffrey et al., 2005; Carpenter & Garcia, 2012; Edmonds 2010, Giddens et al., 2012; Hunt, 2007; Upvall & Bost, 2007). The study by Hunt (2007) in which students worked with the homeless population illustrates the impact of meaningful cultural encounters on self-awareness were one student stated, “It is frightening because when you got down to really talking to these people they were just like you or [me]...” (p. 279). The students worked with homeless families at a homeless shelter. The experience left students with the realization that homeless families are just like their families. Prior to this experience, the students perceived homelessness as other or different from themselves. The ability to identify with homeless families broke down preconceived ideas and empathy for these families took root. Self-awareness and empathy caused the students to reflect and begin to desire to provide culturally competent care.

Linking the Research Evidence to Bandura’s Social Cognitive Learning Theory

Bandura’s SCT served as the theoretical framework for this literature review. The three main concepts associated with SCT are personal factors, environmental factors, and behavior (Bandura, 1999). All three concepts of SCT act in a triadic reciprocal causation manner and the interaction of all three concepts is bidirectional (Bandura, 1999). The findings of this literature review when viewed through Bandura’s SCT support the use of Bandura’s SCT as the framework for this literature review.

Bandura's concept of environment clearly embraces meaningful cultural encounters and life experiences. The teaching strategies that create an environment for meaningful cultural encounters are service learning and simulation. These teaching strategies are recognized as life experiences that impact the students desire to provide culturally competent care. By participating in an environment with meaningful cultural encounters, the student is able to use the concept of modeling to change not only actions but also gain insight into the importance of providing culturally competent care.

The SCT concept of personal factors includes cultural self-awareness. Self-awareness is increased through cognitive and affective learning experiences. The environmental factors identified in this literature review, increase the self-awareness of students. The more frequently students have the opportunity to participate in meaningful cultural encounters the greater the increase in self-awareness. Self-awareness has been identified as the first step towards obtaining desire to provide culturally competent care.

Lastly Bandura's SCT concept of behavior includes the desire to provide culturally competent care when the environmental factors and personal factors are present. When viewed through SCT it is clear that meaningful cultural encounters (environmental factors) increase self-awareness (personal factors) leading to a desire to provide culturally competent care (behavior).

Figure 2 illustrates the findings of this literature review as related to the concepts of SCT.

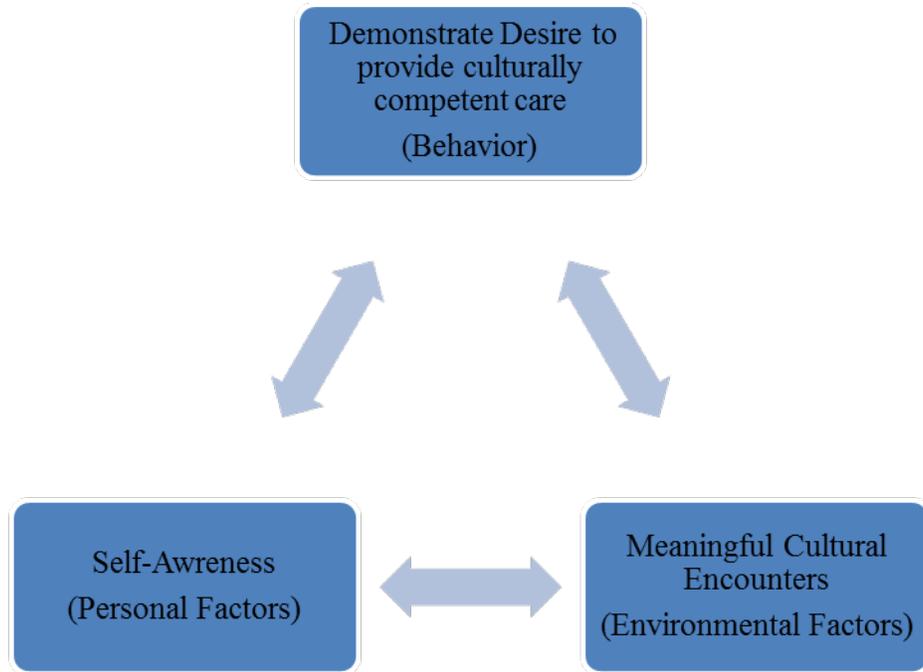


Figure 2. Wobig's representation of general findings as they connect with Bandura's SCT

Limitations of this Integrated Review

The author of this literature review recognizes that limitations identified in each selected research studies may limit the overall findings of this literature review. The samples in each study, although, reflective of the general nursing student population, could have impacted the findings associated with international service-learning experiences. Students participating in international learning experiences had the financial means and the desire to study abroad. The desire of these students to study abroad could have impacted the results in regards to increased cultural awareness and increased self-perceived cultural awareness. The size of the sample of students who participated in international service learning experiences was small and the life experiences of those students could have predisposed the students to already desire to provide culturally competent care. The quantitative studies used a variety of tools to measure cultural awareness and self-perceived cultural awareness. Although each tool is widely recognized as reliable and valid in measuring these concepts, the differences in the tools could have affected

the results of each individual study and the overall finding of this literature review. The qualitative articles used a combination of interviews and written work by the students to collect data. The ability of other researchers to reproduce the qualitative research studies are evident however the impact of the researchers' interpretation of the findings could have had unintentional bias and or unintentional misinterpretation of the students' words and or writings. This is true of all qualitative research due to the nature of qualitative research. An additional limitation is the limited research available on the use of simulations effectiveness in providing meaningful cultural encounters.

Recommendations

The following four recommendations are presented based upon the evidence assembled from this literature review.

The first recommendation relates to integration of content within the curricula. Cultural content appears to make an impact on the student's mental model of care when included throughout the educational experience. This curricular inclusion creates a culture within the university that embraces culturally competent care as a core standard for baccalaureate nursing students. Kardong-Edgren and Camphina-Bacote (2008) and Kardong-Edgren et al. (2010) identified that the integration of cultural content throughout the curriculum as the foundation upon which additional teaching strategies can be used to enhance cultural awareness. To provide a vision of culturally competent care, nursing education programs should first adopt a model of cultural competence to guide curriculum and course development. The adopted model should be incorporated into each nursing course. The impact of culturally competent care should be explored in relation to the nursing courses' focus. Examples of topics in various nursing courses that would link nicely to culturally competent care are nutrition, prevention and wellness, mental

health, maternal health, and medical surgical. This tread of culturally competent care can be incorporated in the various clinical experiences by ensuring that at the time of patient assignments and at the debriefing sessions post patient care; discussions regarding the cultural needs of each patient are included. These discussions should focus on how the student is/was able to incorporate the cultural needs of the patient into the care plan. Further discussion should have the student identify strategies that worked well and strategies for use in the future to further enhance the student's ability to meet the cultural needs of patients.

Provide students with meaningful cultural encounters throughout the educational experience is the second recommendation. Nursing education programs can accomplish this by offering service-learning experiences, outside of the traditional community health clinical experience, that are incorporated in each nursing course. As identified by Amerson (2010), Caffrey et al. (2005), Carpenter and Garcia (2012), Edmonds (2010), Giddens et al. (2012), Hunt (2007) and Upvall & Bost (2007), meaningful cultural encounters can take place internationally or locally. International learning experiences are limited by the number of student slots available. In addition, various factors such as cost and ability of students to leave the country for an extended period of time limit the opportunities for students to participate in international learning experiences. Local service learning experiences that allow students to interact with a variety of populations are needed. Various community outreach programs exist and students should be required to volunteer at these community programs each semester. Examples of community programs that can offer meaningful cultural encounters are homeless shelters, day service programs for elderly and disabled individuals, free meal sites, free health clinics, and support groups for individuals with chronic illnesses.

An emerging third recommendation is the use of simulated cultural experiences. The use of virtual communities specifically designed to provide students with meaningful cultural encounters are beginning to be used by nursing education programs. Simulated virtual communities in the form of interactive computer programs appear to be effective in creating opportunities for students to practice culturally competent care. As identified by Giddens et al. (2012), use of a virtual community offers meaningful cultural experiences in a safe environment that allows students to get more comfortable with incorporating culturally competent care with various diverse populations. Virtual communities have the potential to provide students with opportunities to provide culturally competent care to diverse populations that may not be present within the local community. Further research studies are needed to determine the efficacy of virtual communities in promoting desire to provide culturally competent care.

