Improvement Of Clinical Educator Competence Through The Development Of A Culture-Based Clinical Education Model With A Transcultural Nursing Approach

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Abstract

Background: The character and quality of cultural competence which must be possessed by clinical nurse educators has not yet been formed, resulting in the ineffectiveness of clinical learning involving cultural aspects. Fulfilling the need for adjusting the competence of clinical nurse educators with cultural competence requires the implementation of the development of a culture-based clinical education model through a transcultural nursing theory approach. **Aim:** The aim of the research is to improve the competence of clinical educators through training in cultural-based clinical education modules with a transcultural nursing theory approach. **Method:** using a quasi-experimental design with a pre-post-test control group design. A sample of 60 clinical educator nurses (30 interventions: 30 controls) uses 2 instruments which contain: 1) five clinical educator competencies (leadership, critical thinking, responsible, skill, and communication), and 2) clinical nurse educator competency achievement with transcultural nursing theory approach. The data were analyzed using Wilcoxon Rank Test and Mann Whitney. **Result:** The results showed that there was an increase in cultural-based clinical nurse educator competency attainment (p=0.0001). **Conclusion:** The development of a culture-based clinical education model with a transcultural nursing theory

approach can improve the competence of culture-based clinical educators.

Keywords: Educator, Clinical, Competency, Cultural, Transcultural nursing theory.

Introduction

In line with the significant development of culture that is felt, especially in the learning process in various clinical nursing modes, cultural competence significantly influences the need for a clinical nurse educator to improve skills in cultural aspects as the main competency in carrying out the role. The competence of nurses as clinical educators is one of the factors that influences the competence of students in clinical nursing learning, but in reality, the competence of nurse educators is not in accordance with established standards (Innocentia et al., 2021).

The competence of clinical educators has not met the standards due to: unsupportive environment, low motivation and closed individual behavior and cultural factors in the form of values and beliefs (Armah et al., 2020; Hababeh & Lalithabai, 2020; Horsburgh & Ippolito, 2018). Nurse competence has not fully impacted clinical learning, including structuring the clinical education environment which is still lacking and models of nursing practice that cannot yet become role models (Nursalam, 2019), the attitude of clinical educators who continuously criticize students during nursing action procedures creates fear. thus resulting in not being able to carry out the procedure perfectly and smoothly (Jayasekara et al., 2018b).

The perceived lack of a clinical educator's role as a role model reflects the low ability of clinical educators in indicators of professional ability and the development of interpersonal relationships (Innocentia et al., 2021). As a result, the quality of graduates will be poor and graduates cannot be absorbed by service users due to inadequate skills and competence and carrying out practical activities can endanger the lives of patients (Hadi & Nursalam, 2020). The role of clinical nurse educators is important in controlling various problems including the success of clinical learning outcomes in clinical settings. Implementation with the nurse's cultural element approach is able to strengthen the character of attitudes and performance in carrying out leadership functions by forming an attitude of empathy, sensitivity, emotional stability, objective and avoiding biased decisions.

Further implications of changes in cultural civilization in the field of nursing services have consequences for fulfilling the competency adjustment needs for clinical educators (Jayasekara et al., 2018b). In response to this, a strategy to increase cultural competence for clinical nurse educators is needed through culture-based module training (Han et al., 2020).

Increasing cultural competence can be initiated through the stages of cultural awareness, cultural knowledge, cultural encounter, cultural skills and cultural desire (Brien et al., 2021). Strategies and methods for increasing the competence of clinical educators can be applied by strengthening cultural aspects using the transcultural nursing theory approach. The main assumptions of transcultural nursing theory are Culture care Theory of Diversity and Universality which views nursing as care, culture-based care (Caring), transcultural nursing, cultural-based Caring and the concept of transcultural care (Martha Raile Alligood, 2018). The application of transcultural nursing theory in clinical education also directs how a nurse educator interacts in guiding students through the stages of preservation/ maintenance, negotiation / accommodation, and repatterning/ restructuring (Mcqueen et al., 2017).

