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Exploring the cultural competence of undergraduate nursing students in Saudi Arabia

Jehad O. Halabi*, Jennifer de Beer

College of Nursing - Jeddah, King Saud bin Abdul Aziz University for Health Sciences, Jeddah, Saudi Arabia

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ABSTRACT

Purpose: To explore the cultural competence of undergraduate nursing students at a college of nursing, Saudi Arabia.

Design: A descriptive exploratory design was used to explore the Saudi undergraduate nursing students' level of cultural competency.

Method: The convenience sample included 205 nursing students affiliated with a college of nursing at a health science university in Jeddah, Saudi Arabia. Data was collected using the Inventory for Assessing the Process of Cultural Competence-Revised (IAPCC-R) consisting of 25 items. The tool reported acceptable reliability of Cronbach alpha 0.89.

Results: The majority of students were culturally aware and dealt with people from different cultures. One-third preferred to have training on culture over a period of time. Half the students preferred studying a special course related to working with people from different cultures. Cultural desire reported the highest mean while cultural knowledge scored the lowest among the cultural competence subscales despite students being exposed to some cultural knowledge content in their training.

Conclusions: Implementing the guidelines for culturally competent care assure covering all aspects of care with consideration of cultural heritage as a main concept. Comparative study of nurses' and students' perception is further recommended.

1. Introduction

Cultural competence is variously defined in terms of the outcomes for individual patients and groups or as the attitudes, and behaviors of practitioners and organizations or a combination of both. While there is never likely to be a single definition which is wholly acceptable to all, the following typifies the definitions found in the literature. The most frequently cited definition is by Campinha-Bacote (1999, p. 278) who defines cultural competence as an ongoing process of seeking cultural awareness, cultural knowledge, cultural skill and cultural encounters in which the "healthcare provider continuously strives to achieve the ability to effectively work within the cultural context of the client".

Cultural competence leads to several health outcomes variables including an increase in quality of nursing performance, care provider-patient rapport and well-established intersubjectivity. Similarly, cultural competence leads to treatment effectiveness, as well as cost effectiveness. Cultural competence increases provider-based variables, which include personal and professional growth in values, communication and nursing practice. In terms of receiver-based variables, cultural competence results in holistic care, increases the patient's quality of life, health care satisfaction, a good perception of health care providers and better adherence to prescribed medication (Suh, 2004).

Further to this, Gözum et al. (2016) highlights that culture plays a vital role in health perceptions, health behaviors and response to medical treatment so health care personnel should improve their cultural competence as culturally competent nursing care aims to improve the quality of health care by reducing cultural disparities that arise when different cultures meet in the health care context (Almutairi et al., 2015; Douglas et al., 2014). As more people from diverse cultures seek access to health care resources, nurses are responsible for "understanding, facilitating, and integrating traditional culture into modern approaches to health and nursing care" (Darnell and Hickson, 2015, p. 102). In addition, cultural competence includes nurses determining whether they understand the patient's cultural needs so as to remove any barriers that may affect the patient's health outcome (Darnell and Hickson, 2015).

Cultural competence can be achieved in nursing education by developing a taxonomy that include the antecedents described above:

* Corresponding author at: P.O. BOX 9515, Mailcode 6565, KSAU-HS, CON-J, Saudi Arabia.
E-mail addresses: halabiJE@ngha.med.sa (J.O. Halabi), beerje@ngha.med.sa (J. de Beer).

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awareness, knowledge, sensitivity, skills and encounters. In addition, nursing students will be able to identify some beliefs and practices used to care for individuals from diverse cultures if nurse educators are incorporating culturally competent care in their programs (de Beer and Chipps, 2014). Cultural competence work by scholars such as Leininger et al. provided support for teaching nursing students about the beliefs, values and practices of diverse groups which develops cultural congruence in nursing students (Holland, 2015). Seright (2010) found that 80% of American rural nurses considered themselves not culturally competent. Therefore, it is important to assess cultural competence even in homogenous rural parts of the USA.

1.1. Nursing in Saudi Arabia

This cultural competence is applicable to the Kingdom of Saudi Arabia (KSA), which is a country with a unique blend of Arabic people with Islamic influence (Almutairi, 2015). The uniqueness of the Saudi culture is further coupled with a large number of expatriates residing in KSA. In mid-2013, it was estimated that 9.4 million non-nationals from approximately 18 countries reside in KSA with a total population of 28.83 million (De Bel-Air, 2014). The rapid annual growth of the Saudi population (3.2%) places a huge demand on the Saudi healthcare system. Furthermore, they bring in a difference in religion, culture and social values and languages which can often create barriers between nurses and patients (AlYami and Watson, 2014).