The last recommendation is to provide students with an opportunity to reflect on the impact that meaningful cultural encounters have on the students' desire and ability to provide culturally competent care. Nursing programs can accomplish this by using written work and small group discussions designed to provoke reflection on part of the students. Written work should include reflective journaling. Journaling should occur throughout each course and incorporate students' thoughts on the various cultural encounters experienced each semester. Reflection by the students should include thoughts on own biases, how those biases affected the encounter, how those biases may have changed as a result of the encounter, and how to incorporate the learning that occurred into future encounters. At the end of the nursing education program, the students should be asked to review the journals and write one final journal entry reflecting on how these experiences as a whole have impacted the student. By reviewing the journals at the end of the students' nursing education program, it is the hope that students will be

able to identify the growth that occurred throughout the educational experience and enter the profession of nursing with a desire to provide culturally competent care.

Conclusion

Cultural competence in nursing students is one goal of baccalaureate nursing education programs. This literature review identified that nursing education programs have an opportunity to further develop cultural competence in baccalaureate nursing students. The studies included in this literature review studied students' cultural awareness and students' self-perceived cultural competence. The definitions of cultural awareness and self-perceived cultural competence recognize that self-awareness is the driving factor affecting students' cultural awareness and students' self-perceived cultural competence. Through increased self-awareness students are able to recognize their own biases and prejudices. Acknowledging these biases and prejudices are often difficult but an essential component of the journey towards cultural competence. The essence of cultural competence is our ability to be able to put those biases and prejudices aside to provide culturally competent care. The curricular approaches and teaching strategies recommended, based on the evidence gleaned from this literature review, can serve as a basis for nurse educators and nursing education programs seeking to enhance the cultural competence of baccalaureate nursing students.

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Appendix

| Article Number | 1 | 2 | 3 |
|-------------------|--|--|--|
| Reference in APA | Amerson, R. (2010). The impact of service- learning on cultural competence. <i>Nursing Education Research</i> , 31(1), 18-22. | Caffrey, R. A., Neander, W., Markle, D., & Stewart, B. (2005). Improving the cultural competence of nursing students: Results of integrating cultural content in the curriculum and an international immersion experience. <i>Journal of Nursing Education</i> , 44(5), 234-240. | Carpenter, L. J., & Garcia, A. A. (2012). Assessing outcomes of a study abroad course for nursing students. <i>Nursing Education Perspectives</i> , 33(2), 85-89. |
| Study Purpose | “This article reports on a study designed to evaluate the self-perceived cultural competence of baccalaureate nursing students enrolled in a community health nursing course following the completion of service-learning projects with local or international communities” (p. 18). | “The purposes of this study were to evaluate the effect of integrating cultural content in an undergraduate nursing curriculum on students’ self-perceived cultural competence, and to determine whether a 5-week clinical immersion in international nursing had any additional effect on students’ self-perceived cultural competence” (p. 234). | “A course titled Spanish for Healthcare Professionals, described by Bloom, Timmerman, and Sands (2006), was adapted into a study abroad experience in Guadalajara, Mexico, for a baccalaureate nursing program at the University of Texas at Austin” (p. 85). “This article reports on findings from a descriptive study conducted to assess outcomes of the experience” (p. 85). |
| Research Question | Research question is not explicitly stated but appears to be: Does participation in a service-learning experience increase self-perceived cultural competence of baccalaureate nursing students? | “Evaluate the effect of integrating cultural content in an undergraduate program on students’ self-perceived cultural competence” (p. 235). “Determine whether a 5-week | “How has the study abroad experience influenced the participants’ awareness, sensitivity, knowledge, and skills related to culture of the people in Guadalajara” (p. 85). |

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| | | clinical immersion in international nursing had any additional effect on students' self-perceived cultural competence" (p. 235). | "How has the study abroad experience influenced participants' clinical practice as nurses" (p. 85). |
| Study Design/ Type of evidence | Quasi-experimental Paired-samples t test compared pretest and posttest for total scores and scores for each domain to determine if any change in scores post service learning experience. | Quasi-experimental Two-group, pretest-posttest | "The descriptive study used quantitative (survey) and qualitative (interviews, journals, and written responses to open-ended questions)..." (p. 86). |
| Sample type, size, Age range/Other descriptions | Convenience sample N = 60 Age range not reported Students enrolled in a community health nursing course | Convenience sample N=32 N=7 for immersion N=25 for non-immersion Age range 20 – 44 All Women | Convenience sample N=35 Undergraduate students from a total of two different cohorts from the years 2007 and 2008 Age Range 19-35 years old 87% of students were enrolled in undergraduate nursing programs Participant demographics: Women: 85.7% White: 63% African American: 5.7% Asian: 8.6% Hispanic: 22.9% At beginning of course 75% tested |

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| | | | into the beginner levels of Spanish ability |
| Setting eg., school, clinic, & country | <p>University</p> <p>Various local community clinical settings, United States</p> <p>One international setting, Guatemala</p> | <p>University of Southern Oregon</p> <p>Baccalaureate program</p> | <p>University of Texas at Austin</p> <p>Baccalaureate program</p> |
| Tools used; identify only | <p>Transcultural self-efficacy tool (TSET)</p> <p>“The TSET consists of 83 items that measure confidence on a 10-point rating scale (1 = not confident, 10 = totally confident)” (p. 20).</p> <p>“The three TSET subscales reflect self-efficacy strength (SEST), or level of self-efficacy perception” (p. 20).</p> <p>“They are cognitive (25 items to assess confidence in knowledge of cultural factors); practical (28 items to assess confidence interviewing clients of different cultural backgrounds), and affective (30 items to assess values, attitudes, beliefs about cultural awareness, acceptance,</p> | <p>Caffrey Cultural Competence in Healthcare Scale (CCCHS)</p> <p>“The scale contained 28 items requesting a self-rating of a Likert scale...in relation to concepts appropriate to cultural competence” (p. 235).</p> <p>“An overall CCCHS score was computed by averaging the 28 items” (p. 235).</p> <p>“The scale was reviewed by a consultant who is an expert in the culture and nursing arena...” (p. 236).</p> <p>“In this study, Cronbach’s alpha was .93 on the pretest (N=44) and .97 on th posttest (N=32)” (p. 236).</p> | <p>Quantitative Tools</p> <p>“Prior to departure, participants completed a modified version of the Cultural Awareness Survey (CAS) (Rew et al., 2003)” (p. 86).</p> <p>“The original CAS consisted of 37 items rated on a seven-point Likert scale (1 = strongly disagree, 7 = strongly agree)” (p. 86).</p> <p>“Rew et al.’s factor analysis accounted for 51 percent of the variance in responses and showed items grouped into subscales pertaining to general educational experience, cognitive awareness, research issues, students’ behaviors and comfort with people from different cultural backgrounds, and patient care and clinical issues” (p. 86).</p> |

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| | <p>and advocacy)” (p. 20).</p> <p>“The TSET indicated adequate reliability as evidenced by an internal consistency of .974, pretest, and .986, posttest” (p. 21).</p> | <p>“Rew et al. reported good estimates of internal consistency for the total scale (alpha = .82) and for the subscales (alphas ranged from .91 to .94) when tested with 190 baccalaureate nursing students” (p. 86).</p> <p>“For the current study, all items except those pertaining to research were administered; students did not conduct research during the program” (p. 86).</p> <p>“After reverse coding, responses to seven negatively worded items were not conceptually consistent with other items in the subscales and were not included in these analyses” (p. 87).</p> <p>“The remaining 25 items were internally consistent (alpha = .81) and were analyzed for this study” (87).</p> <p>“At the end of the course, students were asked to complete five additional survey questions (Post-Study Abroad Perspective) developed by the principal investigator using components identified by Rew et al. (2003)” (p.</p> |
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| | | | <p>86).</p> <p>“The questions addressed how the course affected awareness, knowledge, attitudes, and skills related to culture and how it might influence students’ clinical practice” (p. 86).</p> <p style="text-align: center;">Qualitative Tools</p> <p>“The two research questions helped focus the data collection and guide the development of a set of target questions that were asked during the interviews and on the open-ended survey questions” (p. 86).</p> <p>“Text from the journals, open-ended survey questions, and field notes of the focus group and individual interviews were subject to content analysis (Miles & Huberman, 1994) and organized according to cultural competence concepts and research questions” (p. 86).</p> <p>“Themes were identified from reoccurring phrases in the field notes and reflective journals and written answers to open-ended</p> |
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| | | | questions” (p. 86). |
| Intervention tested, if appropriate | Service-learning | <p>Integration of cultural content into the program (ICC) (p. 235).</p> <p>Integration of cultural content into the program and in addition an international service learning experience (ICC Plus group) (p. 235).</p> | <p>A study abroad experience in Guadalajara, Mexico.</p> <p>1st cohort was 4 weeks and 2nd cohort was 6 weeks</p> <p>“The program includes living with a Mexican family, studying at the language school, and collaborating on projects with public health nurses and nursing students from the University of Guadalajara” (p. 86).</p> |
| Findings #1: | Significant increase from pretest to posttest in all three domains: cognitive, $t(59) = -10.96, p < .001$; practical, $t(59) = -8.03, p < .001$; and affective, $t(59) = -5.40, p < .001$. | <p>Mean CCCHS of ICC group was 3.6 (SD = .59) and for the ICC Plus group 4.42 (SD = .48)</p> <p>Significant increase in cultural competence seen in the ICC Plus group ($F[1, 30] = 21.2, p < .001$)</p> | <p>General Learning:</p> <p>Classroom experiences had the lowest mean = 4.7, sd 1.5 indicating these experiences do not help students become more comfortable interacting with people of different cultures</p> <p>Awareness % Attitudes:</p> <p>Students thought their beliefs and attitudes were influenced by their culture with a mean of 5.7, sd 1.2</p> <p>Clinical Practice:</p> <p>The item with the highest mean of</p> |

