

UNIVERSITY HONORS PROGRAM

SENIOR PROJECT-PROSPECTUS

Name: Amanda Manley

College: Nursing

Department: Nursing

Faculty Mentor: Pat Droppleman

PROJECT TITLE: Integrating Cultural Competency into the Bachelors of Science in Nursing

Curriculum: a study of methods used by accredited Tennessee BSN programs

PROJECT DESCRIPTION (Attach not more than one additional page, if necessary):

This project will emphasize the need for adequate education of undergraduate nursing students in multicultural nursing care as well as investigate the appropriate methods for accomplishing this goal. Recent research literature will be consulted to form the argument for multicultural education, to provide examples of successful curricula, and to demonstrate the current struggles nurses face in caring for clients from varying ethnic groups. Census data from 2000 will be used to create an overview of diversity among inhabitants of the United States with a special focus on the state of Tennessee. Policies requiring cultural competency for hospitals and nursing schools likewise will be investigated.

BSN programs in Tennessee that have been accredited by the National League for Nursing and the Commission on Collegiate Nursing Education will be used as a sample group for the project. The posted program of study and course contents for each school will be collected from the internet and the directors of each program will be contacted by an e-mail survey to determine how multicultural nursing is addressed in each school's curriculum.

The results will be presented by noting Tennessee schools that adequately prepare undergraduate nurses for exposure to diverse patients, suggesting changes for schools that do not adequately incorporate cultural competency, and rating the state as a whole on preparedness for multicultural nursing education.

Projected completion date: May 2002

Signed: Amanda B Manley

.....
I have discussed this research proposal with this student and agree to serve in an advisory role, as faculty mentor, and to certify the acceptability of the completed project.

Signed: Patricia Gentry Droppleman Ph.D. Faculty Mentor

Date: October 2, 2001

Return this completed form to The University Honors Program, F101 Melrose Hall, following your first presentation in the Senior Project Seminar.



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November 7, 2002

Dr. Thomas Broadhead
Professor and Director
University Honors
F101 Melrose Hall
Knoxville, TN 37996-4352

Dear Dr. Broadhead:

Enclosed is the completed honors project conceived and implemented by Amanda Manley. The project consisted of eliciting information from deans and directors of 16 schools and colleges of nursing in the state of Tennessee regarding inclusion of culturally competent care in the curriculum.

The information provided is uniquely relevant because of the rapidly changing face of American and our commitment to providing empathic, quality care to all.

Sincerely,

A handwritten signature in cursive script that reads "Patricia G. Droppleman".

Patricia G. Droppleman, PhD, RN
Professor: Graduate Program
Coordinator Nursing of
Women & Children

PGD/ksg

Enclosure

Running head: BSN CULTURAL COMPETENCY IN TENNESSEE

Incorporating Cultural Competency into BSN Programs: a Survey of Tennessee Schools

Amanda Manley

University of Tennessee

Abstract

Almost every community in the United States is becoming increasingly infused with *people of* *many* culture. To provide appropriate nursing care for these populations, nurses must be educated on the care of diverse peoples. This project is designed to investigate the instructional methods used to incorporate transcultural nursing concepts into the curricula of Bachelor of Science in Nursing (BSN) programs in the state of Tennessee that are accredited by the National League for Nursing's (NLN) Accrediting Commission and the American Association of Colleges of Nursing's (AACN) Commission on Collegiate Nursing Education. The deans and directors of the surveyed programs provide additional demographic information and suggestions for improvement of the process of creating culturally competent nurses. In addition, they relay opinions on the recruitment and retention of diverse students and faculty.

Incorporating Cultural Competency into BSN Programs: a Survey of Tennessee Schools

The United States is no longer a country inhabited by Native Americans and Caucasian European settlers. Over the last two centuries, members of many ethnic groups have become American citizens, leading to an increasing cultural diversity in the United States. Minority populations have grown dramatically in the past ten years according to the U.S. Census Bureau. Comparing the race/ethnicity categories of the 1990 and 2000 censuses, one can see how rapidly minority groups are becoming the majority. Caucasians have decreased in number, Blacks/African-Americans and Asians have continued a slow but steady incline, Hispanics have increased exponentially, and Native Americans as well as those who do not identify with any of these ethnic categories have gradually risen (U.S. Census Bureau, 1990 and 2000). The state of Tennessee has mirrored these general demographic changes. Graphic representations of these trends can be seen in Figures 1 and 2 with exact data listed in Tables 1 and 2.

