

Nurse educators' views in relation to teaching cultural competence to nursing students

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Abstract

Cultural competence is beneficial to health and improves patient care, its absence can impact health equity and patient outcomes. The objective of this thematic analysis is to understand challenges faced by nurse educators in teaching cultural competence; educators' views of cultural competence and how it relates to nursing practice and teaching.

Method: A qualitative design was utilised involving focus group discussions with a total sample of nine nurse educators. Using Braun and Clarke's thematic analysis, six themes and fifteen subthemes emerged.

Findings and Conclusion: Nurse educators have some knowledge of cultural competence, however they raised concerns around this being insufficient. Educators acknowledged their responsibility in teaching this, its importance to quality nursing care as well as its contribution to racism awareness. Future implications include curriculum review, more content on cultural competence in the curriculum and the need for forums where collaboration can occur among nurse educators.

Keywords: *cultural competence; culture; globalisation; nursing education; decolonisation; nursing curriculum*

1. Introduction

Cultural competence includes knowledge, awareness, skill, desire and cultural encounters (Campinha-Bacote, 2002; Mokel & Canty, 2020). Culturally competent care is beneficial to patients as it improves health equity, patient satisfaction and the quality of care (Anton-Solonas et al., 2021). Lack of attention to culturally competent care can have a negative impact on wellness, compliance, and recovery of patients with diverse cultures (Leininger, 2002). However, Campina Bacote (2002) illustrates where present, cultural competence allows, and is

required for, effective communication, assessment, and intervention. Therefore, teaching cultural competence is pertinent to nursing education, particularly due to the increasing diversity in patient demographics and our existence in an increasingly globalised world (Mokel & Canty, 2020).

2. Literature Review

Literature supports the need for cultural competence due to the increasing diversity in populations accessing healthcare (Paric et al., 2021; Anton-Solonas et al., 2021; Chen et al., 2020). Anton-Solonas et al. (2021) and Paric et al. (2021) agree that nursing students should be equipped to be culturally competent, this underpins this research investigating the cultural competence views of nurse educators. Cultural competence can be defined in several different ways and in some studies the definition incorporated attitudes along with awareness, knowledge and skills (Anton-Solonas et al., 2021; Paric et al., 2021; Marzilli, 2016). Additionally, Chen et al. (2020) reveals there is continuing change in the definition for cultural competence due to changing societies and movement of persons.

Cultural competence models and frameworks show some distinctions in their focus. Leininger's (2002) Cultural Care Theory/Sunrise model encourages the centrality of the individual within culturally competent care. Campinha-Bacote's (2002) cultural competence framework, however, involves cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire. Both Campinha-Bacote (2002) and Leininger (2002) agree that cultural competence is vital to ensuring that healthcare services can respond to the cultural needs of patients. Leininger's (2002) model, however, lacks attention to the element of desire. Campinha-Bacote's (2002) model was relied on by the researcher in developing the focus group interview questions referred to in the methodology. A critical aspect is included by the Purnell model (Purnell, 2002), going further than other models by including the patient as a co producer in their care. Jeffreys' (2016) cultural competence and confidence model focuses on confidence for learning or performing culturally competent skills underpinning the importance of the individual and confidence in nurse educators. Despite the slightly different angles from which these models look at cultural competence, they all confirm that cultural competence is essential in patient care. There is no singular definition of cultural competence and as a result, studies (Anton-Solanas et al., 2021; Chen et al., 2020; Marzilli, 2016) often draw from more than one model when exploring the topic. There is a paucity of research in a UK context with a specific focus on nurse educators' views on teaching cultural competence. This gap in the literature underpins the research question, "What are the views of nurse educators in teaching cultural competence to nursing students?"

3. Methods

3.1. Sample and setting

The data collection was undertaken as part of the lead author's master's thesis. The research was carried out in a higher education institute in London, UK where the researcher is employed as a nurse educator. Adopting a qualitative approach, data was collected in a virtual setting via focus groups on MS Teams, utilising audio and video. Purposive sampling was conducted as the researcher was interested in the views of this specific group to promote quality, rigor and transferability of findings (Cleary et al., 2014). The sample contained nine nurse educators in the fields of children's nursing, mental health nursing and adult nursing. There were two focus groups, one containing five participants and the other four participants. Participants were anonymised preserving confidentiality. The sample included diverse participants contributing to representativeness. The sample contained males (n=3) and females (n=6). Educators in the sample held the roles of Lecturer, Senior Lecturer and Professor.

