

An Exploration of Undergraduate Nursing Faculty Processes & Methods for Incorporating Multicultural Teaching Strategies

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Introduction: Multicultural Nursing Education in Canada

Canada's population is diverse, comprising numerous ethnic groups; 20.6% of the Canadian population is foreign born, 17.2% of whom arrived in the country between 2006 and 2011 (Statistics Canada, 2015). Of the entire Canadian population, 19.1% is of a visible minority group (non-Aboriginal or other non-Caucasian). The greatest proportion of that population lives in the large Canadian provinces, such as Alberta (Statistics Canada, 2015).

Increases in immigration and the unceasing growth in the diversity of the Canadian population have created a need for culturally competent health care providers who reflect the population in order to provide care and help alleviate the health care disparity commonly faced by minority populations (Shattell et al., 2013).

Such cultural competency, according to the Canadian Nurses Association (CNA; 2010), requires a prerequisite set of behaviors that will allow professionals to work effectively in a cross-cultural or multicultural environment (American Association of Colleges of Nursing, 2008).

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Possessing such competency will lead to success in providing health care to patients from all cultural backgrounds. Nurses who exhibit cultural competency are able to confer the full benefits of a respectful relationship upon diverse clients and colleagues.

Cultural competency is also necessary to achieve global health, and the responsibility for obtaining and reflecting it falls to many stakeholders: nurses, educators, professional bodies, and government institutions (CNA, 2010). According to Vandenberg and Kalischuk (2014), though nurse educators and institutions may define *culture* differently, nurses are nevertheless expected to be culturally competent. Therefore obtaining such competency is a major focus of the nursing profession and constitutes a recognized professional commitment for nurses across Canada (Mareno & Hart, 2014; Rew, 2014).

A Key Component

Given that focus, cultural competency has become a key component of nursing education and high-quality professional nursing practice (Billings & Halstead, 2012; Rowan et al., 2013; Vandenberg & Kalischuk, 2014). Nursing students who enter the workforce with adequate cultural understanding help enable a decrease in health disparity, improve the quality of care, and increase safety for patient populations (Kohlbray, 2016).

Professional organizations like CNA (2010) and the College and Association of Registered Nurses of Alberta (CARNA; 2013) require educators to ensure that

nursing students have wide-ranging and thorough cultural knowledge before they enter practice. Thus nursing faculty are responsible for presenting cultural content regardless of their conceptualization of culture (Vandenberg & Kalischuk, 2014).

However, some university nursing faculty members struggle with the application and the integration of cultural competency into the curriculum (Diaz, Clarke, & Gatua, 2015). Some faculty members may also possess inadequate cultural education and limited knowledge of methods appropriate for working with diverse students (Billings & Halstead, 2012; Morton-Miller, 2013).

Presenting a Study

This article presents the findings of a study that explored the ways in which nursing faculty members incorporate multicultural teaching strategies to benefit minority students and diverse patient populations. This inquiry has drawn on Leininger's (1999) transcultural nursing theory and Purkey's (1992) invitational theory for its methodological foundation.

It has been determined that faculty members with insufficient cultural education are ill prepared to teach multicultural nursing students how to provide care to patients from different cultures (Starr, Shattell, & Gonzales, 2011). Instruction by faculty with inadequate education about cultural matters negatively impacts minority nursing students in particular (Ackerman-Barger & Hummel, 2015; DeMonica, Malecha, Tart, &

Young, 2010; Diefenbeck, Michalec, & Alexander, 2016; Sedgwick, Oosterbroek, & Ponomar, 2014) and is a barrier to successful multicultural education.

As a result, nursing students may be inadequately prepared to care for diverse populations and typically lack the knowledge and confidence to efficiently apply cultural competency in the care they provide (Morton-Miller, 2013). Furthermore, when health care workers are not prepared to care for any particular population, poor health outcomes compound the health disparity that plagues diverse cultures (Kohlbray, 2016).

