2023

Comparison of Cultural Self-Efficacy Between Urban and Rural Nurse Educators

Denise Rene Morris
Walden University

Walden University

College of Nursing

This is to certify that the doctoral dissertation by

Denise Rene Morris

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Mary Verklan, Committee Chairperson, Nursing Faculty
Dr. Leslie Hussey, Committee Member, Nursing Faculty
Dr. Francisca Farrar, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Comparison of Cultural Self-Efficacy Between Urban and Rural Nurse Educators

by

Denise Rene Morris

MSNEd, Walden University, 2011

BSN, Emory University, 2004

BS, Oakwood University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

Walden University

March 2023

Abstract

Integration of an inclusive educational environment requires nursing faculty to embrace a transformational change in academics. The cultural interactions of an educator teaching in an urban district may differ from the relations experienced by a rural nurse educator. The purpose of this quantitative study, guided by Bandura's social cognitive theory, was to determine whether there is a difference between the cultural self-efficacy scores of nurse faculty teaching in a rural location compared to those in an urban location as well as whether the demographics of age, ethnic background, and years in the nursing profession predict cultural self-efficacy scores. Nursing faculty in seven southeastern states were asked to complete the Culturally Responsive Teaching Self-Efficacy Scales, which were distributed through social media; 68 participants responded. Independent t-test results showed no statistically significant difference between the cultural self-efficacy scores of nurse faculty teaching in a rural location compared to an urban location. Evaluation of the second research question, multiple regression results showed denoted ethnic background as the only one of three variables that significantly predicted the cultural self-efficacy scores. Further research is needed to expand the scope and composition of the participants and to enhance professional development for nursing faculty, regardless of location. Positive social change can occur in the health care system through the training of nursing students caring for diverse patient populations.

Comparison of Cultural Self-Efficacy Between Urban and Rural Nurse Educators

by

Denise Rene Morris

MSNEd, Walden University, 2011

BSN, Emory University, 2004

BS, Oakwood University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

Walden University

March 2023

Dedication

I dedicate this doctoral dissertation to my parents, Dr. Donald and Zenobia Morris, your encouragement, support, and life example has given me strength for this journey. I have learned from observing your scholarly paths, with the opportunity to witness passion mingled with excellence in everything you do and to whom you have influenced in life. To my sisters Andrea and Nyasha, who are remarkable professionals, wives and mothers and yet have unselfishly given their loving support to me over the years. I am so proud of the impact you both have made in life. To my brothers-in-law (Fernon, Duane), nieces and nephews (Nia, Shane, DJ, Jasmine), thank you for always showing your love and support in varied ways. I would also like to dedicate this doctoral dissertation to every nurse educator who has accepted the call to prepare the next generation of nurses, thank you for making a difference. And to my higher power, God, I never would have made it without You!

.

Acknowledgments

I acknowledge and appreciate the support of my dissertation committee chair, Dr. Verklan. Thank you for your guidance, patience, encouragement, and wisdom on this journey. I hope that one day when I serve on a dissertation committee, I can impact a student in the same way you have influenced and impacted my life. I would also like to thank Dr. Hussey for your support and advice as a committee member and Dr. Farrar for your input as the university reviewer. The Center for Research Quality was instrumental in understanding the methodology portion of this study, and I appreciate their guidance and counsel.

I acknowledge Dr. Lori Dewald for providing a table format that was instrumental in organizing my research articles, enhancing the process of the literature review and gap analysis. I would like to acknowledge and thank Dr. Kelly Dyar, President of the Georgia Association for Nursing Education, for assisting in the dissemination of this study survey to nurse educators in Georgia. I would also like to thank my colleagues who shared this survey with nursing faculty in the 7 States reflected in this study, thank you for supporting this research project.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

The responsibilities of nurse faculty center around preparing the next generation of nurses to care for a diverse patient population. The study was conducted to examine the cultural self-efficacy of nurse faculty, realizing that their self-efficacy can affect their instruction and thus student achievement (Chen, 2016, p. 192). I compared the cultural self-efficacy of nurse educators in the rural and urban setting in prelicensure nursing programs in the South. The results from the study could create a ripple effect of positive social change within the health care system, originating from culturally confident nursing faculty, capable of leading students onto the path of holistic patient care. Chapter 1 will incorporate the purpose of the study in addition to research questions and the theoretical framework, while identifying gaps that exist in current literature. The nature of the study, definitions, assumptions, and limitations will provide structure to the research content, emphasizing the significance of a study focusing on nursing education.

Background

According to the 2013 U.S. Census Bureau, the population will become more diverse, ranging from 13% of foreign-born individuals in 2014 to 19% born in 2060 (Farber, 2019). To address the change in the population, it is necessary for nursing schools to examine the preparation of increasingly culturally competent nursing students. Three fundamental principles from the American Association of Colleges of Nursing (AACN) reflect on the standard of diversity, inclusion and equity which, are essential for quality nursing education (Huerta, et.al, 2017). The AACN encourages nursing schools to "Address pervasive inequities in health care by ensuring the preparation of nurses and

other healthcare professionals able to meet the needs of all individuals in an increasingly diverse American society" (Huerta, et.al, 2017, p.173).

Integration of an inclusive educational environment requires nursing faculty to embrace a transformational change (O'Connor et.al., 2019). Navigating challenging discussions on sensitive topics can cause faculty to feel unprepared (O'Connor et. al., 2019, p. 2). An additional element to the complexity of cultural efficacy is the national statistic that 85% of nursing faculty are White (National League for Nursing, 2015; O'Connor et. al., 2019). Therefore, it is important to take a closer look at the cultural self-efficacy of nurse faculty. Examining the confidence of nursing faculty while teaching in an inclusive curriculum can ensure that graduate nursing students are equipped to care for a diverse patient population.

There is an abundance of literature discussing the importance of cultural competence among nursing students (Marzilli, 2016). But a gap in literature exists with descriptions of the role and perceptions of nursing faculty, as it relates to cultural competence. Additional research is needed related to the cultural experiences of nursing faculty, which can prepare nurses to treat patients from diverse backgrounds (Farber, 2019, p. 87; Jeffreys, 2016). Ultimately, the student learner benefits from faculty acquired skills, as knowledge increases during the cultivation of an inclusive educational environment (Huerta, et.al, 2017). The current study addresses influencing factors that start at the beginning of a student's nursing career. Nurse educators have a role to play in the nursing school environment; therefore, examining the cultural self-efficacy of faculty can help determine if additional steps are needed to promote an optimal nursing

curriculum.

Problem Statement

There is a need to examine the cultural self-efficacy of nurse educators in rural and urban academic settings to prepare students to care for diverse patient populations. The cultural interactions of an educator teaching within an urban district may differ from a rural nurse educator. Factors such as the type of clinical settings in the community and the cultural diversity of the patients will vary depending on the location of the nursing school (Long, 2014). To promote equity, as it relates to cultural self-efficacy, a standardized curriculum incorporating inclusive pedagogy is also needed. An innovative approach to include inclusive teaching strategies is a universal design for instruction, which focuses on "multiple instructional methods, materials, and assessments to remove barriers for knowledge and skill acquisition for a broad range of learners" (McGuire & Scott, 2006, p. 215). But the universal design pedagogy is lacking in nursing education, even though it has been adopted into other facets of postsecondary education (Levey, 2016). The pathway toward cultural competence includes transcultural self-efficacy as a characteristic of a multidimensional learning experience (Herrero-Hahn, et al., 2017; Jeffreys, 2010). An optimal educational setting includes an organizational climate the reduces implicit bias and microaggressions while providing a safe space for academic freedom (Troka & MacDonald, 2018). Therefore, it is pertinent to examine how the location and organizational climate influence the cultural self-efficacy of nurse educators.

Purpose of the Study

The purpose of this quantitative study was to (a) determine whether there is a

difference between the cultural self-efficacy scores of nurse faculty in a rural location compared to the nurse faculty in an urban location, as measured by the Culturally Responsive Teaching Self-Efficacy Scale, and (b) determine if the demographics of age, race, and years in the nursing profession for rural versus urban nurse educators predict cultural self-efficacy scores, as measured by the Culturally Responsive Teaching Self-Efficacy Scale. The intent of the study was to explore the similarities and differences between the independent variable of nurse educators in the urban and rural nursing school setting and the dependent variable of cultural self-efficacy. The study revealed the influencing factor of self-efficacy displayed by nursing faculty; an understanding of the existing relationship between cultural self-efficacy and the nursing faculty's location highlights the equity among nursing schools in the southeastern United States. Additional research can shed light on the impact of this factor on nursing students.

Research Questions and Hypotheses

RQ 1: What is the difference between the cultural self-efficacy scores of the nurse faculty in a rural location compared to the nurse faculty in an urban location, as measured by the Culturally Responsive Teaching Self-Efficacy Scale?

$H_0$1: There is no difference between the cultural self-efficacy scores of the nurse faculty in a rural location compared to the nurse faculty in an urban location, as measured by the Culturally Responsive Teaching Self-Efficacy Scale.

$H_1$1: There is a difference between the cultural self-efficacy scores of the nurse faculty in a rural location compared to the nurse faculty in an urban location, as measured by the Culturally Responsive Teaching Self-Efficacy Scale.

RQ 2: Do the demographics of age, race, and years in the nursing profession for rural versus urban nurse educators predict cultural self-efficacy scores, as measured by the Culturally Responsive Teaching Self-Efficacy Scale?

$H_0$2 The cultural self-efficacy of nursing faculty is not impacted by demographic location or factors such as age, ethnic background, and years in the nursing profession.

H_1*2:* The cultural self-efficacy of nursing faculty is affected by the demographic location or factors such as gender, race, and years in the nursing profession.

Theoretical Framework for the Study

Bandura's Social Cognitive Theory

The social cognitive theory, developed by Bandura, highlights the interaction between personal, behavioral, and environmental factors (Schunk & DiBenedetto, 2020). Personal influence incorporates the "cognitions, beliefs, perceptions, and emotions" of individuals (Schunk & DiBenedetto, 2020, p. 2). A person uses cognitive ability to establish and implement goals. Within personal influence is self-efficacy, a motivating factor toward behavior (Schunk & DiBenedetto, 2020). The second factor is behavior influences, which contain distinguishing characteristics. A person exhibiting successful behavioral influences will be motivated to have high levels of activity engagement as there will be a persistent effort dedicated to a task, and the individual will regulate the environment to ensure successful completion of the product (Schunk & DiBenedetto, 2020). The third factor includes environmental influences, which impact the decision of an individual. The pattern of feeling competent affects whether a person will adhere to a particular social construct (Schunk & DiBenedetto, 2020). Therefore, when two

educators are working side by side, the satisfactory performance of the first educator can be an environmental influence on the second educator, increasing efficacy and confidence.

Bandura's Theory and Relevance to Study

The study focused on the cultural self-efficacy of nurse educators located in varied demographic settings. A person with a high level of efficacy expects positive outcomes and is more willing to manage the obstacles that might surface (Bandura, 2004). In contrast, an individual with low self-efficacy expects poor outcomes and is more like to give up when an obstacle or challenge crosses their path (Bandura, 2004). Bandura's social cognitive theory provided the framework for understanding and interpreting results, impacting the approach of faculty toward an inclusive curriculum and a holistic nursing education.

Nature of the Study

The foundational methodology for this dissertation was a quantitative approach to compare the cultural self-efficacy of rural and urban nurse educators. A descriptive correlational design allowed for analysis of the relationship between geographic location of the nurse educator and perceived cultural self-efficacy. In this study, the nurse educator is the person (property), and perceived self-efficacy is the attitude or disposition (Frankfort-Nachmias & Nachmias, 2008). The purpose of the correlational design was to establish the strength, degree and type of relationship that exists between the key variables of geographic location (independent variables), and self-efficacy (dependent variable) utilized by the nurse educator (see Bloomfield & Fisher, 2019). Results from

the study refrained from showing a cause-and-effect connection; however, the statistics demonstrated a positive, negative or no correlation among the key variables (see Bloomfield & Fisher, 2019).

The Culturally Responsive Teaching Self-Efficacy Scale was used to measure the cultural self-efficacy of nurse educators working in rural and urban/suburban nursing schools. The survey method, used in the study to email the tool, is a form of data collection that is prevalent in social science research, with the electronic benefit of rapid surveying for large samples, low cost, and greater anonymity (Frankfort-Nachmias & Nachmias, 2008). SPSS was used to analyze data into descriptive statistics and inferential statistics.

