Keywords
Cultural competency, diversity, nurse educators, nursing students

As the heterogeneity of people across countries increases - and in particular, developed nations - due to a history of colonization, increasing immigration and the growing visibility of nontraditional gender roles (among other reasons) the health and well-being of diverse ethnic/cultural populations becomes a priority. Nurse researchers (Campinha-Bacote, 2010, 2011; Jeffreys & Dogan, 2012; Torregosa, Ynalvez, Schiffman, & Morin, 2015) have voiced concern regarding the provision of care to ever-increasing numbers of ethnically/culturally diverse populations. Throughout North America, Australia, the United Kingdom, and many other developed countries, nurses caring for diverse patients are primarily female, from the dominant (White) culture (Ackerman-Barger, 2010; Debrew, Lewallen, & Chun, 2014; Harris, Purnell, Fletcher & Lindgren, 2013; Morton-Miller, 2013; Sedgwick, Oosterbroek & Ponomar, 2014; Southwick & Polaschek, 2014) and may not be able to appreciate the changes...
in nursing practice that are necessary to provide care to individuals from different ethnic/cultural backgrounds (McClimens, Brewster, & Lewis, 2014). A secondary analysis of a study done at a state-run university in the northeastern region of the United States (Raman, 2013) corroborates findings that some nurse educators may be lacking in cultural competence. These issues and their implications for nurse educators will be examined.

The cultural competence movement, initiated by Madeleine Leininger in the 1950’s (Andrews & Boyle, 2016), has grown as nurse researchers have attempted to deal with the above-mentioned dilemma. Culture can be thought of as “the totality of socially transmitted behavioral patterns, arts, beliefs, values, customs, lifeways, and all other products of human work and thought characteristics of a population of people that guide their worldview and decision-making” (Purnell, 2013, p. 6). It can affect individuals’ perceptions of their health and wellness, and what their needs are to improve their condition. Campinha-Bacote (2011) states that cultural competence is “an ongoing journey” (p. 46) involving the achievement of an understanding of the needs and behaviors of ethnically/culturally diverse people that will facilitate the enhancement of “the quality of care provided to people of different cultures” (Vasiliou, Kouta, & Raftopoulos, 2013, p. 44).

**Review of the Literature**

A review of the recent literature reveals that the quandary of caring for diverse populations has been studied in many countries, including: Australia (Allen, Brown, Duff, Nesbitt & Hepner, 2013; Koch, Everett, Phillips, & Davidson, 2014; West, Usher, & Foster, 2010), Canada (Gregory, Harrowing, Lee, Doolittle, & O’Sullivan, 2010; Stansfield & Browne, 2013), Cyprus (Vasiliou et al., 2010), Israel (Arieli & Hirschfeld, 2013; Arieli, Mashiach, Hirschfeld, & Friedman, 2012; Noble, A., Nuszen, Rom, & Noble, L., 2014), New Zealand (Caldwell, Lu, & Harding, 2010), Sweden, Norway, Finland, the Faeroe Islands and Denmark (Bohman & Borglin, 2013; Westerbotn et al., 2015), Taiwan (Perng & Watson, 2012), Thailand (Songwathana, 2013), the United Kingdom (McClimens et al., 2014), and the United States (Abrums, Resnick & Irving, 2010; Batykefer Evans, 2013; Beard 2013, 2014; Cantwell, Napierkowski, Gundersen, & Naqvi, 2015; Condon et al., 2013; Dapremont, 2014; Debrew et al., 2014; Dewald, 2012; Dudas, 2012; Dunagan, Kimble, Sweat Gunby, & Andrews, 2014; Fulbright Sumpter & Brooks Carthon, 2011; Greenberg, 2013; Harris et al., 2013; Jeffreys & Dogan, 2012; Junious, Malecha, Tart, & Young, 2010; Kardong-Edgren et al., 2010; Mayo, Sherrill, Truong, & Nichols, 2014; Mesler, 2014; Mixer, 2011, Mixer et al., 2013; Torregosa et al., 2015; Ume-Nwagbo, 2012; Veal, Bull, & Fitzgerald Miller, 2012). Enhancing the care for Lesbian, Gay, Bisexual, and Transgender patients (Lim, Johnson, & Eliason, 2015; Strong & Folse, 2015) has also been examined.