The influx of cultures in America greatly affects healthcare, especially nursing. Jarvis (1998) appropriately states that American healthcare “reflects the values of a predominantly white middle-class professional society [and is] often unconsciously and inappropriately imposed on clients” (p. 33). Not only do language differences create barriers to care, but cultural traditions and beliefs as well as one’s view of disease and illness vary and affect the care of patients.

Preparing nurses to provide culturally appropriate care begins with the educational system. This is an ideal environment in which to instill the importance of cultural diversity and to promote the practice of competency skills among students. In recent years, accrediting^{agencies} and prominent nursing organizations such as the National League for Nursing (NLN), the American Nursing Association (ANA), and the American Academy of Nursing^(AAN) have recognized the need

for instruction regarding culturally appropriate care (Campinha-Bacote, 1998; Alpers & Zoucha, 1996). Madeleine Leininger, a founder of transcultural nursing concepts, expresses her disdain that nurses are “expected to give culturally congruent care” (Leininger, 1999) but that they are not receiving appropriate education with which to do so. She stresses the importance of employing faculty members trained in transcultural care and does not support instruction by unqualified faculty members heralded as experts.

Literature Review

Confidence

A handful of studies have been performed that attempt to measure the confidence level of nurses caring for a patient from a culture differing from their own. Kulwicki and Bolonick discovered that BSN graduate nurses who received a basic NLN-based curriculum do not feel confident in caring for patients from different cultures (Kulwicki & Bolonick, 1996). Another study compares the cultural confidence between registered nurses and senior nursing students. Little difference is found in the reported discomfort and lack of preparation felt by the study groups, even among those who had received transcultural nursing instruction. The respondents stated that they learn best from encounter experiences and encourage their inclusion in all nursing programs (Baldonado et al., 1998).

Alpers and Zoucha (1996) measured the cultural confidence of senior BSN students who either had received a unit of instruction regarding cultures or who had followed the traditional syllabus of the course. The students who received no formal instruction in working with diverse cultures reported higher confidence levels than those who received the extra cultural unit; however, they did not demonstrate understanding of transcultural concepts. The students trained in transcultural nursing concepts were more confident than the control group of students when

caring for the cultures that they had examined in the course. The authors offer “arrogant ignorance” (p. 12) as the reason for the confidence of the untrained students. The researchers emphasize in their conclusions that “didactic combined with clinical experience does influence confidence and competence”(p. 12).

Teaching Methods

Various teaching methods have been proposed throughout the literature for enhancing cultural competency in nursing students. Most methods fall within one of four types of instructional foci: individual, course, integration, and program. The individual focus uses trained faculty along with culturally diverse students to educate fellow classmates. The course focus offers a class specifically related to transcultural healthcare. The integration focus incorporates cultural issues throughout the program’s curriculum, and the program approach refers to graduate level emphases dedicated to transcultural nursing (Lipson, 1988). The integration and course approaches are discussed most often in the literature; some report the success of their courses while others simply offer suggestions for enhancing instruction.

Integration. Dowling and Coppens (1996) have integrated into their nursing concepts course a group project that requires students to investigate a particular subculture of their community. Project specifics include “identifying and using campus and community resources, acquiring material that represents selected subcultures, and creating multidimensional displays to portray these subcultures” (p. 43). The displays are placed in a highly trafficked area of the university and receive very positive feedback from students as well as the general public.

Another use of the integration method is discussed by Cook and Cullen (2000). They weave cultural issues into their curriculum at increasing levels of complexity to aid their students

in providing appropriate care to diverse populations. Learning methods include lecture, discussion, case studies, clinical experience, and practice with cultural assessment.

Course. Clinton (1996) promotes a lower-division nursing course dedicated to transcultural cultural concepts. She considers cultural competency a fundamental part of nursing practice that should be incorporated early in a student's education. The first half of the course consists of defining culture and recognizing why it is important in healthcare; reviewing the histories of various ethnic groups in the U.S., basic concepts regarding cultural groups in the U.S., and values and beliefs that determine a culture's view of health and healthcare; performing a cultural assessment; examining folk and modern health practices, views of mental health, and levels of health among minorities; and discussing prejudice and discrimination. The remaining time is spent discovering specific information about the major cultural groups in America.

