Report Unimore, Project Trainers (IO2) – 2019-2020

The Intellectual Output 2 (IO2) is the validation of the profile of competences for the Intercultural Nursing Educator (INE), defined as a first outcome of the project (IO1).

The advisable methodological approach to answer this request is the Delphi method which is based on experts' opinions. Following, the phases of the Traditional Delphi method are presented:

1.   Prevision of the future (Definition of Topics)

Delphi has characteristics similar to the prediction market as both are structured approaches that aggregate different opinions from groups. There are differences that may be decisive for their relative applicability for different problems. The role of the first phase, is to identify the feasibility of project.

2.   Decision Making (From topics to items)

Each Delphi participant receives a second question and is asked to review the topics summarized by the investigators based on the information provided in the first phase. Delphi experts may be required to rate or rank-order-items, to establish priorities among items. As a result of phase two, areas of disagreement and agreement are identified. The role of the first phase, is to decide the priority and the rank of every topic to define every item (augmented detail level).

3.   Gold answers phase (Revaluation)

In the third phase, the list of remaining items, their ratings, the minority opinions, and the items achieving consensus are distributed to the experts. This round provides a final opportunity for participants to revise their judgments about last degree of detail (final degree of detail). The role of this phase is to accept all decisions (answers) with the maximum level of agreement.

4. Dissemination Phase (Discussion)

In this final phase, the results of the decision making about previous phases, can be extended to others experts. The role of this phase is to accept the maximum possible consensus in the involved scientific community. Through a new evaluation, relative to every item, each new expert can vote his/her own agreement. This phase permits an overview and extended opinion about the validity (Brown, 1968; Dalkey & Helmer, 1963).

For this study, a Delphi survey is using with an iterative, multi-stage process, able to transform opinions into group consensus. The analysis of the data follows a qualitative and quantitative approach in the described phases/rounds.

The I phase of the Delphi (prevision of the future) started in October 2019, together with the definition of the profile itself. The first round saw the involvement of 17 participants, who was project-partners' teachers with a multi-annual expertise in teaching cultural competence to the university nursing students. Represented partners were Belgium, Italy, Spain, Macedonia, Switzerland, Denmark, Serbia). The group was multiprofessional.

The following points have been analysed with a qualitative approach:

What consequences could be in not having a specific profile? A semantic analysis brings to the following answers:

a) The number of difficulties in the access to health care for migrants people could increase if health professionals are not adequately prepared, in taking care of this specific population;

b) The need to prevent the risks of social inequality for minority groups (including migrants) should represent a challenge for health professionals. Also, it has to be considered that, the role of teachers and mentors has been defined as an essential role, to work on an adequate preparation (knowledge, attitude, and skills) of the future health professionals.

A specific profile of competences for an INE, who works on the promotion of a cultural competence, is lacking and needed; the number of teachers who are culturally competent could be increased, and this could guarantee a significant increase of the same competence in the students.

The II phase of the Delphi (Decision Making) took place in October 2019, following the definition of the profile. The same sample of the previous phase has been involved on the questions: "Do you agree about the definition of a specific profile?". A quantitative approach to the data analysis has een used, with the frequency analysis (dichotomous agree VS not agree). The 100% of the sample agreed about the need of the definition of a specific profile of competences for an INE.

The III phase of the Delphi (Gold answers phase) followed (October 2019) including a multi-professional group of 9 teachers with a multi-annual expertise in teaching cultural competence to the university nursing students, coming from Belgium, Italy, Spain, Macedonia, Switzerland, Denmark, using a multi-centric approach. This phase had 4 rounds, following described.

The round 3/1 (Definition of the profile's dimensions) took place in October 2019. This phase has been included an exhaustive literature review about the pedagogical competence of intercultural educators.

The question submitted to the sample was: "Do you prefer the model organized in 4 dimensions or the one organized in 8?".

The group of experts proposed two types of construct. One organized in 4 dimensions (Personal, Professional, Pedagogical Intercultural Competent, Pedagogical Training Intercultural Competences, this last divided in Intercultural Competent and Able to train Intercultural Competence), one in 8 (Theories, Curriculum, Nurse Practice, EBP, Communication, Ethical Principles, Evaluation, Management). A qualitative approach to the data analysis has been used.