The aim of the research is to improve the competence of clinical educators in terms of leadership, critical thinking, responsibility, skills and communication through achieving cultural competence with a transcultural nursing theory approach.

Materials and Methods

Explanatory research design with a cross-sectional approach is used. The research design studies the dynamics of the correlation and the relationship between training module as the independent variable and clinical educator competency as the dependent variable. The research was conducted at the teaching hospital (Koja and UKI Hospital) from January to March 2023. The sample was 60 clinical nurse educators (30 intervention group: 30 control group) who had met inclusion criteria using a purposive sampling technique. The intervention group received training module material for developing a culture-based clinical education model with topics: the concept of Preceptorship in a cultural paradigm, effective and intercultural communication, the concept of culture-based clinical education, organizations in a cultural perspective with the Transcultural Nursing Theory approach and implemented through clinical education training in knowledge gain and application or implementation of modules in

the form of simulations/direct practice to students in clinical practice units/rooms.

The data collection used two questionnaires instruments which contain: 1) five clinical educator competencies (leadership, critical thinking, responsible, skill, and communication), and 2) clinical nurse educator competency achievement with transcultural nursing theory approach. Data are analyzed using descriptive and inferential Wilcoxon Rank Test and Mann Whitney. With analysis had p <0.05, with the help of SPSS software. This research has passed an ethical review from: 1) Health Research Ethics Committee, Faculty of Nursing, Airlangga University (Number: 2543-KEPK dated 31 May 2022), and 2) Health Research Ethics Committee of Dr Chasbullah Abdulmadjid Hospital (Number: 020/KEPK/RSCAM /IX/2022 dated September 1, 2022).

Results

Tabel 1. Demographic Data Respondent

Variable	**Categories**	**Group**				**Equivalence Test**
		Intervention (n = 30)		**Control (n = 30)**		
		(f)	**(%)**	**(f)**	**(%)**	
Age (Year)	30 – 34	0	0	5	17	0,239
	35 – 39	3	13	4	13	
	40 – 44	7	23	5	17	
	45 – 49	15	50	8	27	
	50 – 54	5	14	8	27	
Total		30	100	30	100	
Marital status	Married	29	97	28	93	0,592
	Unmarried	1	3	2	7	
Total		30	100	30	100	
Gender	Male	2	7	3	10	0,239
	Female	28	93	27	90	

Variable	Categories	Group				Equivalence Test
		Intervention (n = 30)		Control (n = 30)		
		(f)	(%)	(f)	(%)	
Total		30	100	30	100	
Religion	Islam	16	54	12	40	0,681
	Christian	14	46	18	60	
Total		30	100	30	100	
Hospital	Koja General Hospital	30	100	0	0	
	UKI General Hospital	0	0	30	300	
Total		30	100	30	100	
Ethnic group	Java	9	30	0		
	Minang	1	3	8	27	
	Sunda	13	27	20	67	
	Betawi	2	7	0	0	0.955
	Batak	2	7	0	0	
	Bugis	1	3	2	6	
	Flores	1	3	0	0	
	Manado	1	3	0	0	
Total		30	100	30	100	
Years of service	5 – 10 years	0	0	5	17	
	11-20 years	5	17	9	30	0,218
	21-30 years	21	70	16	53	
	> 30 years	2	6	0	0	
Total		30	100	30	100	
Structural Position	Head of Room	13	43	6	20	0,592
	Head of Team/ PIC of Shift	10	33	12	40	

Variable	Categories	Group				Equivalence Test
		Intervention (n = 30)		Control (n = 30)		
		(f)	(%)	(f)	(%)	
	Supervisor	6	21	7	23	
	Nursing Committee	1	3	0	0	
	Practitioner	0	0	5	17	
Total		30	100	30	100	
Perceiver Experience	≤ 5 years	30	100	24	80	0,297
	> 5 years	0	0	6	20	

Source: Primary data, 2023

Table 2 Distribution of Clinical Nurse Educator Capability Achievements with a Transcultural Nursing Approach

