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OF THE REQUIREMENTS FOR THE DEGREE

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IN

NURSING

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AUTHOR: Susan Staub

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THE PROJECT HAS BEEN ACCEPTED BY THE PROJECT COMMITTEE IN PARTIAL FULLFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING.

Denise M. Boren	Denise M. Boren	8/7/2018
PROJECT COMMITTEE CHAIR	SIGNATURE	DATE
Razel B. Milo PhD, DNP, FNP-C		08/07/2018
PROJECT COMMITTEE MEMBER	SIGNITURE	DATE
Vanessa Quiroz, WHNP		8/7/2018
PROJECT COMMITTEE MEMBER	SIGNITURE	DATE

CULTURAL AWARENESS OF BSN STUDENTS IN A SOUTHERN CALIFORNIA UNIVERSITY

A Grant Proposal

Presented to the faculty of the School of Nursing

California State University, San Marcos

Submitted in partial satisfaction of

the requirements for the degree of

MASTER OF SCIENCE

In

Nursing

Family Nurse Practitioner

by

Susan Noreen Staub

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Abstract

of

CULTURAL AWARENESS OF BSN STUDENTS IN A SOUTHERN CALIFORNIA UNIVERSITY

by

Susan Staub

Background
The purpose of this study is to formulate a better understanding of cultural awareness, and the importance knowledge of different cultures has for health care providers working with diverse patients. The objective of the research is to identify cultural awareness of health care providers so that knowledge of different cultures can have a positive effect on healthcare delivery. Definitions of cultural awareness by theorists will be discussed, and a literature review of multiple journal articles will continue to clarify the definition of cultural awareness. The results of previous research on cultural awareness will be reviewed. Leininger, a nurse, and innovator in the field of transcultural nursing, developed a culture-specific model of the theory that is and is proposed to guide this study.

Research Question:
"What is the level of cultural awareness among nursing students in a Southern California University?"

Methods:
The study design proposed is a quantitative, descriptive, cross-sectional design to assess the level of cultural awareness among senior-level nursing students. The cultural awareness scale (CAS) is a self-administered research instrument designed to measure cultural awareness in nursing students. The CAS will be the instrument used for this study along with a demographic questionnaire provided to the BSN students. The study will be conducted using paper and pencil during a traditional BSN senior-level course at a School of Nursing.

Key Words:
Cultural competency, cultural awareness, cultural diversity, cultural knowledge, transcultural, nursing care, nursing students.

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To my husband Greg, thank you for the endless encouragement. I feel blessed to have you as my partner in life. Keep the coffee coming.

To my niece Amanda for bringing me into the present day with my computer skills and for being my computer tech at 2 o’clock in the morning.

To my cousin Justin for teaching me how to use my words more effectively.

To all of my family and friends that I have neglected over the past three years while attending school. I love you and look forward to spending more time with everyone.

PREFACE

This project is a partial fulfillment of the requirements for a Master's Degree in Nursing as a Family Nurse Practitioner. The committee chair of this project was Dr. Denise Boren and committee members, Dr. Razel Milo and Professor Vanessa Quiroz.

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CHAPTER ONE: INTRODUCTION

Cultural awareness has been studied for decades in nursing and the effects it has on patients when providing care for people that come from different cultures. Rew, Becker, Cookston, Khosropour, and Martinez (2003) suggest that cultural awareness, sensitivity, and competence are concepts that are still evolving over a person's lifetime.

> Merriam Webster (2018) broadly defines culture as the "customary beliefs, social norms, and material traits of a racial, religious, or social group."

Rew et al. (2003) define cultural awareness as being mindful that everyone is different from one another and respecting these differences is being culturally sensitive. Cultural competency is part of the process of taking the known differences of other cultures and demonstrating respect for those individuals from another culture (Rew et al., 2003). Safipour, Hadziabdic, Hultsjö, and Bachrach-Lindström, (2017) suggest there is a high importance to promote continual learning of different cultures and backgrounds in a multicultural society. The American Association of Colleges of Nursing (AACN, 2008) "supports the development of patient-centered care which identifies, respects, and addresses differences in patients' values preferences, and expressed needs (p.1).

This grant proposal was designed to assess the cultural awareness of Bachelor of Science in Nursing (BSN) students in their senior year of studies. The results will inform the need for additional education to enhance cultural awareness.

Background and Significance

The United States Census Bureau (U.S. Census Bureau, 2017) provides statistics for all states and counties that exceed a population of 5,000 or more. Population estimates in the United States of America are 325,719,178 with approximately 3,337,685 people in San Diego County,

California (U. S. Census Bureau, 2017). Caucasians make up the majority of race statistics in San Diego County estimated at forty-five percent, African American is less than six percent, Hispanics thirty-four percent, Asians are a little over twelve percent, American Indians are less than two percent, and mixed races of two or more make up the remaining percentages (U. S. Census Bureau, 2017).

Communication is crucial to provide culturally diverse health care. Knowing a patients background can help guide the healthcare provider to give the patient the best possible care. Many African Americans distrust health care providers, stemming from a historical event called the Tuskegee syphilis experiment in 1929 (Nesbitt & Palomarez, 2016). Six hundred black men who had untreated syphilis were enticed to participate in a national study. The participants were told they would be treated medically for syphilis, but no one was treated resulting in many people dying, and family members contracting syphilis (Carmack, Bates, & Harter, 2008). To help minimalize distrust of health professionals and of research, the provider can have the patient bring in a trusted friend and the provider will talk with the third party and the third party can talk to the patient about treatment, other options, or education that is recommended by the provider (Martinez, Maislos, & Rayford, 2008).

According to Nesbitt and Palomarez (2016), there are over sixty-seven million people affected with hypertension in the United States, which results in approximately 348,000 deaths per year. African Americans have a forty-four percent (44%) higher risk of hypertensive complications and mortality from illnesses, such as myocardial infarction, congestive heart failure, and stroke compared to Hispanics at twenty-seven percent (27%), or Caucasians at thirty-two percent (32%) (Nesbitt & Palomarez, 2016). Non-adherence to medication therapy and perceived discrimination contribute to poorer outcomes in the African American group (Nesbitt

& Palomarez, 2016). Family and religion are important in African American culture so providing respect, active listening, and clear communication can improve patient adherence (Nesbitt & Palomarez, 2016).

Language barriers and illiteracy can delay medical treatment which correlates with poorer health outcomes in the Hispanic and Latino population (Martinez et al., 2008). Being culturally aware that approximately fifty percent of Hispanics/Latinos cannot read above the fifth-grade level or not at all, this population might need a translator to provide culturally competent care (Martinez et al., 2008).