The consensus was reached qualitatively through: 1) discussions online and on documents on a web platform, where comments were made on the proposed model of eight dimensions; 2) In an online meeting, a change into four dimensions was agreed upon. A proposal with a model organized in four dimensions was agreed unanimously. At the end, the 4-dimensions (Personal, Professional, Pedagogical Intercultural Competent, Pedagogical Training Intercultural Competences) has been chosen.

The round 3/2 (Definition of the profile's sub-dimensions) followed in October 2019, with the question "Do you agree about the proposed sub-dimensions?". The group of experts proposed to consider each dimension divided in 3 sub-dimension: Knowledge; Attitudes/Values; Skills.   A quantitative approach to the data analysis has been used with the frequency analysis, and it has been taken the decision to use the 3 sub-dimensions' model (Knowledge; Attitudes/Values; Skills), which reached the 90% of the agreement. he round 3/3 (Definition of the profile's items - 1) followed in November 2019, using the question: "Is this competence valid?". A qualitative approach to the data analysis has been used. Based on an extensive literature review, 150 competences have been proposed for the profile. The consensus was reached qualitatively through: 1) a discussions online and on documents on a web platform, with comments made on the proposed competences; 2) a face-to face meeting about the whole contents of the profile; 3) a few changes made afterwards in a skype-meeting.
The final version of the profile was agreed upon unanimously by all the involved participants. It is made by 127 valid competences (23 have been erased or integrated in others).

The round 3/4 (Definition of the profile's items - 2) concluded the phase 3 in November 2019. It has been asked, to the sample, to choose the position of each competence in the sub-dimension.
A quantitative approach to the data analysis has been used with the frequency analysis on the mode, which has to get the majority of the agreement level.
In this phase, it has been also made a syntactic revision of the document. The competences have been divided in the sub-dimension, as explained in table N°1. In total 36 knowledge's

competences, 34 Attitude and Values' competence, and 57 skills' competences have been included in the three dimensions (table 1).

DIMENSION													TOT
	PERSONAL			PROFESSIONAL			PEDAGOGICAL INTERCULTURAL COMPETENT			PEDAGOGICAL TRAINING INTERCULTURAL COMPETENCE			
Sub-dimension	K*	A/V£	S§	K*	A/V£	S§	K*	A/V£	S§	K*	A/V£	S§	
Number of items per sub-dimension	5	10	17	12	12	11	10	7	12	9	5	17	127
Total number of items per dimension	32			35			29			31			127

K* = knowledge; A/V£ = attitudes & values; S§ = skills

Table 1 Organization of the competences/itmes in dimensions and subdimensions.

The IV Phase (Dissemination) has been planned in January and February 2020.
A larger group of experts, as a sample, was needed in order to proceed with the validation of the profile. The rounds' tool has been managed with an online support, in order to guarantee anonymity, blended review, and to facilitate the data analysis.
A middle-locked level has been used[1], obtaining the level of agreement through a Likert scale (1/totally disagree; 6/Totally agree). The Likert scale has been chosen because it permits to transform a qualitative analysis (Likert scale shades) in a number, and it permits to analyse the data through the study of the mean and of the dispersion around it, in addition to frequencies calculation. It is the mathematical translation of the qualitative data elaboration.
The data analysis will be made using the mean approach (distribution around the mean) which is representative of the observations' statistical distribution. Considering a scale of 6

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[1] Middle-locked means it is possible to change everything through a Likert scale (1/totally disagree; 6/Totally agree).

steps (the Likert mentioned before), a mean major or equal than 3.5 off 6 is accepted as significant (Hsu, 2007).

he sample is composed by teachers who have a multi-annual expertise in teaching cultural competence to the university nursing students, part of the European Nursing Module Network or who are linked to a ENM's partner, with a multicentre approach (represented partners: EU countries). The group has to be multi-professional.

