



UNIVERSITY OF SAN FRANCISCO
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MASTER OF NONPROFIT
ADMINISTRATION

Nursing Education – A Cultural Reform

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CNPA 622: Nonprofit Data Analysis - Capstone

Semester 2021

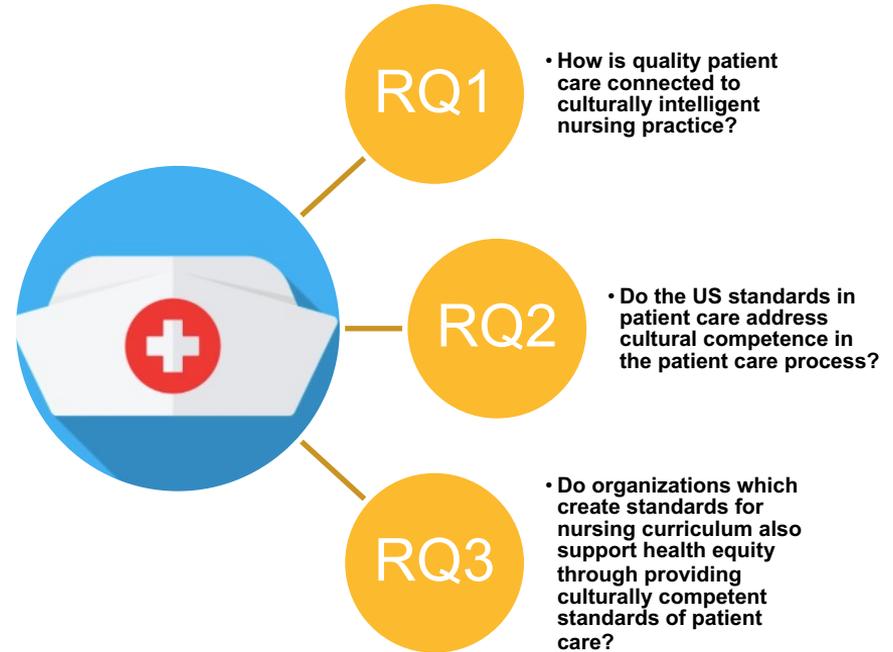
Instructor: Dr. Marco Tavanti

“Although the term *disparities* is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual’s ability to achieve good health (Healthy People 2020 p. 1)”

OVERVIEW / INTRODUCTION

- This project assesses the national standards in nursing education, surrounding curriculum building within patient care as a major factor which sustains health inequities and disparities for marginalized populations in the United States.
- This research was completed through a systematic review of literature, formal and informal interviews with healthcare professionals, program directors, and program managers within nursing and medical schools across the United States.

OBJECTIVES AND VALUES



Terms & Definitions

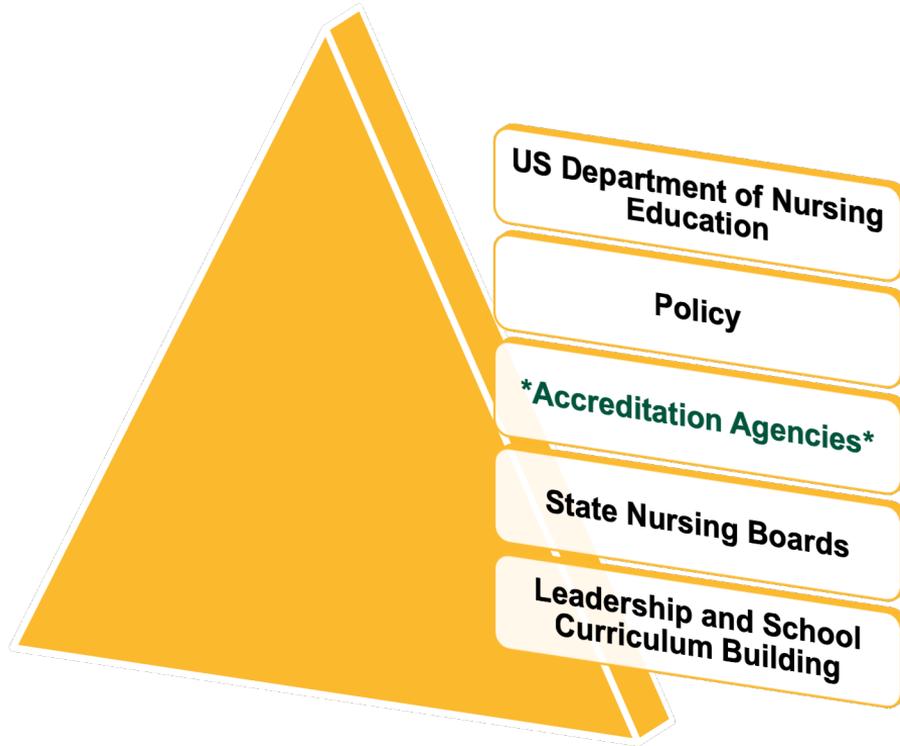
Patient-Centered Care (PCC): “... has been depicted as a philosophy, a process, a model, a concept, and a partnership that involves both the patient and health care provider (to include the nurse) arriving at some form of conclusion about the care and treatment of the patient’s condition. (The Role of Patient-Centered Care in Nursing - p. 2).”