**Expanding Access to Healthcare and Increasing Culturally Resonant Care by Raising the Number of Ethnically/Culturally Diverse Nurses**

Health and wellness among ethnically/culturally diverse populations may not be optimal for many reasons, including the lack of access to healthcare (Batykefer Evans, 2013; Chandler & Swanston, 2012; Dapremont, 2014; Esposito, 2013; Gordon & Copes, 2010; Songwathana, 2013; West et al., 2010), the lack of comfort that diverse people feel when dealing with those from the dominant culture (Songwathana, 2013), and the provision of culturally dissonant, or incongruous, healthcare (Allen et al., 2013; Arieli & Hirschfeld, 2013; Beard, 2013; Bednarz, Schim, & Doorenbos, 2010; Brooks Carthon, Nguyen, Chittams, Park, & Guevara, 2014; Cantwell et al., 2015; Carter, Powell, Derouin, & Custais, 2015; Chandler & Swanston, 2012; Dudas, 2012; Gordon & Copes, 2010; Long, 2012; West et al., 2010) as provided by nurses who do...
not share the patients’ “ways of life, cultures, thoughts, attitudes and belief system[s]” (Songwathana, 2013, p. 111). Cultural dissonance may occur when the nurses and their patients differ in nation of origin, religion, gender orientation, language and/or other ethnic/cultural differences. These differences may affect the healthcare delivered and patient outcomes. Further, Davis, S. P., Davis, D. D., and Williams (2010) caution that “if a minority part of the community or nation is in distress, left unattended, the problem will spill over into the larger community” (p. 125), raising concerns for all.

Many feel that access to culturally resonant, or congruous, healthcare would be best if provided by nurses who are from the same ethnic/cultural background as the patient (Abrums et al., 2010; Ackerman-Barger, 2010; Arieli & Hirschfeld, 2013; Baker, 2010; Beard, 2013, 2014; Brooks Carthon et al., 2014; Campinha-Bacote, 2010; Chandler & Swanston, 2012; Condon et al., 2013; Dapremont, 2014; De brew et al., 2014; Harris et al., 2013; Igbo et al., 2011; Jeffreys & Dogan, 2012; Mesler, 2014; Songwathana, 2013; West et al., 2010; Zajac, 2011), because such nurses would be familiar with the “ways of life, cultures, thoughts, attitudes and belief system[s]” (Songwathana, 2013, p 111) of their patients (as they may share nation of origin, religion, gender orientation, language and/or other ethnic/cultural similarities).

However, preparing nursing students from diverse ethnic/cultural backgrounds to successfully complete their program of study is seen as a barrier to increasing the number of diverse nurses in the global workforce, due to reasons such as: lack of support and possible lower levels of preparation (Arieli & Hirschfeld, 2013; Batykefer Evans, 2013; Brooks Carthon et al., 2014; Cantwell et al., 2015; Davis et al., 2010; Igbo et al., 2011; West et al., 2010), language and communication difficulties (Arieli & Hirschfeld, 2013; Bednarz et al., 2010; Brooks Carthon et al., 2014; Debrew et al., 2014; Greenberg, 2013; Hansen & Beaver, 2012; Igbo et al., 2011; Junious et al., 2010; Koch et al., 2014; Torregosa et al., 2015), feelings of prejudice or isolation (Arieli & Hirschfeld, 2013; Beard, 2013; Bednarz et al., 2010; Brooks Carthon et al., 2014; Carter et al., 2015; Condon et al., 2013; Debrew et al., 2014; Morton-Miller, 2013; Robinson, 2013; Veal et al., 2012), feelings of the need to act like members of the hegemonic culture (De brew et al., 2014; Morton-Miller, 2013), lack of role modeling (Beard, 2013; Bednarz et al., 2010; Carter et al., 2015) and lack of faculty support (Ackerman-Barger, 2010; Baker, 2010; Batykefer Evans, 2013; Beard, 2013; Bednarz et al., 2010; Cantwell et al., 2015; Dapremont, 2014; Igbo et al., 2011; Junious et al., 2010; Morton-Miller, 2013; Robinson, 2013; Ume-Nwagbo, 2012; Vasiliou et al., 2013; Veal et al., 2012). For the moment, insufficient numbers of diverse nursing students are being recruited and graduated (Abrums et al., 2010; Brooks Carthon et al., 2014; West et al., 2010).