Definitions

Independent Variable

Nurse educator: One who possesses the skill of teaching. A nurse is defined as a health care professional who is licensed and cares for the sick (Merriam-Webster, n.d.). The nurse educators in this study teach in nursing schools within rural and urban regions.

Dependent Variable

Self-efficacy: "Belief in one's capabilities to organize and execute the course of action required to manage the prospective situation" (Bandura, 1997, p. 2; see also Gebregergis et al., 2020). The self-efficacy of an individual reflects competency in addressing environmental factors, while the individual's belief system impacts behavioral outcomes (Gebregergis et al., 2020).

Assumptions

Quantitative Research Assumptions

One assumption of a quantitative study is the systematic analysis to test and examine the relationship between variables by generating numeric statistical data (Bloomfield & Fisher, 2019). There is an assumption of objectivity due to impartial scientific methods utilized to test hypotheses. Statistical results determine the acceptance or rejection of the null hypothesis, which leads to the ability to generalize findings or infer a pattern of the population (Bloomfield & Fisher, 2019). The assumption of a correlational design is that there is no cause to effect relationship, but the statistics from a correlational design describe, predict, or test the association between variables (Bloomfield & Fisher, 2019).

Participant Assumptions

The first assumption of the study was that participants answered the electronic survey on a voluntary basis without monetary or gift incentives. The anonymous electronic nature of the survey allowed participants to answer the questions honestly, reducing the incidence of participants giving socially acceptable answers. Another assumption was the uniformity of the inclusion criteria. The requested participants were nurse educators teaching in a nursing program at least 50% of the time in the designated state. The inclusion criteria allowed the data to be collected in an objective manner, void of researcher bias. Participants were able to respond honestly and determine whether the inclusion criteria applied to their nurse educator role.

Scope and Delimitations

Study Scope

The scope of the quantitative study included comparing the cultural self-efficacy of nurse educators teaching in nursing programs in urban environments to those in rural nursing schools. Evaluation of the cultural self-efficacy of nurse educators was completed with the data obtained from the Culturally Responsive Teaching Self-Efficacy Scale. The Culturally Responsive Teaching Self-Efficacy Scale has a foundation in Bandura's social cognitive theory. Based on the effectiveness in previous studies with health care professionals, the tool focused on nurses in academia in the current study. The survey was sent electronically to all educators in the South accompanied by the inclusion guideline and instructions for completion. There were several methods used to recruit participants, such as, announcement flyers sent to nurse educators, along with professional nursing organizations of the state. The implementation research timeline included survey distribution in April, with a follow-up reminder email 2 weeks later. The analysis of the statistical data and formation of thematic content took place from June through October.

Study Delimitations

The scope of the research focused on the educators for prelicensure, registered nurses, bachelor of nursing, and graduate nursing students. Nurse educators impact the early developmental stages of a novice nursing student. Though a high level of cultural self-efficacy is beneficial for nurses in advanced stages of education, understanding the climate of faculty perceptions early in the process aides in the preparation of new nurses

for an increasingly diverse society (Huerta, et.al, 2017). The generalizability of the study can spread from evaluating nurse educators in the Southern United States to repeating the study with nursing schools in other regions in the United States. Future study opportunities also include comparison of the cultural self-efficacy of on-site classroom instructors versus online educators, in addition to the study of educators who teach pre-licensure students versus graduate faculty.

Limitations

Researcher can be evident in how additional participants are randomized, the sampling procedure was limited, and the nature of the questions, which potentially influences results (Buchanan & Lohse, 2016). Vigilance is necessary to detect the presence of bias in the methodology and analysis as well as take steps to reduce researcher bias. The goal of the researcher is to remain objective in the gathering, analysis, and interpretation of data, to prevent personal biases from shadowing the results. One way to reduce bias is the anonymous nature of the surveys to ensure impartial gathering of data. A second process to reduce the incidence of bias is the evaluation of the descriptive and inferential statistics with IBM SPSS software. The diminished level of bias in the study increased the accuracy of results and relevance of data implementation.

Significance

The significance of the study centered around the learning pathway of nursing students which can be impacted by the confidence displayed by nursing faculty. The findings from the research may be used to create future professional development

programs for nurse educators to enhance the level of cultural self-efficacy and increase the desire for nursing schools to implement an inclusive pedagogy. Attained skills and increased knowledge of faculty have long-term benefits for nursing students (Huerta, et.al, 2017). Faculty who lack confidence, harbor bias, or fail to see the need of an inclusive pedagogy will handicap multiple cohorts of nursing students assigned to care for diverse patient populations. Patients come from diverse backgrounds, yet regardless of the cultural or socioeconomic differences, each patient is entitled to receive patient centered, culturally competent care (Narayan, 2019). Previous research has explored the efficacy of high school teachers as it relates to student achievement and pedagogy in the Mid-Atlantic United States (Callaway, 2017). But additional research was needed to explore the self-efficacy of nursing faculty. The implicit bias of health care professionals contributes to health disparities (Narayan, 2019), and limits the recruitment of diverse students and faculty (Huerta, 2017, p. 173). Therefore, the study assessed the cultural self-efficacy of rural and urban nursing faculty to determine the contribution of such a bias.

Positive Social Change

Health care is changing with each era where new information is discovered, evidence-based practices are adopted, and policies are revised. It is necessary to incorporate cultural patterns, religious beliefs, and population patterns to provide the foundation for social change, while addressing new population health needs (Baly, 1995). The positive social change of the study pinpoints the beginning of the process, with nursing faculty as the leaders designated to train the next generation of nurses. Targeting

the training of nursing students will provide lead to nurses in the profession who adapt and satisfactorily care for an increasing diverse patient population.

Summary

The purpose of the study was to compare the cultural self-efficacy of nurse educators who teach in rural and urban school districts. The Culturally Responsive Teaching Self-Efficacy Scale was used to gather statistical data to answer the two research questions for the study. The social cognitive theory was the theoretical framework used to add awareness to the personal, behavioral, and environmental influences that led to outcomes demonstrated by nurse educators.

Chapter 2 explores the historical, theoretical, and empirical references that contribute to the topic of cultural self-efficacy. The gap of literature reflects the abundance of resources dedicated to explaining the self-efficacy of nursing students and scarcity of literature for nurse educators. The chapter identifies the themes among the topic of self-efficacy.

Chapter 2: Literature Review

There is an increasingly diverse patient population, which necessitates culturally sensitive and inclusive nursing education (CSINE) designed to prepare nurses to address the health disparities as well as enhance patient care (Sommers & Bonnel, 2020). Nursing organizations, such as the National League for Nursing (NLN, 2016) and the AACN (2017) recognized the importance of nurse educators and the role they have in facilitating an inclusive education for the next generation of nurses (Sommers & Bonnel, 2020). An optimal educational setting includes an organizational climate conducive to the reduction of implicit bias and microaggressions, components of inclusive pedagogy, while providing a safe space for academic freedom (Troka & MacDonald, 2018). A personalized approach to teaching strategies along with having available resources for learning activities, having diverse faculty and curriculum, and implementing active teaching activities are important for nursing student (Sommers & Bonnel, 2020). There is a need to empower faculty to use culturally sensitive and inclusive nursing education.

Nationally and internationally, the concept of self-efficacy is far reaching and has been explored in multiple studies (Avci et al., 2020). Dogan (2013) discovered that there was a moderate level of self-efficacy among primary school teachers. Kahyaoglu and Yangin (2007) as well as Akdere (2012) found that there was an adequate level of self-efficacy with elementary school preservice teachers. Even though self-efficacy is discussed in the literature with primary and secondary educators, as well as nursing students, there is limited research on the cultural self-efficacy of nurse faculty, especially in varied locations around the United States. The literature depicts a person with a

motivation to enhance performance as one having a high self-efficacy belief system, whereas a low self-efficacy belief will continually magnify the obstacles and challenges blocking the fulfillment of an assignment (Avci et al., 2020). The current research study will build on the self-efficacy of BSN nurse educators incorporating an inclusive pedagogy into the curriculum. The purpose of this study was to determine whether there is a difference between the cultural self-efficacy scores of nurse faculty in a rural location compared to the nurse faculty in an urban location, as measured by the Culturally Responsive Teaching Self-Efficacy Scale, as well as whether age, race, and years in the nursing profession predict cultural self-efficacy scores. In Chapter 2, I present the literature search strategy, Bandura's social cognitive theory, and a review of current literature. Thematic correlations synchronize the research presently in the literature with the current study to show how the study contributes to the body of knowledge.

Literature Search Strategy

The Walden University Library System was used to access literature within several databases. A comprehensive review of the literature led me to explore the nursing, education, and psychology databases. Within nursing, the Cumulative Index to Nursing & Allied Health Literature (CINAHL) as well as the MEDLINE with Full Text allowed me to access the index of the National Library of Medicine Medical Subject Headings (MESH). Under the Education category, the Education Source database was utilized based on the range of articles from early childhood to higher education and the link to health education journal references. The social cognitive theory, which is also referenced in the field of psychology, led me to the PsycINFO behavioral science

database to compare peer-reviewed articles in the profession. The accumulation of research articles was cataloged within the Zotero platform and organized into relevant categories.

Within the nursing, education, and psychology databases, the following keywords gave a scoping review of the literature, utilizing the asterisk and multiple combination of words: *nurse, nurse educator, faculty, self-efficacy, cultural efficacy, rural, urban, Bandura, Social Cognitive Theory, efficacy tool, bias,* and *cultural competence.* The search mode included the Boolean phrases indicated and the stipulation of a peer reviewed journal within the last 5 years. The number of peer-reviewed articles displaying the combination of *Bandura,* and *Social Cognitive Theory* yielded 268 articles. The number of articles using the blend of words *self-efficacy* and *nurs** produced 4,748 articles, which was further reduced to 1,040 articles with the combination of search terms *self-efficacy, nurs*,* and *student*. The search for the key terms *self-efficacy, nurs**, and *educator* yielded 195 articles. And the addition of the key terms *rural areas or rural communities* bought the number down to three articles; the *urban* key term with the *self-efficacy*, *nurs**, and *educator* combination produced two articles.

Theoretical Framework

Bandura's Social Cognitive Theory

The social cognitive theory, developed by Bandura in 1977 and expanded over several decades, stems from the field of psychology and explores the processes that foster human interaction. Bandura built on existing theories such as the social learning and imitation theory, which states that "individuals are prompted to learn in response to

various drivers, cues, responses and rewards, one of which is social motivation" (Middleton, 2019, p. 927; see also Palsdottir, 2013). In 1986, Bandura developed the social learning theory, which was merged with the social cognitive theory and expanded on the relationship between cognitive recognition and learning processes that determine behavior (Middleton, 2019). The social cognitive theory incorporates a triadic reciprocal causation model that emphasizes the role of cognition, environmental, and behavior elements that influence the response of an individual in a learning situation (Middleton, 2019; Zhao et al., 2019). The current theory differs from a one directional approach to the demonstration of human behavior, instead it gives a bi-directional view of how behavior, cognition, and the environment interact to influence outcomes (Bandura, 1989; Zhao et al., 2019). Cognitive factors emphasize values, goals, and belief systems. Self-efficacy is a cognitive component that influences the application of learned skills and mastery of behavior (Bandura, 1998; Middleton, 2019). Recognizing the influence of cognitive factors to the learning process, the current study used social cognitive theory to explore the relationship between cultural self-efficacy to inclusive pedagogy for nursing faculty in various locations.

Theoretical Applications to Previous Studies

The self-efficacy of a teacher influences how professional tasks in the classroom are navigated. In previous studies, the concepts, measurement, and impact of a teacher's self-efficacy have been emphasized by using social cognitive theory (Morris et al., 2017; Klassen & Tze, 2014; Kleinsasser, 2014; Wyatt, 2014; Zee & Kooman, 2016). A meta-analysis showed that the effectiveness of the evaluations from peers and administrators as

well as the achievement of the students is impacted by the self-efficacy of the teachers (Morris et al., 2017; Klassen & Tze, 2014; Klassen et al., 2011). However, there is limited research on the origin of belief systems that guide a teacher's level of self-efficacy (Morris et al., 2017).

