Best Teaching Practices for Providing Culturally Sensitive and Inclusive Nursing Education: Nurse Educators' Perspectives

By
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Christine Louise Renberg Sommers
MN, University of Washington, 1992
BSN, Cedarville University, 1989

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Chair: Wanda Bonnel

_____

Karen Wambach

_____

Cara Busenhart

_____

Pamela Barnes

_____

Lisa Mische-Lawson

Date Defended: 2 May 2019

The dissertation committee for Christine Louise Renberg Sommers
certifies that this is the approved version of the following dissertation:

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Chair: Wanda Bonnel

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Abstract

This paper explored problem-based learning and cultural diversity, critical thinking and clinical judgment and cultural diversity, and nurse educators' perceptions of implementing culturally diverse and inclusive nursing education. The results of this exploration are presented in three articles (Chapters 2-4). In Chapter 2, a synthesis of literature regarding strategies for problem-based learning with culturally diverse students was described. Studies in nursing literature have not specifically focused on the needs of culturally diverse students when implementing problem-based learning. Nurse educators need to consider their own culture and their students' culture when implementing problem-based learning. They also need to dialogue together about best teaching strategies in nursing education that consider culture.

In Chapter 3, the results of a systematic literature review on strategies for teaching and evaluating critical thinking, clinical reasoning, and clinical judgment in culturally diverse nursing students was presented. Recent nursing literature was reviewed regarding best teaching strategies and tools that are available for use with nursing students from diverse cultures. Cultural values of students will affect their learning style preferences, motivation, ways of thinking, respect for elders, group expectations, and style of communication. Because of this, nurse educators need to better understand how to work with the unique knowledge and skills of diverse students.

The results of a descriptive exploratory study were presented in Chapter 4. The purpose of this study was to explore nurse educators' perceptions of implementing culturally sensitive and inclusive nursing education and addressed the following areas: (a) implementation of best teaching strategies and practices, (b) description of challenges, (c) consideration of benefits, and (d) description of educational needs related to providing culturally sensitive and inclusive

nursing education. The findings from the study can help guide educators in strategies to implement culturally sensitive and inclusive nursing education and to overcome challenges in that implementation.

A summary of the three articles is presented in Chapter 5. A better understanding of implementing culturally sensitive and inclusive nursing education may assist educators to engage culturally diverse students with the goal of successfully meeting learning outcomes and preparing them to provide safe, effective, and culturally competent patient care.

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Chapter 1

Introduction

Background

The purpose of this study was to explore nurse educators' perceptions of using best teaching practices for providing culturally sensitive and inclusive nursing education. Culturally sensitive and inclusive nursing education can facilitate engaging and preparing culturally diverse nursing students for the nursing workforce. Around the globe, communities have become more culturally diverse. Nurses are crucial to the delivery of essential health services to meet the complex healthcare needs of culturally diverse patients (World Health Organization, 2016). A diverse workforce is needed to improve the health of culturally diverse patients and reduce health disparities (Glazer et al., 2016; Institute of Medicine, 2010; Trice & Foster, 2008). The nursing profession in the United States (US) is not as diverse as it should be to provide culturally relevant care to all populations (Institute of Medicine, 2010).

Excellence in nursing education is required to prepare a strong and diverse nursing workforce to meet complex healthcare needs (National League for Nursing, 2016). In a national survey project to help universities graduate a culturally sensitive, diverse, and prepared healthcare workforce, researchers surveyed 104 universities in 45 states regarding holistic admission practices *(*Urban Universities for Health, 2014). One of the conclusions of the researchers was that preparing a strong and diverse nursing workforce that is well equipped to meet current and future complex healthcare needs requires that culturally diverse nursing students successfully complete programs and graduate prepared to provide safe and quality patient care.

Diverse nursing workforce. In the US, a national report summarized the importance that a more diverse nursing workforce would improve meeting the healthcare needs of patients and communities and provide more culturally relevant care (Institute of Medicine, 2010). The culturally diverse population in the US of individuals born outside of the US has grown to a record 40.7 million people in 2012 with the majority being Hispanic, followed by Asian and African populations (National League of Nursing, 2017). Both the American Association of Colleges of Nursing (2017) and the National League for Nursing (2016), representing broad faculty concerns, have made recommendations related to developing a more diverse nursing workforce and the need for nurse educators to provide culturally sensitive and inclusive nursing education. The need is considered great, with national organizations such as the United States Health Resources and Services Administration sponsoring Nursing Workforce Diversity grants to help programs develop resources to facilitate students' success (example: https://bhw.hrsa.gov/fundingopportunities/?id=71a65b17-a6c8-45cf-a944-99b0d256fcef).

Student issues. As communities have become more diverse, more students entering nursing programs are culturally diverse. There are increasing numbers of culturally diverse students enrolled in nursing programs as a result of multiculturalism, global migration, technological advances, global nursing and nursing faculty shortages, and an increase in the number of nursing students studying at international universities (Jeffreys, 2015; Newton, Pront, & Giles, 2016). Nursing programs have been encouraged to adopt holistic admission review processes to increase the diversity of students accepted into the program (Glazer et al., 2016).

Culturally diverse nursing students have experienced learning obstacles (Mikkonen, Elo, Kuivila, Tuomikoski, & Kääriäinen, 2016). For example, clinical learning environments can be one of the greatest challenges (Mikkonen, Elo, Kuivila, et al., 2016). Many students also face

language and communication issues with faculty, other healthcare providers, and patients (Choi, 2005; Crawford & Candlin, 2013; Gilligan, Outram, & C., 2012). Failure to overcome these obstacles and provide an inclusive and supporting learning environment may result in failure in individual nursing courses, attrition from the nursing program (Brooks Carthon, Nguyen, Chittams, Park, & Guevara, 2014; Jeffreys, 2015; National League for Nursing, 2017), and difficulties in communication with patients that may influence patient care (Crawford & Candlin, 2013).

Faculty issues. Researchers in Australia, Finland, US, Canada, and the United Kingdom have reported challenges from nurse educators in relating to culturally diverse students and meeting their varied academic and holistic needs (Abu-Arab & Parry, 2015; Jeong et al., 2011; Marzilli & Mastel-Smith, 2017; Mikkonen, Elo, Tuomikoski, & Kääriäinen, 2016; Newton et al., 2016; Oikarainen et al., 2017). There may be differences in expectations among and between students and nurse educators as a result of varying cultural views and beliefs (Clarke, 2010; Melby, Dodgson, & Tarrant, 2008). These varying views can influence the teaching-learning relationship. In a synthesis of the evidence, Sommers (2018) reported nurse educators need to be aware that culture affects learning and be willing to adapt and develop teaching strategies to promote the success of culturally diverse nursing students. For example, since culture affects learning, methods for evaluation of learning will need to be culturally adapted.

In a systematic review of evidence regarding culture and learning, the researcher found themes that organized relevant teaching strategies: maintaining awareness, respecting culture, providing support programs, utilizing technology, and developing reflective practices (Sommers, 2017). Nurse educators' teaching style and delivery may impact the learning of culturally diverse nursing students and ongoing research is needed in this area (Crawford & Candlin,

2013). Globally, nurse educators need to collaborate and share with each other the best methods to teach culturally diverse nursing students, with the common goal of improving patient care (Sommers, 2014).

To meet the needs of these diverse students, nurse educators need to be equipped to teach in multicultural settings (Billings, 2015a, 2015b; Dewald, 2012; Fuller, 2013; Jeffreys, 2014). One of the competencies identified for certified nurse educators is to facilitate learner development and socialization, including knowing how to meet the unique learning needs of culturally diverse students (National League for Nursing, 2018). A review of many of the textbooks used in formal preparation of nurse educators emphasizes the importance of this topic as well, discussing the importance of creating learning environments that are culturally sensitive and inclusive. Nurse educators will need to provide culturally sensitive and inclusive nursing education that is characterized by "openness to diversity, with mutual respect and trust for others" (Dewald, 2012, p. 410).

Culturally responsive teaching in higher education. Wlodkowski and Ginsberg (2017), based on their research on best practices for adult learners in higher education, recognized that human motivation is inseparable from culture. A student's culture helps to shape attitudes through experiences, instruction, identification, and role behavior. They developed a model of teaching and learning that recognizes the interrelationship of culture and motivation, The Motivational Framework for Culturally Responsive Teaching (Wlodkowski & Ginsberg, 1995). The four intersecting components of establishing inclusion, developing attitude, enhancing meaning, and engendering competence are sensitive to cultural differences. Culturally responsive teaching is appropriate for all disciplines and cultures to engage students while respecting the students' cultural integrity. It involves developing relationships and daily

practices that support the students' learning and deepens their existing knowledge and enthusiasm for learning.

Barnes (2012) used this model of teaching and learning to research student perspectives on the four components of motivation (inclusion, attitude, meaning, and competence) in 13 cohort-based groups of students in accelerated degree programs. Students were asked to rate their experiences for both classroom and out-of-classroom team learning experiences. One of the findings of her study was that students of underrepresented race/ethnicity rated overall out-of-classroom conditions higher than predominant race/ethnicity students. She concluded that out-of-classroom team learning experiences may demonstrate the importance of connectedness and relationships in learning for racially/ethnically underrepresented students.

Culturally sensitive and inclusive nursing education. Beginning research exists in best approaches to provide culturally sensitive and inclusive nursing education. For example, Dewald (2012) reported on a Delphi study that developed a list of best teaching practices to promote culturally sensitive nursing education and nursing practice. Through a three-tiered format, 12 experts recommended 91 strategies and teaching practices that were grouped into 13 categories: modeling, respect, communication, caring, clinical, self-reflection, empowerment, personalization, recruitment, support, resources, faculty, and classroom. Dewald discussed that there is a need for ongoing research regarding the implementation of these strategies.

Billings (2008) described inclusive teaching as being responsive to diversity within a class and assisting students to focus on their own culture, attitudes, and beliefs. Inclusive teaching also involves learning to communicate and collaborate with other students, nurse educators, and patients. Providing culturally sensitive and inclusive nursing education is one way to promote cultural awareness in students. Nurse educators need to intentionally create an

inclusive learning environment where all participants value and respect the richness of diversity in order to respond to and support the needs of students (Billings, 2015a). An inclusive environment in nursing education will require intentionally embracing differences and not merely tolerating them (American Association of Colleges of Nursing, 2017).

Cultural congruence in teaching. Culturally sensitive and inclusive nursing education will require that there is cultural congruence in nursing education, which is the degree of fit between the values and beliefs of the student, nursing profession, and academic environment, and nursing education (Jeffreys, 2015). Cultural congruence will require an awareness of and a better fit between these values and beliefs to provide and support a meaningful, beneficial, and satisfying nursing education and professional practice (Bednarz, Schim, & Doorenbos, 2010). It also requires that teaching strategies and practices are implemented in a culturally appropriate manner (Conway, Little, & McMillan, 2002).

Cultural competence in patient care. It is important that nurse educators prepare culturally diverse students to provide culturally competent care to diverse patients. For example, nursing graduates need cultural competence to prevent misunderstandings, mixed messages, and errors in communication when providing care to diverse patients (Institute of Medicine, 2010). As nurse educators teach cultural competence, they must also role model cultural competence as they interact with culturally diverse students and patients (Marzilli & Mastel-Smith, 2017) to prevent communication difficulties with the students and patients (Abu-Arab & Parry, 2015; Jeong et al., 2011; Newton et al., 2016; Oikarainen et al., 2017). Cultural competence is a process for both nurse educators and students and it will change in depth and scope based on experiences of cultural diversity, awareness, and sensitivity (Bednarz et al., 2010). Examples of these experiences include caring for culturally diverse patients in the US and globally,

partnerships with diverse communities to improve health, and faculty-student exchanges with other institutions worldwide (National League of Nursing, 2017).

When nurse educators provide culturally sensitive and inclusive nursing education, they are role-modeling cultural competence to the nursing students. The nurse experts in Dewald's (2012) Delphi study indicated it is important for nurse educators to be culturally competent themselves, to demonstrate cultural competence when teaching culturally diverse students, and to teach cultural competence throughout the nursing curriculum. Cultural competence is an important skill for nurse educators and ongoing professional development may be needed to continue to develop this skill (Marzilli & Mastel-Smith, 2017). Further study is indicated on strategies to help faculty provide culturally sensitive and inclusive nursing education.

Scope of Manuscripts

The research paper for this study shared the scope of manuscripts intended to fit the overall purpose of exploring nurse educators' perceptions of using best teaching practices for providing culturally sensitive and inclusive nursing education. The author's two recent publications (Sommers, 2014, 2018), developed during doctoral education, help make the case that further study of educators' perspectives on culturally sensitive and supporting learning environments is needed. This includes the need for a focus on learning from Associate Degree educators in the US, those most commonly on the front lines for preparing diverse students.

Problem based learning and cultural diversity. In the first article (Sommers, 2014), a synthesis of the literature was completed on strategies for problem-based learning (PBL) with interest in culturally diverse student needs. The author points out that numerous studies have examined the effectiveness of PBL to increase critical thinking in nursing students, but no

literature has addressed this specifically related to culturally diverse students. Additionally, review of the literature synthesized in this article led to the following conclusions/implications:

- In order to prepare nursing graduates to meet patient care needs globally, nurse educators need to consider culture in their teaching.
- Nurse educators need to further discuss what they are learning about nursing students' culture and the relationship between culture and classroom learning. For example, since PBL literature has no information on cultural issues/best teaching strategies, it may be that further faculty dialogue on this could help.
- The author makes the case that there is a need for nursing educators worldwide to dialogue about the best teaching strategies for nursing education.

For this dissertation, that conversation starts in the state of Kansas; there is the need for faculty to share with others what works and what the challenges are, as faculty prepare to educate the next generation.

Clinical judgment and cultural diversity. In the second article (Sommers, 2018), a systematic literature review was completed on strategies for teaching and evaluating critical thinking, clinical reasoning, and clinical judgment in culturally diverse nursing students. The purpose of this article was to review recent literature to better understand best teaching strategies and tools relevant to critical thinking, clinical reasoning, and clinical judgment in nursing students from diverse cultures. Findings included:

- Literature on the relationship between culture and learning was addressed as part of this discussion, supporting that cultural values of an individual will affect learning style preferences, motivation, ways of thinking, respect for elders, group expectations, and style of communication.

- There is a need for educators to understand how to work with the unique knowledge and skills of diverse students. For example, this includes nurse educators being aware that students who have only been exposed to teacher-centered methods (i.e. lecture) may struggle when initially exposed to student-centered methods such as flipped classroom, group work, team learning, and problem-based learning.
- There are few tools that evaluate critical thinking and clinical judgment, and most of the research has focused on evaluating students in high-fidelity simulated scenarios. Even those studies reviewed had limitations including varied levels of evidence ranging from expert opinion to quasi-experimental research designs. Another limitation is that many of the studies had small sample groups and only looked at short-term changes in critical thinking or clinical judgment.
- Varying cultural views and beliefs may result in differences in expectations among and between students and nurse educators. Varying cultural views and beliefs may also influence the teaching-learning relationship. There is a need to develop culturally sensitive and supporting learning environments that promote the development of the skills of critical thinking and clinical judgment

To develop culturally sensitive and supportive learning environments that promote the development of the needed graduate skills and competencies (such as problem-based learning and clinical judgment), it is vital that nurse educators understand how to work with the unique knowledge and skills of diverse students. It is important to identify how faculty engage students for success in learning skills as well as better understand the challenges faculty face. The two articles provide background and support the need for further study of this topic.

Nurse educators' perspectives on implementing culturally sensitive and inclusive nursing education. The third article is a data-based publication based on the results of the study and explored nurse educators' perceptions' of implementing culturally sensitive and inclusive nursing education.

Purpose of the Study

While some strategies and teaching practices have been identified that promote culturally sensitive and inclusive nursing education and practice, faculty awareness of, and the challenges and strategies in using these are unclear. The purpose of this qualitative descriptive study was to explore nurse educators' perceptions of using best teaching practices for providing culturally sensitive and inclusive nursing education. Culturally sensitive and inclusive nursing education can facilitate student engagement and prepare culturally diverse nursing students for the nursing workforce. Areas examined in this study included nurse educators' perceptions of 1) implementing best teaching strategies and practices for use with culturally diverse nursing students, 2) challenges of implementing best teaching strategies and practices in the classroom and clinical learning environment, 3) benefits of implementing best teaching strategies and practices in the classroom and clinical learning environment, and 4) education received and education desired regarding providing culturally sensitive and inclusive nursing education.

Research Questions

Within the context of meeting the needs of culturally diverse nursing students, the following research questions guided this study:

1) What are nurse educators' perceptions of their implementation of best teaching strategies and practices for providing culturally sensitive and inclusive nursing education?

2) What are nurse educators' perceptions of challenges in providing culturally sensitive and inclusive nursing education?
3) What are nurse educators' perceptions of benefits in providing culturally sensitive and inclusive nursing education?
4) What are nurse educators' educational needs related to providing culturally sensitive and inclusive nursing education?

Significance of the Study

A culturally diverse nursing workforce is needed to improve the ability of nursing to provide excellent care for all (National League for Nursing, 2016). To have a culturally diverse nursing workforce, culturally diverse nursing students must be prepared for success in nursing education for nursing practice. The nurse educator has a vital role in contributing to the nursing students' success and preparation as a nurse (Jeffreys, 2015; Marrocco, 2014). Exploring nurse educators' descriptions of the challenges and strategies to prepare undergraduate culturally diverse nursing students can help better understand faculty perspectives and may lead to better methods to enhance faculty preparation in culturally sensitive and inclusive nursing education. Outcomes from this study add to the nursing body of knowledge regarding evidence-informed faculty practices in teaching diverse students. It may provide guidance in preparing nurse educators to promote culturally sensitive and inclusive nursing education. The ultimate goal is to teach culturally diverse students, so they graduate prepared to provide safe and effective patient care.

Assumptions

The researcher assumed that study participants would be willing to share about their experiences in teaching culturally diverse nursing students. The researcher also assumed that participants would be open, honest, and accurate in their descriptions.

Definition of Terms

From a review and synthesis of the literature, the following definitions were considered important to the purpose of this study.

Culturally diverse nursing students: For the purpose of this study, the term culturally diverse nursing students was considered as students racially or ethnically diverse from a nursing program's traditional classroom population. A traditional student in nursing is usually younger than 25, enrolled full-time, and is not a member of a minority group (Jeffreys, 2012).

Nurse educator: A nurse from either an academic or clinical institution that is involved in teaching, supervising, or mentoring students in the classroom or clinical setting.

Culturally sensitive and inclusive nursing education: Faculty strategies that create a learning environment characterized by an openness to diversity and mutual respect and trust for others, while learning to communicate and collaborate with each other and their patients (Billings, 2008; Dewald, 2012).

Cultural competence. Care provided to diverse populations that is responsive to various cultural beliefs and views that may influence health and health care (Cruz et al., 2018). It is an essential skill for nurses, including nurse educators and nursing students. For nurse educators, the skill of cultural competence is needed as they meet the unique needs of culturally diverse nursing students and as they assist in supervising patient care in the clinical environment. For the purpose of this study, cultural competence will refer to providing education to culturally diverse nursing students and supervising care to diverse patient populations.

Summary

This introduction summarized the topic of the research study, the problem and background, the scope of manuscripts, the purpose of the study and the research questions. A diverse nursing workforce is needed to decrease health disparities and provide culturally relevant care to diverse patients and communities**.** To better prepare culturally diverse nursing students to be successful in nursing education and nursing practice, nurse educators need to provide culturally sensitive and inclusive nursing education. Previous research has identified teaching strategies and practices for use with culturally diverse nursing students; however, nurse educators have reported challenges in meeting the varied needs of this student population. There is little information about nurse educators' perceptions, implementation, and preparation regarding using these strategies and practices.