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| | | | <p>agreement at 6.1, sd 0.8 reflected the respect students had for others to make health care decisions as influence by the patients culture</p> <p>Study abroad:</p> <p>“Two items had identical means (6.3, sd 0.9): showing enhanced awareness of culture and gaining skills to work with people from a different culture” (87).</p> |
| <p>Findings #2:</p> | <p>Significant increase from pretest to posttest in total score, $t(59) = -9.995, p < .001$.</p> | <p>Simply integrating cultural content in the curriculum improved students’ perceived cultural competence by .19 raw score points; this corresponded to an effect size of .41 SD, a small-to-moderate effect size.</p> <p>Adding the cultural immersion experience improved students perceived competence by 1.23 raw score points; this corresponded to an effect size of 2.07 SD, which is very large.</p> | <p>Qualitative data were categorized based on four components of cultural competence:</p> <p>Awareness:</p> <p>Increase in awareness noted</p> <p>Sensitivity:</p> <p>Increase in respect for cultural differences grew as did appreciation for other cultures</p> <p>Skills:</p> <p>Significant improvement noted in Spanish speaking skills</p> <p>Practice:</p> |

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| | | | Aware of how culture can impact their decisions regarding health care |
| Findings #3: | No significant effect regarding clinical site, $p > .05$. | <p>“...a scatterplot of pretest and posttest CCCHS scores for all 32 students, 17 total students improved, 11 showed no change, and 4 worsened on perceived cultural competence” (p. 238).</p> <p>“For the 25 students in the ICC group, 11 improved, 10 showed no change, and 4 worsened” (p.28)</p> <p>“For the 7 students in the ICC Plus group, 6 improved, and 1 showed no change” (p. 238).</p> | |
| Limitations? | <p>No control group</p> <p>Analysis of clinical group limited by size (see finding #2)</p> <p>International group volunteered to participate</p> | <p>“This study does not answer the question but only examines students’ perceived knowledge, self-awareness, and comfort with the skills of cultural competence” (p. 239).</p> <p>Small sample size</p> <p>“...whether the self-selection, and then the final selection by faculty, of students in the ICC Plus group biased the results” (p. 239).</p> | <p>Sample size is small</p> <p>Convenience sample from one school</p> <p>Variations in the learning experience from year to year that could not be controlled</p> <p>Short-term effects measured Generalization of findings is not able to occur</p> |

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| | | Did the ICC Plus group effect the confidence levels of the ICC group? | |
| Other/Comments | <p>Sample size is large</p> <p>Seven different clinical sites strengthen this study</p> | <p>Tool with good reliability and validity</p> <p>Looked at two different curricular approaches</p> | <p>This is a mixed method study with quantitative and qualitative data.</p> <p>Tools with good reliability and validity</p> |
| <p>Reviewer comments: Recommendations for implementation? Does benefit outweigh risk? Is this feasible in your setting in relation to cost, personnel, process and structure?</p> | <p>Service-learning appears to increase the cultural competence of baccalaureate nursing students</p> <p>Benefit appears to outweigh the risk of not including service-learning in baccalaureate nursing programs</p> <p>Local opportunities for service-learning are feasible</p> <p>Question whether appropriate service-learning experiences are currently being provided in nursing schools (possible future research)</p> | <p>Service-learning appears to increase the cultural competence of baccalaureate nursing students</p> <p>Benefit appears to outweigh the risk of not including service-learning in baccalaureate nursing programs</p> | <p>“Study abroad embraces the notion of experiential learning leading to meaningful outcomes for all who participate” (p. 89).</p> <p>Benefit appears to outweigh the risk of not including service-learning in baccalaureate nursing programs</p> |
| Quality of Evidence Rating | QIII = 34 | QIII = 34 | QIII = 34 |

| Article Number | 4 | 5 | 6 |
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| Reference in APA | Giddens, J. F., North, S., Carlson-Sabelli, L., Rogers, E., & Fogg, L. (2012). Using a virtual community to enhance cultural awareness. <i>Journal of Transcultural Nursing</i> , 23, 198-204. doi: 10.1177/1043659611434061 | Kardong-Edgren, S., & Campinha-Bacote, J. (2008). Cultural competency of graduating US bachelor of science nursing students. <i>Contemporary Nurse</i> , 28(1), 37-44. | Kardong-Edgren, S., Cason, C. L., Walsh Brennan, A. M., Reifsnider, E., Hummel, F., Mancini, M., & Griffin, C. (2010). Cultural competency of graduating BSN nursing students. <i>Nursing Education Perspectives</i> , 31(5), 278-285. |
| Study Purpose | “The purpose of this study was to explore the benefit of using a virtual community for culture education among nursing students” (p. 200). | “The purpose of this study was to evaluate the cultural competency of graduating nursing students from programs using different kinds of curricular approaches” (p. 38). | “This study begins the examination of the evidence by evaluating the program outcomes of six undergraduate nursing programs” (p. 278). |
| Research Question | “Does the virtual community stimulate cultural awareness among nursing students” (p. 200). “Is there a difference in cultural awareness among nursing students based on the level of virtual community use” (p. 200). | Research question is not explicitly stated but appears to be: Is there a difference in the effectiveness of four different nursing program curricula in developing culturally competent new graduates (nurses)? | Research question is not explicitly stated but appears to be: Is there a difference in program outcomes regarding cultural competency in relation to the curricular methodologies utilized? |
| Study Design/ Type of evidence | “The study design was correlational, examining the relationship between virtual community use and cultural awareness among nursing students” (p. 200). “Analysis included descriptive and comparative statistics” (p. 200). | “This descriptive study used a post-test only design to measure the cultural competency of graduating BSN students from four geographically diverse nursing programs” (p. 38). Descriptive statistics utilizing the mean from each program to determine relationships | “This descriptive study used a posttest only design to measure and compare the cultural competency of nursing students graduating from six BSN nursing programs in the United States” (p. 279). Multiple regression analyses utilized to evaluate the influence of |

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| | | | <p>student's demographic characteristics.</p> <p>Univariate analysis of variance utilized for total scores associated with the nursing programs.</p> <p>Multivariate analysis of variance utilized to determine overall effect</p> |
| <p>Sample type, size, Age range/Other descriptions</p> | <p>Convenience sample</p> <p>N =342</p> <p>Average age was 24.4 years old</p> <p>Nursing students enrolled in a first-semester fundamentals or skills course in a baccalaureate nursing program</p> <p>Participant demographics:</p> <p>Women: 86.7%</p> <p>White: 55.4%</p> <p>African American: 18.5%</p> <p>Asian: 16.6%</p> <p>Hispanic: 9%</p> <p>37% of participants had previous health care experience</p> | <p>Convenience sample</p> <p>N = 212</p> <p>Ages ranged from 20-53</p> <p>Snow ball sample of nursing schools</p> <p>Total of 4 different nursing schools</p> <p>One program used an integrated approach with theory or model developed by Josepha Campinha-Bacote</p> <p>One program used an integrated approach with theory or model developed by Madeline Leininger</p> <p>One program used an integrated approach with no specific model</p> | <p>Convenience sample</p> <p>N = 515</p> <p>Age range not reported</p> <p>Snow ball sample of nursing schools</p> <p>Total of 6 different nursing schools</p> <p>Program 1 has no single transcultural theoretical approach. Has one faculty member who is certified in transcultural nursing. Program 2 uses an integrated approach with theory or model developed by Josepha Campinha-Bacote</p> <p>Program 3 uses an integrated approach with theory or model developed by Josepha Campinha-Bacote. Several faculty certified in</p> |

