

## Integrating Cultural COMPETENCE In the Academic Setting

Marianne R. Jeffreys, EdD, RN

Providing quality health care to an increasingly diverse society, eliminating health disparities, preparing a more diverse nursing workforce, and promoting multicultural workplace harmony requires cultural competence development through formalized education and other learning experiences. Nurse educators are empowered to make an immense difference by introducing, nurturing, and modeling optimal cultural competence. Cultural competence is an ongoing, multidimensional learning process that integrates transcultural nursing skills in all three learning domains (cognitive, practical, and affective), involves transcultural self-efficacy (confidence) as a major influencing factor, and aims to achieve cultural congruent care (Jeffreys, 2005). Optimal cultural competence development goes beyond a minimum level of competence toward the pinnacle – active commitment to ongoing, lifelong learning that celebrates the diversity of diversity (Jeffreys, 2010c).

Although each individual nurse educator can make a positive impact, the greatest impact will be achieved through a coordinated, holistic group effort that strategically integrates optimal cultural competence development throughout all aspects of the nursing program and addresses diverse students' needs (Jeffreys, 2010c). The acronym *COMPETENCE* is presented here to assist deans, directors, and faculty in remembering several essential elements for cultural competence development in academic settings. *COMPETENCE* refers to **Caring, Ongoing, Multidimensional, Proactive, Ethics, Trust, Education, Networks, Confidence, and Evaluation**. Each will be briefly described in this article.

**Caring:** *Share and demonstrate caring.*

The essence of nursing is caring. Leininger's (2006) culture care theory must be shared early with students, supplemented by updates and the work of other transcultural nurse researchers, practitioners, and scholars. Adult learners crave immediate relevance so share current, poignant, relevant, colorful stories of culture care in action and invite reflection. Compare and contrast caring constructs within and between cultures and subcultures, noting intergenerational differences and the dynamics of culture.

Demonstrate caring. Enculturation of students into the professional nursing culture takes time and requires mentoring.



Mentoring is a form of caring that is especially powerful for enhancing professional integration and socialization, nursing student retention, and academic success (Jeffreys, 2012; Vance, 2011). Especially among nontraditional students, effective mentoring can prevent social isolation and dropout. Culturally congruent faculty advisement and helpfulness throughout the nursing program capitalizes on student diversity as a strength.

**Ongoing:** *Continually publicize and expect that cultural competence is ongoing, NEVER optional.*

Create, plan out, and arrange ongoing learner-centered cultural competence educational activities beginning with the first nursing

course and strategically followed with complementary and scaffolded activities that integrate cultural competence at higher levels. Cultural competence must be substantively visible throughout all components of the nursing program with appropriate rewards (points) attached. For example, students must be expected to complete cultural assessments regularly, answer test questions concerning cultural decision-making correctly, and consider culture in simulation sessions (Jeffreys, 2010c).

**Multidimensional:** *Develop transcultural nursing skills by purposely weaving together cognitive, practical, and affective learning.*

Cognitive learning skills include knowledge and comprehension about ways in which cultural factors may influence professional nursing care among patients of different cultural backgrounds and throughout various phases of the lifecycle. Within transcultural learning, practical learning skills refer to communication skills (verbal and nonverbal) needed to interview patients of different cultural backgrounds about their values and beliefs. The affective learning dimension is concerned with attitudes,

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**Note:** *The material in this article has been adapted from the following sources with permission from the National Student Nurses' Association (NSNA), Inc.:*

Jeffreys, M.R. (2006). Cultural competence in clinical practice. *Imprint, 53*(2), 36-41.

Jeffreys, M.R. (2008). Dynamics of diversity: Becoming better nurses through diversity awareness. *Imprint, 55*(5), 36-41.

values, and beliefs and is considered to be the most important in developing professional values and attitudes. Affective learning includes self-awareness, awareness of cultural gap (differences), acceptance, appreciation, recognition, and advocacy (Jeffreys & Smodlaka, 1998).