Literature Review

The databases of PubMed, ProQuest, and CINAHL, were searched for similar key words related to culturally inclusive nursing education and culturally responsive nursing education. Reference years for the initial search ranged from 2010-2017. Reference lists from selected articles were also reviewed. The review is organized by the following major categories: culture and learning, American nurse educators' perspectives on educational needs, recommended teaching strategies, creating learning environments, support services for student development, and clinical learning environment and culturally diverse nurse students.

Culture and learning. Cultural norms and ways of leaning influence learning expectations and approaches to learning (Brown, Ward-Panckhurst, & Cooper, 2013). Preference in learning styles vary with an individuals' cultural values (Holtbrügge & Mohr, 2010). Students from different cultural backgrounds learn and process information differently

and this indicates need for culturally relevant evaluation systems to evaluate their learning (Henze & Zhu, 2012). Students from different cultures respond to learning activities differently (Wlodkowski & Ginsberg, 2017).

In a review that examined 33 international papers published between 2010 and 2015 in healthcare, education, and social sciences regarding the impact of culture on learning, Sommers (2017) identified four major themes that described the effect of culture on learning: a) occurrence of "surface" learning among non-Western students, b) the effect of previous educational experiences on learning, c) the effect of cultural values on learning, and d) the impact of teaching strategies on learning. As supported in the literature, nurse educators need to recognize and respect students' different cultural backgrounds and learning expectations to assist the students to meet the objectives and expectations of nursing education that may involve new ways of learning. Assisting the students may require that the nurse educator adapt teaching strategies and practices by offering additional coaching and instruction to students, providing culturally contextualized teaching methods, being aware of one's own cultural learning norms, and using a variety of teaching methods and styles (Sommers, 2017).

American nurse educators' perspectives on educational needs. Nurse educators have the role and responsibility of providing culturally sensitive and inclusive nursing education to prepare nursing students to care for diverse populations in culturally responsive ways (National League for Nursing, 2016). Nurse educators need to prepare nursing students to provide culturally relevant care to diverse populations to meet the demands across the lifespan (Institute of Medicine, 2010). Failure to provide culturally sensitive and inclusive nursing education by nurse educators may result in negative outcomes for culturally diverse nursing students, such as individual course failures, communication difficulties, and failing to complete the nursing

program (Adeniran & Smith-Glasgow, 2010). However, many nurse educators, especially in the clinical learning environment, have not had any formal education on providing culturally sensitive and inclusive nursing education (Jeffreys, 2015).

In a mixed method study to determine the level of cultural competence of pre-licensure nurse educators in the US, Marzilli and Mastel-Smith (2017) analyzed data from the Nurses' Cultural Competence Scale (N=89) and from interviews (N=8). The level of cultural competence of the nurses that completed the scale ranged from low to moderate. The themes that emerged from the interviews were knowledge is experiential, skills require emotional intelligence, and desire to develop cultural competence requires a catalyst for the change to occur. They concluded that to improve nurse educators' cultural competence, the educators would benefit from experiences with culturally diverse patients and students. Continuing education offerings regarding cultural competence that focused on providing meaningful experiences to increase the necessary knowledge and skills for cultural competence were also considered.

Two studies in the US examined the impact of providing education to nurse educators on their cultural competence in teaching nursing students with English as a second language (ESL). Greenberg (2013) evaluated 10 faculty members and found that completing PowerPoint learning modules related to teaching ESL students resulted in an increase in scores on the Inventory for Assessing the Process of Cultural Competence in Mentoring Self-Assessment Tool. They provided four PowerPoint modules focused on cultural, language, and academic barriers faced by ESL students; strategies to increase cultural competence; implementations of strategies to help ESL students overcome language barriers; and strategies to help students achieve academic

success. The nurse educators were also directly observed using the information in support group sessions with the students.

Beard (2016) studied nurse educators (N=37) who attended a workshop focused on teaching strategies for critical multicultural education. She found that scores on the Multicultural Awareness and Practice Scale and an edited version of the Teacher Multicultural Attitude Survey improved after participating in the workshop. She concluded that education was an effective way to strengthen an educator's appreciation and awareness of factors regarding academic success when teaching diverse students.

Recommended teaching strategies. Yoder (1996) interviewed nurse educators (N=26) in the US and also ethnic minority nurses (N=17) to identify the processes by which nurse educators teach ethnically diverse nursing students. She used grounded theory methodology to analyze the data. Five patterns of responding emerged: generic, mainstreaming, nontolerant, struggling, and bridging. Only the pattern of bridging, where the nurse educator was characterized by high cultural awareness and high culturally adaptive instructional responses, had positive outcomes for students.

Dewald (2012) completed a Delphi study of 12 nursing education experts that were nominated by Sigma Theta Tau International regional chairpersons for having demonstrated expertise and skill in teaching nursing, clinical nursing practice, evidence of expertise in culturally sensitive nursing, and peer recognition in nursing. She used three survey rounds, with a first round of open-ended questions that resulted in a list of 91 teaching strategies and practices that promote cultural sensitivity in nursing education and nursing practice. These 91 teaching strategies and practices were grouped into 13 categories. In round 2 and 3, the experts ranked the items developed in first round. The identified categories, in order of ranking were: 1)

modeling, 2) respect, 3) communication, 4) caring, 5) clinical, 6) self-reflection, 7) empowerment, 8) personalization, 9) recruitment, 10) support, 11) resources, 12) faculty expectations, and 13) classroom. She concluded that further research is needed about whether using these teaching strategies improved learning outcomes, increased recruitment, and/or improved retention for culturally diverse nursing students.

Creating learning environments. From the perspective of employers, especially nurse managers, there is dissatisfaction in graduate nurses' perceived level of readiness to practice (Berkow, Virkstis, Stewart, & Conway, 2008; del Bueno, 2005; El Haddad, Moxham, & Broadbent, 2017; International Council of Nurses, 2009; Kavanagh & Szweda, 2017; Nielsen, Lasater, & Stock, 2016; Numminen et al., 2014; Romyn et al., 2009). Readiness to practice includes students graduating prepared to care for diverse patients (Institute of Medicine, 2010). Dissatisfaction in the level of readiness to practice has been identified as a gap between education preparation and readiness for nursing practice (Benner, Sutphen, Leonard, & Day, 2009; del Bueno, 2005; International Council of Nurses, 2009; Kavanagh & Szweda, 2017).

To address this gap in the preparedness of nursing students, it is recommended that academic and practice institutions work together closely to prepare nursing students for nursing practice. This will include creating learning environments where culturally diverse nursing students can flourish (National League for Nursing, 2016). Most of the identified literature that described creating learning environments were theory-based, rather than research articles. Some teaching techniques that have been recommended in the literature so that nurse educators are prepared to teach in multicultural settings that have culturally diverse students include:

- Provide equal learning opportunities for all (Jeffreys, 2015). The nurse educator will need to use appropriate assessment, evaluation, and feedback strategies for students with diverse

learning styles and needs (Adeniran & Smith-Glasgow, 2010; Billings, 2015a, 2015b; Billings, 2008; Fuller, 2013; Jeffreys, 2015; Smith, 2017; Williams & Calvillo, 2002).

- Create a positive inclusive learning environment in the classroom and in the clinical learning environment (Adeniran & Smith-Glasgow, 2010; Billings, 2015a; Billings, 2008; Dewald, 2012; Fuller, 2013; Jeffreys, 2014, 2015; Smith, 2017; Williams & Calvillo, 2002). This is a learning environment where the educator is "responsive to the diversity represented in the classroom and assisting learners to focus on their culture, attitudes, and beliefs while learning to communicate and collaborate…" (Billings, 2008, p. 296).
- Acknowledge own cultural awareness and cultural sensitivity (Adeniran & Smith-Glasgow, 2010; Bednarz et al., 2010; Smith, 2017; Thompson, 2013; Yoder, 2001). This includes being an effective role-model for cultural competence (Jeffreys, 2015); demonstrating respect for all (Billings, 2015b; Smith, 2017; Yoder, 2001); and being willing to know students (Davidhizar & Shearer, 2005; Jeffreys, 2014, 2015; Smith, 2017; Thompson, 2013; Williams & Calvillo, 2002; Yoder, 2001).
- Be aware of language and communication issues when teaching culturally diverse nursing students (Adeniran & Smith-Glasgow, 2010; Bednarz et al., 2010; Smith, 2017; Thompson, 2013; Yoder, 2001).
- Use an evidence-based approach that recommends a variety of teaching formats, styles, and techniques for all students (Billings, 2015a; Fuller, 2013; Jeffreys, 2014, 2015; Smith, 2017; Thompson, 2013; Williams & Calvillo, 2002). See Appendix A for a summary of teaching techniques.

To successfully implement these teaching techniques, nurse educations will need to be cognizant and respectful of the diversity represented in classroom and clinical learning environments.

Support services for student development. Several studies described the importance of support services that promote the development and success of diverse students. Students need opportunities to socialize outside of the classroom to develop a sense of belonging (Gilligan et al., 2012; Jeffreys, 2014, 2015). Students also need to feel empowered to be successful in the nursing program (Dewald, 2012; Jeffreys, 2015; Smith, 2017). Nurse educators can encourage and help students access department and/or university resources and support services that will assist diverse students to be successful (Billings, 2015b; Dewald, 2012; Fuller, 2013; Ooms, Fergy, Marks-Maran, Burke, & Sheehy, 2013; Scheele, Pruitt, Johnson, & Xu, 2011; Thompson, 2013; Williams & Calvillo, 2002). Examples of support services included support centers for all areas of language skills: speaking, writing, listening and reading; study skills workshops; and tutoring.

Clinical learning environment and culturally diverse nursing students. There can be value in learning about culturally diverse students' experiences in the clinical learning environment from international perspectives. A systematic review of five studies published between 2000-2014 identified mentors' (hospital nurses that supervise students) experiences with international healthcare students' learning in a clinical environment. The authors concluded that those who mentored diverse students required additional education and preparation for the role. They also found that a positive mentor made a substantial difference in learning for the international student by advocating and mediating cultural difference and creating a welcoming environment (Mikkonen, Elo, Tuomikoski, et al., 2016).

In another review of 10 studies published between 1995 and 2014 about the experiences of registered nurses who supervised international nursing students in the clinical and classroom setting, the researchers described the unique challenges for the nurses providing the supervision

(Newton et al., 2016). These challenges were identified as a heightened sense of responsibility, considerable time investments, communication challenges, and cultural differences among teaching and learning styles (Newton et al., 2016). They concluded that many of these challenges could be minimized by implementing role preparation programs specific to international nursing student supervision (Newton et al., 2016).

Abu-Arab and Parry (2015) described the challenges faced by clinical educators in teaching and assessing nursing students from culturally and linguistically diverse (CALD) backgrounds in Australia. They administered an open-ended survey to eight university appointed clinical educators and another survey to 19 CALD students. The responses from the educators were contextualized with the responses from the students. It was found that the clinical educators had difficulty in responding to CALD students in a way that was not patronizing or demeaning. They concluded that the educators would benefit from education regarding best approaches for interacting with CALD students.

A similar result was found by researchers in Finland studying mentors' ability in mentoring CALD students in clinical placement (Oikarainen et al., 2017). They studied 323 mentors in five university hospitals and found that there were continued challenges related to mentors' competence in mentoring students from diverse linguistic backgrounds. These challenges included the mentors' English language proficiency, experience living or working abroad, and the frequency of mentoring CALD students. The researchers recommended that mentors would benefit from further education in best practices for mentoring CALD students to ensure safety in the clinical learning environment.

Research focus by country. In attempting to learn how nursing programs in other countries have taught and supported culturally diverse students, the literature was organized by

country. See Appendix B for a summary of each of the studies listed by country. As listed in Appendix B, several of the studies that were done in the United States focused on the nurse educators' cultural competency. Studies that were done in Australia focused on the experience of the culturally diverse student. In Finland, most of the studies focused on challenges of the nursing educators and students in the clinical learning environment.

Summary of literature review. Nurse educators have described teaching strategies and practices to engage culturally diverse nursing students. Many of the papers that described the teaching strategies and practices were theory-based, rather than research reports. Limited research has been done to describe the challenges and benefits that nurse educators experience when teaching culturally diverse nursing students in the classroom and clinical learning environment. Most of the studies were qualitative studies with small samples. No research specific to the perspective of associate degree nurses was found.

Nurse educators have also indicated that they want more support and training on effective communication and teaching strategies for interacting with culturally diverse nursing students. It is not known what is the best content to include in the training. The results from this research study may help further identify needs. More information is needed about nurse educators' perceptions of best teaching practices for providing culturally sensitive and inclusive nursing education.

Methods

The purpose of this qualitative descriptive study was to explore nurse educators' perceptions of using best teaching strategies and practices for providing culturally sensitive and inclusive nursing education. Culturally sensitive and inclusive nursing education may lead to guidance for nurse educators that will help engage and thus prepare culturally diverse nursing

students for the nursing workforce. Areas examined in this study to better meet the needs of culturally diverse students were addressed by the research questions guiding this study:

1) What are nurse educators' perceptions of their implementation of best teaching strategies and practices for providing culturally sensitive and inclusive nursing education?
2) What are nurse educators' perceptions of challenges in providing culturally sensitive and inclusive nursing education?
3) What are nurse educators' perceptions of benefits in providing culturally sensitive and inclusive nursing education?
4) What are nurse educators' educational needs related to providing culturally sensitive and inclusive nursing education?

Philosophical Underpinnings

When a basic description is desired and little is known about a phenomenon, a qualitative descriptive design is useful (Sandelowski, 2000). This study design explores the phenomenon of concern from the philosophical assumption of naturalistic inquiry (Sandelowski, 2000, 2010). Principles of naturalistic inquiry reflect the understanding that knowledge is established through meaning that is attached to the phenomenon being studied; findings are then created through an interaction between the participants and the investigator (Krauss, 2005). Interviews and open-ended broad survey questions are examples of techniques used in naturalistic inquiry that allow the phenomenon to present as it would if it were not being studied (Sandelowski, 2000, 2010). The design requires that the researcher stays close to the data and that interpretation of the data is not influenced by the philosophical underpinnings of the design; however, it is recognized that

interpretation of the data will be influenced by the knowledge of the researcher (Sandelowski, 2000, 2010).

Because little is known about nurse educators' perceptions of teaching strategies and practices they use for culturally sensitive and inclusive nursing education, the qualitative descriptive design was a suitable design. The use of open-ended question broad surveys and interviews of nurse educators allowed the phenomenon to be studied from a naturalistic perspective.

Research Design

The purpose of descriptive qualitative research is to develop an understanding and to describe a phenomenon (Bradshaw, Atkinson, & Doody, 2017). When a basic description is desired and little is known about a phenomenon, a qualitative descriptive design is useful (Sandelowski, 2000, 2010). It is a relevant design where information is desired directly from those experiencing the phenomenon (Bradshaw et al., 2017). Benefits of a qualitative descriptive study is that it allows a clear description of the specific phenomenon from the perspective of those experiencing the phenomenon and requires a smaller sample size than other qualitative designs (Magilvy & Thomas, 2009).

Broad surveys with open-ended questions and interviews are examples of techniques in qualitative inquiry that allow the study participants to provide an in-depth perspective of their knowledge and experiences to contribute to the understanding of the phenomenon of interest (Patton, 2015). Qualitative surveys involve obtaining information about a participant's activities, beliefs, preferences, and attitudes through the use of open-ended questions (Polit & Beck, 2017). Open-ended questions in a survey are an example of written responses, in participants' own words used to obtain qualitative data in a study (Patton, 2015). The qualitative data includes

excerpts from the answers that preserves the context and assists in describing the phenomenon (Patton, 2015).

At times in qualitative research, it is appropriate to use dichotomous inquiry and then ask further questions related to that topic (Patton, 2015). This use of dichotomous inquiry is helpful to check out the significance of a question and then ask additional questions to obtain more information (Patton, 2015). In this study, the dichotomous agree/disagree questions were intended to help participants reflect and self-assess on their own practices prior to answering the open-ended questions.

Interviews provide direct quotations from the participants about their experiences, thoughts, and knowledge (Patton, 2015). Interviews conducted after a survey can be an informative method to find out more detailed information from representative participants, as to the fit of completeness of survey responses (Patton, 2015). The use of additional interviews to provide data regarding the phenomenon of interest can assist in providing completeness of findings and enrich the completeness of the qualitative description (Tobin & Begley, 2004; Willis, Sullivan-Bolyal, Knafl, & Cohen, 2016).

As little is known about nurse educators' understanding and implementation of recommended culturally sensitive and inclusive nursing education teaching strategies and practices for use with diverse nursing students, qualitative descriptive design was a suitable design. The use of a survey with both open-ended questions and dichotomous agree/disagree statements and the use of interviews were appropriate data collection methods for this qualitative descriptive design.

Sample and Setting

A purposive sample was used for this study. Purposive sampling permits the researcher to study select participants who meet the research criteria and obtain information-rich data related to the phenomenon of interest (Patton, 2015). Inclusion criteria for participating in the study included current nurse leaders or educators teaching in associate degree nursing (ADN) programs in Kansas. Exclusion criteria included nurse educators who only teach in baccalaureate, post-licensure, masters, or doctoral nursing programs.

Nurse educators in associate degree programs in Kansas were chosen for the study sample for several reasons. First, nurse educators play a key role in preparing culturally diverse nursing students (National League for Nursing, 2016). Second, there are 21 ADN programs in Kansas that graduate around 1,000 nursing students per year (Kansas State Board of Nursing, 2016). Third, the ADN programs have a lower first-time pass rate of the NCLEX than BSN programs and a higher rate of student attrition than BSN programs (Kansas State Board of Nursing, 2016). Fourth, community colleges are the largest gateway for nontraditional students and enroll a high proportion of low-income and minority students (The Century Foundation, 2013; Wlodkowski & Ginsberg, 2017).

The Kansas State Board of Nursing (2016) reports the ethnicity of nurses practicing in the state, but not the ethnicity of students enrolled in nursing programs. In 2016, of 55,133 Kansas registered nurses, White non-Hispanic individuals comprised 87.5% of the workforce. African-Americans were 3.9%, Hispanic 3%, Asian Others 1.6%, Native American 0.7%, Asian Indian 0.3%, Pacific Islander 0.2%, and Other 1.6% of the workforce. The ethnicity was not supplied for 0.9% of the workforce.

Patients in the Midwest are diverse. For example, surrounding the medical center at University of Kansas metropolitan areas, counties including Wyandotte (KS) and Jackson (MO)

have underrepresented minorities of 38% and 28% respectively. This includes 28% - 38% African American, Hispanic, Vietnamese and other underrepresented minorities, including Asian and Native Americans. There may be even higher diversity in patient populations (University of Kansas Medical Center Diversity Advisory Council, 2003). It is important to increase diversity in the workforce to advance the health of patients, families, and communities (National League for Nursing, 2016).

The current committee chair of the Kansas Council of Associate Degree Nurse Educators (KCADNE) gave approval for the researcher to invite faculty members to participate in the study (See Appendix C). The faculty members of KCADNE were invited to participate by completing the survey during an annual meeting in October 2018. They were also asked if they would be willing to complete a follow-up interview at a later time to confirm findings and add depth and detail to the written findings of the survey.

Data Collection

Recruitment time frame. The research study began after approval was obtained from the Human Subjects Committee at University of Kansas Medical Center (KUMC). The novice researcher had obtained permission from the committee chair of KCADNE to invite members to participate in the study through an announcement given at the KCADNE Faculty Education meeting in October 2018 (See Appendix C). The recruitment information explained the study purpose, planned data collection methods, and potential opportunity to participate (See Appendix D).

The study sample was recruited, and study data collected by the following approaches:

1. Individuals attending the designated meeting received the following information: invitation to participate (See Appendix D), informed consent information (See Appendix E), and a hard copy of survey (See Appendix F).
2. Individuals that indicated they were willing to participate in a one-on-one interview received an interview information sheet (See Appendix G) and a follow-up phone interview informed consent form (See Appendix H). Participants indicated their willingness to be contacted by emailing the researcher. Interviews were conducted after the analysis of the survey data and were completed in February 2019.