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| | <p>Power analysis calculated (power = .99; significance = 0.5) confirming adequate sample size for data analysis</p> | <p>One program used a free-standing two credit culture course</p> | <p>transcultural nursing.</p> <p>Program 4 uses an integrated approach with theory or model developed by Josepha Campinha-Bacote. Several cultural/ethnic courses are taken as core courses prior to entry into the nursing program</p> <p>Program 5 uses an integrated approach with theory or model developed by Josepha Campinha-Bacote. Most content is presented in the community-based clinical course.</p> <p>Program 6 uses an integrated approach with the theory or model developed by Josepha Campinha-Bacote. A two-credit cultural nursing course is part of the nursing curriculum. Several experienced transcultural nursing specialists teach in the senior-level community health course.</p> |
| <p>Setting eg., school, clinic, & country</p> | <p>5 baccalaureate nursing programs located across the country</p> <p>Two on the East Coast</p> <p>One in the Southeast</p> | <p>University</p> <p>Large eastern school</p> <p>Large western school</p> <p>Small western school</p> | <p>University</p> <p>Private Catholic university in large city in the Northeast (1)</p> <p>University in large urban area in the Northeast (2)</p> |

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| | <p>One in the Midwest</p> <p>One in the West</p> | <p>Large southwestern school</p> <p>All located in the United States</p> | <p>University in rural, agricultural western community (3)</p> <p>University in large, multi-ethnic metropolitan area in Southwest (4)</p> <p>University in large southern metropolitan area with a large international community (5)</p> <p>Multi-site university in the Pacific Northwest (6)</p> <p>All located in the United States</p> |
| <p>Tools used; identify only</p> | <p>“Two surveys were used in the data collection process: a demographic survey and an exit survey” (p. 201).</p> <p>“The student demographic survey included participant age, gender, race/ethnicity, and previous health care experience” (p. 201).</p> <p>“The exit survey was used to learn about the participants’ personal experiences as users of <i>The Neighborhood</i>” (p. 201).</p> <p>“A total of 22 questions were on the exit survey” (p. 201).</p> <p>“Eighteen items formed four</p> | <p>“The model constructs were measured using a version of Campinha-Bacote’s Inventory for Assessing the Process of Cultural Competency Among Healthcare Professionals-Revised (IAPCC-R)” (p. 39).</p> <p>“The IAPCC-R is designed to measure the level of cultural competence among healthcare professionals and consists of 25 items that measure the five cultural constructs of desire, awareness, knowledge, skill, and encounters” (p. 39).</p> <p>“Five items address each construct” (p. 39).</p> | <p>“The IAPCC-R is a 25t tool that uses a four-point Likert scale to answer five questions about each of the five constructs of Campinha-Bacote’s mode: desire, awareness, knowledge, skill, and encounters” (p. 281).</p> <p>“Scores range from 25 to 100, with higher scores indicating greater levels of cultural competency” (p. 281).</p> <p>“The IAPCC-R has been used widely, both nationally and internationally with reliability coefficient Cronbach’s alphas ranging from .8 to .9” (p. 281).</p> |

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| | <p>subscales (engagement, learning, cognitive outcomes, and cultural awareness); one item measured frequency of use, and three questions were open-ended responses” (p. 201).</p> <p>“The 18 subscale items came from an item bank known as the Current Student Inventory...” (p. 201).</p> <p>“Prior to being included in the bank, all items undergo extensive content validity testing” (p. 201).</p> | <p>“The IAPCC-R uses a four-point Likert scale...” (p. 39).</p> <p>“The IAPCC-R has been used extensively with an average reliability coefficient Cronbach’s alpha of 0.83” (p. 39).</p> <p>“Descriptive statistics about the sample population were collected including age, gender, previous experience in a foreign country and ability to speak a foreign language” (p. 39).</p> | <p>“Content validity has been established by several expert panels” (p. 281).</p> <p>“Students completed a demographic information form as well as the IAPCC-R” (p. 281).</p> <p>“This form included questions about foreign travel, experiences living abroad, prior degrees, and course work in anthropology, as these factors might have an impact on study findings” (p. 281).</p> |
| <p>Intervention tested, if appropriate</p> | <p>“The intervention used in this study is a virtual community known as <i>The Neighborhood</i>” (p. 200).</p> <p>“<i>The Neighborhood</i> features the unfolding stories of 40 characters over three academic semesters” (p. 200).</p> <p>“Community character stories focus on common health-related issues experienced by individuals and families, and the nurse character stories focus on professional practice issues” (p. 200),</p> | <p>No interventions, this is a descriptive research design</p> | <p>No interventions, this is a descriptive research design</p> |

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| | <p>“The stories are enhanced with photos, video clips, and medical records” (p. 200).</p> <p>“Because featured characters are divers, there are multiple opportunities for learning activities and discussion related to differences in personal preferences and decision making among the characters” (p. 200).</p> | | |
| Findings #1: | <p>A correlation between level of use and cultural awareness was significant ($r = .246$; $p < .000$).</p> <p>Indicates an increase of cultural awareness among students when intervention is used by faculty.</p> | No significant difference between programs was found, $p > .05$. | Univariate analysis of variance revealed significant difference in total scores associated with the nursing programs, $F=3.7$, $df=5515$, $p=.03$; however no significance with post hoc contrasts, $p=.05$ |
| Findings #2: | <p>An analysis of variance was calculated on the mean cultural awareness subscale scores and reported frequency of use, ($F = 11.78(2,339)$; $p < .001$)</p> <p>“A post-hoc Tukey test showed that the largest difference was between low-use and high-use groups” (202).</p> <p>“These results suggest that utilization of <i>The Neighborhood</i> was the main predictor of cultural awareness” (202).</p> | Graduating nurses only scored in the culturally aware range regardless of program attended. | Significant differences associated with nursing programs in cultural awareness, $F=9.1$, $df=5,515$, $p=.00$; cultural knowledge, $F=2.7$, $df=5,515$, $p=.02$; and cultural skill, $F=1.7$, $df=5,515$, $p=.02$. No significance found between nursing programs and cultural encounters and cultural desire. |

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| <p>Findings #3:</p> | | | <p>Multiple regression analysis identified the following predictors regarding student’s performance in cultural knowledge: school and holding a graduate degree. Students with graduate degrees had lower scores in cultural knowledge than those who did not hold a graduate degree</p> |
| <p>Limitations?</p> | <p>Lack of consistency in faculty use of the intervention</p> <p>The sample included first semester nursing students</p> <p>Self-report of the use of the intervention versus actual tracking of the use of intervention by the computer system</p> <p>Limited to measuring cultural awareness and not cultural competence</p> | <p>The tool used was developed to evaluate cultural competence later in working life and not for graduating students.</p> <p>The tool is a self-report tool and does not actually challenge the students to demonstrate cultural competence in any meaningful way</p> | <p>The tool used was developed to evaluate cultural competence later in working life and not for graduating students.</p> <p>The tool is a self –report tool and does not actually challenge the students to demonstrate cultural competence in any meaningful way</p> <p>The students who held graduate degrees tended to be older and the core cultural classes may have had a different focus than the tools focus. Finding 3 should be interpreted with caution</p> |
| <p>Other/Comments</p> | <p>Sample size is adequate</p> <p>The cultural awareness subscale links to Campinha-Bacote’s model</p> <p>Use of the intervention noted in three additional research articles</p> | <p>One author is Josepha Campinha-Bacote, developed nursing model “The Process of Cultural Competence in the Delivery of Healthcare Services and is an expert in the field.</p> | <p>One author is Josepha Campinha-Bacote, developed nursing model “The Process of Cultural Competence in the Delivery of Healthcare Services” and is an expert in the field.</p> |