Review of Research

Previous research has established the need to further investigate how nursing faculty members accomplish the task of multicultural teaching, how to refine the ways they teach culture, and how to identify effective practices that will produce culturally competent health care workers (Diaz et al., 2015; Mixer et al., 2013; Rowan et al., 2013). To this end, the Canadian nursing environment has incorporated a cultural framework that includes multicultural education about the aboriginal populations in Canada. However, this framework does not apply to the overall population or to immigrant groups, nor does it represent the true cultural diversity of the country.

According to Rowan et al. (2013), the cultural frameworks in use in Canadian nursing education either originated in the United States or were designed specifically for use in Aboriginal nursing. This approach is insufficient because of the broader needs of Canada's diverse society and population. For this reason, Rowan et al. (2013) have emphasized the need for a revised cultural framework for integrating culture in Canadian nursing education.

Nurse educators are expected to be knowledgeable about their own cultures, to cultivate cultural competency, and to maintain an educational environment that is culturally friendly (Billings & Halstead, 2012; Dewald, 2012). To accomplish this, nursing faculty need to develop an understanding of the concept of cultural competency and become culturally competent themselves to teach the relevant concepts (Rowan et al., 2013).

Any inadequate cultural education

provided by faculty members negatively impacts students in their efforts to care for patients from other cultures (Starr et al., 2011). Inadequate cultural education also has a negative effect on efforts to increase the diversity of the nursing workforce so that it accurately reflects the diversity of the nation's population (Vukic, Steenbeek, & Muxlow, 2016).

Defining faculty members' cultural competency will positively impact students' cultural knowledge, program outcomes, and the retention of culturally diverse students (Dewald, 2012). The incorporation of multicultural teaching practices will benefit both the students and the populations that nurses serve (Bauce, Kridli, & Fitzpatrick, 2014; Dewald, 2012; Kohlbray, 2016; Mareno & Hart, 2014). Faculty members are expected to be culturally competent to teach students from diverse ethnic groups and support their learning, enthusiasm, and self-concept (Billings & Halstead, 2012; Dewald, 2012; Knowles, Holton, & Swanson, 2012; Uyulgan & Akkuzu, 2014).

Dewald (2012) has reported that some faculty members include multicultural teaching strategies in practice but that a greater understanding of the students' cultures would enhance their performance, and Easterby et al. (2012) have indicated that some faculty have employed cultural immersion with success. In summary, faculty should be culturally competent and capable of comprehending the concepts associated with cultural competency so that they may impart those concepts to students (Rowan et al., 2013).

Research has shown that a lack of cultural knowledge among faculty is a barrier to the students' success in learning and acquiring cultural competency (Morton-Miller, 2013; Shattell et al., 2013). Instruction by faculty who lack preparation and capability for instruction related to cultural competency causes stress to minority students in particular.

In one study of a prelicensing nursing program's integration of cultural concepts, it was revealed that faculty and students felt uncomfortable discussing matters of culture; the results therefore indicated student discomfort that may have been related to the program having neither a cultural framework nor courses with cultural content (Shattell et al., 2013). Furthermore, the nursing

program's faculty were not culturally diverse, and participants agreed that the faculty lacked the preparation to lead cultural discussions (Shattell et al., 2013).

According to Naik (2013), a relationship exists between culture and learning style, and understanding students' learning styles is beneficial to the educators' teaching. When any student's culture is not recognized or acknowledged, all students are impacted negatively (DeMonica et al., 2010). DeMonica et al. also indicated that inadequate faculty preparation caused stress and difficulty with learning for minority students. Similarly, Diefenbeck et al. (2016) revealed that minority students experience discrimination and discouragement from culturally incompetent faculty and peers. However, Diefenbeck et al.'s results were incongruous since it was reported that students expressed some praise for faculty members in addition to negative impressions of their teaching.