There are currently 566 federally recognized American Indian and Alaska Native (AI/AN) tribes in the United States which receive health care assistance (Indian Health Services, 2015). American Indians and Alaska Natives (AI/AN) had a higher incidence of health problems and compared to other ethnic populations. Compared to non-Hispanic whites, both AI/AN have a higher incidence of colon cancer diagnosis and death. Diabetes, heart disease, stroke, substance abuse, and suicide in the AI/AN population are higher than the national average (as cited in Staub, 2015; Hubbert, 2008).

Lack of knowledge about cultural awareness has contributed to a delay in care, improper diagnosis, patient non-compliance, and loss of life (as cited in Staub, 2015; Seright, 2007). Seright (2007) suggests that this does not mean that health care providers are purposefully neglecting their patients, it means that the providers are not aware of, or do not know how to interpret the physical or verbal signals that are being sent by the patient. Purnell (2014) mentions that physical and verbal signals missed can be as subtle as a moment of silence before responding to the provider, such as allowing the patient to have time to process the information asked of them before replying. When gathering subjective information, it is recommended not to

make eye contact for more than a couple of seconds and allow two to six feet between the healthcare provider and the patient during conversation (Purnell, 2014). Shaking hands lightly is customary, but touching is not allowed unless you know the person you are touching. During the physical assessment, the nurse practitioner needs to find out if herbal remedies are used, to prevent any drug interaction with western medications. Natural remedies are usually chosen over Western medicine so the combination of healing, religion, and medicine cannot be separate in the AI/AN community (as cited in Staub, 2015; Purnell, 2014).

The family is important in AI/AN culture with grandmothers and mothers normally at the center of the community. Older women usually make the health care decisions in the family and if they are unavailable, delay of health care is expected. A traditional healer, "The shaman," is often used along with drum beating and chanting (as cited in Staub, 2015; Purnell, 2014). These AI/AN customs and beliefs are only a few of the basic practices that the majority of the tribes have in common. Different tribes have different health care practices and forms of communication. Knowing the customs and beliefs of the various tribes health care professionals are working with allows the provider to be more sensitive to the client's needs, creating an environment of cultural awareness (as cited in Staub, 2015, Purnell, 2014).

Basic tips from the Indian Health Services (IHS, 2015) for culturally sensitive care are to make the patient feel welcome during the first meeting. This initial meeting creates the basis of trust between the provider and the patient. Medical terminology can be confusing so one should use words that will be understood. Interpreters who are known to the patient may also be needed to help with explanations provided by the health care provider (IHS, 2015). Active listening, periods of silence, respectful behaviors, respect for tribal medicine men, the balance between the

body and nature, and silence to hear spiritual guidance are ways to show respect for these values (as cited in Staub, 2015; Hubbert, 2008).

As cited in Staub (2015) and Hubbert (2008) many tribes have set values, but they also have similar generic values, which creates a challenge in providing universal care for AI/AN tribes. Harmony between the environment, people, and the land are common throughout most tribal nations. Many tribes believe in reciprocity between "Father Sky and Mother Earth," as well as guidance or spiritual inspiration. Health care providers need to show respect for rituals and the tribe's traditional medicine. The balance between nature and a person's life is also very important to AI/AN. American Indians have pride in their culture and heritage. Each member of the tribe is valued, with the Elders looked upon as having the authority of the tribe (as cited in Staub, 2015; Hubbert, 2008).

Working with a diverse patient population can be challenging. Translation services should be utilized when available for the non-English speaking patients from any culture to increase patient education and understanding (Nesbitt & Palomarez, 2016). Other ways to improve cultural awareness and competency is to learn medical terminology in the language of the patient, and decrease provider bias by simply showing respect and listening to the patient to what they are saying (Nesbitt & Palomarez, 2016).

The Problem

Cultural awareness and sensitivity is not always emphasized in the education of health care professionals. Beach et al. (2005) completed a systematic review on cultural competency educational interventions of health care providers and found cultural competency training improves knowledge, attitudes, skills and patient satisfaction. Knowledge of cultural awareness is needed to provide culturally consistent and competent care to patients in healthcare.

Purpose of the Research

The purpose of this study is to assess the level of cultural awareness among senior level BSN students. The findings of the study can be used by nursing schools and health care agencies to determine a need for improved cultural awareness education and training.

Research Question

"What is the level of cultural awareness among senior level BSN nursing students in a Southern California University?"

Research Variables

The dependent variable in the study will be the senior level Bachelor of Science Nursing (BSN) students self-reported cultural awareness scores measured by the Cultural Awareness Scale (Appendix F).

The independent variable explored is the characteristics of the participating BSN students. Demographic variables describing the characteristics of the sample are age, ethnicity, cultural background and knowledge will be collected for this research.

Conceptual Model

Leininger's theory of culture care diversity and universality (Leininger, 1988) will be used to guide the research investigation.

Assumptions

The main assumption is that the nursing school curriculum provides students with all of the information needed to be able to provide culturally competent care. In nursing school, essential topics are covered briefly or not at all. It is important for students to have this knowledge if they are to provide culturally congruent nursing care.

Importance of Research

Results of the research should be a valuable guide for nurses to prevent illness and to support the well-being of individuals, families, and cultures (Leininger, 1988). Cultural awareness is a building block for providing culturally congruent care to patients. To provide this, health care providers need continual education of different cultures, their values, and basic needs.

CHAPTER TWO: LITERATURE REVIEW

Introduction

The databases accessed for this literature review included PubMed, CINAHL, and Google Scholar. One-hundred and twenty-six articles reviewed for inclusion, from that list, twenty-five selected for further review, and six included in the literature review for this grant proposal. Literature search terms included cultural competency, cultural awareness, cultural diversity, transcultural, nursing care, nursing students, knowledge, and Cultural Awareness Scale (CAS). The search was limited to peer-reviewed articles written in English published from 1988 to 2018. The principal investigator focused on journal articles that concentrated on cultural awareness and nursing care.

In 1954, Madeline Leininger (1988) developed a theory of nursing for cultural care diversity and universality. The sunrise model was developed and refined over several decades. This model represents the components of the theory and how these components influence the care and health status of families, groups, and individuals. Leininger's (1988) purpose was to educate nurses about culturally congruent care. Leininger (1988) forecasted three main requirements need to be present for a nurse to provide culturally congruent care and decision making. The three requirements included, (1) culture care preservation or maintenance by the professional of a patient's particular culture in the overall care of the individual; (2) the cultural care accommodation adapts to or negotiates the health status outcome; and (3) cultural care reconstruction to change the patient's lifestyle that will lead to a healthier way of life.

Rew, Becker, Cookston, Khosrepour, and Martinez (2003) developed the Cultural Awareness Scale (CAS) that measures the level of cultural awareness of nursing students and the knowledge they have learned thus far in their nursing programs. The CAS is a paper and pencil

self-assessment tool that takes approximately twenty minutes to complete. Using a seven-point Likert scale, the CAS consists of thirty-six questions with five subscale categories measuring general educational experiences, beliefs or cognitive awareness, research issues, individual's behaviors toward comfort with people from different cultural backgrounds, and patient care/clinical issues.