3.2. Data Collection

Data was collected using focus group discussions lasting no more than ninety minutes. The quality and exhaustiveness of data collected was prioritized through ensuring open questions were asked. An independent moderator, colleague and co-author, facilitated the focus group. Bias was mitigated by the lead author being sufficiently removed from the discussion therefore enhancing rigor and trustworthiness (Galdas, 2017). To increase credibility of the research Campinha-Bacote's (2002) model was referred to when constructing the questions, to align these with components of cultural competence within the model, including awareness, knowledge and skills. The data was transcribed, quality checked and quality assured through member checking (Candela, 2019). The data collected was analysed using Braun and Clarke's (2006) thematic analysis. Initially, the researcher engaged in familiarization with the data through perusing the transcripts several times, making notes on repeated mentions and insights. This led to coding the data by selecting words that described detailed text. Next the coded data was scrutinised for patterns and emerging themes. These themes were then reviewed to ensure the data was relevant to the themes. Defining and naming of the themes followed, then finally reporting on the themes as seen in the findings.

3.3. Ethics

Ethical approval was obtained from the lead authors' university ethics committee. The participants provided written consent. The study was conducted in accordance with the code of practice for research ethics and integrity at the lead author's university.

4. Findings

Systematic thematic analysis revealed six themes and fifteen subthemes. Due to space constraints, this paper will report a summary of the main themes.

4.1. Theme 1- Defining Cultural Competence

Several participants highlighted understanding as relevant to cultural competence. Language including body language was articulated by one participant with others agreeing that this holds importance in cultural competence and in the recognition of racism.

"...I see cultural competence as an understanding, ...absorbing, embracing belief, identities, backgrounds... P4".

"... I trained in Colchester in Essex. And I was new to the country even then, when I started my training. And I could never forget the ward sister saying that the other nurse was thick as two Irish planks, and I didn't realize how racist that was and derogatory because I just didn't understand that terminology...language has got a part to play in even when we hear people say things, ...we should really question is it appropriate for me to use that language because it may not be, ... P2".

4.2. Theme 2- Defining Culture

Participants spoke of the complexity of the individual, the importance of knowing the individual and learning about a group or community's culture. This fed into defining culture.

"...I happen to have an Irish accent, but I have no alignment, ... with the Irish culture. So if by an understanding of me is that you pick up that I'm Irish, actually, if you try and say to me about things that are culturally Irish, I don't know what... you talking about...It makes no sense to me...in reality it is about that person and not about the environment or the way that you perceive them to be...P4".

"...what are the different compartments of that individual, understanding that. Because being a black or a white is a very simplistic way of looking at that individual...P9".

"...I identify as a gay man...we'll come back to this identifying groups, you know, and their practices...because the gay community was a community. I had to really learn what their culture was like, particularly London gay people and how they operated. P2".

4.3. Theme 3- Applying cultural competence.

Participants considered where cultural competence applied extending this to both practice and the non-clinical environment. Participants connected cultural competence to facilitating fair, equal and person-centred care.

"...as humans we all have judgments, but it's about in our practice to be able to actually...apply non-judgmental care...to ensure that our care is fair and equal but also person centred. So, one size definitely doesn't fit all...P3".

Interestingly, there was the application of cultural competence even outside of the clinical environment.

"... or whether you're in [the supermarket], you're still looking. It doesn't matter whether you've got your uniform on or whether you are wearing a pair of flip flops down the high street, wearing in a bikini...or trunks...P4".

4.4. Theme 4- Teaching cultural competence

Participants accentuated the need to teach students cultural competence in an increasingly globalised world. Other factors explored included not wanting to cause offence, confidence in teaching cultural competence and sharing on approaches to teaching this. There was a consensus among all participants that cultural competence should be taught to students.

"...so, I don't shy away from it, but I do sometimes feel like if it was a harder topic, ... I would worry that I wouldn't have the full knowledge...P5".

"...so, I guess that's a big one for me... rather than say that I wouldn't use it within my teaching, ... I have to think about it quite a lot and don't wish to offend or upset or say the wrong thing...P3"

"So, if we have that confidence, then we can pass that confidence onto our students. But if I'm not confident enough to even ask those questions, I can't stand in front of the classroom and try to get students to do that. P8"

"...we encouraged the students to have cultural curiosity. So that rather than teaching them cultural norms...actually to be curious about culture, to ask people about their culture...embrace what actually people see as their culture rather than telling them what a culture is...P4".

Participants also discussed decolonising the curriculum and forums to aid collaboration.

"...with decolonizing the curriculum, we may be...looking at other philosophies that...lends themselves to education...P1".

"I think what we don't have is forums and I'm speaking specifically about this organisation where staff can get together. So why do we not have a cultural competence forum right now in in the faculty? P2".

4.5. Theme 5- Nursing Regulator's guidance on teaching cultural competence

Some participants agreed there was limited guidance from the UK Nursing Regulator on teaching cultural competence, and the existing guidance is not explicit. However, this was weighed up with a prescriptive approach, identified as possibly being more of a hindrance to teaching cultural competence.