Another report reviews the benefits of a fundamentals course on transcultural healthcare. Bengiamin, Downey, and Heuer (1999) developed a course that uses a variety of teaching tools to present information: discussion, videotapes, literature reviews, guest speakers, and interaction with international students on the campus. The authors found that the students' views of culture change throughout the course; students are able to see culture as more than one's ethnicity (e.g., socioeconomic status, sexual orientation, age, etc.) and to demonstrate acceptance of traditions and beliefs that differ from their own. The authors stress that courses such as theirs must be included as degree requirements to ensure competent care to a diverse population of patients.

International study. Although nursing programs may not require courses on culture for an undergraduate degree, many offer national and international elective opportunities to develop students' cultural skills. Several schools have published results of international study programs (Haloburdo & Thompson, 1998; Colling & Wilson, 1998; Cummings, 1998). The authors agree

that students begin forming their own views on diversity as well as improving their nursing practice after visiting both developed and underdeveloped countries. Haloburdo & Thompson (1998) strongly recommend that students be given the opportunity to provide nursing care in the host country to enhance their experience; the authors found that the format of a study abroad program affects the students' growth more than the length of time in the host country. Colling & Wilson (1998) add that interaction with and immersion in another culture teach the students much more than classroom study. Awareness of the diversity among healthcare systems is also taught in these experiences; students learn that Western technology is not prevalent in many areas of the world and that tradition and innovation are the dominant factors in medical care (Cummings, 1998).

Purpose

The first purpose of this project is to investigate the instructional methods used by BSN programs in Tennessee to teach cultural competency and care to the new generation of nurses. Of particular interest is the comparison of the administrators' opinion on the importance of cultural competency versus the programs' method and depth of cultural instruction. The second objective is to inquire as to the diversity of students and faculty present at these schools along with the specific methods used in recruitment and retention of minorities in nursing programs. The final intent of this project is to gather suggestions from the state's deans and directors regarding improvements in cultural competency instruction.

Method

After developing a plan for this project, two studies that had a similar format to this one were uncovered. The first provides survey results on the cultural diversity of faculty and staff from 46 Florida nursing programs as well as the teaching techniques used in transcultural preparation.

The authors additionally polled the administrators' opinions on the importance of cultural competence along with key issues in this area (Grossman et al., 1998). The second study is a national survey of 217 schools offering BSN degrees or higher, requesting information regarding the schools' teaching methods for transcultural nursing content along with student and faculty preparation and experience (Ryan, Hodson, Carlton, & Ali, 2000). These studies were used as a framework in finalizing the research methods used for this project.

To find BSN programs in Tennessee, the NLN's Directory of Accredited Nursing Programs 2001 (National League for Nursing Accrediting Commission, 2001) and the AACN's Directory of Accredited Baccalaureate and Master's Degree Programs in Nursing (Commission on Collegiate Nursing Education, 2001) were used. Seventeen schools resulted from the listings. Sixteen schools were surveyed after learning that one program offered degrees beginning only at the master's level.

Due to time constraints and limited research experience, the use of surveys whose content had been validated by review boards and had produced useful results was preferred over a newly developed questionnaire. Because they were inclusive of the issues addressed in this project, the pertinent sections from the surveys of the two model reports were combined: Cultural Concepts and Cultural Experiences in Schools of Nursing (Ryan, Hodson, Carlton, & Ali, 2000) and Florida Nurses Association Task Force on Cultural Diversity Survey of Nursing Deans and Directors (Grossman et al., 1998). Copies of and permission to reproduce the surveys were obtained from Drs. Grossman and Ryan before proceeding with the project. An additional question regarding the availability of courses that specifically address culture was added to the final conglomerate (see Appendix). The resulting survey is arranged in two parts. The first

addresses didactics and is divided into two sections dedicated to instructional methods and faculty development. The second part addresses the demographic information of the schools.

Requests for participation were sent to the deans and directors of each program via e-mail. To facilitate replies, the participants were provided three methods for returning information. The complete survey was included in the original e-mail body, allowing participants to mark their responses in the body of a reply message. The second option was to select the attached copy of the survey and respond in a word processing document. They could then either print the copy and mail it to the investigator or attach their completed survey to a reply message. Finally, they could request a copy of the survey and reply by U.S. mail.