The CAS development consisted of two phases. Phase one consisted of developing thirty-seven survey questions from a literature review on cultural awareness and sensitivity (Rew et al., 2003). The next step was implementation of the CAS on seventy-two student nurses resulting in a Cronbach's alpha reliability coefficient of 0.91. Before CAS phase two was tested on student nurses, a panel of experts reviewed the thirty-seven question items on the survey. After some minor re-wording and one question omitted, the final survey consisted of thirty-six questions and a new recalculated Cronbach's alpha reliability coefficient of .88. The phase two CAS consisted of thirty-six questions given to 118 student nurses. A factor analysis conducted from Phase one and two resulted in a new Cronbach's alpha reliability coefficient of 0.82 (Rew et al., 2003).

A replication of the CAS phase two trial by Rew, Becker, Cookston, Khosrepour, and Martinez (2003) was implemented using a cross-sectional, nonexperimental design. A convenience sample of 236 bachelors, masters, and doctoral nursing students were enrolled in the study and data was collected to measure their cultural awareness resulting in a Cronbach's alpha reliability coefficient of 0.869 and subscale ranges from 0.687 to 0.902 (Krainovich-Miller et al., 2008). The evidence suggests these results are comparable to the original study (Rew et al., 2003). The researchers suggest continued research and development of the reliability and validity of the CAS instrument, refinement of the demographic tool to better understand how nursing students self-identify, and testing clinical nurses in healthcare settings.

Rew, Becker, Chontichalalauk, and Lee (2014) re-examined the CAS construct validity differences of cultural awareness among 150 pre-nursing, bachelors, and masters nursing students. In this study, Rew et al. (2014) wanted to know which of the bachelor nursing students had taken cultural awareness classes and to confirm the CAS factor analysis. The research indicated the pre-nursing participants recruited from a global health class scored higher on the General Attitudes portion of the CAS. The researchers recommended to use nursing students that have had clinical nursing experiences so they can answer all the CAS questions. The master's nursing students scored higher than the bachelor nursing students likely due to having more clinical nursing experience. The evidence suggests that using only three of the original five factors to measure cultural awareness: General Educational Experience, Cognitive Awareness, and Behavioral Comfort and Interactions supported the reliability of the CAS. The Cronbach's alpha ranged from 0.70 to 0.89.

McElroy, Smith-Miller, Madigan, and Li (2016) conducted a cross-sectional descriptive study using registered nurses (RN), licensed practical nurses (LPN), and nursing assistants (NA) to identify areas of improvement in regards to cultural awareness. McElroy et al. (2016), suggested that nurses overestimate their cultural awareness knowledge.

Electronic mail containing a cultural assessment survey was distributed to the participants of employees in a southeast medical facility. The combined sample size of participants was 335 (n= 335). The evidence suggested that the participants had a moderate to high level of cultural awareness in the workplace (McElroy et al., 2016). Statistically significant cultural awareness results were seen among nursing staff, including positive opinions of the nursing leadership, and in the work environment (McElroy et al., 2016). Thirty percent of the participants answered

“neutral” to several questions suggesting that certain areas need more cultural awareness attention (McElroy et al., 2016).

Safipour, Hadziabdic, Hultsjö, and Bachrach-Lindström (2017) measured cultural awareness among baccalaureate nursing students in their final year of school using a cross-sectional descriptive design method. A demographic questioner developed by the researchers used variables such as age, sex, background (native, first, or second generation Swedes) and lived abroad. The Cultural Awareness Survey (Swedish version) was disseminated to three different universities in Sweden with similar demographic backgrounds. The study indicates that nursing students in their final year have a moderately high level of cultural awareness (Safipour et al., 2017).

Major Variables Defined

The definition of a variable is an attribute that is assigned to something, but values vary such as heart rate or blood pressure. In quantitative research, variables are used to correlate if one variable is related to another even though they are different (Polit & Beck, 2012).

Demographic Variables. For this study, a BSN student is a student enrolled in the final year of required courses in a traditional four-year school of nursing at a southern California university. The school of nursing facility involved in this study is a traditional accredited Bachelor of Science degree nursing program. Age can be interpreted as the chronological age of the subject. Ethnicity refers to a group who has the same religion, origin, and customs. Gender refers to self-identification of being female, male, female-identifying as male, male identifying as female or other. Another gender refers to how a person identifies them self. For this proposed study gender will not be a variable used. The Office of Minority Health (2016) defines culture as being the religious, biological, spiritual, geographical, sociological, racial, ethnic, and linguistic

characteristics of a group. The definition of cultural awareness is an individual who demonstrates skill, and knowledge and applies these components when interacting with clients (Seright, 2007).

