

2004

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## Repository Citation

Ott, Carol H. and Doyle, Lynn H., "The Impact of an Urban Outreach Teaching Project: Developing Cultural Competence" (2004). *Educational Foundations & Leadership Faculty Publications*. 27.  
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## Original Publication Citation

Ott Carol, H., Doyle Lynn, H., & Tarantino, S.-L. (2004). The impact of an urban outreach teaching project: Developing cultural competence. *International Journal of Nursing Education Scholarship*, 1(1), 22. doi:10.2202/1548-923X.1050

# *International Journal of Nursing Education Scholarship*

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*Volume 1, Issue 1*

2004

*Article 22*

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## **The Impact of an Urban Outreach Teaching Project: Developing Cultural Competence**

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# The Impact of an Urban Outreach Teaching Project: Developing Cultural Competence\*

Carol H. Ott, Lynn H. Doyle, and Sharyl-Lynn Tarantino

## Abstract

The purpose of this study was to explore the development of cultural competence in a group of university nursing students in the context of an interactive substance abuse prevention project attached to a health promotion course with 414 racially diverse high school students. The project provided opportunities for contact, interaction, and reflection. A descriptive approach was utilized to elicit the meaning attached to the experience. Data included written content from an exit survey, field notes from onsite debriefings, transcriptions of a focus group interview, and an analysis of theoretical papers. Findings indicate that when university students participate in an urban teaching project under conditions of diminishing anxiety and are given opportunities for reflection, they not only increase cultural competence but they also develop a sense of advocacy. Recommendations are made for building community partnerships to enhance cultural competence.

**KEYWORDS:** Nursing Students, Cultural Competence, Racially diverse high school students

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\*This study was funded by a grant from the Ronald McDonald Charities

A major responsibility of nursing and other health care faculty members is to prepare graduates who are able to provide culturally competent health care to an increasingly diverse population. Nursing scholars have advocated for the development of cultural competence in nurses for several decades (Campinha-Bacote, 1999; Leininger, 1994). The changing demographics of the United States (U.S.) and the world heighten this concern. Numerous global, economic, social, and political changes in recent years (i.e., global economy, wars, international travel, internet) have challenged health care professionals to address attention to global diversity issues and their subsequent effects on world health (Janes & Hobson, 1998). The U.S. Census (2000) confirmed that the country is changing racially and ethnically. People of color now represent approximately 30 percent of the population, and population experts predict dramatic increases over the next century. Despite these changing demographics, many health care providers are not prepared to provide culturally competent care. Thus, the challenge of educating culturally competent nurse graduates is becoming increasingly critical in the U.S. as well as in other countries.

Prejudice and racism by healthcare professionals toward people of color is a continuing reality (Robert Wood Johnson Foundation, 2003; Smedley, Stith & Nelson, 2002). Racial and ethnic minorities perceive discriminatory behaviors, and experience health care disparities, including barriers to treatment for major illnesses, surgery, and special procedures (Smedley et al.). For vulnerable populations, such as adolescents of color, who struggle with normal developmental issues and risky behaviors, negative encounters with health care professionals may lead to avoidance of the health care system and subsequent health problems. An overriding health goal for the U.S is to eliminate health disparities (U.S. Department of Health and Human Services, 2000). One way to do this and increase the quality of health care is to develop cultural competence in health care providers (Betancourt, Green, & Carrillo, 2002). The American Nurses Association (ANA) (1998) stresses the importance of individual nurses and groups of nurses working collectively to achieve greater equality and justice.

This paper describes a research study designed to explore the changes in cultural competence experienced by nursing students engaged in a service learning project. First, background information about cultural competence, inter-group anxiety, and developmental tasks of college students is presented. Then, the study methods and findings are described, followed by discussion and implications for nursing education.

## **BACKGROUND**

### ***Cultural Competence***

*Cultural competence* in health care is the ability “to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs” (Betancourt et al., 2002, p.3). The educational process to achieve this includes development of increased cultural awareness, cultural knowledge, cultural sensitivity, and cultural skills (Camphina-Bacote, 1999; Rew, Becker, Cookston, Khosropour, & Martinez, 2003). *Cultural awareness* involves recognizing that people are different from one another, partly because of their cultural backgrounds. *Cultural sensitivity* encompasses not only being knowledgeable about cultural differences, but also valuing and respecting differences. *Cultural skills* include the ability to work with people from diverse backgrounds using appropriate communication and interpersonal skills, and being flexible in interactions (Rew et al.). Nurses who are culturally competent can better assess, plan, implement, evaluate care, and serve as patient advocates (ANA, 1998). Ideally, the culturally competent nurse transforms interventions into positive health outcomes, including improved morbidity and mortality (Smith, 1998).