**Proactive:** *Promote proactive approaches that begin with diversity self-awareness.*

Diversity self-awareness occurs when one engages in active reflection about one's own cultural identity or identities, realizes one's own cultural values and beliefs, and recognizes the differences within one's own cultural group(s). Diversity awareness refers to an active, ongoing conscious process in which one becomes proactively aware of similarities and differences within and between various cultural groups, necessitating cultural assessment of patients and cultural sharing among health care professionals. Diversity awareness will be most comprehensive if one recognizes the diversity of diversity and how various characteristics of diversity may influence the plan of care and/or professional collaboration. Jeffreys (2010c, p. 5), noted:

Diversity may exist based on birthplace, citizenship status, reason for migration, migration history, food, religion, ethnicity, race, language, kinship and family networks, educational background and opportunities, employment skills and opportunities, lifestyle, gender, socioeconomic status (class), politics, past discrimination and bias experiences, health status and health risk, age, insurance coverage and other variables that go well beyond the restrictive labels of a few ethnic and/or racial groups.

**Ethics:** *Emphasize the ethics of cultural competence.*

Cultural congruent health care is a basic human right, not a privilege (American Nurses Association [ANA], 2001; United Nations, 1948; World Health Organization, 2006). The International Council of Nurses (1973) *Code for Nurses*, the ANA (2001) *Code of Ethics*, the *National Standards for Culturally and Linguistically Appropriate Services in Health Care* (U.S. Department of Health and Human Services Office of Minority Health, 2001), and *Standards of Practice for Culturally Competent Nursing Care* (Douglas et al., 2011) emphasize ethics and standards. In addition, the National Student Nurses' Association (NSNA), Inc. emphasizes ethics and cultural competence for diverse cultures and subcultures (NSNA, 2007, 2009, 2010). Not only are nurses, nursing students, and other health care providers ethically and morally obligated to provide the best cultural congruent care possible, but they are also legally mandated to do so. Emphasize the ethics of cultural competence by correlating with immediate career relevance, professional standards, social justice, and diverse case scenarios that prompt dialogue, ethical decision making, and cultural competence advocacy.

**Trust:** *Establish mutual trust by outwardly embracing the diversity of diversity and creating a caring community of learners and cultural safety.*

Gaining someone's trust is a necessary first step before patients or students willingly share their cultural values, beliefs, behaviors, and practices. Create caring communities of learners inside and outside class that outwardly and holistically celebrate the diversity of diversity, including academic and linguistic diversity. Teaching-learning and support strategies that incorporate a proactive inclusive enrichment (PIE) approach (open and encouraged for all students) rather than an exclusive remediation (ER) approach (limited to failing, weak, or "at-risk" students) creates caring that capitalizes on student strengths and minimizes weaknesses (Jeffreys, 2012). Promoting productive peer partnerships via small group and learner-centered class activities can be further enhanced through peer mentoring, study groups, and the well-planned design of a nursing resource center to create a 'nursing neighborhood' where all students 'belong.' Shared sto-

ries (narrative pedagogy) about cultural pain, bias, discrimination, conflict, learning, success, tribulations, and cross-cultural experiences followed by appropriate linkages with transcultural theory, research, skills, values, politics, economics, and historical factors can raise awareness and stimulate critical thinking about trust/distrust issues within the health care system, health disparities, health care disparities, and multicultural workplace conflict.

**Education:** *Actively promote ongoing cultural competence education.*

Integrating cultural competence substantively throughout the nursing program requires a leader who expects and assists full-time faculty, part-time faculty, and students to achieve this goal. Each person will be at a different point in optimal cultural competence development, yet each person can be moving in the direction of becoming *more* culturally competent. Orchestrate initial and ongoing cultural competence faculty development programs, meetings, webinars, teleconferences, online learning modules, and interactive curricular development workshops whereby all faculty work individually and collectively to skillfully blend American Association of Colleges of Nursing (AACN) cultural competence guidelines with essentials for program outcomes. Actively promote lifelong cultural competence education by becoming an active promoter/role model of cultural competence to students and faculty peers (Jeffreys, 2010c).

**Networks:** *Create collaborative intra and inter-professional networks.*

Collaboration and networking with other nurses, health professionals, and organizations permits the shared pooling of necessary, specialized resources, skills, and knowledge. The Transcultural Nursing Society provides numerous local and global opportunities for collaboration and networking through their Web site ([www.tcns.org](http://www.tcns.org)), network of certified transcultural nurses, journal (*Journal of Transcultural Nursing*), newsletter, local chapter meetings and events, and annual conference. The Internet has made networking and dialogue easier than ever before.