"...I'm taking that a little bit further, when the [Nursing Regulator] tells us to prioritize people it touches on the issue. I feel it could be a bit more explicit. And use terms such as cultural competence, cultural intelligence without being prescriptive...P1"

"...the fact that they're not very explicit means that we can do more. So, we can choose what we do. So, it's up to us really how we interpret what the [Nursing Regulator], is saying and put it into practice...P6"

4.6. Theme 6- Hindrances to gaining cultural competence

Aspects contributing to hindrances to gaining cultural competence for example, lack of interest, being satisfied with doing little on cultural competence as well as fear of asking were mentioned.

"... At the end of the day, it's not everybody who is interested in, in being culturally competent. I must say there are people who are more than happy to just do the little things, you know...P9"

5. Discussion

The findings of the study outline the understanding of culture in relation to both the individual and groups and supports the conveyance of these aspects to students (Karatas, 2020). Findings indicate concern in educators about deficiencies in their knowledge of cultural competence as well as possibly causing offence as a result. Karatas (2020) points to lack of knowledge as a barrier to teachers successfully promoting cultural competence in their students. However, solutions include willingness to ask where knowledge is lacking, a process of learning that is ongoing and the nurturing of cultural desire (Campina Bacote, 2002).

Language was emphasised as having significance and importance. Interestingly, one participant did indicate the role of cultural competence in recognising inappropriate language or language that may be seen as racist. Mayfield (2020) explores this concluding that cultural competence can aid in the recognition of racism, where this may be occurring.

Components of cultural competence, namely awareness, knowledge and skill were recurring in comments from participants. These were also highlighted in previous studies supporting the validity of these findings (Anton-Solonas et al., 2021; Paric et al., 2021; Marzilli, 2016). Additionally, the findings highlight the importance of applying cultural competence in practice and to everyday life.

Encouraging students to have confidence and cultural curiosity were mentioned however, there was little illustration of ways of encouraging this in learners from the participants. Decolonising the curriculum, curriculum review and forum discussions were put forward as ways to increase cultural competence in the nursing curriculum. Several participants commented on the scarcity of guidance from the UK Nursing Regulator with some of the view that this may allow for greater freedom in interpreting how cultural competence can be taught.

6. Limitations

Participants were provided with the transcripts for checking; this could be extended to also providing the findings to participants to increase the credibility of the findings. This was not pursued by the researcher due to the timescale of the project, and this is acknowledged. The sample size of the project is small, and future research with a larger sample size is likely to provide additional perspectives and transferability. Cultural competence models displayed some congruity however, varying emphases in some models may detract from parity in measuring competence.

References

- Antón-Solanas, I., Huércanos-Esparza, I., Hamam-Alcober, N., Vanceulebroeck, V., Dehaes, S., Kalkan, I., Kömürçü, N., Coelho, M., Coelho, T., & Casa-Nova, A. (2021). Nursing lecturers' perception and experience of teaching cultural competence: A European qualitative study. *International Journal of Environmental Research and Public Health*, 18(3), 1357.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing*, 13(3), 181–184.
- Candela, A. G. (2019). Exploring the function of member checking. *The Qualitative Report*, 24(3), 619–628.
- Chen, H., Jensen, F., Chung, J., & Measom, G. (2020). Exploring faculty perceptions of teaching cultural competence in nursing. *Teaching and Learning in Nursing*, 15(1), 1–6.
- Cleary, M., Horsfall, J., & Hayter, M. (2014). Data collection and sampling in qualitative research: does size matter? *Journal of Advanced Nursing*, 473–475.
- Galdas, P. (2017). Revisiting bias in qualitative research: Reflections on its relationship with funding and impact. *International Journal of Qualitative Methods*, 16(1), 1609406917748992.
- Jeffreys, M. R. (Ed.). (2016). *Teaching cultural competence in nursing and health care: Inquiry, action, and innovation*. (3rd ed.). Springer Publishing Company. <https://doi.org/10.1891/9780826119971>.

- Karatas, K. (2020). The competencies of the culturally responsive teacher: What, why and how? *ie: Inquiry in Education*, 12(2), p.2.
- Leininger, M. (2002). Culture care theory: A major contribution to advance transcultural nursing knowledge and practices. *Journal of Transcultural Nursing*, 13(3), 189–192.
- Marzilli, C. (2016). Assessment of cultural competence in Texas nursing faculty. *Nurse Education Today*, 45, 225–229.
- Mayfield, V. (2020) *Cultural competence now: 56 exercises to help educators understand and challenge bias, racism, and privilege*. United States: ASCD.
- Mokel, M. J., & Canty, L. (2020). Educational outcomes of an online educational intervention teaching cultural competency to graduate nursing students. *Nurse Education in Practice*, 46, 102832. <https://10.1016/j.nepr.2020.102832>.
- Paric, M., Kaihlanen, A., Heponiemi, T., & Czabanowska, K. (2021). Nurse teacher's perceptions on teaching cultural competence to students in Finland: a descriptive qualitative study. *Nurse Education Today*, 99, 104787.
- Purnell, L. (2002). The Purnell model for cultural competence. *Journal of Transcultural Nursing*, 13(3), 193–196.