Responses were catalogued on a Microsoft Excel spreadsheet to allow for easy analysis of the quantitative data. Open-ended responses were reviewed for common themes and examples.

Results

Demographics

Of the sixteen schools solicited, only six responded to the cultural survey (37.5%). In comparison with the model studies, this rate is less than that of the Florida study (51%) but equivalent to that of the national survey (36%). However, the total test population is much less than that of either study (Grossman et al., 1998 and Ryan, Hodson, Carlton, & Ali, 2000). The responding Tennessee schools are located in the middle and eastern portions of the state. Public and private institutions are equally represented (50% each), with two of the private schools being religiously based. The size of the universities polled ranges from enrollments of 600 to 26,000 students, and the number of faculty members varies from six to fifty-four. Each school (100%) offers a BSN degree, four (67%) offer masters degrees, and two (33%) have a doctoral program.

Therefore, a variety of schools are represented in the small sample. Table 3 offers a summary of general demographic information. The diversity of the students and faculty of the respondents can be seen in Figure 3 and Table 4. These can be compared with the demographics of the United States and Tennessee in Figures 2 and 3 and Tables 3 and 4, respectively.

Didactics

Methods. The schools were asked about the instructional methods used in teaching transcultural concepts to their students. All schools note addressing definitions of these concepts and principles in their curriculum within several courses. Five (83%) of the schools offer specific units within several courses to address transcultural nursing. Three schools (50%) offer formal courses on transcultural nursing, two of which require the course for graduation. The classes are generally offered once each year. The schools do not offer transcultural nursing tracks nor do they have access to a transcultural nursing institute.

Field experience. Many of the schools offer field experience in transcultural nursing either in their local communities or abroad. Four schools (67%) provide local experiences, and four (67%) offer international training that is part of an elective course taken in the summer. One program spends two weeks in Ghana at a health clinic, and others offer mission trips to Africa and South America. At least one school offers credit in the students' community course for the time spent abroad. Among the schools offering international experience, two (33%) hold informational meetings before departure; three (50%) have a formal orientation; four (67%) offer formal class work, concepts, principles, etc.; one (17%) requires instruction in the language of the host country; and two (33%) call for study of the cultures visited.

The deans and directors note several common reasons for providing cultural experiences for their students. Three major themes evolved: combining community nursing practice with

cultural issues, providing appropriate care to diverse clients, and immersing the students in another culture. The cultures with which the schools most interact are Hispanic (50% of schools) and African-American (50%); however, Pine Ridge Sioux Indians, South Americans, South Africans, Zimbabweans, and Ecuadorians are also visited and studied.

Importance and issues. On a scale of 1 to 5 with 5 being most important, each school that responded ranks cultural competency at 4 or 5 (average 4.8). This recognition is evident in the goals of the programs; culture is included in the schools' mission statements (67%), philosophies (100%), and conceptual frameworks (100%). Additionally, one school (17%) uses transcultural nursing theory as a basis for its didactic and clinical experiences. Assigned readings and class lectures regarding culture and diversity are presented to all students at this university. Clinical experiences, however, are dependent on the clinical instructors' interests. *specialty practice*

When questioned as to the present issues in nursing related to cultural diversity, administrators cite teaching students to value diversity, enhancing student understanding of the impact of cultural beliefs and rituals, and providing culturally competent care. To address these issues and increase the instance of transcultural concepts in the curriculum, the schools focus on faculty and curriculum development. They suggest that faculty be committed to the instruction of transcultural concepts as well as be appropriately trained and experienced. Additionally, they recommend making cultural competency a mandatory component of the program by including it in every course and by enhancing field experience in cultural interactions.

Student and Faculty Diversity

Barriers. The noted barriers to recruiting and retaining diverse student populations range from the poor diversity among the university's general population to poor social support systems for minority students. The deans and directors cite financial difficulties, poor access to quality

primary and secondary education, and a lack of role models among nursing faculty as barriers to recruitment/retention. The absence of diverse nursing faculty is overwhelmingly credited to the lack of advanced practice-prepared minority nurses as well as the unavailability of funds necessary to recruit and retain them. Similar problems were mentioned in the study by Grossman et al. (1998).