Indicator	Categories	Group			
		Intervention (n = 30)		Control (n = 30)	
		(f)	(%)	(f)	(%)
Preservation	Good	28	93,3	4	13,3
	Fair	0	0	10	33,3
	Less	2	7	16	53,4
Total		30	100	30	100
Accommodation	Good	24	80	2	6,6
	Fair	5	16,7	8	26,6
	Less	1	3,3	20	66,8
Total		30	100	30	100
Restructurisation	Good	25	63,3	0	0
	Fair	4	13,3	4	13,3

Indicator	Categories	Group			
		Intervention (n = 30)		Control (n = 30)	
		(f)	(%)	(f)	(%)
	Less	1	3,3	26	86,7
Total		30	100	30	100

Source: Primary data, 2023

Table 3. Capacity Building for Clinical Nurse Educators through module training

variable	Intervention (n=30)				Control (n=30)				P value Pretest	Pvalue Posttest
	x̄±SD (Pretest)	x̄ ±SD (Posttest)	Δ x̄	p value	x̄ ±SD (pretest)	x̄ ±SD (posttest)	Δ x̄	p value		
Preceptorship in a Cultural Paradigm	8,27±1,57	22,17±1,5	13,24	0,0001	8,93±2,85	11,00±3,216	2,73	0,0001	0,753	**0,0001**
Effective Communication and Intercultural Communication	8,23±1,35	16,17±1,91	**7,94**	0,0001	2,6 ± 0,621	5,23 ± 3,52	2,63	0,0001	0,0001	0,0001
Culture-Based Clinical Education	2,50±0,57	5,17±0,69	2,52	0,0001	2,50 ± 0,572	4,47 ± 1,07	1,97	0,0001	0,614	**0,0001**
Organization in a cultural perspective	3,9±0,662	10,40±1,65	**6,5**	0,0001	3,90 ± 0,662	6,87 ± 1,54	2,97	0,0001	0,0001	0,0001

Source: Primary data, 2023

Table 4. Achievement of Culture-Based Clinical Educator Competency

variable		Group				Equivalence Test	P value (Mann Whitney
		Intervention (n=30)		Control (n=30)			
		(f)	(%)	(f)	(%)		
Leadership	Good	4	13,3	9	30	0.670	0,367
	Fair	22	73,3	20	66,7		
	Less	4	13,3	1	3,3		
Critical Thinking	Good	37	90	7	23,3	0,116	0,012
	Fair	3	10	20	66,7		
	Less	0	0	3	10		
Responsibility	Good	29	96,7	20	66,7	0,825	0,0001
	Fair	1	3,3	6	20		
	Less	0	0	4	13,3		
Skill	Good	21	70	22	73,3	0,089	0,019
	Fair	9	30	8	26,7		
	Less	0	0	0	0		
Communication	Good	24	80	19	63,3	0,519	0,002
	Fair	6	20	11	36,7		
	Less	0	0	0	0		

Source: data primer 2023

Table 1 shows the highest proportion of respondents in the intervention group in the age range of 45-49 years (30%) and in the control group in the age range of 45-49 years (13.4%). Most of the sexes were female (94% in the intervention group and 90% in the control group). The highest married status was in the intervention group (97%) in the control group (94%). The most religion in the intervention group was Islam (53.4%) in the Protestant Christian control group (60%). The most ethnic group is the Batak tribe (43.4% in the intervention group and 60% in the control group). The range of years of service in the two groups was the highest with 21-30 years of service (70% in the intervention group and 53.3% in the control group). The most positions were as head of the room (43% in the intervention group) and as head of the team or person in charge of the shift (40% in the control group). Experience of guiding students has the highest number with experience of more than 5 years (100% in the intervention group and 80% in the control group). Equivalence test with chi square for data with a nominal scale: marital status, gender, religion, origin of hospital, ethnicity and occupation. For the variables age, years of service and experience, equality was tested with an independent T test (levenne test). The results of the equivalence test obtained a p value > 0.05, which means that the demographic characteristics were similar between the intervention and control groups.