Sample size. There were 130 faculty members that attended the KCADNE meeting. Desired sample size in descriptive qualitative studies depends on the method selected (Bradshaw et al., 2017). The adequate size depends on the purpose of the inquiry and what can be done with the available time and resources and may need to be adjusted based on what is learned as the study is conducted (Patton, 2015). A specific research question requires a smaller sample size than a broad question, and in qualitative research the sample size is estimated (Waltz, Strickland, & Lenz, 2010). With the use of an open-ended survey that may produce a small amount of data per interview question, around 30 to 60 participants may be needed (Morse, 2000). For the interviews, three participants agreed to participate in a follow-up online interview to further discuss the findings of the survey.

Data collection methods. Data collection for surveys included completion of the same survey, either online or written (See Appendix F). Written surveys were made available during the association meeting and online surveys were made available via a url address through an electronic platform, RedCap™. Semi-structured online interviews (See Appendix I), with three

participants, were done individually to add depth and detail to the findings of the survey. All data collection was done by the researcher and faculty co-investigator.

The survey consisted of 9 demographic items and 30 survey questions (See Appendix F). It was an exploratory survey developed from previous research (Dewald, 2012) relevant to creating culturally sensitive and inclusive nursing education. In addition to broad open-ended questions, this survey included questions requiring a dichotomous response to help participants reflect and self-assess their practices prior to answering the open-ended questions. After the analysis of the survey was completed, the researcher conducted follow-up interviews with three participants to not only confirm but add depth and detail to the findings.

The survey questions were generated from Dewald's (2012) conceptual categories of culturally sensitive and inclusive nursing education best teaching practices and strategies. Dewald's categories were originally a list of best teaching practices and strategies. Guided by the literature, the survey items for this study were developed by organizing the list into four sets of categories of teaching strategies and practices. Further descriptors were added to enhance clarity.

- Set 1: Creating an environment for mutual connection and respect; incorporating students' values and perspectives. Teaching strategies and practices in this set include: Modeling, Respecting, Communicating, and Caring categories.
- Set 2: Helping students develop a positive attitude for learning. Teaching strategies and practices in this set include: Supporting, Personalizing, and Empowering categories.
- Set 3: Promoting and valuing cultural diversity. Teaching strategies and practices in this set include: Recruiting, Supporting Faculty Expectations, and Providing Resources categories.

- Set 4: Enhancing meaning in learning activities, establishing an engaging and challenging learning environment. Teaching strategies and practices in this set include: Self-Reflecting, Engaging Clinical Teaching, and Engaging Classroom Teaching categories.

In each set of categories, to assist the participant to reflect on the use of those practices in their own teaching, they were asked to agree or disagree to the statement "I use these strategies on a regular basis as I plan, teach, and interact with students." The participant was then asked to provide an example of how they have used one of the teaching strategies and practices in their teaching, challenges in implementation, and any benefits or outcomes they have found with implementing the teaching strategies and practices.

Additionally, participants were also asked to describe what education they have received about using the teaching practices and strategies and their educational preparation for providing culturally sensitive and inclusive nursing education, as well as what additional education they would like about teaching culturally diverse nursing students. There were also two final questions for the participants that incorporate opportunity for sharing further thoughts about teaching culturally diverse nursing students and any further best tips to promote culturally sensitive and inclusive nursing education. Informed consent was implied by completion of either the written or the online copy of the survey.

The intent of the Agree/Disagree items in the survey was primarily to encourage participants to reflect on the survey items and consider if/how faculty participants use these items (as they prepare to answer follow-up questions). The content of the Agree/Disagree items was derived from the Dewald (2012) expert recommendations. The survey items were peer reviewed by two committee members, including experts in nursing education and measurement. Since the Dewald recommendations were further organized via categories or sets, two nationally

recognized content experts in culturally sensitive nursing education were asked to review these categories and items. These national experts were asked to determine if there are overlapping category items, and as recommended by Waltz et al. (2010), to determine if the category and item descriptors were relevant, sufficient, and clear. Experts completed a review of the survey and provided suggestions for any needed revisions. The survey was then piloted by three faculty prior to the study to assure clarity.

The researcher conducted the follow-up interviews after data collection and analysis of the survey responses. The purpose of the interviews was to add depth and detail to the findings from the survey. Interviews add a triangulation component by providing a deeper and more comprehensive picture of the phenomenon of interest (Tobin & Begley, 2004). Three participants indicated a willingness to join a one-on-one technology enabled interview and were invited to participate in a semi-structured interview. The researcher asked open-ended questions about the phenomenon of interest relevant to the findings from the survey and the aims of the research study (See Appendix I). Additional probing questions to obtain greater depth and detail were asked based on the participants responses (Patton, 2015).

The interviews took place using electronic devices over a voice over the internet connection platform Zoom. All interviews were recorded. The researcher used Microsoft OneNote and Zoom for the audio-recording. Member checking was completed throughout each interview for accuracy. The researcher maintains the recordings on a secure drive as directed by university protocol and then will be destroyed.

Data Analyses

Demographic information. Descriptive statistical analyses were used to describe the characteristics from the demographic survey. This included means and standard deviations for

continuous variables such as age, total years teaching, and percentage of students that were culturally diverse**.** Frequency distributions and percentages were used for categorical variables, such as gender, race/ethnicity, type of nursing program.

Descriptive and qualitative survey analysis. The agree/disagree statements were analyzed using descriptive statistical analyses. This included frequency distributions and percentages. Simple content analysis, with a deductive approach, was used to analyze the data from the open-ended questions in the survey. Content analysis was used as an early step to identify themes or codes that were present in written or verbal data and the emphasis was on the content of the data itself. It was a deliberate process that involved the reduction of the data to discern patterns and themes or categories (Waltz et al., 2010).

In deductive content analysis, key concepts and definitions from previous research may be used to develop initial coding categories (Elo & Kyngas, 2008). It is acknowledged that the survey was based on the conceptual categories for culturally sensitive and inclusive nursing education from Dewald's (2012) Delphi study and further organized as items in meaningful sets. Data collection and analyses were simultaneous as the surveys were received. It involved data immersion and used the deductive process of expanding and adapting the codes based on Dewald's (2012) conceptual categories and the data from the survey. As the participants had the opportunity to share about additional teaching strategies and practices to facilitate culturally sensitive and inclusive nursing education, the conceptual categories and descriptions were expanded and revised based on the data.

The analysis involved a circular movement with several iterations occurring before establishing the final codes and descriptors that emerge from the data (Bradshaw et al., 2017). Throughout the process, the researcher grouped similar codes together to form categories. The

dissertation chair reviewed the categories and provided feedback. This review and revise process was an iterative and reflective process.

Log book. A log book was maintained to document and reflect the process of the research study. The log book was used to provide a detailed audit trail and included notes, reflections, analytic memos, notations and decisions relating to data collection and analyses. The log book was also used to document date and time of the interviews. A coding scheme was managed by the researcher to document the list of codes as needed, based on data from the written survey and the interviews.

Interview analysis. The researcher conducted follow-up interviews with three participants to discuss findings relevant to the survey and the research questions. Simple content analysis was used to analyze the responses, as the purpose of the interviews was to confirm findings and also add depth and detail to the findings from the survey. The interviews were recorded for confirmability. The researcher listened to the audio recordings and reviewed notes taken during the interview to note and review new information beyond the survey analysis. The researcher and dissertation chair reviewed any new information to determine if any codes or categories needed revision. Data from the interviews assisted with triangulation, as the interviews provided an alternative data source to determine if there was support of the findings of the survey (Marshall & Rossman, 2016).

Ethical Considerations

Before this study began, the researcher obtained human subject approval from the KUMC institutional review board. Informed consent for participating in the survey was implied by submission of the survey. Informed consent for participating in the interviews was verbal. There were no anticipated risks or direct benefits to study participants. The research study

design upheld the ethical principles of respect for persons, beneficence, and justice. The participants did not receive any compensation for participation in the study.

All email communication was sent on KUMC's secure system. Participant privacy was maintained, and no participant names were used in any of the data collection. Participants were informed that all responses provided in the survey or interview was confidential. All data collected for this study is stored on a password protected computer. Any paper documents are stored in a locked cabinet that is only accessible by the researcher. All study data will be maintained and destroyed per KUMC research study protocol. The materials will be sent to University of Kansas for storage for fifteen years. Institutional Review Board requirements were followed.

Rigor and Trustworthiness

Rigor is an essential part of any research and is a way to establish the legitimacy of the research process (Tobin & Begley, 2004). Evidence of rigor and trustworthiness was maintained by supporting credibility, transferability, dependability, and confirmability through the research design and process (Cohen & Crabtree, 2008). Evidence of credibility was maintained by data collection and analysis techniques that permitted the participants' perceptions to be correctly represented. These techniques included: ongoing reflection and scrutiny by the novice researcher and co-investigator to acknowledge and discuss bias, member checking throughout the interviews, developing the codes or descriptors from the data and Dewald's (2012) conceptual categories, and the use of debriefing of the researcher by the co-investigator (Cohen & Crabtree, 2008).

Triangulation of data sources also increases the credibility of findings (Patton, 2015). The use of multiple data sources in this study included dichotomous responses, open-ended question

survey, and interviews and assisted in strengthening the study and offering deeper insight into the phenomenon (Patton, 2015). Triangulation is a tested means of offering completeness in naturalistic inquiry (Tobin & Begley, 2004).

Transferability was maintained by a detailed account of the research process. Dependability was supported by maintaining an audit trail with a log book, coding manual, and individual reflexivity journals. Confirmability was maintained by deriving the findings from the data and Dewald's (2012) conceptual categories and seeking alternate categories and explanations as final categories were developed (Patton, 2015).

Study Limitations

Limitations to this study include:

1. The participants were from a purposive sample from one state.
2. Participants chose to participate, possibly contributing to sample bias.
3. Participants' responses may include remembrances that may not be accurate and may be based on desire to share best intentions, and not actual occurrences.
4. The researcher, who has experience teaching culturally diverse nursing students, may have inadvertently imposed her own values, beliefs, and attitudes into interpretation of the data, thus introducing researcher bias, despite the use of a reflexivity journal.

Summary

The research study has been described, including purpose, research questions, research design, sample and setting, data collection, data analyses, ethical considerations, rigor and trustworthiness, and study limitations. An open-ended survey (including reflective dichotomous questions) and interviews to validate findings of the survey were discussed as data collection methods. The deductive content analysis method was discussed. Using both the open-ended

survey and interviews to validate findings assisted in data triangulation and strengthened the validity of the study data.

Data from the survey and interviews increased the novice researcher's understanding of nurse educators' use of best teaching strategies and practices for providing culturally sensitive and inclusive nursing education in prelicensure nursing programs. While generalizability is limited with using a sample in only one state, the findings of this study assist in providing guidance and further research opportunities for nurse educators. The goals included gaining knowledge to help provide culturally sensitive and inclusive nursing education, with the goal that culturally diverse nursing students are prepared to provide safe and effective patient care.

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Chapter 2

Considering culture in the use of problem-based learning to improve critical thinking — Is it important?

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Introduction

To meet the demands of global health care needs, nurse educators need to implement critical thinking (CT) strategies, such as problem-based learning (PBL), in a culturally congruent manner. PBL is a teaching approach that encourages self-directed study, group interaction, and application of theory into practice (Kong et al., 2013; Lee et al., 2004). It has been heralded as an education method to increase (CT) in students. CT is a cognitive process that involves thinking about one's own thinking (Martyn et al., 2013), having the capability to analyze statements, knowing limitations in health care, challenging habitual practice, and being willing to take appropriate action (Tanner, 2005). I have reviewed current literature regarding PBL methods to promote CT among nursing students from differing cultures, and have noticed two things. One is the need for nursing educators worldwide to dialog about the best teaching strategies for nursing education. The second is that there is very little research that actually looks at the relationship between culture and learning. Nursing students' cultures may have an influence on learning CT skills and may need to be considered when teaching; therefore, as nurse educators, we need to know more about this phenomenon.

There are numerous studies that have examined the effectiveness of PBL to increase CT in nursing students, but few address the issue of PBL's effectiveness to increase CT in students of diverse cultural backgrounds. Chan (2013), after reviewing 17 studies related to CT, concluded that CT should be taught to nursing students, and taught early in the curriculum. Kawashima (2003), in her work on critical thinking in Japan, claimed that it is imperative that CT be developed for professional nursing practice. Students' cultural backgrounds may influence CT, hindering or facilitating it (Chan, 2013; Mangena and Chabeli, 2005). Furthermore, it is important that when PBL is used to teach CT, the PBL methodologies are implemented in a culturally appropriate manner (Conway et al., 2002).

Culture, Problem-based Learning, and Critical Thinking

PBL has been adopted by nursing programs globally to assist nursing students to develop skills required for professional practice (Barrow et al., 2002). Barrow et al. (2002) conducted a study that evaluated the PBL approach in an undergraduate nursing course in the United Kingdom. Using multiple methods of observation (direct observation, focus group interviews, and questionnaire), they concluded that students, overall, had a positive experience with PBL and that clinical reasoning skills were beginning to be developed.

Kong et al. (2013) performed a systematic review and meta-analysis to determine the effectiveness of PBL in developing CT skills in nursing students. Eight randomized controlled trials were reviewed, from four different countries: two in the US, one in Turkey, one in Korea, and four in China. The results of the study signify that PBL may assist in improving CT of nursing students. In another review by Yuan et al. (2008), the authors analyzed selected evidence on developing nursing students' CT through PBL. The authors reviewed ten studies and determined that there was not enough supporting evidence to conclude that nursing students

developed CT through PBL. In both reviews, students from different cultures were represented and there was no analysis related as to how culture might have influenced learning and/or CT skills.

In Sweden, Hofsten et al. (2010) examined the case study method, a type of PBL. Nursing students were asked to write about experiences using the method. Through evaluation of the written responses, the authors concluded that the method increased CT and enabled students to actively participate and achieve a deeper approach to learning.

Ozturk et al. (2008) completed a quantitative descriptive analysis study in Turkey, comparing a PBL approach with a traditional learning approach at two different nursing schools. CT was measured using the Turkish version of the California critical thinking disposition inventory. Senior nursing students completed the inventory at each school. CT disposition scores were significantly higher ($p < 0.05$) for the nursing students that used a PBL approach. However, neither group scored a high score (>300) that demonstrates a high disposition for CT. The authors suggested a need for continued efforts by nurse educators to emphasize the development of CT skills.

Tseng et al. (2011) utilized a quasi-experimental design to evaluate the effectiveness of PBL and concept mapping (CM) on improving CT scores of registered nurses enrolled in a baccalaureate nursing program in Taiwan. CT was measured using Taiwanese versions of three scales (Critical Thinking Scale, Self-Directed Learning Scale, and Students' Performance in PBL Tutorial Sessions Questionnaire). The experimental group was enrolled in a course that used PBL-CM methods and the control group was enrolled in a course that used traditional lecture methods. Scores were measured at the beginning of the semester, at the completion of the semester, and six months after the course. The PBL-CM method significantly increased students'

CT skills at the end of the semester and at the end of six months. The authors conclude that PBL-CM as a teaching method and the facilitation of nursing students' cultivation of CT and self-directed learning in Taiwan, an eastern country, represents a paradigm shift in nursing education in Taiwan.

Lee et al. (2004) conducted a phenomenological qualitative research to explore the experiences of Chinese nursing students using PBL to determine if these educational experiences were compatible with the educational philosophy dominant in Chinese literature. They noted that there are few studies that discuss the relevance of PBL to students with different backgrounds and little research has been published addressing the issue of cultural relevance in using PBL. They reviewed reflective journals of students enrolled in a course that used the PBL method, and seven themes emerged from the analysis: integration of knowing and doing, critical reflection and debate, individuality of learning, self-motivated learning, critical inquiry and independent thinking, timeliness of instruction, and cooperative learning. Each of these themes is consistent with various Chinese philosophical views on education. The authors conclude that PBL is a teaching method that is compatible with ancient Chinese ways of learning.

A research study to examine the relationship between nursing students' individual characteristics, perception of learning environments, teaching in PBL mode, approaches to learning, and CT skill readiness was conducted by Martyn et al. (2013) in Australia. Data was collected through questionnaires at the end of the semester and after the PBL sessions had been completed. The overall results of the data indicated that the use of PBL fostered the development of CT skills. Another finding was that Aboriginal or Torres Strait Islander nursing students had higher CT skills than international nursing students. However, culture was not an aspect of the

study and data was not collected that would be significant to culture (Martyn, personal communication, November 19, 2013).

Mangena and Chabeli (2005) conducted a study in South Africa to identify obstacles that inhibit CT in the nursing classroom. Several obstacles are related to the cultural background of the nursing students and include: language barrier inhibiting discussion, cultural influences on language acquisition and comprehension, culturally threatening learning environments in classroom and clinical settings, and failure of educators to recognize the different cultural backgrounds of the learners. They recommend that nurse educators be active critical thinkers themselves and develop strategies to overcome these obstacles. This study supports that as PBL is implemented as a strategy to promote CT, it is important to consider the cultural background of the student.

The nursing faculty at the University of Newcastle was involved in an initiative to support nurse educators in another country, the Maldives (Conway et al., 2002). The initiative involved delivering a nursing curriculum to nurse educators with a different culture, and PBL was used as part of the training. During the initiative, it became evident that major differences in social, cultural, and religious mores impacted the education. The authors identified skills that are necessary for successful implementation of curriculum into a different culture. These skills involve learning about the culture and society, understanding differences in health-care systems and nursing practices, reciprocating sharing of nursing information, being creative and flexible, and developing mutual understanding and encouragement of growth and reciprocal learning. During evaluation, it became apparent that PBL has the potential to be a powerful tool for changing a culture. It is essential that PBL be utilized with cultural relevance, to avoid

conflicting with the values and realities of the differing cultures' nursing practice (Conway et al., 2002).

Two nurse educators described their journey volunteering at a diploma nursing program in Guyana (O'Connor and Carr, 2012). The authors noted that students in the traditional lecture methods demonstrated limited knowledge retention, CT, and application skills. PBL was introduced into the program and the nursing students began to thrive as active learners. PBL has the possibility of creating interdependent positive communities at the local and, with the use of technology, international level. Students reflected that PBL enabled them to directly apply information to caring for patients in the hospital.

Of the eleven articles reviewed, six directly discussed whether PBL teaching methods improved CT skills (Kong et al., 2013; Martyn et al., 2013; O'Connor and Carr, 2012; Ozturk et al., 2008; Tseng et al., 2011; Yuan et al., 2008). The authors in nine of the articles suggested that PBL has the potential to increase CT in nursing students; however, the authors in the review by Yuan et al. (2008) concluded that there was not supportive evidence to claim that PBL developed nursing student CT skills. Only a few of the authors specifically examined issues related to culture (Conway et al., 2002; Lee et al., 2004; Mangena and Chabeli, 2005). As PBL may be an effective teaching method in nursing education to improve CT skills, nurse educators need to learn more about implementing and monitoring the effectiveness of PBL in their courses. And that implementation must be done in a culturally congruent manner.

Call to Action

I have discussed that there is very little research that actually looks at the relationship between culture and learning. Why is that important? One reason is that teaching methods, including PBL, need to be contextualized in a culturally relevant manner. Contextualizing

includes understanding the culture and the health care system, sharing information reciprocally, being creative and flexible, developing mutual understanding, and fostering mutual growth and development (Conway et al., 2002). PBL needs to be used in such a manner as to support social values and norms and not usurp or undermine traditional practices (Conway et al., 2002). Nurse educators need to constantly appraise their teaching methods and evaluate their effectiveness to ensure that the desired outcomes are being achieved and that cultural relevance is being maintained.