The **inclusion criteria** are:

1.   Having knowledge of English language, at least B2 level (intermediate);

2.   Having an e-mail address checked at least once a week;

3.   Having, at least two of the following curriculum's elements:

3.1) 5 years (or more) of experience in teaching inter/transcultural nursing, anthropology or similar topics, at nursing courses topics (transcultural nursing, intercultural communication, anthropology or similar topics);

3.2) 150 hours (or more) of experience in teaching inter/transcultural nursing, anthropology or similar topics (transcultural nursing, intercultural communication, anthropology or similar topics), at nursing courses, and/or clinical areas;

3.4) 5 publications (or more) about intercultural nursing;

3.5) completing a specific intercultural/transcultural course (e.g. Certificate, Diploma or Masters in Intercultural Relations, Transcultural Nursing), giving minimum 60 ECTS.

The **exclusion criteria** is: The participation at the first phases (1-3) of Delphi process.

The round 4.1 (Definition of the competences' validity) run on April 2020.
The evaluation of the proposed items/competences of the INE's profile have been requested through a Likert scale (1/totally disagree; 6/Totally agree), answering the question: "Is this competence valid?"
An open-space suggestions is available (but not mandatory) at the end of each section.
The questionnaire is available at this link, from April 8th, till April 27th.
    https://uantwerpen.eu.qualtrics.com/jfe/form/SV_el0SRFvtOwMw5MN
A second round has been considered in case it would have been necessary to re-evaluate the items which do not get the 3.5 of agreement, following the specific suggestions (but it has not been necessary).
The experts who answered the survey were 28 people, but only 26 completed the 100% of the questions.
The sample was composed for 83% by female, with an age major than 45 for 71% (29% was between 30 and 45 years old). Considering the country of origins, the biggest number

(33%) indicated the option "other countries" which includes: German, Togo, Austria, and USA. The second highest percentage (21%) comes from Switzerland, followed by Italy (13%), UK, Macedonia and Netherland (8%). Less represented countries were Denmark and Belgium (4%).

The place of current residence main corresponds to the previous question, with just the exception of one expert who is living in Spain.

Once again, the answer "other" was the most chosen regarding the trained discipline; it includes. Intercultural communication/business administration, Philosophy/Sociology, Management, English language and literature, Education, Public Health, Anthropology. The 41% are from the Nursing education, one person is a doctor.

The highest level of participants' education is the master degree (48%), followed by the PhD (30%), and the bachelor degree (15%). The current profession is in the educational field (65% considering higher education or university), and clinical context (7%). The 40% of the sample has more than 5 years of teaching experience in the topic of inter/transcultural nursing, 14% taught at least 150 hours, 8% teaches a specific course (at least 60ECTS), and have more than 5 publications in this field.

Considering the agreement of the competences, in the Dimension Personal Intercultural Competence in the sub-dimension Knowledge, the lover mean is 5.17, with a standard deviation of 0.80, on the item "(able to) explain sociolinguistic awareness, specifically intercultural communication style and local language".

In the same dimension, the sub-dimension Attitude & Values has a lover mean of 5.33, with a standard deviation of 0.75, on the item "(the educator) give everyone the benefit of the doubt and thereby assume the intentions of other are positive".

The sub-dimension Skills has a lover mean of 5.08, with a standard deviation of 1.11, on the item: "(the educator can) implement intercultural conflict management and resolution". All the items reached the level 6 of the Likert scale as mode (totally agree).

For what concerns this dimension, all the items reached up than the planned 3.5 of mean.

For 31 items on 32 the mode corresponds to the level 6 of the Likert scale (totally agree), the last corresponds to the level 5.

A few comments (6) have been written in the dedicated questionnaire's space. Four of them specify that all the proposed items are very relevant, but these should be considered related to an "ideal educator", in terms of top performer.

The agreement of the competences, in the Dimension Professional Intercultural Competence in the sub-dimension Knowledge, has a lover mean of 5.26 (standard deviation 0.85) on the item "(able to) demonstrate knowledge about cultural shock".

In the same dimension, the sub-dimension Attitude & Values has a lover mean of 5.05, with a standard deviation of 0.93, on the item "(the educator) demonstrate cultural desire".

