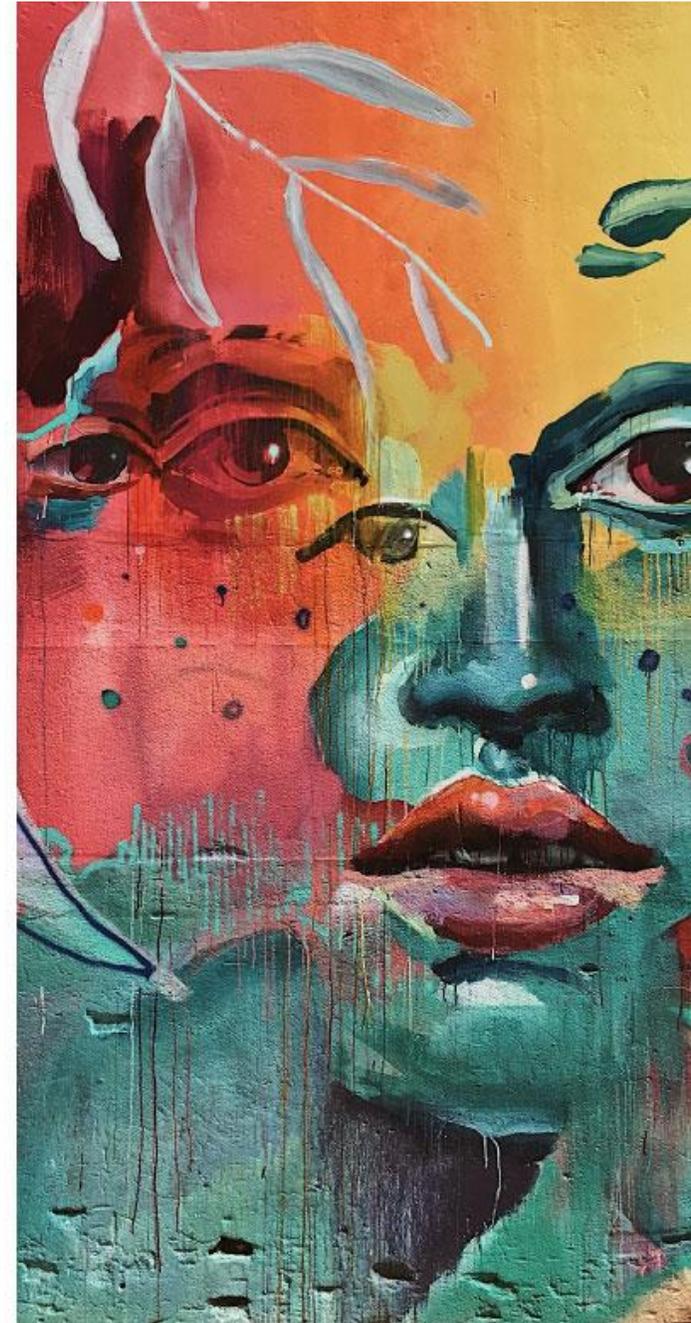


AGILE PILOT SPAIN. ROLE PLAYING “CULTURAL COMPETENCE IN NURSING CARE: INTERCULTURAL COMMUNICATION”