Another reason why it is important to look at the relationship between culture and learning is to assist nurse educators to prepare for multicultural students in one course. Yet the reality of many nursing programs all over the world is that students come from a variety of different cultural backgrounds. How have those different cultural backgrounds influenced the nursing students' learning styles, their disposition to critical thinking and asking questions, and their experiences with active learning methods such as PBL? Is it to be assumed that since research regarding PBL to improve CT has been done in multiple countries, that PBL will be effective in all cultures? Nurse educators need a global perspective so that they are aware of cultural diversity and how it influences learning and disposition to critical thinking (Chan, 2013).

There is a need for more research in this area. Research, from a global perspective, is needed to examine how culture may influence critical thinking development using problem-based learning teaching strategies. More research is also needed to examine the relationship of culture and critical thinking as well as the relationship of culture and problem-based learning.

Nurse educators also need to share what they learn about nursing students' culture and the relationship between culture and classroom learning. There needs to be collaboration among

nursing educators around the world to evaluate the best methods to teach nursing students from different cultural background, to improve not only critical thinking skills, but also clinical reasoning, and thereby improve patient care around the world. I invite other nurse educators to embark on this journey with me; to share with each other as we educate the next generation of nurses, so that together we can globally make a difference in patient care.

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Chapter 3

Measurement of critical thinking, clinical reasoning, and clinical judgment in culturally diverse nursing students: A literature review

This chapter has previously been published in whole without any adaptations since publication and is reprinted here with permission. Sommers, C. (2018). Measurement of critical thinking, clinical reasoning, and clinical judgment in culturally diverse nursing students: A literature review. *Nurse Education in Practice, 30,* 91-100.

Introduction

There is a need for nursing education globally to assist nursing students in developing the skills of critical thinking, clinical reasoning, and clinical judgment. Developing these skills will require that nursing students develop the ability to: (a) analyze collected data (critical thinking), (b) apply reasoning to the data obtained (clinical reasoning), and (c) appropriately act based on the specific situation (clinical judgment) (Victor-Chmil, 2013). It is expected that nursing students worldwide graduate with all three skills to meet diverse health needs, in both urban and remote areas, and to provide safe and effective patient care (Berkow et al., 2008; Cronenwett et al., 2007; International Council of Nurses, 2009; Lovett and Gidman, 2011). However, these skills may be exhibited and defined differently in various cultural groups (Lasater, 2011; Tian and Low, 2011). Effective evaluation of these skills will require measurement tools that are available and applicable for use with nursing students from all cultures. The purpose of this paper is to review recent literature to determine what measurement tools are available to evaluate critical thinking, clinical reasoning, and/ or clinical judgment in nursing students from diverse cultures.

What is the relationship between culture and learning? If there is a relationship, would the effect of culture on learning also influence critical thinking, clinical reasoning, and/or clinical judgment? The cultural values of an individual will affect learning style preferences (Holtbrügge and Mohr, 2010). Students' cultural values will also influence motivation, ways of thinking, respect for elders, group expectations, and style of communication, (Brown et al., 2013; Coburn and Weismuller, 2012; Frambach, Driessen, Beh and van der Vleuten, 2014). This influence may result in some students not speaking up in discussions or asking questions in class, as those behaviors may be considered unacceptable in some cultures (Frambach et al., 2014; Fung, 2014; Henze and Zhu, 2012).

Sommers (2014), in a review of the literature related to problem-based learning methods to promote critical thinking among nursing students from differing cultures, noted that there was very limited research in nursing that examined the relationship between culture and learning. A conclusion of that review was in order to prepare nursing graduates to meet patient care needs globally, nurse educators need to teach in a culturally congruent manner, and therefore, need to know more about how culture may affect learning (Sommers, 2014). To develop culturally sensitive and supporting learning environments that promote the development of the skills of critical thinking, clinical reasoning, and clinical judgment, it is vital that nurse educators understand how to work with the unique knowledge and skills of ethnically diverse students (Veal et al., 2012). This will include nurse educators being aware that students who have only been exposed to teacher-centered methods (i.e. lecture) may struggle when initially exposed to student-centered methods (i.e. flipped classroom, group work, team learning, problem-based learning) (Bestetti et al., 2014; Frambach et al., 2014; Gilligan and Outram, 2012; Hayes et al., 2015).

As approaches to learning are ingrained and shaped by an individual's culture, caution is required when using tools that were developed for Western cultures for use in non-Western learners (Brown et al., 2013). Carter, Creedy, and Sidebotham (2015), in their review of tools to measure critical thinking in nursing and midwifery students, noted that the measurement of critical thinking in some of the studies reviewed may have been influenced by the impact of culture on different learning environments. Therefore, it is important that any tools used to measure critical thinking, clinical reasoning, and clinical judgment are appropriately culturally contextualized during the translation process (Hwang et al., 2010; Shin et al., 2015a; Shin et al., 2014; Yu et al., 2013).

Search Strategies

Electronic databases were searched for papers related to measurement tools that have been used to measure critical thinking, clinical reasoning, and/or clinical judgment in nursing students from diverse cultures. The databases of PubMed, CINAHL, ERIC, PsychINFO, and ProQuest databases were searched. The search was limited to recent articles and dissertations published between 2010 and 2016 that were accessible in the English language. The search terms used were “measurement” AND “critical thinking OR clinical reasoning OR clinical judgment” AND “nursing student OR undergraduate nursing OR nursing education”.

The initial search identified 211 papers (Fig. 1). Inclusion criteria were papers that discussed measurement tools used to evaluate critical thinking, clinical reasoning, or clinical judgment in nursing. Once duplicates were removed, the title and any available abstract were reviewed for meeting the inclusion criteria. Ninety-six papers met this initial review. Full-text of those papers were obtained and screened for inclusion criteria. Another 53 papers did not meet

the inclusion criteria and were discarded. A manual search of articles added an additional ten papers that also met the inclusion criteria, for a final total of 53 papers reviewed.

To facilitate the review of this large volume of papers, a literature review matrix was developed. The matrix method is a spreadsheet or table to use to abstract selected information from each paper in a review (Garrard, 2014). The use of the matrix enabled being able to view the different papers in summary form and quickly identify which skill was measured, how it was measured, and the country of the participants.

Results

Of the 53 papers that were reviewed, the majority (n = 38) measured critical thinking. Clinical reasoning was measured in four papers and clinical judgment was measured in eleven papers. There were five papers that focused on providing a literature review; four of these focused on critical thinking (Carter et al., 2015; Romeo, 2010; Salsali et al., 2013; Zuriguel Perez et al., 2015) and one focused on clinical judgment (Victor-Chmil and Larew, 2013). The other 48 papers focused on describing and/or validating a measurement tool or model; using a measurement tool to determine if a teaching strategy improved critical thinking, clinical reasoning, or clinical judgment; and/or examining relationships between a concept and measuring critical thinking, clinical reasoning, or clinical judgment.

Critical thinking. Critical thinking is necessary for nursing (Romeo, 2010) and is a vital component of clinical judgment in nursing practice (Pai and Eng, 2013). Caring behaviors play a key role in the disposition toward critical thinking (Pai and Eng, 2013) and both should be included in nursing curriculum. Measurement of critical thinking in students should occur at multiple points in the nursing curriculum to obtain information about development of critical thinking skills, achievement of educational outcomes and objectives, and the influence of

specific teaching strategies to improve critical thinking (Dembitsky, 2011; Hunter et al., 2014; Lee et al., 2011; Newton and Moore, 2013; Paul, 2014; Swing, 2015).

Multiple tools were used to measure critical thinking (Table 1). Of the commercially developed tools, the most common were California Critical Thinking Skills Test (CCTST) and California Critical Thinking Disposition Inventory (CCTDI) and variations of CCTST and CCTDI (Azizi-Fini et al., 2015; Blondy, 2011; Fero et al., 2010; Gorton and Hayes, 2014; Hwang et al., 2010; Pai and Eng, 2013; Pai et al., 2013; Salsali et al., 2013; Searing and Kooken, 2016; Shin et al., 2015b; Sinatra-Wilhelm, 2012; Yu et al., 2013). The CCTST and the CCTDI were the only commercially developed tools that were translated into other languages (Persian, Japanese, and Chinese).

Other commercially developed tools that were used to measure aspects of critical thinking were

- Critical Thinking Assessment Entrance Test (Newton and Moore, 2013);
- Educational Resources Incorporated (ERI) RN Assessment test (Romeo, 2013);
- Health Education Systems, Incorporated Critical Thinking Specialty Exam (Brown Basoné, 2014; Greggs, 2014; Kaddoura et al., 2016; York, 2010);
- Health Sciences Reasoning Test (Goodstone et al., 2013; Hooper, 2014; Hunter et al., 2014; Pitt et al., 2015; Shinnick and Woo, 2013);
- InterEd Critical Thinking Nursing Instrument (Abell et al., 2013); • Kaplan Assessment Tests (Greggs, 2014; Swing, 2015); and
- Watson-Glaser Critical Thinking Appraisal (Crouch, 2015).

Several other studies used tools or methods that were developed by the researchers to evaluate and define critical thinking (Chong et al., 2016; Dembitsky, 2011; Fountain, 2011;

Gantt, 2010; Hsu and Hsieh, 2013; Jenkins, 2011; Lee et al., 2011; Moattari et al., 2014; Paul, 2014).

Multiple countries are measuring critical thinking. The majority of the papers measured critical thinking in students in the United States. Critical thinking was also measured in over 15 other countries from the following regions: Africa, Asia, Australia and Oceania, Europe, MiddleEast, and North America. However, several of the papers noted that when tools to measure critical thinking were directly translated for use with non-Western participants, the critical thinking scores were lower (Salsali et al., 2013; Azizi-Fini et al., 2015; Pai and Eng, 2013; Pai et al., 2013).

Salsali et al. (2013), in their review of the use of CCTDI in eleven countries, found that Asian nursing students had lower scores of critical thinking than non-Asian students. A possible reason for the finding is because of environmental, pedagogical methods, and cultural differences between countries. Another reason is that CCTDI and CCTST were developed within a Western culture of learning. Many of the papers that used a translated version of CCTDI or CCTST found that participants obtained lower scores (Azizi-Fini et al., 2015; Pai and Eng, 2013; Pai et al., 2013).

Two recent review articles (Carter et al., 2015; Zuriguel Perez et al., 2015) reviewed articles from the last 14 years related to the assessment of critical thinking in nursing and concluded that there is a need to develop nursing discipline specific tools, with testing for reliability and validity, to measure the application of critical thinking in actual nursing practice. A difficulty with critical thinking in nursing is that there is no universally agreed upon framework or definition (Blondy, 2011; Fountain, 2011; Jenkins, 2011; Romeo, 2010; Zuriguel

Perez et al., 2015). This review also found that the papers used many different definitions of critical thinking and conceptual frameworks and sometimes no framework at all.

Clinical reasoning. Clinical reasoning is a combination of knowledge, attitudes, and reflective professional practice and is challenging to assess through direct observation (Deschenes et al., 2011). It involves the ability to reason about a clinical situation, including patient and family concerns, as it is occurring within a specific context (Benner et al., 2009). Clinical reasoning remains a goal of nursing education and employers (Kuiper et al., 2009). Students from two Western countries (United States and Canada) and one Asian country (Taiwan) were represented in the four papers. Three different methods were used to measure clinical reasoning (Table 2): Script Concordance Test (Dawson et al., 2014; Deschenes et al., 2011); Identify, Relate, Understand, Explain, Predict, Influence, and Control (IRUEPIC) model (Gonzol and Newby, 2013); and an adaptation of the Clinical Reasoning Model (Liou et al., 2016).

A script concordance test is a written examination of several realistic clinical practice situations in which information is ambiguous, complex, or incomplete and requires 10–20 reference panel members (Dawson et al., 2014; Deschenes et al., 2011). The IRUEPIC Model is a reasoning model that contains seven steps that build progressively and results in actions based on that reasoning (Gonzol and Newby, 2013). The Clinical Reasoning Model (Levett-Jones et al., 2010) was used to construct a computerized model of assessing clinical reasoning and clinical competence in nursing students and clinical nurses working in a hospital (Liou et al., 2016).

Clinical judgment. There were 11 papers that discussed the measurement of clinical judgment (Table 3). The most common tool to measure clinical judgment was the Lasater

Clinical Judgment Rubric (LCJR), and variations of that tool were used in nine papers (Ashcraft et al., 2013; Cazzell and Anderson, 2016; Fenske et al., 2013; Johnson et al., 2012; Kim et al., 2016; Manetti, 2015; Schlairet and Fenster, 2012; H. Shin et al., 2015a; Shin et al., 2014). One paper provided a review of studies that had used the LCJR (Victor-Chmil and Larew, 2013). One paper developed a model regarding clinical judgment based on the results of a research study (Wilber, 2014).

In the papers that measured clinical judgment with the LCJR, the majority of the participants were in the United States (Ashcraft et al., 2013; Cazzell and Anderson, 2016; Fenske et al., 2013; Manetti, 2015; Schlairet and Fenster, 2012). Johnson et al. (2012) used the LCJR to measure clinical judgment in nursing students from the United Kingdom and the United States. In three of the studies (Kim et al., 2016; H. Shin et al., 2015a; Shin et al., 2014), the nursing students were from Korea and the LCJR was translated into Korean and adapted for use with Korean students.

The LCJR is a rubric with specific criteria for evaluating clinical judgement development (Lasater, 2007) that is based on Tanner's Clinical Judgment Model (Tanner, 2006) and is frequently used to evaluate student performance in a high-fidelity simulation situation. Victor-Chmil and Larew (2013) reviewed published and unpublished literature regarding the use of the LCJR to assess the validity and reliability of the tool and concluded that there was documented feasibility of using the LCJR to assess student learning in the cognitive, psychomotor, and affective domains. They also concluded that additional research studies are needed to investigate construct validity and determine applicability of use in different nursing populations and in nonsimulator situations.

Shin et al. (2015a) researched the use of a version of the LCJR that was translated and adapted for use with Korean students in simulation. They studied 152 senior nursing students and concluded that the Korean version of the LCJR is a reliable and valid instrument for measuring clinical judgment in nursing students in Korea. They also determined, through confirmatory factor analysis, that there was a very good model fit to data, which demonstrated good construct validity.

Wilber (2014) interviewed 15 hospital based nurses with two to three years of clinical experience to discover the process that they used to make clinical judgements as they provided care to patients. She identified that there were limitations in existing research related to the consistent use of a definition and measurement of clinical judgment and in complex practice environments. As a result of her research, she developed a "framework" with a core category of "Fitting Things Together" and identified stages that contribute to knowing the patient and how clinical judgment situations provide an opportunity for learning at work. She stressed that the goal of nursing education is not just passing a final competency exam, but it is preparing students that are ready to practice nursing (Wilber, 2014).

In summary, it was noted that most of the participants in the studies were from Western countries. When tools to measure critical thinking were used in other countries, direct translation of the tools without cultural adaptation, frequently resulted in lower measurements. A few of the papers that discussed tools to measure critical thinking, clinical reasoning, or clinical judgment, also discussed aspects of contextually adapting the tool as part of the translation process (Liou et al., 2016; Hwang et al., 2010; H. Shin et al., 2015a; Shin et al., 2014; Yu et al., 2013). A variety of different definitions and conceptual frameworks were used in the papers to describe the concepts of critical thinking, clinical reasoning, and/or clinical judgment and the development of

tools to measure them. With such a variety of theoretical underpinnings, it is difficult to have a common definition to use when discussing how to best measure critical thinking, clinical reasoning, and/ or clinical judgment in nursing students from diverse cultures.

Discussion

This review evaluated a total of 53 peer-reviewed papers to assist in determining what measurement tools are available to evaluate critical thinking, clinical reasoning, and/or clinical judgment with nursing students from diverse cultures. Measurement tools for critical thinking, clinical reasoning, and clinical judgment have been translated into languages other than English and have been used with nursing students from a variety of countries. When considering these measurement tools for use in nursing education, there are two challenges: use of the measurement tools with diverse cultures and influence of culture on the teaching-learning relationship.

Use of the measurement tools in nursing students from diverse cultures. Two of the tools used to measure clinical reasoning were only used with students in Western countries; therefore, their use in non-Western countries may not be applicable. In addition, the Script Concordance Test is time consuming to develop the questions and may be resource intensive in forming the reference panel members (Nouh et al., 2012). The Identify, Relate, Understand, Explain, Predict, Influence, and Control model is based on thinking methods that may not be the same thinking method used by students from other cultures. The model also requires training for faculty in how to use the model in teaching and evaluation. Additional research is needed with either of these models to determine applicability with students from diverse cultures and for use in non-Western countries. The adaptation of the Clinical Reasoning Model by Liou et al. (2016) was contextualized for use with a specific nursing student population in Asia.

There are few tools that measure clinical judgment, and most of the research has focused on evaluating students in high-fidelity simulated scenarios in Western countries. However, research is being done in other countries with the Lasater Clinical Judgment Rubric and validating the culturally appropriate adaptation of the tool (K. Lasater, personal communication, 25 May 2016) and include Lebanon (Fawaz and Hamdan-Mansour, 2016) and Brazil (Nunes et al., 2016). Continued research is needed to validate the use of the Lasater Clinical Judgment Rubric in actual patient care situations and for use with students from diverse cultures.

The use of commercially prepared tools in students from different cultures has two difficulties. One is that the translation may not accurately reflect the learning and thinking skills in that culture. Because students from culturally diverse backgrounds have different perspectives, ways of learning, and ways of processing information it will be important that ways of evaluating learning are culturally appropriate (Henze & Zhu, 2012; World Health Organization, n.d.). The tool must be culturally adapted for use and the World Health Organization provides a guide (World Health Organization, n.d.) The second difficulty is the cost of the tools may make their use prohibitive in many areas of the world. Many of the commercially prepared tools have a cost per student use that would make them unaffordable for nursing programs and students in some countries. There is a need for development of economical tools that measure critical thinking, clinical reasoning, or clinical judgment in nursing students from different cultures.

Influence of culture on the teaching-learning relationship. As tools are developed or adapted and translated for use, it is important to remember that since culture affects learning, culture may also affect the development of critical thinking, clinical reasoning, and clinical judgment and the tools will need to be culturally adapted. Varying cultural views and beliefs will result in differences in expectations among and between students and nurse educators (Clarke,

2010; Melby et al., 2008). Varying cultural views and beliefs may also influence the teaching-learning relationship; however, little is known about how culture affects this relationship in nursing students.

Several limitations are noted for this review. In order to review a variety of literature, the level of evidence in the papers was varied. The papers varied from expert opinion to quasi-experimental research designs. Another limitation is that many of the studies had small sample groups and only focused on short-term changes in critical thinking, clinical reasoning, and/or clinical judgment. Only studies that were accessible in English were reviewed, and that may have excluded informative studies in other languages. A final limitation is that the review focused on only papers published between 2010 and 2016, and therefore, earlier papers discussing measurement tools were not included.

Conclusion

It will be important to modify teaching and learning strategies to meet the cultural needs of students as one way to improve the success of students from diverse cultures (Yoder, 2001). Meeting the challenging, complex, and unpredictable demands of today's healthcare needs will require that today's nursing graduates are able to critically think, to demonstrate appropriate clinical reasoning skills, and to demonstrate excellent clinical judgment in actual patient care situations.

Preparing nursing graduates that are able to meet the complex healthcare needs of patients requires that nurse educators are equipped to: (a) recognize that culture does affect learning, (b) adapt and develop teaching strategies for use with diverse cultures that promotes critical thinking, clinical reasoning, and clinical judgment, (c) share their experiences with other

nurse educators, and (d) dialogue about the need for consistent terminology and definitions of critical thinking, clinical reasoning, and clinical judgment. In the 21st century, it is imperative that expert nurses are available in every country with the ability to clinically reason about changes in patient conditions and their own understanding of that specific patient care situation (Benner, 2015). Nurse educators, by teaching in a culturally congruent manner, can assist in making that availability a reality.