Rationale for Bandura's Social Cognitive Theory for Study

The rationale for utilizing the social cognitive theory centers around understanding the motivation of human behavior. Examining the self-efficacy of nursing faculty in rural versus urban demographic locations sheds light on the motivation behind strategic implementation of an inclusive pedagogy into the nursing curriculum. By understanding the reciprocal interactions between the behavioral, environmental, and personal components of the social cognitive theory as it relates to cultural self-efficacy, a pattern can be identified to enhance the professional development of nurse educators (Schunk & DiBenedetto, 2020). A teacher's self-efficacy is an influencing factor in the learning of students, because even when there is adequate content knowledge, the educator's perception of a success and desire to face challenges proportionately increases with self-efficacy levels (Avci et al., 2020). Understanding the role of an educator's cultural self-efficacy will strengthen the atmosphere of the classroom, fostering the achievement of goals and motivating influences for students to care for diverse populations.

Literature Review Related to Key Variables and Concepts

Studies Related to Methodology and Scope of Study

The impact of culture and cultural competence to the nursing profession reaches

back to the early 20th century, continues through the work of military nurses after World War II and now takes root in policies that drive organizations such as the American Association of Colleges of Nursing (Gillson & Cherian, 2019). Based on increasingly diverse populations and the health disparities which exist, according to The Institute of Medicine, the development of a culturally competent curriculum for baccalaureate nursing students is a priority (Gillson & Cherian, 2019). Preparing nursing faculty with resources to address topics of culture and diversity in the classroom is an initial step in the process of increasing the confidence needed to incorporate an inclusive pedagogy (Gillson & Cherian, 2019).

A recent literature study described how California State University East Bay appreciated the importance of incorporating culturally relevant curriculum, thereby addressing student learning outcomes, by targeting the professional development of faculty (Austin et.al., 2019). The university instituted the Faculty Diversity and Inclusion Curriculum Development (FDICD) program, which was designed to give feedback and support to faculty who desired to strengthen cultural teaching skills and practices (Austin et. al., 2019). The authors conducted a mixed method study and utilized four evaluation methods to evaluate two cohorts of FDICD faculty participants, 12 participants in the first cohort and 13 participants in the second cohort (Austin et.al., 2019).

One weakness of the study, according to the authors, stemmed from the fact that for participants there was a baseline interest in topics of diversity and inclusion, as evidenced by self-selected involvement. The results from the study might have differed if there were faculty participants who were neutral to the concept of diversity and inclusion

in the curriculum (Austin et. al., 2019). Despite differences in the previous level of inclusive engagement for each faculty member, there is a need for focused critical discussions to take place in higher education (Austin et. al., 2019).

Strengths and Weaknesses with the Approach of Researchers to Problem

The problem statement references the necessary connection between an integrated inclusive pedagogy into the curriculum and the transcultural self-efficacy of nurse educators. The strength of examining the concept of cultural self-efficacy was identified in one study which linked the connection between teacher self-efficacy, student behavior, and ultimately student outcomes (Larson et al., 2018). However, previous research also recognizes that a measurement of a culturally responsive teacher is often based on the self-reporting of efficacy, potentially biased by the desire of the participant to respond according to societal norms; therefore, presenting a weakness for research measuring culturally responsive teaching (Constantine, 2001; Katz & Hoyt, 2014; Larson & Bradshaw, 2017; Larson et. al, 2018; Ohm & Rosen, 2011). Additional studies are needed to differentiate whether the results of self-reporting efficacy mirror the actual behavior of the teacher observed in the classroom.

The psychological empowerment that a nurse educator experiences within an organizational culture is rooted in the four components of self-efficacy to exhibit competence in designated role, meaning of roles, self-determination, and impact of influence on outcomes (Zeb, Albert, Rasheed, & Younas, 2019). A mixed method study conducted in Pakistan explored the challenges that educators face teaching undergraduate nursing students (Zeb, Albert, Rasheed, & Younas, 2019). The study concluded that one

factor impacting the psychological empowerment of nurse educators was the support of academic administrators creating a strong organizational environment, while providing adequate faculty resources (Zeb et. al., 2019). The strength of focusing on the cultural self-efficacy of nurse educators and understanding the role of administration will enhance the classroom setting, including student preparation for diverse patient populations since educators will feel empowered to create classrooms that are conductive to an inclusive pedagogy.

Rationale for Variable Selection

An independent variable in the study focuses on nurse educators working in the rural and urban setting. According to the United States Department of Management and Budget a rural location is not identified as a Metropolitan Statistical Area with 50,000 or more people (Burman & Fahrenwald, 2018). The United States Department of Agriculture gives the perimeter of less than 2,500 people as an indicator of a rural community (Burman & Fahrenwald, 2018). The numerical borders of a rural and urban population provide the framework for the exploration of unique characteristics of nursing care in each context. The rationale for studying nurse educators in varied environments stem from the need to address the impact of health care access, health disparities, and the provision of resources on the training of future nurses (Burman & Fahrenwald, 2018).

The dependent variable in the study focuses on the cultural self-efficacy of nurse educators. The concept of self-efficacy is an integral component of the social cognitive theory by Albert Bandura. The rationale for utilizing the variable is based on the belief that the effort one expends, as well as the internal motivation to overcome obstacles, is

determined by the level of self-efficacy, a focal point of recent research pertaining to the academic setting (Morris, Usher, & Chen, 2017). In addition, there is a need for future research exploring the origin of belief systems influencing behavior, along with a scale which can comprehensively show how to strengthen and reinforce the self-efficacy of educators (Morris, Usher, & Chen, 2017).

Review and Synthesis of Research Studies Related to Variables

The review of the literature suggests that there are opportunities and challenges with academic nursing in rural populations, possibly impacting the next generation of nurses. The limited resources of rural nursing schools influence clinical placement prospects, research opportunities, as well as recruitment and retention of faculty (Burman & Fahrenwald, 2018). In contrast, it is worth examining how the influence of available resources and faculty dynamics differ in an urban nursing school setting. The cultural self-efficacy of rural versus urban nurse educators, based on influencing factors, can serve as a benchmark to the existing equity between school systems.

A critical literature review was conducted exploring the works related to teaching self-efficacy, producing 600 subsequent articles (Morris, Usher & Chen, 2017). Following the application of inclusion criteria, 82 articles either explored the topic of efficacy, scale construction or assessment related to an educational development program (Morris, Usher, & Chen, 2017). From the 82 studies, published between 2010-2015, there were 36 quantitative studies, 31 mixed methods and 15 qualitative studies (Morris, Usher, & Chen, 2017). Based on the literature review, four themes emerged describing the sources of self-efficacy. It was found that efficacy was rooted in the experience of the

teacher, vicarious experiences, social persuasions, and physiological and affective states, however, the scales used to assess these factors were not robust due to the weakened nature of question items (Morris, Usher, & Chen, 2017). Even though understanding the source of self-efficacy is important, the role of professional development is essential to giving educators the necessary tools to apply in the classroom setting (Morris, Usher, & Chen, 2017). Understanding the differences or similarities that exist among nurse educators, regardless of the source of efficacy, will contribute to stronger professional development opportunities.

Review and Synthesis of Research Studies Related to Research Questions

The research questions for this study are:

- RQ1-What is the difference between the cultural self-efficacy scores of the nurse faculty in a rural location compared to the nurse faculty in an urban location, as measured by the Culturally Responsive Teaching Self-Efficacy Scale?
- RQ2-Do the demographics of age, race, and years in the nursing profession for rural versus urban nurse educators predict cultural self-efficacy scores, as measured by the Culturally Responsive Teaching Self-Efficacy Scale?

The review of current literature exhibits limited articles related to the self-efficacy of nursing faculty, especially as it relates to the geographic location. The Culturally Responsive Teaching Self-Efficacy Scale was developed to further explore the theoretical framework surrounding self-efficacy as stated in Bandura's Social Cognitive Theory

(Siwatu, 2007). In addition to the individual assessment of an educator, administrators and nursing school programs can use this tool to evaluate the effectiveness of their program in the training of new nurses caring for a diverse patient population (Siwatu, 2007).

Summary and Conclusions

The preparation of baccalaureate prepared nursing students requires recognition of an increasingly diverse population, which will impact the demographics of patients in the hospital setting (Farber, 2019). The teaching of core nursing concepts in the curriculum is paramount, however, the American Association of Colleges of Nursing encourages nursing schools to also prepare students to care for a diverse patient population (Huerta et.al, 2017). To institute an inclusive pedagogy, the role of the nurse educator is a factor to consider, since a motivated educator is one driving force behind an effective outcome. The effort, enthusiasm, and motivation to achieve and overcome obstacles will be influenced by the educator's level of self-efficacy (Chen, 2016). Therefore, a closer look at the self-efficacy of rural and urban nurse educators will shed light on the effectiveness of outcomes with concepts related to an inclusive pedagogy achieved in the classroom.

The gap in literature, within the nursing, education and psychology databases is shown by a dearth of information referencing the self-efficacy of nurse educators in varied demographic locations. When searching in the field of psychology, the Social Cognitive Theory yielded 268 related articles, expanding on the triadic reciprocal causation model which includes components of the cognitive, environmental and

behavior factors leading to individual responses (Middleton, 2019). The global concept of self-efficacy in nursing is broad and is cited in over 4,000 articles. However, the study fills in the gap in the literature by focusing on the cultural self-efficacy specific to rural and urban nurse educators. The database literature search utilizing the key words *rural*, *urban*, *self-efficacy*, *nurs** and *educator* produced less than 10 articles. The current study adds to the body of scholarly literature by comparing the cultural self-efficacy of nurse educators in the rural and urban setting.

The gap of knowledge that exists with nurse educators is addressed utilizing the Culturally Responsive Teaching Self-Efficacy Scale (Appendix A), distributed electronically to nurse educators in the Southeastern portion of the United States. The instrument, with 40 Likert scale questions, was developed to identify culturally responsive educators and their ability to incorporate teaching strategies in the classroom based on self-efficacy beliefs (Siwatu, 2007). The relationship that exists with the self-efficacy of rural and urban nurse educators was studied using a quantitative descriptive correlational design, to discover the positive, negative, or neutral correlation. In Chapter 3, the methodology described explore the relationship between nurse educators and self-efficacy. The Culturally Responsive Teaching Self-Efficacy Scale was distributed to nurse educators in Georgia and a sample selected based on the inclusion criteria. Based on the data collected, inferential statistics categorize patterns and lead to enhanced professional development opportunities.

Chapter 3: Research Method

The purposes of the quantitative study were to (a) determine if there is a difference between the cultural self-efficacy scores of nurse faculty in a rural location compared to the nurse faculty in an urban location, as measured by the Culturally Responsive Teaching Self-Efficacy Scale, and (b) determine if the demographics of age, race, and years in the nursing profession for rural versus urban nurse educators predict cultural self-efficacy scores, as measured by the Culturally Responsive Teaching Self-Efficacy Scale. Chapter 3 includes the research design and rationale, the methodology, including the procedures for sampling. I also explain how the data were collected and follow up procedures applicable to the study. The chapter also covers ethical procedures including confidential data collection, anonymous involvement, and secure data storage. Finally, chapter contains a summary and a transition leading to the next chapter.

Research Design and Rationale

The purpose of a research design provides the structural framework of the study, with the use of control in quantitative research to reduce bias (Bloomfield & Fisher, 2019). This research followed a non-experimental, descriptive, correlational quantitative design. Quantitative studies are conducted to test the hypothesis and examine the relationship between variables (Bloomfield & Fisher, 2019). Correlational studies are designed so the research can establish if there is a relationship between variables that are not manipulated, while avoiding the determination of cause to effect patterns (Bloomfield & Fisher, 2019). The independent variable in the study was nurse educators in a rural location compared to nurse educators in an urban academic setting. The dependent

variable for both research questions is the cultural self-efficacy of the educators, measured by the Culturally Responsive Teaching Self-Efficacy Scale. The use of a correlational research design advances knowledge in the nursing profession by comparing two populations of nurse educators, answering the two research questions:

- RQ 1: What is the difference between the cultural self-efficacy scores of the nurse faculty in a rural location compared to the nurse faculty in an urban location, as measured by the Culturally Responsive Teaching Self-Efficacy Scale*?*
- RQ 2: Do the demographics of age, race, and years in the nursing profession for rural versus urban nurse educators predict cultural self-efficacy scores, as measured by the Culturally Responsive Teaching Self-Efficacy Scale?

Methodology

Target Population

The target population was nursing faculty teaching in a nursing program in the southeastern United States, encompassing seven states. The population incorporated nursing schools in rural and urban areas. The study focused on nurse educators working in a nursing program who come from a variety of cultural backgrounds and years of experience teaching in academia. The current study initially did not concentrate on graduate nurse faculty or graduate and RN-BSN educators teaching solely within an online nursing program. The sample size of the population was established by conducting a statistical power analysis using G-power 3.1 software.

