



## Predictors of cultural competence among nursing students in the Philippines: A cross-sectional study



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### ABSTRACT

**Background:** With the continued emigration of Filipino nurses and increasing globalization, there is a need for globally competent nurses. Thus, the development of cultural competence among nursing students is critical in their preparation to assume their future responsibilities in the profession.

**Objectives:** This study investigated the predictors of cultural competence among nursing students in the Philippines.

**Design:** This is a descriptive, cross-section study.

**Participants and Setting:** This study included 332 Bachelor of Science in nursing students in three nursing schools situated in the northern Philippines.

**Methods:** The Cultural Capacity Scale was used to gather data from the respondents. The demographic characteristics and cultural background of the students were entered in a regression analysis to predict their cultural competence.

**Findings:** The respondents manifested appreciably good cultural competence with a mean score of  $68.98 \pm 11.73$ . The ability to understand the beliefs of various cultural groups received the highest mean of  $3.65 \pm 0.86$ , while the ability to identify the care needs of patients with diverse cultural backgrounds received the lowest (mean,  $3.31 \pm 0.74$ ). Living in an environment with culturally diverse people, prior diversity training, being in the latter years of the nursing program, and with experience of caring for patients from diverse cultures and special population groups, were identified as predictors, accounting for 68.1% of the variance of cultural competence.

**Conclusions:** Nursing education should devise strategies to ensure future culturally competent Filipino nurses. Considering the fact that most of the Filipino nurses will potentially work overseas, they should be well prepared to provide competent care that is culturally sensitive.

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### 1. Introduction

Cultural diversity in healthcare settings is an ever growing concern by health professionals, particularly nurses. This current state of affairs of the nursing profession globally has increased the demands for higher education tailored to produce well-qualified nurses who are culturally competent to practice nursing anywhere on the planet (Baumann and Blythe, 2008). The Philippines is one of the countries sending most foreign educated nurses abroad (Sagar, 2014). Since the 1970s, the Philippines has become a major global exporter of nurses (Ball, 2004). Appropriate conditioning of Filipino nurses for export, mainly to the USA, began in the 1950s (Baumann and Blythe, 2008; Brush and Sochalski, 2007). Since then, the Philippines has been exporting nurses to different parts of the world, such as in the Middle East, in Australia, in

Europe, and in Canada (Sagar, 2014). With this continued emigration of Filipino nurses and increasing globalization, there is a need for globally competent nurses. Thus, the development of cultural competence among nursing students is critical in their preparation to assume their future responsibilities in the profession. Considering that the Philippines is a multicultural country, together with the fact that Filipino nurses will potentially work abroad, Filipino nursing students should be appropriately prepared to render culturally competent care. Thus, this study was conducted to investigate the predictors of cultural competence among nursing students in the Philippines.

#### 1.1. Background of the Study

Culture influences not only health practices but also how the healthcare provider and the patient perceive illness (Murphy, 2011). Because of this, cultural competence has been a concern around the globe. Culturally competent care is defined as the care that is responsive

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and reactive to the diversity of the patient population and cultural factors that can affect health and healthcare, such as languages, communication styles, beliefs, attitudes and behaviors (Murphy, 2011). Cultural competence is widely seen as a foundational pillar for reducing disparities through culturally sensitive and unbiased quality care (American Association of Colleges of Nursing, 2008). It also contributes to improving patient satisfaction and health outcomes (Shen, 2015).

Development of cultural competence among healthcare professionals is recognized as a lifelong and dynamic developmental process which targets the effective delivery of health care to diverse patients (Shen, 2015). Various concepts and frameworks have been introduced to better understand cultural competence. Awareness of human diversity, ability to provide non-judgmental and non-discriminating care for all patients, and recognizing the development of cultural competence as a lifelong process are some of the identified common themes among these frameworks (Repo et al., 2016; Sagar, 2012; Shen, 2015).

Nursing education has been widely recognized as an essential component in the development of cultural competence among nurses (Repo et al., 2016). Various efforts have been carried out to ensure the incorporation of the topic of cultural competence in the nursing curricula around the world. In the United States and Europe, implementing guidelines for incorporating cultural content within the curricula have been made (American Association of Colleges of Nursing, 2008; Sairanen et al., 2013). In the Philippines, the nursing education with caring as its foundation subscribe to core values, which include respect for all patients regardless of creed, color, gender and political views. In addition, cultural contents are embedded in some of the courses included in the nursing curricula, while some nursing schools have a separate elective course specifically on this topic. All these were aimed at integrating the role of culture in the plan of care (Commission on Higher Education, 2009). However, various research studies question the teaching strategies used in teaching cultural content as well as the overall implementation of cultural content in the nursing curricula (Esposito, 2013; Momeni et al., 2008). A single class, assignment, or activity is inadequate in ensuring culturally competent nursing students (Arbour et al., 2015). Hence, it was recommended that continuous education in the clinical area should also be provided to support and ensure the development of cultural competence (Delgado et al., 2013; Mareno and Hart, 2014).

