CULTURAL COMPETENCY INTEGRATION IN THE UNDERGRADUATE NURSING PROGRAM – A CURRICULUM PROPOSAL

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ABSTRACT

Cultural competence is emerging as the health care profession’s answer to the changing multicultural, multiracial and multilingual needs of the global population today. Our global society in general, include a variety of different cultural groups and these have a bearing on nursing education, as successful graduates are expected to bring sensitivity and cultural competence to their bedside care, with a growing realization of how cultural diversity can affect client health care outcomes. This paper reviews the undergraduate nursing program in a select Nursing school at Abu Dhabi, UAE, with a view at making recommendations for better integration of cultural competency threads across the whole program based on culture care models founded on constructivism.

Key Words: Nursing curriculum, Cultural competency, constructivism, cultural diversity

INTRODUCTION

The Global Nursing Shortage represents an unprecedented challenge for the nursing profession with impacts affecting health care systems around the world. On one hand, select global societal factors that directly or indirectly contribute to the phenomenon, include, increased patient care acuity, a shift to ambulatory care from hospital admissions, an aging population, new and re-emerging infectious diseases, and globalization (Oulton 2006). On the other hand, data from the National League of Nursing (NLN) Data Review (2005 – 2006), reveal an increase in the percentage of nursing students from different racial and ethnic backgrounds entering the profession. The data review also show a slow but steady increase in the percentage of males graduating in the profession (NLN 2006). Nursing is a dynamic profession, constantly evolving itself to meet the myriad health care needs of the society to which it caters. Nursing education seeks at to provide the theoretical background and technical skill competency required of nurses to meet
these demands. Cultural competence is emerging as the health care profession’s answer to the changing multicultural, multiracial and multilingual needs of the global population today. Our global society in general, and the UAE society in particular, include a variety of different cultural groups and these have a bearing on nursing education, as successful graduates are expected to bring sensitivity and cultural competence to their bedside care, with a growing realization of how cultural diversity can affect client health care outcomes.

In 1986, the American Nurses Association (ANA) adopted guidelines for demonstrating its commitment to improving the quality of nursing education by including culturally relevant information in all of their future standards of practice and program offerings and recently in 2009, the NLN stressed its recommendation that higher education communities commit to the creation of diverse environments. But as Campinha-Bacote (2006) phrases it, “20 years later, nurse educators continue to ask- How do we effectively teach cultural competence in nursing education?” Although there is a growing consensus that curricular content reflecting cultural competence should focus on knowledge, skills and attitude, members of the academic fraternity note inconsistencies in the availability and quality of these educational offerings (Campinha-Bacote, 2006).

The purpose of this paper is to review the undergraduate nursing program in a select Nursing school at Abu Dhabi, UAE, with a view at discerning whether cultural competency is a part of the curriculum and if so, to what extent the program reflects it, and finally to make recommendations for better integration of cultural competency threads across the whole program based on culture care models founded on constructivism. The first section of the paper aims to present an overview of global nursing education standards, on inclusion of cultural competency in nursing programs and review current approaches in facilitating cultural appreciation in the field of nursing education, with the curriculum in the Abu Dhabi Nursing School also being presented.

The second section deals with an overview of Campinha-Bacote’s (1998) – “The Process of Cultural Competence in the Delivery of Health Care Services - Model of Care”, as meeting the challenges of advancing cultural competency in nursing education. Constructivist learning theory is deliberated as an appropriate conceptual approach for development of the program with recommendations for better integration of the cultural competency threads, as it acknowledges the myriad socially constructed truths, perspectives and realities, of the multicultural students who would be required to undergo it. The final section of the paper will attempt to restructure select aspects of the undergraduate nursing curriculum, in the nursing school at Abu Dhabi, with a view to demonstrate suggested inclusion of the cultural competence components in the program’s vision, mission and structure.