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Tables and Figures

Table 1 *Summary of the Literature Reviewed related to Measurement Tools for Critical Thinking*

Author	Year	Purpose	Participants	Research Design	Theory or Framework	Tool	Country of participants
1. Chong, E. J., Lim, J. S., Liu, Y., Lau, Y. Y., & Wu, V. X.	2016	Examine use of authentic assessment pedagogy and impact on four learning domains during clinical practice. CT was one of the domains	54 first year nursing students	Quasi-experimental study	Understanding by Design Framework	CT domain of Authentic Assessment Rubric	Singapore
2. Kaddoura, M., Van-Dyke, O., & Yang, Q.	2016	Development of CT in response to concept mapping	83 first year nursing students	Two-group experimental study with pre-test and post-test	None described	HESI Exam	USA
3. Searing, L. M & Kooken, W. C.	2016	Explore relationships between the CCTDI and learning outcomes in nursing education	Records of 96 nursing students who graduated between 2007 and 2011	Retrospective study of academic records	None described	CCTDI	USA
4. Azizi-Fini, I., Hajibagheri, A., & Adib-Hajbaghery, M.	2015	Compare the CT skills of freshmen and senior nursing students	150 students in first and last semester of nursing school	Comparative study	None described	CCTST in Persian	Iran
5. Carter, A. G., Creedy, D. K., & Sidebotham, M.	2015	To evaluate tools designed to measure CT in nursing and midwifery undergraduate students	34 studies; 16 different tools	Literature Review	Review	Multiple	United States, United Kingdom, Taiwan, Korea, China, Iran, Hong Kong, Turkey, Slovenia
6. Crouch, S. J.	2015	Use of Watson-Glaser CT Appraisal as predictor of success on NCLEX	192 freshman nursing students	Quantitative, convenience sample	None described	Watson-Glaser Critical Thinking Appraisal	United States
7. Shin, S., Jung, D., & Kim, S.	2015	Develop a revised version of the clinical critical thinking skills test and validation	284 nursing students of the tool; 20 nursing students for test-retest reliability; 9 interviews	Secondary analysis of the CCTS	Korean Curriculum definition of CT	CCTST	Korea
8. Brown Basone', L. (Dissertation)	2014	Evaluating the efficacy of a one credit CT course	46 nursing students who took CT course and 46 who did not	Quasi-experimental study	Benner Novice to Expert	HESI Exam	United States
9. Gorton, K. L., & Hayes, J.	2014	Determine whether there was a relationship between CT skills and GJ in NP students	50 Family NP within 1 year of completing program	Convenience, nonprobability sampling technique	None described	CCTST, Clinical Decision Making in Nursing School, and exam style questions	United States
10. Greggs, L. G. (Dissertation)	2014	Explore CT abilities of senior-level nursing students and whether there was a significant relationship between CT and academic performance in predicting nursing competency	232 nursing students, majority female and African-American	Retrospective predictive correlational design	Benner Novice to Expert	Kaplan and HESI Exam	United States
11. Hooper, B. L.	2014	Determine if using case studies with videotaped vignettes help facilitate the development of CT in new graduates	18 new graduates	1 group pretest-posttest design used	Knowles principles of adult learning;	Health Sciences Reasoning Test	United States
12. Hunter, S., Pitt, V., Croce, N., & Roche, J.	2014	Investigated the CT skills of undergraduate nursing students to obtain a profile and determine demographic predictors of CT	269 nursing students	Cross-sectional descriptive study with convenience sampling	None described	Health Sciences Reasoning Test	Australia
13. Moattari, M., Soleimani, S., Moghaddam, N. J., & Mehbodi, F.	2014	Determining the effect of clinical concept mapping on discipline-based critical thinking of nursing students	32-4th year nursing	Quasi-experimental post-test only design	Tanner Clinical Judgment Model	Faculty developed rubric from Tanner CJ model	Iran
14. Paul, S. A.	2014	Asked Certified Nurse Educators how to assess CT ability of nursing students in clinical setting	Master prepared clinical educators in a Delphi study	Delphi Research method	Holistic education, social learning theory, and situated-cognition learning theory	Delphi Description of CT.	United States
15. Pitt, V., Powis, D., Levett-Jones, T. & Hunter, S.	2014	Describe entry and exit CT scores and compare to *norms*; explore entry CT scores in relation to demographics, students' performance and progression	134 BSN students	Longitudinal correlational study	Facione definition of CT	Health Sciences Reasoning Test	Australia
16. Swing, V. K. (Dissertation)	2014	Determine if a significant transformation in the level of CT occurred within the first semester	42 – 1st semester associate nursing students, 4 schools	Explanatory, quantitative study	Roy Adaptation Model	Kaplan	United States

(*continued on next page*)

Table 1 (*continued*)

Author	Year	Purpose	Participants	Research Design	Theory or Framework	Tool	Country of participants
17. Zuriguel Perez, E., Lluch Canut, M. T., Falco Pegueroles, A., Puig Llobet, M., Moreno Arroyo, C., & Roldan Merino, J.	2014	Analyze the current state of scientific knowledge concerning CT in nursing	90 published articles	Literature Review	Review	Multiple	United States, Sweden, United Kingdom, Turkey, Netherlands, Canada, Australia, China, Korea, Iran, South Africa, Mexico, and Jordan
18. Abell, C., Jones, S., Williams, D., & Lartey, G.	2013	Examine the effect of a RN to BSN nursing curriculum on CT skills of registered nurses	144 surveys of RN to BSN students in 10-year period;	Quantitative, convenience sample	None described	InterEd CT Nursing Instrument	United States
19. Goodstone, L., Goodstone, M. S., Cino, K., Glaser, C. A., Kupferman, K., & Dember-Neal, T.	2013	Compare the effects of high-fidelity simulation and case studies on the development of CT skills	42 Associate degree nursing students	Quasi-experimental;	None described	Health Studies Reasoning Test	United States
20. Hsu, L. L., & Hsieh, S. I.	2013	Develop a competency inventory to measure learning outcomes of BSN students and test psychometric properties	599 nursing students	Cross-sectional survey; Convenience sample	Conceptual framework with 8 categories	Competency Inventory of Nursing Students	Taiwan
21. Newton, S. E., & Moore, G.	2013	Describe the CT skills of BSN and accelerated second degree (ASD) nursing students	4 cohorts, BSN 181; ASD 102	Exploratory descriptive	None described	Critical Thinking Assessment Entrance test	United States
22. Pai, H. C. & Eng, C.J.	2013	Identify the relationships between disposition toward CT, learning styles, and caring behaviors in student nurses	Three 5-year junior nursing colleges: 777 students in Year 4 and Year 5	Cross-sectional, convenience sample	Constructive thinking model	CTDI-CV	Taiwan
23. Pai, H. C., Eng, C. J., & Ko, H. L.	2013	Explore relationship between caring behavior and disposition toward CT of students in clinical practice	3 associate degree nursing programs - 373 students	Structural equation model; cross-sectional	Different theorists that described caring	CTDI-CV	Taiwan
24. Romeo, E. M.	2013	Investigate the predictability of grade point average, SAT Math and Verbal scores, and CT on passing NCLEX-RN	182 student records of associate degree students	Quantitative, comparative, retrospective design	Perry's scheme of intellectual and ethical development,	Educational Resources Incorporated RN Assessment Test	United States
25. Salsali, M., Tajvidi, M., & Ghiyasvandian, S.	2013	Literature review to compare CT dispositions of nursing students in Asian and non-Asian countries	15 articles	Literature review	None described	CCTDI	Hong Kong, Australia, China, Jordan, Korea, America, Turkey, Japan, Iran, Norway, Canada
26. Yu, D., Zhang, Y., Xu, Y., Wu, J., & Wang, C.	2013	Effects of PBL on the development of CT dispositions	76 students in Medical-Surgical nursing course	Crossover-experimental study	None described	CTDI-CV	China
27. Shinnick, M. A. & Woo, M. A.	2012	Studied knowledge and CT before and after high-fidelity simulation and to identify predictors of higher CT scores	154 nursing students from 3 schools	Quasi-experimental, pre-test post-test design	None described	Health Sciences Reasoning Test	United States
28. Sinatra-Wilhelm, T.	2012	Compared nursing care plans and concept mapping as a teaching strategy for improving CT skills	44 sophomore BSN students	Randomized post-test	None described	CCTST	United States
29. Blondy, L. C.	2011	Measure faculty CT skills and compare the mean with a student norming group, and other nursing faculty studies	49 nursing faculty members	Descriptive, exploratory study; cross-sectional	None described	CCTST	United States
30. Dembitsky, S. L. (Dissertation)	2011	Determine the extent of congruence between CT goals and objectives of nursing programs and the subsequent assessments in the classroom	2 associate degree nursing programs in the state of South Carolina	Quantitative, Descriptive, evaluative study	None specific to CT	Classroom tests in nursing education	United States
31. Fountain, L.	2011	Using a tool that measures aspects of knowledge, interest, and strategic processing/CT extension to maternity nursing	87 pre-licensure nursing students	Cross-sectional descriptive study	Model of Domain Learning	Written CT case scenario analysis	United States
32. Jenkins, S. D.	2011	Explore CT among nurse scholars in Thailand and the United States	Nurse Educators in Thailand - 5 and United States - 5	Qualitative	Cross-cultural nursing perspective	Content analysis of responses	Thailand and United States
33. Lee, H. Y., Kim, Y., Kang, H., Fan, X., Ling, M., Yuan, Q., & Lee, J.	2011	Compare Korean and Chinese nursing students' curriculum and educational outcomes including CT	762 nursing students (355 in Korea and 407 in China)	Comparative descriptive design, stratified convenience sampling		Critical Thinking Scale	Korea, China

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Table 1 (*continued*)

Author	Year	Purpose	Participants	Research Design	Theory or Framework	Tool	Country of participants
					Theoretical framework based on Korean Nursing Association education outcomes		
34. Fero, L. J., O'Donnell, J. M., Zullo, T. G., Dabbs, A. D., Kitutu, J., Samosky, J. T., & Hoffman, L. A.	2010	Examination of the relationship between metrics of CR skills and performance in simulated clinical scenarios	36 nursing students	Convenience	Argyrsis and Schon theories of action Espoused and Theory-in-Use	CCTDI and CCTST	United States
35. Gantt, L. T.	2010	Describe a pilot study using the Clark Simulation Evaluation Rubric	Nursing students, 69 associate and 109 BSN	Descriptive	Benner's Novice to Expert; Bloom's cognitive domains	Clark Simulation Evaluation Rubric	United States
36. Hwang, S. Y, Yen, M., Lee, B. O., Huang, M. C., & Tseng, H. F	2010	Test the Chinese version of the CTDI among nurses	864 registered nurses from 7 hospitals; 112 agreed to retest	Survey design with stratified random sampling	None described	CTDI-CV, short	Taiwan
37. Romeo, E. M.	2010	Analyze quantitative research findings relevant to the measurement of CT abilities and skills in undergraduate nursing students and predictor of NCLEX	Research findings in measuring CT abilities and skills in undergraduate nursing	Literature Review	Review; noted that there is a need for tool specific operational definition of CT	Multiple	United States
38. York, K. (Dissertation)	2010	Determine the effects of constructivist-based teaching strategies on the perception and achievement of CT skills in Associate degree nursing students	136 4th semester students from 2 classes	Mixed-methods study, sequential, explanatory control-group design	Constructivist-based approaches	HESI Exam	United States

Key
BSN, BScN = Bachelor of Science in Nursing.
CCTDI = California Critical Thinking Disposition Inventory.
CCTST = California Critical Thinking Skills Test.
CJ = Clinical judgment.
CR = Clinical reasoning.
CT = Critical thinking.
CTDI-CV = California Thinking Disposition Inventory, Chinese Version.
HESI = Health Education Systems, Incorporated.
NCLEX-RN = National Licensure Examination for Registered Nurses.
NP = Nurse Practitioner.
PBL = Problem Based Learning.
RN = Registered Nurse.

Table 2 *Summary of the Literature Reviewed related to Measurement Tools for Clinical Reasoning*

Author	Year	Purpose	Participants	Research Design	Theory or Framework	Tool	Country of participants
1. Liou, S. R., Liu, H. C., Tsai, S. L., Cheng, C. Y., Yu, W. C., & Chu, T. P.	2016	Develop the Computerized Model of Performance-Based Measurement system based on the Clinical Reasoning Model as a way to measure competence	157 nursing students; 52 clinical nurses	Cross-sectional research design	Clinical Reasoning Model	3 stages from adapting the Clinical Reasoning Model	Taiwan
2. Dawson, T., Comer, L., Kossick, M. A., & Neubrander, J.	2014	Provide evidence of the validity and reliability of the script concordance test in evaluating clinical reasoning in nursing students	48 first year BSN students	Convenience sample	Script Theory	Script Concord-ance Test translated from French to English	United States
3. Gonzol, K., & Newby, C.	2013	Determine if application of the IRUEPIC reasoning model was more effective than skills checklist in facilitating student reasoning as measured by intellectual performance	30 BSN students	Quasi-experimental approach	Webber's IRUEPIC reasoning model	IRUEPIC; Intellectual Performance Rubric	United States
4. Deschenes, M. F., Charlin, B., Gagnon, R., & Goudreau, J.	2011	Develop a script concordance test and conduct preliminary validation; assessing human caring	30 first year BScN students; responses of a panel of 15 experts	Quantitative	Cognitive script theory	Script Concord-ance Test Original study	Canada

Key
BSN, BScN = Bachelor of Science in Nursing.
IRUEPIC = Identify, Relate, Understand, Explain, Predict, Influence, and Control.

Table 3 *Summary of the Literature Reviewed related to Measurement Tools for Clinical Judgment*

Author	Year	Purpose	Participants	Research Design	Theory or Framework	Tool	Country of participants
1. Cazzell, M., & Anderson, M.	2016	Impact of CT on CJ during a pediatric OSCE	160 senior nursing students	Descriptive correlational	Tanner's Clinical Judgment Model	LCJR HSRT CT	United States
2. Kim, S.J., Kim, S., Kang, K. A., Oh, J., & Lee, M. N.	2016	Develop a tool to assess students' CJ in caring for simulated pediatric patients with dehydration based on LCJR	120 nursing students	Determine psychometric properties of tool	Tanner's Clinical Judgment Model	Modified LCJR	South Korea
3. Manetti, W. G. (Dissertation)	2015	Describe and compare CJ of junior and senior BSN students	75 junior and 61 senior nursing students	Descriptive, comparative	Tanner's Clinical Judgment Model	LCJR	United States
4. Shin, H., Park, C. G. & Shin, K	2015	Validate Korean version of LCJR	3 universities, 152 senior nursing students	Observational, cross-sectional designed study	Tanner's Clinical Judgment Model	Korean version of LCJR	Korea
5. Shin, H., Shin, K., Lee, Y., & Quinn, L.	2014	Develop a scenario-specific CJ assess tool guided by LCJR and evaluate psychometric properties and ability to assess CJ	250 undergrad nursing students from 3 schools	2 phase methodological design	Bloom's three evaluation domains and Tanner's Clinical Judgment Model	Scenario specific tool based on LCJR	Korea
6. Wilber, M. E. (Dissertation)	2014	Develop a substantive theory of CJ in nursing. Discover the process hospital based RNs use to make CJ as they provide care to patients	15 nurses with two to three years of clinical experience, 3 acute care hospitals	Classical grounded theory, interviews	Grounded theory	A model developed	United States
7. Ashcraft, A. S., Opton, L., Bridges, R. A., Caballero, S., Veesart, A., & Weaver, C.	2013	Describe the process of evaluating senior nursing students in the simulation lab using a modified LCJR	Senior nursing students, Phase 1 = 86; Phase 2 = 102	Descriptive study	Tanner's Clinical Judgment Model	Modified LCJR	United States
8. Fenske, C. L., Harris, M. A., Aebersold, M. L., & Hartman, L. S.	2013	Determine how closely nurses' perceptions of their CJ abilities matched their demonstrated CJ during a simulation	74 RN	Quantitative, descriptive study	Tanner's Clinical Judgment Model	LCJR	United States
9. Victor-Chmil, J., & Larew, C.	2013	Organize current knowledge available on the LCJR to assess validity and reliability and identify specific needs for continued testing	Published and unpublished literature related to LCJR validity and reliability	Review of literature	Tanner's Clinical Judgment Model	LCJR	United States
10. Johnson, E. A., Lasater, K., Hodson-Carlton, K., Siktberg, L., Sideras, S., & Dillard, N.	2012	Determine the effect of expert role modeling on nursing students' CJ in the care of a simulated geriatric patient	275 nursing students from 5 sites	Quasi-experimental, international, multisite study	Tanner's Clinical Judgment Model	LCJR	United States and United Kingdom
11. Schlairet, M. C., & Fenster, M. J.	2012	Pilot study to identify a model to promote development of CJ among beginning nursing students. What mix of simulation and direct care best promotes learning?	2 separate cohorts of junior BSN students, groups of ten, eight schemae - 78 students	Mixed method with pretesting and post testing	Jeffries' 2005 Nursing Education Simulation Framework	LCJR	United States

Key
CT = Critical thinking.
CJ = Clinical judgment.
LCJR = Lasater Clinical Judgment Rubric.
RN = Registered Nurse.
BSN = Bachelor of Science in Nursing.
HSRT = Health Sciences Reading Test.

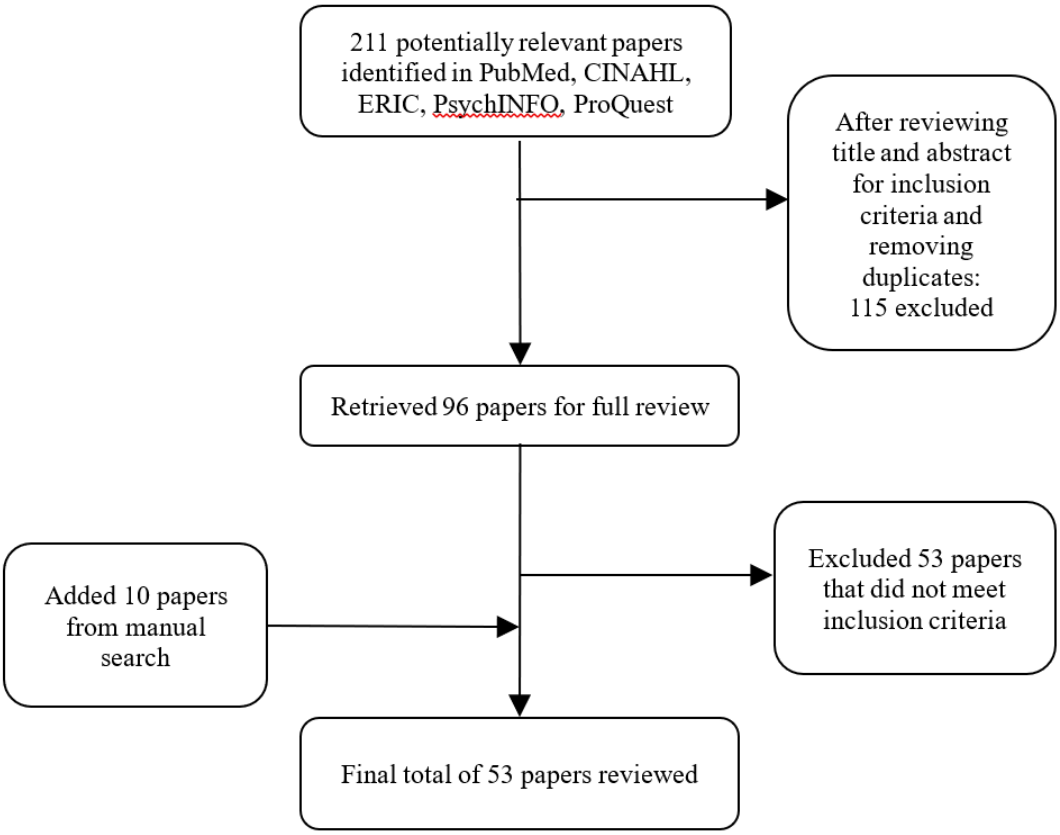

Figure 1 *Flowchart of selection of articles*

Chapter 4

Nurse Educators' Perspectives on Implementing Culturally Sensitive and Inclusive Nursing Education

Abstract

Background: Nurse educators must be equipped to teach diverse students using culturally sensitive and inclusive nursing education (CSINE). The purpose of this study was to explore nurse educators' perceptions regarding implementing CSINE.