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| | <p>Looks at nontraditional approach to teaching cultural competence</p> | <p>Four different programs were included in the study</p> <p>The tool used is reliable</p> | <p>Six different programs were included in the study</p> <p>The tool used is reliable</p> |
| <p>Reviewer comments: Recommendations for implementation? Does benefit outweigh risk? Is this feasible in your setting in relation to cost, personnel, process and structure?</p> | <p>Virtual community appears to increase cultural awareness in nursing students</p> <p>Cultural awareness is the first step in obtaining cultural competence</p> <p>Benefit appears to outweigh not including virtual communities as a teaching strategy</p> | <p>The study does not support one curricular approach over another</p> <p>All programs included cultural competency components, no control group, unable to compare scores to those who have no cultural competency components in current curriculum (It is noted that this is a requirement for accreditation)</p> <p>Question whether cultural competence is a realistic outcome for schools of nursing. All graduates scored in the culturally aware range.</p> | <p>The study does not support one curricular approach over another</p> <p>Program 3 had the highest total scores; however, the sample was older in age and 83% held previous degrees</p> <p>Program 1 had the lowest total scores, however, the sample was the youngest</p> <p>It appears based on the above that the age and experience of the student may play a role in cultural competence</p> <p>All programs included cultural competency components, no control group, unable to compare scores to those who have no cultural competency components in current curriculum (It is noted that this is a requirement for accreditation)</p> <p>Question whether cultural competence is a realistic outcome for schools of nursing.</p> |

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| | | | All graduates scored in the culturally aware range. |
| Quality of Evidence Rating | QIII = 36 | QIII = 35 | QIII = 35 |

| Article Number | 7 | 8 | |
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| Reference in APA | Liu, L., Chia-Ling, M., & Barnes-Willis, L. E. A. (2008). Cultural self-efficacy of baccalaureate nursing students in a state funded university in the silicon valley. <i>Journal of Cultural Diversity</i> , 15(3), 100-107. | Sanner, S., Baldwin, D., Cannella, K., Charles, J., & Parker, L. (2010). The impact of cultural diversity forum on students' openness to diversity. <i>Journal of Cultural Diversity</i> , 17(2), 56-61. | |
| Study Purpose | "The purposes of this study are (a) to examine the level of perceived cultural self-efficacy of graduating baccalaureate nursing students in a stated funded university in the Silicon Valley in taking care of Black, Latino/Hispanic, and Asian populations at the last semester of their nursing program, and (b) to explore the relationship between baccalaureate nursing students' perceived level of cultural self-efficacy and their demographic responses" (p. 101). | "The purpose of this study was to assess the effectiveness of a cultural diversity forum on nursing students' cultural sensitivity as measured by their openness to diversity" (p. 56). | |
| Research Question | "The following three research questions guided the study: What are the levels of perceived cultural self-efficacy of graduating baccalaureate nursing students in a state funded university in the Silicon Valley in providing cultural care for Black, Latino/Hispanic, and Southeast Asian populations as measured by | "The research question that guided data collection and analysis was: What is the effect of a combined educational strategy using both a cultural diversity workshop format, and small group interaction activity on college students' openness to diversity and challenge" (p. 57). | |

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| | <p>Bernal and Froman’s Cultural Self-efficacy Scale(CSES)?</p> <p>What is the difference among levels of perceived cultural self-efficacy of graduating baccalaureate nursing students in providing culturally specific care for Black, Latino/Hispanic, and Southeast Asian populations as measured by CSES?</p> <p>What is the degree of the association between students’ demographic data and their perceived level of cultural self-efficacy” (p. 101-102).</p> | | |
| <p>Study Design/ Type of evidence</p> | <p>“This study employed a non-experimental, cross-sectional research design with methodology” (p. 102).</p> | <p>A quasi-experimental pretest-posttest design (p. 58).</p> | |
| <p>Sample type, size, Age range/Other descriptions</p> | <p>Convenience sample</p> <p>N= 43</p> <p>Average Age: 27</p> <p>Women: 83.7%</p> <p>Asian: 69.8%</p> <p>Generic BSN: 90.7%</p> <p>Raised outside USA: 32.6%</p> | <p>Convenience sample</p> <p>N=47</p> | |

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| <p>Setting eg., school, clinic, & country</p> | <p>A state funded Silicon Valley University</p> <p>Last semester of the nursing program</p> <p>Research theory class</p> | <p>“This study took place in a university located in the metropolitan area of a large city in the southeastern United States” (p. 58).</p> <p>“Approximately 60% of students attending this university are minority” (p. 58).</p> | |
| <p>Tools used; identify only</p> | <p>“Cultural Self-Efficacy Scale (CSES), a 26-item, 5-point likert scale, was initially designed to measure the perceived sense of self-efficacy of community health nurses in, caring for culturally diverse clients based on Bandura’s theory of self-efficacy (Bernal & Froman, 1987)” (p. 102).</p> <p>“The CSES was further revised and tested in a second study for its reliability and validity (Bernal & Froman, 1993)” (p. 102).</p> <p>“The 26 items of this scale are grouped in three subscales namely: (a) knowledge of cultural concepts, (b) knowledge of cultural patterns of specific ethnic groups, and (c) skills in performing cultural care” (p. 102).</p> <p>“Cronbach Alpha or the internal</p> | <p>“A six-item demographic questionnaire was developed to characterize selected demographic characteristics of students attending the forum” (p. 59).</p> <p>“These items measured gender, age range, race/ethnicity, year in college, major, and previous attendance at another college/university” (p. 59).</p> <p>“The ODCS is an eight-item, Likert scale with options for each item...” (p. 59).</p> <p>“Summed items yield a total score that can range from 8 to 40”. (59).</p> <p>“Higher scores indicate higher openness to diversity and challenge; whereas lower scores indicate lower openness to diversity and challenge” (p. 59).</p> | |

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| | <p>consistency coefficient of the CSES ranged from 0.86 to 0.98 (Coffman, Shellman, & Bernal, 2004)” (p. 103).</p> <p>“An 8-item researcher-developed demographic questionnaire was the second instrument for this study” (p. 103).</p> <p>“Students’ age, gender, race/ethnicity, primary language, educational background, experience with an interpreter, experience in being raised outside the United States, and traveling experience were asked on the questionnaire” (p. 103).</p> | <p>“The scale has internal consistency (alpha) reliabilities of 0.83 when used to measure of students’ pre-college (Pascarella, et al., 1996), 0.84 when used as a follow-up measure at the end of the first year of college (Pascarella, et al., 1996), and 0.84 when used as a measure of change after a semester-long study abroad program (Wortman, 2002).</p> | |
| <p>Intervention tested, if appropriate</p> | <p>No intervention as study is a descriptive research design</p> | <p>“The <i>Diversity Forum</i> took place on-campus and lasted approximately three hours” (p. 59).</p> <p>“The event began with a 45-minute presentation by a nurse educator considered an expert on diversity issues” (p. 59).</p> <p>“Following the keynote address, student participants, the keynote speaker, and faculty facilitators shared a meal together” (p. 59).</p> | |

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| | | <p>“After the meal, the speaker facilitated an interactive activity involving all participants” (p. 59).</p> <p>“The interactive activity was designed to assist students to apply the concepts presented in the keynote address” (p. 59).</p> <p>Faculty were assigned to one of multiple roles in health care and the students were assigned to be members of a vulnerable population</p> <p>“At the conclusion of the activity, a 15-minute debriefing, reflection, and summary period was held” (p. 59).</p> | |
| <p>Findings #1:</p> | <p>Southeast Asian group had highest self-efficacy scores with a mean rating of 3.84, Latino/Hispanic with a mean rating of 3.79, followed by Black with a mean rating of 3.21</p> <p>One way ANOVA comparing overall mean self-efficacy ratings across all three ethnic groups did not show a statistically significant difference in cultural confidence despite self- report</p> | <p>The means and standard deviations for the total scores on the pretest and posttest were 33.70/5.718 and 36.34/4.833</p> <p>Normality tests were conducted using the Shapiro-Wilk test, results indicate that the scores at both time points were not normally distributed 0.907 (df = 47, p = 0.001) and 0.773 (df = 47, p = 0.000)</p> | |

