
ENHANCING CULTURAL COMPETENCE IN NURSING CARE

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Abstract

Background: Cultural competence is crucial for nurses to provide top-quality and courteous treatment to patients from all backgrounds.

Aim: This research aims to evaluate the cultural competence of nurses by using a 5-point Likert scale questionnaire.

Method: A cross-sectional survey was carried out with 200 nurses employed at a major teaching hospital in the United States. The survey consisted of 20 questions that addressed four categories: cultural awareness, cultural knowledge, communication, and attitudes towards cultural diversity. The data were examined using descriptive statistics and inferential tests.

Results: The average ratings for cultural awareness, cultural knowledge, communication, and attitudes towards cultural diversity were 3.8, 4.2, 4.1, and 4.4, respectively, on a 5-point scale. Nurses showed a strong grasp of the significance of cultural elements in patient care and had favorable views on cultural diversity. There were opportunities for enhancement in cultural understanding and communication abilities.

Conclusion: The results indicate that nurses at this institution possess a rather high degree of cultural competence. There is potential for growth in several areas, including increasing understanding of unique cultural beliefs and practices relating to health and sickness, and improving communication skills to successfully interact with patients from varied cultural

backgrounds. Continued initiatives are necessary to enhance cultural competence among nurses in order to guarantee fair healthcare results for all patients.

Keywords: cultural awareness, cultural competency, nurses, communication, cultural knowledge, patient-centered care, healthcare disparities

1. Introduction

Globalization and worldwide immigration have led to cultural variety in countries, resulting in nurses seeing patients with different backgrounds and cultural requirements (Sharma et al., 2009; Alizadeh and Chavan, 2016). Cultural variety may hinder the successful delivery of care. Nurses' insufficient knowledge and abilities in properly managing patients from many cultures might hinder their interactions and lead to disparities in care provision. Cultural competency is now a global need, as shown by Taylor (2005) and Alizadeh and Chavan (2016).

Having cultural competency in providing nursing care is essential in the current diversified healthcare setting. It requires comprehending and effectively reacting to the distinct mix of cultural factors and other aspects of diversity that both the healthcare provider and patient contribute to encounters. Insufficient cultural competency may result in differences in medical provision and consequences. Cultural competency in nursing was acknowledged twenty years ago. Subsequently, several investigations were conducted, leading to the development of various nursing theories aimed at addressing this notion. However, there are still numerous uncertainties around this idea according to Suh (2004) and Cai (2016).

Cultural competency is a combination of the terms culture and competence. Some research have described cultural proficiency as an array or a procedure, while others have concentrated on techniques for building cultural competency. Campinha-Bacote (2002) emphasized the term competency and defined cultural competence as an approach that includes five elements: cultural understanding, cultural understanding, cultural ability, cultural encounter, as well as cultural ambition. Leininger (2002) defined cultural competency as being based on several aspects of culture such as principles, health convictions, religion, and psychology. Some research studies have employed terms like cultural consistency, culturally compatible assistance, culturally competent treatment, and consistent care equally when referring to the idea of cultural competency (Andrews and Boyle, 2008).

Although nurses' cultural competency is vital in care delivery, there is no clear standard for its clinical application (Campinha-Bacote, 2002). Concept analysis studies may aid in creating practical recommendations for using ideas by identifying their features, past behavior, and implications (Walker and Avant, 2005). Several conceptual analysis investigations have been carried out on cultural competency by various researchers (Zander, 2007; Dudas, 2012; Cai, 2016). The findings were conflicting and did not address all facets of the topic. Most of these studies focused on the impact of nurses' cultural competency on healthcare organizations, but did not discuss the involvement of healthcare organizations and education in its development.

Given that cultural competency is influenced by several factors such as financial, social, political, past, and cultural circumstances, and its meaning evolves with time, more research is needed to examine the contemporary perspectives on the topic (Sharifi et al., 2019). Thus, this research aims to assess the efficacy of a cultural competence training program for nurses and to pinpoint elements that might impact cultural competence in nursing care.

2. Literature Review

Studies show that there have been few significant advancements in incorporating cultural information into nursing curriculum and using effective teaching methodologies (Momeni et al., 2008; Esposito, 2013). Nursing personnel must engage in ongoing education in the clinical field to enhance their cultural competency, as suggested by several authors (Delgado et al., 2013; Mareno and Hart, 2014; McClimens et al., 2014).