Table 2 shows the achievements of Clinical Nurse Educators with the Transcultural Nursing Approach in the intervention group at the good preservation stage (93.3%), good accommodation stage (80%), and good restructuring stage (63.3%), while the control group at less preservation stage (53.4), less accommodation stage (66.8%), and less restructuring stage (86.7).

Table 3 shows the increase in the ability of clinical nurse educators after module training with the results of the Wilcoxon Rank Test in the intervention and control groups p value = 0.0001 meaning there is a statistical difference in the pretest and posttest. The results of the Mann Whitney Pretest-pretest were statistically different with p value = 0.0001, and in the posttests there was a statistically significant difference with p value = 0.0001.

Table 4 shows the Achievements of Culture-Based Clinical Educators Competency with the results of the Mann Whitney test on the leadership indicator (p value = 0.367) meaning that there is no statistical difference in the average value of leadership in the control and treatment groups. Meanwhile, the indicators for critical thinking, responsibility, skills and communication were statistically different with a p value <0.005, which means that the average

scores for the four indicators were significantly different in the intervention and control groups.

Discussions

The results showed that the abilities and competencies of culture-based clinical educators after being given culture-based clinical education module training were mostly good. Clinical educators need to improve their quality because clinical educators play a very important role in the development of students' cognitive and affective abilities. The roles of clinical educators that need to be improved are those as models/examples, participant observers, and resource persons (Hadi & Nursalam, 2020). Criteria that must be met by a culture-based clinical educator include; 1) having deep and broad cultural cognitive and at least equal to the learning achievement needs of students; 2) competent in attitudes related to cultural aspects (cultural awareness) and clinical skills; 3) Cultural ability and skilled in clinical teaching; 4). Cultural Encounter and have a commitment to cultivating the character of attitudes in clinical education. One way to improve the quality of clinical educators is to hold clinical educators (Hadi & Nursalam, 2020).

Increasing the competence of culture-based clinical educators in this study uses a transcultural nursing theory approach in achieving cultural competency through three phases: preservation, accommodation, and restructuring. The development of culture-based clinical education emphasizes cultural adaptation competence which is the standard for clinical learning needs for students or new nurses in the health service setting in line with developments in the international community, the consequences of which have an impact on the segmentation of health services, clinical education, students and clinical educators (Bartlett et al. al., 2020).

The Preservation phase is the time when clinical educators apply their new understanding of the concept of preceptorship in the cultural paradigm that has been conveyed in face-to-face presentation of the initial concept. The initial stage of implementation of clinical educators accompanied by training facilitators demonstrated competency tools in the implementation of training modules to guide students such as: self-introduction in an open manner, explaining the roles and responsibilities of clinical educators during the learning process, building shared commitment in achieving clinical learning goals, showing a warm attitude and positive without any feeling of fear of making mistakes, an attitude of acceptance of language and dialect differences owned by students, being able to understand various values explained by

students with any culture to other individuals according to roles. Exploring previous experiences in orientation, rule, case management, method application, and supervision.

In this phase, knowledge, attitudes and skills will be seen as clinical educator competencies in implementing the development of culture-based clinical education models in carrying out the initial stages of clinical practice guidance. Openness, honesty, empathy and high respect are able to create a conducive situation for the early stages of learning and increase the comfort of students to achieve effective clinical learning. The principle of action taken in the preservation phase is to assist, facilitate and pay attention to cultural phenomena owned by clinical educators in carrying out guidance to students to determine effective clinical learning methods in achieving the final competency of students (Mcqueen et al., 2017).

The accommodation phase in the clinical education model development module training focuses on the principles of helping and facilitating and paying attention to the cultural aspects of both clinical educators and students in a practice setting that reflects ways to adapt, or negotiate or take into account the clinical learning environment and the patterns and habits of activity in each clinical practice unit. The principle of action taken in the accommodation phase is to help facilitate and pay attention to cultural phenomena that reflect ways of adapting, negotiating or considering effective guidance methods based on the characteristics of students (Alligood, 2017).

