Perceptions of culturally competent practice behaviour: some preliminary reflections from a PhD study

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Today’s presentation will:

• Provide a brief overview of the PhD study
• Describe the use of the reflective diary as a data collection tool
• Highlight key themes arising from preliminary analysis of the data
The PhD study seeks to explore the perceptions of culturally competent practice behaviour by newly qualified nurses as they undergo the transition from novice to autonomous practitioner.

| Experiences of culturally competent practice | Perceptions of the skills and competencies that constitute culturally competent practice | Factors (individual or organisational) that build, maintain and sustain development | Factors (individual or organisational) that can hinder development |
Cultural competence

- Awareness
- Knowledge
- Skills and competencies
- Cultural encounters
- Cultural desire
Study Design: a qualitative longitudinal study

Volunteer Purposive Sample
n = ≤ 15

Recruitment and consent

IDI (personal development)

Diary entry 1

Diary entry 2

IDI (personal development)

Interviews

Data analysis

Timeline

Registration

Induction and orientation into the workplace

Period of supervised practice

Competent and confidence practitioner

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Why use a reflective journal?

• Useful and effective way to capture data to provide authentic ‘in the moment’ accounts of practice, participant views and experiences (Cameron and Mitchell, 1993).

• “Record of events, maintained by the subject over time, which is then collected and analysed by the researcher” (Clayton & Thorne 2000)

• When used with interviews can replace participant observation (Jacelon & Imperio 2005)
Method

- Diary template developed from examples used within nurse education and then revised by Patient and Carer Reference Group
- Pilot study May – August 2014
- Main study October 2014 - on-going
- Templates completed by 5 pre-registration nursing students (pilot study) and 5 newly qualified nurses (main study)
- NVivo v 10 used to manage and organise data
- Framework for thematic analysis (Holloway and Todres 2006)
Using the diary templates

Diary template was a familiar tool used in pre-registration nursing reflective practice (Bulman et al 2012)

P3 (P): “Not a problem. Took me about 10 minutes all in all … we had talked about it on the phone and so I already kind of knew what I was going to write”

P1(P): “Yes I would say so because we have done a lot of reflections at uni in the last few years”
Using the diary templates

- Considerable variability in the amount of information provided in the diary template

P2 (P): “she was an elderly lady”

P3 (M) “I have been working as a staff nurse on a medical ward and we have a lot of elderly (75+) patients. A patient was admitted who had had a stroke and also was an amputee (L leg). The stroke had affected his left side and he had lost some use in his left arm and also had some problems communicating. He was quite difficult to understand. So in terms of cultural diversity I would describe him as elderly and disabled”.
Characteristics

Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (ethnicity), religion or belief, sex (gender), sexual orientation

- Ethnicity and religion predominate
- Pre 2010 Equality legislation characteristics
Delivering care and responding to patient diversity

“My care skills get really tested in such situations” P4 (M)

“I got close to the bedside and then I told her that I was going to move her and I would be as slow and gentle as I can. I asked her to tell me if it became uncomfortable or she was in pain. I also checked that she had heard me and understood” P2 (M)
Experience and exposure

“I believe experiences like this can only enrich you. Putting yourself in situations where you question yourself and your practice throughout and help you to improve your future practice” P4 (M)

“You are still learning every single day and you will be still learning for the rest of your career” P2 (M)
Anxiety and confidence

“I am aware that my lack of knowledge of customs and beliefs belonging to people from different backgrounds makes me feel unsure about myself” P5 (P)

“I wouldn’t say I am confident I would see it as I’m a bit more experienced as I become a newly qualified nurse. I am more confident in approaching the situation but I am not as confident in sometimes dealing with it so really would seek advice from somebody” P3 (M)
Pulling the threads together

Confidence and competence in the delivery of clinical care (skills, nursing practice and behaviour)

- Informed by knowledge and awareness of cultural diversity
- Influenced by exposure and experience, and
- Mediated by environment
“That’s the thing about being a nurse that is sometimes really hard – you don’t always have the time to do things exactly how you would like and you get overwhelmed with the amount of stuff you have to get through on an average shift. The good thing about being a nurse is that you are always learning new things and new and better ways of caring for people. Patients make the best teachers” P3 (M)
Framing the findings


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Concluding comments

• Diary template useful and productive approach to gathering data on nurses’ practice
• Pre-registration nurse education provides some but not necessarily all the experiences (exposure) needed to develop competence and confidence
• Commitment from the individual nurse (cultural desire)
• An organisational culture and appropriate role model is important to the sustained development of cultural competency
Thank you for listening

Any questions?

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References


References