Improvement efforts. The administrators note that their programs are actively trying to improve the diversity of their enrollment as well as their faculty. A variety of efforts are used to recruit students: soliciting in areas with a high minority population, offering culture-specific scholarships, involving existing ethnic students in recruitment and retention efforts, and offering mentoring programs with diverse faculty members. One school is presently working with a regional task force to help them increase minority enrollment while another uses their university's resources to help disadvantaged students through tutoring, test-taking skill development, and success courses.

To recruit a more diverse faculty, the schools agree on two methods as successful: advertising in journals with a target audience and personally contacting known qualified individuals. Efforts specific to certain schools include the university's affirmative action plan, networking, and linking with nursing schools that have a consistently higher level of minority enrollment. These efforts are similar to those in Florida (Grossman et al., 1998).

Faculty Development

Training. Only two schools (33%) offer faculty education in transcultural concepts and their instruction. This preparation includes workshops presented by the Office of Equity and Diversity, lectures by experts on mentoring minorities, and presentations by those who have participated in international programs. However, many schools report faculty who have had

formal training in varying aspects of culture: language and communication (50%), cultural values and life ways (67%), politics of a culture (33%), economics of a culture (50%), religious aspects (50%), food preferences (67%), cultural history of the people (33%), gender issues of a culture (50%), and health and illness issues (67%).

Institutional support of faculty is fairly strong. Three schools (50%) offer international exchange experiences for their faculty. These experiences vary from consulting, teaching, and developing curriculum to satellite teaching, international visits, and hosting visiting scholars. The respondent schools have worked with schools in Japan, Sweden, and Taiwan.

Support. Unfortunately, none of the surveyed schools employ faculty who are certified or have formal education in transcultural nursing. Five (83%) of the schools assign time for the faculty to address cultural competency in their courses, four schools (67%) offer financial support for faculty development, and four (67%) have other support methods. This support consists of faculty development opportunities, work with task forces on diversity, and interaction with Hispanic nurses from the community who teach Medical Spanish. Regarding the assigned time, the faculty receive it mainly because transcultural nursing is a component of the curriculum. Financial support varies between monies for workshops to travel reimbursement only.

Conclusion

Apathy

Although the responses of these schools are positive and suggest that nursing programs are becoming more aware of the need for diversity among nurses as well as cultural competency in nursing care, the negative aspect is that ten schools (63% of those solicited) in Tennessee did not respond. This suggests that the majority of the state's schools do not find diversity and

culture to be an important issue, thus continuing the tradition of teaching towards the Caucasian European descendant and ignoring the healthcare needs of over a quarter of the country's population. Efforts must be taken to increase awareness regarding cultural differences and encourage the inclusion of transcultural concepts into curricula. In a state brimming with diversity (Appalachian, Black, Caucasian, Hispanic, Asian, Native American, etc.), it is only fitting that nursing schools teach how to appropriately care for these individuals.

Diversity in Nursing

The issue of diversity among nursing students and faculty is as pressing an issue as that of culturally competent care. It is apparent from the demographic information and reported difficulty in finding qualified minority faculty that relatively few culturally diverse nurses are entering the profession. These nurses could serve as a resource for their colleagues regarding culturally appropriate care for members of their culture. This problem was similarly discovered in the study by Grossman et al. (1998). Campinha-Bacote (1998) claims that retention of culturally diverse students remains low despite present efforts and that new methods need to be developed. She stresses that "total acculturation of a culturally diverse student should not be the primary goal in retaining the student" (p. 3); faculty members need to be aware of the impact of their statements towards diverse students, and all students need to be allowed to express their heritage in the classroom and in practice. The author further suggests that program curricula be formatted to account for diverse learning styles and educational traditions. It is satisfying to know that Tennessee schools are focusing their recruitment on qualified students and faculty; however, they need to increase their efforts.

Teaching Methods

More research needs to be performed to measure the effectiveness of the various teaching methods used to educate students on cultural issues. Although several suggested methods and the students' perceived outcomes have been published, there should be follow-up studies once these students enter the profession and are exposed to a variety of cultures. Chrisman (1998) states that faculty development should include seminar and immersion experience to enhance their ability to appropriately include cultural issues in their classrooms.