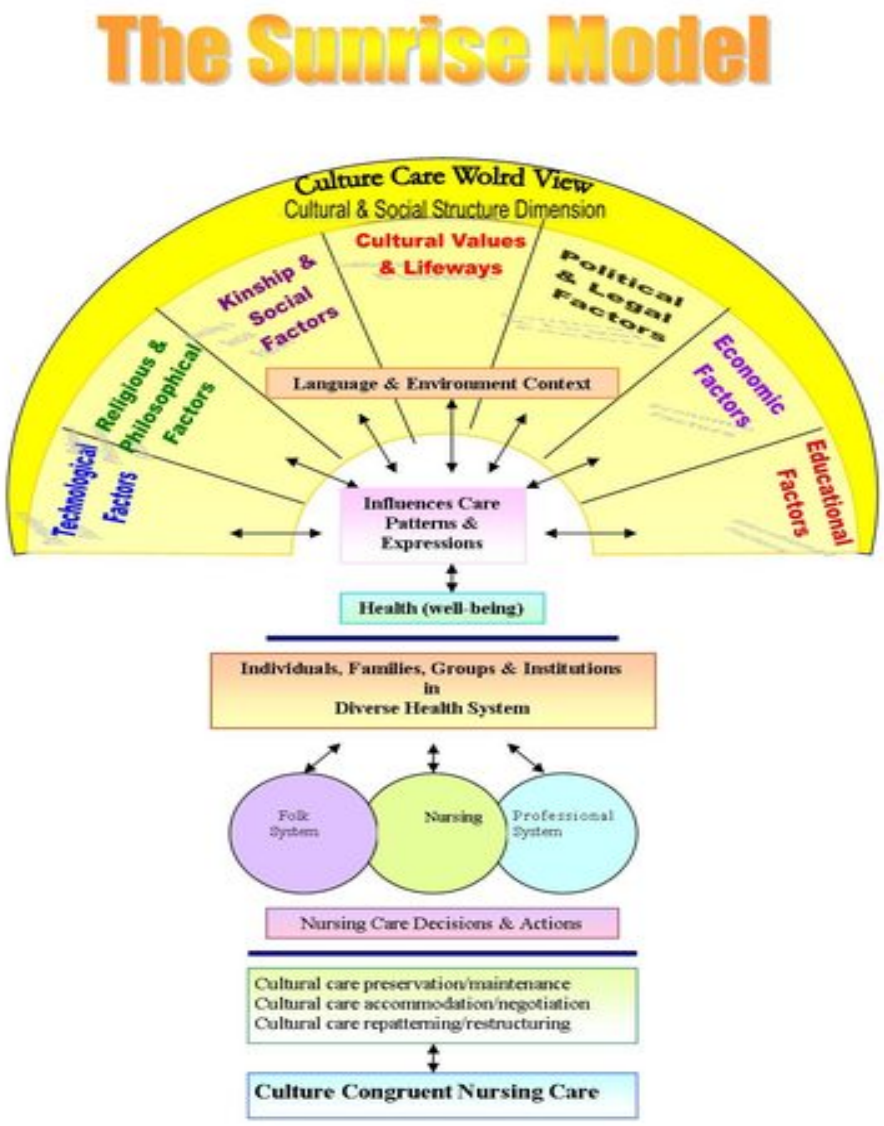
Conceptual Model

This research study will be based on the theoretical framework of Madeline Leininger's theory of culture care diversity and universality and can help guide the study, particularly the analysis, findings and discussion elements of this work (Leininger, 1988).

The sunrise enabler model (Figure 1) provides dimensions and application of the theory, and to the actions that occurred (Hubbert, 2008). Culturally congruent care refers to providing sensitive, meaningful, and creative nursing care to support the patient's beliefs, values, and way of life for effective healthcare, or to deal with disability, illness, or death (Hubbert, 2008). Hubbert (2008) suggests that personal development involves the nurses reflecting on their decisions and actions and incorporating the following three 'care modes' when working among cultures: (1) culture care preservation identifies the cultures involved (i.e., nursing, client); (2) culture care accommodation identifies the beliefs or practices that need modification (i.e., placing the bed facing east for Morning Prayer); and (3) culture care restructuring of current practices (i.e., nursing staff can arrange the bed facing east before the client arrives).

Figure 1.

Leininger's Sunrise Model to depict dimensions of cultural care diversity and universality by Leininger (1988).



Note: Permission to use obtained from the author (Leininger, 1988). (Appendix A)

Summary

Articles were chosen based on their relevance to the proposed study including the development of the theoretical model, instrument development, and quantitative research.

McEwen and Wills (2014) indicate that quantitative research is “justified by its success in measuring, analyzing, replicating, and applying the knowledge gained.” It is important that this study is implemented to acquire baseline level knowledge of cultural awareness so that nursing students can be aware of and provide culturally congruent care. This study will also add to the body of literature on cultural awareness of nursing students in their final year of their program, and if indicated, program curriculum can be enhanced or additional training in the clinical agencies to enrich student’s knowledge on different cultures.

CHAPTER THREE: METHODOLOGY

Introduction

Several instruments have been used to measure cultural awareness among nursing students at all different levels of education. The CAS was chosen for this research because the focus is on measuring cultural awareness in nursing health professions (Rew et al., 2003).

Purpose of Research

The purpose of this study is to assess the level of cultural awareness of BSN students in the senior year of their nursing program.

Research Question

"What is the level of cultural awareness among senior-level nursing students in a Southern California University?"

Identification of Setting

The setting for this study will be in the California State University San Marcos (CSUSM) School of Nursing. California State University San Marcos campus location, is in Southern California. The ethnic population of CSUSM consists of Latino/a (41%), Caucasian (29%), Asian and Pacific Islander (10%), African American (3%), Native American (<1%), Multiple ethnicities (5%), and other (11%). Statistics from the California State University San Marcos (2016) website indicate approximately 390 international and exchange students attend the university from the following countries: India, Japan and Korea, Saudi Arabia, Norway, and China. The university offers thirty-nine bachelor degrees with nursing being the sixth most popular program. Female to male gender is approximately sixty-to-forty percent.

Research Design

The study design proposed is a quantitative, descriptive, cross-sectional design to assess the level of cultural awareness of senior-level bachelor nursing students. Demographic variables will be collected to describe the characteristics of the sample studied.

The instrument used for this proposed study is the Cultural Awareness Survey (CAS) developed by Dr. Rew et al. (2014). The CAS instrument was selected because of its direct correlation to evaluate cultural awareness. The CAS is a pencil and paper survey that will be distributed to the participating students to collect self-reported information on their cultural competency knowledge. The survey takes approximately twenty minutes to complete and will be administered one time to the participating students. This instrument uses thirty-six questions with a seven-point Likert scale to measure cultural competence and has been proven to have significant validity and reliability (Rew et al., 2014). The CAS asks the participants to respond to questions based on a seven-point Likert scale from one (strongly disagree) to seven (strongly agree). Permission was granted to use the CAS by Dr. Rew (Appendix C).

The survey will be distributed to the participants after giving instructions about the project and informed written consent obtained (Appendix E). To ensure anonymity, the students will complete the survey without faculty or principle investigator present.

The principal investigator (PI) will control threats to internal validity by administering a short twenty-minute survey to reduce the chance of boredom or disinterest. Unintentional or intentional ways the principal investigator can affect the subjects will be minimized by monitoring tone of voice while speaking and not acknowledging a different race, age, clothing, or gender (Polit & Beck, 2012).

Population and Sample

The population will be students enrolled in the Traditional BSN program. A convenience sample with the goal of enrolling a minimum of forty-seven senior level traditional BSN students from CSUSM School of Nursing will be used for this study. CSUSM School of Nursing provided the target sample data.

The inclusion criteria for participation in this study will be a CSUSM BSN senior level student, over the age of eighteen, reside in California, and proficient in English.

Exclusion criteria would be under eighteen years old, not a senior CSUSM BSN student, and the student absent the day the survey is implemented. The required sample size was calculated using the Sample Size Calculator (Appendix G). The sample size needed for this study is 47 (*N*=47), with a confidence level of 95% and a confidence interval of 4.72.

Measurement Methods

The CAS measures the level of cultural awareness among undergraduate, masters, and doctoral nursing students. The survey consists of thirty-six survey questions items that measure cultural awareness using a seven-point Likert scale, one representing strongly disagree and seven representing strongly agree. The initial five categories for CAS are as follows: general educational experiences (14 questions), cognitive awareness (7 questions), research issues (4 questions), individual's behaviors toward and comfort with people from different cultural backgrounds (6 questions), and patient care/clinical issues (5 questions) (Rew et al., 2003). The coefficient alpha for desire reported was .669, which is below the minimum requirement of .70 for a new instrument. Because the coefficient alpha levels were low on awareness, skills, knowledge, and encounters individually, they were combined to calculate a new coefficient alpha of .735. The total Cronbach's alpha scale =0.82 (Rew et al., 2003).

