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Structural Equation Modeling of Cultural Competence of Nurses Caring for Foreign Patients



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SUMMARY

Purpose: This study aimed to construct and test a hypothetical model including factors related to the cultural competence of nurses caring for foreign patients. The transcultural nursing immersion experience model and anxiety/uncertainty management theory were used to verify the paths between the variables. The exogenous variables were multicultural experience, ethnocentric attitude, and organizational cultural competence support. The endogenous variables were intercultural anxiety, intercultural uncertainty, coping strategy, and cultural competence.

Method: Participants were 275 nurses working in general hospitals in Seoul and Kyung-Gi Do, Korea. Each nurse in this study had experience of caring for over 10 foreign patients. Data were collected using a structured questionnaire and analyzed with SPSS statistical software with the added AMOS module.

Results: The overall fitness indices of the hypothetical model were a good fit. Multicultural experience, ethnocentric attitude, organizational cultural competence support, and intercultural uncertainty were found to have a direct and indirect effect on the cultural competence of nurses while coping strategy only had a direct effect. Intercultural anxiety did not have a significant effect on cultural competence. This model explained 59.1% of the variance in the nurses' cultural competence when caring for foreign patients.

Conclusion: Nurses' cultural competence can be developed by offering multicultural nursing education, increasing direct/indirect multicultural experience, and sharing problem-solving experience to promote the coping ability of nurses. Organizational support can be achieved by preparing relevant personnel and resources. Subsequently, the quality of nursing care for foreign patients' will be ultimately improved.

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Introduction

The numbers of short-term and long-term foreign residents in Korea are continuously increasing, reaching 1.89 million in 2015, equivalent to 3.7% of the Korean population [1]. Since the Korean government announced legal standards for the medical care of foreigners' in 2009, the total number of foreign patients having received care in Korea has increased to approximately 29 million [2].

To deliver effective medical services to the increasing number of foreign patients, medical institutes and medical professionals must be prepared. Hospitals are opening foreign patients' clinics within their institutions, developing dietary menus for inpatients, and

employing medical tour coordinators and professional interpreters to accommodate the care of foreign patients [3]. Foreign patients reported satisfaction with the quality of care and nursing services provided in Korea; however, dissatisfaction with communication, patient education, culturally respectful services, and discriminatory attitude toward patients from Asian ethnic groups were also reported [4].

Developed countries entered into a multicultural society prior to Korean efforts in the last few decades to develop the cultural competence of its medical professionals [5]. Cultural competence is defined as the ability to understand ones' beliefs, values, behaviors, and customs and to effectively work within the cultural context of a client [6]; it is an essential skill for medical professionals. Nurses are the biggest workforce in the medical profession and are the first point of contact for many patients. Nurses are required to understand the cultures and behaviors of foreign patients and to provide appropriate services for their needs.

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As Korean society has historically been homogeneous, levels of cultural competence among Korean nurses and nursing students have been reported to be lower than those in other developed countries [7,8]. Nurses have a somewhat neutral or negative perception towards foreigners, and they have psychological and emotional difficulties when caring for foreign patients [9].

A variety of positive and negative individual and organizational factors may affect the cultural competence of nurses. A study of nurses showed that experience caring for foreign patients and having an interest in and a desire to learn about cultural competence can positively affect nurses' cultural competence [7,8]. Attending foreign language courses as well as fluency in foreign languages and experience in working with people from other cultural backgrounds have all shown a positive influence on cultural competence. Nurses showed higher levels of cultural competence when resources such as patient education materials and guidelines for foreign patients were available within their institutions [7]. On the other hand, ethnocentric attitude [10] and intercultural anxiety [11] negatively impacted nurses' cultural competence.

Since the 1990s, several theories have been developed to explain the cultural competence of nurses; however, most of these theories fail to account for factors that may influence cultural competence. Ryan and Twibell [12] proposed a model of transcultural nursing immersion experience that conceptualized a link between situational predetermining factors, modifying factors, transitional factors, and the outcomes of nurses' clinical experience in other cultures. The model describes the process by which adaptation during the immersive experience of nursing overseas can affect both the personal and professional growth of nurses [12]. Assuming that cultural competence is the result of transcultural nursing experience, this model can be used as a theoretical framework to explain the relationship between cultural competence and its influencing factors. The antecedent conditions in the model, such as personal attitude and previous experience, and transitional factors, such as social support and coping response, can be viewed as factors influencing cultural competence.