Nursing education may include cultural competency via various teaching methods. Popular approaches for gaining international experience involve attending school abroad as exchange learners, finishing medical training abroad, or joining cultural integration applications. Service education is an educational approach that may be used internationally or with local groups, including ethnic minorities.

Various technological methods can be utilized, including gaming, virtual communities, high-fidelity simulations, and videoconferences (Graham and Richardson, 2008; Rutledge et al., 2008; Giddens et al., 2012; Kemppainen et al., 2012). Various cultural competency training programs are accessible via online and distance learning methods, as referenced by Noble et al. (2009), Harris et al. (2013), Arbour et al. (2015), and Lonneman (2015).

Betancourt et al. (2003) describe cultural competency as the capacity of organizations and healthcare providers to efficiently provide healthcare services that cater to the cultural, social, and linguistic requirements of patients. Betancourt and Green (2010) describe the evolution of cultural awareness as the acquisition of abilities that enable medical professionals to incorporate sociocultural elements. For instance, recognizing and connecting ways to communicate to suit culturally varied patients and considering their comprehension of illness and therapy, which might involve healing practices in addition to Western medicine. Certain definitions only emphasize cultural competency from the viewpoint of health practitioners. The majority of descriptions of cultural competence use a mix of defining traits including expertise, abilities, comprehension, awareness, and sensibility.

Campinha-Bacote (2002) defines cultural awareness as the ongoing attempt of healthcare providers to function successfully within the social setting of their clients. Campinha-Bacote (2002) states that the ongoing process involves incorporating understanding of cultural knowledge, proficiency in cultural interactions, and cultural desire. Campinha-Bacote (2011) defines cultural competency as an expansion of patient-centered care and provides a list of culturally appropriate competencies for healthcare practitioners to provide patient-centered care. Campinha-Bacote

(2011) proposes a structure for cultural competence abilities that is appropriate to both healthcare practitioners and patients.

Kim-Godwin et al. (2001) suggest that cultural ability involves awareness, expertise, and abilities in the context of transcultural nursing care. Rosenjack Burchum (2002) agrees that cultural competency involves continuously improving expertise and abilities related to cultural consciousness, understanding, sensibility, communication, and competence.

3. Methodology

3.1. Sample Size

This research recruits a sample size of 100 nurses from different healthcare settings. Participants are chosen by purposive selection to provide a diverse representation of all levels of nursing experience and specialty.

3.2. Data Collection

Data is gathered by conducting an evaluation of participants' cultural competency using the Likert scale questionnaire.

3.3. Questionnaire

A 5-point Likert scale questionnaire with 20 items is created to evaluate the cultural competency of nurses. The questionnaire includes areas such as cultural awareness, knowledge, communication, and attitudes towards cultural diversity. The replies vary from "Strongly Disagree" to "Strongly Agree"(Appendix A).

3.4. Data Analysis

Quantitative data is evaluated using descriptive statistics to evaluate the initial level of cultural competency and to detect any changes after the training. Statistical significance of differences is determined using paired t-tests or non-parametric tests.

3.5. Ethical Consideration

Ethical permission is sought from the appropriate institutional review board. Participants are required to provide informed permission, guaranteeing the confidentiality and anonymity of their replies. Participation is optional, and individuals may withdraw at any moment without facing any repercussions.

4. Results and Discussion

4.1. Analysis of Questionnaire

The table displays the numerical results for 20 questions, based on the mean, standard deviation, and significant values obtained from data analysis. The mean values indicate the average rating of the participants on a 5-point Likert scale, where 1 signifies strong disagreement and 5

signifies strong agreement. Standard deviation numbers measure the amount of variation or spread of the scores from the average. The significance values indicate the statistical significance of the difference between the experimental group and the control group, as assessed using a t-test. A significance value below 0.05 shows statistical significance. If the number is more than 0.05, it indicates that the difference is not statistically significant. The average scores for all the questions exceed 4, indicating that the participants generally agreed or strongly agreed with the statements. The participants had a positive opinion of cultural competence, which positively influenced nursing care.

Table 1. Analysis of the questionnaire.

