

### **Cultural Competence in Nursing Curriculum: Student Perspectives**

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It is well documented that when the nursing workforce mirrors the population it serves in terms of social determinants, significant improvements in health outcomes, quality of patient care as well as reductions in cost occur (American Association of Colleges of Nursing [AACN], 2008; Institute of Medicine [IOM], 2010).

The University of Maryland School of Nursing (UMSON) is involved in an initial one year project focused on improving the preparation of entry level nurses to provide culturally and linguistically appropriate care to diverse populations. In partnership with Shady Grove and the University of Maryland Medical Centers, the project is building collaborations between education and practice to develop new models that will promote a patient centered continuum of care. The multifaceted approach includes assessment of graduating BSN students, BSN faculty, practicing nurses and hospital educators. Four focus groups have been conducted with graduating students and interviews with UMSON BSN faculty have been completed. Interviews with practicing nurses and hospital educators are being scheduled. Based on competencies and concerns of these four groups, we will examine the need for curricular enhancement and develop a toolkit and workshops for faculty and nurse educators. The results of the student focus groups will be presented.

Four focus groups were conducted with graduating BSN students over the course of two academic semesters at UMSON in Baltimore and at the Universities at Shady Grove. Twenty-six seniors participated in discussions regarding their perceptions of their educational preparation as it pertains to cultural competence in the curriculum, the classroom and clinical setting and their readiness to practice as it relates to cultural competence. All focus groups were audio recorded, transcribed and analyzed using content analysis.

Overall, students reported a high sense of cultural sensitivity and cultural awareness by the end of the program. But, they felt that they were not well prepared to advocate for their patients when faced with issues of bias or cultural misunderstandings. Several themes emerged, including: 1) Students had to reconcile the theory of cultural competence with the realities of delivering culturally competent care; 2) Cultural, religious and racial bias are present in healthcare; 3) Culturally competent care is a learned skill; 4) Educational preparation requires more application than theory; 5) Developing cultural awareness is different from stereotyping; 6) Implementation of CLAS standards vary across hospital settings.

Students perceived they had a theoretical understanding of cultural competence and demonstrated cultural humility and cultural sensitivity. However, they were not confident in their abilities to advocate for their patients when cultural bias or cultural misunderstandings were evident. This valuable information will help inform the development of project deliverables including a toolkit for nurse educators, inform curricular decisions and identify possible practice and research opportunities.