**Increasing the Cultural Competency of All Nursing Students**

While the issues of recruiting and graduating increased numbers of diverse nursing students must be resolved, it is also imperative to simultaneously increase the cultural competency of all nursing students (Allen et al., 2013; Arieli et al., 2012; Bohman & Borglin, 2014; Campinha-Bacote, 2011; Carter et al. 2015; Debrew et al., 2014; Dudas, 2012; Dunagan et al., 2014; Esposito, 2013; Esterhuizen & Kirkpatrick, 2015; Fulbright Sumpter & Brooks Carthon, 2011; Gallagher & Polanin, 2015; Gregory et al., 2010; Harris et al., 2013; Je ffreys & Dogan, 2012; Kardong-Edgren et al., 2010; Kirkpatrick, Esterhuizen, Jesse, & Brown, 2015; Koch et al., 2014; Koskinen et al., 2012; Lim et al., 2015; Long, 2012; Mayo et al., 2014; Mc Climens et al., 2014; Mesler, 2014; Mixer, 2011; Mixer et al., 2013; Noble et al., 2014; Perng & Watson, 2012; Starr, Shattell, & Gonzales, 2011; Strong & Folse, 2015; Westerbotn et al., 2015) across the board; because at this juncture, there is an insufficient
number of ethnically/culturally diverse nursing students in many countries (Baker, 2010; Brooks Carthon et al., 2014; Cantwell et al., 2015; Carter et al., 2015; Chandler & Swanston, 2012; Greenberg, 2013; Harris et al., 2013; Jeffreys & Dogan, 2012; Veal et al., 2012). This might be a challenge as many nurse educators today are still unfamiliar with cultural competence and its necessity (Arieli et al., 2012; Beard, 2013; Bednarz et al., 2010; Billings, 2015; Caldwell et al., 2010; Davis et al., 2010; Dewald, 2012; Lim et al., 2015; Long, 2012; Morton-Miller, 2013; Stansfield & Brown, 2013; Starr et al., 2011; Ume-Nwagbo, 2012).

This review of the current literature underscores the necessity to enhance the practice of cultural competence in nursing education to promote cultural competency in all nursing students as well as to admit and successfully graduate more ethnically/culturally diverse nursing students, with the ultimate goal of having a better prepared nursing workforce. The concept of cultural competency in nursing education has been expanded beyond the horizon of patient care to include the support of diverse nursing students as well. Patients might belong to a culture that is dissimilar from the nurses caring for them, and nursing students might belong to a culture that is dissimilar from the nurse educators involved in their education. Differences include ethnicity, culture, language, religion, and gender orientation, as well as other considerations. Nurse educators must be able to respect, appreciate, and take into account these differences, in order to enhance the provision of care to patients and support nursing students in a manner that is congruent with the “customs, lifeways and …worldview” (Purnell, 2013, p. 6) of those in their care to realize positive outcomes.

Therefore, for improved health and wellness outcomes in ethnically/culturally diverse patients, we must turn to nurse educators to examine the roles that they play in promoting cultural competence in all nursing students and in supporting the success of ethnically/culturally diverse students. A study which looked at nursing student success in relation to many variables including faculty support and students from different ethnic/cultural backgrounds (Raman, 2013), was revisited to see what information might be divulged regarding the nurse educator’s level of cultural competency.

