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Transcultural Curriculum Content in Practical Nursing Programs

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Abstract: The purpose of this study was to investigate the extent to which practical nursing programs **incorporate** the concepts of **transcultural** nursing in their program philosophy statements and conceptual **frameworks**. **Practical nursing programs** located **in** California, Florida, New Jersey, New York, and Texas were selected for study due to the diversity of the states' populations as border or immigrant entry states. An equal number of National League for Nursing (**NLN**) accredited and non-accredited programs were studied in each of the selected states, with a total sample of 38 programs included in the study. Nineteen programs (50%) responded to the survey. The majority of responses came from NLN accredited programs (63%), few **non-accredited** programs (36%) responded to the survey. Four programs, two accredited and two **non-accredited**, responded but chose not to participate. Results

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indicate that most **NLN** accredited **programs** include aspects of **cultural** diversity in their curriculum as evidenced by their philosophy statements and conceptual frameworks. However, this varied to a great degree. Methods by which content related to **cultural** diversity is included in **practical/vocational** nursing curricula are presented.

The growing ethnic and cultural diversity of American communities arising from **decades** of **immigration** make it imperative that nursing students understand the many cultures composing their communities. This diversity, combined with the national migratory patterns of nurses who relocate and practice in various cultures throughout their professional careers suggests a need for knowledge of **transcultural** nursing. **DeSantis** (1988) defined **transcultural** nursing as:

. . . the integration of culture into **all** aspects of nursing care, **administration**, education, and research. To be **transcultural**, then, nurses must temporarily step out of their own traditions so that they can perceive and understand a situation in a culturally different environment and implement **specific** interventions when and where practical and ethical. (p. 110)

Anderson (1990) provides an explanation of the need for **transcultural** knowledge: the increase in the ethnic diversity of countries such as the U. S and Canada has put new demands on **health** care systems to provide health care that is **culturally** acceptable to immigrants, as well as effective and economical. To achieve this, practitioners need to **increase** their knowledge of the beliefs, values, and health care

Sandiford and Blais: Transcultural Curriculum in Practical Nursing Programs **practices** of people from different **sociocultural** groups, and to recognize the differences in perspectives between themselves and their clients. Recent research highlights the need for nurses to be more attentive to the social and cultural content of health care (p. 136).

In addition, **Lindquist** (1990) argued that “. . . nursing education **programs** do not provide students with a global view of nursing and **health** care.”, @ 273) This continues to be true today, particularly in **practical/vocational** nursing **programs**.

In 1991, the American Nurses Association (ANA) published a position statement on Cultural Diversity in Nursing Practice. The position statement describes the features of an operational **definition** of cultural diversity as it is expressed in nursing practice, education, **administration**, and research. The position statement begins, “Knowledge of **cultural** diversity is vital at all levels of nursing **practice**.” The position concludes that “all nursing curricula should include pertinent information about diverse health care beliefs, values and practices. Such educational programs would **demonstrate** to nursing students that beliefs and practices are as integral to the nursing process as are physical and psycho-social factors” (p. 1). Because the **practical/vocational** nurse is being prepared to deliver care to individuals in a variety of health care settings and is **frequently** in contact with individuals of diverse backgrounds, inclusion of cultural diversity content in the curricula of **practical/vocational** nursing **programs** is of vital importance.

Review of the **Literature**

A review of the **literature** revealed that little has been written on the extent to which **transcultural** aspects of nursing have been included in licensed **practical/vocational** nursing

(LPN/LVN) programs. In fact, few research studies have been included in the literature related to the need to include aspects of **transcultural** nursing in any nursing curriculum, However, some opinion articles consistent with *the ANA position indicated* that a great need exists.

First, cultural diversity must be defined from the nursing perspective. Chinn (1992) related diversity to the growing ethnic and cultural variances in American communities and to awareness of the underrepresentation in nursing of nonwhite ethnic **and** cultural groups. While the language of laws and social policies prohibit discrimination, they do not influence the dynamics of **interpersonal** and **social** exchange upon which a richness of social and cultural diversity is built. **Chinn** continued **that**:

. . . diversity is grounded in appreciation for differences, in processes that build bridges between misunderstandings, and in values that nurture understanding and respect. Social and cultural diversity is grounded in a belief that equality is achieved by responding to individual differences **rather** than by application of rules and regulations that reduce everyone to sameness (p. 54).