Many studies have indicated the need for further research to understand ways in which culture can be incorporated into the curriculum. Rowan et al. (2013) pointed to the need for more research focusing on the most effective ways to teach cultural competency as well as ways to support faculty in teaching such concepts. Diaz et al. (2015) documented a need for more research on the process of developing cultural competency, in addition to a need for increased focus on culture. Researchers have also advised changing present teaching methods to better prepare nursing students to care for a diverse population (Diaz et al., 2015).

Mixer et al. (2013) called for more research to determine how culture is taught and uncover factors that could be affecting teaching and learning about culture. Furthermore, they pointed to a need to identify and refine the best method of incorporating culture into nursing curricula. Arieli, Mashiach, Hirschfeld, and Friedman (2012) have recommended more study of how cultural awareness influences perceptions and how to minimize the negative impact on students.

Ackerman-Barger and Hummel (2015) have revealed a need for faculty who can create a good learning environment for the students and for future researchers who will inform faculty of the best methods to achieve an inclusive

learning environment that will enable students of color to reach their potential.

DeMonica et al. (2010) indicated a need for more research about nursing students' stress and how faculty can help mitigate stressful experiences. Minority students continue to face stress in their learning, and faculty have been found to be unfamiliar with the students' learning styles, in addition to exhibiting inadequate confidence in the application of cultural competency (Bigatti et al., 2012; Starr et al., 2011).

All of these findings establish a need to identify skillful undergraduate nursing faculty members who have adopted multicultural teaching methods and to uncover and share the strategies and techniques they have found useful in applying multicultural teaching to meet the needs of ethnic minority students.

Research has suggested that multicultural nursing curricula have been established to facilitate safe practice, to meet the professional ethical requirement, and to help with the mandate to rectify health inequity (Bauce et al., 2014; Billings & Halstead, 2012; Mareno & Hart, 2014). Since undergraduate nursing curricula are designed to prepare nursing students to care for the entire population in the care community (Billings & Halstead, 2012; Iwasiw, Goldenberg, & Andrusyszyn, 2009), it becomes the responsibility of nursing faculty to perform the essential adjustments to help keep the curriculum current with the practice environment. Yet progress here has been slow because faculty are often uneducated in cultural matters and therefore need to gain experience and knowledge related to infusing culture into nursing education (Bednarz, Schim, & Doorenboos, 2010; Morton-Miller, 2013; Starr et al., 2011).

The Study

The goal of this study was to explore the ways in which faculty members incorporate multicultural teaching strategies to benefit minority students and diverse patient populations. Leininger's (1999) transcultural nursing theory and Purkey's (1992) invitational theory served as a foundational framework for planning this study.

Transcultural nursing theory, according to Leininger (2007, 2008), supports

the development of new practices to help nurses provide holistic care. Transcultural nursing also involves the study of factors that lead to cultural competency (Dudas, 2012). *Invitational theory* (Purkey, 1992) holds that faculty can intentionally or unintentionally invite or uninvite learners to the educational environment by the instructional behaviors they display (Melrose, Park, & Perry, 2013).

Because this study sought to identify ways to achieve culturally competent teaching practices by issuing an invitation to maintain and sustain the multicultural learning environment, these theories aligned with the goals and purposes of the inquiry. Consequently, the phenomenon of cultural competency could be approached through these transcultural nursing and invitational theories.

With the aim of uncovering the processes and methods of multicultural teaching strategies, this basic qualitative research design included data collection from the following sources: interviews with nursing faculty members, examination of documents provided by faculty, and field notes containing observations of faculty during interviews. The documents reviewed included course syllabi, course outlines, and students' assignments, and the observations documented the nonverbal reactions of the participants during the face-to-face interviews. Collection of three sources of data facilitated triangulation, or comparison and cross-checking of the sources, as a means of enhancing the validity of the data (Merriam, 2009).