Core competencies related to diversity require students to provide holistic care that addresses the needs of diverse populations across the life span (American Association of Colleges of Nursing, 1998). Curricular approaches can include: cultural diversity courses, integration of cultural content in theoretical and clinical courses; and service learning experiences wherein students interact with racially and culturally diverse community groups (Clinton, 1996; Erickson & O’Connor, 2000; Lockhart & Resick, 1997).

### ***Theory of Inter-group Anxiety in Interactions***

If people experience inter-group contact and this is positive or even neutral in emotional tone, inter-group anxiety will decrease, leading to more positive interactions (Britt, Boniecki, Vescio, Biernat, & Brown, 1996; Stephan & Stephan, 1992). Inter-group anxiety is thought to develop in minority group members if they fear being victimized, while dominant group members may fear saying or doing something that might be interpreted as prejudice. Anxiety in majority group members could be manifest through a restricted communication style. Inter-group anxiety can create difficulties in encounters, even in the absence of prejudicial attitudes (Stephan & Stephan, 1985, 1992). Lack of knowledge about an out-group, and lack of contact, are other primary determinants of individual differences in inter-group anxiety (Britt et al.). To reduce anxiety and uncertainty about interaction with out-group members, the use of relatively

structured activities during initial phases of the interaction, followed by less structured activities after the participants are more at ease with one another, is recommended (Stephan, 1999).

### ***College Student Development and Learning***

Identity integration, intellectual development, and internalization of a set of values and beliefs (Arnett, 2000) are part of college students' personal development. Learning that is connected to the classroom and to community service, accompanied by continuous reflection, promotes development of the knowledge, skills, and cognitive capacities necessary to deal effectively with complex social issues (Batchelder & Root, 1994; Boss, 1994; Eyler & Giles, 1999; Mabry, 1998). An avenue for increasing cultural competence in college students with majority group status may be exposure to racially and ethnically diverse groups, under conditions of minimal anxiety, in community experiences connected to academic courses. The purpose of this study, therefore, was to explore the development of nursing students' cultural competence within the context of an urban service-teaching project that required reflection on their experience with racially diverse urban high school students.

## **METHOD**

### ***Research Design***

A qualitative approach was used to meet the study purpose. Oral and written texts from the nursing students provided the narrative data. These texts included written content from an exit survey completed by nursing students, field notes recorded from onsite debriefings between program presentations, transcription of a focus group interview with the nursing students, and an analysis of theoretical papers written by students about the project.

### ***Setting and Participants***

Twenty-eight of the 110 undergraduate nursing students, enrolled in a 2-credit health promotion course at a Midwestern urban university with an enrollment of 25,000, volunteered to participate in the study. They had already completed a 3-credit "beginning level theory course designed to enhance students' cultural awareness and sensitivity to United States ethnic groups" (Clinton, 1996, p.4). That course provides foundational knowledge for the teaching experience in this study. The nursing students were predominantly women (82%); their mean age was 23.7 ( $SD = 4.52$ ), and they were White (100%). Twenty-seven (96.4%) had attended public high schools with limited racial diversity. Less than one-quarter (17.9%) had attended urban high schools, and only one student had attended a high school in the urban school district where this study took place.

The urban youth served by the teaching project were high school students in a Midwestern school district (referred to as CPS) with over 100,000 (75 % students of color) students in 150 schools, including 15 high schools. The 414 students enrolled in second-year high school health classes in 5 CPS high schools were the recipients of the substance abuse prevention project taught by the nursing students. To protect the high school students' privacy, school grouped demographic data are reported. The racial composition of the student body in the 5 schools was 42 % African-American, 26 % Hispanic, 6 % Asian, 1 % Native American, and 25 % White. There were approximately equal numbers of males and females.