Sampling and Sampling Procedures

The two major categories of sampling designs are probability and nonprobability sampling. With probability sampling, all units have an equal opportunity to be included in the sample population. Probability designs contain simple random samples, systematic samples, stratified samples, and cluster samples (Frankfort-Nachmias & Nachmias, 2008). A nonprobability design accounts for the fact that every unit of the population might not be included in the sample. Nonprobability samples include convenience samples, purposive samples, and quota samples (Frankfort-Nachmias & Nachmias, 2008). This study incorporated the nonprobability convenience sample design. Based on the convenience of the participants, the sample was obtained on a voluntary basis. The weakness of the design was that it is hard to determine how representative the sample is of the population (Frankfort-Nachmias & Nachmias, 2008). The strength of a nonprobability design is an opportunity for social scientists to use a sample population that cannot be defined precisely or if the list of units in the sampling population is unavailable (Frankfort-Nachmias & Nachmias, 2008).

Power Analysis for Sample Size

G*Power 3.1 was used to determine an a priori statistical analysis of the necessary sample size for the study (see Faul et al., 2009). The *t* test family with a linear multiple regression fixed model are the input parameters. The statistics generate a two-tailed test, also known as a nondirectional test, with the stipulation that the $\alpha = 0.05$, thereby rejecting the higher and lower tails of the sample. With two predictors and an effect size = 0.15, the statistical power (1-β probability) is 0.80, indicating the percentage of

correctly rejecting the null hypothesis. The calculation of the input parameters brings the total sample size to 55 participants.

Procedures for Recruitment, Participation, and Data Collection

The convenience sample obtained followed the recruitment of rural and urban nurse educators. The current definition of an urban center incorporates a population of 50,000 or more, with a rural county constituting less than this population quota (Brooks et al., 2020). Recruitment for this study initially included contacting educators in rural and urban nursing schools in Alabama and Georgia. Recruitment involved sending a letter of permission to the Boards of Nursing for each state. An adjustment to this plan incorporated social media to nurse educators in seven different states.

Participants received a notification concerning the study by email or advertisement that contained the Qualtrics link (https://www.qualtrics.com) to complete the survey. When a nurse educator voluntarily accessed the survey, consent included completion of the survey questions. The CRTSE contains a rating scale of forty questions, which the participants were instructed would take no longer than 30 minutes to complete. The initial window for survey completion was a 3-week time span with a reminder email sent after the second week. Assessment of participation responses determined the need to release an extension of an additional weeks for all potential responses. Following completion of the survey questions, the participants read a statement thanking them for voluntary involvement, with no further responsibility required. The participants also had the option to receive a summary of the research results on the sites where the survey was posted.

Instrumentation and Operationalization of Constructs

The initial instrument was the Bernal and Froman Cultural Self-Efficacy tool. However, multiple attempts were made to contact the authors Bernal and Froman for permission with no response. Therefore, the tool was changed to the Culturally Responsive Teaching Self-Efficacy Scale (CRTSE), an instrument based in Bandura's social cognitive theory and applicable to educators. Permission was granted to utilize this tool.

The CRTSE consists of 40 questions related to culturally responsive teaching and written with a rating scale response of 0, showing no confidence at all, to 100 which indicates complete confidence (Siwatu, 2007). In previous literature, Bandura discussed the disadvantages of using a Likert scale to gauge self-efficacy, due to the lack of range necessary for an accurate measurement of the responses (Bandura, 1997). In a subsequent study, Pajares et. al (2001) confirmed Bandura's position by discussing that using a scale ranging from 0-100 was "psychometrically stronger than a traditional Likert formatted scale" (Siwatu, 2007, p. 1090).

Items on the CRTSE range from easy general teaching practices to difficult culturally responsive content. The CRTSE includes a greater number of culturally responsive teaching practice items, in line with Bandura's position that self-efficacy, rather than outcomes, is a stronger predictor of behavior (Siwatu, 2007). Therefore, this study used the CRSTE to assess the cultural self-efficacy of nurse educators in Georgia and Alabama. Potential for growth in nursing education is possible with the survey results of the CRTSE scale. It is possible to conduct a correlational analysis of the data or

incorporate the demographics collected in comparison to the itemized results. The abundance of information gained from itemized analysis can shed light on how nursing schools should structure professional development opportunities or more adequately prepare culturally responsive faculty across varied demographic locations, with equity.

Data Analysis Plan

There are two research questions that I evaluated for statistical significance:

RQ1-What is the difference between the cultural self-efficacy scores of the nurse faculty in a rural location compared to the nurse faculty in an urban location, as measured by the *Culturally Responsive Teaching Self-Efficacy Scale*?

RQ2-Do the demographics of age, race, and years in the nursing profession for rural versus urban nurse educators predict cultural self-efficacy scores, as measured by the *Culturally Responsive Teaching Self-Efficacy Scale*?

I used IBM SPSS Statistics to analyze my data. I divided the variables into two categories, based on RQ1 and RQ2 variables. I examined the correlation between the dependent variable of cultural self-efficacy and the independent variables of rural and urban nurse educators. In the second research question, I examined the dependent variable of cultural self-efficacy, as well as added the variables of age, ethnic background, and years in the profession.

I used the t-test to analyze RQ1, preceded by the evaluation of statistical assumptions independence of observations, homogeneity of variances and normal distribution. Part of the plan for ensuring independent observations required the appropriate formatting for the Qualtrics questions that were accessed by the respondents,

allowing for solo participation in the survey. I tested the homogeneity of variances and normal distribution assumptions using the Levene's Test for Equality of Variances. Demographic statistics, such as the educator's role, school location and years in the profession were organized in tables to display the characteristics and analyze the composition of the respondents.

Multivariate analysis of variance (MANOVA), with the f test family, was the statistical structure utilized for RQ2 data. The independent variables of age, ethnic background and years in the profession were assessed, along with the dependent variable of cultural self-efficacy, as measured by the Culturally Responsive Teaching Self-Efficacy Scale. The assumptions included evaluating for multivariate outliers, multivariate normality, and assumptions for equality of error variances. To assess for normality and outliers, the Mahalanobis Distance assessment was calculated using the IBM SPSS system. Following evaluation of the assumptions, the data was further analyzed using Levene's Test of Equality of Error Variances. Since there were three variables, the Bonferroni correction method was used, to avoid incorrect interpretation of scores (Pallant, 2020). Since there were three variables, the multivariate test analysis was integrated into the data analysis plan. Finally, a graph illustrated the relationship that exists between the data of age, ethnic background, and years in the profession, along with the prevalence of each variable.

Threats to Validity

External validity is vital to research based on how the results can reach to a general population beyond the immediate settings and individuals of the current study

(Warner, 2013). Internal validity refers to the level of a causal connection that exists between variables, however, with nonexperimental designs the term correlational is used to imply the relationship of the variables in the study (Warner, 2013). The threat to internal validity in nonexperimental designs, due to the misinterpretation of variables which may be connected but not under the category of a causal inference. Since nonexperimental designs observe occurrences and behaviors, that creates the possibility of a strong external validity (Warner, 2013). The use of a t test is relevant to compare values in nonexperimental groups. However, the causality of the study is based more on whether the study is experimental versus nonexperimental, instead of the type of analysis test used to examine the data. The researcher must consider a variety of possibilities if a strong correlation is noted between variables, because another factor could be involved.

Ethical Procedures

The standard to ensure compliance with ethical procedures is within the scope of the Institutional Review Board (IRB), designed to implement a step-by-step process related to recruiting and data collection. I received Walden IRB approval **(**04-20-22-0158029), expiring on April 19, 2023. In this study, partner sites fall under the umbrella of Boards of Nursing, therefore, a Letter of Cooperation was sent to Boards for the states of Alabama and Georgia, requesting permission to conduct research in schools of nursing within the state. The participation and treatment of human participants was fair, confidential, and voluntary, and in accordance with IRB standards. Following the Walden University IRB approval, documentation forms were submitted within the appendix section, along with IRB approval numbers. Once data was collected, it is stored

electronically and retained for 5 years in a password protected Dropbox cloud folder, accessed only by the principal investigator, and deleted at the end of that time frame.

Initially, the undergraduate faculty from 47 schools of nursing were emailed, in addition to nurse educators who accepted the offer to participate from alternate forms of advertisement, such as social media, within the states of Alabama and Georgia. I sent the link out to all potential participants, and those who volunteer by accessing the link consented with the answering of survey items and completing the demographic questions. The demographic data were analyzed in conjunction with the itemized concepts of the survey. There was no time when a name or email address was recorded on the survey. Due to the large numbers of potential participants, gift incentives were not incorporated into the data collection process.

Summary

Multiple nursing schools around the country seek to prepare the next generation of nurses. The concern of nursing education should be whether there is a level of equity which exists for all students, regardless of the location of training. In line with this desire to examine the mindset of nurse educators in two states designated to teach future nurses, Alabama and Georgia, the concept of cultural self-efficacy was explored. There are two research questions which will be evaluated for statistical significance:

The focus for the research was a non-experimental descriptive correlational quantitative study. A power analysis was conducted to determine the sample size of 55 participants. I discussed the recruitment strategy to gain participants, method to collect data and the format to maintain confidentiality standards. The *Culturally Responsive*

Teaching Self-Efficacy Scale was discussed in considerable detail in Chapter 3, outlining the development of the tool, with the foundation of the self-efficacy component of Bandura's Social Cognitive Theory explored. Finally, the ethical procedure for this study was discussed, with emphasis on the role of the IRB office and the importance of protecting data collected.

The information in Chapter 4 will include the data collected, as well as the analysis of the statistics. Emphasis will be placed on the demographic analysis of the data, in relation to the items on the survey. Discussion of the sample population will take place, along with any discrepancies that exist with the information in Chapter 3. The analysis of the questions and the statistical assumptions also will be examined, with the use of table and graphs to explain the descriptive and correlational statistics.

Chapter 4: Results

The purpose of this quantitative study was to (a) determine whether there is a difference between the cultural self-efficacy scores of nurse faculty in a rural location compared to the nurse faculty in an urban location, as measured by the CRTSE, and (b) determine if the demographics of age, ethnic background, and years in the nursing profession for rural versus urban nurse educators predict cultural self-efficacy scores, as measured by the CRTSE. For RQ 1, an independent samples *t* test was done to analyze the mean scores of both populations, discovering a 10th of a difference between rural areas (M = 3.3, SD = 0.23, df = 31) and urban areas (M = 3.39, SD = 0.0, df = 31). The Levene's test for equality of variances, a portion of the *t* test, showed that the value of both rural and urban populations was not significant since it was greater than 0.05 (Sig. for rural 0.50, Sig. for urban 0.58). RQ 2, which was analyzed by MANOVA, indicated a statistically significant difference with the ethnic background of rural and urban nurse educators; Pillai's Trace = 0.533, F (4,15) = 4.286, $p = 0.016$, and partial $\eta^2 = 0.533$ measuring a medium effect size. The variables of age and years in the profession were not statistically significant.

Data Collection

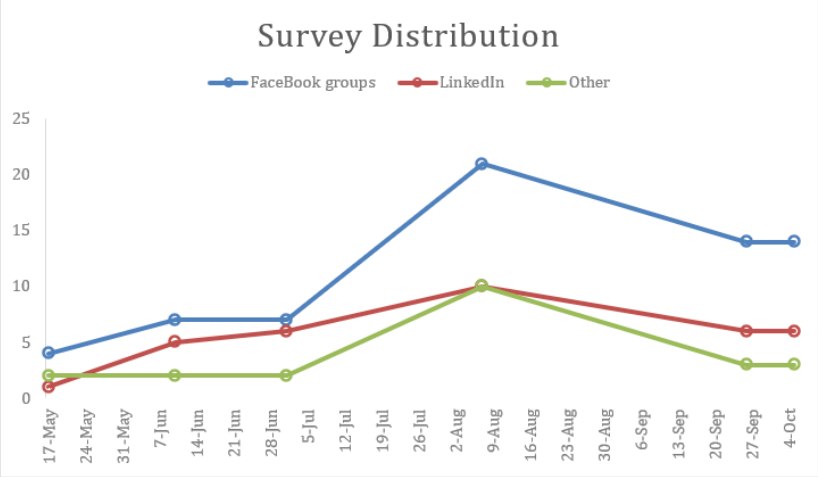
Time Frame

I collected data from May 17, 2022, to October 28, 2022, incorporating various forms of social media, with a noted plateau after October 4th regarding participation in completing the survey. The time included the academic portion of the year for a nurse educator (May, August, September, October); however, the two summer months (June,

July) were also a contributing factor for participation. I sent out my flyer using Facebook as the primary avenue, followed by LinkedIn social media sites and finally the social media platform of professional nursing organizations (Figure 1). Once the Facebook or LinkedIn site was chosen, the time frame also consisted of pending approval to join the group, as well as, pending approval for flyer and survey link to be accepted for viewing on the social media platform. Every 2-3 weeks, the flyer and link were reposted to approved Facebook, LinkedIn, and nursing organization platform sites. With each passing month, I continued to add to the list of social media sites. Individuals were also encouraged to share the survey; therefore, the *other* category also includes such distribution.