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| | | <p>Wilcoxin Signed-Rank test calculated to examine the change in scores between pretest and posttest $Z = -3.286, p = 0.001$)</p> <p>A significantly higher score is obtained on the posttest than on the pretest</p> | |
| Findings #2: | <p>Significant difference seen in gender with Males higher than in Females regarding overall self-efficacy (Male students, $n=7$, mean 3.94, $SD=0.7$; Female students, $n=36$, mean 3.52, $SD 0.44$; $t=2.1, p=0.04$)</p> | | |
| Findings #3: | | | |
| Limitations? | <p>Small sample size</p> <p>Demographics of sample is not reflective of nursing student population</p> | <p>Sample size is small</p> <p>120 participants attended the forum with 47 completing the pretest and posttest; high rate of attrition</p> <p>Not all participants had declared nursing as field of study</p> <p>Study looks at openness to cultural diversity not cultural competence</p> | |
| Other/Comments | <p>Tool used is recognized as a valid and reliable instrument</p> | <p>Openness to cultural diversity is part of cultural awareness in Campinha-Bacote's model</p> | |

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| | <p>Sample was of students in last semester of nursing program</p> <p>Sample has been exposed to a variety of patients from different cultural groups during the program and had been taught concepts and knowledge related to cultural care prior to last semester</p> <p>“Bandura’s theory of self-efficacy (1977) was selected as the conceptual framework for this study” (p. 102).</p> <p>“This theory is based on the belief that what people think, believe, and feel can affect their behavior” (p. 102).</p> | <p>Looks at nontraditional approach to teaching cultural competence</p> <p>82% of participants had declared nursing as their field of study</p> | |
| <p>Reviewer comments: Recommendations for implementation? Does benefit outweigh risk? Is this feasible in your setting in relation to cost, personnel, process and structure?</p> | <p>Male nursing students with significantly increased cultural self-efficacy over female nursing students.</p> <p>Would increasing the number of male nursing students graduating with baccalaureate degrees increase cultural competence in the nursing profession?</p> | <p>A cultural diversity forum appears to increase cultural openness in nursing students</p> <p>Cultural openness is an important part of cultural awareness and in obtaining cultural competence</p> <p>Benefit appears to outweigh not including a cultural diversity forum at it is not time intensive or high cost</p> | |

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| | Further studies with a more representative sample of graduating baccalaureate nursing students should be conducted to further explore this phenomenon | | |
| Quality of Evidence Rating | QIII = 36 | QIII = 32 | |

| Article Number | 1 | 2 | 3 |
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| Reference in APA | Edmonds, M. L. (2010). The lived experience of nursing students who study abroad: A qualitative inquiry. <i>Journal of Studies in International Education</i> , 14, 545-568. doi: 10.1177/1028315310375306 | Hunt, R. (2007). Service learning: An eye-opening experience that provokes emotion and challenges stereotypes. <i>Journal of Nursing Education</i> , 46(6), 277-281. | Reeves, J. S., & Fogg, C. (2006). Perceptions of graduating nursing students regarding life experiences that promote culturally competent care. <i>Journal of Transcultural Nursing</i> , 17, 171-178. doi: 10.1177/1043659605285410 |
| Study Purpose & Phenomenon of interest or problem identified | <p>“The purpose of this study was to explore the lived experience of nursing students who study abroad and to identify benefits and impediments that may be used to spawn future research and shape existing and future study abroad programs” (p. 546).</p> <p>“The lived experience of nursing students who study abroad has not been explicitly explored nor understood within the existing body of related literature” (p. 546).</p> | <p>“This article describes phenomenological research that investigates the lived experience of nursing students participating in service-learning clinical experiences with homeless families” (p. 277).</p> <p>“Understanding the lived experience of service-learning in underserved populations allows for more informed application of this pedagogy” (p. 277).</p> | <p>“The current study sought to gain information about the students’ own perceptions regarding their current educational and practice experiences” (p. 172).</p> <p>“The rationale for the current study was to identify factors and/or patterns that aided or hindered the development of cultural competence in nursing students” (p. 172).</p> |
| Research Question (s) | “What is the lived experience of nursing students who study abroad” (p. 546). | “What is the lived experience of nursing students in service-learning clinical experiences working with homeless families” (p. 278). | “The specific aims of the researchers were to (a) gain information about each participant’s cultural heritage, (b) explore life experiences before entering the nursing program, (c) explore student’s perceptions of educational and clinical experiences in the nursing program that affected their ability to |

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| | | | provide culturally competent care and their reactions to those experiences, and (d) gain information about the participants' perceptions of their knowledge of transcultural nursing" (p. 172). |
| Philosophical bases or framework specified | Phenomenology | Phenomenology | <p>Interpretive and naturalistic perspectives; pragmatism</p> <p>“Campinha-Bacote’s model was used as the framework for the current study and as an enabler guide in organizing information from participants and discussing the findings” (p. 172).</p> |
| Research Methods and researchers role | <p>“Phenomenology was the method of choice for this qualitative study in that its overarching aim was to fully understand the lived experience of nursing students who study abroad” (p. 548-549).</p> <p>“In this study, the researcher attempted to glean the textural description through participants’ experiential examples of what they did, where they went, what they saw, to whom they spoke, and so on during the study abroad” (p. 551).</p> <p>“Then, she attempted to gather participants’ thoughts and feelings</p> | <p>Descriptive Phenomenology</p> <p>“Neither the course instructor nor the students were acquainted with the researcher” (p. 278).</p> | <p>“Leininger’s (1995) ethnonursing qualitative research method based on an open discovery approach was used to obtain information about the students’ ideas, values, beliefs, and practices of care” (p. 173).</p> <p>“Arrangements were made to meet with each student individually in settings that were comfortable for audiotaping a conversation” (p. 173).</p> |

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| | <p>about these experiences via interviews and reflective journals (serving as the structural description)” (p. 551).</p> <p>“Finally, the researcher applied abstraction to obtain a general textural-structural interpretation of the entire study abroad experience through the lens of all participants” (p. 551).</p> | | |
| <p>Sampling & Sample description</p> | <p>Purposive sample of nursing students</p> <p>“Although approximately 60 students were invited to participate in both the pilot and this study, 22 willing and qualified participants responded and agreed to be interviewed” (p. 551-552).</p> <p>“However, saturation was achieved after only 18 interviews, the first of which were conducted in a pilot study, and data collection ended with the 18th interview” (p. 552).</p> <p>“Of the 18 total participants in this study, 4 were male (22%) and 14 were female (78%)” (p. 552).</p> | <p>Purposive sample of nursing students</p> <p>“Twenty undergraduate nursing students enrolled in a course that used service-learning when working with families at a homeless shelter were invited to participate” (p. 278).</p> <p>“Fourteen students completed an interview” (p. 278).</p> <p>“Of the participants, 7 were enrolled in a basic baccalaureate (BSN) program and 7 in an RN-to-BSN program” (p. 278).</p> | <p>“Purposive sampling was used to select study participants” (173).</p> <p>“The criterion for selection was a senior student experience in a hospital with a multicultural patient population to increase the likelihood that the student would experience culturally diverse encounters” (p. 173).</p> <p>“Fourteen BSN graduate nursing students from a population of 35 students were identified who met this criterion” (p. 173).</p> <p>“...one person was never available during the data collection period (summer, 1998); therefore, 13 students participated in the current study” (p. 173).</p> |

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| | <p>“Four of the participants had never previously traveled abroad prior to this study abroad experience” (p. 552).</p> <p>“Seven participants (39%) reported in the category of 18 to 27 years, while 10 (56%) reported being between the ages of 28 and 37 years” (p. 553).</p> <p>“Eleven (61.2%) of the participants reported their ethnicity as White” (p. 553).</p> <p>“The reaming participants self-reported their ethnicities as follows: 2 (11.1%) as Hispanic, 1 as Pacific-Islander (5.5%), 2 (11.1%) as Asian, 1 as African American (5.5%), and 1 as West Indian (5.5%)” (p. 553).</p> | | |
| <p>Setting e.g. school, clinic, & country</p> | <p>“...a private, liberal arts university in the Southeastern United States” (p. 550).</p> <p>Two study abroad programs; 1 in England and 1 in the Dominican</p> <p>“The England program was primarily a study tour opportunity in which students visited the Florence Nightingale Museum to</p> | <p>Two Universities in the United States</p> | <p>Northeast baccalaureate nursing program</p> <p>Hospital setting with a multicultural patient population.</p> |