**The Study**

Raman (2013) examined factors that possibly lead to nursing student success at a nursing program at a state-run university in a suburban area of the northeastern United States. This mixed-methods study was implemented using a survey that was developed to “examine the relationships among faculty support (FS), student general self-efficacy (SE), academic self-concept, goal orientation, math self-concept (MSC), affective and normative commitment to the nursing program, and first year grade point average (GPA)” (Raman, 2013, p. 50) and further “examined the relationship of age, gender, ethnic/cultural affiliation, [primary/native language], economic status, previous academic successes, general SE, academic self-concept, goal orientation, [MSC], and affective and normative commitment to the nursing program to first-year overall GPA of the nursing students” (Raman, 2013, p. 50). The survey gathered demographic information and contained a 5-point Likert scale to “obtain individual responses to statements based on the students’ actual experiences” (Raman, 2013, p. 52). Questions related to the students’ ethnic/cultural affiliation and primary language were open-ended, and they were able to self-report what best described their ethnic/culture identity and primary language. There was also one open-ended question that gathered information about any other factors that may have led to their success in the nursing program. The survey was implemented using a convenience sample consisting of nursing students (N=104) in the first semester of the second year of the program. Internal Review Board approval from this state-run university
in the northeastern United States was obtained, the survey was anonymous, and consent was implied by the students’ filling out the survey and placing it in a box with a slotted top. If the students chose not to fill out the survey, they could place the uncompleted survey in the box with the slotted top. Nursing students (N=104) were grouped into White (56) and Ethnically/Culturally Diverse/English as a Second Language (ESL) (36), which excluded 12 nursing students who neither self-identified with an Ethnic/Cultural Affiliation nor fit into the category of ESL based on their self-report of primary language. The age range for all nursing students was 19-60 with 78 students identifying as female and 26 identifying as male. The Ethnically/Culturally Diverse/ESL group contained those who self-identified as Black=11, Hispanic=8, Pacific Islander=1, Arabic=1, Asian/Chinese=5, Multicultural=6, West Indian/Caribbean=3, Other=1. The ESL group was comprised of Spanish=4, Tagalog=2, French/Creole=4.

This study (Raman, 2013) demonstrated no relationship between nursing student success and the nursing students’ diverse ethnic/cultural backgrounds, and for this reason a secondary analysis of the data was done as the findings were not congruent with review of the literature. Nursing students’ responses to the forty-six quantitative Likert-scale questions were now treated using the chi-square (x²) test of proportion comparison and the F maximum test for homogeneity of the variance of mean score comparison to determine if there was a significant difference between the two groups (Gall, M. D., Gall, J. P., & Borg, 2007). This additional treatment of the data revealed significant findings for one of the survey questions: “The nursing instructors in this program are very familiar with course content.” This question was factor-loaded into the group of questions determined to measure nursing students’ perceptions towards faculty support (Raman, 2013, p. 53).

**Results**

The results of the chi-square (x²) were significant at p = 0.019 (Table 1) and the results of the F-maximum test for homogeneity of the variance were significant at p = 0.037 (Table 2). This indicates that the nursing student group that identified as either Ethnically/Cultural Diverse

<table>
<thead>
<tr>
<th>Culture</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnically/Culturally Diverse/ESL</td>
<td>1 (3.0%)</td>
<td>12 (36.4%)</td>
<td>11 (33.3%)</td>
<td>9 (27.3%)</td>
<td>33 (100.0%)</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>1 (1.7%)</td>
<td>7 (11.9%)</td>
<td>37 (62.7%)</td>
<td>14 (23.7%)</td>
<td>59 (100.0%)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2 (2.2%)</td>
<td>19 (20.7%)</td>
<td>48 (52.2%)</td>
<td>23 (25.0%)</td>
<td>92 (100.0%)</td>
<td></td>
</tr>
<tr>
<td>Chi square</td>
<td></td>
<td>9.931</td>
<td>p value</td>
<td></td>
<td>0.019</td>
<td></td>
</tr>
</tbody>
</table>
and/or ESL showed significantly less agreement with the statement “The nursing instructors in this program are very familiar with course content.” This might be because nursing students in the Ethnically/Culturally Diverse and/or ESL group were able to detect that their nursing instructors were not as knowledgeable regarding differences among the behaviors or needs of ethnically/culturally diverse groups as they should have been. This assumption is plausible because it has been determined that members of ethnically/culturally diverse groups are more sensitive to issues of diversity (Carter et al., 2015; Junious et al., 2010) and that members of ethnically/culturally diverse groups have been found to be more culturally competent than members of the majority group (Abrums et al., 2010; Junious et al., 2010; Mesler, 2014; Morton-Miller, 2013). Although these findings do not seem to impact the success of ethnically/culturally diverse students in this nursing program, they do corroborate with the literature review regarding the possible deficiency in nurse educators’ knowledge concerning issues of cultural competence in relation to caring for ethnically/culturally diverse patients and supporting ethnically/culturally diverse nursing students.