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CULTURAL COMPETENCE IN NURSING CARE:
INTERCULTURAL COMMUNICATION

Toledo, 6 and 7th May 2021

CONTENTS

- INTRODUCTION
- OPERATIVE COMPETENCIES AND LEARNING OUTCOMES
- DEVELOPMENT OF THE ACTIVITY
- EVALUATION



INTRODUCTION



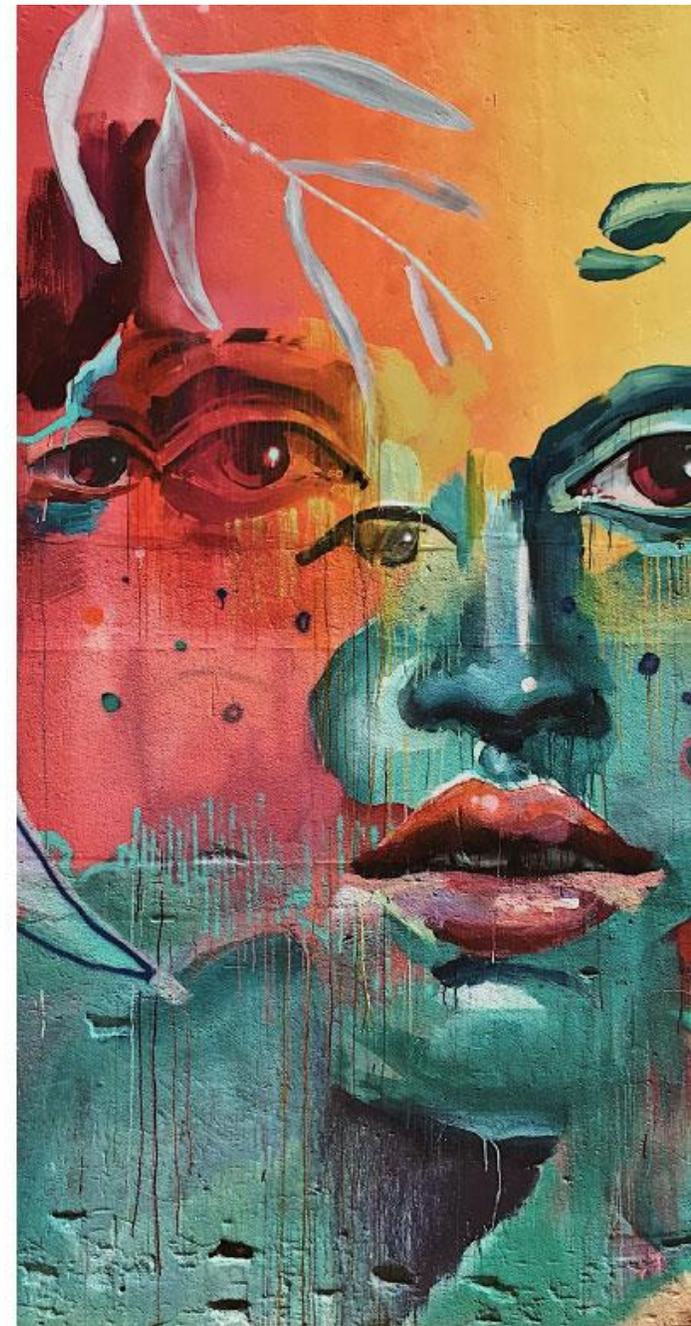


MULTI
CULTURAL
CARE

INTRODUCTION



Role Playing is a dramatic technique that facilitates working on different themes in the teaching-learning process. According to Krain and Lantis (2006: 396), *“simulation exercises, such as Role play, improve the educational experience as they promote critical thinking and analytical skills, offering students a deeper level of dynamic of political exchange, the promotion of oral and written communication skills and the promotion of student confidence”*.





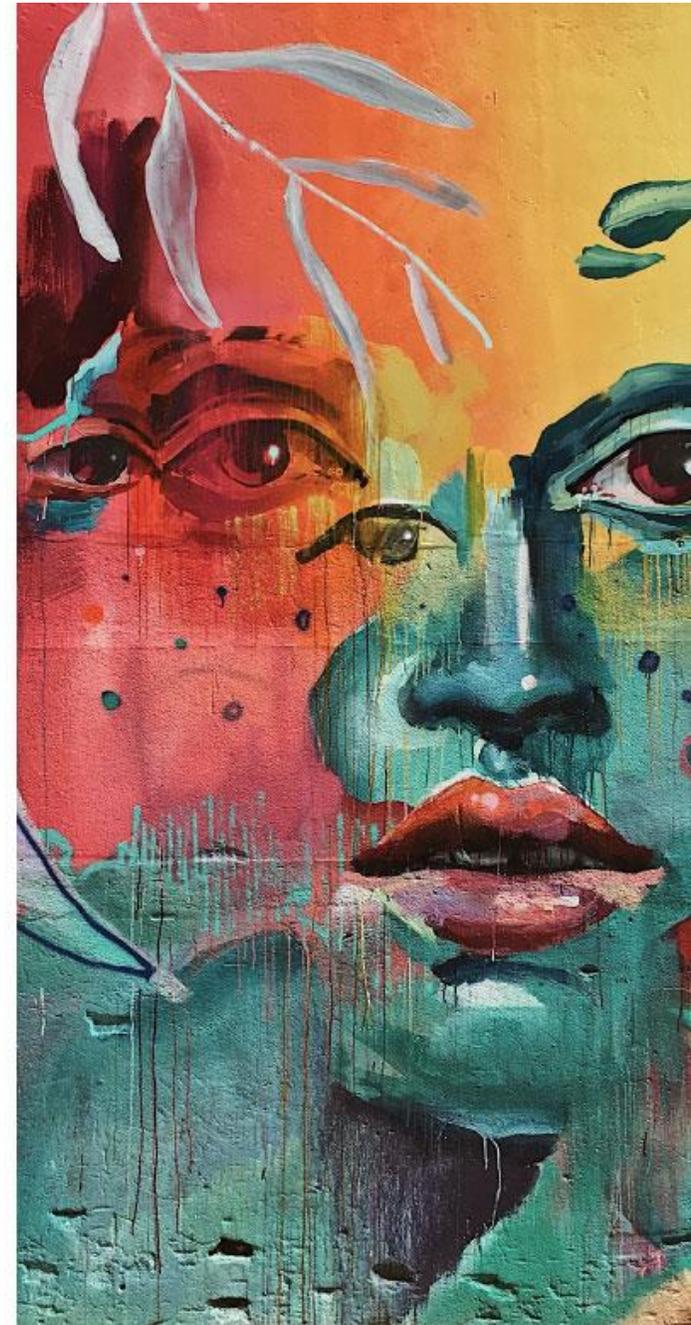
MULTI
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INTRODUCTION