Anxiety/uncertainty management theory suggests that facing a different culture can create emotional anxiety and cognitive uncertainty and that these responses should be efficiently managed to achieve effective intercultural adjustments and communication [13]. Managing cognitive uncertainty is important when caring for foreign patients because cultural knowledge and awareness are essential dimensions of nurses' cultural competence. However, the transcultural nursing immersion experience model limits personal responses toward different cultures to emotional experience only; therefore, there remains a need to consider the role played by cognitive uncertainty in this process.

Cultural competence is an essential competence for nurses caring for patients from other cultural backgrounds. Koreans have a unique cultural context, and the ethnic backgrounds of foreign patients using Korean healthcare services are very diverse. Increasing the understanding of cultural competence along with identifying factors relevant to Korean nurses will contribute to enhanced cultural competence in nurses. In this study, the researcher developed and tested a hypothetical model of cultural competence in Korean nurses based on the model of transcultural nursing immersion experience and the theory of anxiety/uncertainty management.

Conceptual framework

The situational predetermining factor in the transcultural nursing immersion experience model involves having prior experience of different cultures, comprising one's attitude towards other cultures, educational preparation, and related personal and

professional experience. Modifying factors refer to international clinical experience and emotional responses toward the immersion experience. Transitional factors are strategies for adapting to different cultures, such as social support, coping responses, and adjusting ways of communicating. The outcome of the immersion experience is personal and professional growth, which involves changes of view and practice as a result of insight gained into the new culture [12].

Gudykunst claimed that anxiety and uncertainty play an important role in establishing interpersonal and intergroup relations [13]. During initial encounters with a stranger, especially one from a different cultural background, people experience uncertainty, which triggers anxiety. Uncertainty is a cognitive state, and anxiety can be considered as a state of emotional unease. Intercultural uncertainty and anxiety are closely linked. The management of uncertainty and anxiety directly influences the effectiveness of interpersonal communication. If the level of uncertainty and anxiety is too high, people feel uncomfortable, and intercultural communication becomes ineffective, whereas a minimal amount of uncertainty and anxiety can help to sustain motivation and interest toward another culture [13,14].

A conceptual model of nurses' cultural competence was constructed, as seen in Figure 1. Personal/professional experience and personal characteristics, representing the situational predetermining factor, were conceptualized as multicultural experience and ethnocentric attitude. Considering this was a cross-sectional study, social support was counted as a predetermined rather than a transitional factor and conceptualized as organizational cultural competence support. The modifying factor of personal response was divided into intercultural anxiety and uncertainty, reflecting nurses' emotional and cognitive responses when caring for foreign patients. The adaption strategies comprising the transitional factor are referred to here as coping strategies, and adjustments in communication were included as cultural competencies as their development relates to skill in cultural sensitivity. The outcomes of personal and professional growth are conceptualized as nurses' cultural competence.

Method

Study design

This study employed a cross-sectional design and used structured equation modeling. A hypothetical model of nurses' cultural competence and its influencing factors was developed by conceptualizing a theoretical framework and reviewing relevant literature. The hypothesis was tested by analyzing collected survey data.

Settings and sample

Participants were nurses sought from 20 tertiary hospitals located in Seoul and Kyung-Gi Do, Korea. Participants had to fulfill the following criteria: experience of nursing more than 10 foreign patients, at least 1 year of clinical experience, understanding of the study purpose, and consent to participate. A sample of between 5 and 20 participants per measurable variable, or at least 200 samples per model, is required for structural equation modeling studies [15]. Over 350 questionnaires were distributed, and 311 questionnaires were returned. Among the returned questionnaires, 34 were excluded from the analysis due to missing data.

Ethical considerations

Ethical approval was granted by the institutional review board (SNUIRB No. 1402/002–005). The researcher contacted nursing

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