In addition, there are further demands on the health care systems due to the chronic shortage of Saudi health care professionals, especially nurses. There are 55,429 nurses working in KSA representing (52%) of the total health care professional workforce. Of these, only 24,689 (44.5%) are Saudi, while the rest are expatriates. Nursing students fall within the category of Saudi nurse workforce (4.1%) (Almalki et al., 2011). It is within this backdrop that the authors believe in the significance of exploring the cultural competence of student nurses within an undergraduate nursing program in KSA.

Caring for patients from diverse backgrounds is a daily reality for nurses who are expected to provide both clinically safe and cultural competent care. Nurses need cultural competence in the management of patients within a cultural context. A health care system staffed by a culturally competent workforce produces high quality care to diverse populations leading to elimination of health disparities (de Beer and Chipps, 2014).

Nursing programs have a responsibility to adequately prepare their graduates to provide culturally competent care (Von Ah and Cassara, 2013). However, prior to the mid-1980's nursing programs did not include cultural competency in the curricula. Since then, nursing organizations and educational institutions have recommended and developed standards for cultural competency (Douglas et al., 2014) learning strategies to be included in academic content. These strategies are integrated throughout years of formal education and vary in terms of objective, curricula, learning interventions and evaluations (Gallagher and Polanin, 2015).

Von Ah and Cassara (2013) and Adams (2010) reported the significance of adequately addressing cultural competence in the undergraduate nursing curriculum by providing students with the knowledge and clinical experience that will enable them to be comfortable and sensitive to the needs of diverse patient populations. de Beer and Chipps (2014) highlighted that nurses who lack cultural competence may be putting patients at risk for delays in treatment, inappropriate diagnosis, non-compliance with health care treatment and even deaths.

Given the influence of globalization on health care services, nurses need to have sufficient cultural competence to effectively manage patients from different cultures. Hence, the development of cultural competence in nursing has become an important aspect (Lin, 2016). The purpose of this study was to explore the cultural competence of undergraduate nursing students at a college of nursing, Jeddah, KSA. The specific objectives were to explore undergraduate nursing student's knowledge about cultural competence; their cultural awareness; their cultural encounters; their cultural desire; and their cultural skills. No previous studies were located in the literature with nurses or students from the Middle East. This is the first study of its kind in the country and the Arab region.

2. Methods

2.1. Design and Setting

This research followed a positivist research paradigm assuming a quantitative exploratory descriptive design. A college of nursing in the Western region of the KSA was the setting for this study. The College offers two undergraduate (Baccalaureate) Programs in Nursing Science: the first is known as Stream I, catering for high school graduates and extends over a period of 4 years. The second is known as Stream II, catering for university graduates who wish to join Nursing as a second career. The two programs are preceded by a foundation program of one semester, and followed by internship program of one year length. The aim of the program is graduating independent, critical thinkers who are able to care for the patient, families and communities by providing care that is of the highest standard possible. The curriculum within this college incorporates cultural contents over the 4 years of studying. However, in the first year of the program, within the Fundamentals of Nursing module, cultural contents are formally incorporated. Over a 3-hour scheduled class presentation, students were introduced to the main concepts of culture, culture competent care, and how to provide cultural sensitive nursing care in a culturally diverse health care environment. Culture theories as well as the culturally competent models of care are introduced. Students are involved in clinical rotations throughout the program and during this rotation students are exposed to patients and staff from a multicultural background.

2.2. Sample and Data Collection

A convenience sampling method was used to recruit undergraduate nursing students, from Stream 1 and Stream 11, registered at the female nursing college during the study semester. The total number of students (240) from all four years of training who met the inclusion and exclusion criteria was targeted for this study as the population number was small. Students that were included in the study completed the Fundamentals of Nursing module and were registered within the college at the time of data collection. Students that were excluded from the study did not complete the Fundamentals of Nursing module and were not registered in the college during data collection. Completion of the Fundamentals of Nursing module was a prerequisite for inclusion into the study as this module covers the cultural contents taught within the program. In addition, not being registered as a student within the time of data collection did not qualify students to participate in the study even if these students completed the Fundamental of Nursing module.

Two-hundred and forty questionnaires were distributed to students. Only 205 students consented to partake in the study by completion of the questionnaires making the response rate 86%. Questionnaires were handed to students by the researchers at the beginning of lectures and were collected at the end of the lecture day. This was done so as to allow students sufficient time to complete the questionnaire.

2.3. Instrument

A questionnaire consisted of two sections; the first covered the demographic data detailing age, marital status, cultural, residence, level of study, stream or program of study, GPA, clinical experience, exposure to cultural information and level of training, and the second was the Inventory for Assessing the Process of Cultural Competence-Revised (IAPCC-R) designed by Campinha-Bacote (1999) and revised in 2002. This inventory is a four-point Likert self-administered scale consisting

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