Another advantage of Role-Playing is that it can be used as an evaluation technique, since, according to Gaete-Quezada (2011, p.304) *“it facilitates the teacher's observation and verification of the learning achieved by students through a playful activity, where they must apply the concepts and elements studied”*.

In addition, it facilitates the acquisition of competencies that can promote and start the development of argumentative capacity such as critical thinking, meaningful learning, cooperative learning and dialogic learning (García-Barrera, 2015).





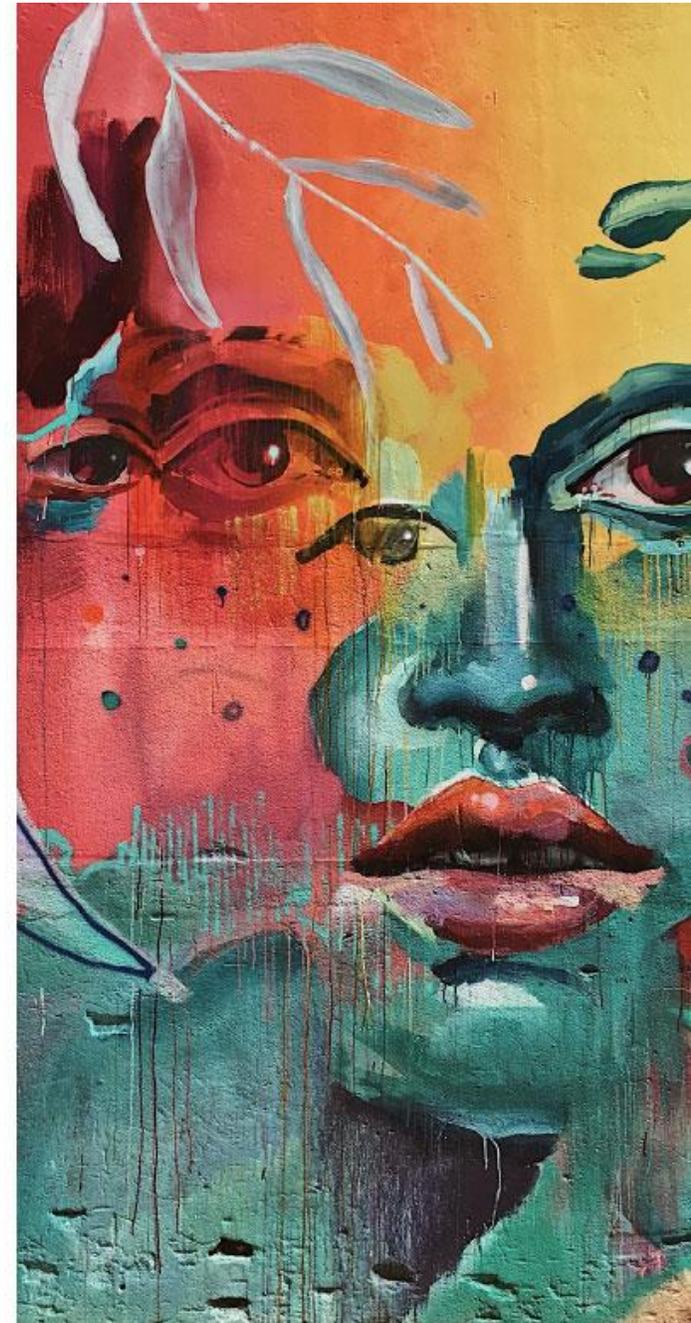
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OBJECTIVES

