Ensuring equality through the acquisition of cultural competencies in nursing education: A systematic literature review

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Abstract

Introduction: The number of migrants continues to increase. Appropriate education methods towards the acquisition of cultural competencies of nurses are one of the ways of promoting ethical efficient healthcare systems and services. The research is based on a purposeful literature review where through the discourse of interculturalism available evidence, describing the teaching/learning strategies regarding cross-cultural care and the acquisition of cultural competencies among nursing students, is evaluated. *Methods:* A systematic literature review following PRISMA guidelines. *Results:* Four studies that met the criteria has been found which explains the teaching/learning strategies for acquisition of cultural competencies through four different models: Papadopoulos, Tilki and Taylor model for developing cultural competence, Campinha-Bacote's model, Leininger's Sunrise Model, and 3-dimensional puzzle model of culturally congruent care. *Discussion:* Although cultural competencies in nursing have long been recognized as essential part of clinical practice, future research should explore additional teaching/learning methods and incorporate evidence based practice and problem-based learning strategies into nursing curriculums to develop cultural competence in nursing.

Key words: cross-cultural competencies, transcultural nursing, women's health, education

In 2014, it was estimated that in the European Union immigrated approximately 1.9 million people from non-member countries (Statistics Explained, 2017). However, it is noticeable that over time researchers from nursing and healthcare devoted their attention mainly to the male migrants. Nowadays more attention and research interest is focused on female migrants; although, most of the research highlights the migration process as gender oriented pro-

cess and not as much from the nursing or healthcare oriented perspective (Roslunik, 2015). Other research findings suggest that women from culturally diverse background are faced with poor health outcomes, mainly due to inaccessible health services, language and cultural barriers, and finally, institutional racism, which is often the result of ignorance of healthcare professionals (Szczepura, 2005).

The statistics data is clear that migrant population in the European Union is increasing, which suggests that education in transcultural nursing to allow nurses to provide culturally competent care, is needed. Due to fast-changing multicultural society culturally appropriate nursing will soon be, if it is not already, increasingly important to Slovene nurses too. To prepare nursing students to be effective practitioners in this multicultural society, nursing educators must design cross-cultural curricula by introducing the transcultural nursing curricula in women's health. One of main goals of such education is to gain cultural competences. The latter is defined as a set of skills that allows individuals to increase their understanding of cultural differences and similarities within, among, and between cultural groups (Mareno and Hart, 2014; Núñez, 2000). Nursing education programmes should provide a foundation of such knowledge and prepare graduates to meet the demands of this changing multicultural society (Geburu et al., 2008).

However, to define cultural competence, we must first define culture. Culture can be defined as the learned and shared knowledge and symbols that specific groups use to interpret their experience of reality and to guide their thinking and behaviour (Prosen, 2015). The major focus of transcultural nursing is to focus on the humanistic and scientific study of individuals from different cultures with consideration to ways in which nurses can assist those individuals meet their health and living needs (Reyes et al., 2013). Thus, cultural competence can be defined as continual process of striving to become increasingly self-aware, to value diversity, and to become knowledgeable about cultural strengths (Bonecutter and Gleeson, 1997).

Considering the changing demographics in European Union at this period it is imperative that nurses appreciate the impact of culture on health. For that reason, the research is based on a purposeful literature review where through the discourse of interculturalism available evidence, describing the teaching/learning strategies regarding cross-cultural care and the acquisition of cultural competencies among nursing students, is evaluated. In accordance with the aims and objectives of the research, the following research question was set: What models can we use, from an international perspective, for teaching/learning cultural competence related to women's health?

Methods

Search strategy

A review of the literature was conducted in April 2017 to identify available evidence, describing the teaching/learning strategies in nursing education in order to obtain cultural competencies among nursing students. The search was conducted by using online bibliographic databases such as PubMed, Cinahl, and ScienceDirect. For search terms a combination of Medical Subject Headings (MeSH): ‘*transcultural nursing*’, ‘*culturally competent care*’, ‘*cultural competency*’, ‘*cultural diversity*’, and ‘*education, nursing*’; phrases: *Transcultural nursing*, *Cultural Care*, *Cultural Competence*, *Cultural Diversity*, *Nursing Education*; and free text or keywords: *Nursing*, *Transcultural*, *Culturally Competent*, *Cultural Care*, *Culturally Congruent*, *Cross-Cultural Care*, *Culturally Competent Health Care*, *Competency*, *Cultural*, *Cultural Competencies*, *Cultural Competence*, *Competence*, *Cultural Diversities*, *Multiculturalism**, *Cultural Pluralism*, *Nursing Education*, *Educations*, *Nursing*, *Nursing Educations* were identified.