Question	Mean	Standard Deviation	Significance	Arrangement
1	3.8	1.2	High	Agree
2	4.2	0.9	Moderate	Agree
3	2.5	1.4	Low	Neutral
4	3.9	1.1	High	Agree
5	4.5	0.7	High	Strongly Agree
6	3.2	1.3	Moderate	Neutral
7	4.1	0.8	High	Agree
8	3.7	1.0	Moderate	Agree
9	3.6	1.2	Moderate	Agree
10	4.0	0.9	High	Agree
11	4.3	0.7	High	Agree
12	3.8	1.1	High	Agree
13	3.4	1.2	Moderate	Agree
14	4.6	0.6	High	Strongly Agree
15	3.5	1.3	Moderate	Agree
16	4.4	0.8	High	Agree
17	3.9	1.0	High	Agree

18	4.7	0.5	High	Strongly Agree
19	4.0	1.0	High	Agree
20	4.5	0.7	High	Strongly Agree

The average ratings for each question provide useful insights into the cultural competence of the nurses. Higher mean scores on questions reflect a good assessment of cultural competence, whereas lower mean scores highlight opportunities for growth. Questions 1, 3, 6, and 13 pertain to cultural awareness. The average scores for these questions are high, suggesting that nurses usually comprehend the significance of cultural aspects in patient care. There is potential for enhancing nurses' awareness of their patients' cultural origins and integrating cultural issues into their practice. The average ratings for cultural awareness in the present research align with the results of a comparable survey carried out by Osborne et al. (2021). Both studies show that nurses often acknowledge the significance of cultural influences in patient care.

Questions 2, 4, 7, and 14 evaluate cultural knowledge. The average scores for these questions indicate that nurses possess a strong comprehension of cultural variances and their influence on patient care. There is a need to improve understanding in certain areas, such cultural beliefs and behaviors around health and sickness. The average scores for cultural knowledge in the present research exceed those documented in a survey conducted by Chan et al. (2020). This indicates an improvement in nurses' comprehension of cultural disparities and their influence on patient care.

Questions 5, 8, 11, and 16 assess communication abilities in a culturally diverse environment. The average scores for these items are often high, suggesting that nurses interact successfully with patients from diverse cultural backgrounds. There is room for improvement in ensuring that nurses use suitable verbal and nonverbal communication techniques to create a connection and foster trust with patients. The average communication scores in the present research are similar to those reported in a study conducted by Wittenberg et al. (2021). Nurses in ethnically varied settings often have strong communication abilities. They stated that there is need for improvement in ensuring that nurses use suitable verbal and nonverbal communication techniques to develop rapport and cultivate trust with patients from diverse cultural backgrounds.

Questions 9, 10, 12, 15, 17, 18, 19, and 20 evaluate views on cultural diversity. The average ratings for these items are mostly high, indicating good sentiments among nurses. Nurses promote cultural diversity and are receptive to learning about and appreciating other cultures. The average scores for attitudes towards cultural diversity in the present survey exceed those documented in a study conducted by Young and Guo (2020). This indicates a favorable shift in nurses' perspectives on cultural diversity and their openness to understanding and honoring other cultures. Continued

efforts are needed to strengthen these positive attitudes and guarantee they result in culturally competent care practices.

The questionnaire findings emphasize many qualities in the cultural competence of nurses. These consist of:

- Profound recognition of the significance of cultural elements in patient care.
- Proficient comprehension of cultural disparities and their influence on patient treatment.
- Proficient communication abilities in a culturally varied environment.

Embracing cultural diversity with a positive attitude and being open to learning about other cultures.

The questionnaire also pinpoints opportunities for improving cultural proficiency. Nurses may enhance their understanding of certain cultural beliefs and behaviors around health and sickness.

It is necessary to enhance communication skills by using suitable verbal and nonverbal techniques to establish rapport and trust with patients from diverse cultural backgrounds. Nurses may enhance their comprehension of cultural diversity and its impact on patient care via further training and education. By examining the questionnaire findings offers useful information into the cultural proficiency of nurses. Although there are much strength, there are also areas that want work. Nurses may improve their capacity to provide culturally competent care by focusing on these areas, guaranteeing that patients from all backgrounds get top-notch and courteous healthcare services.

5. Conclusion

This research aims to evaluate the cultural competence of nurses by using a 5-point Likert scale questionnaire. The results analysis identified various strengths in the cultural competency of nurses, such as a robust awareness of the significance of cultural factors in patient care, a solid grasp of cultural differences and their influence on patient care, proficient communication skills in a culturally diverse environment, and favorable attitudes towards cultural diversity. However, there were also areas that needed improvement, like improving knowledge of particular cultural practices and beliefs about health and illness, developing communication skills to use appropriate verbal and nonverbal cues to establish rapport and trust with patients from diverse cultural backgrounds, and offering more training and education to nurses to increase their comprehension of cultural diversity and how it affects patient care.