**Confidence:** *Develop resilient confidence for learning, teaching, and performing transcultural nursing skills. Prevent overly high or low confidence.*

An individual's perceived confidence (self-efficacy) for learning or performing specific tasks or skills necessary to achieve a particular goal is an important factor influencing commitment, motivation, learning, and outcome behaviors (Bandura, 1986). Individuals with low confidence for transcultural nursing skills are at risk for decreased motivation, lack of commitment, and/or avoidance of cultural considerations. Overly confident individuals are at risk for superficial cultural inclusion and/or neglecting culture. Faculty and students with strong, resilient, and realistic confidence (self-efficacy) will persist at cultural competence development, and will expend whatever energy is necessary (Jeffreys, 2010c).

**Evaluation:** *Incorporate evaluation results to improve cultural competence education.*

Realistic, frequent self-appraisal of strengths, weaknesses, gaps, and barriers in the journey to develop cultural competence in self and in others provides new direction for future growth and learning. This begins with a systematic, valid plan for data collection, measurement, and evaluation. Numerous assessment tools and questionnaires, such as the Transcultural Self-Efficacy Tool (TSET) and Cultural Competence Clinical Evaluation Tool (CCCET) are available to assist educators (Jeffreys, 2010a, 2010b; Jeffreys & Dogan, 2010, 2012, in press).

Whatever is done (or not done) today will influence what happens tomorrow and beyond. Let's join together to make a positive difference in health care through cultural COMPETENCE. **DN**

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# NSNA 60th Anniversary Convention and Alumni Reunion Faculty Schedule

## David L. Lawrence Convention Center, Pittsburgh, PA • April 11-15, 2012

Please join us to celebrate this momentous occasion. NSNA is pleased to provide a faculty program that offers contact hours and topics designed to enhance your teaching expertise. Here's an overview of the programs offered.

### Tuesday, April 10, 2012

5:00 p.m. – 8:00 p.m.

#### **Consultants and Advisors Leadership University Certificate Program Part I**

It doesn't matter if you are a brand new or a well-seasoned faculty advisor or state consultant—you will learn as well as contribute during this highly interactive two-session certificate program. The goal of the workshop is to enhance your effectiveness in these essential roles. Starting with the onsite pre-test, you will become engaged in an intense discussion that will elevate your learning as you hear (and share) your knowledge and experiences with your colleagues. Utilizing the NSNA essential tool kit (including *Getting the Pieces to Fit* and the *Consultant's and Advisor's Guidelines*), a wide array of topics from communicating with student leaders, understanding bylaws, policies and procedures, to preventing fraud will be on the agenda! Following the completion of an online posttest, you will be rewarded with a beautiful NSNA Leadership University certificate (suitable for framing).

**Facilitators:** Cheryl Schmidt, PhD, RN, CNE, ANEF; Cheryl Taylor, PhD, RN, FAAN; and Diane J. Mancino, EdD, RN, CAE, FAAN

### Wednesday, April 11, 2012

7:00 a.m. – 8:45 a.m.

#### **Consultants and Advisors Leadership University Certificate Program Part II**

8:30 a.m. – 4:00 p.m.

#### **Faculty Pre-Convention Workshop**

*Special Registration Required*

#### **Transforming Clinical Instruction**

Continental breakfast, breaks, and lunch are provided.

Award-winning author/editor, honored Educator of the Year, and teaching/learning strategist, Linda Caputi will help you to transform clinical education to meaningful learning. By enriching the clinical environment to interface with the curriculum, student learning outcomes are achieved and surpassed. The workshop also includes reliable clinical evaluation tools for assessing student performance and cutting-edge approaches to enhance your clinical teaching. Continental breakfast and lunch included. Pre-registration highly recommended. See convention brochure for more details.

**Speaker:** Linda Caputi, EdD, RN, CNE, Professor Emeritus at the College of DuPage, Glen Ellyn, IL

**Sponsors:** National League for Nursing, New York, NY; and National Student Nurses' Association, Brooklyn, NY

Six contact hours will be awarded by the National League for Nursing an approved provider through the International Association for Continuing Education and Training (IACET).

5:45 p.m. – 7:30 p.m.

#### **Opening Ceremony and Keynote Address**

#### **Spanning the Distance: 60 Years of the Evolving Nurse**

**Keynote Speaker:** Mary Foley, MS, RN, University of California, San Francisco, CA

Scholarship winners will be recognized along with their sponsors. The following awards will be presented: Leader of Leaders Award, Marilyn Bagwell Grant, and Honorary Membership.

### Thursday, April 12, 2012

7:45 a.m. – 8:45 a.m.

