



## Nursing students' cultural competence in caring for older people in a multicultural and developing region

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### ABSTRACT

**Background:** Health disparities exist among different cultural groups in a multicultural society. Older people from minority groups usually face greater challenges in accessing and utilizing healthcare services due to language barriers, low levels of health literacy and cognitive impairment.

**Objectives:** The aims of this study were to measure nursing students' cultural competence in the context of caring for older people from diverse cultural backgrounds and explore associated factors affecting their cultural competence in order to inform curriculum design in Xinjiang, China.

**Design:** A cross-sectional study design.

**Settings:** The study was undertaken in the School of Nursing, Xinjiang Medical University, Xinjiang Uygur Autonomous Region, China.

**Participants:** Students enrolled in a 4-year Bachelor of Nursing Program.

**Methods:** Students' cultural competence was measured using a validated Chinese version of Cross-cultural Care Questionnaire. Data were collected using a self-administered survey.

**Results:** The number of students in the survey was 677. Of those students, 59.5% of them were from an ethnic group other than Han Chinese. A higher proportion of students from ethnic groups, other than Han Chinese, were able to fluently speak a language other than Chinese and used this language in their study and daily lives. Nursing students demonstrated low scores in knowledge, skills and encounters subscales for cultural competence, but had a relatively high score in awareness across all academic years. Findings from students' responses to open-ended questions reveal the need to integrate cross-cultural care and gerontological care into the nursing curricula and support students to apply gerontological knowledge to practice in clinical placements.

**Conclusions:** Nursing students enrolled in a 4-year Bachelor degree program in a multicultural and less developed region demonstrated lower scores on cultural competence and recognized the need to develop crosscultural and gerontological competencies.

### 1. Introduction

It is estimated that between 2015 and 2050, worldwide, the proportion of older people aged 65 or over will increase from 12% to 22% (WHO, 2015). The majority of older people have chronic health conditions and are the single largest group of healthcare service users (WHO, 2015). Notably, this group has shown increased cultural, linguistic and religious diversity due to both internal and global migration (UN, 2015). The demand for healthcare services for older people is a pull factor that results in increased internal and international migration of nurses and the multicultural nursing workforce (Xiao et al., 2014; Ho and Chiang, 2015). This situation generates enormous challenges for nursing education to produce nurses ready to provide culturally competent care for older people and to

work collaboratively with colleagues in multicultural teams. Although the cultural competence of nursing students in undergraduate programs has been widely examined and results are used to inform curriculum development, most studies focus on international migration or issues in cultural competence in developed nations (Cruz et al., 2016; Gallagher and Polanin, 2015). Little is known about the cultural competence of nursing students in the context of caring for older people in multicultural and developing regions. This paper reports on a study that addressed the gap in research by examining the cultural competence of nursing students in Xinjiang Uyghur Autonomous Region in China where the Han Chinese from the dominant culture are the minority, but make up 51% of the health workforce, while the Uyghurs and other ethnic groups account for 60% of the total population.

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## 2. Background

Older people from minority groups usually face greater challenges in accessing and utilizing healthcare services due to language barriers, low levels of health literacy and cognitive impairment (MacIntosh, 2013; WHO, 2015). Developing cultural competence is widely used to improve health equity. Cultural competence is defined as ‘a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations’ (Cross et al., 1989, p. 7). This systematic approach to cultural competence informs various strategies aimed at improving cultural inclusion in the healthcare system, for example mandating indigenous people's health in curricula, recruiting indigenous staff and preparing faculty members and nursing students from indigenous and ethnic groups to work cross culturally (MacIntosh, 2013; Phillips and Malone, 2014). Despite the demand to equip nurses with cultural competence, two large studies in the USA reported little to no education and training opportunities for nursing students (Hart and Mareno, 2014; Mareno and Hart, 2014). Participants in these studies reported skill deficits in cross-cultural interactions, and in meeting the care needs of their patients including older people in long-term care (Mareno and Hart, 2014; Hart and Mareno, 2014).

The population in Xinjiang Uyghur Autonomous Region in China was 21.8 million and the number of older people aged 60 or over was 2.11 million, accounting for 9.67% of the total population in the 2010 census (Feng, 2010). It is estimated that the number of older people will triple and reach 33% of the total population by 2050 (Wang, 2013). In this context of an ageing population and associated health conditions including dementia in China, the demand for incorporating gerontological nursing into the nursing curricula has reached an unprecedented high (Shen and Xiao, 2012; Wang et al., 2017). However, in the University where the present study was conducted, the 4-year undergraduate nursing programs currently only offer a 15-hour theory-based topic, ‘Nursing Care of Older People’, in the second semester of third year which comprises the physical and psychological care for older people. There is no clinical component in the topic. Students have little opportunity to apply theory to practice in clinical settings.