The general objective of Role-Playing is to enable students to identify the key operative competences that distinguish culturally competent care from one that is not.



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INTRODUCTION

The activity that we present was carried out in the university environment, specifically within the framework of the compulsory subject "Cultural Diversity and Social Inequalities in Health", cursed on the First year of Nursing Degree at Toledo Faculty of University of Castilla- La Mancha.



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COMPETENCIES AND LEARNING RESULTS



Map of countries that participate in the Bologna Process.

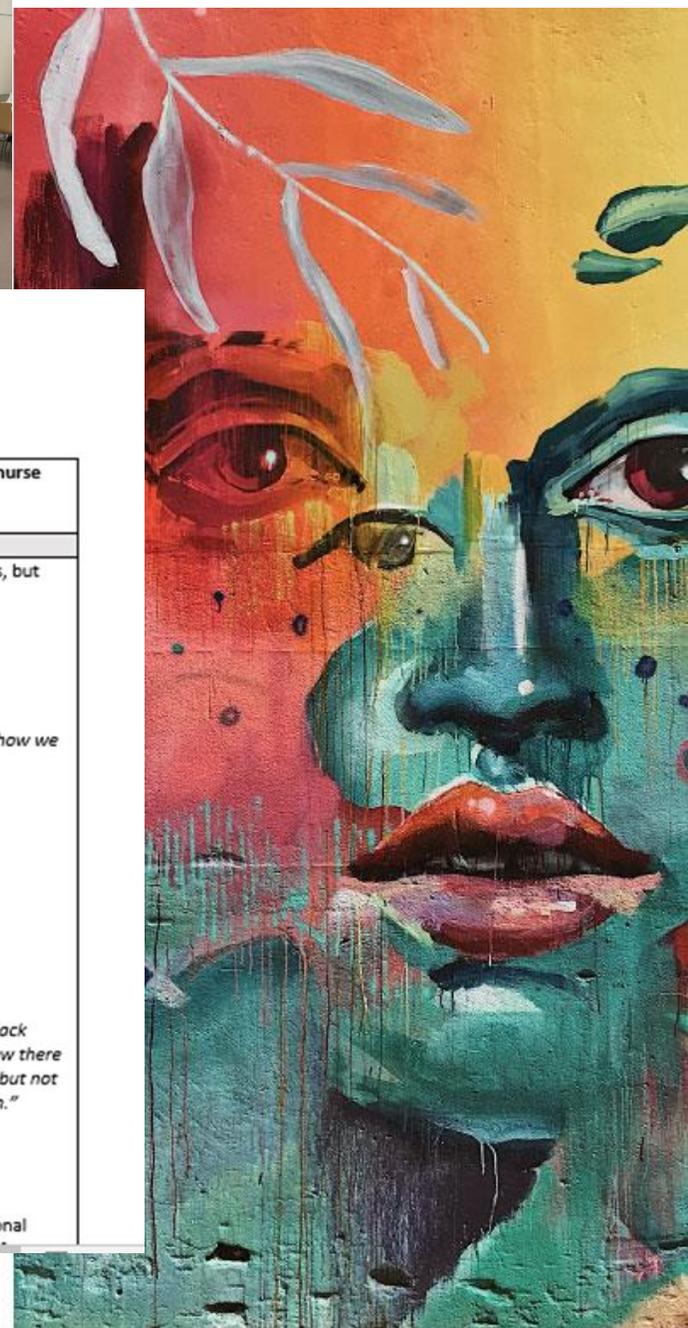
- Sorbona (1998)
- Bolonia (1999)
- Praga (2001)
- Berlin (2003)