A demographic questioner was developed by the PI (Appendix D) and will be distributed along with the CAS survey.

Data Collection Process

The Institutional Review Board (IRB) and BSN faculty will be notified about the study and permission approved before implementing the study (Appendix F). Faculty will be made aware of the time needed during their instructional time to implement the study. Distribution of verbal and written instructions will be provided to all participants in the study. The PI will briefly describe why cultural awareness is important in their nursing practice. Time will be allotted to answer questions about the study. Consent forms to participate in research will be handed out for signing and collected before survey given. Participation in the study will be completely voluntary. The PI, faculty, and non-participants will have to wait outside the classroom until the participants have completed the survey. A volunteer student will collect the completed surveys and place them in an envelope and seal the opening before the principal investigator, faculty, and non-participants re-entering the classroom.

Coding and Scoring

Calculation of the CAS instrument subscales and factor analysis is run to determine the construct validity. If a participant doesn’t complete a question it is not added into the calculations (Rew et al., 2003). There are no right or wrong answers in the survey as cultural awareness is a continual learning process.

Table 1. *Coding and Scoring*

Variables	Description	Type	Coding
Age	Age range in years	Scale	18-29=1
			30-39=2
			40-49=3
			50-59=4
			60+=5
Language	Must be proficient in English	Ordinal	yes=0
			No=1
Ethnicity	Caucasian	Nominal	CA=1
	Hispanic/Latino		HL=2
	African American		AA=3
	Native American/Alaska Native		NA=4
	Asian		AS=5
	Pacific Islander		PI=6
	Other		OT-7
Education	Senior Level BSN student	Nominal	No=0
			Yes=1
Residence	Resides in Southern California	Nominal	yes=1
	Does not reside in Southern CA		no=2
Survey	Cultural Awareness Survey Likert Scale; 36 questions	Ordinal	Does Not Apply=0
			Strongly Disagree=1
			=2
			=3
			No Opinion=4
			=5
			=6
			Strongly Agree=7

Note. Coding and Scoring Data key from Demographic Survey and Cultural Awareness Survey.

Disqualifying factors for the research project would be under 18 years old, not a senior BSN traditional nursing student attending California State University San Marcos, student does not reside in Southern California, and not proficient in English.

Data Analysis

SPSS 22.0 Statistics Software for Windows will be used to perform the data analysis utilizing nominal (ethnicity), ordinal (Likert scale), and ratio (age) scales. The proposed analysis will consist of descriptive and quantitative statistics. Proposed statistics will include frequency distributions, mean, median, and mode for each question asked on the CAS. Proposed descriptive statistics will describe participants' ethnicity, age, and cultural background. Coefficient alpha levels of the CAS with a significance level of $p \leq .05$ will be included in the data analysis. A possible negative skewness might appear if the sample size is less than the forty-seven required. The CAS instrument is thirty-six questions using a Likert scale ranging from strongly disagree (1) to strongly agree (7) and measures five subscales.

This survey will be administered one time only. If a student is absent the day the survey is administered, no make-ups are allowed.

Bias

To increase generalizability and reduce convenience sample bias the proposed study needs a larger sample size, participants from multiple sites, and randomization (Polit & Beck, 2012). A potential bias could be because the principal investigator is also a graduate nursing student at CSUSM. To alleviate bias, the principal investigator will not be in the classroom during the survey.

Ethical Considerations

Permission to use the CAS was obtained from Dr. Lynn Rew, the developer of the CAS, via email correspondence (Appendix C).

The principal investigator will obtain the CSUSM Institutional Review Board (IRB) approval before initiating the study (Appendix F). Approval from the School of Nursing and the

instructor is required before approaching students to obtain informed consent on the study. Participants must be over eighteen years of age and participation is voluntary. The participants will understand that there are no consequences if the refusal to participate. There are minimal risks attached to this study, but if at any point a participant feels uncomfortable, they may withdraw from the study. A forty dollar Starbuck's coffee card will be the incentive for participating. The principal investigator and faculty will not be allowed in the room while the survey is administered to provide anonymity and confidentiality. Completed surveys will be placed in an envelope by a volunteer student and secured in a locked cabinet or file.

Summary

The proposed outcome of this study is to obtain a cultural awareness baseline level of the senior level BSN nursing students at California State University San Marcos. Data will be analyzed, and the outcome will be measured by participants self-reporting using the demographic survey and the CAS instrument. The principal investigator is hoping to acquire more than the sample size needed as indicated by the sample size calculator (Appendix G).

CHAPTER FOUR: GRANT ELEMENTS

The databases reviewed for potential grants included the National Institute of Health, Sigma Theta Tau, American Nurses Foundation, CINAHL, Google Scholar, and PubMed. Grant search terms included cultural awareness, cultural competency, transcultural, cultural diversity, and educational grants. The search criteria were limited to English and grants specifically to improve patient outcomes in communities and expand healthcare knowledge. After assessment of grant requirements, the following three agencies were found to offer grants specifically for research of cultural factors affecting health care: Robert Wood Johnson Foundation, American Nurses Foundation, and National Institute of Health.

The first organization considered was the Robert Wood Johnson Foundation (RWJF). This foundation has a “Leadership for Better Health” program that engages leaders in all sectors to help build a National Culture of Health (Robert Wood Johnson Foundation (2015). The definition of a National Culture of Health is “one in which good health and well-being flourish across geographic, demographic, and social sectors” (Robert Wood Johnson Foundation, 2015). This PI did not choose this grant because proposal submission is by invitation only.

The second organization offering funding is the National Institute of Health (NIH). Specific funding for research to improve Native American (NA) health which includes research resulting in improved “healthcare systems adopting standards of care to improve the overall quality of life” (National Institute of Health, 2017). Due to extensive interventions required, the NIH grant was not selected.

The third organization offering a research grant and the one selected is through the American Nurses Foundation (ANF). Beginning researchers are welcome to apply, and they

encourage research development for master's thesis level students (American Nurses Foundation, 2018). The ANF looks for applications that will provide advancement in nursing and improve patient outcomes. A nonrefundable application fee of $100.00 is required to apply for each research proposal. Research funding starts at $5,000, and all unused funds will be returned to the ANF when the funding period expires. The feasibility of this grant and its requirements make it the most appropriate for the principal investigator.

Budget

Susan Staub is the Principal Investigator (PI) and will be donating her time to complete the project according to the guidelines of the ANF grant prohibiting PI's to charge a fee. A statistician is charging a flat rate of $1500.00 for the data entry and analysis. The PI will be responsible for preparation and adherence to the methods research, writing the report, and disseminating the research findings. The PI will also adhere to the strict expense account by the ANF. The grant money will not pay for salary, travel to meet with the grant committee, dissemination costs to present a paper or the purchase of a computer.