### ***Procedures and Description of the Teaching Project***

Institutional Review Board approval was obtained from the university and the school district for conducting and evaluating this teaching project. Informed consent was obtained from the nursing students, and from high school students and their parents. To minimize nursing students' anxiety, preparation for the teaching project comprised: an orientation session and homework assignments designed to make them "experts" in alcohol, tobacco, and marijuana use in teens; provision of a scripted program; and a rehearsal which included role playing of potential problematic communications. Debriefing sessions between actual school presentations also occurred. A full description of the content of the high school program is described elsewhere (Ott & Doyle, in press).

The topic of the teaching project was substance abuse prevention. Six teams of nursing students presented the 50-minute program in three to five different health classes. The program began with an interactive "icebreaker" exercise. Nursing students then discussed how misperceptions (over-estimates) of substance use develop. Next, using an overhead projector, nursing students displayed substance use perception data collected from each school and contrasted those data with actual student substance use data from the school district. A discussion about possible reasons for the discrepancies followed. The nursing students then facilitated an interactive competitive game using a "game-show" television format. Questions for the game were formulated from the school district substance use data. The program concluded with an open discussion among all participants and a program evaluation completed by the high school students.

A debriefing session was conducted with the teams of nursing students between their presentations. This included: a discussion about the nursing students' performance, high school students' reactions, and written evaluations. At the conclusion of the project, nursing students completed an exit survey and prepared a theoretical paper about the project. Twelve (42.9%) of the 28 nursing

students participated in a focus group interview four months after project completion.

### ***Sources of Data***

Verbal and written data were collected. Field notes, including reactions and anecdotes shared by the nursing student teams, were recorded about the debriefing sessions. Nursing students completed a written exit survey constructed by the investigators. Questions included:

- *What was the most important thing you learned from completing this project?*
- *What attitude that you had about urban high school students prior to the project was challenged or changed as a result of completing this project?*
- *What did you learn about yourself in the role of health educator?*

All comments were anonymous. As a course requirement, each nursing student team wrote a paper describing the teaching intervention. They included descriptions of the characteristics of the target audience, learning objectives, content to meet the objectives, teaching strategies, and an evaluation of the teaching-learning process.

A focus group interview lasting one and one half-hours was conducted four months after the teaching project. The interview was audio-recorded and transcribed. Questions were open-ended, and responses probed. The topics included perceived benefits, rewards, and negative aspects of participation in the teaching project, differences in expectations and realities in working with racially diverse high school students; experiences with racially diverse youth before and after the project; and reasons why participants believed the project was evaluated positively by the high school students.

### ***Data Analysis***

Analysis of the data was through the development of themes (Denzin & Lincoln, 2000). Narrative texts from the transcribed oral material, field notes, exit survey, and student assignments were analyzed simultaneously. The text was examined and coded for salient and/or repeated key words or phrases, use of metaphors, redundancy, and shifts in content. *Salience* was defined as the power of the nursing students' perceptions and their relationship to cultural competence. Each data point or code was extracted from this data set and documented according to the source and location. Next, codes were examined for relationships, commonalities, patterns, and differences, and then reduced into themes. This process was guided by the work of Miles and Huberman (1994). This thematic development process continued until an appropriate description of the changes in nursing students' cultural competence was developed.

To increase the credibility of findings and category development, member checks (Lincoln & Guba, 1985) were used. Three nursing students read drafts of the categories and findings. Each was asked if the findings accurately represented perceptions and occurrences in the data and if the categories that emerged were credible. Additionally, to substantiate the logical progression of themes (Anfara, Brown, & Mangione, 2002), numerous quotations and examples from the data were included in the narrative of this article.

## **FINDINGS**

The purpose of the study was to explore the development of nursing students' cultural competence within the context of an urban service-teaching project with racially diverse urban high school students that required reflection on their experience. Overwhelmingly, the nursing students said that their beliefs about the high school students had changed dramatically. The transformations the nursing students experienced clustered around five themes: questioning stereotypes, reflecting on differences, gaining the know-how to interact, understanding the power of one, and imagining and taking action.

### ***Questioning Stereotypes***

Initially, nursing students held images of racially diverse adolescents who were uneducated, difficult, and had low aspirations. Survey data included, "I thought they would be uneducated and bored." "I feared that they would be rude and difficult." However, perceptions changed. Students revealed: "[I] learned a lot about CPS and the kids in high school. I also had misconceptions." "[I learned that] all of these students are like every other high school student and put forth a lot of effort to be the best they can." "The most important thing I learned is that CPS students are participating in more positive behaviors than negative ones. They are good kids with a direction." Until the nursing students had personal contacts with urban high school students, their beliefs were formed by what they had heard.