OPERATIVE COMPETENCIES AND LEARNING RESULTS

ANNEX A- GENERAL CHART OF COMPETENCES-LEARNING RESULTS-ROLE PLAYING

NURSE'S CULTURAL COMPETENCIES	LEARNING RESULTS	EXPECTED LEARNING RESULTS AFTER ROLE-PLAYING	Topics to include in the Role-Playing that are the basis of actresses' script	Culturally incompetent nurse	Culturally competent nurse
A.- ATTITUDINAL			Double Role-Playing script: competent and incompetent nurse		
1. The nurse guarantee confidentiality in healthcare.	1. The student respects confidentiality.	1.- The student respects confidentiality.	1. Include something "private" in the conversation with the coordinator: Mother doesn't want to have more children. She tells it to the nurse when Grandmother has gone out of the consultation.	1. She tells the coordinator about the user's private things without caring that another person hears it...	1. She describes problems, but keeps confidentiality.
2. Attitude of empathy towards people from other cultures. 2.1. Showing sensitivity towards diverse cultures in care 2.2. Showing sensitivity in the sociocultural context.	2. Attitude of empathy 2.1. The student shows sensitivity towards another culture.	2.- Attitude of empathy 2.1.- The student shows sensitivity towards another culture.	2. Consultation appointment (hours): Mother cannot go in the early hours of the morning because she has to take her other children to school and no one can replace her.	2. Not empathetic: next appointment: "It's not my problem that you can't come".	2. Empathetic: "Let's see how we solve it".
3. Respects other ways of understanding health and disease, 3.1. Understanding of alternative projects for collective health in our sociocultural context. 3.2. Respect user's beliefs and values in different multicultural contexts.	3. ...respects other ways of understanding health 3.1. ...understands alternatives in collective health. 3.2. ...respects beliefs and values.	3.- ...respects other ways of understanding health 3.2.- Respects beliefs and values.	3. Beliefs in health: black corn as a food that protects and helps people to be strong and healthy. When talking about Corn they bow respectfully.	3.2. She does not respect beliefs: "The corn thing is absurd".	3.2 Respects beliefs: "...black corn ... How curious! I knew there were of different colours, but not that there were black corn."
4. Assume social co-responsibility in the defence of the right to health.	4. The student takes action against human rights violations.				
5. Showing interest in knowing "the other" . Interest and curiosity for the diverse.	5. The student shows interest in knowing "the other" and his/her culture.				
6. Considering the other as a member of our society in equality.					
7. Having commitment and positive			6. The nurse asks for an	6. No institutional change: "You	6. She request organizational



DEVELOPMENT OF THE ACTIVITY



DEVELOPMENT OF THE ACTIVITY: ROLE PLAYING

The scene represented was that of a paediatric nursing consultation in a Health Centre (Primary Care) in the city of Toledo, attended by an immigrant mother and grandmother from Mauritania, with a child for a check-up within the Infant Health Program, a program that is included in the Primary Care Services Portfolio. The analysis was focused on the care of the new-born's umbilical cord and on feeding.

The scene depicted is that of a healthcare encounter in a pediatrics office of a Primary Care Center attended by a mother with her newborn child and the child's grandmother. In the development of the encounter, several situations are made visible in which conflicts arise from the cultural clash between the nurse and the child's family, as well as from the social circumstances in which the child's family finds itself due to their immigrant status.





DEVELOPMENT OF THE ACTIVITY: ROLE PLAYING

The dramatization was articulated in two scenarios, Situation 1 and Situation 2, which represented two different ways of approaching nursing care in a healthcare meeting where there are differences in values, beliefs and expectations about child care between the nurse and the mother and the grandmother of the child.

