



Issues for Debate

Nurturing cultural competence in nurse education through a values-based learning approach

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ABSTRACT

Global reports of cultural insensitivity continue despite the growing evidence highlighting the importance of nurturing cultural competence development in nurse education and practice. With the widening sociocultural diversification of the patient population, it is now imperative that nurse educators establish cultural competence as a graduate capability. The recent focus on revisiting and recommitting to core nursing values is welcomed, however further consideration is needed to ensure such values are lived in nurses behaviours, when engaging with culturally diverse patients. Undergraduate nurse education needs to embrace opportunities to engrain values based learning in curriculum design and utilise innovative learning and teaching approaches that ensure cultural competence is more explicitly developed. This paper discusses the importance of providing opportunities for students to critically review approaches to care, whilst ensuring cultural competency is a more visible responsibility of the future registered nurse in delivering quality care. The authors outline some practical approaches to examining core values underpinning nursing practice in the context of cultural competence development.

1. Introduction

Providing quality, safe and compassionate patient care are key priorities for healthcare services globally. However, the widespread reports of gaps in care (Gibbon and Crane, 2018) and culturally insensitive care (Almutairi et al., 2017) are a growing concern. With the widening sociocultural diversification of the patient population, it is now imperative that nurse educators establish cultural competence as a graduate capability and examine ways of addressing the continuing decline in standards of care. Cai (2016) define cultural competence as an ongoing growth of capability and capacity to provide safe and quality care to patients from diverse cultural backgrounds. Understanding the diverse interpretations of health, illness and health seeking behavior is essential for negotiating person-centred care. These interpretations are influenced by variable processes of sociocultural diversification such as; customs, ethnic identity, language, gender, socioeconomic status and sexual orientation (Culley, 2014). This paper highlights the importance of integrating cultural competence development in undergraduate nursing curricula, through a values based learning approach. It challenges nurse educators to incorporate innovative teaching practices that make cultural competency a more visible responsibility of the future registered nurse in delivering quality

care.

1.1. Core values underpinning cultural competence development

Developing cultural competence contains key elements which reflect communal nursing values within an evolving intercultural society (Papadopoulos et al., 2016), and exploring these constructs together helps reinforce the need for culturally responsive quality care. In response to the growing concerns with standards of nursing care, many countries have developed position statements re-affirming core nursing values. For example; care, compassion and commitment are the endorsed values underpinning nursing practice in Ireland (Department of Health, 2016), while the United Kingdom have adopted six core nursing values; care, compassion, competence, communication, courage, and commitment (Baillie, 2017). Although the renewed attention to core values guiding nursing practice is heartening, imposing value statements in isolation are unlikely to change nursing behaviours. Undergraduate nurse education needs to embed such values in curriculum design as a means of preparing nurses for the realities and complexities facing nursing practice. Despite the reported benefits of values based nursing curricula (Rosser et al., 2019), developing technical knowledge and skills appear to take priority. Drawing on a theory of resigned

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indifference which explains how nurses use disengagement when caring for culturally diverse patients, resulting in gaps in care (Markey et al., 2017, 2018), the following nursing values will be discussed. Gaps in care are sustained by resigned indifference, where nurses become complacent and accepting of substandard care, highlighting the importance of re-thinking educational philosophies underpinning sustainable cultural competence development.

1.2. Care

Nurse educators need to provide opportunities for students to critically discuss the different understandings of caring behaviours amongst and within different cultural groupings. Adopting learning and teaching approaches that encourage students to explore the role of ethnicity, gender, class, sexuality and age in how people experience healthcare is a necessity (Ion et al., 2018). The benefits of case-based learning is well acknowledged (Li et al., 2019), however clinical based scenarios need to reflect the expanding cultural diversity and complexity of healthcare environments, i.e. changing the ethnicity, gender, class, sexuality or age of the patient within the same scenario. This will assist students explore similarities and differences of care needs, highlighting the importance to ascertain, rather than assume that individual care preferences are of significance.