OVERVIEW OF CULTURAL COMPETENCY IN NURSING EDUCATION, GLOBALLY AND LOCALLY

According to Campinha- Bacota et al. (2006), cultural competence relates to, “a capacity to function within the context of a culture’s integrated pattern of behavior as defined by a group”( p. 243). It equips health care organizations, agencies and systems, with the cultural know-how to meet the unique multicultural
minority population needs, which are different from the “dominant or mainstream culture” (Cuellar et al. 2008). Immigration, globalization and the culturally diverse population, have made a culturally sensitive nursing curricula, incorporating culturally competent nursing care throughout the program critical in these times of need (Campinha-Bacota 2006). The Essentials of Baccalaureate Education for Professional Nursing Practice - published by the American Association of colleges of Nursing (AACN 1998), “details the need for sensitivity to and understanding of a variety of cultures to provide high quality care across settings”. The Association advocates a liberal system of education, which includes the study of a second language, to facilitate the promotion of an appreciation for cultural diversity (AACN 1998). In a position statement in 2006, the NLN suggested that, “nursing programs should be flexible to meet constantly changing demands and individual student needs, be accessible and responsive to diverse student population, and be accountable to the public.” In 2009, they committed to diversity in Nursing and Nursing Education, by maintaining that nursing must focus on the quality of cultural experience, that cultural humility must be integrated into nursing practice and cultural safety must underlie all services to the health care recipients. Lipson and Desantis (2007) note that several issues characterize the failure to incorporate cultural competency in nursing programs, including “lack of consensus on what should be taught, lack of standards, limited and inconsistent formal evaluations of effectiveness, a decline in curricular specialty courses on culture, and a need for, support of, and preparation of faculty”. Several nursing programs have integrated aspects of cultural diversity in their curriculum, in accordance with the ANA’s and NLN’s recommendations. Axtell, Avery and Westra (2010) report on a “community-based curriculum deliberation process”, whereby community leaders worked with academics and students to develop and recommend five competency areas for graduate nurses to improve care of diverse populations – “self-awareness, basic knowledge of culture and identity, attitudes that promote cross-cultural communications, cross-cultural clinical skills, and advocacy skills”. Cross et al. (2008) describe how successful integration of cultural competence was done in one course in the Masters level program with multiple teaching-learning strategies such as, “preliminary online cultural self-assessment, critique of multicultural clinical vignettes, students performing a cultural assessment of the clinical agency where they were working and using reflective diaries and journals, to promote cultural competence integration within the program”.

Cuellar et al. (2008) presents the implementation of a newly developed “Blueprint for the integration of Cultural Competence in the Curriculum (BICCC)”, as a framework for incorporating elements of cultural competence into the curriculum. The authors include, “defining culture and cultural competence as it relates to nursing, presenting educational standards of cultural competence in accrediting agencies, presenting level objectives, providing examples for inclusion of cultural competency teaching strategies for nursing faculty”(Cuellar et al. 2008). Tulman and Watts (2008) describe the development of a questionnaire to measure student reports of the BICCC, with satisfactory validity and reliability scores. Mean scores of 176 students reveal significant differences among freshmen, seniors and masters students, with freshmen students scoring less than the other two groups. Yu Xu (2009) discusses the pro and cons of two pedagogical approaches to cultural competence – “Thread or Integrated approach”, and Onetime “High-dose” Approach. The first approach calls for incorporation of the thread through all the courses, but there is a probability that the “tread” can get lost if some faculty is not committed towards the cause and in the second approach, comprehensive understanding and appreciation is facilitated, but only as a
onetime feature and then never touched upon again, while according to Yu Xu (2009), any attempts to integrate both options have been met with the challenges of content overload. He mentions the issues of immersion being effective from a pedagogical perspective but costly, and the need for conceptualizing cultural competency and measuring it.