She then argued that “diversity begins to evolve when everyone begins to see, *to* hear, to notice, and to value the differences that exist among the various individuals gathered together” (p. 54).

Anderson (1990) argued for increasing nurses’ knowledge of the beliefs, values, and health care practices of people from different **sociocultural** groups, contending that nurses need this information to provide health care that is culturally acceptable, effective, and economical to **immigrants**. **Leininger** (1985) believed content regarding **cultural** values,

Sandiford and Blais: Transcultural Curriculum in Practical Nursing Programs behavior, and concepts to be inadequate in nursing Curricula as well as limited in nursing practice. When knowledge of cultural differences is absent, nurses may **interpret** as non-compliant behavior that is actually based on cultural preferences or beliefs. Knowledge of cultures provides health care professionals with the complex factors which influence clients' responses to professional care and is essential for competent nursing practice.

DeSantis (1990) asked a **significant** question: Is sensitivity enough? Lack of sensitivity often leads western health care providers to label refugees and immigrants as non-compliant **because** they adhere to **traditional ethnomedical (folk)** treatment. She argued that we cannot learn enough about the cultural parameters of **health** care (a) by taking a few continuing education **courses**, (b) by relying on content presented in basic or advanced professional education programs, or (c) by simply reading anthropological or culturally focused **health** care studies. "To become **culturally** competent implies that nurses are willing to seek information about cultural beliefs and **practices** of **groups** served outside of formalized educational settings" (p. 19). The assumption of cultural competence is central to nursing. Student nurses must be introduced to the concept of cultural diversity early in their studies; reinforcement should continue throughout their professional lives.

Purpose of the Study

The purpose of this study was to investigate the extent to which **practical/vocational** nursing **programs** incorporate the concepts of **transcultural** nursing in their program philosophies and conceptual frameworks, While **LPN/LVN** nursing programs do not always abide by the positions of the **American** Nurses Association, the need to include aspects of

transcultural nursing in the curriculum are *obvious* as the licensed **practical/vocational** nurses serve as care givers in acute **and** chronic care settings.

Methodology

Population

Because there **are** numerous LPN/LVN programs in the United States, not **all** programs could be studied. To limit this preliminary study to a workable and affordable sample, the researchers surveyed programs in five states that serve as the primary points of entry for individuals immigrating from other countries -- New York, New Jersey, Florida, California, and Texas. The state boards of nursing in each of these states were contacted for a listing of state board-approved **programs** of **practical/vocational** nursing.

In addition to state board approval, some **LPN/LVN** programs elect to obtain accreditation from the National League for Nursing (**NLN**). The researchers believe that differences in cultural diversity content may occur between accredited and non-accredited **programs**. The **NLN-approved** programs were obtained from a list of practical nursing programs found in Nursing and Health Care (1992). The list of approved programs included two accredited programs in California, four **accredited** programs in Florida, two accredited programs in New Jersey, nine accredited **programs** in New York, and two accredited programs in Texas -- a total of 19 NLN accredited **practical/vocational** nursing **programs**. An equal number of non-accredited programs were selected at random from the listings provided by the state boards of nursing for a total **sample** of 38 schools.

Instrumentation

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A questionnaire was developed by the researchers to obtain some minimal demographic data of each from the selected programs. The researchers also requested a copy of each program's philosophy statement and conceptual framework. Because states which serve as points of entry for immigrants were selected for the study, it was assumed that demographic data might be useful **in** determining if **the student** population of the selected **programs mirrored** the population of the community in which the programs were conducted. In other words, programs might be more aware of the **need** for inclusion of cultural diversity in the curriculum if the community was itself culturally diverse. Or, the diversity of the local culture might cause the program to eliminate this Curricular focus because they believed it to be **unnecessary**.