**Limitations**

This study was conducted in only one setting and the sample size of the participating nursing students was small. These limitations may affect the transferability of the results. The results from this secondary analysis provide additional evidence to the body of knowledge regarding the need for enhanced cultural competency in nurse educators. Even though some nurse educators “believe that adapting to diversity is not in their job description and that they are really too busy” (Bednarz et al., 2010, p. 259), cultural competency in nursing education must continue by increasing the cultural competence of nurse educators (Long, 2012; Mixer et al., 2013) and their comfort level in teaching it (Starr et al., 2011). This will facilitate nurse educators’ ability to teach cultural competency to all nursing students and to improve their relations with and support of ethnically/culturally diverse nursing students, which in turn will contribute to the academic success (Beard, 2014; Debrew et al., 2014; Mixer et al., 2013) of diverse students. Morton-Miller (2013) notes that some nursing faculty know little about working with ethnically/culturally diverse students. Further, Junious et al. (2010) mention that ethnically/culturally diverse nursing students experience various types of ethnic/cultural insensitivity at one point or another during their nursing education, which can impact their ability to be successful learners.

Thus, recommendations may be considered by nurse educators to better their practice in regard to enhancing their own cultural competency as well as: advancing the delivery of cultural competence education in the nursing curriculum, increasing support for ethnically/culturally diverse nursing students, and raising the number of ethnically/culturally diverse educators.

**Table 2. Results of the F maximum test for homogeneity for the question “The nursing instructors in this program are very familiar with course content”**

<table>
<thead>
<tr>
<th>Culture</th>
<th>N</th>
<th>Mean of scores</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnically/Culturally Diverse/ESL</td>
<td>59</td>
<td>4.07</td>
<td>.666</td>
<td>.087</td>
</tr>
<tr>
<td>White</td>
<td>35</td>
<td>3.89</td>
<td>.832</td>
<td>.141</td>
</tr>
</tbody>
</table>

F=4.476             Sig=0.037
Recommendations for Nurse Educators

Enhance the Cultural Competency of Nurse Educators

Songwathana (2013) suggests that nurse educators may wish to start by assessing their cultural knowledge (p. 113). This self-assessment should include their own hegemonic cultural orientation and any unintended clichéd attitudes (Ackerman-Barger, 2010; Arieli et al., 2012; Morton-Miller, 2013; Sedgewick et al., 2014; Southwick & Polaschek, 2014) or “subconscious behaviors” (Arieli et al., 2012, p. 367), and “unaware[ness] of their discriminatory comments or actions” (Beard, 2013, p. 67) that they might direct towards those from diverse ethnic/cultural groups that will perpetuate the marginalization (Morton-Miller, 2013; Southwick & Polaschek, 2014) of ethnically/culturally diverse nursing students. Nurse educators must realize that their ethnically/culturally diverse nursing students may not only have “cultural differences, but different perspectives of reality” (Arieli et al., 2012, p. 367) that must be acknowledged and valued.