Figure 1

Survey Distribution



Note. This figure displays the survey distribution timeline from May-October, with relevant Facebook groups, LinkedIn groups, virtual professional nursing associations and shared link interactions.

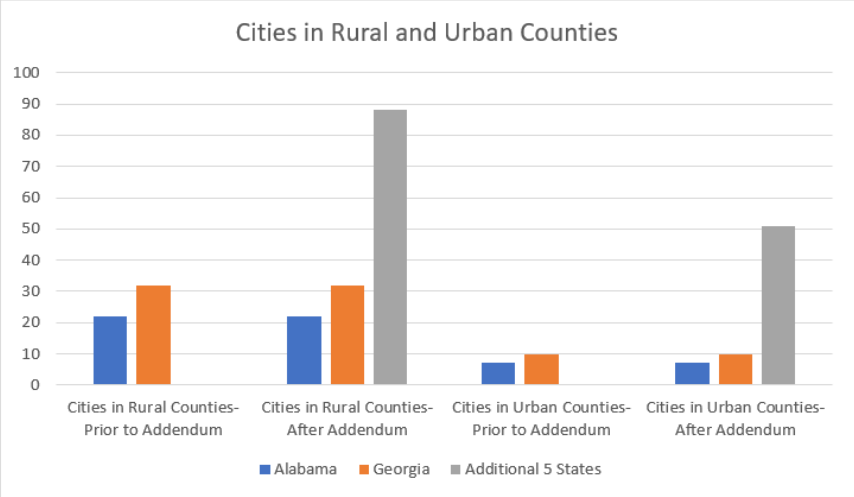
Recruitment and Response Rate

The recruitment was completed through social media, and the response rate data was monitored through the Qualtrics platform. Continual examination of Qualtrics data reflected the respondents that answered the survey each day, along with other pertinent data related to the survey questions. To encourage the response rate, a QR code was placed on the flyer, as well as a hyperlink posted with the announcement. The combined access to the survey contributed to 28 individuals using the QR code and 45 individuals responding with the anonymous link.

The initial round of recruitment took place from May to July 2022; however, the response was slow. Possible factors for a slowed pace could include transition of educators from the academic year to the summer term, and the use of only two states in the data collection process. Following a consultation with a methodologist and feedback from my dissertation chair, I submitted an addendum to the initial IRB application to increase sample size, with details of adjusted consent form, flyer, and Qualtrics question changes (Appendix D). The most significant change was the decision to go from only surveying nurse educators in Alabama and Georgia to include five additional states: Florida, Mississippi, North Carolina, South Carolina, and Tennessee (Figure 2).

Figure 2

Cities in Rural and Urban Counties



Note. This figure reflects the cities with a state board certified school of nursing. Each city is within a rural or urban county, the graph reveals the differences in data collection before and following the IRB approved addendum to study.

An additional form of recruitment was through the Georgia Association of Nursing Education (GANE). A letter of cooperation was sent to the president of GANE, and the board approved the posting of the survey. The dissertation study flyer was placed on the GANE website, along with an email from GANE requesting participation from all Georgia nurse educators. This process was repeated a second time a month later on the GANE website to encourage responses. The AACN also had a website forum for educators across the nation, the dissertation flyer and link was posted within this forum on three separate occasions, requesting participation for all who met inclusion criteria. Finally, distribution was assisted by individuals who shared the survey with colleagues in nursing education.

Discrepancies in Data Collection

The discrepancies in data collection were noted following further analysis of the G*power analysis. The initial G*power analysis designated that fifty-five participants were necessary, with an effect size of 0.15, significance of 0.05 and power 0.80. Following the adjustment, the G*power graphs separated the two research questions, requiring a total of 128 participants for RQ 1 and 43 participants for RQ 2 (see Table 1).

Table 1

Comparison of Initial and Adjusted Statistics

Initial Analysis Plan (April)		Adjusted Analysis Plan (July)	
Effect size	0.15	RQ1 0.5	RQ2 0.15
Significance	0.05	0.05	0.05
Power	0.80	0.80	0.80
Test Family	t test	t test	t test
Statistical Test	Linear multiple regression: Fixed model, single regression coefficient	Means: Difference between two independent means (two groups)	Linear multiple regression
Total sample size	55	Total sample size=128 Sample size group 1=64 Sample size group 2=64	Total sample size=43 Number of predictors=3

Descriptive and Demographic Characteristics

The participants identified as a nursing professor with the rank of full, associate, or assistant instructor or lecturer (Table 2). The pool of participants initially only incorporated faculty teaching pre-licensure nursing students; however, that was expanded to RN-BSN and graduate instructors following the IRB addendum. There were 68 respondents to the survey; however, answers to the inclusion questions decreased the *N* value and the individuals directed to survey questions. The symmetry of scores was reflected in the skewness values and kurtosis values showed the peak of the distribution

(Pallant, 2020). The positive skewness and kurtosis values in Table 2 indicated that the scores gathered to the left at the low values and the distribution was clustered in the center (Pallant, 2020). Additional descriptive characteristics included the age range, ethnic background, years in the profession.

Table 2

Descriptive Statistics

Descriptive	N	Min.	Max.	Mean	SD	Skewness	SE	Kurtosis	SE
Are you a nursing full/associate/assistant professor, instructor, or lecturer?	68	1	2	1.04	.207	4.541	.291	19.181	.574
Do you teach in a BSN, RN-BSN, or graduate nursing program?	34	1	2	1.03	.171	5.831	.403	34.000	.788
Do you teach in any of the following southeastern states? Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee	37	1	2	1.11	.315	2.632	.388	5.207	.759
Valid N (listwise)	32								

The demographic characteristics initially were comprised of nursing educators in Alabama and Georgia. The survey question required the participant to indicate the county where the school of nursing resided, designated as a rural or urban county. Following the IRB addendum, I reflected on the fact that the participant might not be immediately aware of the county the school resides, which could cause incorrect answering of the survey questions. Therefore, in addition to increasing the survey with the five states of Florida, Mississippi, North Carolina, South Carolina, and Tennessee, the survey asked for the city where the school of nursing was located, and I had the composite list of whether that city was in a rural or urban county (Appendix D).

External Validity of Sample

The concept of external validity refers to the ability of a researcher to generalize results, settings or participants to an external setting that differ from the current study (Warner, 2013). The sample population for this study included nurse educators in the Southeastern States of Alabama, Georgia, Florida, Mississippi, North Carolina, South Carolina, and Tennessee, with a span of teaching that covered multiple levels of nursing, from prelicensure to graduate. The stipulations of the addendum, which increased the sample population from 2 to 7 States strengthened the external validity from the original plan of the study. However, since the sample population only covered one portion of the United States, it can be argued that a broader scope, such as a national search, would represent a more comprehensive sampling of nurse educators.

Results

Descriptive Statistics of Sample

The demographic details of the survey included the age of the respondent, along with ethnic background and years in the nursing profession (Table 3). Most of the rural and urban educators identified with the age range of 50-59 years, with the second largest age representation of the 40 to 49-year-old educators. The ethnic background categories on the survey included African American, Asian, Caucasian, Native American, Hispanic, and Other. Over 70% of respondents identified as Caucasian within the rural and urban communities (Table 3). The African American, Asian, and Hispanic populations had relative similarities with percentage in the population. The third demographic component included years in the nursing profession. Over 70% of the respondents in both the rural

and urban communities indicated that their experience has extended beyond 16 years in nursing. The question requested responses based on the total number of years in the nursing profession and not specifically academia.

Table 3

Demographics of Respondents

Age	Rural	Urban
18-29	0.0%	0.0%
30-39	29.0%	11.0%
40-49	14.0%	24.0%
50-59	43.0%	41.0%
60+	14.0%	24.0%
Ethnic Group		
African American	14.3%	5.9%
Asian	14.3%	5.9%
Caucasian	71.4%	58.8%
Native American	0.0%	0.0%
Hispanic	0.0%	5.9%
Other	0.0%	23.5%
Years in Nursing		
0-5 years	0.0%	5.9%
6-15 years	28.6%	23.5%
16-25+ years	71.4%	70.6%

Statistical Assumptions and Analysis

The assumptions for RQ1, utilizing the t test, included independence of observations, homogeneity of variances and normal distribution. The independence of observations assumption was not violated since each participant had to answer whether the school of nursing was in a rural or urban region within the southeastern states of Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, and Tennessee, therefore having no influence on the other participants. The Qualtrics survey was formatted to allow one response per participant and individuals who did not fall in either the rural or urban category of educators were channeled to the end of the survey. The

assumption for homogeneity of variance was not violated based on the significance scores of populations (Pallant, 2020). The Levene's Test for Equality of Variances is a portion of the *t*-test, showing that the value of both rural and urban populations was not significant since it was greater than 0.05 (Sig. for rural 0.50, Sig. for urban 0.58). The assumption is made that for parametric techniques, such as *t* tests comparing groups, that samples have normally distributed scores when pulling from independent or dependent variables (Pallant, 2020).

I conducted an independent samples *t*-test for research question 1 with the values showing the number of respondents in each group, along with the mean, and standard deviation to compare the cultural self-efficacy scores of rural and urban nurse educators (Table 4). The results showed that there was no significant difference between the groups ($p = .05$).

Table 4

Independent Samples Test

	Population	p value	N	Mean	SD	Levene's Test for Equality of Variances		t-test for Equality of Means	
						F	Sig.	t	df
CRTSE score	Rural	0.05	10	3.28	0.23	0.466	0.500	-.566	31
	Urban		19	3.39	0.0	118.8	0.584	N/A	31

The assumptions for RQ2, with a multiple regression analysis included evaluating for multivariate outliers and normality, sample size, multicollinearity, and singularity. The process to assess for outliers incorporate the Mahalanobis Distance function within

SPSS, the analysis dictated if there was a strange pattern of scores among the variables (Pallant, 2020). Based on the Residual Statistics (Table 5), the maximum value for the Mahal. Distance is 10.927 which was compared with the critical value.

Table 5

Mahalanobis Distance

	Minimum	Maximum	Mean	SD	N
Predicted Value	4.0236	4.3563	4.2074	.08210	27
Std. Predicted Value	-2.238	1.814	.000	1.000	27
Standard Error of Predicted Value	.069	.190	.104	.032	27
Adjusted Predicted Value	3.9620	4.4530	4.2124	.09853	27
Residual	-.35633	.48539	.00000	.26481	27
Std. Residual	-1.266	1.724	.000	.941	27
Stud. Residual	-1.427	1.977	-.008	1.017	27
Deleted Residual	-.45297	.63803	-.00502	.31135	27
Stud. Deleted Residual	-1.462	2.122	.003	1.035	27
Mahal. Distance	.583	**10.927**	2.889	2.396	27
Cook's Distance	.001	.307	.045	.062	27
Centered Leverage Value	.022	.420	.111	.092	27

The assumption for normality was not met, since the critical value for the one dependent variable of cultural self-efficacy is 10.827, derived from chi-square calculations. One respondent had the outlier score of 10.927 which exceeded the critical value; as a singular case, it was not removed from the data file. The assumption for sample size was not met based on the small sample size, less than the number determined by the g*power analysis. The low sample size will impact the generalization of the results, decreasing the significance and ability to repeat (Pallant, 2020). The assumption of multicollinearity and singularity was determined by a correlation matrix and was met based on variables that were less than a 0.7 value. (Table 6). The direction of the correlated variables of ethnic background and years in the profession shows a negative

correlation with a value of (-.104). The strength of the correlation is small with the perimeters of r=.10 to .29 (Pallant, 2020). The statistical significance of the correlation is compromised by the small sample size.