The Nursing school in Abu Dhabi was founded in 2006 as a result of an agreement between the Griffith University (GU), Australia, and the Abu Dhabi Education Council (ADEC), UAE, to provide baccalaureate level nursing education, as a move towards modernization of existing health services, and in keeping with international best practices. The partnership resulted in each partner having a specific role – ADEC would be responsible for provision of infrastructure and GU would be responsible for providing the academic and curriculum expertise. The nursing program at Griffith University has been in offering since 1990. The curriculum has been developed and reviewed several times over this period, in response to global trends, local needs and issues identified in prior curriculum review processes, with their latest curriculum updated in July 2011. According to the Griffith University, School of Nursing and Midwifery, Bachelor of Nursing Curriculum (2011), the aim of the program is to produce graduates who are safe, competent and confident practitioners able to engage globally and locally. One of their program goals is to produce graduates who have a scholarly awareness and inquisitiveness to facilitate client and family focused care within a multicultural perspective (GU BN curriculum v.2011). Their three year program structure does not have a separate cultural competency course, but the program design is such that the elements of the BN curriculum are underpinned by the theme of client and family focused care, information and evidence based practice and safety and quality, which weave through all the courses, and by the concepts of health across the lifespan and health within different contexts and cultures (GU BN curriculum v.2011).

The student handbook of the Nursing School in Abu Dhabi proffers to offer this program in collaboration with the school of nursing and midwifery, at Griffith University. However, in modifying the program to suit the requirements of the UAE Ministry of Higher Education and Scientific Research (MOHESR), the school added a another year at the ground level to make it a four year baccalaureate degree, and also introduced a foundation year to better facilitate the transition for high school students, from school to university, and better prepare them for the rigorous demands of a college level education. One of the missions of the program is noted as the implementation of a culturally sensitive curriculum, and tolerance and understanding of diversity in society, is listed as one of the values of the school. Changing the program structure to a four-year program necessitated the inclusion of additional courses, and this is observed in the inclusion of the “Perspectives on Nursing, Health, Culture and Society” course, in addition to other courses, not seen in the Griffith University program structure.

CONCEPTUAL FRAMEWORK

The theoretical approach of constructivist learning theory has been applied in the paper and is strongly influenced by the multicultural context of the health care provider and recipient within the global scenario. According to Guba and Lincoln (1994), constructivist learning theory, “acknowledges multiple socially constructed truths, perspectives, and realities versus a single reality.” One of the assumptions in
constructivism is that meanings and values can differ for different individuals and its interpretative methodology makes it suitable for comparisons among varied interpretations. A growing awareness concerning differing interpretations is an essential requisite in the nursing student and should form part of the professional cultural competence among diversified population (Hunter & Krantz 2010). Constructivist learning theory builds on the theories of development by Piaget (1977) and Vygotsky (1978), and “suggests that learners make sense of new information based on what they already know from prior experience”. Learners construct new meaning through conversation, collaborative discourse and reflection, and a tenant of constructivism is the reconciling differences, negotiating meanings and restructuring thinking.

Campinha-Bacota (1998) responds to the need for cultural competency in health care providers by developing: “The Process of Cultural competency in the Delivery of Healthcare services model”. The model views cultural competence as an ongoing process in which the health care professional constantly strives to meet the needs of the client within their cultural context and involves the integration of- “cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desires” (Campinha-Bacota 2002). The first construct of the model i.e. cultural awareness, is the in-depth exploration of one’s own cultural perspective, worldview and attitude. This is in keeping with the first tier of the constructivist learning theory where learners start from accommodated prior knowledge and experience. The second construct, cultural knowledge, is described by Campinha-Bacota as the “process of seeking and obtaining a sound educational foundation about cultural and ethnic groups” (2002) and draws parallel with the constructivist learning theory of making sense of new information.