Davis et al. (2010) share that one of the barriers in preparing nursing students to provide culturally competent care is the lack of “formal training in transcultural nursing” (p. 123) seen in nurse educators. Beard (2014), Condon et al. (2013), Esposito (2013), Fulbright Sumpter and Brooks Carthon (2011), and Ume-Nwagbo (2012) suggest that taking supplementary courses (or workshops) in cultural competence, could be helpful, as would other faculty development activities (Condon et al., 2013; Greenberg, 2013; Lim et al., 2015; Mixer et al., 2013; Morton-Miller, 2013; Reed McMillan, 2012; Veal et al., 2012; West et al., 2010). Beard (2013) and Billings (2015) further recommend that it would be useful for nurse educators to promote learning by adopting culturally receptive approaches that use alternative pedagogies to the traditional lecture approach to support the academic success of ethnically/culturally diverse nursing students.

Nurse educators might also wish to become familiar with people from different ethnic/cultural backgrounds (Bednarz et al., 2010; Esposito, 2013; Hansen & Beaver, 2012; Reed McMillan, 2012; Songwathana, 2013; Starr et al., 2011; Ume-Nwagbo, 2012) by spending time among those who are ethnically and culturally different from themselves. These experiences can occur locally, or in national and international settings. Campinha-Bacote (2011) mentions that when a nurse educator spends a substantial amount of time among diverse people, it aids in the development of “cultural skill and knowledge” (p. 43) regarding ethnically/culturally diverse groups. When the opportunity to become familiar with people from different ethnic/cultural backgrounds is not possible, simulations or scenarios may be useful (Bednarz et al., 2010; Songwathana, 2013) to enhance nurse educators’ cultural competency.

Improve the Delivery of Cultural Competence Education in the Nursing Curriculum

Esterhuizen and Kirkpatrick (2015), Gallagher and Polanin (2015), and Gregory et al. (2010) note that cultural competence education may be lacking in nursing curriculum. Improving the delivery of cultural competence education starts by developing the cultural competency of nursing faculty as described above, as well as the nursing faculty’s ability and desire to role model this competency (Bednarz et al., 2010; Mixer et al., 2013; Morton-Miller, 2013) for nursing students. Although Fulbright Sumpter and Brooks Carthon (2011) suggest that cultural competence content be threaded throughout the curriculum, others give varying ideas on the best way to include it. While some nurse researchers indicate that there is no consensus on what is the best way to do this (Allen et al., 2013; Kardong-Edgren et al., 2010; Noble et al., 2014), Songwathana (2013) notes that offering varied approaches is beneficial. Experiential learning (either locally or abroad), storytelling, scenari-
os, simulations, and role play have demonstrated usefulness (Allen et al., 2013; Bohman & Bor-glin, 2013; Campinha-Bacote, 2011; Esterhuizen & Kirkpatrick, 2015; Kirkpatrick et al., 2015; Koskinen et al., 2012; Long, 2012; Mayo et al., 2014; McClimens et al., 2014; Robinson, 2013; Songwathana, 2013; Stansfield & Browne, 2013; Westerbotn et al., 2015). Long (2012) further suggests that clinical experiences, and partnering with ethnically/culturally diverse organizations in the community (p. 105) have an impact on the nursing students’ attainment of cultural competence because these activities are generally engaging. Nevertheless, Mesler (2014), Noble et al. (2014), and Strong and Folse (2015) report that nursing students who took specific courses on culture, especially those that are implemented within the nursing curriculum (Mesler, 2014), achieved higher levels of cultural competence than those who did not take dedicated culture courses. Integrating debate, discussion, case scenarios (Allen et al., 2013), and invited presentations (Long, 2012) in didactic settings can make classroom learning more meaningful. However, whatever the approach is within nursing curriculum, Jeffreys and Dogan (2012) suggest that it must be a “coordinated group effort on the part of faculty” (p. 195). Further, promoting self-evaluation of nursing students’ attitudes towards ethnically/culturally diverse individuals (Harris et al., 2013; Robinson, 2013; Songwathana, 2013) may reduce biases and prejudices which can deter the realization of cultural competence (Dunagan et al., 2014) among the students. Long (2012) points out that no matter which teaching approach is used, the integration of cultural competence education into the nursing curriculum is valuable.