Recruitment, data collection, and inductive and constant comparative data analysis occurred simultaneously throughout the course of the study. The use of basic qualitative research methodology facilitated the process of inquiry regarding participants' attitudes and behaviors and the creation of an encouraging and inviting learning environment (Dudas, 2012) to address the following research question: *What is the experience of Alberta undergraduate nursing faculty members' application of culturally competent teaching techniques in the education of students of different ethnic minority groups?*

The following subquestions guided the semistructured interviews and focused the data collection process:

1. What specific culturally competent instructional strategies do undergraduate nursing faculty members apply in teaching minority students?
2. Which specific culturally competent instructional strategies have undergraduate nursing faculty members found to be most useful in teaching minority students?
3. What barriers have undergraduate nursing faculty members typically encountered in attempting to promote and support culturally competent instruction for minority students?
4. How have undergraduate nursing faculty members overcome or attempted to overcome barriers in promoting and supporting culturally competent instruction for minority students?
5. What lessons have undergraduate nursing faculty members learned in their attempts to promote and support culturally competent instruction for minority students?

Findings

Analysis of data yielded five themes related to multicultural nursing instruction in Canada. Participants' descriptions of their methods of teaching cultural competency started with their experience and interest in multicultural populations, which translated into the application of assorted teaching strategies. Participants described professional and pedagogical barriers they encountered and the ways they attempted to overcome the obstacles that impacted students.

Teachers also described the lack of institutional support they received but emphasized that they managed to achieve progress by relying on support from peers and mentors as well as by consistent and sincere application of their personal interest in students and their learning.

Theme 1: Experience

Participants described their previous experiences with multicultural teaching strategies. Participant 1 reported the use of specific techniques:

I primarily use art-based [activities]. I think the arts are universal teaching

strategies, and I use them a lot in my teaching. Anything from poetry, role play, narratives, and drama. They speak to people universally.

Other participants described their approaches from a conceptual standpoint:

My general approach is when I work with any groups of students, and I think I do it more all the time, I've learned a lot more about myself and the way to look at things. I reflect very carefully on my own cultural perspective and how I have constructed my understanding of things. (Participant 2)

The theme of experience ran through the interviews, and each participant indicated having had experience with multicultural populations prior to entering the teaching profession and in his or her present teaching environment. This experience helped enhance the participants' ability to use assorted teaching strategies with various groups of students.

Theme 2: Assorted Teaching Strategies

Applying multicultural strategies started with reflection about having experience and progressed to the ability to create assorted teaching strategies. The participants provided examples of the teaching strategies they used, including learning to recognize the students' cultures when the students identified themselves, recommending resources for the students by collaborating with the others in the institution, assessing the students' needs by asking the students what they wanted, and employing art-based strategies like drawing, concept mapping, and role-playing.

Participants also recommended readings and practices related to culture, self-reflection, discussions, case studies, cooperative learning, cultural immersion, and various other strategies that suited the group of students in question.

Participants also described some multicultural instructional techniques they found to be ineffective, such as testing.

Testing is a less effective cultural teaching strategy. The context and the way the language is worded. The student may not understand. I try to

avoid every Western way of phrasing questions because the Canadian language may confuse the student from [an]other culture. The students came with other degrees from their home country. To minimize their knowledge is unfair. (Participant 3)

Participant 5 described published curricular materials that served to undermine the goal of cultural sensitivity and respect: "Sometimes the case studies we use, the intention behind them is good, but some of them perpetuate racial stereotypes."

Participants explained that obstacles related to curricula, language barriers, lack of time for preparation, and student disengagement can hamper their efforts. However, if they offered students sincere efforts at communication, expressions of personal interest and friendliness, and active engagement, connections began to develop:

Learning, as with most things in life, depends on relationships. Learning happens within a relationship. I try to foster that relationship within and outside of the classroom. Greeting students and inquiring about how they're doing. Showing that I'm interested in their lives and learning experiences and creating an environment that is conducive to learning. Learning is about communication. I don't focus on content as much as I focus on process. (Participant 7)

Participants also discussed the levels of training and support they felt they needed to develop responsive pedagogical techniques.