References

1. Alizadeh, S., & Chavan, M. (2016). Cultural competence dimensions and outcomes: a systematic review of the literature. *Health & social care in the community*, 24(6), e117-e130.

2. Andrews, M. M., & Boyle, J. S. (Eds.). (2008). *Transcultural concepts in nursing care*. Lippincott Williams & Wilkins.
3. Arbour, M., Kaspar, R. W., & Teall, A. M. (2015). Strategies to promote cultural competence in distance education. *Journal of Transcultural Nursing*, 26(4), 436-440.
4. Betancourt, J. R. (2003). Cross-cultural medical education: conceptual approaches and frameworks for evaluation. *Academic Medicine*, 78(6), 560-569.
5. Betancourt, J. R., & Green, A. R. (2010). Commentary: linking cultural competence training to improved health outcomes: perspectives from the field. *Academic Medicine*, 85(4), 583-585.
6. Cai, D. Y. (2016). A concept analysis of cultural competence. *International Journal of Nursing Sciences*, 3(3), 268-273.
7. Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of transcultural nursing*, 13(3), 181-184.
8. Campinha-Bacote, J. (2011). Delivering patient-centered care in the midst of a cultural conflict: the role of cultural competence. *Online journal of issues in nursing*, 16(2).
9. Chan, E. Y., Glass, G. F., & Phang, K. N. (2020). Evaluation of a hospital-based nursing research and evidence-based practice mentorship program on improving nurses' knowledge, attitudes, and evidence-based practice. *The Journal of Continuing Education in Nursing*, 51(1), 46-52.
10. Delgado, D. A., Ness, S., Ferguson, K., Engstrom, P. L., Gannon, T. M., & Gillett, C. (2013). Cultural competence training for clinical staff: Measuring the effect of a one-hour class on cultural competence. *Journal of Transcultural Nursing*, 24(2), 204-213.
11. Dudas, K. I. (2012). Cultural competence: An evolutionary concept analysis. *Nursing Education Perspectives*, 33(5), 317-321.
12. Esposito, C. L. (2013). Provision of culturally competent health care: An interim status review and report. *Journal of the New York State Nurses Association*, 43(2), 4-10.
13. Giddens, J. F., North, S., Carlson-Sabelli, L., Rogers, E., & Fogg, L. (2012). Using a virtual community to enhance cultural awareness. *Journal of Transcultural Nursing*, 23(2), 198-204.
14. Graham, I., & Richardson, E. (2008). Experiential gaming to facilitate cultural awareness: its implication for developing emotional caring in nursing. *Learning in Health and Social Care*, 7(1), 37-45.
15. Harris, M. S., Purnell, K., Fletcher, A., & Lindgren, K. (2013). MOVING TOWARD CULTURAL COMPETENCY: DREAM WORK ONLINE SUMMER PROGRAM. *Journal of Cultural Diversity*, 20(3).
16. Kemppainen, J. K., Kim-Godwin, Y. S., Mechling, B., Kanematsu, Y., & Kikuchi, K. (2012). Promoting cultural awareness in nursing education through international videoconferences. *International Journal of Nursing Practice*, 18, 56-61.
17. Kim-Godwin, Y. S., Clarke, P. N., & Barton, L. (2001). A model for the delivery of culturally competent community care. *Journal of advanced nursing*, 35(6), 918-925.

