Migration and mental health care: Identifying the cultural competency of Turkish nursing students

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1. Background

As the world becomes increasingly heterogeneous (Wilhelm and Zlotnick, 2013) often as a consequence of mass-migration, cultural exchanges increase. In countries such as Turkey, which currently host millions of refugees, this aspect of globalisation highlights differences within cultures, such as social and community life, attitudes, expectations and the utilisation of health services (Duffy, 2001). In order to respond, health care systems need to ensure practitioners are culturally competent and responsive to the needs of people from different cultures to their own.

Culture, which manifests through the behavioural patterns that guide the lifestyle of a society, plays a vital role in health perceptions, behaviours and response (Gözüm et al., 2016). Cultural differences can affect the health care system and lead to health inequalities and disparities (Clark, 2013). Potentially, within health care systems, cultural competence facilitates person-centred and integrated care (Dougles et al., 2014) and as such stems from the attitudes, and behaviours of practitioners and organisational policy or a combination of both (Halabi and Beer, 2018). Hence, the nursing workforce, the largest element of most health care systems, is in a unique position to reduce cultural disparities that arise when different cultures meet (Dougles et al., 2014).

The assumption in this paper is that cultural competence is a capability that can be nurtured and developed, which results in holistic care, increases the service user's quality of life, health care satisfaction and the perception of quality care (Leininger, 2002; Yeager and Bauer-Wu, 2013). Effective cultural communication demonstrates respect, dignity and the preservation of human rights (Miller et al., 2008) and provides fair and equal opportunities thus reducing disparities (Dougles et al., 2014). In contrast, cultural insensitivity and incompetence in the health care system can generate barriers to health-seeking behaviour and create uncomfortable experiences for service users (Rew et al., 2003).

In mental health care, a persons cultural expression can have profound implications for their diagnosis and subsequent care and treatment (Tee, 2016; Thornicroft et al., 2016).Culture is a critical factor that can shape the expression of clinical symptoms, influence models of mental health and illness and treatment-seeking behaviours (Lewis-Fernandez et al., 2014). Nurses, therefore, need to be aware of the impact of culture on the trajectory of mental health issues and the subsequent recovery process (Sousa and Rojjanasrirat, 2011). Culturally-sensitive approaches may lead to a better understanding of a person's needs and health care outcomes.

One of the primary aims of pre-registration nursing education is to support students in developing cultural sensitivity and understanding the influences of culture on health, but also how their own cultural background affects others (Von Ah and Cassara, 2013). This has even more resonance in Turkey which seeks to provide care to large numbers of refugees who have experienced loss and trauma due to conflict. Cross cultural nursing education, it is argued, must be experiential to help build internalised knowledge through experience (Wilhelm and Zlotnick, 2013). However, despite the increased emphasis on cultural education in nursing curricula worldwide, culturally based problems in healthcare persist.

In culturally diverse countries, such as Turkey, where nurse education only includes around 300 h of theory and practice specific to mental health, there is a need to explore the level of cultural awareness achieved by final year nursing students and to identify strategies for improving competency development, throughout the curricula. This is vital for those entering nurse education as they will become the nurse leaders of the future and will have a key role in shaping the practice culture and expectations within an increasingly heterogeneous society. Therefore, understanding the cultural expressions of mental health service users while providing culturally sensitive mental health care, should be an essential component of nurse education. However, the challenge is to maximise the opportunities for learning within the limited time available.

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This study examines data drawn from final (4th) year nursing students from seven nursing schools across Turkey, to identify current levels of understanding and to make recommendations for curriculum design and delivery. We believe that the insights derived from this study will have wider relevance and appeal to countries facing similar challenges in meeting the growing population diversity within their own countries. Throughout this paper we have adopted the term 'service user' rather than 'patient', to refer to those receiving mental health care, acknowledging the dehumanizing effect of medical labels. However, the term patient is used by some of the interview respondents and is included in their direct quotes.

2. Method

2.1. Aim of the study

This project aimed to identify the level of cross cultural competency of Turkish final year student nurses, and the challenges arising from mental health and students' internalised cultural perceptions. The study sought to address the following questions;

- What are student nurses' perceptions of cross cultural nursing care in Turkey?
- What is the level of cross cultural competency among student nurses in Turkey?
- What are the implications arising from students' internalised cultural perceptions for the delivery of cross-cultural mental health care?
- What are the implications for the delivery of nurse education in Turkey?