Resources

Everyone in nursing from practicing RNs to school administrators can benefit from texts dedicated to enhancing cultural competency. It is not only necessary to look for texts that discuss specific cultures prominent in America, but general aspects of what composes a culture as well self-discovery exercises should also be addressed. Two that have been recommended to the investigator are Culture & Nursing Care: a Pocket Guide (Lipson, Dibble, Minarik, 1996) and Cultural Diversity in Health and Illness (Spector, 2000).

The main goal of this study is to serve as an indicator of the preparation of graduate nurses from Tennessee's BSN nursing programs regarding care of culturally diverse patients. Many positive steps have been noted; however, there remain several areas for improvement. It is hoped that further research will be performed in the area of transcultural nursing not only with regard to the preparedness of individual states but also the nation as a whole.

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Appendix

Survey of Cultural Preparation in Tennessee Schools of Nursing

Part 1

A. Transcultural Nursing: Approaches to Teaching

1. Are specific definitions of transcultural concepts and principles incorporated into the undergraduate curriculum within existing courses?

Yes_____ No_____ One course_____ Several courses_____ Most all courses_____

2. Are transcultural nursing modules or specific units of instruction used in different courses in the undergraduate curriculum?

Yes_____ No_____ One course_____ Several courses_____ Most all courses_____

3. Are formal courses on transcultural nursing available in the school for undergraduate students?

Yes_____ No_____ One course_____ Credit Hours_____ Several courses_____

If yes, how often are these courses offered? _____

4. Is a special track in transcultural nursing with a series of courses and related experiences available? Yes_____ No_____

5. Is an advanced transcultural nursing institute or center available to assist in the education of students and improve health care of both diverse and similar cultures? Yes_____ No_____

6. Transcultural Nursing: Local Field Experience

Do you have field experiences with diverse cultural groups in your geographical area? Yes_____ No_____

If yes, what are the goals of these exchanges?

7. Transcultural Nursing: International Field Experience

Do you have field experiences with diverse cultural groups outside the USA? Yes_____ No_____

If yes, what are the goals of these exchanges?

8. How are students prepared for transcultural nursing field experience?

Informational meetings.....	Yes_____	No_____	Length_____
Formal orientation program.....	Yes_____	No_____	Length_____
Formal class work, concepts, principles or transcultural nursing.....	Yes_____	No_____	Length_____
Language.....	Yes_____	No_____	Length_____
Study of that culture.....	Yes_____	No_____	Length_____
Other.....	Yes_____	No_____	Length_____

Please describe

9. What suggestions do you have to increase culture care concepts into nursing curricula?

10. What do you believe are the most critical issues related to ethnic/cultural diversity?

11. How would you rank in importance the goal of promoting ethnic/cultural diversity? (Please circle your answer)

Low Moderate High
1 2 3 4 5

12. Is the concept of ethnic/cultural diversity reflected in your program's: (Please check)

Mission statement? _____

Philosophy? _____

Conceptual framework? _____

13. What do you perceive are barriers to recruiting and retaining ethnically and culturally diverse students in your nursing program?

14. What strategies do you employ to promote recruitment and retention of ethnically and culturally diverse students in your nursing program?

B. Transcultural Nursing: Faculty Development

1. Have faculty development programs on transcultural care been provided in your school in the last five years?

Yes _____ No _____ *Please describe*

2. Are most faculty who teach courses in transcultural care formally prepared in the following areas related to a specific culture?

Yes _____ No _____ (Please check all that apply.)

_____ Language and communication

_____ Cultural values and life ways

_____ Politics of a culture

_____ Economic factors of culture

_____ Religious aspects

_____ Food preferences

_____ Cultural history of the people

_____ Gender issues of a culture

_____ Health and illness related issues of the culture

Which cultures does your school focus on? _____

3. How many faculty have formal education (a graduate course) in transcultural nursing? _____
(Basic concepts, principles, theories and practices in transcultural nursing)
4. How many faculty are certified in transcultural nursing? _____
5. Are cultural faculty exchanges available between your school and a school abroad? Yes _____ No _____

Please describe

6. What do you perceive are barriers to recruiting and retaining ethnically and culturally diverse faculty in your nursing program?

7. What strategies do you employ to promote recruitment and retention of ethnically and culturally diverse faculty in your nursing program?