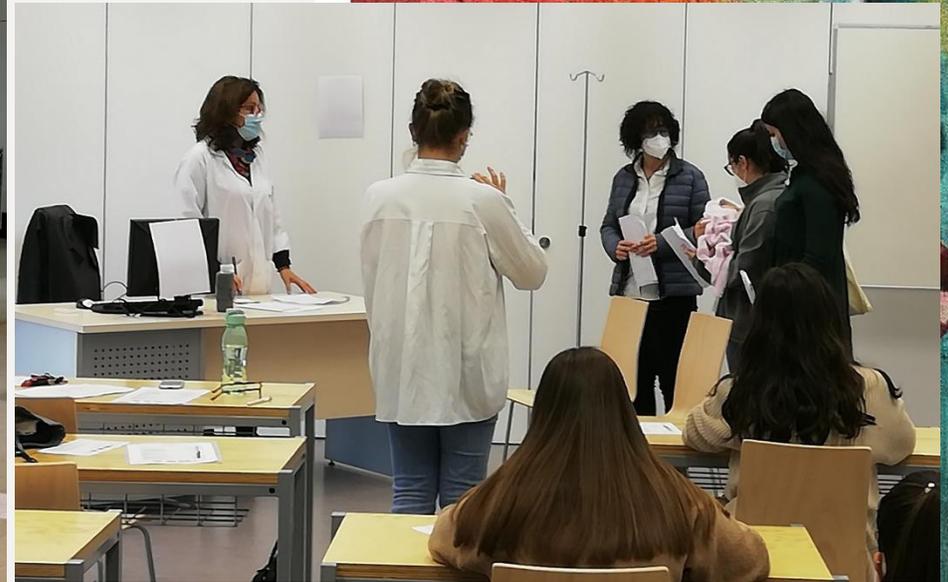
The roles of mother and grandmother were played by pupils from the class with whom we had previously prepared the script.



ROLE PLAY: SITUATION 1- CULTURALLY INCOMPETENT NURSE



ROLE PLAY: SITUATION 2- CULTURALLY COMPETENT NURSE



Role Play Script

INTERCULTURAL COMMUNICATION

LOCATION: primary care

Two different SITUATIONS

- Culturally competent nurse
- Culturally incompetent nurse



SPANISH TEAM, TOLEDO +UCLM

CULTURAL COMPETENCE IN NURSING CARE: INTERCULTURAL COMMUNICATION

Toledo, 13 and 14th of May 2021

ROLE PLAYING CULTURAL COMPETENCES IN INTERCULTURAL COMMUNICATION

SITUATION 1 (CULTURALLY INCOMPETENT NURSE)

SCENE 1.1. Topics: Navel care / 1st Month vaccine appointment.

(MOTHER and GRANDMOTHER enter the Paediatric consultation. MOTHER is carrying a child in her arms. GRANDMOTHER walks slowly. THEY ARE LATE. NURSE 1 is sitting behind her desk).

NURSE 1. (She makes them come in) -Hello, you're late.

MOTHER and GRANDMOTHER. (They bow respectfully, without looking into the nurse's eyes, and stand at a distance, waiting for her to address them). -Good morning (shyly).

NURSE 1. (She approaches to MOTHER and touches her, guiding her to sit in the chair) -Sit down.

MOTHER. (She instinctively takes a step back as the nurse approaches her, slightly startled when she touches her, but let her guide her, and sits down.).

GRANDMOTHER. (She sits down quickly, before Nurse 1 force her to do so).

MOTHER. (She excuses herself, speaking with difficulty) -Sorry, I'm late because I had to take the other child to school and ... they don't allow him to enter before the time ... and I don't have anyone to stay with him.

VOICE-OFF. - Not looking into the eyes is a sign of respect in their culture. And she walks away because in her culture unnecessary physical contact is perceived as disrespectful.

NURSE 1. (She seems surprised that they don't look her in the eye and she shows it. She asks MOTHER what they have come for) ...

NAVEL CARE TOPIC

MOTHER. (She speaks leaving pauses, silences, too slowly) -The cord ... it smells ... bad.

NURSE 1- (The nurse undresses the child on the stretcher). But... What have you put here (on the navel)?!

GRANDMOTHER. -Henna... in our culture... first cut the cord... with... scissors ... dipped in chamomille ... (thinking) chamomile ... and then cures ... with henna.

NURSE 1- That's awful! No. No. This is treated in another way, with physiological saline ... if not, it will become infected!

These are absurd customs ... What we do here is what science says. It is cut with sterile scissors. As it should be. And then no potions or things like that. You expose him to a strep infection or a herniation. So, nothing! This is cared for as it is cared for, and that's it.



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GRANDMOTHER. - In our country, it is a tradition like this ... children always healthy navel, always good.

NURSE 1. (She ignores her, or says something ...)