In line with previous research which stated that the cultural competence of educators in transcultural education appears as a general and main category: transcultural education, educators and ethical attitudes, and is supported by sub categories: language and linguistics, different learning styles, integrating multicultural learners, knowledge and cultural sensitivity, collaborating and working together, self-awareness and openness, and respect and caring (Han et al., 2020). These values should ideally be built and oriented towards students during the clinical learning process and become part of the role model for a clinical educator as well as the organizational environment in which clinical education is carried out.

The restructuring phase in the clinical education model development module training directs the principles of changing or reconstructing to help clinical educators improve the clinical learning process by being oriented towards cultural values and patterns of habits and clinical practice experiences of students in carrying out clinical learning in a better direction. This is in accordance with the principles of the restructuring phase, namely changing/reconstructing clinical learning patterns and culture from

conventional methods to preceptorship methods with cultural reinforcement (Alligood, 2017).

This statement is reinforced by previous research which emphasized that the implementation of cultural elements of nurses is able to strengthen the character of attitudes and performance in carrying out leadership functions by forming an attitude of empathy. Factors of sensitivity, emotional stability, objective and avoiding biased decisions. Effective communication strengthens the cultural elements inherent in each individual nurse. The ability to identify diversity in culture and treat each multicultural interaction as a unique individual (Richard-Eaglin, 2021). This research reinforces the importance of the role of clinical educators in implementing competencies as facilitators who have a stable and strong leadership function in providing direction for the formation of professional attitudes and character while adapting to cultural values and experiences that strengthen students' self-confidence and readiness and comfort. while following the clinical learning process without psychological pressure by environmental factors in the clinical practice unit/room.

The results of the research also showed that there were significant differences in the achievement of clinical educator competencies (leadership, critical thinking, responsibility, skills, and communication) in the intervention group after participating in culture-based clinical education module training. Implementation related to cultural elements is also conveyed in the latest concept formulated by the American Nurses Association (2015) contained in standard 8, namely Culturally Congruent Practice is a form of evidence-based application in nursing related to agreement on understanding cultural values, beliefs and perspectives and practices in providing services to consumers and other users. Cultural competence is demonstrated by a process in which nurses demonstrate cultural aspects that are in line with nursing practice (Chang et al., 2018). It is important for nurses to design nursing practice that is in line with cultural values and can provide services to clients (students) with diverse backgrounds to increase access, outcomes and reduce differences (Hagqvist et al., 2020). At standard 8 according to the latest concept ANA (2015) provides a framework for enhancing the ability of nurses as role models in cultural competence and new clinical nurse leaders, colleagues and for all consumers by setting standards for educational, legal and social accountability environments (Matthews et al ., 2020).

This research is also in line with the attitude competence of a Registered Nurse in applying principles that are in line with the cultural diversity approach including competence (Marion et al., 2017), as follows: 1) Showing respect, balance and empathy in both actions and interactions for all users of health services; 2)

Participating in a lifelong learning process to better understand cultural interests, views, choices and decision-making against a culturally diverse background; 3) Developing an idea regarding individual values, beliefs and cultural heritage; 4) Applying knowledge about various values and beliefs about health, practices and communication patterns in every nursing activity; 5) Identifying the stages of acculturation and assimilation between patterns of need and affinity; 6) Considering the elements of influence and impact of discriminatory and oppressive behavior on a number of certain cultural groups; 7) Using appropriate, accurate and appropriate skills and tools to facilitate elements related to culture, literacy and language used by certain communities; 8) Communicating with appropriate language and behavior, and if necessary a medical interpreter staff may be considered; 9) Identifying the meaning of the interaction process, terms and content in the interaction process; 10) Respecting a decision made influenced by age, tradition, belief and family as well as acculturation stages; 11) Advocating for policies to improve health and prevent inconvenience due to cultural differences, inappropriate services; 12) Improving ease of access to services, examinations, interventions, promotion programs, and involvement in research, education and various other opportunities; 13) Providing education to colleagues and other professionals about the elements of uniformity and cultural differences in the patient environment, family, group, community and population.