#### **Coaching and Mentoring Nursing Students**

11:00 a.m. – 12:00 p.m.

#### **On the Way to Nursing's Future: ANA's Strategic Plan**

11:15 a.m. – 3:45 p.m.

#### **Career Counseling Center in the Exhibit Hall**

12:00 p.m. – 1:00 p.m.

#### **Consultant/Advisor Orientation to The Convention**

2:00 p.m. – 3:30 p.m.

#### **Adaptive Quizzing and Learning**

3:45 p.m. – 4:45 p.m.

#### **Consultant/Advisor Briefing**

### Friday, April 13, 2012

8:30 a.m. – 10:30 a.m.

#### **NCSBN's World Café Meeting:**

#### **Themes from Conversations that Matter**

Includes breakfast

11:00 a.m. – 3:30 p.m.

#### **Career Counseling Center in the Exhibit Hall**

3:00 p.m. – 4:30 p.m.

#### **More Innovative Teaching Strategies!**

5:00 p.m. – 6:30 p.m.

#### **Overcoming the Challenges of Non-Self-Efficacious Students**

### Saturday, April 14, 2012

9:00 a.m. – 12:00 p.m.

#### **Career Counseling Center in Exhibit Hall**

11:00 a.m. – 12:30 p.m.

#### **The Brave New World of Publishing: What Prospective Authors Should Know**

1:15 p.m. – 2:30 p.m.

#### **Considerations for Creating a Quality Online Class**

2:45 p.m. – 4:15 p.m.

#### **No Stone Unturned – Grant Writing Tips**

4:30 p.m. – 6:00 p.m.

#### **Closing Ceremony and Endnote Address Promises to Keep**

Wrap up the convention with wonderful memories and inspirational thoughts from Dr. Pamela Cipriano.

The Closing Ceremony also includes introduction of the 2012-2013 newly elected Board of Directors and Nominating and Elections Committee and announcement of NSNA chapter award winners.

**Speaker:** Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, Nurse Scholar-in-Residence at the Institute of Medicine Research, Associate Professor, University of Virginia School of Nursing, Editor-in-Chief, *American Nurse Today*

Visit [www.nсна.org](http://www.nсна.org) and click on **Meetings** for NSNA Convention updates.

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Volume 33, No. 3 • January/February 2012

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**Dean's Notes** is indexed in Cumulative Index to Nursing & Allied Health Literature.

*Dean's Notes* is published five times a year (September/October, November/December, January/February, March/April, and May/June) by Anthony J. Jannetti Inc., East Holly Avenue, Box 56, Pitman, New Jersey 08071-0056. Telephone 856.256.2300. FAX 856.589.7463. All rights reserved. No part of this publication may be reproduced without the express written permission of the publisher. Address changes should include mailing label and be forwarded to the publisher.

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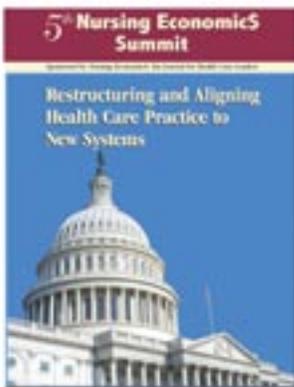
## Nursing Economic\$ Offers 5th Summit for Nurse Leaders

The 5<sup>th</sup> *Nursing Economic\$* Summit, June 6-8, 2012, at the Marriott Wardman Park Hotel in Washington, DC, will feature sessions that analyze the most urgent issues that nurse leaders are facing and offer effective solutions. The theme of the conference is "Restructuring and Aligning Health Care Practice to New Systems."

"I've never seen health care face so many radical changes," said Donna Nickitas, PhD, RN, NEA-BC, CNE, conference chairperson and *Nursing Economic\$* editor. "Because the issues – from political to personal – are so important, we designed the Summit to include many question and answer sessions with the top experts in the industry."

Session topics include the cost of end-of-life care, staffing based on evidence, policy and politics, and respectful relationships. As in previous years, nurse leaders, executives, educators, deans, administrators, and other decision makers from hospitals and schools of nursing are expected to attend. Attendees will also view innovative poster presentations, earn up to 14.25 continuing nursing education (CNE) contact hours and meet with vendors, educators, and others in the exhibit hall.

Visit [www.nursingeconomics.net/summit](http://www.nursingeconomics.net/summit) to view the complete program and register online. **DN**



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