TOPICS: INFORMED CONSENT, LANGUAGE, SUPEDITATION TO HUSBAND

NURSE 1. (Annoyed, addresses to Mother) -Well... This is it. And remember that you have to make an appointment for the child's vaccination and you have to sign a consent form, it is a new rule. Here it is. (She gives her the form).

MOTHER. - But... I don't understand... paper.

NURSE 1. - That it is not my fault that you don't know the language. (Addressing the GRANDMOTHER) And you? Don't know the language either? (Yelling as if to make her understand her) Don't you know our language?

GRANDMOTHER. - Not very... well.

NURSE 1. (She shows her displeasure, mutters about the annoyance that they don't understand, and the time they make her lose).

MOTHER. - And also, signing... No. I... don't sign. I have to... ask my husband.

NURSE 1- Well, if you don't sign it ... you won't be able to get the vaccine. (Criticizing the subordination of women to men). Amazing! Is that you cannot do anything alone? Well, you know, you have to bring it signed the next day so that the child can be vaccinated ...

VOICE-OFF. -Now, it is 5 months later. They are again at the nurse's office.

SCENE 1.2 Topics: Clothing/ Food / vitamin D / brother

NURSE 1- (To MOTHER) Come on, leave the child on the stretcher and undress him, because with all the CLOTHES you put on him, it took us a year to see him. Well, and the ones you wear, because ...

(MOTHER leaves the child on the stretcher, and undresses him)

NURSE 1- And you bring him with the diaper unchanged, dirty. (She weighs him).

MOTHER. (While the nurse is half on her back, looking, weighing and auscultating the child ...) - I, sorry, I have not noticed, I am very stressed now. Bad with everything: children, brother, husband ...

NURSE 1. (She returns the child to her so that she can dress him and she sits behind the desk.) - Well, and me too! With the mess of covid vaccines... And your family, doesn't help you or what?

MOTHER. - (Continues) my husband doesn't... (Sighs, OVERWHELMED) ... he does not take care of any of that. No children, no house. And I don't... (she starts to cry, overwhelmed). I do not get to everything ... When it is not the one, it is the other and I ... bad.

NURSE 1. - But don't cry, woman! That nothing is solved in that way. And that someone gives you a hand, right? (Looking very seriously at the GRANDMOTHER).

EVALUATION



EVALUATION: CHECKLIST-ROLE PLAY

Situation 1 and 2

After the performance of each situation, the observant students completed the Intercultural Communicative Competencies and Critical Thinking Form (Annex IV), elaborated as a “check-list”. This document was used as a tool to evaluate the identification of the operative cultural competences by the students.

CHECKLIST

Name and surname:				
ID:				
	SITUATION			
	1		2	
A.-ATTITUDINAL	YES	NO	YES	NO
1.- The nurse...respects confidentiality				
2.-Attitude of empathy				
2.1.-...shows sensitivity towards another culture				
3.-... respects other ways of understanding health				
3.2.-...respects beliefs and values				
5.-... has an inclusive attitude (and social co-responsibility)				
9.-Commitment and positive attitude towards diversity				
9.1.-... understands people without prejudice				
9.2.-... considers social and cultural aspects				
9.4.-... has attitudes of flexibility				
B.- KNOWLEDGE	YES	NO	YES	NO
GENERAL				
1.-The nurse...knows the migratory phenomenon				
4.-... understands gender roles				
ABOUT HEALTH CARE				
5.-...knows human rights in health				
9.-... follows the biomedical model without criticism				
APPLIED TO THE CONCRETE CONTEXT				
NURSING				
17.-... knows care in different cultures				
REFLECTIVE/THOUGHTFUL				
22.-Self-knowledge of the influence of prejudices when caring.				
C.-APTITUDINAL	YES	NO	YES	NO
GENERAL				
1.- The nurse... uses communication strategies and skills:				
1.1.-...manages language and other communication skills				
3.-... identifies health strategies for integrative and multidisciplinary care				
NURSING COMPETENCES				
5.-... identifies needs or problems derived from cultural differences (gender, age, ethnicity)				
6.-... identifies the influence of culture on care				
7.-... identifies problems derived from social inequalities				
PERSON				
8.- Ability to educate, facilitate and support health and well-being from an intercultural perspective				
8.1.- ...provides appropriate care to patients, based on cultural factors				

EVALUATION (DEBRIEFING)

A space for reflection and sharing was provided guided by the teaching team in which the free presentation of the opinions of the students was favoured, starting from a battery of previously prepared open questions (Annex V), and leaving that the debate would incorporate what the students were saying.