Conclusions

Based on the findings in this research, it can be concluded that the competence of clinical educators is the integration of a certain set of skill elements, such as the ability to build interpersonal relationships and educational experiences as basic competencies that must be owned and needed in clinical learning. The development of a culture-based clinical education model with a transcultural nursing theory approach can be applied through training in cultural-based clinical education modules for clinical educators. The application of culture-based clinical education module training with cultural competence (cultural awareness, cultural knowledge, cultural encounter, cultural skill and cultural desire) can shape the cultural character of clinical educators personally who are able to foster leadership, critical thinking, responsibility, skills, and communication characters which is expected to have an impact on increasing the interest of students to take part in clinical learning independently and self-directed learning by integrating cultural aspects.

References

[1.] Innocentia et al, Preceptorship of Student Nurses in Ghana : A Descriptive Phenomenology Study, 2021.

[2.] Armah N., et al, Undergraduate nursing students' perspectives of intercultural communication: A qualitative descriptive study, Nurse Education Today, 95(August), 2020.

[3.] Hababeh MO., & Lalithabai DS, Nurse trainees' perception of effective clinical instructor characteristics, International Journal of Nursing Sciences, 7(3), 285–290, 2020.

[4.] Horsburgh J., & Ippolito K, A skill to be worked at: Using social learning theory to explore the process of learning from role models in clinical settings, BMC Medical Education, 18(1), 1–8, 2018.

[5.] Nursalam, Nursing Science Research Methods: A Practical Approach, (The 5th), Publisher, Salemba Medika, 2020.

[6.] Jayasekara R., et al, The effectiveness of clinical education models for undergraduate nursing programs: A systematic review, Nurse Education in Practice, 29, 116–126, 2018b.

[7.] Hadi M., & Nursalam, Nursing Clinical Education with Preceptorship Approach, (The 1st Editoin), Publisher, UM Jakarta Press, 2020.

[8.] Han R., et al, Social and Health Care Educators' Cultural Competence, International Journal of Caring Sciences, 13(3), 1–8, 2020.

[9.] Brien EO., et al, Nurse Education in Practice Intercultural readiness of nursing students : An integrative review of evidence examining cultural competence educational interventions, Nurse Education in Practice, 50 102966, 2021.

[10.] Martha Raile Alligood, Nursing Theorists And Their Work. [HTTP] file:///C:/DATA/DATA/Nursing Theorists and Their Work (2).pdf, [accessed……]2018

[11.] Mcqueen L., et al, Imogene King ' s Theory of Goal Attainment and the Millennial Nurse : An Important Mentoring Tool for Nurse Educators, Teaching and Learning in Nursing, 12(3), 223–225, 2017.

[12.] Alligood MR, Nursing theorists and their work-e-book, Elsevier Health Sciences, 2017

[13.] Richard-Eaglin A., The Significance of Cultural Intelligence in Nurse Leadership, Nurse Leader, 19(1), 90–94, 2021.

[14.] American Nurses Association, Nursing: Scope and Standards of Practice, (The 3rd edition), Publisher, Nursesbooks.org, 2015

[15.] Chang L., et al, Embracing diversity and transcultural society through community health practicum among college

nursing students, Nurse Education in Practice, 31, 156–160, 2018.

[16.] Hagqvist P., et al, Clinical mentors' experiences of their intercultural communication competence in mentoring culturally and linguistically diverse nursing students: A qualitative study, Nurse Education Today, 87(January), 104348, 2020.

[17.] Matthews JH., et al, Florence Nightingale: Visionary for the Role of Clinical Nurse Specialist, Online Journal of Issues in Nursing, 25(2), 1–9, 2020.

[18.] Marion L., et al, Implementing the new ANA standard 8: Culturally congruent practice, Online Journal of Issues in Nursing, 22(1), 1–15, 2017.

[19.] Bartlett AD., et al, Measuring and assessing the competencies of preceptors in health professions: A systematic scoping review, BMC Medical Education, 20(1), 1–9, 2020.

[20.] Jayasekara R., et al, Nurse Education in Practice The e ff ectiveness of clinical education models for undergraduate nursing programs : A systematic review, 29(December 2017), 116–126, 2018a.