Research Related Costs

General office supplies will be needed and include pencils, paper, and ink cartridges that will cost an estimated $500.00. Project equipment includes a laser printer and scanner, computer encryption software for a personal computer of the PI and statistician to ensure document confidentiality, and IBM SPSS 22 statistical software totaling $585.00. Starbucks incentive cards at forty dollars each will be given to everyone participating in the research study totaling $2115.00. Employment of a statistician consultant for data entry and analysis for the duration of the study will cost a flat rate of $1500.00 (Appendix H).

Timeline

The anticipated timeline for completion of this project is one year. The project will consist of four phases with each phase equaling three months. Phase one consists of getting permission to go use a convenience sample of senior-level traditional BSN students from CSUSM School of Nursing, and after the Institutional Review Board (IRB) from CSUSM approves the study, data collection can begin. Phase two will consist of data entry and analysis by the statistician, and the PI will start writing the report. Phase three will be the PI finalizing the report. Phase four will be the dissemination of results.

Dissemination of Findings

Polit and Beck (2012) discuss different options to disseminate research findings. The authors mention that the Internet is a useful tool to promote evidence-based practice to healthcare professionals as well as peer-reviewed journals.

An abstract will be submitted to the following journals: Journal of Transcultural Nursing and Sigma Theta Tau International. The official journal of the transcultural nursing society is the Journal of Transcultural Nursing (JCTN,) founded by Dr. Madeline Leininger in 1989. The goal of this journal is to improve cultural competence worldwide and to develop a plan for social change for culturally competent care. Dissemination at one of the JTCN conferences would be an appropriate wide target audience for the PI's research results.

The Sigma Theta Tau International (STTI) offers mobile apps and online magazine journals to STTI members. The STTI also offers frequent conferences throughout the year. Dissemination using an online forum such as STTI would reach a wide audience of healthcare professionals as well as at their many conferences.

Lastly, a presentation to the CSUSM undergraduate school of nursing faculty will make them aware of the findings so they can reflect on their lesson plans and adjust their cultural awareness curriculum if needed.

Summary

A $5000.00 grant through the American Nurses Foundation is selected for this nursing research. A proposed total cost of the research study is $5000.00. An estimated timeline for the completion will be one calendar year. The PI will facilitate dissemination of results and submit an article to the online magazines Journal of Transcultural Nursing and Sigma Theta Tau International as well as to local and national conferences.

Appendix A

Document: **Leininger's Sunrise Enabler Guide**

Original Source: http://www.madeleine-leininger.com/cc/sunrise.pdf

Appendix B

The University of Texas at Austin
School of Nursing
Cultural Awareness Student survey
Shirin Catterson, Jeff Cookston, Stephanie Martinez, Lynn Rew

Use the scale of 1 to 7 (1=Strongly Disagree, 4=No Opinion, 7=Strongly Agree) to indicate how much you agree or disagree with each statement.

Please note that the questionnaire is only about your experiences at this school of nursing, not the entire University.

		General Experiences at this School of Nursing	**Does Not Apply**	**Strongly Disagree**			**No Opinion**			**Strongly Agree**
1	1.	The instructors at this nursing school adequately address multicultural issues in nursing	☐	1	2	3	4	5	6	7
1	2.	This nursing school provides opportunities for activities related to multicultural issues.	☐	1	2	3	4	5	6	7
1	3.	Since entering this school of nursing my understanding of multicultural issues has increased.	☐	1	2	3	4	5	6	7
1	4.	My experiences at this nursing school have helped me become knowledgeable about the health problems associated with various racial and cultural groups.	☐	1	2	3	4	5	6	7
		General Awareness and Attitudes								
2	5.	I think my *beliefs and attitudes* are influenced by my culture.	☐	1	2	3	4	5	6	7
2	6.	I think my *behaviors* are influenced by my culture.	☐	1	2	3	4	5	6	7
2	7.	I often reflect on how culture affects beliefs, attitudes, and behaviors.	☐	1	2	3	4	5	6	7
4 RC	8.	When I have an opportunity to help someone, I offer assistance less frequently to individuals of certain cultural backgrounds.	☐	1	2	3	4	5	6	7
4 RC	9.	I am less patient with individuals of certain cultural backgrounds.	☐	1	2	3	4	5	6	7
4	10.	I feel comfortable working with patients of all ethnic groups.	☐	1	2	3	4	5	6	7
2	11.	I believe nurses' own cultural beliefs influence their nursing care decisions.	☐	1	2	3	4	5	6	7

4 RC	12.	I typically feel somewhat uncomfortable when I am in the company of people from cultural or ethnic backgrounds different from my own.	☐	1	2	3	4	5	6	7
		Nursing Classes/Clinicals								
4 RC	13.	I have noticed that the instructors at this nursing school call on students from minority cultural groups when issues related to their group come up in class.	☐	1	2	3	4	5	6	7
1	14.	During group discussions or exercises, I have noticed the nursing instructors make efforts to ensure that no student is excluded.	☐	1	2	3	4	5	6	7
2	15.	I think that students' cultural values influence their classroom behaviors (for example, asking questions, participating in groups, or offering comments.)	☐	1	2	3	4	5	6	7
1 RC	16.	In my nursing classes, my instructors have engaged in behaviors that may have made students from certain cultural backgrounds feel excluded.	☐	1	2	3	4	5	6	7
2	17.	I think it is the nursing instructor's responsibility to accommodate the diverse learning needs of students.	☐	1	2	3	4	5	6	7
1	18.	My instructors at this nursing school seem comfortable discussing cultural issues in the classroom.	☐	1	2	3	4	5	6	7
1	19.	My nursing instructors seem interested in learning how their classroom behaviors may discourage students from certain cultural or ethnic groups.	☐	1	2	3	4	5	6	7
2	20.	I think the cultural values of the nursing instructors influence their behaviors in the clinical setting.	☐	1	2	3	4	5	6	7
1	21.	I believe the classroom experiences at this nursing school help our students become more comfortable interacting with people from different cultures.	☐	1	2	3	4	5	6	7
1 RC	22.	I believe that some aspects of the classroom environment at this nursing school may alienate students from some cultural backgrounds.	☐	1	2	3	4	5	6	7
5	23.	I feel comfortable discussing cultural issues in the classroom	☐	1	2	3	4	5	6	7
1	24.	My clinical courses at this nursing school have helped me become more comfortable	☐	1	2	3	4	5	6	7