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| | <p>observe artifacts associated with the life of this nursing leader, the Old Operating Theatre to witness a reenactment of 19th century leg amputation, and the Alexander Fleming Laboratory to survey the site of penicillin discovery” (p. 552).</p> <p>“In addition, they listened to live emergency phone calls at the London Ambulance Call Centre and toured several wards of a suburban London hospital, speaking with nurses and observed patient care” (p. 552).</p> <p>“Finally, a visit to the Kingston University School of Nursing allowed the American nursing students to attend classes with British nursing students” (p. 552).</p> <p>“In contrast, the Dominican program was more clinically oriented and incorporated a degree of minor, but direct patient care” (p. 552).</p> <p>“Students participating in this learning opportunity were divided into two groups of 10 and spent 2</p> | | |
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| | <p>days in the rural, 16-bed, Marigot hospital” (p. 552).</p> <p>“An additional 2 days were spent in the Diagnostic Center of Portsmouth Hospital...” (p. 552).</p> <p>“The students worked alongside the Dominican nurses developing care plans, triaging emergency patients, and providing care to patients in the various clinics (well-baby, adult health, dental, etc)” (p. 552).</p> <p>“In addition, some students had the opportunity to accompany community health nurses on home visits to people in surrounding neighborhoods...” (p. 552).</p> <p>“Both study abroad programs were similar in that approximately half of the time spent abroad was spent in scheduled educational activities as a group” (p. 552).</p> | | |
| <p>Data source/methods (e.g. interview, documents, observations, participation)</p> | <p>“Direct interviews with participants and their written journal responses were transcribed verbatim then examined for themes” (p. 550).</p> | <p>“In in-depth interviews lasting 1 to 2 hours, students were asked, “What was the experience like for you to work with families who are homeless?” and were prompted to fully describe the experience” (p. 278).</p> | <p>“Conversations were based on an interview guide...consisting of six general areas related to culturally diverse experiences: (a) cultural heritage and religious tradition, (b) experiences growing up (life histories), (c) experiences at the</p> |

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| | <p>“Beginning with the first interview, the researcher took field notes in the form of memoing” (p. 550).</p> <p>“Participants must have studied abroad in one of the programs (either Dominica or England) during 2006-2007, or 2008” (p. 550).</p> <p>“Limited demographic data were collected on all voluntary participants...” (p. 550).</p> | <p>“Audiotaped interviews were transcribed...” (p. 278).</p> | <p>University before the nursing program, (d) experiences in the nursing program, (e) experiences working in culturally diverse settings, and (f) reflections on experiences that were perceived to strengthen competence in providing culturally competent care” (p. 173).</p> <p>“After focusing on these six areas of the guide, students were asked to completed Campinha-Bacote’s (1997) Inventory for Assessing the Professional Cultural Competence (IAPCC)” (p. 173).</p> <p>“The tool is a 20-item, 4-point Likert-type scale” (p. 173).</p> <p>“This tool was used qualitatively to promote discussion about the students’ reactions to items in the tool” (p. 173).</p> <p>“The reflections on the tool made up the seventh and last area of the guide” (p. 173).</p> |
| <p>Method of data analysis</p> | <p>“To effectively bracket, the researcher kept a journal of her thoughts and opinions regarding the phenomenon of studying</p> | <p>“The tripartite data analysis process consisted of identifying with the text an overall structure of the phenomenon and six themes” (p. 278).</p> | <p>“Tapes from each student conversation were transcribed and checked for accuracy” (p. 173).</p> |

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| | <p>abroad as a nursing student” (p. 550).</p> <p>“The researcher read the entire transcript of each interview or journal entry as many times as was necessary to gain understanding” (p. 551).</p> <p>“Next, the meaning units began to take form, accounting for the sole reductionistic activity of qualitative research” (p. 551).</p> <p>“After meaning units were identified, the researcher began to transform the data from verbatim transcript to a deeper meaning or analysis” (p. 551).</p> <p>“New words were given to the participants’ verbatim interviews, without losing meaning but in the attempt to cluster themes” (p. 551).</p> | <p>“This method is an adaptation of Giorgi’s (1997) descriptive method of text analysis, modified to accommodate research with extensive amounts of text” (p. 278).</p> | <p>“Information obtained was coded and categorized into 18 categories” (p. 173).</p> <p>“Categorized information was analyzed to discover patterns relating to the students’ life experiences” (p. 173).</p> <p>“In addition, the researchers made use of contextual information and observations to aid in understanding the student information” (p. 173).</p> <p>“In the last phase of the analysis, themes and other research findings were identified” (p. 173).</p> |
| <p>Validation of Study provided (e.g. trustworthiness, neutrality, applicability, auditability)</p> | <p>The study follows the phenomenological research approach and auditability is high, resulting in validation of the study.</p> | <p>The study follows the phenomenological research approach and auditability is high, resulting in validation of the study.</p> | <p>The study follows the exploratory-descriptive research approach and auditability is high resulting in validation of the study.</p> |
| <p>Findings: (e.g. themes, categories,</p> | <p>Four themes were evident:</p> | <p>Six themes emerged:</p> | <p>Several themes emerged</p> |

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| <p>concepts, theoretical statements)</p> | <p>“The first theme...was recognizing” (p. 553).</p> <p>“As participants encountered the local people...they had eye-opening cultural experiences that allowed them to recognize self, including their own ethnocentrism on occasion” (p. 553).</p> <p>“Several participants discussed how this will enable them to be more patient or compassionate with their future clients, having experienced language barriers or culture shock themselves” (p. 554).</p> <p>“In addition, participants reported enhanced self-awareness of their own biases as a result of studying abroad” (P. 555).</p> <p>“The second theme that evolved...was that of encountering” (p. 557).</p> <p>“Encountering reflected the main purpose of study abroad programs, to foster appreciation of the richly contextual array of diverse, sensory experiences on encounters, largely unscheduled,</p> | <p>Eye-opening experiences</p> <p>“You can read about poverty, but you don’t feel the emotion of it or the impact of it like when you see if firsthand” (p. 278).</p> <p>Feeling intense emotion</p> <p>“And if it is overwhelming for us, I can’t even imagine how overwhelming it is for them or their children” (p. 279).</p> <p>Homeless families are both different from and similar to families who have housing</p> <p>“It is frightening because when you got down to really talking to these people they were just like you or [me]...” (p. 279).</p> <p>Challenging and transforming assumptions, perceptions, and stereotypes</p> <p>“I have changed my attitude towards homeless people” (p. 279).</p> <p>Reflection is Essential</p> | <p>“Because of the constraints of this article, only one theme is discussed in the findings” (p. 174).</p> <p>“One of the themes that evolved was defining life experiences” p. (173).</p> <p>“The researchers thought these experiences produced an attitude change, promoted new knowledge, and affected the nurse-client encounter” (p. 175).</p> <p>“Three patters emerged from the researchers’ analysis that focused on defining life experience and were based on nursing students’ perceptions of culturally diverse experiences” (p. 176).</p> <p>“These patterns were identified as positive, neutral, and conflict” (p. 176).</p> <p>Positive:</p> <p>“Parental and religious support, close positive friendships that dealt with similarities and differences, and actions to change negative or prejudicial behaviors were supporting cues for this pattern” (p. 176).</p> |
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| | <p>but anticipated” (p. 557).</p> <p>“Within this theme, it was discovered that students took advantage of the diverse encounters by actively seeking them out” (p. 557).</p> <p>“The third theme to emerge... was adapting (adapting, adjusting, navigating, or negotiating behaviors required to live in a new/different culture and environment)” (p. 559).</p> <p>“Participants recalled being looked at oddly for their dress, the accent with which they speak, and their behavior” (p. 559).</p> <p>“Subsequently, the theme of adapting suggested that once participants recognized themselves as “other”, in the cultural environment, they concluded it was important to adapt or adjust in an effort to fit into the host culture” (p. 559).</p> <p>“This study additionally found that by being out of one’s comfort-zone and learning to adapt, personal transformations and self-</p> | <p>“Reflection forced me to have to put words to what I was feeling, which was very difficult for me” (p. 279).</p> <p>Discovering new and different roles for nurses</p> <p>“For RN-to-BSN students, this experience provoked scrutiny of their philosophy of nursing” (p. 279).</p> | <p>“This pattern may increase motivation to become culturally competent” (p. 176).</p> <p>Negative:</p> <p>“In this pattern, the nursing student was aware that other people had different physical characteristics but tended to assume that everyone had the same American norms, beliefs, and values; therefore, she or he had no interest in exploring cultural differences” (p. 176).</p> <p>“This pattern may reflect a lack of interest in transcultural nursing with a focus on completion of nursing tasks” (p. 176).</p> <p>Conflicted:</p> <p>“This pattern has a defining life experience that creates personal, religious, and family conflict” (p. 176).</p> <p>“Through the experience the nursing student may be more open</p> |
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| | <p>awareness can occur” (p. 560).</p> <p>“The final theme apparent...emerged as mastering, a theme supported by the social cognitive theory of self-efficacy (Bandura, 1986)” (p. 560).</p> <p>“The theme of mastering described how the impact of studying abroad provided a direct experience unlike any other” (p. 560).</p> <p>“Several participants discussed how their experience abroad could have never been replaced with a lecture, film, or reading” (p. 560).</p> <p>“A related finding included the idea that self-efficacy can be strengthened through mastering the challenges encountered while studying abroad” (p. 561).</p> | | <p>to opportunities to provide culturally competent care” (p. 176).</p> |
| <p>Limitations? (by authors; by reviewer)</p> | <p>“The researcher was a novice and relied heavily on the established safety net of experienced researcher guiding her along the journey” (p. 565).</p> <p>“In addition, the sample, although diverse, originated from one university...therefore presenting its own unique set of limitations,</p> | <p>Author does not identify any limitations in the article.</p> <p>No acknowledgement of saturation discussed in terms of themes that emerged</p> | <p>Authors do not identify any limitations in the article.</p> <p>The article only presents one the themes that emerged from this research.</p> |