Method: This was a descriptive exploratory study. Nurse educators in Kansas completed an open-ended question survey that included dichotomous response questions to help participants self-reflect and respond. Follow-up interviews added further depth to the findings.

Results: Four major categories emerged that helped answer the research questions: Personalize approaches; Consider resources; Promote cultural diversity broadly; and Use active teaching methods/strategies. Additionally, participants provided descriptive comments about considering beginning benefits/outcomes of CSINE and gaining needed education regarding CSINE.

Conclusion: Participants indicated that learning about CSINE was an ongoing and necessary process for all nurse educators. The categories emerging from the data provide guidance for faculty in developing and sharing CSINE educational resources to promote positive outcomes for students and their patients.

The purpose of this study was to explore nurse educators' perceptions of using best teaching practices for providing culturally sensitive and inclusive nursing education. Culturally sensitive and inclusive nursing education (CSINE) can facilitate engaging and preparing culturally diverse nursing students for the nursing workforce. Around the globe, communities have become more culturally diverse. Nurses are crucial to the delivery of essential health services to meet the complex healthcare needs of culturally diverse patients (World Health Organization, 2016). A diverse workforce is needed to improve the health of culturally diverse patients and reduce health disparities (Glazer et al., 2016; Institute of Medicine, 2010; Trice & Foster, 2008). Excellence in nursing education is required to prepare a strong and diverse nursing workforce to meet complex healthcare needs (National League for Nursing, 2016).

Both the American Association of Colleges of Nursing (2017) and the National League for Nursing (2016) have made recommendations related to developing a more diverse nursing workforce and the need for nurse educators to provide CSINE. A more diverse nursing workforce would improve meeting the healthcare needs of patients and communities and provide more culturally relevant care (Institute of Medicine, 2010). To meet the needs of diverse students, nurse educators need to be equipped to teach in multicultural settings (Billings, 2015b, 2015a; Dewald, 2012). One of the competencies identified for certified nurse educators is to facilitate learner development and socialization, including knowing how to meet the unique learning needs of culturally diverse students (National League for Nursing, 2018). Many nurse educators, especially in the clinical learning environment, have not had any formal education on providing CSINE (Jeffreys, 2015).

Nurse educators have also reported challenges in relating to culturally diverse students and meeting their varied academic and holistic needs (Abu-Arab & Parry, 2015; Marzilli &

Mastel-Smith, 2017; Newton, Pront, & Giles, 2016; Oikarainen et al., 2017). Students from different cultural backgrounds learn and process information differently (Henze & Zhu, 2012). Their cultural norms and ways of learning will influence their learning expectations and approaches to learning (Brown, Ward-Panckhurst, & Cooper, 2013), learning style (Holtbrügge & Mohr, 2010), and response to learning activities (Wlodkowski & Ginsberg, 2017). Challenges include differences in expectations among and between students and nurse educators (Clarke, 2010; Melby, Dodgson, & Tarrant, 2008) and the impact on student learning because of the teaching style of the nurse educator (Crawford & Candlin, 2013). Nurse educators need to be aware that culture affects learning and be willing to adapt and develop teaching strategies that promotes the success of culturally diverse nursing students (Sommers, 2018).

To address these challenges, nurse educators will need to provide CSINE that is "characterized by openness to diversity, with mutual respect and trust for others" (Dewald, 2012, p. 410). Culturally responsive teaching is appropriate for all disciplines and cultures to engage the students while respecting the students' cultural integrity, developing relationships with the students, and supporting learning that deepens the students' existing knowledge and enthusiasm for learning (Wlodkowski & Ginsberg, 2017).

Billings (2008) described inclusive teaching as being responsive to diversity within a class; assisting students to focus on their own culture, attitudes, and beliefs; and learning to communicate and collaborate with other students, nurse educators, and patients. Nurse educators need to intentionally create this learning environment where all participants value and respect the richness of diversity in order to respond to and support the needs of students (Billings, 2015a). An inclusive environment in nursing education will require intentionally embracing differences and not merely tolerating them (American Association of Colleges of Nursing, 2017).

Developing CSINE will require cultural congruence, which is the degree of fit between the values and beliefs of the student, nursing profession, and academic nursing environment (Jeffreys, 2015). Dewald (2012) conducted a Delphi study to begin to describe teaching practices in nursing that are culturally responsive. A list of best teaching practices was grouped into 13 categories: modeling, respect, communication, caring, clinical, self-reflection, empowerment, personalization, recruitment, support, resources, faculty, and classroom. She concluded further research is needed in describing and using these teaching strategies to improve learning outcomes, increase recruitment, and/or improve retention for culturally diverse nursing students.

Although some strategies and teaching practices that promote culturally sensitive and inclusive nursing education and practice have been identified, faculty awareness of, and the challenges and strategies in using these are unclear. The purpose of this study was to explore nurse educators' perceptions of using best teaching practices for providing CSINE. CSINE can facilitate student engagement and prepare culturally diverse nursing students for the nursing workforce. Areas examined in this study included nurse educators' perceptions of 1) implementing best teaching strategies and practices for use with culturally diverse nursing students, 2) challenges of implementing best teaching strategies and practices in the classroom and clinical learning environment, 3) benefits of implementing best teaching strategies and practices in the classroom and clinical learning environment, and 4) education received and education desired regarding providing culturally sensitive and inclusive nursing education.

Methods

Research design. A descriptive qualitative approach with open-ended broad survey questions and interviews was used. When a basic description is desired to explore a

phenomenon where little is known, a qualitative descriptive design is useful (Sandelowski, 2000; 2010). Before the study began, human subject approval was obtained from the University of Kansas Medical Center institutional review board. Informed consent was obtained from all the participants.

Setting and sample. Nurse educators in Kansas that attended the annual meeting of Kansas Council of Associate Degree Nurse Educators in October 2018 were invited to participate in this study. During the meeting, they were given the opportunity to complete a survey regarding their perceptions and use of best teaching strategies and practices for providing CSINE. Participants were also asked if they would be willing to complete a follow-up interview.

Nurse educators in associate degree nursing programs (ADN) in Kansas were chosen for the study sample because nurse educators play a key role in preparing culturally sensitive and diverse students (National League for Nursing, 2016). Kansas has 21 ADN programs that graduate around 1,000 nursing students per year (Kansas State Board of Nursing, 2016). ADN programs have a lower first-time pass rate of the NCLEX, the licensure exam for registered nurses, and a higher rate of student attrition compared to BSN programs (Kansas State Board of Nursing, 2016). Community colleges are the largest gateway for nontraditional students and enroll a high proportion of low-income and minority students (The Century Foundation, 2013; Wlodkowski & Ginsberg, 2017). Therefore, these nurse educators were deemed appropriate for exploring this phenomenon of educating culturally diverse nursing students.

Measures. The exploratory survey consisted of 9 demographic items and 30 survey questions. The survey was developed using the categories from Dewald's (2012) study. Her categories were organized into four sets of teaching strategies and practices. Based on the literature review, further descriptors were added to enhance clarity:

- Set 1: Modeling, Respecting, Communicating, and Caring: Creating an environment for mutual connection and respect; incorporating students' values and perspectives.
- Set 2: Supporting, Personalizing, Empowering: Helping students develop a positive attitude for learning.
- Set 3: Recruiting, Supporting Faculty Expectations, Providing Resources: Promoting and valuing cultural diversity.
- Set 4: Self-Reflecting, Engaging Clinical Teaching Methods, Engaging Classroom Teaching Methods: Enhancing meaning in learning activities, establishing an engaging and challenging learning environment.

To assist in reflecting on the use of those strategies in their own teaching, participants were asked to agree or disagree to the statement "I use these strategies on a regular basis as I plan, teach, and interact with students" They were asked to provide an example of how they had used one of the strategies in their teaching; challenges in implementing; and any benefits or outcomes they had found with implementing the strategies.

They also were asked to describe what education they had received about using the teaching strategies, their educational preparation for providing CSINE, and what additional education they would like about teaching culturally diverse nursing students. Two final questions allowed participants to share final thoughts and best tips about teaching culturally diverse nursing students and promoting culturally sensitive and inclusive nursing education.

Survey items were peer reviewed by nursing experts in education and measurement. Three faculty pilot-tested the survey prior to the study to assure clarity. Semi-structured interview prompts, finalized following data collection and survey analysis, allowed added depth and detail to the survey findings.

Data collection and management. Paper copies of the survey were distributed during the association meeting and an online version of the survey was also made available using Research Electronic Data Capture (REDCap™) tools hosted at University of Kansas Medical Center (Harris et al., 2009). All participants chose to complete the paper version of the survey. The written responses were initially entered into REDCap™ for data management and the responses to the open-ended questions were exported to a spreadsheet file for analysis.

Data Analyses

Demographic information. Descriptive statistics were used to describe the characteristics of the sample. This included means and standard deviations for continuous variables such as age, total years teaching, and percentage of culturally diverse students**.** Frequency distributions and percentages was used for categorical variables, such as gender, race/ethnicity, type of nursing program.

Descriptive and qualitative analysis. The agree/disagree statements were analyzed and displayed with frequency distributions and percentages. Data immersion occurred by reading and rereading the open-ended responses. Simple content analysis started with a deductive approach to analyze responses to the open-ended questions and review the data to discern patterns and categories as guided by Waltz, Strickland, and Lenz (2010). Several iterations occurred before grouping similar codes to establish the final categories that emerged from the data as directed by Bradshaw, Atkinson, and Doody (2017).

The purpose of the interviews was to confirm findings and add depth and detail to the survey findings; simple content analysis was used to analyze the responses. The results of the interviews were reviewed with a team member to confirm support for the findings and determine if any new information emerged.

Rigor and trustworthiness. Credibility was maintained by 1) ongoing reflection and scrutiny of the researcher by a team member to acknowledge and discuss any potential bias, 2) member checking throughout the interviews, and 3) triangulation of data with alternative data sources to determine support of the findings of the survey (Marshall & Rossman, 2016). To promote transferability and dependability, the researcher maintained a log book to document the process and decisions of the study and to provide a detailed audit trail. Confirmability was maintained by deriving the findings from the data and seeking alternate categories and explanations as final categories were developed (Patton, 2015).

Results and Discussion

Demographics. Of the 130 nurse educators that received surveys, 101 returned a completed survey (77.7% response rate). Almost all participants were white females (96%), with one participant identifying as Black/African American, one as Native American, one as Asian, and one as Other. The participants average age was 49.8 years and average teaching experience was 8.6 years (See Table 1). They reported about 20% of the students they taught as diverse. Of the 105 counties in Kansas, participants lived in 43 counties with most living in rural or densely-settled rural counties in central Kansas. Most participants taught in classroom and clinical practice environments, and many also in lab/simulation learning environments. Half of the participants (56%) described their educational preparation for teaching culturally diverse students as “moderate”, with the range from “low”, “moderate”, and “high.”

Survey findings. Because the purpose of the dichotomous questions was intended to help the participant self-reflect prior to answering specific open-ended questions, it was not surprising to find a high percentage of agreement for the CSINE statements (See Table 2). In two of the categories, Respecting and Caring, 100% of the participants agreed that they used

those strategies on a regular basis. Most of the other statements ranged in agreement from 94.4% to 98.9%, with one exception. In the category of Recruiting, only 67.9% of participants agreed. One participant who disagreed commented "Our faculty are not involved in recruiting students or faculty."

Four categories emerged from the narrative data (open-ended questions) to describe the nurse educators' perceptions of strategies and challenges to implement culturally sensitive and inclusive nursing education: Personalize approaches and support the individual nursing student; Consider resources (use those available; advocate for those needed); Promote cultural diversity broadly; and Use active teaching methods/strategies with students.

Personalize approaches and support the individual nursing student. The participants described the importance of a personalized approach with comments, such as "I work one on one with students to help them understand materials" and "get to know your students on an individual level, there are many differences in a cultural group." Strategies (46 comments) included reviewing exams individually with students, working with students to identify specific learning barriers and styles, helping students set goals, encouraging the development of self-confidence, and being available to students. Participants commented about "empowering students to learn that they are powerful and can own their learning" and that "not everyone learns the same way….it is important to find what works for them!"

The participants also identified challenges (31 comments) to implementing a personal approach that included students sometimes not wanting extra help, not being motivated, or not willing to share about problems. Another challenge was "learning what barriers each individual student has." In considering these findings, approaches to meeting these challenges may be to

recognize all students, not just culturally diverse students, have strengths and weaknesses and to use a variety of teaching-learning activities (Jeffreys, 2014).

Consider resources (use those available; advocate for those needed). Numerous comments described using available resources and advocating for those needed. Participants' strategies (25 comments) included obtaining textbooks in the language of the students and "textbooks and resources have great ideas to incorporate learning activities in classroom." They noted a variety of resources are needed, including encouraging students to use campus resources and tutoring provided by the nursing department.

Participants also described challenges (46 comments), with lack of time being mentioned repeatedly. Other challenges were "not many resources available", "students don't utilize resources available to them", and not enough "tutors (nursing specific)" or "clinical faculty." A lack of access to technology and the internet for some students was also a challenge. To meet these challenges, nurse educators can advocate for the availability of support centers for all areas of language, speaking, writing, listening and reading; study skills workshops; computer labs; and tutoring. Research supports the use of small study skills groups and literacy support workshops as having an impact on student success (Ooms et al., 2013). Faculty education in this area is indicated.

Promote cultural diversity broadly. Participants described promoting cultural diversity broadly. One participant commented "I am a 'diverse educator', I welcome the opportunity and challenges involved in teaching a culturally diverse classroom." Another participant noted that as a majority of those attending the conference were white, they were "Looking forward to more diversity" in future educators. Strategies (20 comments) included being involved with recruitment of culturally diverse faculty and students to reflect the "same diversity as the

community we serve." Other strategies included "cultural diversity throughout the curriculum", seeking "clinical RN's who are from various cultures" to work with students and not avoiding "patients in clinical setting based on need of a translator."

The participants also described challenges (37 comments) in promoting cultural diversity broadly. One of the challenges identified was bias and one participant commented "I have experienced expressions of racial bias and prejudice" from others. Other participants noted the need to remove "my own bias/slang when teaching" and that some students "struggle to admit potential bias they may have." Another challenge was that a variety of backgrounds may result in difficulty "to come together in some situations." Lack of diversity for clinical placement was another challenge identified.

Related to these findings, nurse educators need to be willing to challenge unintentional and intentional bias in themselves and help their students do the same (National League for Nursing, 2016, 2018a). This includes not only seeking self-awareness, but also reviewing text and images on websites, and syllabi and evaluation materials for evidence of bias (Billings, 2008). Addressing the challenge of difficulty with unity when multiple backgrounds are present requires a commitment to develop safe, civil, and collegial learning environments (National League for Nursing, 2018b). A beginning approach to the lack of diversity in the academic clinical setting may be addressed by having students research and present about other cultures.

Use active teaching methods/strategies with students. The participants described various active teaching strategies (See Table 3). One participant noted that as they taught, it was important to "show cultural interactions through meetings with students and patients." Sample implementation strategies (124 comments) included: "allow students to talk about their culture"

in class and “have a diversity day - divide students into groups and have them work throughout semester on their assigned cultural group.”

The participants identified challenges (27 comments) to implementing these strategies. Several of the participants commented on challenges in the online environment and that “not all students enjoy or are successful with online presentations.” Other challenges were “rude, disrespectful clients [toward culturally diverse nursing students]” and the difference of “how these [strategies] are shown/modeled in classroom vs clinical practice.” Literature indicates nurses regularly experience incivility from patients and families that may result in stress and managers should help nurses anticipate and cope with that incivility (Campana & Hammoud, 2015). Nurse educators can also help students anticipate and cope with incivility in the clinical setting and use discrepancies between classroom and clinical practice as teaching opportunities.

Additional survey questions asked participants about anticipated outcomes of CSINE and their own education needs regarding CSINE. Further discussion follows.

Benefits/Outcomes. Select benefits/outcomes of implementing CSINE were described with comments such as “better relationships and support with the students”, “it helps me learn as well”, and “improves critical thinking.” Participants described that both faculty and students benefited and that it “makes teaching and learning easier.” Comments such as “it helps us as a faculty team to be positive and work well together” described beginning benefits specific to faculty. Many of the benefits that were identified were specific to students’ improved knowledge, behavior/skill, and attitudes (See Table 4). The participants hoped implementation of CSINE would result in increased enrollment of culturally diverse students and improved retention of nursing students throughout the program with “more culturally competent students and future nurses.” The participants also noted that they may not always know the benefit,

"unless an employer tells me something in regard to a former student." The Glazer et al. (2016) work supports the adoption of holistic admission processes can help increase the diversity of students accepted into a nursing program.

Further education needs. The participants described a need for gaining additional education regarding CSINE (43 comments). They indicated that online continuing education, webinars, and workshops would be helpful formats to receive that education. Participants noted it is the responsibility of nurse educators to promote cultural awareness; educators need to know that it is an "ongoing learning process", and as one participant noted, "Don't be afraid. Just do it!" Topics identified for additional education included: specific cultures, including those in the community; population health; promotion of cultural sensitivity; how to include CSINE throughout the curriculum; use of relevant nursing theories; and how to help students understand the importance of cultural sensitivity. Continuing education methods have previously been effective in improving educators' awareness of the diverse academic needs of diverse students (Beard, 2016).

Interview findings. The researcher interviewed three survey participants. They concurred with the findings from the survey data. One participant succinctly stated, "agree that these findings concur with what we are seeing in Kansas". When discussing the topics suggested for gaining needed education about CSINE, a participant noted "that [the topics listed] pretty much hits it." Another participant commented that they had received education about cultural diversity; however, "it wasn't specific for teaching" diverse students. Below are additional insights they provided regarding the four categories that emerged from the data:

- Personalize approaches: “you have to keep encouraging them and building them up so they know they have the confidence that they can do this [nursing school]”, “yeah, it is super important to know what to do to encourage the student.”
- Consider resources: “helpful that textbook highlights specific cultural considerations”, “nursing is…a specialty, unless you are a nurse, it is difficult to tutor in those topics.”
- Promote cultural diversity broadly; “As an educator…it is our job to enable or promote cultural diversity.” On the issue of patients not being civil toward diverse students, “some of the older generation made it quite clear they didn’t care for them [darker skinned students] …it was difficult…kind of eye opening.”
- Use active teaching strategies: select participants described a cultural diversity day, which is a “healthcare research presentation on a particular day.” The need for modeling professional behavior was stressed, even when students demonstrated incivility toward others, “as students’ stress level goes up, they tend to turn on each other…it can certainly affect the staff…. We need to make sure that we are still modeling professional behavior.”

Implications

This study explored nurse educators’ perceptions of providing CSINE and provides a picture of what it is like to teach culturally diverse nursing students in middle America. This study highlighted some of the challenges that nurse educators face, especially in rural communities. It is important to recognize that students learn in different ways and to use a variety of learning strategies to personalize the teaching-learning relationship. While nurse educators in all communities need to be aware of the available resources within academic settings, it is important to recognize that resources may not always be easily available. Further

education is indicated to help educators be aware of resources available in their academic and extended communities.