Table 6

Correlation of Variables

		What is your age?	What is your racial/ethnic background?	How many years in the nursing profession?
What is your age?	Pearson Correlation	1	.166	.177
	Sig. (2-tailed)		.408	.377
	N	27	27	27
What is your racial/ethnic background?	Pearson Correlation	.166	1	-.104
	Sig. (2-tailed)	.408		.604
	N	27	27	27
How many years in the nursing profession?	Pearson Correlation	.177	-.104	1
	Sig. (2-tailed)	.377	.604	
	N	27	27	27

I used multiple regression analysis to evaluate the significance of the variables of age (.489), ethnic background (.272) and years in the profession (.795). Each value was greater than .05, therefore, the three independent variables did not significantly contribute to the dependent variable of cultural self-efficacy (Table 7). The *Part* column of correlations indicated the contribution of each of the independent variables on cultural self-efficacy. With each part coefficient squared, the percentage of variance is age (1.9%), ethnic background (4.8%) and years in the profession (0.2%). Even though a small percentage, the variable of ethnic background contributed to self-efficacy scores more than the other two variables.

Table 7

Multiple Regression Coefficients

Model		t	Sig.	Correlations		
				Zero-order	Partial	Part
1	(Constant)	13.895	<.001			
	What is your age?	-.703	.489	-.192	-.145	-.140
	What is your racial/ethnic background?	-1.125	.272	-.248	-.228	-.224
	How many years in the nursing profession?	-.263	.795	-.055	-.055	-.052

Multivariate tests compared the variables of age, ethnic background, and years in the profession (Table 8). Four statistical tests included the Pillai's Trace, Wilks' Lambda, Hotelling's Trace and Roy's Largest Root; while Wilks' Lambda is the one most utilized, the Pillai's Trace multivariate test is stronger when addressing a small sample size (Pallant, 2020).

Table 8

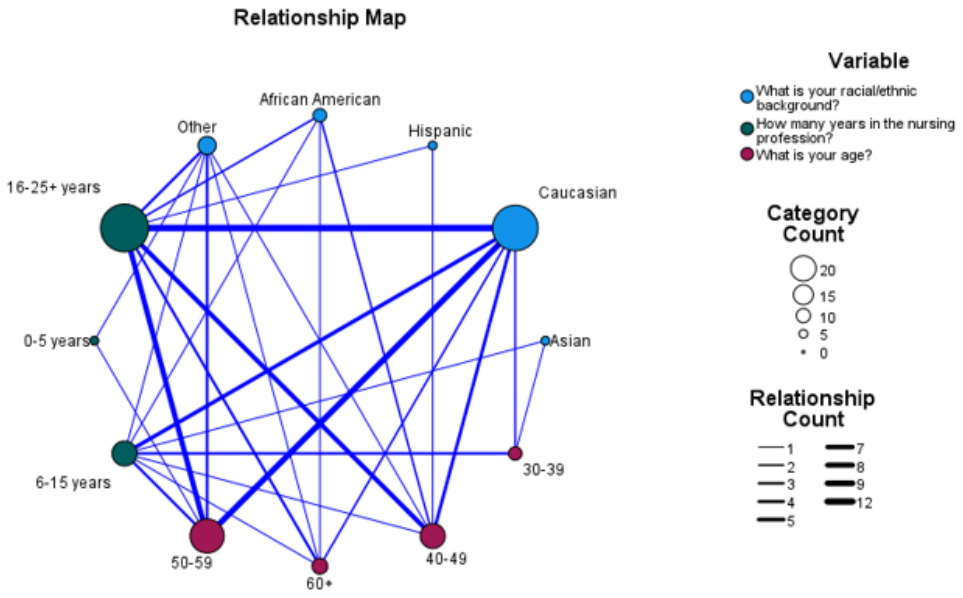
Multivariate Tests

Variable	Multivariate Tests	Value	F	Hypothesis df	Error df	Sig	Partial Eta Squared
Age	Pillai's Trace	0.261	1.533[b]	3.000	13.000	0.253	0.261
	Wilks' Lambda	0.739	1.533[b]	3.000	13.000	0.253	0.261
	Hotelling's Trace	0.354	1.533[b]	3.000	13.000	0.253	0.261
	Roy's Largest Root	0.354	1.533[b]	3.000	13.000	0.253	0.261
Ethnic	Pillai's Trace	0.533	4.286[b]	4.000	15.000	0.016	0.533
	Wilks' Lambda	0.467	4.286[b]	4.000	15.000	0.016	0.533
	Hotelling's Trace	1.143	4.286[b]	4.000	15.000	0.016	0.533
	Roy's Largest Root	1.143	4.286[b]	4.000	15.000	0.016	0.533
Years in Profession	Pillai's Trace	0.005	0.042[b]	2.000	16.000	0.959	0.005
	Wilks' Lambda	0.995	0.042[b]	2.000	16.000	0.959	0.005
	Hotelling's Trace	0.005	0.042[b]	2.000	16.000	0.959	0.005
	Roy's Largest Root	0.005	0.042[b]	2.000	16.000	0.959	0.005

The results of ethnic background of rural and urban nurse educators showed; Pillai's Trace=0.533, F (4,15)=4.286, p=0.016, and partial ɳ2=0.533 measuring a medium effect size. The results were sufficient to reject the null hypothesis of nursing faculty not impacted by ethnic background as measured by the Culturally Responsive Teaching Self-Efficacy Scale. The variables of age and years in the profession were not statistically significant; Pillai's Trace (age)=0.261, F (3,13)=1.533, p=0.253, partial ɳ2=0.261 measuring a small effect size and Pillai's Trace (years in profession)=0.005, F (2,16)=0.042, p=0.959, partial ɳ2=0.005 measuring a small effect size. The relationship between the three variables indicated that the predominant respondent was a nurse educator between the ages of 50-59, with 16-25+ years' experience and Caucasian (Figure 3).

Figure 3

Variable Relationship



Summary

The purpose of the research questions was to compare the cultural self-efficacy of nurse educators teaching in rural and urban locations within the Southeastern United States. Equity among nursing schools, as indicated by statistical results, can influence the professional development of nurse educators. The results of this study displayed no significant difference with the responses of the *Culturally Responsive Teaching Self-Efficacy Scale* and close mean score values. However, the confidence of the results is diminished by the small sample size, despite data collection spanning over a six-month period (May 17-October 28, 2022). The goal of the study was to examine the current self-efficacy beliefs of nurse educators, however, an extended data collection time frame beyond six months could reduce the credibility of a current study.

In Chapter 5, I provide an overview of lessons learned throughout this study. Following a reemphasis of the purpose and nature of the study, the chapter will discuss the interpretation of findings. The study results will be aligned with the theoretical framework and scope of the study. A portion of Chapter 5 will address limitations, including size of sample, and reflection on how limitations can be improved upon in the future. Recommendations for future research studies on cultural self-efficacy and the impact it can have on nursing schools will be discussed. The implication of cultural self-efficacy includes the NLN and AACN essentials and nursing guidelines impacting nursing schools. The positive social change is far reaching to nursing professors, as well as the students that are influenced by their instruction.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of the quantitative study was to compare the cultural self-efficacy of rural and urban nurse educators. The desire for an inclusive curriculum in the classroom is impacted by the behavior of the faculty member. The effort to foster equity among all schools of nursing, regardless of location, provides the motivation to explore professional development needs among nursing faculty. The results of the study indicated that there was no significant difference in cultural self-efficacy between rural and urban nurse educators (sig. for rural 0.50, sig. for urban 0.58). However, the validity of results was reduced by the small sample size of respondents from the seven states studied. In Chapter 5, I include interpretation of findings but will also describe the limitations of the study and additional recommendations and implications for future research.

Interpretation of Findings

The CRTSE contained 40 questions related to culturally responsive teaching, written with a rating scale response of 0, showing no confidence at all, to 100 which indicates complete confidence (Siwatu, 2007). The results of my current study reflected a very close mean score between rural (M = 3.3) and urban (M = 3.39) nurse educators, equivalent to 50% confidence shown for cultural self-efficacy signified by the survey responses. The literature discusses the broad concept of self-efficacy in relation to the social cognitive theory; however, the gap in literature related to the lack of adequate resources examining cultural self-efficacy among geographical regions, especially with reference to nursing faculty. The findings from the current study, though non-significant, suggests there is a need for additional inquiry and research. A broader, national future

study will allow for more participants, thereby increasing the sample size. Extending the parameters will accurately obtain statistics to determine whether there is a significant difference in cultural self-efficacy scores across the nation.

Limitations of the Study

A major limitation for the results of the study centered around the small sample size gained over a 6-month period. The current study took place from May 17th-October 28th, 2022. The time frame covered several critical months, including June and July, which are considered the summer months of the academic school year. Though there are faculty who choose to work during the summer, the majority are on vacation and possibly not easily directed to or interested in completing an educational research survey. May and August are also considered a month where nursing faculty are focused on work related responsibilities. So, it is possible that the level of participation was compromised during four months of the study (May, June, July, August). To compare cultural self-efficacy between rural and urban populations, it would be necessary to have a significant number of nurse educators respond, spreading equally across rural and urban regions, with the data collection taking place in a viable time of the year.

The occurrence of Type I errors is a factor when there is an increase in the comparison of groups. The presence of a Type I error leads to a misinterpretation of the results, where the null hypothesis is rejected even when it is true (Pallant, 2020). A post-hoc comparison is an analysis designed to detect the differences that exists between two groups or elements of the study, and it is used to decrease Type I errors. However, with small samples, this type of analysis is not effective because significant results are hard to

gain even when it appears that the difference in scores is expansive (Pallant, 2020). Therefore, due to the small sample size represented in this study, a post-hoc analysis was not conducted.

Another limitation to consider was the way to disseminate the survey. Social media is a feasible method to include in the gathering of data; however, it should not be the only method. The demographics indicated that many of the respondents were between the ages of 50–59 (Rural = 43%, Urban = 41%). It is feasible to conclude that there are a variety of skill sets related to technology that must be considered. An example of the varied levels of comfort with technology was embedded in how the survey was made available. The original research flyer contained only a QR code for individuals to scan and access the survey. I found that several individuals requested a hyperlink to access the survey. Therefore, following the IRB addendum, the second flyer contained a QR code and a link, which was also included in description of the research flyer. The combined access to the survey contributed to 28 individuals using the QR code and 45 individuals responding with the anonymous link. To address the limitation concerning the sole use of social media, it would be a reasonable consideration to evaluate the best form of communication capable of reaching a broader spectrum of the population.

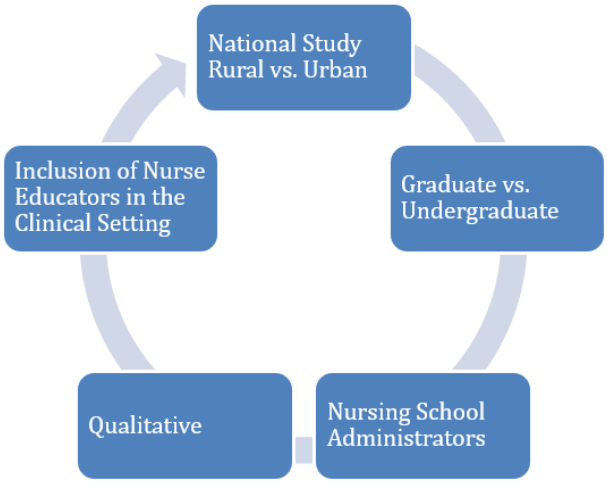
Recommendations

Cultural self-efficacy is a relevant topic in nursing education to prepare students for a diverse patient population. Therefore, there are several directions to explore in research. Based on the results of the current research, an extended plan is needed to conduct the study on a national platform, increasing the probability for a robust sample of

participants (Figure 4). In addition to the rural and urban demographics, there is an opportunity to expand the research by comparing the cultural self-efficacy of graduate faculty, predominantly utilizing the online teaching format and undergraduate faculty using the face-to-face paradigm (Figure 4). It would be interesting to see if there is a difference with both populations. A broader, national future study will allow for more participants, thereby increasing the sample size. Extending the parameters will accurately obtain statistics to determine whether there is a significant difference in cultural self-efficacy scores across the nation.

Figure 4

Future Research Opportunities



During this study, several nurse educators in the clinical setting, working in hospitals and clinics, asked to participate in the survey. Clinical educators often work with new graduates and seasoned nurses, and they have a pulse on the culture of the hospital unit, bringing a relevant perspective to the discussion. Another viewpoint to

consider is that though the nursing faculty influences the culture of the classroom, the nursing school administrators impact the culture and format of the entire school. A methodology that is applicable to discovering the efficacy of administrators would be a qualitative approach, exploring the perceptions of what is considered impactful and relevant in a nursing school curriculum.