**Improve Support for Ethnically/Culturally Diverse Nursing Students**

Nursing faculty ought to recognize that more obstacles to academic success exist for diverse nursing students (Ackerman-Barger, 2010) than for nursing students from the dominant culture. One of the barriers may be the faculty’s own inability to teach ethnically/culturally diverse nursing students (Beard, 2014; Dewald, 2012). Starr et al. (2011) mention that the inability to teach ethnically/culturally diverse nursing students must be corrected as some nurse educators “believe that one teaching approach is adequate for all students” (Beard, 2013, p. 65).

Creating a culture of inclusivity in the curriculum, and being particularly welcoming to ethnically/culturally diverse nursing students who may experience greater obstacles to academic success (Read, Vessey, Amar, & Cullinan, 2013), will benefit all students. Hence, the following recommendations may be helpful to all nursing students even though they were largely retrieved from literature intended to increase academic success in ethnically/culturally diverse students.

Teaching methods that facilitate classroom learning for ethnically/culturally diverse nursing students include: “digital storytelling, personal journaling, and photo essays” (Bednarz et al., 2010, p. 9), “hands-on, experiential, or immersive educational methods” (Bednarz et al., 2010, p. 9), and “case studies, scenarios, lectures, and role-modeling” (Beard, 2013, p. 68). Further, Morton-Miller (2013) and Mulready-Schick (2013) suggest that concepts could be presented through more visual learning, demonstrations, and presentations, and with greater dialogue and engagement. Debrew et al. (2014) mention that teaching methods that facilitate learning in the clinical setting for ethnically/culturally diverse nursing students include providing the students with opportunities to share their desires or concerns regarding their clinical experiences and familiarizing the nursing students to clinical practice with “simulation, role playing and case studies” (p. 153) so that the students will be more at ease with various clinical settings and situations that may arise therein.

Condon et al. (2013) and Morton-Miller (2013) found that providing ethnically/culturally diverse students who may come from ed-
ucationally disadvantaged backgrounds with pre-nursing remediation courses was helpful. Assisting with academic skills (Ackerman-Barger, 2010; Arieli & Hirschfeld, 2013; Batykefer Evans, 2013; Dapremont, 2014) and study skills (Igbo et al., 2011) necessary to succeed, as well as clearly explaining “course expectations” (Ackerman-Barger, p. 680) are suggested. Baker (2010) also mentions that prompt input on exam performance and clinical student practice is beneficial. In the clinical setting, it would be most helpful to outline the expected standards of care required for the clinical experience and provide the ethnically/culturally diverse student sufficient time to run through clinical skills before they are assessed (Billings, 2015).

Language and communication issues between nursing faculty and ethnically/culturally diverse nursing students (Bednarz et al., 2010) who may not speak the same primary language must also be addressed and recognized. Debrew et al. (2014) and Koch et al. (2014) mention that language and communication differences are particularly troubling in the clinical setting where healthcare workers may use an “insider language” (Debrew et al., 2014, p. 152) that may be specific to the institution. Cantwell et al. (2015) mention that creating a supportive and caring environment for those nursing students with language differences is beneficial. Further, providing clear instructions, such as rubrics, permitting nursing students to submit drafts before the final work is due, and recommending resources to assist with writing (Billings, 2015) will help nursing students with language differences in their written work. The communication skills of ethnically/culturally diverse nursing students can also be improved by “writing classes” (Igbo et al., 2011, p. 376) and specific “communication skills” activities (Igbo et al., 211, p. 377). Moreover, providing practice exams, and using simple non-superfluous language, avoiding “jargon, slang, and idioms” (Billings, 2015, p. 108), as well as “avoiding bias” (Billings, 2015 p. 108) when testing will enhance the success of nursing students who may not speak the same primary language as spoken in the nursing program. Mulready-Schick (2013) also mentions that nursing students with language and communication differences should be given sufficient time to take notes, contribute to class discussion and read, and that nurse educators should speak more slowly when lecturing.