Caring is demonstrated through listening, providing support and developing therapeutic relationships with patients and their families. However, the unease experienced when communicating cross-culturally remains challenging for nurses (Markey et al., 2018). Nurses must stop becoming pre-occupied with cultural differences, as it limits their ability to consider possible similarities between and across cultures and as a result general caring discussions become less important. Johnson et al. (2004) warn of the impact of over focusing on difference and ‘othering’ which results in exclusionary practices. Tinker and Armstrong (2008) also draw attention to the complexities of classifying people into categories, which results in individuals identifying themselves as either an ‘insider’ or ‘outsider’ of groups. Nurse education needs to provide opportunities for students to develop cultural awareness, focusing on the self as a means of transforming thinking (Papadopoulos et al., 1998). This requires providing a safe environment for in depth self-examination of one's own personal beliefs and values, cultural heritage and cultural norms, whilst exploring similarities and differences amongst and within cultural groupings. It also requires looking for possible flaws in the way care is provided and proactively exploring ways to achieve better outcomes for the patient and their families.

1.3. Compassion

National and international healthcare policies make explicit the need for compassionate care in plans for healthcare reform, suggesting it lies at the heart of healthcare delivery (NHS England, 2004; Department of Health, 2016). Equipping nurses to practice in both a compassionate and culturally competent manner has emerged as an important concept (Papadopoulos et al., 2016), but is an area that until recently has received limited attention. Care cannot be compassionate if culture is not considered, as the interpretation of compassion may vary among and within different cultural groups. Nurse education needs to ensure culturally compassionate care is nurtured, developed and sustained both in theoretical preparation and during clinical practice experiences. Collaborating with patient advocacy liaison services and service users from culturally diverse backgrounds during curriculum design ensures the patients' voice is evident within curricula. Nurse educators must provide opportunities for students to explore patients experiences, whilst exploring similarities and differences of how individuals interpret the meaning of compassion. Arveklev et al. (2018) highlight the value of using drama in learning to appreciate the experiences and perspectives of patients. For example, role playing caring

encounters and practice dilemmas will encourage students to take on different roles to appreciate different views of compassion and care preferences.

1.4. Commitment

Nurses are aware of the importance of providing culturally sensitive care; however there is growing evidence to suggest they fail to apply this in their practice (Wang et al., 2018). Nurse education needs to cultivate commitment to providing quality care that meets the individual needs of an increasingly culturally diverse patient population. Social justice standards and ethical, legal and professional imperatives for nurses should be integrated across curricula as a means of creating awareness of the responsibilities for providing quality care for all patients. However, student nurses need help to rehearse the skills of questioning, clarifying and challenging approaches to care. Opportunities for students to discuss their practice, to think about what they do and question the effectiveness of their care is essential. The value of reflective practice as a means of developing such awareness is well documented in the broader nursing literature (de Vries and Timmons, 2016). Although, McAllister et al. (2006) suggests that reflection on experiences can lead to the extraction of culturally general understandings, reflection in isolation will not change behaviours. The challenge for nurse educators is to consider ways of developing resilient nurses who have a greater self-awareness of attitudes and behaviours that may hinder culturally sensitive care and can transform such practices. Tetley et al. (2016) draw attention to the importance of having values based teaching initiatives that are more related to the complexities of healthcare practice. This should include providing opportunities to examine the growing evidence of substandard care for culturally diverse patients, as a means of highlighting some of the realities facing nursing practice.

Feeling ill prepared to care for patients from different cultures is a challenge that is reported on globally (Markey et al., 2018), which is often contextualised within the literature as lacking cultural specific knowledge. However, nurse educators need to be mindful that teaching about the beliefs of various cultural groups in isolation is not conducive to preparing nurses to provide culturally responsive care (McAllister, 2015; Almutairi et al., 2017). Cultural information alone will not dispel ethnocentricity, which is when an individual perceives that their cultural or ethnic group is superior to that of another and can present as obstacles to well-intended therapeutic relationships (Markey et al., 2012). Education methodologies need to cultivate a desire to understand individual care preferences and curiosity to find answers when unsure. Consideration should be given to how knowledge, skills and attitudes can be adapted to provide culturally responsive care for the sick person, whilst adopting an approach that does not assume a common cultural need.