The comments of another student revealed that she had been influenced by negative stereotypes. Despite her theoretical understanding of the power of negative stereotypes, she confided that she was still surprised when she interacted with the racially diverse high school students. She wrote:

I tried not to let myself have too many expectations about what the students would be like because I know there are a lot of unfair negative stereotypes about them...But the biggest surprise was how motivated and positive the majority of the students were.

For many nursing students, this was their first experience with racially diverse youth. Although it was also their first teaching experience, many expressed apprehensions that went beyond teaching to misgivings that held racial overtones. One student confessed, “I didn’t know what to expect being from a small, white-majority town with only 300 students in my high school”. They described how their initial fears and concerns were not actualized. They wrote: “I thought they would eat us alive. I was dead wrong. These kids are awesome, well behaved and unbelievably smart.”; and “I thought they weren’t going to pay attention or care about what we were going to have to say.”

The field notes from the debriefings corroborated these concerns. The positive feedback and evaluations from the high school students continuously decreased the nursing students’ anxiety. They were “pleasantly surprised by the upbeat comments” that they received from the high school students.

### ***Reflecting on Differences***

The nursing students developed an awareness of differences. Their comments reflected their emerging understanding of what diversity according to race, culture, and socioeconomic status really means. They began to recognize how perceptions of disadvantage can impact how others behave and live. The comment of one summarizes their collective thoughts:

Their lifestyle is totally different than what any of us probably would have experienced, and their family structure is different too and they’re faced with a lot more...they have a more up-hill battle I think than suburban students do. I think each set of students has their own problems to deal with, but I think the inner city kids are definitely at more of a disadvantage because they have more issues and harder ones to deal with.

Nursing students reflected on their growing understanding of how they too could be perceived. They recognized the differences between themselves and high school students according to race, culture, and for most, socioeconomic status, and explained how differences can be surmounted when barriers are broken down.

I worried about that [racial issues]. I [thought], ‘well, here’s a bunch of white guys up here’.... I did see that that might be a barrier as far as, ‘well, they’re in college; they got money; they don’t have to worry about this stuff’, but that’s not necessarily true. And I think they kind-of realized that. They saw through that.

### ***Gaining the Know-How to Interact***

The nursing students saw the interactions as a way to integrate theories of human behavior and also cultural theories that had been presented in university classes. One said, “This is the one that really just brought the whole class together for me.” The nursing students learned about processes that bring about discussion and trust across racially and culturally different groups. One student stressed the importance of simply talking to others before forming beliefs. This student wrote, “I shouldn’t make assumptions about the ability or desire of any person to improve their health without talking to them.” Others saw that open communication was critical, as one explained:

I just felt before that they don’t want anything to do with some white guy, he don’t care. That’s not the case; they will listen to you if you talk to them at the same type of level that we did with this project.

They learned that understanding diversity depends on trust. One remarked, “Initially I think they probably had an attitude like, ‘You don’t know what I’ve gone through. What can you teach me?’ But they came to trust us.” The students’ comments revealed not only ways in which their expectations, attitudes, beliefs, and skills had changed, but also how they came to new understandings for their future lives. They were beginning to realize the need to turn beliefs into actions.

### ***Understanding the Power of One***

Almost all nursing students said, in one way or another that they learned about the power that just one person has to impact the lives of others.

I learned a lot about high school students, but the most important thing that I learned is that I have the ability to make a difference and have an effect on other's lives. You don’t know people or their stories—just a smile on my part may make a big difference.

Their emerging understanding of what they could do awed some. One wrote, “After reading one class’s evaluation form about us, I realized that we really made a difference in some of their lives.... truly amazing.”

Although idealistic, the nursing students were not naïve. They understood that they might not make lasting change in all the urban high school students. One student explained, “I don’t know how much actually stayed with them and if they went out and told their friends...” However, many translated this awareness into an appreciation for making smaller gains. They expressed the importance of influencing just one person. “It is very rewarding to see that you made a difference or sparked a change in just one person.” “Even if we made a difference in one person’s life, it was worth it.