Cultural Competemility: “... the synergistic process between cultural humility and cultural competence in which cultural humility permeates each of the five components of cultural competence: cultural awareness, cultural knowledge, cultural skill, cultural desire, and cultural encounters (Cultural Competemility: A Paradigm Shift in the Cultural Competence versus Cultural Humility Debate – Part I).”

METHODS AND APPROACHES

1. Literature review of 35 scholarly articles
2. 3 expert Interviews with a program manager of a health pathways program, director of graduate school nursing, and associate dean at major Universities across the United States.
3. 6 informal interviews with current nursing students, present and past practicing nurses that helped guide my research.
4. Content Analysis and in-depth review of 7 documents which provide the standards for nursing school curriculum in the United States.

DATA ANALYSIS – The Powers That Be...



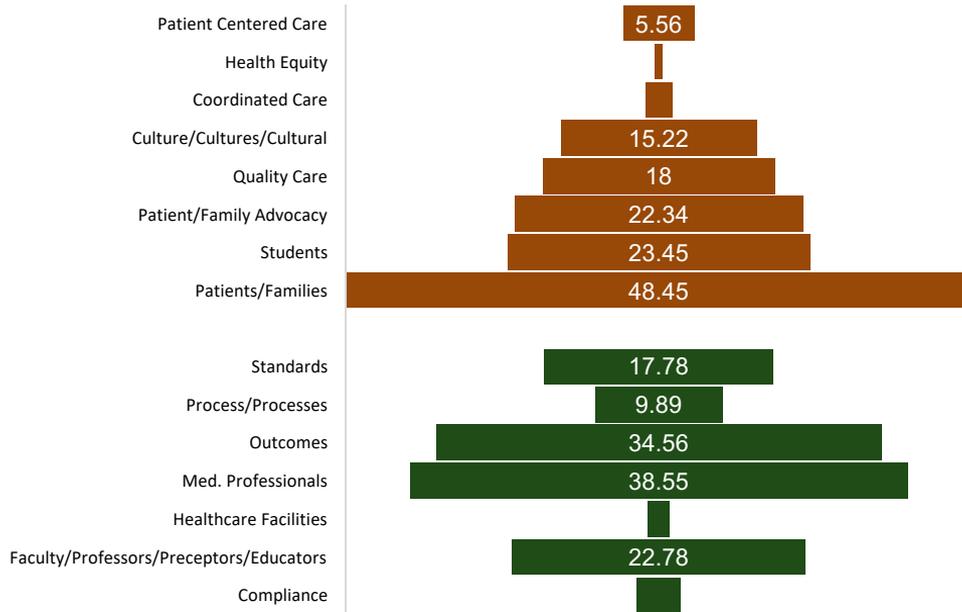
- Access to review
- In order to be recognized by State Nursing Boards a school must provide approved accreditation
- National Accreditation vs. State Board Approval
- Federal Student Aid

DATA ANALYSIS – Results of Content Analysis

- Assessing language used in these documents
 - **Patient-Centered vs. *Systems/Process Oriented***
- Discrepancies between the accreditation organizations values and attention to the standardization of concepts such as PCC and Cultural Competemility
- The baseline standard of nursing curriculum poses difficulties for institutions, predominantly public universities, to further embed concepts of culturally intelligent patient practices within its curriculum
 - **Expert Interviews show that students and faculty are advocates in evolving curriculum to better address populational health**