Various teaching strategies are employed by nurse educators to support the development of appropriate knowledge, skills, and attitude in providing culturally congruent care to diverse patients (Schim and Doorenbos, 2010). In addition to the traditional lecture style of teaching, some strategies identified in the literature include studying abroad as an exchange student (Bohman and Borglin, 2014), completing clinical practice abroad (Reid-Searl et al., 2011), cultural immersion programs (Truong et al., 2014), using technology such as video conferences (Kemppainen et al., 2012), experiential gaming (Joye and Crawley, 2014) and high-fidelity simulations (Rutledge et al., 2008). In addition, the International Council of Nurses (2007) emphasized circular migration and support programs that aim to encourage and support nurses who have completed education and who are working in Australia, Canada, UK and the United States to return to their own countries for a few months to help the improvement of nursing profession in their home country. An example of this effort is the Global Scholarship Alliance partnership with U.S. universities and health care organizations, which recently assisted 28 nurse scholars from the Philippines to continue an MS degree in nursing at Xavier University in Cincinnati and Long Island University in New York. Upon completion of their study, they will return to the Philippines for at least 2 years to assist the development of future Filipino nurses (Sagar, 2015). This effort is a significant addition to the already existing strategies to ensure globally competitive Filipino nurses.

Despite the abundance of literature regarding the cultural competence of nursing students elsewhere, there are no published research studies on this topic among Filipino nursing students. There is a knowledge gap related to cultural competence and its associated factors as

perceived by Filipino nursing students. Therefore, this study becomes necessary in order to develop culturally competent professionals to serve our diverse population and to further develop the content and quality of nursing education.

## 1.2. Conceptual Framework

The Process of Cultural Competence in the Delivery of Healthcare Services by Campinha-Bacote (1998, 2007) provides a basis for this study. This model emphasizes cultural competence as an ongoing process that involves the relationship among several constructs, which are essential in the care of patients belonging to various cultures, namely cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire (Campinha-Bacote, 2002). Each of these constructs must be addressed and experienced by the healthcare provider in order to deliver a culturally competent care.

Cultural awareness refers to being able to identify and recognize one's own cultural and professional background (Campinha-Bacote, 2002). It is the healthcare provider's ability to be conscious about personal beliefs, values, and perceptions. This awareness provides a baseline for a healthcare provider as to how his beliefs, values, and perceptions differ from those of his clients.

Another construct that is included in the model is cultural knowledge which is the process of gaining deeper meaning of others' cultures. This enables the healthcare provider to explain the reason for various aspects of a person's behavior that are culture-driven. This includes an understanding of others' worldview, thus creating a profound meaning on the illness experience within the perspective of the clientele. (Campinha-Bacote, 2002).

Cultural skill is the ability to collect relevant cultural data regarding the client's presenting problem as well as accurately performing a culturally based physical assessment (Campinha-Bacote, 2002). This attribute can be manifested as sensitivity in the performance of assessment responsibilities. The health care provider must be able to modify assessment techniques as to what will be widely appropriate to groups of people and adjust the procedures based on the perceived needs of the client as to what is deemed culturally acceptable.

Cultural encounter pertains to the process in which the health care provider engages in cross-cultural interactions with clients from culturally diverse backgrounds. A health care provider must be able to effectively converse with people of various cultural backgrounds. This widens the opportunity for the health care provider to appreciate various groups of people through first-hand information and actual conversations (Campinha-Bacote, 2002).

Lastly, cultural desire creates a motivation among health care providers so they engage in the previously mentioned constructs. The desire to be culturally appropriate in every aspect of care is an ultimate component to being a culturally competent health care provider. One must be able to personally recognize and cultivate an attitude of being sensitive to the needs of the clients so that other aspects of cultural competence will follow.

In this study, the constructs provided guidance in the discussion of the findings focusing on the cultural knowledge, skills, and sensitivity. The development of the NCCS, where the items of the CCS were derived, was guided by this model (Perng and Watson, 2012). Interpretations of the findings of this study were underpinned by the concepts explained by Campinha-Bacote (2002), wherein each construct is considered to be essential in the satisfactory nursing performance of the students.

## 2. Methods

### 2.1. Design

This study employed a descriptive, cross-sectional design.

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