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Cultural awareness scale: Psychometric properties of the Turkish version

Fatma Başalan İz (PhD, RN)[a,*], Ayla Bayık Temel (PhD, RN)[b]

[a] Public Health Nursing Department, Faculty of Medical Sciences, Süleyman Demirel University, Isparta, Turkey
[b] Public Health Nursing Department, Ege University Nursing Faculty, Bornova, Izmir, Turkey

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ABSTRACT

Background: Cultural competence, a relatively new concept in the world of healthcare professionals, has garnered an increasing global attention over the last 20 years. An accurate assessment of baseline knowledge, skills, attitudes, strengths, and limitations of the students in delivering culturally congruent nursing care appears to be a key component in designing teaching strategies.
Aim: The current study aimed to analyze the psychometric properties of the Turkish language version of the Cultural Awareness Scale and to determine any possible similarities between the compositions of the Turkish version and the original scale.
Methods: This methodological study included a sample size of 197 undergraduate nursing students. The research data were collected using a sociodemographic form and the Turkish language version of the Cultural Awareness Scale, which contains 36 items designed to address five different factors using a 7-point Likert response format.
Findings: The Turkish language version of the scale comprised 36 items under four different subscales. The scale was found highly reliable, with an internal consistency estimate of reliability at 0.897 for the total scale, which ranged from 0.751 to 0.868 for the subscales. The item-total correlation test showed that there was a significant correlation between each item and the remaining items, with correlation coefficient values ranging from 0.147 to 0.647.
Conclusions: The results of the analyses showed that the Turkish language version of the Cultural Awareness Scale was a highly valid and reliable instrument; therefore, it might prove a valuable asset for use in various healthcare disciplines.

1. Introduction

The recent movements of human populations around the world occurs at such an unprecedented scale that it poses significant challenges in delivering medical and nursing care to people with completely different healthcare beliefs, views and practices. On the other hand, worldwide nurse migration, mainly taking place to make up for a nursing staff shortage in certain countries, puts the nurses in a similar situation where they need to provide nursing care for patients with diverse cultural backgrounds (Douglas et al., 2014).

Over the last 20 years, cultural competence has gained widespread recognition in the evolving scene of healthcare (Salman et al., 2007). Some have described cultural competence as a multidimensional process that requires ongoing active learning (Calvillo et al., 2009; Unkuri et al., 2014). Although variety of descriptions are available in the literature, cultural competence in healthcare is usually known as possession of cultural knowledge, attitudes, understanding and a set of practice skills that ensures delivery of high quality healthcare services to patients from diverse backgrounds; or more concisely, ability to provide a culturally appropriate care (Loftin, Hartin, Branson, & Reyes, 2013). In order to deliver a safe, effective and quality care, all nurses should be aware of and sensitive to diverse individual beliefs related to health and illness, religious influences, native languages, values, along with other cultural and socioeconomic factors that may play a role in the health of patients (Calvillo et al., 2009). Besides, there is also another concept that needs to be paid attention to by the nurse, which is cultural safety. The notion of cultural safety primarily focuses on the nurse's differences, rather than patient's existing differences (Ramsden, 2002). It calls attention to the fact that patients might have certain expectations from the nurses providing healthcare.

* Corresponding author.
E-mail addresses:
fbasalan@gmail.com (F. Başalan İz), ayla.bayik@ege.edu.tr (A. Bayık Temel)

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As the world is becoming a smaller place every day, cultural competence and cultural awareness have emerged as vital practice skills in the nursing profession (Bohman & Borglin, 2014). Considering the massive scale of globalization, immigration, rapid evolution into culturally diverse populations, as well as developing healthcare concepts, there appears a critical need for curricula in nursing schools that effectively incorporate culturally competent care into training process (Cuellar, Brennan, Vito, & Siantz, 2008). However, there is no evidence-based training method to explain the best way to produce culturally competent nurses with cross-cultural skills (Carter et al., 2006; Cuellar et al., 2008). Thus, the duty to raise cultural awareness and sensitivity among nursing students to ensure the entry of culturally competent practitioners into workforce lies with the nursing instructors and faculty members (Sanner et al., 2010). Given the circumstances, the major challenge for the nursing instructors is therefore preparing students equipped with skills that would allow the delivery of quality healthcare to individuals with diverse cultural backgrounds (Jeffreys, 2000). A wide range of instruction methods are currently utilized to teach various aspects of cross-cultural care in health-related professions. Studies investigating the outcomes of such education methods show that relevant training improves cultural awareness and sensitivity among learners, equipping them with adequate knowledge and practice skills (Carter et al., 2006). Moreover, with the right education, cultural competence may be achieved not only at individual level, but also at communal, organizational and societal levels. Assessment of individual cultural competence needs to be conducted within the context of organizational skills or at a systemic level, including cultural competence of the faculty, which can have a significant impact on student performance (Calvillo et al., 2009).