DATA ANALYSIS – Results of Content Analysis

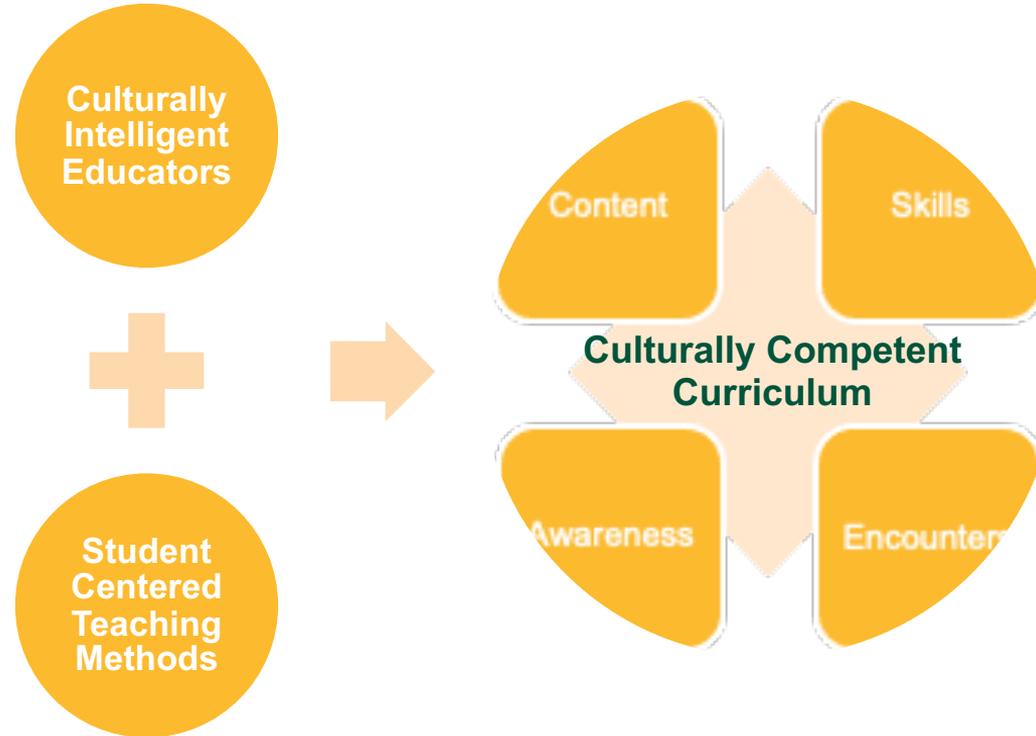
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While the data gathered from my content analysis doesn't provide enough data to show the need to further address the lack content being taught within patient care regarding culturally competemility, this research does serve as a baseline for which further investigation. Future research in assessing BSN programs nursing curriculum is necessary to both develop the standards for Skills, Knowledge, Awareness and Encounters which nurses must build to properly provide culturally intelligent patient care practices.

IMPLICATIONS

While the data gathered shows a presence of patient-centered care and cultural competemily within the US national standards of nursing curriculum, standards for teaching these concepts may be lacking. Reviewed documents do provide standards, but do not provide standard definitions or evaluator methods in teaching PCC and Cultural Competemility



RECOMMENDATIONS

1. Continue to drive research and promote the need for stronger definitions and understanding topics within patient care at the intersection of multicultural differences between patient and providers.
2. Put pressure on accreditation agencies to set stronger standards that directly address the need for cultural competency to be embedded within the standards of curriculum surrounding patient care.
3. While continuing to diversify the workplace to better mirror patient populations, our systems must preemptively invest in building work environments which provide a sense of belongingness for all employees to retain diverse nurses, professors, and leaders.