Faculty support and mentoring has been demonstrated to be a very effective approach (Arieli & Hirschfeld, 2013; Arieli et al., 2012; Batykefer Evans, 2013; Brooks Carthon et al., 2014; Cantwell et al., 2015; Dapremont, 2014; Hansen & Beaver, 2012; Junious et al., 2010; Mixer, 2011; Mixer et al., 2013; Veal et al., 2012). Socialization with faculty and fellow students (Batykefer, 2013; Igbo et al., 2011), and increasing the number of ethnically/culturally diverse faculty (Carter et al., 2015) have been shown to increase the academic success of ethnically/culturally diverse nursing students. Faculty support is particularly effective if assessments of individual student learning styles can be performed (Batykefer Evans, 2013; Bednarz et al., 2010; Morton-Miller, 2013; Torregosa et al., 2015). Additionally, Baker (2010) notes that faculty availability is found to be strategic to ethnically/culturally diverse nursing students’ success (p. 219). The engagement of ethnically/culturally diverse nursing students in study groups, especially in diverse study groups (Dapremont, 2014, p. 160), and mentoring from classmates (Baker, 2010; Dapremont, 2014) are found to be effective as well. Dapremont (2014) shares that assisting in creating a structured regimen when reading and studying further supports the ethnically/culturally diverse nursing student.

The provision of financial support has also been suggested to increase the academic success of ethnically/culturally diverse nursing students (Condon et al., 2013) by decreasing their need to seek employment, increasing their time for studying, and decreasing stress.

Moreover, the level of cultural competence
in nurse educators is directly related to the success of ethnically/culturally diverse nursing students (Dewald, 2012; Ume-Nwagbo, 2012). This further indicates that it is necessary for many nurse educators to become more culturally competent not only to role model and teach cultural competency, but to also care for ethnically/culturally diverse nursing students.

**Increase the Number of Ethnically/Culturally Diverse Nurse Educators:**

Since the growth of ethnically/culturally diverse nurse educators has been slow (Dudas, 2012), it is vital that nurses from diverse ethnic/cultural backgrounds are recruited as nurse educators (Batykefer Evans, 2013; Chandler & Swanston, 2012; Davis et al., 2010; Morton-Miller, 2013; Veal et al., 2012; Zajac, 2011). This has been shown to improve the academic success of ethnically/culturally diverse nursing students through increased faculty support and mentoring (Carter et al., 2015, p. 101). Chandler and Swanston (2012) found that the recruitment of ethnically/culturally diverse nurses into nursing education may be daunting to potential ethnically/culturally diverse nurse educators for financial reasons, time constraints, and because the nurses are unsure that they are “welcome” (p. 234). Therefore, ethnically/culturally diverse nurses who are interested in pursuing careers in nursing education should themselves be well-mentored and well-received (Chandler & Swanston, 2012; Zajac, 2011). Once ethnically/culturally diverse nurses go into the field of nursing education, they must continue to receive strong support from their colleagues. Entering the profession of nursing education, which can be quite unnerving (Duphily, 2011) for all novice nurse educators, may be more so for ethnically/culturally diverse novice nurse educators because they are entering a profession comprised mostly of white females (Ackerman-Barger, 2010) in developed nations.

**Conclusion**

Despite the fact that cultural competency in nursing and nursing education has been broadly studied for quite an extended period of time, grappling with the issues related to caring for ethnically/culturally diverse populations remains challenging. The recommendations herein lead to the need for implementing an ongoing effort to increase the cultural competency of nurse educators as noted by many, including this author. Some have developed programs to address these issues (Brooks Carthon et al., 2014; Cantwell et al., 2015; Carter et al., 2015; Condon et al., 2013; Fulbright Sumpter & Brooks Carthon, 2011; Gordon & Copes, 2010; Harris et al., 2013; Igbo et al., 2011; Koskinen et al., 2012), but their numbers are limited. Perhaps more of these types of specific programs related to enhancing cultural competence and supporting ethnically/culturally diverse nursing students should be developed. Additionally, nurse researchers and nurse educators ought to continue to study the issues and disseminate the valuable lessons learned through publications and presentations. This can impact the cultural competence practice of nurse educators, which will, in turn, improve health and wellness outcomes in ethnically/culturally diverse patients, by increasing the numbers of ethnically/culturally diverse nurses and the numbers of culturally competent nurses in general.
References


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