### ***Imagining and Taking Action***

The nursing students discussed how they planned to transfer their changed beliefs into actions. Many moved beyond awareness to a desire to do something about social conditions. Students admitted that prior to this project, they had accepted the negative criticisms about the racially diverse urban school district and its students. One student described how she would communicate positively about urban students. She said: “Now I can go out and if people say something bad about CPS I can say, ‘well, they’re not bad, they are good students and do try’ and everything like that.” Another explained how these transformations would affect how she would treat patients with minority group status, saying

This [project] actually was something that changed me. I mean, changed me in the sense that I misperceived. I had an idea as to how these students acted, and my idea was so off base. I’m embarrassed to admit it. And this is going to really affect everything. It affects how I look at the whole CPS structure. It affects how I look at minority students in general, and as a nurse someday, that’s going to affect how I treat them.

The students spoke about increased knowledge and awareness. Some described how their new realizations had already changed their behaviors. During the focus group one commented:

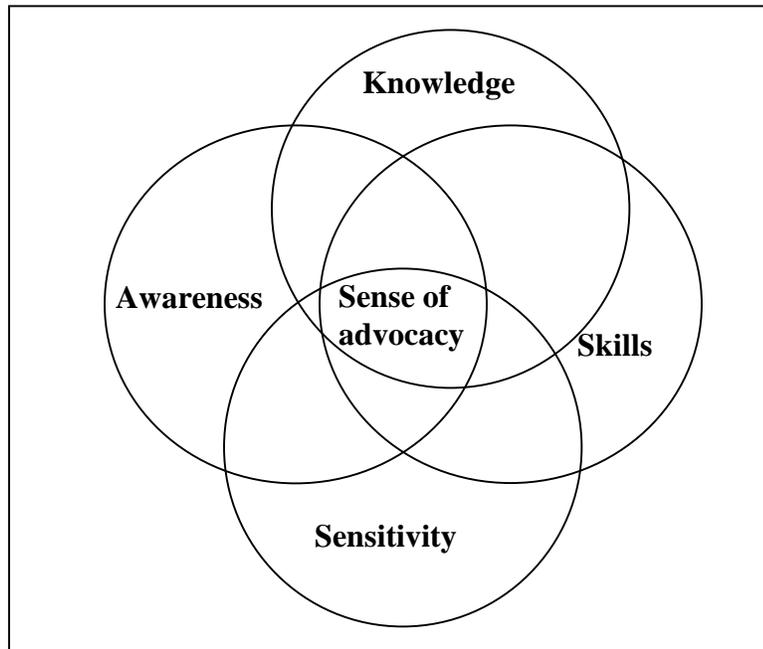
I was studying late one night and listening to [a local] night talk show, and they were talking about some study that came out. It involved teen sexuality. It wasn’t necessarily related to drugs, but one guy called up on the phone. He says, “oh, it’s because all these kids-everybody smokes pot. We know 95 percent at CPS smokes pot.” So, I called the radio station and said I have to disagree with your previous caller.... Once I told them I was a nursing student they put me on the radio, and then I said that’s actually not true.... So I just had to clear that up, and I think if I didn’t do this project I would have never had the knowledge to disagree with that caller.

## **DISCUSSION**

Cultural competency theory posits that individuals improve relationships across cultures by increasing their awareness and knowledge about cultural groups, developing interpersonal skills with individuals from cultures different than their own, and increasing their sensitivity by valuing differences (Rew, et al., 2003). The findings of this study support that statement. This project provided opportunities for contact, interaction, and reflection. When university students participated in an interactive program under conditions of low anxiety, with

racially diverse urban high school students, they not only developed knowledge, awareness, sensitivity, and improved their cultural skills, but they also went beyond to develop a sense of advocacy. Figure 1 displays the overlap among the cultural dimensions, including the nursing students' increased sense of advocacy.

**Figure 1: Cultural Competence Gained Through Contact & Reflective Programming**



The contact that decreased anticipated intercultural anxiety took place in a health classroom setting with groups of nursing students working together to present an interactive program on substance use to racially diverse teens. The project helped the nursing students reach new realizations about other cultures and in turn these realizations turned into actions. While the nursing students developed cultural understandings and gained confidence for “how,” they also created a sense of advocacy for the racially diverse urban high school students.

