World Wide Journal of Multidisciplinary Research and Development

WWJMRD 2015; 1(6): 16-20
www.wwjmrd.com
e-ISSN: 2454-6615

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Challenges facing nursing faculty members teaching culturally competent nursing students using the multiple intelligences theory

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Abstract
Cultural competent health care delivery is a necessary component to the effective delivery of health care in the United States (US). Nursing students require cultural competence education in their nursing school curriculum, and nursing faculty can successfully teach cultural competence to students. The current manner of teaching cultural competence education lacks the ability to engage students, and nursing faculty can meet this challenge through changing the instructional method currently utilized in nursing education. Using the theory of multiple intelligences (MI), nursing faculty can address the various learning styles and engage nursing students in cultural competency education. By changing the method of delivery, nursing faculty can meet current and future challenges related to cultural competency education and positively impact the health disparities in the US health care system.

Keywords: culture, cultural competence, nursing education, multiple intelligences theory

Introduction
The United States (US) is a culturally diverse nation that is vastly changing due to increased globalization. The US population that is considered ethnically and culturally diverse is 36.6%, [1] but only 15% of all health care jobs are held by people from ethnocultural groups. [2] This is important to note as culturally and ethnically diverse groups account for the majority of health disparities, [3, 4] and culturally competent nurses, regardless of race, help reduce health disparities. [5, 6] Nursing educators play a key role in teaching cultural competency education to nursing students, but there is a lack of consistency and effectiveness related to cultural competency education. [7] Undergraduate nursing students are prepared to meet the health care needs of the public, and this should include culturally and ethnically diverse populations. However, the lack of cultural competency effectiveness in undergraduate nursing education is noted, [2, 7] and 76% of nursing students are white, non-ethnic**,** and non-culturally diverse students. [8] This indicates a need for cultural competency education in undergraduate nursing students, and the Multiple Intelligences (MI) theory, is a valuable pedagogical tool to help nursing educators prepare skilled, culturally competent nurses. Cultural competency education is important to undergraduate nursing students as they are expected to provide care to all patients they encounter. There is a large minority population, and the minority population faces a higher burden of health disparities more likely to require hospital care. [9,10,11] New nurses are more likely to leave their facility when met with challenges they do not feel well equipped to handle, such as providing care to diverse patients. [12] Undergraduate nursing students that receive adequate cultural competency education provide care that helps reduce health disparities and enjoy less job stress and reduce the rate of attrition. It is essential that nursing schools provide cultural competency education. The purpose of this paper is to explore the importance of cultural competency education while discussing current and future challenges related to cultural competency education. It is anticipated that the paper will provide the reader with a cursory understanding of the current literature regarding cultural competency education, including gaps in the literature related to the theory of MI. It is also hoped that this paper will provide information that supports the case for cultural competency education in undergraduate nursing students.

The literature review yields a wide variety of information related to cultural competence and cultural competency education. Using the search terms teaching cultural competence,

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cultural competence education, and undergraduate nursing students over 1,500 articles were located in available journals through the databases of EBSCO, CINAHL, Sage, and Medline. The results were carefully reviewed and included in the literature table if the article was relevant to undergraduate nursing education, were published in English, and represented original research. This left only 50 articles that fit the criteria. From these 50 articles, three themes were identified that highlighted the key issues in cultural competence and cultural competency education to undergraduate nursing students.

Theme 1- Knowledge

Knowledge is a key component to cultural competency education. It is important for the nurse to be educated to have a base level of cultural competency tenets so he or she has an understanding of the other person. [13,14] If the nurse is providing care to a patient from a population that is highly faith-based, it is important that the nurse have the knowledge to connect, even if only superficially, with the patient and reference something close to the patient. [15] Knowledge regarding social customs related to different cultures is highly valued amongst students. [16,17] Nurses, including nursing students, highly value knowledge related to culturally diverse interactions, [18,19] and nurses show a retention of cultural competency education as they transition from student**s** to practitioner**s.** [20,21] Providing students with knowledge is an important aspect of teaching cultural competence to the next generation of nurses. [22] With this knowledge, students gain the ability to apply this to practice. This leads into the next theme.