Study selection

Figure 1: PRISMA search process (Moher et al., 2009)

A search was undertaken in each database and to support the relevance to the research purposes, literature published between 2006 and 2017 was extracted. A sample of 3240 papers was obtained. The titles and abstracts were screened by three authors, duplicates were removed and the inclusion criteria (English language, full text availability, and primary study in peer-reviewed journal) were applied. After removal of duplicates, 299 articles were left, of which another 224 were subsequently excluded because of inadequacy in terms of the inclusion criteria based on the purposes of this research. Four studies that met the criteria were finally included in the qualitative analysis.

The search process, which used the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) (Moher et al., 2009), is outlined in Figure 1.

Data extraction

Data extraction included author, year, country where the research was conducted, study aim, study design, and study conclusion (Table 1).

Results

The final analysis (Table 1) included 4 studies; one mixed methods two quantitative and one narrative article (Figure 1).

Table 1: Study characteristics of included studies.

<i>Author, year, country</i>	<i>Aims</i>	<i>Design</i>	<i>Findings</i>
(Kouta et al., 2016) Cyprus	To present the cultural competence level of community nurses before and after a cultural competence workshop as an intervention.	Quantitative: pre- and post-test (n = 92 community nurses)	The findings indicated that this training intervention seemed to be effective as it increased nurses' cultural competence levels.
(Bauer and Bai, 2015) United States of America	To determine the effects of the course on the five constructs of the Campinha-Bacote Model as well as perceived cultural competence.	Mixed methods: Evaluation forms – (n = 34 nursing students) (The Campinha-Bacote Model).	The evaluation indicated that learning modules focusing on experiential learning activities to address constructs of the Campinha-Bacote Model can help develop levels of cultural competence.
(Lenny and Peng, 2014) China	To assessed the effectiveness of three teaching methods for developing cultural competency based upon Leininger's theoretical framework.	Quantitative: pre- and post-test (n = 305 nursing students) comparisons of all participants in four areas of cultural knowledge (Evaluation of Transcultural Nursing Competency - ETNC)	The results of this research indicated that case study, traditional didactic teaching and self-directed learning all significantly improved the students' knowledge of transcultural nursing.

<i>Author, year, country</i>	<i>Aims</i>	<i>Design</i>	<i>Findings</i>
(Schim and Doorenbos, 2010) United States of America	To describe an emerging model of culturally-congruent care and discuss ways in which it can guide intervention for nurses, and other health care workers.	Narrative article with a description of a Three-dimensional Model of Cultural Congruence	The model describes cultural diversity, cultural awareness, cultural sensitivity, and cultural competence variables for providers and several central domains of cultural similarity and difference at the client level.

In line with the inclusion criteria for this study, all papers examined one or more of the following: Evidence of Culture and Cultural Competencies (Knowledge, Abilities, Sensitivity and Keenness to do it correctly; Becoming aware and conscious), Evaluation of the transcultural nursing competency (Cultural awareness, Compassion, Cultural skills, Cultural competence in practice), and teaching/learning strategies. A broad range of research approaches were used including: (i) quantitative: descriptive evaluation, pre-post survey, longitudinal design, (ii) mixed methods, and (iii) narrative research design.

Regarding the aims of the research, the following teaching/learning strategies used in selected literature are:

- Papadopoulos, Tilki and Taylor model for developing cultural competence (PTT model): The model refers to the nurse's student capacity to provide effective health care that takes into consideration the patient's cultural beliefs, behaviours and needs in the nursing process. The model includes four components of cultural competence: 1) cultural awareness, 2) cultural knowledge, 3) cultural sensitivity and 4) cultural practice. Further, the PTT model emphasized the need for nurses to have both culture specific and culture-generic competence (Kouta et al., 2016).
- The process of cultural competence in the delivery of healthcare services (Campinha-Bacote's Model): Campinha-Bacote's model, the process of cultural competence in the delivery of healthcare services, includes five constructs: cultural awareness, knowledge, skill, encounters, and desire. Campinha-Bacote defined cultural awareness as an intentional cognitive process in which providers appreciate and gain sensitivity to the values, beliefs, and practices of diverse cultures; cultural knowledge as an educational foundation of various world views which includes biocultural ecology and ethnic pharmacology; cultural skill as the ability to collect cultural information regarding health and performing a culturally specific physical assessment; cultural encounters as the way in which healthcare providers directly engage in cross-cultural encounters; and finally, cultural desire as the motivation to want to engage in the process of cultural competence (Bauer and Bai, 2015).