Data Collection

During the month of July 1992, **color** coded questionnaires were sent to the 38 sample programs, with **a** request to return the **questionnaires** by August 1. Only five questionnaires were **returned** by the deadline. Because many **programs** close for a period of time during the summer, the researchers decided to extend the deadline. In October they contacted the **programs** by telephone to solicit additional responses. Following the telephone calls, an additional 14 responses were received. The total responses represent a 50% return, but four responses were from programs choosing not to participate. Usable responses were collected from a total of 15 programs, or 39% of the sample.

Data Analysis

Data from the responses were reviewed for (a) accreditation or non-accreditation status, (b) for demographic comparison of student population to community population and (c) for an indepth review of philosophy statements and conceptual frameworks. The researchers examined the philosophy statements and frameworks for key words which would indicate whether **transcultural** information is included in the curriculum and how it is presented. Some of the key words searched included: *culture* or *cultural groups*, *diversity*, *ethnocentric approaches*, *values*, *ideology*, *cultural sensitivity*, *ideology*, *anthropological statement*, *cross culture*, or *multicultural*.

Limitations

A total of 38 questionnaires were sent to schools of **practical/vocational** nursing programs in California, Florida, New Jersey, New York, and Texas. A total of 19 responses were received for a return rate of 50%. Usable responses were received from 15 programs, constituting a usable return rate of 39%. Because only a limited sample was selected for the study, findings are based upon the responses received from the selected states and therefore should not be generalized to the entire population.

Findings and Discussion

Demographics

While schools reported a total of 1,388 students **enrolled**, not all responded to the number in each age range. Of those who responded, the age distribution of students in programs of **practical/vocational** nursing indicated that the majority of the students fell between the age range of 20-29 years with the next highest number falling in the age range

of 30-39 years. Table 1 displays this data. Only four programs listed the demographics for the community in which the program was located. Therefore, a comparison of student population age groups to the community could not be performed.

The students represented in this study fell into five ethnic categories: Caucasian 58.7%, African-American 25.6%, Hispanic 13.4%, Asian .6% and other 1.7% (See Table 2). Several programs did not respond.

The **ethnicity** of communities represented in the study was 57% Caucasian, 15% **African-American, 23% Hispanic**, 4% Asian, and 1% other. **Many programs did not include** this data, preventing any comparison to student populations. Community population ranged from 8000 to 2.5 million persons.

Table 1

Age Distribution of Sample

Age	NLN		non-accredited		Total	
	n	%	n	%	n	%
< 20	75	08.4	81	16.3	156	11.2
20-29	351	39.4	247	49.6	598	43.1
30-39	279	31.3	113	22.7	392	28.3
40-49	128	14.4	46	9.2	174	12.5
50-59	51	5.7	10	2.0	61	4.4
60+	6	0.7	1	0.2	7	0.5
Total	890	99.9*	498	100	1388	99.9*

* Discrepancy due to rounding

Table 2

Ethnic Distribution of Sample by Percentage

Age	NLN %	non-accredited %	Total %
Caucasian	47.4	88.5	58.7
African-American	34.9	03.1	25.6
Hispanic	12.7	07.0	13.4
Asian	03.8	00.4	00.6
Other	00.9	01.0	01.7
Total	99.7*	100	100

* Discrepancy due to rounding

Evidence of cultural diversity in philosophy and conceptual framework

Ten of the 15 respondents included copies of their philosophy statements and/or curriculum **frameworks**. These were analyzed for key words indicating that **cultural diversity was** a part of the curriculum. Five **NLN-accredited** programs referred to cultural diversity in their philosophy statements; three did not. One non-accredited program included cultural diversity in its philosophy statement.

Four of the **NLN-accredited** programs included cultural diversity in their conceptual framework; three did not. One program's philosophy statement and framework was not **specific** enough to ascertain that cultural diversity was included. Two **non-accredited programs** did not address cultural diversity in their conceptual framework (see Table 3).

