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## Original Article

# A preliminary multicultural nursing competence instrument for assessing undergraduate student nurses



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## ABSTRACT

**Purpose:** To develop a multicultural nursing competence instrument for use in assessing undergraduate student nurses (SNs).

**Methods:** This study enrolled 322 student nurses (SNs) employed at five hospitals in Hunan Province. The nurses were identified by the cluster sampling method. The items on the competence instrument were retained or deleted after analyzing their coefficient of variation, coefficient of correlation with the total score, t-test results. Reliability tests and correlation analysis were used to examine internal consistency, while exploratory factor analysis was used to determine construct validity.

**Results:** After analyzing items, the final multicultural nursing competence instrument comprised a total of 49 items that evaluated five dimensions. The instrument showed good overall reliability (0.958), and the internal consistency of the five dimensions ranged from 0.884 to 0.952. Furthermore, the correlations among the five dimensions were statistically significant ( $P < 0.01$ ). An exploratory factor analysis of the five dimensions showed that five items incorporated aspects of cultural cognition (factor loading range, 0.824–0.888), five items incorporated aspects of cultural attitude (factor loading range, 0.629–0.815), twenty-two items involved cultural knowledge (factor loading range, 0.587–0.792), seven items incorporated aspects of cultural skills (factor loading range, 0.743–0.860), and 10 items involved cultural encounters (factor loading range, 0.522–0.909).

**Conclusion:** The multicultural nursing competence instrument for SNs demonstrated good reliability and validity, and can be utilized in nursing education programs and research.

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## 1. Introduction

Multicultural nursing has become a key component in healthcare, and a requirement for today's practicing nurses. The population of China comprises 56 ethnic groups, and each group has its own unique culture. China's urbanization process has accelerated since the recent social reforms, and large numbers of rural people have moved to the cities. These migrants have distinct regional and cultural characteristics which can disrupt a city's previous unicultural structure. Additionally, as China is now a member of the WTO, international educational exchanges have become increasingly prevalent. There has also been a rapid increase in the numbers of overseas joint ventures and wholly-owned medical institutions, which can result in collisions and fusion between various cultures. As a result of these changes, China is now becoming a truly multicultural society. Providing culturally-specific care to the myriad of culturally-diversified patients in China is a growing challenge [1]. Additionally, nurses are often required to provide holistic care, defined as care designed to meet the individual needs of each patient. In order to provide holistic care, nurses must take cultural differences into consideration when developing their plans to provide patient care [2]. Culturally different patients are defined as patients whose racial, ethnic, gender, socioeconomic, and/or religious background or identify is different from that of the SN or nurse. As our understanding of multicultural nursing continues to increase, some experts have pointed out that multicultural nursing not only involves caring for patients from different countries with different cultures and ethnic groups, but also caring for local individuals with different cultural backgrounds. Some scholars propose that each individual has their own particular culture, and all contacts between clinical nurses and patients have a multicultural component.

Nurse educators can potentially lead the effort to provide culturally congruent health care by developing and implementing creative, evidence-based educational activities that promote positive and culturally relevant learning experiences for students and health care professionals [3]. The future development of diagnostic-prescriptive strategies is contingent on the continued development of reliable and valid evaluation instruments. Unfortunately, the instruments and methods used to evaluate innovative methods of training nurses in China are limited, and will continue to restrict a proper evaluation unless psychometrically valid instruments guided by conceptual frameworks are developed. Moreover, the existing methods used to evaluate nursing education are not being updated, and new advanced statistical techniques are not being used to analyze their results.

A reliable and valid instrument for evaluating multicultural nursing competence might help to predict a student nurse's ability to provide culturally congruent care. Strong transcultural nursing competence is critical for providing high quality health care to diverse individuals [4]. The capability to objectively evaluate an individual's competence for providing multicultural care would have applications in both nursing education and research. First, it would provide insights regarding how to develop multicultural nursing competence

among undergraduate SNs, especially those studying at institutions that use an integrated approach to teach cultural competence. Second, it could be used to guide future researchers on how to develop educational interventions aimed at enhancing cultural competence education programs, reducing disparities in health care, and facilitating the delivery of culturally congruent patient care to different types of patients. Furthermore, an evaluation of such study results would permit diagnostic-prescriptive student interventions to be made based on empirical evidence, and enrich our understanding of the multidimensional complex process of cultural competence education.

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## 2. Material and methods

### 2.1. Theoretical evidence

The theoretical framework for this study was Campinha-Bacote's model of cultural competency [5]. Campinha-Bacote's model of cultural competency involves the integration of cultural desire, cultural awareness, cultural knowledge, cultural skill, and cultural encounters, all of which are interdependent.

Cultural awareness is a process of self-examination involving a student's recognition of his or her own cultural differences from those of the patient, and becoming sensitive to the patient's values, beliefs, lifestyle, practices, and problem-solving strategies. Accordingly, our research divided cultural awareness into two parts: cultural cognition and cultural attitude.

Cultural knowledge is gained by seeking and obtaining a sound understanding of various patients' cultural beliefs regarding health. By gaining cultural knowledge, nurses can better value their patients' interpretations of health, illness, and treatment; learn about the distinct physical, biological, and physiologic variations that exist in different cultural groups, and then incorporate each patient's cultural and religious beliefs into their plan of care.

Cultural skill is the ability that a SN demonstrates to collect relevant cultural data regarding a patient's medical history and current problems, as well as to physically assess culturally-diversified patients, so as to provide care that is consistent with a patient's cultural background. SNs who demonstrate cultural cognition and knowledge are able to gather information regarding a patient's health history and their perception of the current problem, and then suggest possible treatments in a culturally sensitive manner.

A cultural encounter is the act of directly interacting with a patient who comes from a different cultural background, and is the crucial construct of Campinha-Bacote's model of cultural competency. There are two important outcomes of a cultural encounter [6]. First, it can generate a wide variety of responses, and result in sending and receiving both verbal and nonverbal information in a manner that is appropriate for different specific cultures. Second, it can validate, refine, or modify the existing values, beliefs, and practices of a patient, and facilitate the development cultural desires, cognition, attitudes, skills, and knowledge.

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