Part II This section addresses demographic information: Please respond to the following questions that are intended to describe the schools/colleges of nursing that participation the study.

1. Where is your program located (Please write name of county on blank)? _____
2. What is the total enrollment of your university/college? _____
3. What is the primary base of financial support four your institution?
 _____State supported _____Private, church-related _____Private, secular
4. Check all degrees that are awarded at your school and what is the current enrollment.
 _____Associate Enrollment _____ _____Baccalaureate Enrollment _____
 _____Masters Enrollment _____ _____Doctorate Enrollment _____
5. What is the total number of nursing faculty? _____
6. What is the ethnic composition of your students and faculty (Please write estimated percentages on the blanks provided)?

	STUDENTS	FACULTY
White, non-Hispanic	_____	_____
Black, non-Hispanic	_____	_____
Hispanic	_____	_____
Asian	_____	_____
Native American	_____	_____
Other (Please specify)	_____	_____

7. Does your school use transcultural nursing theory as the basis for didactic and clinical experiences? Yes_____ No_____

Please describe

8. What type of institutional support is available for faculty to incorporate cultural diversity into courses?

a. Assigned time Yes_____ No_____ *Please describe*

b. Financial support Yes_____ No_____ *Please describe*

c. Other institutional support Yes_____ No_____ *Please describe*

9. What type of departmental support is available for faculty to incorporate cultural diversity into courses?

Thank you for your contribution to this project.

****Questions combined from the survey of Cultural Concepts and Cultural Experiences in Schools of Nursing(Ryan, Hodson Carlton, & Ali, 2000) and the Florida Nurses Association Task Force on Cultural Diversity Survey of Nursing Deans and Directors (Grossman et al., 1998).**

Table 1

US Census Results in 1990 and 2000

Year	Caucasian	Black	Hispanic	Amer. Indian	Asian	Other
1990	80.30%	12.00%	8.80%	0.81%	2.90%	3.90%
2000	75.10%	12.10%	12.50%	0.90%	3.70%	5.50%

Note. Table corresponds with Figure 1.

Table 2

TN Census Results in 1990 and 2000

Year	Caucasian	Black	Hispanic	Amer. Indian	Asian	Other
1990	83.00%	15.90%	0.64%	0.26%	0.63%	0.18%
2000	80.20%	16.40%	2.20%	0.30%	1.00%	1.00%

Note. Table corresponds with Figure 2.

Table 3

General Demographics of Respondent Schools

School	A	B	C	D	E	F
County	Davidson	Wilson	Hamilton	Washington	Knox	Sullivan
Enrollment		2000	9000	11,000	26,000	605
Financial Base	Priv, church	Priv, sec	State	State	State	Priv, church
Offer BSN	Y	Y	Y	Y	Y	Y
Offer Masters	Y	N	Y	Y	Y	N
Offer Ph.D.	N	N	N	Y	Y	N
No. of Faculty	14	7	15	54	51	6

Note. Priv. = private school; sec. = secular; Y = yes; N = no

Table 4

Diversity of Students and Faculty from Respondent Schools

Group	Caucasian	Black	Hispanic	Amer. Indian	Asian	Other
Students	94.42%	2.08%	0.83%	0.25%	0%	0.33%
Faculty	98.6%	1%	0%	0%	0.33%	0%

Note. Table corresponds with Figure 3.

Figure Captions

Figure 1. Percent ethnic diversity of the United States population in the years 1990 and 2000 according to the U.S. Census Bureau data.

Figure 2. Percent ethnic diversity of Tennessee population in the years 1990 and 2000 according to the U.S. Census Bureau data.

Figure 3. Percent ethnic diversity of students and faculty from BSN programs in the state of Tennessee.