Concerning the third construct, Campinha-Bacota (2002) explains cultural skill, as the nurse’s ability to gather relevant cultural information regarding the client’s problems and perform a culturally sensitive need based assessment, while “cultural encounters”, the fourth construct, is elaborated as directly engaging in cross-cultural interactions, including multilingual assessment and interaction, to the benefit of the client. The fifth construct of “cultural desire” involves the concept of caring, and is an indication of the predisposition on the part of the nurse to ‘want to’, rather than ‘have to’, engage in previously described constructs. This has been likened to a lifelong process of ‘cultural humility’, as envisioned by the NLN, in their expanded definition of diversity where nurses are called to “move beyond simple tolerance of another culture, to embrace and celebrate the richness of debate and dialogue based on differences”.

A task force of the Expert Panel for Global Nursing and Health of the American Academy of Nursing, along with members of the Transcultural Nursing Society, has developed a set of standards for cultural competence in nursing practice (2011, update), after reviewing no fewer than fifty suitable documents from nursing associations and organizations the world over. The aim of this project was, “to define standards that can be universally applied by nurses around the world in the areas of clinical practice, research, education, and administration, especially by nurses involved in direct patient care”.

The document includes the following twelve standards: Standard

1. Social Justice Standard
2. Critical Reflection Standard
3. Knowledge of Cultures Standard
4. Culturally Competent Practice Standard
5. Cultural Competence in Healthcare Systems and Organizations Standard
6. Patient Advocacy and Empowerment Standard
7. Multicultural Workforce Standard
8. Education and Training in Culturally Competent Care Standard
9. Cross Cultural Communication Standard
10. Cross Cultural Leadership Standard
11. Policy Development Standard
12. Evidence-Based Practice and Research, and is intended to be a “best practice” approach that will promote culturally competent care globally (Douglas et al. 2011)

Proposal Recommendations for the UAE Nursing Curriculum
In this final section of the paper, all of the above findings have been included to provide recommendations for the revision of select aspects of the undergraduate nursing curriculum, to include components of cultural competence, with wider implications for nursing education in the UAE.

Rationale for Change
Health education is a key area of government investment to promote a high standard of health in the UAE and, nursing education, which falls under the umbrella of higher education in the UAE, needs to fulfill a key strategy among the list of the UAE Government Strategies (2011-2013), and ensure world class health care to its citizens and residents. The UAE is described as a melting pot of cultures, by “The Guide” (The National Newspaper) and as such cultural competence has become a priority in the profession. For a while now, Dubai has sort to establish itself as a destination for medical tourism between Europe and South East Asia, and thus the need to incorporate cultural competence education into nursing programs is a growing need of the hour (Brennan & Cotter 2008). The socio-cultural heritage that UAE enjoys, also make it a likely choice for clients intent on being recipients of family-focused, culturally sensitive care. The nursing program at the select school in Abu Dhabi, UAE was started in 2006 as a joint collaboration between Griffith University, Australia and the Abu Dhabi Education Council, UAE, and the nursing curriculum at Griffith was incorporated to meet the UAE requirements with minor changes. In light of the NLN’s diversity initiative (2009) to integrate cultural humility with cultural safety among nurses, there is a currently a need to better integrate aspects of cultural competence within the program and hence the curriculum review.

Program Design
The baccalaureate nursing program in the UAE, in keeping with international standards, will be a four-year program with liberal and scientific courses. In addition to other themes such as evidence-based practice, client safety and professional practice; family focused cultural sensitivity will be an underlying theme in the program. The themes are expected to weave together and provide a unifying structure which will focus on developing a graduate who is competent to deliver safe, high quality care within a cultural context. The concept of cultural sensitivity will be reflected within the psycho-socio-cultural health and illness
continuum, and demonstrated in nursing care for individuals, families and communities towards the provision of culturally safe practice.

Program Aim
The aim of the program is to produce graduates who are culturally sensitive and competent, and able to engage in safe and quality care, both globally and locally.