Theme 2- Skill

While this theme focuses on the ability to apply cultural knowledge to practice, the theme of skills is essential to understanding the process of teaching cultural competence to undergraduate nursing students. Specific skills, aside from general knowledge, need to be taught to future nurses. In practice, skills can be enhanced through various activities like intergroup dialogue and simulation. Intergroup dialogue is used to teach cultural competency skills to social workers, [19] and this can be transferred to the nursing profession. Simulation can provide an opportunity for nursing students to take cultural competence knowledge to the clinical setting. [19,20,23] Some educators use journaling to reflect on skill acquisition of cultural competency. [24,25,26] Skill acquisition is an important aspect of cultural competency education. [27]

Theme 3- Desire

Desire is a concept related to culturally competency education. Students that express a desire to be culturally competent attain a higher level of cultural competency knowledge and skills than peers that do not wish to attain cultural competency skills so nurse educators need to express the importance and impact of culturally competent health care. [16,28,29,30] Other studies addressing cultural competency support the concept of desire as a key component to cultural competency attainment. [26]

Gaps in the literature

There are many gaps in the literature addressing cultural competency education. There is a general consensus that cultural competency education is desirable for nurses, but the literature does not support best practices for cultural competence education. The theory of MI suggests individuals differ in the way they learn best. [31] MI includes eight intelligences including linguistic, logical-mathematical, musical, spatial, interpersonal, intrapersonal, bodily-kinesthetic, and naturalistic. This shows that students have different intelligences to help them learn and synthesize the world. Applying cultural competence learning to the multiple intelligences pedagogy allows for students to harness their intelligence strength to gain the knowledge, skills, and develop the desire to be culturally competent. Literature does not address cultural competency education through the theory of MI in nursing students. Research related to other topics in education applies the theory of MI to engage students, [32,33] and this correlates to the cultural competency concept of desire. Students taught through MI have a higher success rate, [34] and this correlates to the cultural competency concept of knowledge. Further, MI increases the skill acquisition of the learner, and this supports the cultural competency concept of skill. MI is an appropriate learning theory for teaching cultural competency education, but the literature does not indicate that this has been studied as it has in other disciplines within nursing. [33]

Current challenges

There is a lack of a standardized approach to cultural competence education despite research suggesting that culturally competent nurses lead to a healthier US. [5,6,35,36,37] Nursing education programs continue to lack a uniform approach to teaching cultural competence despite recommendations dating back to 1986. [7,16] There is great opportunity to meet the needs of the culturally diverse as they encounter numerous health disparities, and culturally competent nurses are capable of meeting the challenge. There are many barriers to providing cultural competency education to undergraduate nursing students.

One barrier for students and faculty members is that the concepts of cultural competence are often threaded throughout the curriculum with cultural competence appearing as a student learning outcome expected to occur in the clinical setting. The hospital setting is expected to provide nursing students with enough exposure to culturally diverse patients that students gain a functional level of knowledge related to cultural competence. This is a barrier to cultural competence education as this means the education process occurs through observing other nurses as they provide care to diverse populations. The observed behaviors may not reflect cultural competency, and more future nurses may be taught how to deliver culturally incompetent care to patients. This barrier does not adhere to the theory of MI, and a solution to this barrier is to include MI modalities. By using a wide variety of teaching modalities supported through the use of MI, nurse educators have an opportunity to change the passive process of nursing students observing practitioners delivering care to diverse patients. By using active MI learning modalities and delivering didactic and practicum education of cultural competence, nursing students can retain the cultural competency knowledge necessary to be effective, culturally competent nurses.