When promoting cultural diversity broadly, being aware of bias present in self, other educators, students, and curriculum is vital. A challenge described broadly by the participants was the incivility of patients in the clinical learning environment. Experiences with patients being rude and uncivil, especially toward culturally diverse nursing students, were described. While previous nursing literature has discussed the issue of faculty, students, and healthcare staff being uncivil and the effect on the outcome to patients (Kerber, Woith, Jenkins, & Schafer Astroth, 2015; National League for Nursing, 2018a), the issue of the effect of uncivil patients on students needs to be further addressed. Further work is also indicated for bridging CSINE from the classroom to clinical learning environments.

This study reinforces the importance of using active learning strategies in a variety of learning environments. For example, in a metanalyses of 225 studies, Freeman et al. (2014) found that student performance on exams increased with active learning strategies, compared to traditional lecturing. They found that the increase in exam scores was reflected across all class sizes. The participants in this study described that they were using many different active learning strategies and described select benefits that they had experienced using those strategies.

Implications for education and practice environments. While participant responses indicated high percentages of using CSINE practices, it is interesting that ongoing concerns and challenges related to CSINE still exist. The results from this study could be used to offer guidance to nurse educators in both the academic and practice environments about implementing CSINE. Examples include:

- Personalize approaches: Encourage self-confidence in students, know the students individually, anticipate and recognize differences within cultural groups, and help students identify learning barriers, difficulties, and/or styles. Giving feedback on assignments and academic performance will be important, including in the online environment.
- Consider resources: Use a variety of resources, including textbooks (consider some in the language of the student), technology, and tutoring. Know what resources are available in the academic setting and advocate for student support resources being available/developed. This may be especially important in rural settings.
- Promote cultural diversity broadly: Recruit and retain culturally diverse students and faculty. Integrate cultural competence throughout the curriculum. Have students seek out and recognize cultural diversity in the community and in the hospital. Be aware of potential bias in oneself, students, and other educators. Help prepare students for potential incivility by patients or others and how to best respond.
- Use active teaching methods/strategies: Use a variety of active strategies when teaching and interacting with nursing students. Use these strategies in a variety of learning environments: classroom, clinical, lab/simulation, and online. Be aware some students may be unfamiliar with active teaching methods/strategies and require orientation and additional instructions.
- Consider beginning benefits/outcomes of CSINE: Some general benefits that may occur because of implementing CSINE include improved relationships with students and other faculty, improved collaboration and awareness with students and other faculty, development of a positive learning environment, increased enrollment and retention of culturally diverse students and faculty. Be aware that some benefits to students may not always be known.

- Gain needed education regarding CSINE: Remember that it is the responsibility of each nurse educator to promote cultural awareness. Learning about CSINE is an ongoing process; therefore, continue to read and participate in a variety of webinars and workshops to gain knowledge. Previous research suggests that a continuing education format may be an effective way to improve cultural competence for nurse educators (Beard, 2016; Greenberg, 2013). Ongoing education about CSINE practices is indicated for nurse educators in both academic and practice institutions.

Implications for research. More work is needed on how best to empower faculty to use CSINE strategies. Further research is needed regarding: 1) determining the most effective way for nurse educators in academic and practice institutions to learn about CSINE; 2) exploring specific outcomes of CSINE, including possible relationships to the implementation of active teaching strategies; and 3) developing teaching tools to assist with implementation of CSINE. Further research is indicated to explore the challenges of incivility from patients to students, particularly diverse students.

Limitations

The participants for this study were all educators from community colleges in one state, which may limit the generalizability of the study findings. The participants that chose not to participate may be different from those that chose to participate, which may contribute to sample bias. Replicating this study in other locations and with faculty teaching in baccalaureate and advanced degree programs would provide additional information.

Conclusion

The findings of this study assist in better understanding nurse educators' perspectives' on implementing CSINE with diverse nursing students. The findings, while supporting Dewald's

work (2012), extend her descriptors and provide four categories of information for faculty to consider. Results also provide information for further naming outcomes of CSINE and emphasize educators' needs for further education. The findings indicate that many nurse educators agree that they are implementing CSINE, yet challenges remain. Based on the findings, guidance can be provided to nurse educators in both academic and practice settings on how to best implement CSINE and considering approaches to overcome challenges. The ultimate care goal is diverse students being recruited, retained, and prepared to provide safe and effective patient care. Guiding and supporting nurse educators in implementing CSINE can support this goal.

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Tables

Table 1 *Characteristics of the Nurse Educators (N=101)*

Variables	**Mean (SD)**	**Median**	**Range**
Age (n=100)	49.8 (11.8)	51	24-71
Years Taught (n=100)	8.6 (8.7)	7	0-36
Percent of students diverse (n=96)	20.6 (20.9)	10	0-80
	n		**%**
Gender			
Male	5		5
Female	96		95
Hispanic, Latino, or Spanish origin (n=100)			
Yes	1		1
No	99		99
Counties of residence, by population density (n=100)			
Frontier (less than 6.0 persons per square mile)	8		8
Rural (6.0-19.9 persons per square mile)	20		20
Densely-settled rural (20.0-39.9 persons per square mile)	33		33
Semi-urban (40.0-149.9 persons per square mile)	21		21
Urban (150.0 persons per square mile or more	18		18
In which learning environments do you teach most often?			
(some chose more than one response, n=98)			
Classroom	74		75.5
Clinical Practice	67		68.4
Lab/Simulation	38		38.8

Table 2 *Survey Agree/Disagree reflective statements (N=101)*

Variables	***Agree (n, %)***	***Disagree (n, %)***
Set 1: Modeling, Respecting, Communicating, and Caring *		
Modeling	96, 97%	3, 3%
Respecting	100, 100%	0, 0%
Communicating	97, 97%	3, 3%
Caring	99, 100%	0, 0%
Set 2: Supporting, Personalizing, Empowering **		
Personalizing	92, 96.8%	3, 3.2%
Supporting	92, 97.9%	2, 2.1%
Empowering	93, 98.9%	1, 1.1%
Set 3: Recruiting, Supporting Faculty Expectations, Providing Resources ***		
Recruiting	57, 67.9%	27, 32.1%
Supporting Faculty Expectations	84, 95.5%	4, 4.5%
Using Resources	85, 95.5%	4, 4.5%
Set 4: Self-Reflecting, Engaging Clinical Teaching Methods, Engaging Classroom Teaching Methods ***		
Self-Reflecting	86, 95.6%	4, 4.4%
Engaging Clinical Teaching Methods	85, 94.4%	5, 5.6%
Engaging Classroom Teaching Methods	86, 96.6%	3, 3.4%

* missing data from 1-2 participants

**missing data from 6-7 participants

*** missing data from 11-17 participants

Table 3 *Summary of active teaching methods/strategies to promote CSINE*

Learning environment	**Active teaching methods/strategies**
Classroom and lab/simulation learning environments	• Flipped classroom • Storytelling • Reflection • Swanson's model of caring • Case studies with a cultural perspective • Simulations with a cultural perspective • Role-play with a cultural perspective • Articles with a cultural perspective • Debriefing • Discussion in classroom and online discussion forums • International or outside speakers • Students presenting and sharing about cultural experiences • Faculty teaching and sharing from different perspectives/environments and their own experiences • A specific cultural assignment learning about other communities, such as a diversity day or project, communication exercise, or observe a support group
Clinical learning environment	• Resource nurses/preceptors in the clinical setting • Discussion in small groups in clinical
Other	• Listen to the perspective of others • Demonstrate respect to everyone • Set the expectation of mutual respect in all interactions • Role model appropriate cultural interactions with other faculty, students, and patients

Table 4 *Select benefits of CSINE to students*

Student improved knowledge	• Understanding of culture • Understanding of course material/theory • Significant learning gains • Preparation and success enhanced • Knowledge gains
Student improved behavior/skill	• Decreased stress • Awareness of self and others • Communication • Critical thinking • Cultural competence • Engagement/ involvement • Exposure to diversity • Appling classroom content to clinical practice
Student improved attitude	• Caring and empathy • Collaboration • Confidence • Respect self and others • Student satisfaction • Feeling supported and valued

Chapter 5

Summary

This chapter includes a discussion of how the three manuscripts presented in chapters two through four explored nurse educators' perspectives on culturally sensitive and supporting learning environments. Conclusions, implications for practice, and implications for research are included.

Problem Based Learning and Cultural Diversity

In the Sommers (2014) article, a synthesis of the literature related to the active learning strategy of problem-based learning (PBL) with culturally diverse students was presented. Numerous studies have examined the effectiveness of PBL to improve critical thinking in nursing students, but the studies have not focused specifically on the needs of culturally diverse students. Conclusions and implications based on the synthesis of the literature included:

- To prepare nursing graduates to meet patient care needs globally, nurse educators are encouraged to consider their own culture and that of their students;
- Nurse educators are urged to further discuss what they are learning about nursing students' culture and the relationship between culture and classroom learning; and
- Worldwide dialogue is recommended to identify and describe the best teaching strategies in nursing education that considers culture.

Clinical Judgment and Cultural Diversity

In Sommers (2018) systematic literature review, strategies for teaching and evaluating critical thinking, clinical reasoning, and clinical judgment in culturally diverse nursing students were presented. The findings included:

- Literature evidence supports that cultural values of students affect learning style preferences, motivation, ways of thinking, respect for elders, group expectations, and style of communication.
- There is a need for educators to understand how to work with the unique knowledge and skills of diverse students, including awareness that students who have only been exposed to teacher-centered methods, such as lecture, may struggle when initially exposed to student-centered methods that require active participation (e.g. flipped classroom, group work, team learning, and problem-based learning).
- More research is needed regarding tools that evaluate critical thinking and clinical judgment because existing research focused mainly on evaluating students in high-fidelity simulated scenarios, had small sample sizes, evaluated only short-term changes, and had varied levels of evidence ranging from expert opinion to quasi-experimental research design.
- A difference in expectations among and between students and nurse educators may be a result of varying cultural views and beliefs, which may also influence the teaching-learning relationship. Therefore, there is a need to develop culturally sensitive and inclusive learning environments that promote the development of the skills of critical thinking and clinical judgment in nursing students.

Nurse Educators' Perspectives on Culturally Sensitive and Inclusive Nursing Education

In the third report, to be submitted to Journal of Nursing Education, the author explored developing a culturally sensitive and inclusive learning environment by gaining nurse educators' perceptions of best practice in implementing culturally sensitive and inclusive nursing education (CSINE). This study report presented the results of a qualitative descriptive study that examined nurse educators' perceptions of 1) implementing best teaching strategies and practices for use

with culturally diverse nursing students, 2) challenges of implementing best teaching strategies and practices in the classroom and clinical learning environment, 3) benefits of implementing best teaching strategies and practices in the classroom and clinical learning environment, and 4) education received and education desired regarding providing culturally sensitive and inclusive nursing education.

Nurse educators in associate degree nursing programs (ADN) in Kansas completed an open-ended question survey that included dichotomous response questions to first help them self-reflect. Follow-up interviews added further depth to the findings. Out of 130 nurse educators invited to participate, 101 completed the survey (77.7% response rate). Most of the participants were middle aged, white females (96%) with an average of 8.6 years of teaching experience. Most of the participants lived in rural or densely settled rural counties in central Kansas. They reported, on average, that around 20% of their students were culturally diverse. Most of the participants spent most of their time teaching in the classroom and clinical practice learning environments.

Four major categories emerged from the narrative data that helped to answer the research questions: Personalize approaches and support the individual nursing student; Consider resources (use those available; advocate for those needed); Promote cultural diversity broadly; and Use active teaching strategies with students. Participants described select benefits/outcomes of the implementation of CSINE, the education they had received regarding CSINE, and their need for additional CSINE education.

This study described what it is like to teach culturally diverse nursing students in middle America and highlighted some of the challenges that nurse educators face, especially in rural areas. Nurse educators need to be aware of the resources available in academia and what

resources are not easily available. Another highlighted challenge related to CSINE, was the potential for incivility of patients in the clinical learning environment who were rude and uncivil, especially toward culturally diverse nursing students. The importance of using active learning strategies in a variety of learning environments was also described. Participants described a variety of active learning strategies that were used in the classroom and clinical practice learning environments to enhance CSINE approaches. Personalizing approaches and supporting the individual student was also highlighted.

Implications for Education and Practice Environments

Each of the three manuscripts led to the need for ongoing work regarding nurse educators working with all students to acknowledge and respect diversity. In the first manuscript, it was recommended that nurse educators need to share and collaborate about what they have learned about nursing students' culture and using the active teaching strategy of problem-based learning. The second manuscript emphasized need for nurse educators to be aware that culture does affect learning and that culturally diverse students may not be familiar with active teaching strategies. Therefore, nurse educators may need to adapt these teaching strategies in a culturally cognizant manner.

In the third manuscript, it is interesting to note that participants indicated high use of CSINE practices, and yet it was widely accepted that ongoing challenges to implementing CSINE exist. The results from this study could be used to offer guidance to nurse educators in academic and practice environments about implementing CSINE. Examples that were described in Chapter 4 include:

- Personalize approaches: Encourage self-confidence in students, know the students individually, anticipate and recognize differences within cultural groups, and help students

identify learning barriers, difficulties, and/or styles. Giving feedback on assignments and academic performance will be important, including in the online environment.

- Consider resources: Use a variety of resources, including textbooks (consider some in the language of the student), technology, and tutoring that support diversity. Know what resources are available in the academic setting and advocate for student support resources being available/developed. This may be especially important in rural settings.
- Promote cultural diversity broadly: Recruit and retain culturally diverse students and faculty. Integrate cultural competence throughout the curriculum. Have students seek out and recognize cultural diversity in the community and in the hospital. Be aware of potential bias in oneself, students, other educators. Help prepare students for potential incivility by patients or others and how to best respond.
- Use active teaching strategies: Use a variety of active strategies when teaching and interacting with nursing students. Use these strategies in a variety of learning environments including classroom, clinical, lab/simulation, and online. Be aware some students may be unfamiliar with active teaching methods/strategies and require orientation and additional instructions.
- Consider beginning benefits/outcomes of CSINE: Some general benefits that may occur because of implementing CSINE include improved relationships with students and other faculty, improved collaboration and awareness with students and other faculty, development of a positive learning environment, increased enrollment and retention of culturally diverse students and faculty. Be aware that some benefits to students may not always be known.
- Gain needed education regarding CSINE: Remember that it is the responsibility of each nurse educator to promote cultural awareness. Learning about CSINE is an ongoing process

and nurse educators must continue to read and participate in a variety of webinars and workshops to gain knowledge.

As was discussed, the cultural background, beliefs, and values of nursing students and educators will affect the teaching-learning relationship. The teaching-learning relationship is an intricate process that requires a personal connection between educator and student and includes assessment, planning, implementation, and evaluation (Candela, 2012). This is consistent with findings from this dissertation.

Implications for Research

Ongoing research is needed regarding how culture influences the teaching-learning relationship; especially how culture influences the implementation of active teaching strategies, such as problem-based learning, with diverse students. Ongoing research is also needed regarding culturally adapted tools to evaluate clinical decision making and clinical judgment in diverse nursing students. Another area for future research is to describe the implementation of CSINE practices from the students' perspective.

More work is needed on how best to empower faculty to use CSINE strategies; important to implementing strategies is faculty recognizing the power they have to influence other nurses to become nurse educators (Evans, 2018). Although previous research suggests that a continuing education format may be an effective way to improve cultural competence for nurse educators (Beard, 2016; Greenberg, 2013), more research is needed to determine the most effective way for nurse educators to learn about CSINE. Additional research is also needed to explore and describe the specific outcomes of CSINE especially in relation to the implementation strategies mentioned by the participants in this study. Another area of future research relates to the noted CSINE challenges of incivility from patients to students and what

effect that incivility has on students. Finally, additional teaching tools need to be developed and evaluated to support implementation of CSINE in a variety of different nursing education programs worldwide.

Conclusion

The three papers presented in chapters two through four describe how the cultural backgrounds of nursing students and educators impact the teaching-learning relationship, including implementation of teaching strategies in classroom and clinical learning environments. The research presented in chapter four further assists in understanding nurse educators' perspectives' on implementing CSINE with diverse nursing students. Many nurse educators agreed that they were implementing CSINE, yet also described many challenges in that implementation. Based on the findings of this study, further guidance and research is needed, including how to overcome the challenges related to CSINE. The goal in providing CSINE is that diverse students are recruited, retained, and prepared to provide safe, effective, and culturally competent patient care. Providing guidance and supporting nurse educators in implementing CSINE can help support this goal.

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Appendix A

Summary of teaching strategies identified in the literature for use with diverse nurse students

Communication/Language Strategies	Support Strategies	Teaching Strategies
• Assist students to learn nursing terminology	• Create caring learning environments by building trust	• Allow enough time for learning
• Avoid use of jargon, colloquialisms, and slang with speaking	• Encourage students to form study groups with a diverse mix of students	• Encourage peer and self-review of assignments prior to submission for grading
• Establish clear expectations in oral and written format	• Encourage students to participate in professional nursing events	• Give clear and frequent nongraded feedback
• Use a variety of means of communication	• Encourage students to participate together in activities outside of the classroom	• Have students apply concepts in small groups and assess their conclusions
	• Encourage students to use university support programs such as counseling and writing centers	• Help students understand own learning style and what helps them learn
	• Encourage teamwork among students	• Model cultural sensitivity and respect to all
	• Mentor students	• Provide different options for completing assignments
	• Network and share with other nurse educators and others on best practices for teaching	• Provide positive clinical learning environments

Communication/Language Strategies	Support Strategies	Teaching Strategies
	• Provide workshops to nurse educators on best practices in teaching diverse nursing students	• Provide practice of nursing skills in nursing skills labs
	• Use peer mentoring and tutoring	• Reward hospital preceptors/mentors for the work they do • Sequence content of instruction • Teach students how to make outlines, study guides, concept maps • Use a variety of active, learner-centered teaching strategies • Use and integrate technology to help with learning theory, reading, writing, and research • Use frequent nongraded assessment techniques to assess learning • Use reflection and journaling to help students learn from their experiences • Use role-play and simulation to practice interactions with patients • Use storytelling, narratives, case studies to describe real-life examples

Note. Compiled from Abu-Arab & Parry, 2015; Bednarz et al., 2010; Billings, 2015a; Choi, 2005; Crawford & Candlin, 2013; Davidhizar & Shearer, 2005; Dewald, 2012; Fuller, 2013; Gilligan et al., 2012; Jeffreys, 2014, 2015; Ooms et al., 2013; Pitkajarvi, Eriksson, Kekki, & Pitkala, 2012; Pitkajarvi, Eriksson, & Pitkala, 2013; Scheele et al., 2011; Smith, 2017; Thompson, 2013; Williams & Calvillo, 2002

Appendix B

Summary of Research Studies by Country

United States

- Delphi study of 12 nursing education experts that were nominated by STTI regional chairpersons for having demonstrated expertise and skill in teaching nursing, clinical nursing practice, evidence of expertise in culturally sensitive nursing, and peer recognition in nursing. Used 3 rounds, with first round open-ended questions and round 2 and 3, the experts ranked the items developed in first round (Dewald, 2012)
- Mixed method study of 54 nursing faculty from 7 different geographic areas that completed the Intercultural Development Inventory and qualitative open-ended questions developed for purpose of the study (Larson, 2011)
- Mixed method study of 89 nursing faculty in Texas that used the Nurses' Cultural Competence scale and eight individual interviews (Marzilli & Mastel-Smith, 2017)
- A grounded theory method based on symbolic interactionism and pragmatism qualitative study of 16 nursing educators of ESL ADN, BSN, and graduate nursing students in Florida. Used semi-structured interviews and then focus groups (Starkey, 2015)
- Pre-test, post-test quantitative study of 10 full-time nursing faculty in a diploma/associate nursing program. Used Inventory for Assessing the Process of Cultural Competence in Mentoring tool before and after completion of learning modules. Faculty also completed a program satisfaction survey. The semester following completion of the learning modules, faculty were directly observed conducting ESL student group sessions. (Greenberg, 2013)

- Pre-test, post-test quantitative study of 37 nursing faculty of undergraduate and graduate nursing students at one university. Used Nurse Educator Multicultural Awareness and Practices Scale and an edited version of Teacher Multicultural Attitude Survey before and after attending a training workshop.(Beard, 2016)

United Kingdom

- Mixed method study of collection of data and 812 non-traditional 1st and 3rd year nursing students at two universities. Collected data reviewed to identify support services for student success and then survey, based on that review, given to students (Ooms et al., 2013)

Australia

- Exploratory qualitative study that used focus group interviews of 11 CALD nursing students, 4 academic faculty, and 3 clinical staff to explore the learning experience of CALD students. The 11 students were from China, Philippines, and Botswana (Jeong et al., 2011)
- Exploratory qualitative study that used focus group interviews of 24 international healthcare and 11 local healthcare students enrolled in Master of Pharmacy, Bachelor of Medicine, and Bachelor of Nursing programs at 1 university. (Gilligan et al., 2012)
- Action research qualitative study with 8 BSN CALD students. Used semi-structured interviews (Crawford & Candlin, 2013).
- Descriptive qualitative study of 8 clinical educators and 19 CALD BSN nursing students. Used an electronic survey of questions developed for the study (Abu-Arab & Parry, 2015).