2.2. Study design

A mixed-methods study comprising two phases:

2.2.1. Quantitative phase

Data were collected using the Nurse Cultural Competence Scale (NCCS), which includes questions about cross-cultural competency and some sociodemographics details of students.

2.2.2. Qualitative phase

Data were collected through interviews with 25 undergraduate nursing students. The qualitative phase of the study was conducted by adopting a descriptive phenomenological approach, the purpose of which is to describe, interpret and understand the phenomena of cross-cultural mental health care. The approach was adopted because it provides rich data and enables the researchers to gain deep insights into the views of the participants (Hsieh and Shannon, 2005). The audio-taped interviews lasted 45 min on average. The first author performed all interviews, using the semi-structured questionnaire. The interviewer was aware of possible unequal power dynamics between the interviewer and the interviewee during the conversation and focused on respectful and empathic behaviour (Malterud et al., 2015). Interviews were finished once data saturation had been achieved.

2.3. The study

The Turkish 4-year pre-registration nursing programme involves students undertaking compulsory and elective courses in order to be graduated as a general nurse by completing at least 240 ECTS. One of the compulsory courses is "*Mental Health Nursing*" which is a final year element consisting 308 hour learning activity. The theoretical and clinical placement components are focused on mental health and mental ill-health, which is typically the first time students have the opportunity to explore these subjects in depth. The assumption was that students in their fourth year would have a good appreciation of cross

cultural care principles and would be able to apply these to the mental health context.

2.4. Setting and participants

Between October 2017 and May 2018, all final year nursing students from seven Turkish nursing school were invited to participate in the study; 505 nursing students signed informed consent and participated. The participants of this study were selected through convenience sampling from nursing students attending seven universities in Turkey. All nursing schools had very similar characteristics regarding their education system and courses. The study inclusion criteria were (1) being final year nursing students, (2) being able to communicate in Turkish, (3) completed mental health course, (4) voluntary participation in the study.

2.5. Data collection

Data were collected using the NCCS and Qualitative Question Form. Information about data collection tools were as follows:

1. **Student Nurse Data Sheet** was developed to define socio-demographic characteristics and cross-cultural perspectives based on previous literature (Almutairi et al., 2015; Halabi and Beer, 2018; Perng and Watson, 2012). The questionnaire included questions regarding the socio demographic characteristics of the participants, such as age, gender, educational background and also, approaches of cross cultural nursing care.
2. **Nurse Cultural Competence Scale** (**NCCS** Perng and Watson, 2012) is a commonly used tool to assess cultural competency in nursing students and nurses. The Turkish version of the NCCS has been validated and assessed for reliability (internal consistency coefficient of 0.98) by Gözüm et al. (2016). The tool includes 20 closed-ended items that are rated using a five-point Likert type scale. The range of scale score is 20–100. The higher scores indicate a higher level of cultural competency. The scale includes three subscales, namely, "cultural skills," "cultural knowledge," and "cultural sensitivity". There are twelve statements (1,2,4,5,6,7,8,10,14,16,18,19) related to cultural skills, six statements (3,9,11,12,13,15) related to cultural knowledge, and two statements (17,20) related to cultural sensitivity. The Cronbach's α values were between 0.66 and 0.81 in Turkish validity-reliability study of NCCS, and those in this study were between 0.82 and 0.93.
3. **Qualitative Question Form** is based on literature and includes questions related to cross cultural understanding and competency and perceptions of mental health nursing students (see Fig. 1).

2.6. Ethical considerations

The study adhered to the principles of the Declaration of Helsinki. The study procedures were approved by Hacettepe University Ethics Commission (protocol no. 431-1319) before it was initiated and the necessary permissions from the nursing faculties were approved. All the participants were informed of the voluntary nature of the participation. Verbal and written informed consent was obtained from each participant. The participants could withdraw from the study at any time without stating a reason, and they were not expected to pay for participation. All participants were informed that the findings obtained were being used for scientific purposes only and that students' names should not be written on the forms to maintain confidentiality.

2.7. Data analyses

2.7.1. Quantitative data

Data were coded and analyzed using the SPSS 23 statistical software (IBM SPSS Statistics v23). Descriptive statistics and percentages on