Theme 3: Training or Lack of Training and Faculty Support

Consideration of the barriers to successful multicultural instruction led to exploring the level of support faculty members received at their institutions. Some of the participants had completed some form of cultural training before they started teaching, and others had never had formal training on cultural matters. The participants explained that the training they completed at the beginning of their careers was insufficient to allow them to keep pace with the growing number of multicultural nursing students.

Some of the participants indicated having had no further education to aid professional development in multiculturalism as well as a lack of time to pursue that effort in knowledge about culture. According to Participant 6, when it comes to needs, "my biggest one would be time. I need to have more time sitting here and exploring and going to the library."

To this participant, the lack of time for exploration constituted a barrier to gaining knowledge and ability to confidently apply cultural sensitivity in teaching and curriculum development. Though this participant agreed that creating time for the exploration of culture is a professional requirement, this respondent plainly stated that there was never enough time.

Some participants were conscious of the students' cultures in their teaching, whereas others were not. Most of the respondents reported trying to use strategies to reach students with different learning styles while encouraging active participation in class to sustain their teaching. The participants who took a course in cultural maintenance at the start of their teaching careers indicated not having supplemented the initial training with further professional development.

The idea of time for professional development in matters of culture is elusive because it may not occur, except as created by the individuals in accordance with their priorities or if mandated by their institutions. Because of lack of follow-up on the part of institutions and faculty members, both the participants who received the training and those who did not had to rely on trial and error and input from mentors and peers for support. Some participants indicated that they did not use specific teaching strategies related to culture but that their interest in the students helped them to establish a positive educational environment.

Theme 4: Support to Overcome Students' and Educators' Barriers

Barriers to culturally competent teaching resulted from not having training in matters of culture; thus teachers reported that they attempted to improve this situation by seeking out help from

various sources. Some relied on peers or mentors. Others took courses, located supplemental readings, or relied on institutional resources. Some faculty members, in the hope of identifying and removing assumptions, asked students to share their perspectives. Faculty hoped to ensure that students were supported in the process of establishing a positive multicultural learning environment.

All faculty members projected friendliness or showed interest toward their students. They attempted to make themselves accessible to the students and displayed commitment to understanding the students while doing a good job or advocating for the students. For instance, Participant 2 stated, "I have to listen to students because I will always be a student advocate . . . I have on my door this sign saying that this is a safe space."

These findings supported the tenets of the transcultural nursing competency, which is the ability to nurse across cultures (Leininger, 1999), and the invitational theory, which specifies the need for faculty members to have the ability to intentionally invite students into an educational environment (Purkey, 1992). Faculty members' commitment and investment in their work contributed to the environment as well.

Theme 5: Personal Interest

All participants exhibited an interest in their jobs and in their students. The theme of interest ran through their responses as participants identified the teaching strategies they used and described how they changed tactics to help their students:

I use humor a lot in the classrooms and sometimes it can be sarcastic humor. [One student] would ask me "That's funny, right?" just to make sure she understood I was joking. I found with her, I had to change my approach. (Participant 6)

Throughout the interview process, participants indicated that they were interested in their students, worked to create a good learning environment, and expressed interest in their own personal cultural development. Participant 8 shared,

Active listening, making them feel welcome. Making them feel that their opinion matters. Making them see I understand them and they're making sense and are accepted and are getting what I am explaining to them. Just reinforcing the positivity where you give them feedback. I'm trying to put more relevance on it. They mean well with what they said. They might not have picked up what I wanted to teach them and listening to that gives me an idea. It makes me overcome those barriers and at the same time allow the students to express more. They feel they are in a safe environment with me in the class.

Implications

Contribution to Literature

Previous researchers have highlighted cultural competency as significant for the safety of diverse patients and for meeting the ethical standards of the nursing profession (Doutrich, Dekker, Spuck, & Hoeksel, 2014; Kohlbray, 2016). Professional regulatory associations such as CARNA (2013) and CNA (2010) have reiterated the importance of cultural competency and the need for nursing students to be culturally competent. To support that goal, CNA (2010) holds nurse educators accountable for the incorporation of cultural competency into curricula; thus faculty must be culturally competent to apply that knowledge and skill in curricula and practice.