1.5. Communication

Developing effective intercultural communication skills is essential in reducing the risk of cultural misunderstandings as culture influences how verbal and non-verbal expressions are communicated. Nurse educators need to nurture the development of cultural sensitivity which relates to the importance of respect, trust and empathy in developing therapeutic relationships (Papadopoulos et al., 1998). In particular, the diverse communication styles of individuals and the role that families and communities have in decision making are important areas for exploration. The intercultural classroom has the potential to provide a safe space for intercultural dialogue, which can support the development of cultural sensitivity, whilst exploring similarities and differences with culturally specific styles of communication. For example; cultural introduction activities that explore differences with nonverbal communication styles such as; eye contact, facial expressions, silences and gestures. However, intercultural learning does not occur spontaneously

and needs to be carefully and sensitively planned (O'Brien et al., 2019).

The value of using professionally trained interpreters when communicating with linguistically diverse patients is well recognised, but they remain under used in nursing practice (McCarthy et al., 2013). Nurse educators need to provide opportunities for students to develop a greater awareness of the role of interpreters, how to access them and the importance of working with them in meeting the needs of patients who are not proficient in English. Students need encouragement to think about what it might be like for a patient who has limited English to communicate their care needs.

1.6. Courage

Nurse educators need to foster cultural courageousness to challenge assumptions, raise concerns regarding substandard care and to embrace new ways of thinking and working. This requires creating an environment where students feel comfortable to ask questions, challenge their own and others thinking and feel comfortable to advocate for others. For example, debates as learning tools, where students are required to articulate a perspective that may be unpopular to others, will assist in developing the courage to question own and others' practices. Although, there are calls for the development of courage within nurse education in the wider nursing literature (McAllister, 2015), this has received less attention within cultural competence literature.

Nurturing a mind-set of enquiry in all learning opportunities can help prepare students to overcome the uncertainties experienced when caring for culturally diverse patients. Nurse educators need to cultivate the courage to explore uncomfortable issues such as stereotypes and biases, in the safety of a supportive environment, whilst collectively discussing appropriate ways of dealing with them sensitively. Having an awareness of issues that can present as barriers to sometimes well intended care can facilitate the un-noticing of culturally insensitive practices that can often be the result of thoughtlessness or ignorance. The use of portfolios, reflective diary keeping, and guided group reflection are approaches that can ultimately bring new insights, new ideas and ways of thinking. Such analysis and critical level of reflection should lead to questioning of level of knowledge and skills, assumptions and consideration of alternatives.

1.7. Competence

Providing opportunities to apply the theoretical principles underpinning care to practice in a supportive environment is pivotal to developing cultural competence. This requires positive role models in practice and broadening placement opportunities for example non-profit agencies that support people from diverse sociocultural backgrounds. Encouraging students to work with clinical nurse specialists who have expertise in assessing and planning care for culturally diverse patients is important. For example taking time to consider how the mental health status of a patient with schizophrenia whose beliefs is to avoid eye contact can be assessed and considering ways of helping a person to adjust their medications during Ramadan. There is a need to review practice assessment tools to ensure that cultural competence development is explicitly assessed in practice.

2. Conclusion

Opportunities to explore values underpinning culturally sensitive care demand rethinking educational philosophies and learning and teaching methodologies both in the classroom and during clinical placements. This does not necessarily require major structural changes but instead requires a shift in thinking. Ultimately, nurse education needs approaches that support students to appreciate similarities of care needs for all patients, whilst respecting difference.

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Appendix A. Supplementary data

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