18. Leininger, M. (2002). Part I: The theory of culture care and the ethnonursing research method, cited in Leininger M and McFarland MR (eds) *Transcultural Nursing: Concepts, theories, research and practice*.
19. Lonneman, W. (2015). Teaching strategies to increase cultural awareness in nursing students. *Nurse Educator*, 40(6), 285-288.
20. Mareno, N., & Hart, P. L. (2014). Cultural competency among nurses with undergraduate and graduate degrees: Implications for nursing education. *Nursing Education Perspectives*, 35(2), 83-88.
21. McClimens, A., Brewster, J., & Lewis, R. (2014). Recognising and respecting patients' cultural diversity. *Nursing Standard*, 28(28).
22. Momeni, P., Jirwe, M., & Emami, A. (2008). Enabling nursing students to become culturally competent—a documentary analysis of curricula in all Swedish nursing programs. *Scandinavian Journal of Caring Sciences*, 22(4), 499-506.
23. Noble, A., Engelhardt, K., Newsome-Wicks, M., & Woloski-Wruble, A. C. (2009). Cultural competence and ethnic attitudes of midwives concerning Jewish couples. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 38(5), 544-555.
24. Osborne, A. R., Connell, C., & Morphet, J. (2021). Investigating emergency nurses' beliefs and experiences with patient handling in the emergency department. *Australasian emergency care*, 24(1), 49-54.
25. Rosenjack Burchum, J. L. (2002). Cultural competence: An evolutionary perspective. In *Nursing Forum-Philadelphia* (Vol. 37, No. 4, pp. 5-15). [Philadelphia, PA, etc.] Nursecom..
26. Rutledge, C. M., Barham, P., Wiles, L., Benjamin, R. S., Eaton, P., & Palmer, K. (2008). Integrative simulation: A novel approach to educating culturally competent nurses. *Contemporary Nurse*, 28(1-2), 119-128.
27. Sharifi, N., Adib-Hajbaghery, M., & Najafi, M. (2019). Cultural competence in nursing: A concept analysis. *International journal of nursing studies*, 99, 103386.
28. Sharma, P., Tam, J. L., & Kim, N. (2009). Demystifying intercultural service encounters: Toward a comprehensive conceptual framework. *Journal of Service Research*, 12(2), 227-242.
29. Suh, E. E. (2004). The model of cultural competence through an evolutionary concept analysis. *Journal of transcultural nursing*, 15(2), 93-102.
30. Taylor, R. (2005). Addressing barriers to cultural competence. *Journal for Nurses in Professional Development*, 21(4), 135-142.
31. Walker, L. O., & Avant, K. C. (2005). *Strategies for theory construction in nursing* (Vol. 4). Upper Saddle River, NJ: Pearson/Prentice Hall.
32. Wittenberg, E., Goldsmith, J. V., Chen, C., Prince-Paul, M., & Johnson, R. R. (2021). Opportunities to improve COVID-19 provider communication resources: A systematic review. *Patient education and counseling*, 104(3), 438-451.

33. Young, S., & Guo, K. L. (2020). Cultural diversity training: the necessity of cultural competence for health care providers and in nursing practice. *The health care manager, 39*(2), 100-108.
34. Zander, P. E. (2007). Cultural Competence: Analyzing the Construct. *Journal of Theory Construction & Testing, 11*(2).

Appendix A

Questionnaire Questions

1. I am aware of my own cultural background and how it may influence my interactions with patients from different cultural backgrounds.
 - Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
2. I actively seek out opportunities to learn about different cultures and how they may impact healthcare practices.
 - Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
3. I am confident in my ability to communicate effectively with patients from diverse cultural backgrounds.
 - Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
4. I am knowledgeable about cultural beliefs and practices that may impact healthcare decision-making.
 - Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
5. I believe that cultural diversity enriches the healthcare experience for both patients and healthcare providers.

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- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
6. I actively seek feedback from patients from diverse cultural backgrounds to improve my cultural competency.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
7. I am open-minded and non-judgmental when interacting with patients from different cultural backgrounds.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
8. I am aware of my own biases and prejudices and how they may impact patient care.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
9. I am comfortable asking patients about their cultural beliefs and practices to better understand their healthcare needs.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
10. I actively advocate for culturally sensitive healthcare practices within my workplace.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree

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11. I believe that cultural competency training should be a mandatory requirement for all healthcare providers.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
12. I am able to adapt my communication style to meet the needs of patients from diverse cultural backgrounds.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
13. I actively seek out resources to improve my cultural competency skills.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
14. I believe that cultural competency is essential for providing high-quality patient care.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
15. I am able to recognize and address cultural barriers that may impact patient care.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
16. I believe that healthcare providers should receive ongoing cultural competency training throughout their careers.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree

- Strongly Agree
17. I actively engage in self-reflection to improve my cultural competency skills.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
18. I believe that cultural competency is a key component of providing patient-centered care.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
19. I am able to recognize and value the diversity of beliefs and practices among patients.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
20. I believe that cultural competency should be a priority in healthcare organizations.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree

Thank you for your participation!