Although we cannot be certain about which factors influenced the outcomes of this project, the nursing students reported undergoing change because of their interactions with racially diverse urban teens. Surprisingly, even with considerable preparation, students were initially anxious about their role as facilitator and acceptance by the high school students. However, after the first debriefing session, the nursing students became increasingly self-confident in subsequent presentations. They expressed embarrassment at their erroneous

expectations and found their encounters with urban youth to be “life changing”. While the two groups of students were at opposite ends of the cultural continuum, one factor that may have contributed to decreased anxiety for interactions across cultural groups was proximity in age.

The students in this study learned about the skills involved in effectively interacting. The formats used in the project opened the way for reciprocal trust and non-threatening contact, which had been associated with reduced inter-group anxiety in previous studies (Britt et al., 1996; Stephan, 1999; Stephan & Stephan, 1992). The class format, initial structure followed by open-ended discussion, helped the nursing students understand the processes involved in communicating with groups. Learning these skills helped the nursing students turn intimidating concerns into positive experiences, which contributed to their understanding that each has the power to influence others and that influencing just one person is important.

Perhaps the most important finding in this study is that the deeper sensitivity the nursing students had for the racially diverse teens moved to a higher level. Freire (1970) and Aronowitz and Giroux (1991) emphasize the development of learners who advocate for social reform through the study and critique of power. Teaching practices that emerge from this ideology include strategies that instill a sense of agency and social obligation through projects designed for social action and community improvement (Kiel, 1995; McLaren, 1989; Sleeter, 1996; 1995). The urban outreach teaching project in this investigation is congruent with these ideas. Students’ comments reflected a desire to become social advocates. By understanding diversity better and seeing the power that one person can make in the life of another, the nursing students learned that they could be change agents. They valued the racially diverse urban students whom they met, and they wanted others to understand and value them as well. The nursing students became empowered by their understanding of how their personal agency could influence others. Some of them were already starting to act by talking to others about the urban high school students, as they now understand them.

### **IMPLICATIONS FOR NURSING EDUCATION**

Structuring programs to meet the needs of multicultural populations is the responsibility of university programs that prepare future professionals. Interactive programs such as the one used in this study allow students to work within communities as partners. This is critical in breaking down racial and ethnic barriers.

Campinha-Bacote (2003) asserts that university instructors need to challenge students so that they “engage in the process of becoming culturally aware, culturally knowledgeable, and culturally skillful, and seek cultural encounters” (p. 239). Voluntary involvement in projects, such as the one in this study, builds cultural competence, yet allows those who might be most in need of contact with different cultures to escape these cultural encounters. Some could question whether cultural competence is so important that universities need to include interactive programs into required core curricula. We would argue affirmatively. It is a university faculty’s responsibility to facilitate students’ cultural competence development (Hardiman & Jackson, 1992). “Cross-cultural training should be a required, integrated component of the training and professional development of health care providers at all levels” (Betancourt et al., 2002, p. 18). Students in this project agreed. One said, “It should be a requirement for our whole class.”

Our findings demonstrate that a meaningful way to build campus-community partnerships can be accomplished through service connected to credit courses. While there are many ways in which students, faculty, departments, and the campus can become involved in communities, many are informal arrangements that disappear when leaders change or funding ends. To prevent this, the university nursing program where this study was conducted now requires students to participate in interactive teaching projects with racially diverse populations in elementary schools, after-school programs, or other community programs. Although it is important to institutionalize the development of cultural competence, this is only a first step.

Cultural competence is far too important to assume that one experience will result in future professionals who are open to the beliefs and values found in the diverse communities in which they will work during their careers. Cultural competence needs to be integrated throughout preparation programs

## **CONCLUSION**

Preparation programs for professionals should build formal structures for reflection. Students are unlikely to engage in reflection without intentional efforts by faculty (Eyler, 2002). In this study, students experienced opportunities to reflect on their changing beliefs about culture during debriefing sessions, an exit survey, and a focus group interview. This study demonstrates how a teaching partnership between a university and an urban school district can provide opportunities for students to develop cultural competence. When combined with structural program changes and teaching that incorporates guided student

reflection, these partnerships can correct stereotypes and instill a sense of advocacy for cultural differences that are often misunderstood.

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