Implications

The implications of conducting research addressing efficacy with nursing faculty is a pathway to deal with the root of developing or maintaining a culturally inclusive classroom. The bridge to nurse faculty are two of the governing nursing professional organizations, AACN and the National League for Nursing (NLN), leaders in promoting the conversation with topics related to diversity, equity, and inclusion. One of the core essential concepts of AACN addresses how equity gives the platform to recognize differences in the resources available as well as the foresight and ability to overcome obstacles (https://www.aacnnursing.org/Essentials/). The impact of conducting research on rural and urban nurse educators is the potential to evaluate whether equity is present and whether resources are adequate in all nursing schools, regardless of location. One of the core values for NLN is diversity and inclusion, specifically creating an objective of nursing education leadership to prepare a diverse nurse workforce (https://www.nln.org/). The current and future research opportunities surrounding cultural self-efficacy are in line with the objectives and vision of national professional nursing organizations.

Conclusions

The standard nursing curriculum incorporates skills for the clinical setting,

strategies to enhance critical thinking and resources to prepare students for the profession of nursing. In addition to nursing skills, it is important to prepare students to care for a diverse patient population. Nursing organizations, such as AACN and NLN, have paved the way for policies and practices to address the diversity, equity and inclusion topics which influence the profession. In addition to national standards, it is also important that each nurse educator displays behaviors congruent with creating a culturally inclusive classroom, conducting crucial conversations related to the varied ethnic nuances with patients in the clinical setting. However, the full impact only occurs if the nurse educator standing in front of classroom has a strong level of cultural self-efficacy, influencing what is covered in the classroom. The comparison of rural and urban nurse educators gives a viewpoint into nursing classrooms, through the lens of the teacher. Only by understanding if there is a difference in cultural self-efficacy can plans be made to enhance the professional development of all educators, for the benefit of all students.

References

American Association of Colleges of Nursing. (n.d.). *The essentials: Core competencies for professional nursing education*. https://www.aacnnursing.org/Essentials/

American Association of Colleges of Nursing. (2017). AACN position statement: Diversity, inclusion, and equity in academic nursing. http://www.aacnnursing.org/News-Information/Position-Statements-White-Papers/Diversity

Akdere, N. (2012). *Turkish pre-service teachers' critical thinking levels, attitudes, and self-efficacy beliefs in teaching for critical thinking* [Doctoral dissertation, Middle East Technical University]. http://etd.lib.metu.edu.tr/upload/12614436/index.pdf

Austin, D. W., Atencio, M., Yeung, F., Stein, J., Mathur, D., Ivester, S., & Woods, D. R. (2019). Diversity and inclusion curriculum: Addressing culturally relevant pedagogy and the achievement gap at a racially diverse university. *Currents in Teaching & Learning*, *11*(1), 112–134.

Avci, Y., Tösten, R., & Şahin, C. (2020). Examining the relationship between cultural capital and self-efficacy: A mixed design study on teachers. *Athens Journal of Education*, *7*(2), 169–192. https://doi.org/10.30958/aje.7-2-3

Baly, M. E. (1995). *Nursing and social change: Vol. 3rd ed*. Routledge.

Bandura, A. (2004). Health promotion by social cognitive means. *Health Education & Behavior*, *31*(2), 143–164.

Bandura A (1998). Health promotion from the perspective of social cognitive theory. *Psychology and Health*, *13*(4), 623–649.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman and Company.

Bandura, A. (1989). Social cognitive theory. In Vasta, R. (Ed.), *Annals of child development* (vol. 6, pp. 1–60). JAI Press.

Bernal, H., & Froman, R. (1987). The confidence of community health nurses in caring for ethnically diverse populations. IMAGE: *Journal of Nursing Scholarship 19*(4), 201–203.

Bernal, H., & Froman, R. (1987). Cultural self-efficacy scale. *PsycTESTS*. https://doi.org/10.1037/t65563-000

Bernal, H., & Froman, R. (1993). Influences of the cultural self-efficacy on community health nurses. *Journal of Transcultural Nursing, 42*(2), 24–31.

Bloomfield, J., & Fisher, M. J. (2019). Quantitative research design. *Journal of the Australasian Rehabilitation Nurses' Association (JARNA), 22*(2), 27–30. https://doi.org/10.33235/jarna.22.2.27-30

Brooks, M. M., Mueller, J. T., & Thiede, B. C. (2020). County reclassifications and rural–urban mortality disparities in the United States (1970–2018). *American Journal of Public Health, 110*(12), 1814–1816. https://doi.org/10.2105/AJPH.2020.305895

Buchanan, T. L., & Lohse, K. R. (2016). Researchers' perceptions of statistical significance contribute to bias in health and exercise science. *Measurement in Physical Education and Exercise Science, 20*(3), 131–139.

Burman, M., & Fahrenwald, N. (2018). Academic nursing leadership in a rural setting: Different game, same standards. *Journal of Professional Nursing, 34*(2), 128–133.

https://doi.org/10.1016/j.profnurs.2017.11.003

Callaway, R. (2017). A correlational study of teacher efficacy and culturally responsive teaching techniques in a southeastern urban school district. *Journal of Organizational and Educational Leadership*, *2*(2).

Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: a model of care. *Journal of Transcultural Nursing: Official Journal of the Transcultural Nursing Society*, *13*(3), 181–184.

Campinha-Bacote, J. (2007). *The process of cultural competence in the delivery of healthcare services: A culturally competent model of care* (5th ed.). Transcultural C.A.R.E. Associates.

Campinha-Bacote, J. (2011). Coming to know cultural competence: An evolutionary process. *International Journal for Human Caring*, *15*(3), 42–48.

Chen, P.-Y. (2016). Teaching in offshore programmes: An assessment of university faculty's self-efficacy, cultural competence, and preparedness. *Journal of Education for Teaching: International Research and Pedagogy*, *42*(2), 188–204.

Cilar, L., Spevan, M., Čuček, K., & Štiglic, G. (2020). What motivates students to enter nursing? Findings from a cross-sectional study. *Nurse Education Today*, *90*. https://doi.org/10.1016/j.nedt.2020.104463

Coffman, M., Shellman, J. & Bernal, H. (2004). An integrative review of American nurses' perceived cultural self-efficacy. *Journal of Nursing Scholarship*, *36*, 180–185.

Conn, V. S. (2018). Understanding health behavior in context. *Western Journal of*

Nursing Research, *40*(10),1432–1433. https://doi.org/10.1177/0193945918756266

Constantine, M. G. (2001). Multiculturally-focused counseling supervision: Its relationship to trainees' multicultural counseling self-efficacy. The Clinical Supervisor, 20(1), 87–98. Doi:10.1300/J001v20n01_07

Farber, J. (2019). Cultural competence of baccalaureate nurse faculty: Relationship to cultural experiences. *Journal of Professional Nursing, 35(2*), 81-88. https://doi-org.ezp.waldenulibrary.org/10.1016/j.profnurs.2018.09.005

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, *41*, 1149-1160.

Frankfort-Nachmias & Nachmias (2008). Research methods in the social sciences (7th ed). New York, NY: Worth Publishers.

Georgia Secretary of State. (n.d.). *Licensing*. https://sos.ga.gov/index.php/licensing/plb/45

Gibson, S., & Dembo, M.H. (1984). Teacher efficacy: A construct validation. *Journal of Educational Psychology*, *76*(4), 569-582.

Gillson, S. & Cherian, N. (2019). The importance of teaching cultural diversity in baccalaureate nursing education. *Journal of Cultural Diversity*, *26*(3), 85–88.

Herrero-Hahn, R., Montoya-Juárez, R., Hueso-Montoro, C., Rojas, J., Restrepo-Medrano, J., & Ospina-Díaz, J. (2017). Cultural adaptation and validation of the cultural self-efficacy scale for colombian nursing professionals. Journal of Transcultural

Nursing, 28(2), 195-202. Doi:10.1177/1043659615613419

Huerta, C., Emami, A., Glazer, G., Martin-Holland, J., Lewis, J., Relf, M., Yearwood, E., & Zhan, L. (2017). AACN Position statement on diversity, inclusion, & equity in academic nursing. Journal of Professional Nursing, 33(3), 173-174.

Jeffreys, M. (2010a). A model to guide cultural competence education. In M. R. Jeffreys (Ed.), *Teaching cultural competence in nursing and health care: inquiry, action, and innovation* (2nd ed., pp. 45-59). New York, NY: Springer.

Kahyaoğlu, M., & Yangın, S. (2007). Views of elementary school pre-service teachers about their professional self-efficacy. Kastamonu Education Journal, 15(1), 73-84.

Katz, A. D., & Hoyt, W. T. (2014). The influence of multicultural counseling competence and anti-Black prejudice on therapists' outcome expectancies. *Journal of Counseling Psychology*, *61*, 299–305. Doi:10.1037/a0036134

Klassen, R. M., & Tze, V. M. (2014). Teachers' self-efficacy, personality, and teaching effectiveness: a meta-analysis. *Educational Research Review, 12*,59–76. Doi:10.1016/j.edurev.2014.06.001.

Klassen, R. M., Tze, V. M. C., Betts, S. M., & Gordon, K. A. (2011). Teacher efficacy research 1998–2009: signs of progress or unfulfilled promise? Educational Psychology Review, 23,21–43. Doi:10.1007/s10648-010-9141-8.

Kleinsasser, R. C. (2014). Teacher efficacy in teaching and teacher education. Teaching and Teacher Education,44,168–179. Doi:10.1016/j.tate.2014.07.007.

Larson, K. E., & Bradshaw, C. P. (2017). Cultural competence and social desirability among practitioners: A systematic review of the literature. *Children and Youth*

Services Review, 76, 100–111. Doi:10.1016/j.childyouth.2017.02.034

Larson, K. E., Pas, E. T., Bradshaw, C. P., Rosenberg, M. S., & Day-Vines, N. L. (2018). Examining how proactive management and culturally responsive teaching relate to student behavior: Implications for measurement and practice. *School Psychology Review*, *47*(2), 153–166.

Levey, J. A. (2016). Measuring nurse educators' willingness to adopt inclusive teaching strategies. Nursing Education Perspectives, 37(4), 215–220.

Lin, H. (2016). Impact of nurses' cross-cultural competence on nursing intellectual capital from a social cognitive theory perspective. *Journal of Advanced Nursing* (John Wiley & Sons, Inc.), *72*(5), 1144–1154. https://doi-org.ezp.waldenulibrary.org/10.1111/jan.12901

Long, T. (2014). Influence of international service-learning on nursing student self-efficacy toward cultural competence. *Journal of Nursing Education, 53*(8), 474-478. Doi:10.3928/01484834-20140725-02

Lynch, S., Sutherland, S. & Walton-Fisette, J. (2020). The A-Z of social justice physical education: Part 1. *Journal of Physical Education, Recreation & Dance. 91*. 10.1080/07303084.2020.1724500.

Marzilli, C. (2016). Assessment of cultural competence in texas nursing faculty. *Nurse Education Today, 45,* 225–229. https://doi-org.ezp.waldenulibrary.org/10.1016/j.nedt.2016.08.021

McGuire, J. M. (2011). Inclusive college teaching: Universal design for instruction and diverse learners. *Journal of Accessibility and Design for All, 1*(1), 38-54.

McGuire, J. M., & Scott, S. S. (2006). Universal design for instruction: Extending the universal design paradigm to college instruction. *Journal of Postsecondary Education and Disability, 19*(2), 124-134.

Merriam-Webster. (n.d.). Nurse educator. In Merriam-Webster.com dictionary. Retrieved July 22, 2020, from https://www.merriam-webster.com/

Miskin, P., Matthews, E., Wallace, L., & Fox, S. (2015). Cultural self-efficacy of second-degree nursing students in providing care to immigrants. *Journal of Cultural Diversity*, *22*(4), 155-162.