Finland

- Exploratory qualitative study that used focus group interviews of 27 CALD nursing students in the English-Language-Taught Degree program in 4 polytechnic/bachelor programs (Pitkajarvi et al., 2012)
- Cross-sectional quantitative study of 166 CALD healthcare students from 39 countries and 112 Finish healthcare students in the English-Language-Taught Degree programs (nursing, public health nursing, physiotherapy in 10 polytechnic/bachelor programs. Used a survey developed for the study, based on a lit review (Pitkajarvi et al., 2013).
- Cross-sectional quantitative study of 231 international and 98 Finnish nursing students in 8 universities. Used the new Cultural and Linguistic Diverse scale (based on a lit review) and the established Clinical Learning Environment, Supervision and Nurse Teach (CLES + T) scale (Mikkonen, Elo, Miettunen, Saarikoski, & Kääriäinen, 2017).
- Cross-sectional quantitative study of 323 mentors (clinical faculty in hospital) at five universities. Used Mentors' Competence Instrument and newly developed CALD in mentoring scale (CALD+Ms) (Oikarainen et al., 2017).

Appendix C

Request to committee chair of Kansas Council of Associate Degree Nurse Educators requesting permission to invite members to participate in the study.

Date: June 15, 2018
Dear Ms. LaMartina and Ms. Hackler,

Thank you for your interest in my dissertation study as shared by my faculty mentor Dr. Bonnel. I am a University of Kansas PhD nursing student in the dissertation phase of my doctoral program. I am interested in exploring nurse educators' perceptions of using best teaching practices for providing culturally sensitive and inclusive nursing education. I am formally requesting permission for myself and/or Dr. Bonnel to attend the Kansas Council of Associate Degree Nursing Educators Fall Forum (October 25-26, 2018) and distribute study surveys to the faculty attending the meetings. If you would respond to this email indicating your permission, I would be very appreciative. Please let me know if you have any further questions.

Sincerely,
Christine L. Sommers
PhD Student
University of Kansas, School of Nursing
Email: csommers@kumc.edu
Phone: 509-591-4664

RE: Permission to Survey Associate Degree Faculty

KL **Karen LaMartina <lamartin@jccc.edu>**
6/15/2018 11:11 AM

To: Christine Sommers; hacklerd@hutchcc.edu Cc: Wanda Bonnel

Hello Christine—yes, you have my permission to distribute surveys to the attendees of the KCADNE Fall Forum. Our conference begins in the afternoon on 10/25, and all day on 10/26. We are planning on doing your survey at the end of the day on 10/26, probably around 2pm, depending on when our speaker is finished. Once we have more details firmly established, we will let you know the exact time.

Karen

Karen LaMartina, PhD RN
Registered Nursing Program Director
Johnson County Community College
12345 College Blvd.
Overland Park, KS 66210
913-469-3141

JOHNSON COUNTY COMMUNITY COLLEGE

Appendix D

Letter to Participants - Study Invitation-

Invitation to participant in research study on nurse educators' perceptions of teaching strategies and practices to engage culturally diverse nursing students

Date:

Dear Member of the Kansas Council of Associate Degree Nurse Educators,

I am a nursing PhD student at the University of Kansas Medical Center (KUMC) School of Nursing seeking participants for a research study for my dissertation. Dr. Wanda Bonnel is my dissertation chair. The purpose of the research study is to explore nurse educators' perceptions of teaching strategies and practices to engage culturally diverse nursing students to help better prepare the nursing workforce.

As a member of the Kansas Council of Associate Degree Nurse Educators, you were identified as a potential participant for this study. Participation in this study is voluntary and confidential. No personal identifiers linking you to study results will be made.

Study data will be collected by completing a written or online survey. The survey will take approximately 20 minutes to complete. Written forms of the survey will be available at the association meeting, as well as the online version of the survey, available at the designated URL. Study data will also be collected by interviewing three to five participants to add depth and detail to the data from the surveys. If you are interested in being contacted for an interview that will last approximately 30-60 minutes, please email me at csommers@kumc.edu.

There are no identifiable risks to participating in this study. You may choose at any time before or during the study to stop participating. However, since completion of the surveys will be anonymous, once the survey is submitted it cannot be withdrawn. A possible benefit to you as a nurse educator is to dialogue about teaching practices in strategies for use with culturally diverse nursing student. It is hoped that the results of this study will help the researcher learn more about nurse educators' challenges and benefits of preparing undergraduate culturally diverse nursing students. This may lead to better methods to enhance faculty preparation in culturally sensitive and inclusive nursing education or diverse students and ultimately the patients they care for.

All study data and information will be confidential. All information obtained through hard-copy documents will be kept in a secure, locked location that is only accessible by the researcher. Electronic data will be stored in password-protected electronic files and then destroyed. Recordings and interview notes will be stored on a secure and password protected server until October 2033.

If you are interested in participating in this study, please indicate your willingness to participate in the study by completing the survey, either written at the association meeting or online at the designated url. Completion of the survey, written or online, implies consent. This study has been approved by the researcher's five-member dissertation committee and the Human Subjects Committee at KUMC. If you have any questions about your rights as a research participant or concerns related to the study, you may contact:

Human Subjects Committee
University of Kansas Medical Center
913-588-5757 or 1-877-588-5757

or

Dr. Wanda Bonnel, PhD, RN

Dissertation Chair

Phone: 913-588-3363

E-mail: wbonnel@kumc.ed

Sincerely,

Christine L. Sommers, MN, RN, CNE

PhD Student, University of Kansas Medical Center School of Nursing

Appendix E

Survey Implied Consent

Title: Best Teaching Practices for Providing Culturally Sensitive and Inclusive Nursing Education: Nurse Educators' Perspectives

Investigators: Christine Sommers and Wanda Bonnel

Contact Information: csommers@kumc.edu or wbonnel@kumc.edu

Dear Member of the Kansas Council of Associate Degree Nurse Educators,

You are being asked to participate in a research study conducted by Christine Sommers, University of Kansas School of Nursing PhD student. Dr. Wanda Bonnel is her chair and co-investigator. We are contacting you because you are a member of the Kansas Council of Associate Degree Nurse Educators. We are recruiting research participants to help us explore nurse educators' perceptions of teaching strategies and practices to engage culturally diverse nursing students to help better prepare the nursing workforce. Participation involves completing a survey that will take about 15-20 minutes. No identifiable information will be collected about you, and the survey is anonymous.

In addition to the open-ended survey questions, we will request your basic demographic information, years of teaching nursing, typical percentage of culturally diverse students in your course, type of prelicensure program where you typically teach, and the type of learning environment where you typically teach, your county of residence. The survey will be handed to you as a hard copy during an association meeting and may be completed then, or it may be completed online at the designated url.

There are no personal benefits or known risks to participating in this study. Participation is voluntary, and you can stop taking the survey at any time. Researchers hope that the

information collected may be useful in guiding future educators regarding evidence-based culturally sensitive and inclusive nursing education for diverse students and ultimately the patients they care for.

If you are interested in participating in this study, please indicate your willingness to participate in the study by completing the survey, either written at the association meeting or online at the designated url. Completion of the survey, written or online, implies consent. This study has been approved by the researcher's five-member dissertation committee and the Human Subjects Committee at KUMC.

If you have any questions, please contact Christine Sommers (csommers@kumc.edu), University of Kansas School of Nursing PhD Student, or Dr. Wanda Bonnel (wbonnel@kumc.edu), her dissertation chair For questions about the rights of research participants, you may contact the KUMC Institutional Review Board (IRB) at (913) 588-1240 or humansubjects@kumc.edu

Sincerely,

Christine L. Sommers, MN, RN, CNE

PhD Student

University of Kansas Medical Center School of Nursing

Appendix F

Survey of Nurse Educators on Culturally Sensitive and Inclusive Nursing Education

Culturally Sensitive and Inclusive Nursing Education (CSINE) is considered a learning environment that is characterized by an openness to diversity, mutual respect, and trust for others. It involves enhancing communication and collaboration with nursing students, nurse educators, and patients *(Billings, 2008; Dewald, 2012)*. Please answer the following questions. Thank you for your time and willingness to share your experiences.

Demographic questions: Please tell me more about yourself and your academic teaching practice by answering the following questions. All responses are anonymous and will be analyzed in combination with information from all the participants.

Please fill in the blank with the correct response:

1. What is your age in years? _____
2. How many total years have you taught nursing students? _____
3. In what Kansas county do you currently reside? _____
4. For this study, culturally diverse nursing students are defined as students racially or ethnically diverse from a nursing program's traditional classroom population. What percentage of your students in a typical semester are culturally diverse? _____

Please circle your selected answer:

5. What is your gender? Male Female Other
6. Are you of Hispanic, Latino, or Spanish origin: Yes No
7. Which of the following best describes your racial or ethnic identification?

White	Pacific Islander
Black/African American	Hispanic/Latino/Spanish
Native American/Alaskan Native	Other
Asian	More than one race

8. In which learning environment(s) do you teach (circle all that apply)?
   Classroom Clinical Practice Lab/simulation
9. In which learning environment do you most often teach?
   Classroom Clinical Practice Lab/simulation

Survey questions

Below are several categories that describe teaching strategies and practices, supported in the literature as promoting culturally sensitive and inclusive nursing education. For each set of categories, please reflect on your use of these in your teaching practice and a) indicate if you use these on a regular basis (i.e. in a frequent or consistent pattern) and b) describe your experiences implementing each set of practices.

SET 1: Modeling, Respecting, Communicating, and Caring: Creating an environment for mutual connection and respect; incorporating students' values and perspectives.

I use these strategies on a regular basis as I plan, teach, and interact with students (*Please reflect and indicate agree or disagree):*	Agree	Disagr
10. **Modeling:** Role-modeling of culturally sensitive nursing, caring, and teaching; modeling mutual respect for nurse educators and students	☐	☐
11. **Respecting:** Teaching respect for human dignity; treating students and fellow educators with respect; listening to the perspectives of others	☐	☐
12. **Communicating:** Avoiding acronyms or slang; using understandable dialogue; providing translation and translators as indicated	☐	☐
13. **Caring:** Conveying genuine empathy; including cultural perspectives on caring as part of the curriculum	☐	☐
14. What is one favorite example of how you have used one or more of the above strategies and practices in your teaching?		
15. What challenges have you found in implementing the above strategies and practices in your teaching?		
16. What benefits or outcomes have you found in implementing the above teaching strategies and practices in your teaching?		

SET 2: Supporting, Personalizing, Empowering: Helping students develop a positive attitude for learning

I use these strategies on a regular basis as I plan, teach, and interact with students (*Please reflect and indicate agree or disagree):*	Agree	Disagr
17. **Personalizing:** Working with individual students to overcome learning barriers; assessing what motivates each student to learn	☐	☐
18. **Supporting:** Providing tutoring and referrals to program and university learning, language, and academic resources	☐	☐
19. **Empowering:** Encouraging self-confidence and promoting self-efficacy in students by promoting a sense of belonging and acknowledging the importance of students' personal experiences	☐	☐
20. What is one favorite example of how you have used one or more of the above strategies and practices in your teaching?		
21. What challenges have you found in implementing the above strategies and practices in your teaching?		
22. What benefits or outcomes have you found in implementing the above teaching strategies and practices in your teaching?		

SET 3: Recruiting, Supporting Faculty Expectations, Providing Resources: Promoting and valuing cultural diversity

I use these strategies on a regular basis as I plan, teach, and interact with students (*Please reflect and indicate agree or disagree):*	Agree	Disagr
23. **Recruiting:** Participating in recruitment of diverse students and nurse educators; recruiting culturally sensitive mentors/preceptors in the clinical setting	☐	☐
24. **Supporting Faculty Expectations**: Maintaining and demonstrating cultural competency in student and patient interactions; teaching cultural competency throughout the curriculum	☐	☐

25. **Using resources:** Using available resources and reference materials (textbooks, theoretical frameworks/models, articles, reports) for teaching and learning about cultural sensitivity in education and nursing practice	☐	☐
26. What is one favorite example of how you have used one or more of the above strategies and practices in your teaching?		
27. What challenges have you found in implementing the above strategies and practices in your teaching?		
28. What benefits or outcomes have you found in implementing the above teaching strategies and practices in your teaching?		

SET 4: Self-Reflecting, Engaging Clinical Teaching Methods, Engaging Classroom Teaching Methods: Enhancing meaning and understanding in learning activities, establishing an engaging and challenging learning environment

I use these strategies on a regular basis as I plan, teach, and interact with students (*Please reflect and indicate agree or disagree):*	Agree	Disagr
29. **Self-Reflecting:** Using assignments to help students analyze and examine relationships, attitudes, beliefs, and reactions in their responses	☐	☐
30. **Engaging Clinical Teaching Methods**: Exposing students to a variety of diverse patients; using culturally sensitive preceptors; promoting critical thinking and action	☐	☐
31. **Engaging Classroom Teaching Methods:** Using case studies, scenarios, role-play, storytelling, and discussion that include themes of cultural competence and diversity	☐	☐
32. What is one favorite example of how you have used one or more of the above strategies and practices in your teaching?		
33. What challenges have you found in implementing the above strategies and practices in your teaching?		

34. What benefits or outcomes have you found in implementing the above teaching strategies and practices in your teaching?

Additional questions:

35. How would you describe your educational preparation for teaching culturally diverse nursing students? (please circle the appropriate response): Low Moderate High
36. What specific education have you received about using the above teaching strategies and practices?
37. What additional education or preparation would you like to have about teaching to create a culturally sensitive and inclusive nursing education environment?
38. What is/are your best tip(s) to share with other nurse educators for implementing any the above strategies or practices to promote culturally sensitive and inclusive nursing education?
39. Is there anything else that you would like to share with me about culturally sensitive and inclusive nursing education or teaching culturally diverse nursing students?

Billings, D. M., (2008). Inclusive teaching. *The Journal of Continuing Education in Nursing, 39*, 296–297.

Dewald, R. J. (2012). Teaching strategies that promote a culturally sensitive nursing education. *Nursing Education Perspectives*, *33*, 410–413.

Appendix G

Interview Information Sheet

I am Christine Sommers, a PhD student at the University of Kansas School of Nursing. I am working on my dissertation study, with my faculty colleague Dr Wanda Bonnel, on culturally sensitive and inclusive nursing education. As a participant in the recent Kansas Council of Associate Degree Nurse Educators conference, I am seeking your willingness to participate in a follow-up interview for my study. Your participation would be voluntary and you may change your mind at any time. The interview will last approximately 30 minutes and ask follow-up questions related to my study. The interview would be scheduled at your convenience in January or February using Zoom technology. If you would consider helping me with this component of my study, please email me at csommers@kumc.edu (or wbonnel@kumc.edu). Thank you for considering my request.

Sincerely,

Christine L. Sommers, MN, RN, CNE
PhD Student
University of Kansas Medical Center School of Nursing

Appendix H

RESEARCH CONSENT SCRIPT: FOLLOW-UP PHONE INTERVIEW

Title: Best Teaching Practices for Providing Culturally Sensitive and Inclusive Nursing Education: Nurse Educators' Perspectives

Investigators: Christine Sommers and Wanda Bonnel
Contact Information: csommers@kumc.edu or wbonnel@kumc.edu

I am Christine Sommers, a PhD student at the University of Kansas School of Nursing. I am working with my faculty colleague Dr Wanda Bonnel. You are being asked to join the interview component of a research study. You are being asked to take part in this study because you are a member of the Kansas Council of Associate Degree Nurse Educators and emailed your willingness to be interviewed. The purpose of this study is to better understand culturally sensitive and inclusive nursing education with diverse nursing students to help better prepare the nursing workforce. Your participation is voluntary, and you may change your mind at any time. There will be no penalty to you if you decide not to participate.

If you agree to take part in this study, you will participate in an interview that will last approximately 30-60 minutes. The interview will take place electronically using the Zoom technology. We will ask questions about your challenges and strategies for providing culturally sensitive and inclusive nursing education to diverse students. We will audio-record the interview so that we have correct notes about what was said. Recordings and interview notes will be stored on a secure and password-protected server consistent with KUMC policy, until 2025.

You may not benefit directly from this study. Researchers hope that the information collected may be useful in guiding future educators regarding evidence-based culturally sensitive and inclusive nursing education for diverse students and ultimately the patients they care for.

The interview questions may be personal. Some of the questions might be embarrassing or uncomfortable. You are free not to answer any questions. Only the research team members will have access to your responses. The risk for someone outside of the research team to learn of your participation or responses is low. Your name will not be used in any publication or presentation about this research.

There is no payment for your participation in this study.

If you have any questions, please contact me, Christine Sommers at csommers@kumc.edu), University of Kansas School of Nursing or Dr. Wanda Bonnel at wbonnel@kumc.edu, my dissertation chair For questions about the rights of research participants, you may contact the KUMC Institutional Review Board (IRB) at (913) 588-1240 or IRBhelp@kumc.edu

Appendix I

Interview Script

Introduce myself to the participant and spend a few minutes making them comfortable. These questions will be used to generally guide the interview. The prompting questions may be used as needed throughout the interview to assist in obtaining more information. The goal is to allow the participant to talk freely about their experience with using recommended teaching strategies with culturally diverse nursing students.

Thank you for agreeing to an interview with me. I have received your verbal informed consent for this interview. As the surveys were completed anonymously, I do not know how you answered the survey. We are going to spend the next 30-60 minutes discussing the findings from the survey and your personal experience teaching culturally diverse nursing students. I am interested in hearing your perspective on the findings from the survey and as many details as possible about your experience. Do you have any questions before we proceed?

1. How would you describe your teaching practice?
    a. How many years have you been teaching pre-licensure nursing students?
    b. In which clinical learning environment(s) do you teach? (Classroom, clinical practice, lab/simulation) In which environment do you teach the most.
    c. What percentage of your students that you teach in a particular semester are culturally diverse (i.e. students that are racially and ethnically different from a traditional nursing student in your program)?
2. How would you describe your experience with teaching culturally diverse nursing students?

    Probes: Awareness of broad teaching strategies in survey
    Teaching strategies used
    Positive/challenging experiences
    Educational preparation for teaching culturally diverse nursing students
3. The findings from the survey are (*outlined on the draft summary form provided you)*…….what are your thoughts?

    Probes: Tell me more about why you agree or disagree with the findings
    What additional information could you share about these findings?

4. I would like to go back over some of the major points of what you shared so that I know that I have it correctly….

General probing questions: Can you tell me more about that? How would you describe that experience? How would you describe that word?