It is the responsibility of nursing schools and faculties to produce culturally aware graduates who are sensitive in cross-cultural interactions (Rew, Becker, Cookston, Khosropour, & Martinez, 2003). Today, for every individual in the sector, from employers to educators, cultural competence is considered a vital component of professional nursing practice. In the employment stage, all types of health organizations expect that nursing graduates be culturally competent professionals. For the reasons described above, what we need is a reliable psychometric instrument that can accurately measure the cultural awareness level of nursing students in Turkey.

The aim of this study was to analyze the psychometric properties of the adapted Turkish language version of the Cultural Awareness Scale (CAS).

2. Methods

2.1. Design and sample

This methodological study included a sample size of 197 undergraduate nursing students. The translated and culturally adapted of the scale began in 2011. The validation study of the Turkish language version of the CAS was carried out in 2012. The research data were collected through face-to-face interviews conducted at the nursing school. The data collection tools comprised a questionnaire designed to gather data on the demographic details of the participants, as well as the Turkish language version of the CAS.

2.2. Measures

Our literature review identified 11 psychometric instruments available for measuring cultural competence levels of nurses and nursing students (Loftin et al., 2013). After meticulous comparison of these instruments, the authors decided on the CAS, which was originally developed by Rew et al. (2003). The CAS is a 36-item scale containing 5 different subscales designed to address five key domains of multidimensional nature of cultural awareness: general educational experience, cognitive awareness, research issues, behaviors/comfort with interactions, and patient care/clinical issues. These five key categories were identified as a result of an extensive literature search by Rew et al. on cultural awareness, cross-cultural sensitivity, cultural competence, nursing training and clinical practice, and then used as a design plan for creating a measurement tool to effectively assess cultural awareness levels of nursing students (Rew et al., 2003). Our main data collection tool, the CAS questionnaire asks respondents to rate each item on a 7-point Likert scale from 1 to 7 (1 = strongly disagree to 7 = strongly agree). The scale was found highly reliable with an internal consistency reliability score of 0.91 for students and 0.82 for faculty members. The Cronbach's alpha coefficients computed to assess each category were between 0.66 and 0.88 for the students, and 0.56 and 0.87 for faculty. The scale also includes reverse coded items which are negatively phrased (items: 8, 9, 12, 16, 19, 22, 36) (Rew et al., 2003). A confirmatory factor analysis (CFA), carried out to verify the factor structure, showed Cronbach's alpha scores ranging from 0.70 to 0.89 (Rew, Becker, Chontichachalalauk, & Lee, 2014).

2.3. Language adaptation

Cross-cultural adaptation of survey instruments has been described as a challenging and time consuming process, though such efforts usually prove highly fruitful and rewarding (Weeks, Swerissen, & Belfrage, 2007). The main purpose in cross-cultural adaptation is to create a version of a survey instrument in a target language, which is conceptually and culturally equivalent to the original. On the other hand, the process of congruent cross-cultural translation aims to preserve uniformity with the source in terms of content, semantics, methodology, criteria, and concept (Flaherty et al., 1988). We complied with the common guidelines derived from these translation models during the translation and cultural adaptation of our version of the scale.

An independent back-translation technique was employed to ensure a most accurate translation of the original English language scale into the Turkish language. First, the source text was independently translated into Turkish by six nursing faculty members whose native language was Turkish. Then, the Turkish version was back-translated into English by two experts whose native language was English, and compared to the original version. All translators conducted their work independently and were not affiliated with the research in any other way. Once the forward and backward translation steps were successfully completed, a meticulous comparison was made between the original and back translations of both English and Turkish versions. Afterwards, a panel of seven experts were requested to review and assess each scale item for its content validity, linguistic properties, conceptual equivalence and comprehensiveness. Each expert was provided with a content validity index form to allow grading of each scale item. The content validity index used a 4-point Likert grading format (1 = not relevant, 4 = very relevant). We set a relatively high threshold of consensus for item retention, which required agreement by at least 80% of the panel. (Tavşancıl, 2002). Certain minor changes, in line with expert suggestions, were made in the wording of the items, and then the instrument was administered in 10 nursing students as a pilot testing, which finalized the adaptation process of the Turkish version of the CAS.

2.4. Statistical analysis

The Statistical Package for Social Sciences (SPSS, version 15.0) was used in the analysis of frequencies and descriptive nature of the demographic variables.