Table 3

Cultural Diversity in Philosophy Statements and Conceptual Frameworks of LPN/LVN Programs (n = 10)

	NLN accredited (n = 8)		Non-accredited (n = 2)	
	<u>included</u>	<u>not included</u>	<u>included</u>	<u>not included</u>
Philosophy Statement	5	3	1	1
Conceptual Framework	4	4	0	2

Identification of cultural diversity in the curriculum

Participants were asked if they emphasize **cultural** diversity **in** their curriculum, and, if so, how cultural diversity is presented in their curriculums. Respondents from 12 schools reported that their **programs** emphasized cultural diversity in the curriculum. Two schools indicated that their programs did not emphasize cultural diversity but included it in the curriculum. Respondents from one school were not sure about the inclusion of cultural diversity in their program.

The programs include various facets of cultural diversity in their curriculums by a variety of means. Some programs devote classroom time to the topic by requiring students to write papers or make classroom presentations about **cultural** diversity; discussion of students' attitudes about diverse beliefs is included at some schools. Some programs reported the occurrence of Cultural Awareness Days. Other programs inform students about cultural dietary preferences, and schools offer cultural luncheons at which students can **learn** about food preferences. Some **programs** provide ethnic mannequins for use in the

Table 4

Strategies Used to Include Cultural Awareness in LPN/LVN Program Curricula

Strategy	# of programs indicating its use
Cultural diets/luncheons	7
Discussion of social differences	5
Discussion of religious/spiritual needs	4
Cultural response to illness/pain	4
Cultural Awareness Day	2
Cultural attitudes in pregnancy/health care	2
Cultural objectives all in courses	1
Student presentation or papers on culture	1
Communication differences	1
Health promotion in different cultures	1
Nurses' attitudes toward different cultures	1
Class interactions among students of different cultures	1

classroom. The programs also address such **cultural** topics as: variant social practices, religious/spiritual beliefs, **illness/pain** responses, attitudes about pregnancy and health care, communication **practices**, overall **health** beliefs, and the interaction between various social groups or classes. Table 4 summarizes how the **programs** present cultural information to

Sandiford and Blais: Transcultural Curriculum in Practical Nursing Programs students. In addition, one school reported that cultural diversity is addressed in its orientation of new faculty and in ongoing faculty workshops. Another school uses cooperative learning groups in classroom **laboratory** and clinical practice. Another school **indicated** that its student body is a multicultural population, with 40% of their students having limited English proficiency.

Conclusions and Recommendations

Conclusions

This study was limited by the voluntary nature of the responses. While 38 questionnaires were mailed, only 15 of the 19 returned responses **were** usable. Of the 15 responses, only ten included copies of their philosophy statements and/or conceptual frameworks for analysis. It is noteworthy to report that at least one response was returned from each of the five targeted states. The majority of the schools responding included methods and instructional **strategies** in which **cultural** diversity is presented in the curricula of their respective **practical/vocational** nursing programs.

Because the response rate was so few in number, it is difficult to draw conclusions. The data collected from the 10 programs which included copies of their philosophy statements and/or conceptual frameworks indicate that **NLN-accredited** programs were more likely to include cultural diversity evidence in their philosophy statements and conceptual frameworks than non-accredited **programs**. This would be consistent with the guidelines for accreditation by the **NLN** and as recommended by ANA. Because so few non-accredited programs responded to the survey, the researchers were **unable** to draw any conclusions about non-accredited programs other than most chose not to participate.

An additional note of interest is that in telephone conversations with the directors of two schools that chose not to respond, the directors stated they were not participating because they didn't have any **different** cultures in their area. Another school director stated that her state's urban areas had **more** culturally diverse populations than **rural** areas and therefore urban schools were more likely to include cultural diversity content in their curricula. The data of this study support **Lindquist's** (1990) statement that there **are** variations **in** the amount of **transcultural** content in nursing programs.

Recommendations

Based on the information received, the researchers would recommend that this study be replicated with a larger population of **practical/vocational** nursing schools. Given the role of the **graduate practical/vocational** nurse in the **health** care delivery system, it would seem to make sense to include this dimension of nursing in the curriculum. The study of cultural diversity should not end with basic **preparation**, but continue through **inservice** programs attended by the graduate licensed **practical/vocational** nurse. In addition, while students may not be educated in communities where diversity is evident, many move to and may **find** employment **in** communities in which diversity exists. Therefore, the argument to include information and strategies related to cultural diversity is supported.

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