Findings of this study reveal how the faculty members who have been practicing in a multicultural environment apply multicultural teaching strategies. The findings align with those of previous literature which indicate that culture can be applied to teaching in myriad ways (Vandenberg & Kalischuk, 2014). The findings indicate that the faculty members have been successful in their application of assorted teaching strategies to their teaching practices.

Cultural competency, according to CNA (2010), is a set of behaviors that allows professionals to work effectively in a cross-cultural environment. Participants in this study described behaviors that supported their success in teaching in a multicultural educational environment; these practices included being available to students;

seeking information by reading; and asking for help from mentors, peers, or students. These behaviors derived from the teachers' experience and personal interest in the multicultural population.

To some extent, the interest the faculty members had in working with the multicultural students helped them to effectively work with the students without specific, extensive training. This success can be explained by the teachers being culturally competent, according to the definition by CNA (2010) and Moule (2012), who identified cultural competency as a set of behaviors displayed by an educator that leads to the educator's success in teaching students from other cultures.

However, during the interviews and the document review, some of the participants revealed that they did not consider culture in their teaching. Rather, they employed strategies that could reach students with different learning styles and approaches that encouraged active participation in the classroom. For instance, Participant 7 stated,

I try to use a variety of different approaches. I don't think of it in terms of cultural groups in the class, but I try to appeal to different learning styles, which can characterize anybody. Sometimes I do small bits of lecture but I prefer more of an interactive classroom. I do lots of small and large discussion groups.

The success of those participants who did not consider culture in their classrooms cannot be said to have resulted from cultural competency because of the obvious lack of consideration of culture or of culture's connection to learning style (Naik, 2013). The success achieved by those participants who did not consider culture could be related to the acknowledged use of trial and error, peer support, and experience. However, because culture impacts learning, lack of acknowledgment of the students' culture may result in the aforementioned negative learning experiences of the minority nursing students (DeMonica et al., 2010; Naik, 2013).

Some of the faculty members who participated in this study seemed to be tapping into their interest and support for their students as a way of sustaining their teaching without the need to directly include cultural considerations.

Supporting the students in this way could result in the types of discrepancies found in previous studies, such as Diefenbeck et al.'s (2016), because such support could be unrelated to cultural competency. Supporting assorted learning styles without necessarily connecting them to culture may result in a nonsupportive environment and difficult student experiences, as reported by Diefenbeck et al.

Connecting the students' learning styles to culture may improve the minority students' experience, because students who feel supported and understood by their instructors have been known to experience a supportive milieu that enhanced learning (Ackerman-Barger & Hummel, 2015; Clerehan, McCall, McKenna, & Alshahrani, 2012). Faculty who consider the experience of students of color will benefit those students in reaching their full potential while also contributing to an increase in diversity in the nursing workforce (Ackerman-Barger & Hummel, 2015). Nursing faculty's ability to alleviate the students' experience of stress will require knowledge of the students' culture because learning styles differ by culture (Naik, 2013).

This study's results align with the conclusions from previous studies that showed that faculty members use different teaching strategies (Dewald, 2012) and present culture in different ways, depending on their conceptualization of the culture (Vandenberg & Kalischuk, 2014). Some faculty members present the idea of culture by introducing it in case studies with multicultural characters, in classroom discussions, in assignments, or as part of the course readings. Others ask students in verbal interactions what they want to learn, and some of the study participants required students to show their beliefs and perspectives in discussions, assignments, classroom activities, and clinical postconference discussions.

For instance, Participant 3 stated,

To understand the complex needs of an individual, we encourage the students to look at the social-economic and cultural aspects of the individual. They look at their own understanding of their own culture and how their culture fits into the mental health environment in Canada.

While the findings of this study align in many ways with previous research

results, some differences are evident in the ways the participants used the strategies to obtain positive results. Most of the participants in this study stated that they employed trial and error in application of their teaching strategies, and they tended to drop any strategy that did not work with a particular group of students. The findings were similar to previous results in participants' use of general criteria in teaching strategy selection with no attention to culture or ethnicity (Mixer et al., 2013).