Figure 1

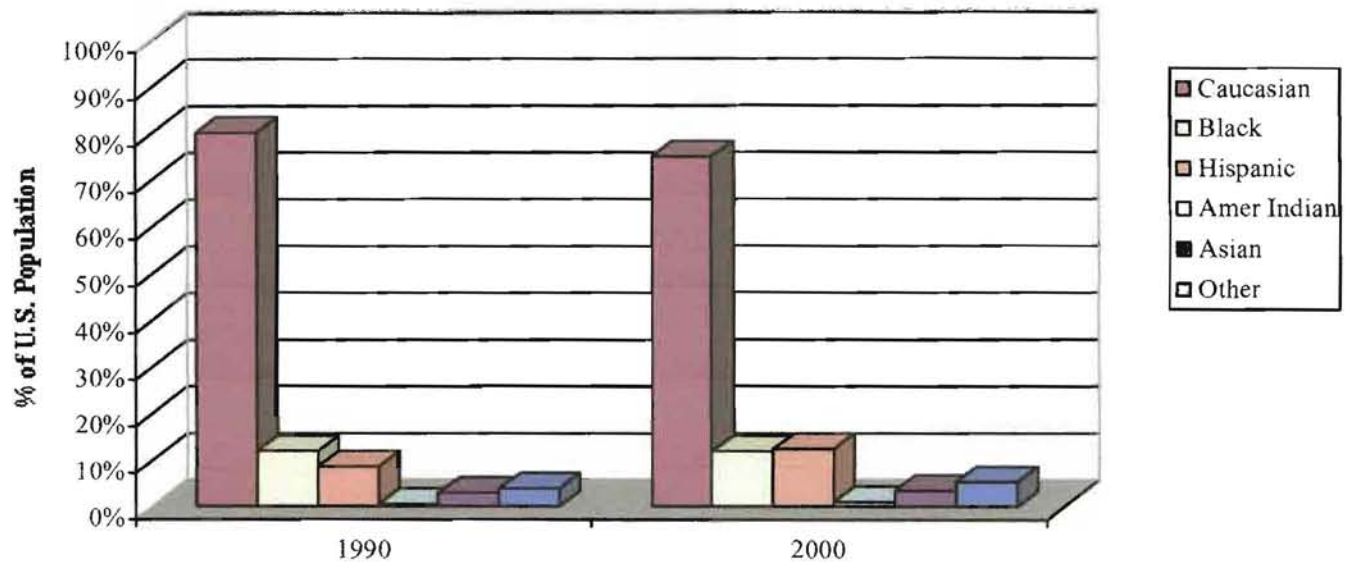


Figure 2

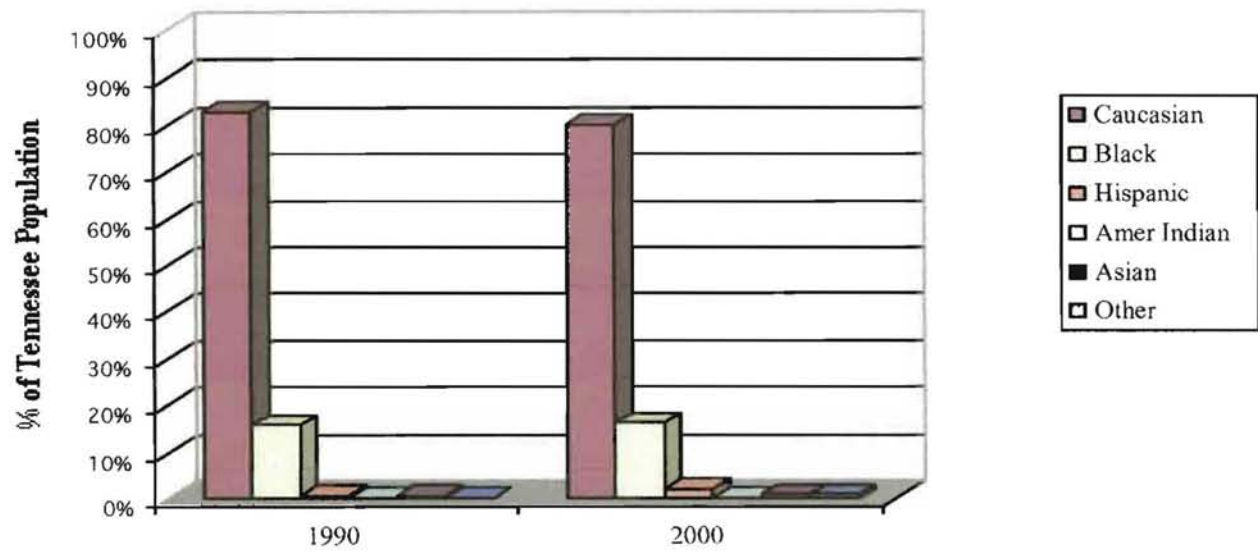


Figure 3