The sub-dimension Skills has a lover mean of 5.38 on three item: 1) "(the educator can) use tools to performs nursing assessments adapted to culture" (Standard deviation/SD: 0.9); 2) "(the educator can) help in the acculturation process of people newly immersed in another culture" (SD: 0.7); 3) "(the educator can) manage intercultural care and understanding individual life-worlds in specific" (SD: 0.81).

All the items reached up than the planned 3.5 of mean. For 34 items on 36 the mode corresponds to the level 6 of the Likert scale (totally agree), two items correspond to the level 5.

A few comments (6) have been written in the dedicated questionnaire's space, some related to the ways to get these competences, a couple are related to the phrases' syntax, two are suggesting to add a competence. Even if the mean was higher than the expected one, two suggestions of the participants have been considered. The item "show intercultural knowledge into skills" has been changed in "show intercultural knowledge in skills". In addition, in the sub-dimension Knowledge, it has been also added the competence "understand relevant laws and human rights related to migrants".

The agreement of the competences, in the Dimension Pedagogical Training Intercultural Competences 1/Intercultural Competent Nurse, in the sub-dimension Knowledge, has a lover mean of 5.29 (SD 0.88) on the item "(able to) describe strategies to adapt educational and care intervention to".

In the same dimension, the sub-dimension Attitude & Values has a lover mean of 5.52, with a standard deviation of 0.58, on the item "(the educator) demonstrates a positive attitude to providing pedagogical interventions adapted to the culture of the student".

The sub-dimension Skills has a lover mean of 5.25 (SD 0.83) on the item: "(the educator can) recognize and validate cultural differences in writing and communication".

All the items reached up than the planned 3.5 of mean, and for all items the mode corresponds to the level 6 of the Likert scale (totally agree).

A few comments (4) have been written in the dedicated questionnaire's space: some (2) commented the meaning of some words (e.g. fair, honest), one is related to the top performer described above, one is about how to promote the competence.

The agreement of the competences, in the Dimension Pedagogical Training Intercultural Competences 2/Able to train Intercultural Competence, in the sub-dimension Knowledge, has a lover mean of 5.17 (SD 0.82) on the item "(able to) explain the affective-emotional reactions and the coping strategies of the students that are in the process to develop intercultural competence".

In the same dimension, the sub-dimension Attitude & Values has a lover mean of 5.39, with a standard deviation of 0.82, on the item "(the educator) shows commitment towards the continuous adaptation of the teaching and learning strategies to individualize the learning process to develop intercultural competence".

The sub-dimension Skills has a lover mean of 5.00 (SD 0.88) on the item: "(the educator can) utilize specific strategies for each developmental stage to enhance intercultural development".

All the items reached up than the planned 3.5 of mean. Regarding the mode, in 27 items on 31 it corresponds to the level 6 of the Likert scale (totally agree), in the remaining items is 5.

The two interesting comments left in this section are following reported: "Intercultural nursing is a complex process, educator at first, must have specific and great knowledge, about all parts of multiculturalism, like all needs and specific requirements they have and ability to handle with them." and "Reflection is crucial but educators are reluctant to give up time for IC reflection. It might be beneficial for the EC to require Nursing Departments to have a standard assessment that will inform individual countries of areas of strengths and weaknesses in IC development among Nursing Educators".

Considering the data, the sample is multicentric with many years of experiences, with a high level of education, and it is multiprofessional.

All the competences of the different dimensions and sub-dimensions reached a higher level of agreement, a lot more of what it has been planned in the research design. Even the mode of the items demonstrated a really high level of agreement.

Both the literature review, and the Delphi first round with experts, demonstrated a gap and, at the same time, a real need of a INE's profile of competences, to reduce the difficulties in the health's accesses for migrants, to prevent the risks of social inequality, and to give guidelines to teachers in applying their own role to prepare the future professionals.

As emerged from the literature review, the Nursing courses have been working since long time to promote the cultural competence, but this could not be considered enough. A specific indication about how the person in charge of this important path has to be is clearly needed, considering her/his cultural heritage. This background needed to be specified and shared from the insiders, in terms of specific knowledge, skills, attitudes and values which are recommended to better answer this role.

A specific profile for the Intercultural Nursing Education is now ready and validated.