		interacting with people from different cultures.								
1	25.	I feel that this nursing school's instructors respect differences in individuals from diverse cultural backgrounds.	☐	1	2	3	4	5	6	7
1	26.	The instructors at this nursing school model behaviors that are sensitive to multicultural issues.	☐	1	2	3	4	5	6	7
1	27.	The instructors at this nursing school use examples and/or case studies that incorporate information from various cultural and ethnic groups.	☐	1	2	3	4	5	6	7
		Research Issues								
3	28.	The faculty at this school of nursing conducts research that considers multicultural aspects of health-related issues.	☐	1	2	3	4	5	6	7
3	29.	The students at this school of nursing have completed theses and dissertation studies that considered cultural differences related to health issues.	☐	1	2	3	4	5	6	7
3	30.	The researchers at this school of nursing consider the relevance of data collection measures for the cultural groups they are studying.	☐	1	2	3	4	5	6	7
3	31.	The researchers at this school of nursing consider cultural issues when interpreting findings in their studies.	☐	1	2	3	4	5	6	7
		Clinical Practice								
5	32.	I respect the decisions of my patients when they are influenced by their culture, even if I disagree.	☐	1	2	3	4	5	6	7
5	33.	If I need more information about a patient's culture, I would use the resources available on site (for example, books, videos, etc.).	☐	1	2	3	4	5	6	7
5	34.	If I need more information about a patient's culture, I would feel comfortable asking people I work with.	☐	1	2	3	4	5	6	7
5	35.	If I need more information about a patient's culture, I would feel comfortable asking the patient or a family member.	☐	1	2	3	4	5	6	7
4 RC	36.	I feel somewhat uncomfortable working with the families of patients from cultural backgrounds different than my own.	☐	1	2	3	4	5	6	7

2003

Appendix C

Susan Staub **staub004@cougars.csusm.edu**

to ellerew

Dear Dr. Rew,

My name is Susan Staub, and I am an MSN student at California State University San Marcos. I am contacting you to get permission to use the CAS tool for measuring the cultural awareness of BSN students for my thesis.

I would also appreciate if you could send any updated publications on the psychometric properties.

Thank you for your time and consideration.

Best regards,

Lynn Rew
to me

Yes, you may use the CAS tool. I've attached it and the most recent publication. I would like to have a copy of your results. Best wishes for a successful thesis.

2 Attachments

Susan Staub **<staub004@cougars.csusm.edu>**
to Lynn

Dear Dr. Rew,

Thank you for the use of the CAS tool and supplementary documents. I am changing to a Grant project but still need your approval for the use of the tool in my reference section. I can send you my Grant project when it's finished.

Thank you again.
Warm regards,
Susan Staub

Appendix D

Demographic Survey

(Only choose one answer for each question that best describes you)

1. Age: 18- 29 ____30-39____40-49____50-59____60+____
2. Ethnicity:

- Caucasian____
- Hispanic___
- African American____
- Native American/American Indian___
- Asian____
- Pacific Islander_____
- other____

3. Are you a senior BSN student in attending CSUSM? Yes___ No___
4. Do you reside is Southern California? Yes___ No___

Appendix E

Nursing Department California State University San Marcos333 S. Twin Oaks Valley Road San Marcos,

CA 92096-0001 Tel: 760.750.8567Fax: 760.750.3510 www.csusm.edu/

California State University
SAN MARCOS

CONSENT TO PARTICIPATE IN RESEARCH

California State University, San Marcos
Susan Staub
Principal Investigator

Invitation to Participate

Susan Staub, a researcher at California State University San Marcos, is conducting a study about the level of cultural awareness of nursing students in a Southern California University. You are invited to participate in this study because you are a senior BSN student at CSUSM, over 18 years of age, and live in Southern California.

Purpose

The purpose of the study is to assess the level of cultural awareness among nursing students at a Southern California University.

Description of Procedures

You will be given a cultural awareness survey instrument and a demographic tool to fill out during one of your senior level nursing courses. The survey will take approximately 20 minutes. The survey is anonymous, and no names will be used. The principal investigator and faculty will not be present while the survey is being filled out. A volunteer student will collect the completed surveys and place them in an envelope and seal the opening.

Risks and Inconveniences

There are minimal risks attached to this study. About thirty minutes of your time will be needed for you to fill out the assessment and demographic tools. If any questions cause discomfort, you may decline to participate in this study.

Safeguards

You have the right to refuse to answer any question that makes you uncomfortable. All information collected on the assessment tool will be anonymous and confidential.

Voluntary Participation

Participation is voluntary. You do not have to participate in this study if you do not want to. There are no consequences of any kind if you decide you do not want to participate.

Benefits

While you will receive no direct benefit, the data we collect will be used for improving cultural competency in healthcare settings.

Incentives

Each student participating in the study will receive a $40.00 Starbucks gift card.

Questions

If you have any questions about this study, I will be happy to answer them now. If you have any questions in the future, please contact the principal investigator Susan Staub at (760) 871-5964 or Staub004@cougars.csusm.edu. If you have any questions about your rights as a research participant, you may contact our Institutional Review Board at (760) 750-4029.

Interviewer: **Do you agree to participate in the survey? Please circle one:**
YES _____ NO_____

Appendix F

California State University
SAN MARCOS

Application for Approval for Research Involving Human Subjects:
Request for Exemption - Individual Investigator Project

Submission Procedures:

1. The researcher completes application
2. If the researcher is a student, their faculty advisor must review the application and **sign the application in IRBNet.** Additional instructions can be found on the last page of this application.**
3. The researcher submits the application and accompanying documents to IRBNet. https://www.csusm.edu/gsr/irb/forms.html

For assistance completing this form, please review the resources located at www.csusm.edu/irb.
If you have any questions, please refer to the IRB website or contact the IRB staff at (760) 750-4029 or irb@csusm.edu.

Please answer each section completely and as concisely as possible. Use lay terms as IRB members have diverse backgrounds.

Project Title	Cultural awareness of BSN students in a Southern California university.
Proposed Start Date	9/1/2018

Faculty/Staff Investigator:

Name		Department/College	
Phone Number		E-mail:	

Student Investigator: *(if the student is the primary investigator)*

Name	Susan Staub	Department/College	Nursing/CSUSM
Phone Number	760-871-5954	E-mail:	Staub004@cougars.csusm.edu
Faculty Advisor Name	Denise Boren RN, Phd	Department/College	Nursing/CSUSM
Phone Number	760-750-7553	E-mail:	dboren@csusm.edu

Checklist: Check which of the following items are included, as applicable:

- [x] Survey(s), questionnaires, or interview questions. If this is an online survey, please provide a pdf copy of the survey.
- [ ] **Ed.D Students *ONLY*:** Attach the required UCSD-CSUSM-JDP IRB Cover Sheet. Please be sure to *sign* the form, scan it, and submit it with your application as a separate document.
- [ ] **Students Researchers ONLY:** Faculty advisor has approved the project and has signed the application in IRB Net.