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| | <p>primarily the inability to generalize to the greater population” (p. 565). “Although interviews were conducted on an individual basis, participants may have spoken to one another about the interview process without the knowledge of this researcher...” (p. 565).</p> <p>“Finally, because the researcher had accompanied them while studying abroad, the participants may have been less descriptive in the interviews regarding actual experiences” (p. 565).</p> | | |
| <p>Other/Comments</p> | <p>“This qualitative study used a purposive sampling and secured a representative sample of students of diverse genders, ages, cultural backgrounds, and academic levels” (p. 565).</p> <p>“In addition, a relatively large number of 18 participants agreed to be interviewed, a significant number for a phenomenological study” (p. 565).</p> <p>“Given the lack of qualitative research on American nursing students who study abroad,</p> | <p>This article adds to the gaps in the literature as very few qualitative research articles are in the current literature regarding this phenomenon</p> <p>This study looks a service-learning in the United States versus international experience.</p> | <p>This article adds to the gaps in the literature as very few qualitative research articles are in the current literature regarding this phenomenon.</p> <p>Sample size is large enough for a qualitative study</p> |

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| | findings from this study have begun to address the gap in existing knowledge on this phenomenon of interest” (p. 565). | | |
| Reviewer recommendations: Reactions of study participants Is this a feasible intervention in an educational setting in relation to cost, personnel, structure? How are the findings relevant to nursing education? | <p>This is a feasible intervention in an educational setting.</p> <p>The cost is incurred by the student which could impact participation of nursing students.</p> <p>Teaching cultural competency to nursing students is a requirement in nursing curriculum</p> <p>The population is increasingly becoming more diverse while nurses remain mostly white and female.</p> | <p>This is a feasible intervention in an educational setting</p> <p>The availability of homeless shelter in the local community that a nursing program is located could potentially limit this option with this particular population.</p> <p>Teaching cultural competency to nursing students is a requirement in nursing curriculum</p> | <p>There is no intervention to implement as this is an exploratory-descriptive research method.</p> |
| Quality of Evidence Rating | QIII = 30 | QIII = 30 | QIII = 30 |

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| Article Number | 4 | | |
| Reference in APA | Upvall, M. P., & Bost, M. L. (2007). Developing cultural competence in nursing students through their experience with a refugee population. <i>Journal of Nursing Education, 46</i> (8), 380-383. | | |
| Study Purpose & Phenomenon of interest or problem identified | <p>“The purpose of this qualitative study was to explore CHN students’ experiences of their clinical visits with these newly arrived Somali refugees” (p. 380).</p> <p>“Beginning in the 1990s, Somali refugees have been relocated throughout the United States, representing one of the largest groups for resettlement since the 1990s” (p. 380).</p> | | |
| Research Question (s) | <p>Not explicitly stated but appears to be:</p> <p>Does the experience of working with a refugee population increase cultural competence in nursing students?</p> | | |
| Philosophical bases or framework specified | Exploratory | | |
| Research Methods and researchers role | <p>Focus Groups</p> <p>“Focus groups were conducted</p> | | |

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| | <p>with all students (n = 5) before and after the clinical experience” (p. 381).</p> <p>“The first focus group explored the students’ expectations and concerns about working with this population” (p. 381).</p> <p>“...after the clinical experiences, students were asked to summarize their actual experiences, prioritize the needs of the refugees, discuss barriers that may have affected their work with the refugees, and suggest ways that future CHN students can work with this vulnerable population” (p. 381).</p> <p>“Each focus group met for...1 to 2 hours and was audiotaped for transcription and analysis” (p. 381).</p> <p>“...CHN students’ clinical portfolios and reflection papers based on the portfolios were analyzed” (p. 381).</p> | | |
| <p>Sampling & Sample description</p> | <p>N is not stated</p> | | |
| <p>Setting e.g. school, clinic, & country</p> | <p>“...a small Catholic university in southwestern Pennsylvania” (p. 380).</p> | | |

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| <p>Data source/methods (e.g. interview, documents, observations, participation)</p> | <p>Interviews Documents Participation</p> | | |
| <p>Method of data analysis</p> | <p>“The researchers coded the focus group meeting data after the interviews were transcribed” (p. 381). “This intense reflective coding process consisted of examining the data line by line and identifying patterns, which were then classified into specific codes” (p. 381). “Clinical portfolios and reflection papers written by the students were compared with the codes from the focus group data” (p. 381).</p> | | |
| <p>Validation of Study provided (e.g. trustworthiness, neutrality, applicability, auditability)</p> | <p>The study follows the exploratory research approach and auditability is high resulting in validation of the study.</p> | | |
| <p>Findings: (e.g. themes, categories, concepts, theoretical statements)</p> | <p>“Their experiences were categorized into three phases, with distinct components within each phase” (p. 381).</p> | | |

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| | <p style="text-align: center;">Phase 1 The Pre-Contact Phase</p> <p>“The pre-phase considered the students’ affective responses to being informed of their assignment” (p. 381).</p> <p>“Cultural desire, or willingness to recognize each of the Somali refugees as a unique individual, was evident prior to their first meeting with the refugees” (p. 381).</p> <p style="text-align: center;">Phase 2: The interaction phase</p> <p>“In the first component, the students had to process the issues they were confronting” (p. 381).</p> <p>“These issues included communication with both clients and the refugee organization, cultural differences, and how to collaborate with community agencies” (p. 381).</p> <p>“The second component was implementation” (p. 381).</p> <p>“During this phase, the students had to manage working with both</p> | | |
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| | <p>families and other students, reflect on their own personal growth, and work with various community organizations” (p. 381).</p> <p>“Cultural awareness knowledge and skill were developed during this phase” (381).</p> <p style="text-align: center;">Phase 3: The outcome phase</p> <p>“One student expressed the intensity of this experience by stating, “No amount of education can prepare you for this project; it must be experience”” (p. 382).</p> <p>“Students began the journey of cultural competence through their care of the Somali refugee families” (p. 382).</p> <p>“Such cultural encounters reinforced the students’ cultural skills and enhanced their awareness and knowledge” (p. 382).</p> <p>“Growth in each of the components of the cultural competence model was evident, along with the desire to continue</p> | | |
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| | <p>learning about culturally diverse groups” (p. 382).</p> <p>“By the end of the experience, students had transformed their uncertainty into positive attitudes, demonstrating their success on the journey toward cultural competence” (p. 382).</p> | | |
| <p>Limitations? (by authors; by reviewer)</p> | <p>Total sample size is unclear</p> <p>One student had international service learning in background and became an informal leader and could have potentially influenced others students openness</p> | | |
| <p>Other/Comments</p> | <p>This study looks at a vulnerable population not explored in previous studies.</p> <p>“This represented the beginning of future participatory action research with group of Somali refugees” (p. 380).</p> | | |
| <p>Reviewer recommendations: Reactions of study participants Is this a feasible intervention in an educational setting in relation to cost, personnel, structure? How are</p> | <p>This is a feasible intervention in an educational setting</p> <p>The availability of refugee populations in the local community that a nursing program is located could potentially limit this option with this particular population.</p> | | |

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| the findings relevant to nursing education? | Teaching cultural competency to nursing students is a requirement in nursing curriculum | | |
| Quality of Evidence Rating | QIII = 26 | | |