A second barrier for both learners and faculty is that cultural competence requires desire. The majority of nursing students are white females, and they tend to express

the least desire for gaining cultural competency skills. [38] A solution is supported through the use of the theory of MI. Faculty members can provide a variety of modalities to engage students and increase their desire to gain culturally competency skills. This is both a solution and a challenge, as this requires a change from passive observation of cultural competence to an active and engaging educational process to promote desire in nursing students.

A third barrier is that skill acquisition is expected to occur in the hospital. However, undergraduate nursing students are facing reduced clinical time in the hospital in favor of simulated clinical time in the lab. It is difficult to develop cultural competency skills when caring for a mannequin unless this is done with purposeful attention to cultural backgrounds, issues, and diverse patient needs. If nurse educators used the theory of promote cultural competence education, there may be an increase in the retention skill acquisition. In addition to a hands-on approach to learning cultural competence, nursing students need cultural competence education presented in variety of modalities. [39] The current challenges are related to the lack of a consistent curriculum to teach cultural competency in nurses, and the uni-modal method of passive observation of cultural competency in nurses that may, or may not, be culturally competent. These challenges are compounded by a cultural competency education that does not fully address the knowledge, skill, or desire needed to be culturally competent. Despite the challenges, the use of MI theory and incorporation of cultural competency education in the didactic setting should meet the challenges.

Future challenges

There are many future challenges to undergraduate education of culturally competent nursing students, and many are related to society. However, nursing educators are a resourceful bunch, and the future challenges can be proactively addressed. In the next ten years, there are many opportunities to meet, and exceed the challenges of cultural competency education. Immigration is increasing in the US, and as more immigrants come to the US, there will be an increased need for culturally competent nurses. Additionally, the current culturally diverse patients will continue to age and require more nurses, and it is essential that nurses provide cultural and age appropriate care to diverse patient groups. Health care delivery continues to become more technologically complex, and culturally diverse patients may need nurses to teach them how to use technology to meet their health care needs. For example, many physicians' offices are adding online scheduling for clients. This may be a cultural challenge for some. Nurses are change agents in the health care setting and will need to teach clients technology skills in a culturally competent manner.

With the Affordable Care Act, there is an emphasis on preventive health services. [40] Cultural and ethnic minorities tend to not utilize preventive care services, [9] and nurses will be challenged with helping culturally and ethnically diverse clients access preventive care services that are delivered in a culturally competent manner. Politically and financially, there will be increased pressure for the health care system to deliver high quality patient outcomes with diminishing resources. Nurses must be able to deliver culturally competent care to improve patient outcomes while conserving health care expenditures. To meet these challenges, nurse educators must teach cultural competency education in a manner that addresses the tenets of the theory of MI. Nurse educators must be proactive and innovative in teaching strategies to serve as a leader in the area of cultural competent health care delivery. Nurses are resourceful, and nurses can make a difference through a change in the current educational model. Nurse educators can address the challenges in the next ten years by continually monitoring the quality and outcomes of cultural competency education. Nurses are instrumental in shaping health outcomes in the US, and adopting an innovative and engaging attitude towards cultural competency education, nurses can shape the future of the US health care system to reduce health disparities related to minority populations. Some challenges remain unseen, and only time will reveal all of the challenges towards the development and maintenance of a culturally competent health care system. By remaining open to change, nurses will be able to meet those unforeseen challenges.

Conclusion

The population in the US is diverse, and nurses must deliver culturally competent health care to meet the needs of the ever-increasing percentage of minorities in the US health care system. Cultural competency education is felt to be beneficial to the US health care system and a key factor in reducing health disparities. Despite this knowledge, traditional approaches to cultural competency education are not meeting the needs of the health care system. Nursing educators are capable of embracing the theory of MI, and changing the way cultural competency is taught in nursing school. Nursing educators that use multiple modalities to teach cultural competence education in the didactic and practicum setting can make a difference in the health care system despite many current and future challenges that nurses can successfully overcome.

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