Analysis of Learning Task
According to Gayne and Briggs (1979), the overarching program aims need to be reflected in the design of teaching-learning instructions, for individual courses in a program, and should take into consideration “the purpose” of the design. This would require the formulation of instructional objectives that accommodate both “target objectives” and “enabling objectives”. Information-processing analysis of “target objectives” reveals that for the nursing graduate to gain sufficient mastery of cultural competence, all three domains of knowledge, skill and attitude need to be tackled. Enabling objectives which seek to achieve the target objectives will further need to determine essential and non-essential prerequisites to fulfill the role. These objectives can be achieved by integrating them in courses across the curriculum. Table 1 highlights select prerequisite courses that a nursing student will require in a hierarchical order.

Level Objectives for cultural competence
In 2008, Cuellar and colleagues developed a “Blueprint for Integration of Cultural Competence in the Curriculum” for an undergraduate nursing program. Level objectives from the blueprint have been modified and adopted to the UAE context, since the objective is that upon completion of the program, the graduate student in nursing will be culturally competent according to their levels;

By the end of year one, students will be able to
- Identify situations in nursing where issues emphasizing race, cultural diversity and disparities in health occur
- Describe basic terminology related to diversity in culture, through being exposed to a wide array of liberal courses.

By the end of the year two, the student will be able to
- Comprehend underlying theoretical formulations related to nursing and cultural diversity issues related to nursing care of the client
- Explain knowledge related to conceptual models in cultural competent nursing care.
- Demonstrate age-appropriate communication skills in approaching client and eliciting health history with a culturally sensitive perspective
- Provide examples of scenarios where culturally bias nursing care can occur.

By the end of year three, the student will be able to
Compare and contrast between the health care needs of the marginalized population within the overall national health care priorities

Develop skills in taking care of clients using cross-cultural dialogue to facilitate nursing care interventions and treatments

By the end of year four, the student will be able to

- Analyze broader issues of health culture diversity within the health care delivery systems, including topics related to the Bedouin population in the UAE
- Synthesize culturally congruent knowledge and skill for smooth transition, to care of individuals, families and communities
- Contextualize cultural competency and health disparity within health policy issues and from a local and global health perspective

**TABLE 1: LINKING THE ESSENTIAL/NON-ESSENTIAL PRE-REQUISITES AND CO-REQUISITES, IN A NURSING PROGRAM, WITH THE LEVEL OBJECTIVES FOR CULTURAL COMPETENCE**

<table>
<thead>
<tr>
<th>Essential Prerequisites</th>
<th>Non-Essential Prerequisites</th>
<th>Level objectives for cultural competence</th>
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<tbody>
<tr>
<td>Applied knowledge in Math, Biology, English and IC3</td>
<td>Proficiency in a second and even a third language</td>
<td>Foundation and Year 1 level</td>
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<tr>
<td>Introduction to Psychology, Sociology</td>
<td>Islamic Studies</td>
<td>Year 1 Level</td>
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<td>Communication and health assessment skills</td>
<td>Awareness of contemporary issues in nursing and health care</td>
<td>Year 2 Level</td>
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<td>Basic to complex nursing courses (leading to specializations)</td>
<td>Current contextual perspectives on nursing, culture and society.</td>
<td>Year 2 and Year 3 Level</td>
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<tr>
<td>Critical thinking and Evidence based practice Introduction to Research</td>
<td>Health, law and ethics</td>
<td>Year 3 Level</td>
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<td>Successful transitions to Practice</td>
<td>Leadership skills</td>
<td>Year 4 Level</td>
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**Select Suitable Teaching Learning Strategies**