ANNEX V- SCRIPT FOR REFLECTION AND DEBATE

FIRST PART: ROLE-PLAYING PARTICIPANTS, STILL KEEPING THEIR ROLE.

The questions are directed at both the actresses (students) in Situation 1 and Situation 2.

To mother and grandmother,

How did you feel?

What emotions have you had?

Did you feel understood and listened by the nurse?

Did you feel that the nurse had an empathetic attitude?

Has the nurse made an attempt to understand your feeding habits for the child?

Would you go again to that nurse's office? And to another consultation?

Has the nurse been sensitive to your personal situation?

Has the nurse treated the problem that you referred to her confidentially?

SECOND PART: SHARED REFLECTIONS

All students are encouraged to comment on what they consider about what they have experienced in the performance.

THIRD PART: CLOSURE OF ACTIVITY

The teachers summarize the main ideas that have emerged in the discussion.

Key concepts and competencies addressed both in theoretical sessions and in Role-Playing are retaken, and their involvement in culturally competent nursing care.



REFLECTION AND DEBATE. INTERVIEW WITH CHARACTERS AND ACTRESSES



ANNEX V- SCRIPT FOR REFLECTION AND DEBATE

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CULTURAL COMPETENCE QUESTIONNAIRE: PRE-POST

INFORMED CONSENT FORM – STUDENTS

“MulticulturalCare: Educating students through innovative learning methods to intervene in multicultural complex contexts”

You have been invited to participate in the Project “MulticulturalCare: Educating students through innovative learning methods to intervene in complex multicultural contexts” (**Educating students through innovative learning methods to intervene in multicultural complex contexts - 2020-1-PT01-KA203-078530**) which aims to develop the skills of nursing students in intervention in complex multicultural contexts.

This form is part of the process of obtaining informed consent. It is intended to provide all the information about the project and about this particular study. We highlight the importance of your participation and we will clarify all aspects related to the information that will be collected, the way it will be used, as well as all the aspects that this study will involve.

Your participation is voluntary.

Please read this informed consent form carefully and discuss it with the research team.

If you agree, we ask you to sign at the end.

A copy of the signed form will be provided to you.

OBJECTIVE OF THE STUDY

ANNEX VIII. Scale for measuring cultural competence for health workers (EMCC-14)

Thinking about your usual clinical practice, for each question, indicate how much you agree or disagree.	Strongly disagree (1 point) (%)	Disagree (2 points) (%)	Neither agree or disagree (3 points) (%)	Agree (4 points) (%)	Strongly agree (5 points) (%)
1. I believe that patients with different beliefs and customs have different expectations and / or needs in health care.					
2. I believe that the beliefs, values and customs of patients affect their health.					
3. I believe that my cultural context influences my attitudes and beliefs about other cultural groups.					
4. I am aware that my beliefs about patients influence the therapeutic recommendations that I give them.					
5. The beliefs, values and customs of the patients must be valued in health care.					
6. I believe that knowing better the beliefs and customs of patients helps me to propose a more appropriate treatment.					
7. I believe that each patient has their own concept of health and disease.					
8. I believe that the patient's health problems must be understood within their cultural context (beliefs, values and customs).					
9. I ask the patient and her family to express the expectations they have regarding health care and health attention.					
10. I am able to recognize potential barriers to accessing health services that different patients may face.					
11. I am able to establish therapeutic goals and / or objectives considering the cultural context (beliefs and customs) of my patients and their needs.					
12. I register in the clinical file the data on beliefs and customs collected in the assessment of the patient.					
13. I make an effort to explain to the patient his medical treatment, even if he believes that the cause of his illness is supernatural.					
14. I am aware of possible difficulties that may arise during health care due to cultural differences between the patient and myself.					

Reference: Pedrero, V., Bernal, M., Chepo, M., Manzi, J., Pérez, M. y Fernández, P. (2020). Desarrollo de un instrumento para medir la competencia cultural de los trabajadores de la salud. *Revista De Saúde Pública*, 54, 29. <https://doi.org/10.11606/s1518-8787.2020054001695> |

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