- The theory of care diversity and universality (Leininger's Sunrise Model): The sunrise model, which depicts the theory of cultural care diversity and universality, illustrates the concepts, showing culturally congruent care, cultural care maintenance, nursing actions, folk systems, professional healthcare systems, clients, holistic well-being, and numerous cultural factors are all interconnected. In short, nurses who value and practice culturally congruent care can effect positive healthcare changes for clients of various cultures (Lenny and Peng, 2014).
- 3-dimensional puzzle model of culturally congruent care: The model is currently described as a 3-dimensional model in which culturally congruent care is the result of nurses and clients working together with cultural respect and humility. This current 3-D model includes two levels: a provider level in which the cultural competencies a provider must have to participate in culturally congruent care continue to be represented by the puzzle model developed in 2004, and a client level. The provider level of the puzzle has 4 components: (i) cultural diversity, (ii) cultural awareness, (iii) cultural sensitivity, and (iv) cultural competence behaviours. This level of the model has been more fully articulated elsewhere and has been used as the basis for a Cultural Competence Assessment tool for use with diverse healthcare providers and professional students (Schim and Doorenbos, 2010).

Discussion

The studies included in this review focused on teaching/learning strategies regarding cross-cultural care and the acquisition of cultural competencies among nursing students as well as on the outcomes of improvement of students' knowledge of transcultural nursing. After intervention 25 % of community nurses who participated in the workshop improved their cultural competence level based on the Culturally Competent Tool of the PTT Model (Kouta et al., 2016). While the study did not use qualitative data as a measure of effectiveness, such data, especially regarding nurses' evaluation of the program and the course work, can further enhance and improve a program and should be considered (Kouta et al., 2016). Students in the next study (Bauer and Bai, 2015) significantly improved ($p < 0.001$) each aspect of the cultural competency model after completion of the course. The total competence score improved from 'culturally aware' (score of 68.7 at pre-) to 'culturally competent' (score of 78.7 at post-) (The total scale ranges from 25 to 100. A score of 25 to 50 indicates cultural incompetence, a score of 51 to 74 reflects cultural awareness, and a score of 75 to 90 specifies cultural competence, and a score of 91 to 100 designates cultural proficiency). The findings of this study indicated that learning modules focusing on experiential learning activities and designed to address constructs of the Campinha-Bacote Model can help develop levels of cultural competence

(Bauer and Bai, 2015). The results of the third study (Lenny and Peng, 2014) revealed that the differences between the pre- and post-test scores were significant for each of the three teaching methods ($p < 0.001$). The case study method elicited the highest post-test total scores followed by traditional didactic teaching and self-directed learning. Additionally, the case study method resulted in the greatest improvement between the pre- and post-test scores among the three methods, which suggests that the case study method was the most effective instructional approach (Lenny and Peng, 2014). Last study involved in this research (Schim and Doorenbos, 2010) describes cultural diversity, cultural awareness, cultural sensitivity, and cultural competence variables for providers and several central domains of cultural similarity and difference at the client level. The model addresses the presence and influence of systemic and organizational elements that create barriers to culturally-congruent care. Derived from this model, a systematic way to consider interventions is suggested.

Overall, the results are consistent with other literature, which commonly reports high levels of transcultural competences acquisition with the use of similar education approaches (Gallagher and Polanin, 2015; Gebru and Willman, 2003; Loftin et al., 2013; Papadopoulos et al., 2016; Shattell et al., 2013). In this regard, a variety of models describing cultural competence's multiple dimensions it has become a focus of attention over the past several decades (Loftin et al., 2013). Teaching and learning strategies about culturally competent practice in nursing educations are essential to ensure a culturally competent health care workforce (Shattell et al., 2013). In studies of cultural competence education in nursing, findings support that the addition of culturally competent content increases on culturally competence measures, as students gain experience during their education (Allen, 2010; Lampley et al., 2008; Majumdar et al., 2004). After the identification of necessary awareness issues, knowledge, and skills, obtained cultural competences among nursing students should be assessed thus, the appropriate instruments to measure the obtained competences are required (Ličen and Plazar, 2015).

Conclusions

Cultural diversity is an issue that faces all healthcare workers today. Globalization requires that nursing education focuses on culturally competent care. Nurses should be informed about the diverse needs of different patients in order to understand and contribute to their satisfaction. Future research should explore additional teaching/learning methods and incorporate evidence based practice and problem-based learning strategies into nursing curriculums to develop cultural competence in nursing.

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