Suitable teaching-learning strategies need to be appropriated that facilitate integration of cultural sensitivity and foster competence. Strategies for teaching learning, for integration of cultural competence will include utilization of multiple approaches, for diffusion of knowledge, development of skill and internalization of appropriate attitude, throughout the curriculum. Tishman and Andrade (1995) believe that “thinking dispositions” need to be taken into consideration, to account for the cognitive and attitudinal dimension of component acquisition. Thinking dispositions can be positive or negative, and positive thinking dispositions, disposed to open-minded intellectual behavior, can lead to productive outcomes. According to Ennis (1994, cited in Tishman & Andrade 1995), select characteristics of such high-
level thinking dispositions involve—“being clear about the intended meaning, taking the whole situation into account, trying to be well-informed, looking for alternatives, being reflectively aware of one’s own basic belief, being open-minded, considering other’s point of view and taking into account the feelings and thoughts of other people”. Thinking dispositions are a result, to a large part, of being intelligent (Tishman & Andrade 1995), and hence could be improved, by guiding students to be more reflective, provide more reasons, substitute with alternatives and cultivate imagination, -strategies which could be integrated toward teaching-learning purposes in the undergraduate nursing program.

Appropriate cognitive strategies are essential to foster more successful integration of cultural competency components. Strategies such as summarizing meaning from context, using imagery, organizing new language etc. involve deliberate manipulation of language, and in addition to suitable meta cognitive strategies, such as organizing content; and socio/affective strategies, such as interaction in society; would be useful in learning. Concept maps are another cognitive strategy that could be used to provide the “big picture” for students in the nursing program, by allowing for discovery learning and reception learning, whereby students clarify relationship between old and new concepts via concrete critical incidents, role play and cultural immersion experiences (Novak & Canas 2008). The strategies will facilitate the need for bridging the provider-client gap within the cultural interaction, by providing culturally specific information and experiences, and improve attribution by shifting the locus of control for successful learning to the student, through student directed goal setting, in the program. Select strategies could include- Lectures - People from diverse backgrounds as guest lecturers; Discussions –Exploring cultural identity through informal talks with fellow students and clients in health care settings; Case Study- Compare and contrast between book picture and client picture; Role play – Various hypothetical scenarios; Videotapes – as trigger examples for debate, Assignments – involving cases with cultural issues, Reflective journals- of clinical experiences and Student exchange programs.

**Faculty professional development**

In the field of nursing education, as any other, faculty are expected to guide students in their discovery of cultural identity, sensitization and development of cultural competency and in order to achieve this, faculty need to recognize their own limitations and bias. The faculty is also challenged on a continuous level, to include ever-changing content which reflect ethnic and racial disparity to acclimatize students to the real world. Professional development in terms of cultural training is essential to keep abreast with issues related to cultural diversity and competency.

**Curriculum mapping of Graduate Outcomes to Cultural Competency standards** (for select courses from each semester)

<table>
<thead>
<tr>
<th>Cultural Competency Standards</th>
<th>Graduate Outcomes</th>
<th>Intro. To Sociology</th>
<th>Contemporary Nursing</th>
<th>Persp.onnurs., health, culture</th>
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CONCLUSION

The nursing profession constantly evolves to meet the changing health care needs of the society it caters to, and there is a need for nursing schools to review the nursing curriculum, to reflect these dynamic challenges. Globalization at the local and international level have resulted in the need for a culturally sensitive, family focused, UAE-context-related curriculum which still meets international benchmarking standards for safety, quality and cultural competency. In the first section of the paper, an overview of cultural competency inclusion, in select schools of nursing have been presented, with an aim at identifying some best practices approaches in the area. In the second section of the paper, the theoretical models of Campinha- Bacote’ s- “the process of cultural competence in the delivery of health care services”, and Guba and Lincoln’s “constructivist learning theory” have been explored to provide a framework for the development of an undergraduate nursing program with integration of cultural competency components. And in the final section of the paper, a curriculum proposal for cultural competency integration in the undergraduate nursing program has been suggested, with a rationale for change, program design, cultural competence level objectives, program structure, suitable teaching learning strategies, and an example of a course outline-with assessment strategies and task analysis. It is hoped that the proposal can be used as a template for nursing curriculum, at the national level, with contextual modifications, to promote cultural sensitivity and competency in the nursing graduate and foster a world-class health care, as per the current vision and strategy of the Nation’s Leaders in the Government of UAE (2011-2013).

REFERENCES