Xinjiang is also at the intersection of four civilizations, the ancient Chinese civilization, the Indian, Persian and Greek civilization and is located in the hinterland of the Eurasian continent, with eight countries on its border: Kazakhstan, Kyrgyzstan, India, Russia, Tajikistan, Afghanistan, Pakistan, and Mongolia (MCRC, 2017). There are 56 ethnic groups living in Xinjiang and the main languages used in the region are the Uygur language, Kazakh, Uzbek, Kirgiz, Mongol, Sibo, Tatar, Russian and Tajik languages (MCRC, 2017). Almost 60% of the population have religious beliefs and the top four of these religious groups are Islam, Buddhism, Christianity (either Catholic or Orthodox) and Taoism (Li et al., 2011). Each ethnic group has its unique culture and traditions, and may perceive diseases in different ways and with varying health related coping strategies. Health promotion, disease prevention and healthcare services need to address their preferences and be congruent with their culture and traditions so as to be acceptable and workable for them.

Curriculum interventions have demonstrated improved cultural competence for students, health professionals and increased patient satisfaction with care services (Horvat et al., 2011; Gallagher and Polanin, 2015; Bezrukova et al., 2016). Nurse curriculum needs to prepare students, who are the future nursing workforce, to be culturally competent to care for older people given the increase in this population. However, the 4-year undergraduate nursing programs currently only offer a 2-hour theory-based session about culture and healthcare in the topic, ‘Fundamental Nursing’, in the first semester of first year (Li et al., 2011).

Campinha-Bacote's (2003) cultural competence model is ideally suited for the development and evaluation of nursing curriculum due to its explicit explanation of the five core attributes required for culturally appropriate care, namely cultural awareness, cultural knowledge,

cultural skill, cultural encounters and cultural desire (Campinha-Bacote, 2003). An analysis of instruments used to measure the effects of education interventions, which shows acceptable internal consistency in measuring these core attributes across a variety of settings, is the Clinical Cultural Competency Questionnaire (CCCQ) developed by Like (2004) and revised by Krajic et al. (2005) and Mareno et al. (2013). The CCCQ-R includes information on education and training that participants have engaged in and can be used in pre- and post-test intervention studies.

The characteristics of students are also associated with the development of cultural competence. Studies reveal that being bilingual, having regular social contacts and networks with people from other cultures, women, and those living in an environment with diverse populations and caring for people from other cultures are associated with higher scores on cultural competence measures (Bezrukova et al., 2016; Cruz et al., 2016). Furthermore, higher levels of cross-cultural knowledge are associated with length of study and enrolment in postgraduate studies (Jeffreys and Dogan, 2012; Mareno and Hart, 2014).

## 3. Methods

### 3.1. Aims

The aims of this study were to measure nursing students' cultural competence in the context of caring for older people from diverse cultural backgrounds and explore associated factors affecting their cultural competence in order to inform curriculum design in Xinjiang.

### 3.2. Design

A cross-sectional study design was applied to achieve the aims of the study and a self-administered paper-pen questionnaire survey was undertaken by nursing students. This study design allowed anonymity in data collection and enabled nursing students to respond to questionnaires themselves without the influence of the researchers.

### 3.3. Setting and Participants

The study was undertaken in the School of Nursing, Xinjiang Medical University, Xinjiang, China between December 2016 and March 2017. All students enrolled in a 4-year Bachelor of Nursing Program were invited to participate in the study.

### 3.4. Ethical Consideration

This study was reviewed and approved by the Ethics Committee of Xinjiang Medical University in China. The letter of invitation and the questionnaire were distributed to students to explain the aim and procedure of the study, and assured them that participation in the survey was voluntary and confidential. Students were also informed that completion and return of the survey questionnaire would be taken as consent to participate.

### 3.5. Measurement

The questionnaire survey included three sections: (1) the socio-cultural demographics of students, (2) the revised Clinical Cultural Competency Questionnaire (CCCQ) pre-intervention version (CCCQ-PRE-R) (Mareno et al., 2013) and (3) an open-ended question: What would you like to learn to improve care for older people from other cultures?

The 65-item CCCQ-PRE-R includes four subscales that measure knowledge, skills, comfort in encounter and awareness. It is a 5-point Likert scale with a ‘does not apply’ option. The internal consistency for each subscale is acceptable (Cronbach's alpha between 0.80 and 0.90). Permissions were obtained from the authors and copyright owners of

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