Participant 9 explained,

I'm not sure I do a deliberate strategy. I try to consider learning styles of students. Not based on culture. That's the challenge with me. I try to accommodate any learning style, not based on culture.

The findings in this study also support previous indications that though some faculty demonstrated cultural competence, others showed a lack of confidence (Mixer et al., 2013). For instance, Participant 4 indicated a lack of confidence in cultural matters:

I have lots of experiences working with multicultural patients, and I feel confident in my ability to do that as a nurse. As an educator where I don't think I have as much there as I would want, is the theoretical knowledge and the understanding and currency of that. When I last looked at the theories and research behind it, would have been long ago. It's not a key component in my course and not an area of huge professional development and research. It's an area I keep meaning to get to but never get there.

The findings from the current study, like Mixer et al.'s (2013), reveal that teaching cultural competency is complex and that faculty commonly employ a widespread approach to students in order to convey cultural competency. The faculty members also use a variety of methods, such as asking students about their needs, reading, and using mentors to assist their cultural competency.

Cope (2015) defined cultural competency as an intervention that shows a consideration of cultural groups' attributes and belief systems. According to this definition, the faculty members

who did not consider culture in their teaching could be termed culturally incompetent. Therefore, this study has mixed results: the faculty who considered students' cultures could be said to be culturally competent, while those who did not consider the students' cultures are culturally incompetent.

Of the 10 participants, only four claimed that they considered the students' cultures in their teaching (Participants 1, 2, 5, and 10). However, all faculty members expressed being interested in the students' experiences, and all faculty members have had experience with the concept of culture and with multiethnic and multicultural groups from their previous professional practice as nurses before they moved to teaching. They also assessed the students' needs and were interested in the students' experiences. Some participants indicated that they looked out for programs in the institution to assist students while they made themselves available to students.

Similarly, some of the interviews and documents revealed that faculty incorporated some culture in the curriculum in assignments, case study discussions, readings, and field trips. According to CNA (2010), teaching cultural competency requires that the concepts of culture and cultural competency be integrated into the curriculum. Some faculty members specified that they employed these behaviors but lacked confidence in their application because of lack of training.

Results Related to Transcultural Nursing

According to Leininger (1999, 2008, 2007), transcultural nursing is nursing across cultures with practices focused on holistic cultural care. The elements within the theory that were pertinent to this study are cultural care and universality, cultural and social structure, cultural history, and cultural competent nursing care. The theory, according to Leininger (2007, 2008), is focused on the development of new practices that help nurses in providing holistic and therapeutic care within a caring discipline. Dudas (2012) indicated that Leininger's transcultural nursing involves the study of culture that leads to cultural competency. Dudas also asserted that cultural competency is a process that

can be understood in three factors: awareness, attitudes, and behavior.

The participants in this study displayed an awareness of the cultures in their environment as illustrated in the expression of their experience. Some of the participants described practicing self-reflection and asking the students about their needs to increase their awareness of the cultures around them (Dudas, 2012).

Attitude, the second factor that comprises cultural competency, involves an exhibited sensitivity and openness to the culture of others (Dudas, 2012). The participants' behavior toward nursing students showed a consideration for openness that aided success in teaching. Thus cultural competency was at least partially revealed in the behaviors shown by the participants. Some participants claimed that they did not consider culture in their teaching practice, but their behaviors in teaching students from other cultures was similar to aspects of the cultural competency process (Dudas, 2012; Moule, 2012).

Transcultural nursing theory holds that nurses are aware of the cultures in their practice area and that nurses apply their knowledge of those cultures to the care they provide. The importance of human life and the need to design both care and programs that are culturally congruent for diverse populations are additional assumptions of transcultural theory (Alligood, 2014; Leininger, 2007).