Morris, D., Usher, E., & Chen, J. (2017). Reconceptualizing the sources of teaching self-efficacy: A critical review of emerging literature. *Educational Psychology Review*, *29*(4), 795–833. https://doi-org.ezp.waldenulibrary.org/10.1007/s10648-016-9378-y

Naraian, S., & Schlessinger, S. (2018). Becoming an inclusive educator: Agentive maneuverings in collaboratively taught classrooms. *Teaching & Teacher Education*, *71*, 179–189. https://doi.org/10.1016/j.tate.2017.12.012

Narayan, M. C. (2019). CE: Addressing implicit bias in nursing: A Review. AJN American Journal of Nursing, 119(7), 36–43. https://doi-org.ezp.waldenulibrary.org/10.1097/01.NAJ.0000569340.27659.5a

National League for Nursing (2020). Core values. Retrieved from www.nln.org/ .

National League for Nursing. (2016). Achieving diversity and meaningful inclusion in nursing education: A living document from the national league for nursing. NLN Vision Series. Retrieved from http://www.nln.org/docs/default-

source/about/vision-statement-achieving-diversity.pdf

National League for Nursing. (2015). Rank of full-time nurse educators by race-ethnicity. Retrieved from http://www.nln.org/newsroom/nursing-education-statistics/nurse-educator-demographics.

National League for Nursing. (n.d.). *Mission and strategic plan*. https://www.nln.org/

O'Connor, M. R., Barrington, W. E., Buchanan, D. T., Bustillos, D., Eagen-Torkko, M., Kalkbrenner, A., Laing, S. S., Reding, K. W., & de Castro, A. B. (2019). Short-term outcomes of a diversity, equity, and inclusion institute for nursing faculty. *Journal of Nursing Education*, *58*(11), 633–640. https://doi-org.ezp.waldenulibrary.org/10.3928/01484834-20191021-04

Ohm, R., & Rosen, L. (2011). Psychometric evaluation of the perceived prejudice in health care scale–modified (PPHC-M) among baccalaureate student nurses. Journal of Transcultural Nursing, 22(3), 282–289. Doi:10.1177/1043659611404430

Pajares, F., Hartley, J., & Valiante, G. (2001). Response format in writing self-efficacy assessment: Greater discrimination increases prediction. *Measurement and Evaluation n Counseling and Development*, *33*(4), 214-221.

Pallant, J. (2020). SPSS Survival manual: A step by step guide to data analysis using IBM SPSS (7th ed). London, England: Open University Press.

Pálsdóttir A (2013) Social cognitive theory. In Wilson TD (eds). *Theory in Information Behaviour research*. Sheffield, UK: Eiconics Ltd. [E-book] ISBN 978-0-9574957-0-8.

Schrik, P., & Wasonga, T. A. (2019). The role of a school leader in academic outcomes: between self-efficacy and outcome expectations. *Athens Journal of Education*, *6*(4), 291–306.

Schunk, D. H., & DiBenedetto, M. K. (2020). Motivation and social cognitive theory. *Contemporary Educational Psychology*, *60*. https://doi-org.ezp.waldenulibrary.org/10.1016/j.cedpsych.2019.101832

Siwatu, K. O. (2011). Preservice teachers' culturally responsive teaching self-efficacy-forming experiences: A mixed methods study. *Journal of Educational Research*, *104*(5), 360–369. https://doi-org.ezp.waldenulibrary.org/10.1080/00220671.2010.487081

Siwatu, K. O. (2007). Culturally responsive teaching self-efficacy scale [Database record]. Retrieved from PsycTESTS. Doi: https://dx.doi.org/10.1037/t62910-000

Siwatu, K. O. (2007). Preservice teachers' culturally responsive teaching self-efficacy and outcome expectancy beliefs. *Teaching and Teacher Education*, *23*(7), 1086–1101. https://doi-org.ezp.waldenulibrary.org/10.1016/j.tate.2006.07.011

Sommers, C., & Bonnel, W. (2020). Nurse educators' perspectives on implementing culturally sensitive and inclusive nursing education. *Journal of Nursing Education*, *59*(3), 126–132. https://doi-org.ezp.waldenulibrary.org/10.3928/01484834-20200220-02

Troka, D. & MacDonald, S. (2018). Inclusive pedagogy discussions and resources. Emory University through the Center for Faculty Development and Excellence. Atlanta, Ga.

U.S. Census Bureau (n.d.). *2020 Census Urban-Rural Classification Fact Sheet*. https://www.census.gov/library/fact-sheets/2022/dec/2020-census-urban-rural-classification.html

Warner, R.M. (2013). *Applied statistics: From bivariate through multivariate techniques* (2nd edition). SAGE Publications.

Wyatt, M. (2014). Towards a re-conceptualization of teachers' self-efficacy beliefs: tackling enduring problems with the quantitative research and moving on. International *Journal of Research and Method in Education*, *37*(2), 166–189. Doi:10.1080/1743727X.2012.742050.

Zeb, H., Albert, J. S., Rasheed, S. P., & Younas, A. (2019). Nurse educators' perceived organizational factors affecting their psychological empowerment: An exploratory qualitative study. *Nursing Forum*, *54*(4), 681.

Zee, M., & Kooman, H. M. Y.D2016]. Teacher self-efficacy and its effects on classroom processes, student academic adjustments, and teacher well-being: a synthesis of 40 years of research. *Review of Educational Research.* Doi:10.3102/0034654315626801. Advance online publication.

Zhao, F., Naidu, S., & Wallis, J. (2019). An empirical study of e-government adoption in the United Arab Emirates: A social cognitive perspective. *Information Polity: The International Journal of Government & Democracy in the Information Age*, *24*(1), 91–109. https://doi-org.ezp.waldenulibrary.org/10.3233/IP-180087

Appendix A: Culturally Responsive Teaching Self-Efficacy Scale

PsycTESTS Citation:

Siwatu, K. O. (2007). Culturally Responsive Teaching Self-Efficacy Scale [Database record]. PsycTESTS. https://dx.doi.org/10.1037/t62910-000

Instrument Type: Rating Scale

Test Format: Participants are asked to respond to each of 40 items by indicating a degree of confidence ranging from 0 (no confidence at all) to 100 (completely confident). Responses to each of the items are summed to generate a total score and higher scores represent more confidence in one's ability.

Source:

Siwatu, Kamau Oginga. (2007). Preservice teachers' culturally responsive teaching self-efficacy and outcome expectancy beliefs. *Teaching and Teacher Education*, *23*(7), 1086–1101. https://dx.doi.org/10.1016/j.tate.2006.07.011

Permissions:

Appendix B: Alabama Nursing Schools by County Population with BSN Programs

Parent Institution (N-16)	County	County Population	Rural or Urban
Auburn University	Lee	161,152	Urban
Jacksonville State University	Calhoun	114,618	Urban
Lurleen B. Wallace College of Nursing	Covington	37,200	Rural
Oakwood University	Madison	362,276	Urban
Samford University	Perry	9,293	Rural
Ida V. Moffett School of Nursing	Jefferson	659,680	Urban
South University	Baldwin	212,830	Urban
Spring Hill College	Pike	33,333	Rural
Troy University-Troy	Pike	33,333	Rural
Tuskegee University	Macon	18,708	Rural
University of Alabama at Birmingham	Jefferson	659,680	Urban
University of Alabama	Tuscaloosa	207,305	Urban
University of Alabama in Huntsville	Madison	362,276	Urban
University of Mobile	Jefferson	659,680	Urban
University of North Alabama	Lauderdale	92,556	Urban
University of South Alabama	Baldwin	212,830	Urban

Appendix C: Georgia Nursing Schools by County Population with BSN Programs

Parent Institution (N-31)	County	County Population	Rural or Urban
Albany State University	Dougherty	87,956	Urban
Augusta University	Richmond	202,518	Urban
Berry College	Floyd	98,498	Urban
Brenau University	Hall	204,441	Urban
Chamberlain College of Nursing	Fulton	1,063,937	Urban
Clayton State University	Clayton	292,256	Urban
College of Coastal Georgia	Glynn	85,292	Urban
Columbus State University	Muscogee	195,769	Urban
Emory University	DeKalb	759,297	Urban
Georgia Baptist College of Nursing at Mercer University	Bibb	153,159	Urban
Georgia College and State University	Baldwin	44,890	Rural
Georgia Gwinnett College	Gwinnett	936,250	Urban
Georgia Southern University	Liberty	61,435	Urban
Georgia Southwestern State University	Sumter	29,524	Rural
Georgia State University	Fulton	1,063,937	Urban
Gordan State College	Lamar	19,077	Rural
Herzing University	Fulton	1,063,937	Urban
Kennesaw State University	Cobb	760,141	Urban
LaGrange College	Troup	69,922	Urban
Middle Georgia State University	Bibb	153,159	Urban
Piedmont College	Habersham	45,328	Rural
Reinhardt University	Cherokee	258,773	Urban
Shorter University	Floyd	98,498	Urban
South College	Fulton	1,063,937	Urban
Thomas University	Thomas	44,451	Rural
Toccoa Falls College	Stephens	25,925	Rural
Truett-McConnell College	White	30,798	Rural
University of North Georgia	Hall	204,441	Urban
University of West Georgia	Carroll	119,992	Urban
Valdosta State University	Lowndes	117,406	Urban
Wesleyan College	Bibb	153,159	Urban

Appendix D: Revised Qualtrics Questions

(Replacing Q#6…Original question will be muted to preserve previously collected data)
Option A: Choose option 'A' if the address of your school resides in the any of the following cities:
Alabama: Alexander City, Bay Minette, Bessemer, Boaz, Brewton, Evergreen, Florence, Gadsden, Hanceville, Jacksonville, Jasper, Livingston, Marion, Monroeville, Muscle Shoals, Opp, Phenix City, Rainsville, Selma, Tanner, Tuskegee, Wadley
Florida: Ave Maria, Avon Park, Belle Glade, Chipley, Cocoa, Fort Pierce, Immokalee, Inverness, Lake City, Lake Worth, Leesburg, Madison, Marianna, Mary, Naples, New Port Richey, Niceville, Opa Locka, Palatka, St. Augustine, Winter Haven
Georgia: Americus, Barnesville, Brunswick, Clarkston, Clarkesville, Cleveland, Cuthbert, Dahlonega, Dalton, Decatur, Demorest, Douglas, Gainesville, Griffin, Kennesaw, LaGrange, Lawrenceville, Milledgeville, Morrow, Mount Berry, Mount Vernon, Oakwood, Rome, Sandersville, Statesboro, Thomasville, Tifton, Toccoa Falls, Vidalia, Waco, Waleska, Waycross
Mississippi: Booneville, Clarksdale, Cleveland, Clinton, Columbus, Decatur, Ellisville, Fulton, Grenada, Hattiesburg, Mayhew, Meridian, Moorhead, Natchez, Perkinston, Polarville, Senatobia, Summit, Wesson
North Carolina: Banner Elk, Boiling Springs, Boone, Buies Creek, Cullowhee, Hickory, Misenheimer, Mount Olive, Salisbury, Pembroke, Wilson,
South Carolina: Aiken, Anderson, Beaufort, Bluffton, Cheraw, Clemson, Florence, Gaffney, Greenwood, Hartsville, Kingstree, Myrtle Beach, Newberry, Orangeburg, Pendleton, Spartanburg, Sumter
Tennessee: Blountville**,** Bristol, Cleveland, Collegedale, Columbia, Cookeville, Dayton, Dyersburg, Gallatin, Greenville, Harrogate, Henderson, Jefferson City, Lebanon, Lynchburg, Martin, Morristown, McKenzie, Milligan College, Pulaski

(Replacing Q#7…Original question will be muted to preserve previously collected data)
Option B: Choose option 'B' if the address of your school resides in any of the following cities:
Alabama: Auburn, Birmingham, Dothan, Huntsville, Mobile, Montgomery, Tuscaloosa
Florida: Boca Raton, Brandenton, Cape Coral, Clearwater, Daytona Beach, Doral, Fort Lauderdale, Fort Myers, Gainesville, Hialeah, Jacksonville, Lakeland, Miami, Miramar, Ocala, Orlando, Palm Bay, Pensacola, Sanford, St. Petersburg, Tallahassee, Tampa Bay, Tampa, West Palm Beach
Georgia: Albany, Athens, Atlanta, Augusta, Columbus, Macon, Marietta, Sandy Springs, Savannah, Valdosta
Mississippi: Jackson
North Carolina: Chapel Hill, Charlotte, Concord, Durham, Fayetteville, Greensboro, Greenville, High Point, Raleigh, Rocky Mount, Salem, Wilmington
South Carolina: Charleston, Columbia, Greenville, North Charleston, Rock Hill
Tennessee: Chattanooga, Clarksville, Jackson, Johnson City, Knoxville, Memphis, Murfreesboro, Nashville