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A. Type of Exemption Requested: The following categories of research are currently approved for exemption. Please indicate the type(s) of exemption you are requesting. For more information on each of these categories, see the Exempt Research Guidelines.
☐ Research conducted in **established educational settings**, involving normal educational practices such as: - Research on regular and special education instructional strategies. - Research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
☐ Research involving the use of **educational tests** (cognitive, diagnostic, aptitude, achievement) **EXCEPT** (i) when the information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects, **AND** (ii) where any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.
☑ **Survey procedures or interview procedures EXCEPT** (i) when the information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; **AND** (ii) where any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.
☐ **Observational research** of public behavior **EXCEPT** (i) when the information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; **AND** (ii) where any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. (If observational research involves children, there must be no interaction between the observer and the research participants.)
☐ **Archival research** of existing data. Research records are either publicly available or all identifying information has been removed.
☐ Research participants are appointed **public officials** or candidates for public office.
☐ Evaluation of **public benefit or service programs**, which are conducted by or subject to the approval of federal department or agency heads.
☐ **Taste and food quality** evaluation and consumer acceptance studies if the food has been found to be safe by the FDA or other food safety agency.

B. Please answer the following questions about your research.	
○ Yes ◉ No	My research participants belong to a **vulnerable population** (e.g. children under 18 years of age if studied outside a normal classroom setting, prisoners, pregnant women, or any other vulnerable population.)
○ Yes ◉ No	My research deals with **sensitive topics** such as behaviors, which, if publicly disclosed, could be damaging to research participants or place them at risk of criminal or civil liability, be socially stigmatizing, or influence employability, insurability, or access to services.
○ Yes ◉ No	My research participants will experience some physical or mental stress, **discomfort, or harm**.
○ Yes ◉ No	I will be **recording** my participants using audio-tape, videotape, or photographs.
○ Yes ◉ No	My **data can be linked** to an individual subject. (e.g. either though subject name, a coding system, or through identifiable samples of individual participants' data or responses in a publication or presentation of this research.)

If you answered 'yes' to any of the above questions, your project may not qualify for exempt status. You may need to apply for an expedited or full review. Please consult with the IRB Chair.

If, based on the above questions, your research appears to qualify as "Exempt," please provide brief answers to each of the following questions. Please answer each question thoughtfully. Incomplete applications will significantly affect the time to approval.

1. Describe the nature and purpose of your research activity, including why the question is important, and how your study will attempt to answer it. Include how your literature review supports this. Do not include methodology in this section.

The purpose of this study is to assess the level of cultural awareness among senior level BSN students. Results of the research should be a valuable guide for nurses to prevent illness and to support the

2. Provide a step-by-step explanation of your research activities and **methodologies** that involve human subjects. Be thorough. You must provide enough detail so that the IRB can determine that your research qualifies for exemption.

A domographic survey and the Cultural Awareness Scale will be provideo to senior level BSN students at CSUSM.

3. For research conducted in **established educational settings**, please state HOW the research activity (not the instructional material) is a "Normal Educational Practice."

Not applicable.

4. Describe the participants that will be involved in your research. How will you be selecting/recruiting your population? Will anyone be *excluded* from participating? If you have multiple participant groups such as students and teachers or children and parents, please **describe each population.**

Senior level CSUSM traditional BSN students, over eighteen years old, residing in California, and proficient in English. Excluded from participating: not a senior level CSUSM BSN student over eighteen years old; not residing in California; not present the day the survey is given; not proficient in English.

5. **How many participants** will be involved in your research? Provide a quantity for each population group.

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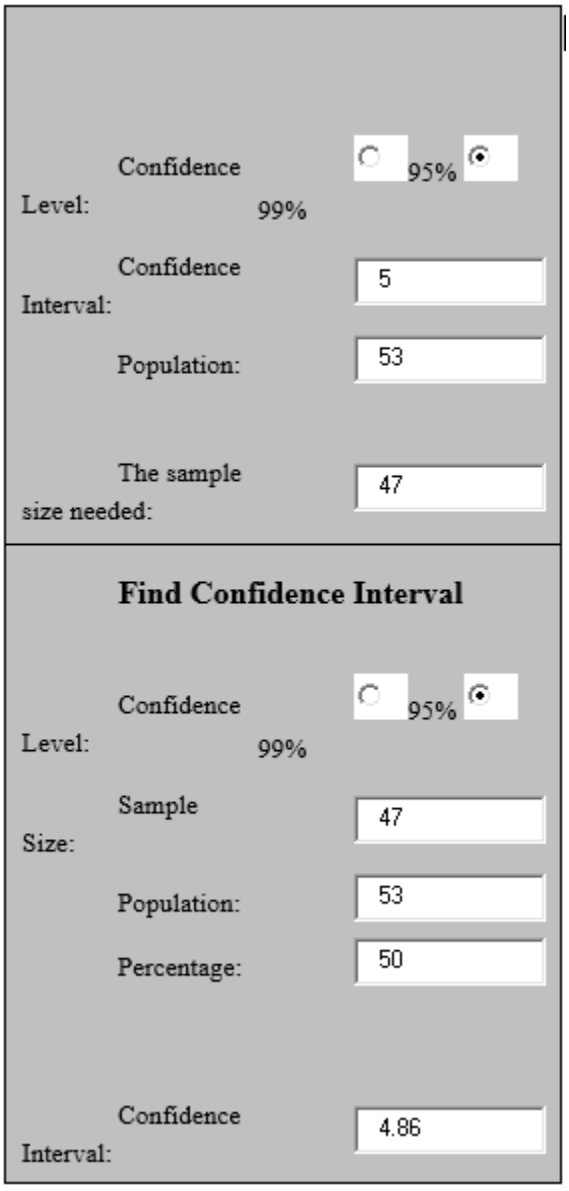
6. Are you employed at this site? ○Yes ◉No

Faculty Advisor Approval: **

Once the student researcher has completed the application, they must e-mail their application to their faculty advisor for review. When the faculty advisor pre-approves the application, the student will upload their application and documents to IRBNet and share the package with the faculty advisor for official approval. The faculty advisor must have an account in IRBNet to approve the application. The faculty advisor will receive a notification via e-mail that the application package has been shared with them and that they need to sign off on the application package in IRBNet.

Instructions on sharing this project can be found on the IRBNet video training site. There is a section in the video called **Sharing This Project**. The link and the login for the training is on the CSUSM IRB website under **How to Submit to IRBNet**
https://www.csusm.edu/gar/irb/forms.html

Appendix G



Sample Size Calculator to determine the sample size needed for the study.

Appendix H

BUDGET

American Nurses Foundation Grant: $5,000.00

Principal Investigator: Susan Staub

Project Supplies:

• Pencils, paper	$200.00
• Ink	$300.00
SUBTOTAL	$500.00

Project Equipment:

• Printer/scanner	$85.00
• Computer encryption	$500.00
• IBM SPSS 22 Statistical Software	$0
SUBTOTAL	585.00

Project Other:

• Statistician (flat rate)	$1500.00
• Incentives ($40 x 53)Starbucks card	$2115.00
SUBTOTAL	3615.00

TOTAL NEEDED	$5,000.00

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