The participants in this study showed an awareness of the cultures in the practice area, but some were not concerned about designing programs that were culturally congruent for diverse students. Still, these participants were at least partially successful in their teaching because of trial and error and support from peers and mentors.

This study did not explore whether the students of the participating faculty members experienced not being understood or any other negative impacts. The basic qualitative research design attempted to uncover how nursing faculty members apply strategies, techniques, and processes for teaching nursing students in a multicultural environment, thus confirming some of the concepts and assumptions of cultural competency and transcultural nursing.

Results Related to Invitational Theory

With respect to nursing faculty's behavior toward minority students, invitational theory allowed application of the themes of self-concept, trust, and creating and maintaining an inviting environment. According to Purkey (1992), invitational theory seeks to explain the phenomena that intentionally direct people to realize their unlimited capabilities in every endeavor. Using invitational theory, faculty can intentionally or unintentionally invite or uninvite learners to the educational environment by their displayed behavior (Melrose et al., 2013).

The faculty members in this study consistently expressed interest in the students by asking for their perspectives, engaging them in the classroom or clinical work, and being accessible to the students. Invitational theory stipulates that such encouragement and invitation into learning enhance students' experiences (Haigh, 2011). Therefore invitational theory offers an explanation of the results of the current study because faculty members' responses aligned with the expected behavior of intentionality and inviting the students to the learning.

Invitational theory offers an extension of the self-concept theory and builds on the foundations of the concept of self, as demonstrated in the four propositions of trust, respect, optimism, and intentionality (Purkey, 1992). The faculty members' behaviors, as described in the interviews, showed their intentionality, although assessing the students' self-concept was not a part of this study. Nevertheless the faculty members' intentionality was assumed to have a positive effect on the students' self-concept.

The faculty's ability to successfully teach the multicultural students served as intentional behavior with positive impact in the educational environment. The characteristics of invitational theory offer an explanation of the positive results of this study.

Conclusion

This study was an attempt to fill the gap in teaching and curriculum development for multicultural nursing education in Alberta, Canada. Exploration of the faculty members' experience

of cultural competency in teaching and curriculum development in a multicultural educational environment relied on the frameworks of transcultural nursing and invitational theory.

The basic qualitative research design facilitated the discovery of the ways nursing faculty members applied strategies, techniques, and processes for teaching nursing students in a multicultural environment, and confirmed some of the concepts and assumptions of cultural competency and transcultural nursing. The faculty participants exhibited self-awareness as they indicated interest, asked questions of peers and mentors, and practiced self-reflection, but they were not necessarily aware of the students' cultures.

If cultural competency includes consideration of groups' cultures in the educational process, then some faculty members in this study would need to be seen as culturally incompetent because of their lack of consideration of the students' cultural backgrounds and beliefs (Cope, 2015). The current study therefore yielded mixed results: the teachers who considered students' cultures could be said to be culturally competent, while those who did not consider the students' cultures might be called culturally incompetent.

The findings also confirm the assumptions of invitational theory, specifically the notion that people are valued and the process of helping and collaborating is important in a learning and teaching relationship (Shaw, Siegel, & Schoenlein, 2013).

These results help to fill the gap in teaching and curriculum development for multicultural nursing education and related educational health fields by ascertaining that nursing faculty members apply assorted strategies in their teaching of multicultural students but do not necessarily consider the students' cultures as they do so.

The faculty members' behaviors demonstrated their attention and interest in their students, but they too often did not ask questions of or delve into the self-concepts of their students. A future study designed to assess students' concept of self may benefit faculty members in designing a more culturally appropriate environment for their students.

Although the responses from the men and women in this study were

not very different, the numbers of male and female participants were disproportional. Similarly, the diversity of the participants was not assessed. Therefore future studies comparing perceptions of multicultural teaching from men and women or minority and mainstream faculty members may benefit the field.

The type of mentorship (formal or informal) that the faculty members experienced and the degree they received support for culturally competent teaching was also not assessed, and future researchers could benefit the field by investigating the dynamics of mentorship as a vehicle to obtain and support cultural competence.

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