REFERENCES

- Greene-Moton, E., & Minkler, M. (2019). Cultural competence or cultural humility? Moving beyond the debate. *Health Promotion Practice, 21*(1), 142–145. <https://doi.org/10.1177/1524839919884912>
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Nursing Education – A Cultural Reform

Matthew Rehder, MNA - Master of Nonprofit Administration - Capstone Project
Master of Nonprofit Administration Capstone

SUMMARY

Further research is necessary in the areas of Patient-Centered Care and Cultural Competemility to understand how we can build nursing curriculum the teaches practices in patient care to diverse patient populations. In order to fully develop culturally competemility within nursing providers we must fully explore how these concepts are being taught. While the national standards do address these concepts, a literature review and 3 expert interviews show a further need for expanding these concepts in defining and evaluation, to properly understand how we can teach future nurses the skills, knowledge, awareness, and encounters to provide care to diverse patient populations

PURPOSE

This research is integral to addressing the health inequities non-dominant cultures experience when provided healthcare services. The importance of this research will continue to grow as our population grows both in density as well as it grows more multiculturally diverse. Concepts of patient care must be framed through the lens of culturally intelligent practices in order to decrease the ever growing disparities in care for marginalized communities. In order to properly address these healthcare inequities, we must push forward research in the concepts of Patient-Centered Care and Cultural Competemility, 1.) better define these terms and 2.) understand how to evaluate for these concepts within curriculum that is centered in patient care practices. Once these concepts have been further explored it is essential that accreditation agencies adapt best practices for providing care to diverse patient populations, to set a standards for patient centered care and cultural competemility

RESEARCH

RQ1: How is quality patient care connected to culturally intelligent nursing practice?

RQ2: Do the US standards in patient care address cultural competence in the patient care process?

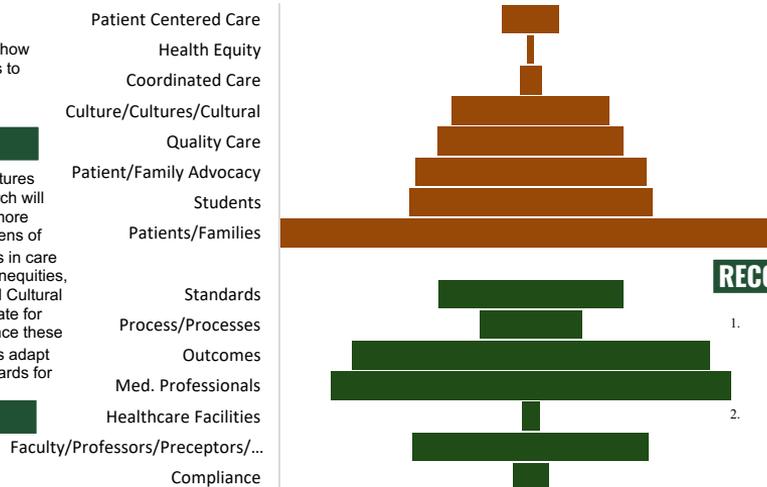
RQ3: Do the organizations which create standards for patient care, also support health equity through providing culturally competent standards of patient care?

METHODS

Literature review consisted of analyzing 35 scholarly articles, Completing 3 expert interviews with a program manager of a health pathways program, director of graduate school nursing, and associate dean at major Universities across the United States. 6 informal interviews were done in association to topics within gathering research with current nursing students, present and past practicing nurses. Content Analysis and in-depth review of 9 documents which provide the standards for nursing school curriculum in the United States.

DATA AND ANALYSIS

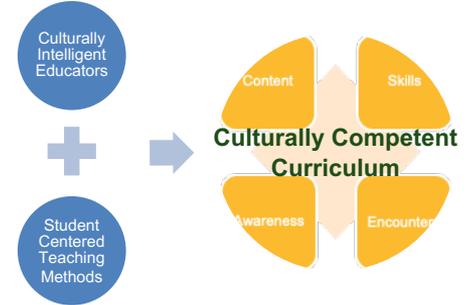
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While there was no direct correlation found between nursing curriculum and health disparities for marginalized populations, the researchers 3 expert interviews suggest that to fully understand this, a second content analysis of nursing school curriculum is necessary.

With the literature review, content analysis, and expert interviews providing enough information on how the concepts of Patient-Centered Care and Cultural Competemility are evaluated, it seems that this is has little research and may need further exploration to properly build into national standards for nursing curriculum in the US.

RESULTS



RECOMMENDATIONS

1. Continue to drive research and promote the need for stronger definitions and understanding topics within patient care at the intersection of multicultural differences between patient and providers.
2. Put pressure on accreditation agencies to set stronger standards that directly address the need for cultural competemility to be embedded within the standards of curriculum surrounding patient care.
3. While continuing to diversify the workplace to better mirror patient populations, our systems must preemptively invest in building work environments which provide a sense of belongingness for all employees to retain diverse nurses,

REFERENCES

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