

Strengthening Cultural Awareness of Nursing Students

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Cultural awareness by nurses is key for ensuring quality and person-centred care, therefore, strengthening cultural awareness in nursing students is very important. By measuring cultural awareness of nursing students and involving them in various educational modules in the field of transcultural nursing, we can influence their cultural awareness and sensitivity. The purpose of the research is to measure the level of cultural awareness in nursing students. A quantitative research approach was used. A descriptive cross-sectional survey was performed. For measuring cultural awareness in nursing students, a Cultural awareness scale (CAS) was used. Descriptive statistical methods and inferential statistics were used. The results showed a moderate level of cultural awareness in nursing students. The results indicated that female nursing students' average cultural awareness was higher than in male nursing students. The gender difference was especially high in the dimension Behaviours/Comfort with interactions. The inter-correlation between dimensions that measured cultural awareness was mostly positive. To ensure culturally competent nursing care, it is necessary to start teaching and gaining cultural competences early in their studies as education in the field of cultural competences represents a strategy for improving the knowledge, attitudes and skills of nursing students.

Introduction

Nurses are faced with an increased need to care for culturally diverse patients (Seal & Wiske, 2018). This brings the opportunity for strengthening cultural awareness and sensitivity in nurses. Cultural awareness and cultural sensitivity are the key aspects of cultural competence among nurses (Clinton, 1996; Rew, Becker, Cookston, Khosropour, & Martinez, 2003; Lonneman, 2015). This

is crucial component in ensuring quality healthcare and has a large impact on the elimination of disparities arising from the perspectives of cultural diversity (Seal & Wiske, 2018). In order to develop cultural competencies it is necessary to incorporate the contents of cultural diversity into nursing education (Prosen, 2015; Prosen, Karnjuš, & Ličen, 2017).

Nurses are aware that they have to consider the patients' differences in age, gender, disability, ethnicity, beliefs, and desires for care, norms, and perspectives. Cultural awareness reflects the respect for cultural needs and beliefs (Conway-Klaassen & Maness, 2017). This is the ability to understand that the cultural background of an individual affects behaviour and interpersonal relationships (Rew et al., 2003; Giger & Davidhizar, 2007). The response made by individuals and the ability to critically examine personal bias towards other cultures, lifestyles and beliefs (McElroy, Smith-Miller, Madigan, & Li, 2016) is therefore the basis for developing explicit views by nurses and their behaviour towards patients from diverse cultural backgrounds (Steed, 2015; Hall, Lee, Clark, & Perilla, 2016). This reflects an affective dimension of knowledge and adaptation by nurses of awareness of themselves and others (Chen & Young, 2012).

Strategies for Strengthening Cultural Awareness of Nursing Students

A critical component of nursing education, practice and research is therefore an integration of multidimensional domains of cultural awareness in nursing curricula (Rew et al., 2003). The challenge, in preparing nursing students to acquire cultural knowledge, is to evaluate whether nursing students are culturally aware, sensitive and competent.

To increase cultural awareness and improve the cultural competence of nursing students, the educational programs must include different learning activities based on patients' social and physical environments as the socio-economic and political realities that are affecting the patients' varies, as does their access to healthcare (US Department of Health and Human Services, n. d.; Institute of Medicine, 2002; Agency for Healthcare Research and Quality, 2012; Lonneman, 2015). Students bring their own values, beliefs and behavior pattern in the educational setting. These values influence students' thinking, decisions and actions (Jeffreys, 2016). To improve the self-awareness of nursing students of their own culture, including biases and prejudices, are also critical aspects in the educational process (Institute of Medicine, 2002; Agency for Healthcare Research and Quality, 2012). From this perspective, meeting the needs of students who are culturally diverse is a growing challenge in nursing education (Jeffreys, 2016).

Lonneman (2015) describe six teaching strategies for increasing cultural awareness of nursing students: (1) strategies (games) for raising issues for racism, classism and privilege, (2) reading assigning journal about personal thoughts, feelings and actions, (3) preparing personal history reflection paper and prepare the analysis of personal critical incidents, (4) using different video materials about how racism, classism, and other social factors effects on people's health, (5) performing an interview with someone from vulnerable population and preparing a written report, (6) discussions and purposeful exploration of cultural and health disparities and environmental impacts on health.

It is important to encourage critical thinking among nursing students about, own values and beliefs and the influence of lack of understanding of cultural differences on the patient's outcomes. Studies has shown that educational interventions (workshops, training, educational modules) in the field of learning and acquiring nursing student's cultural competences have a major impact on student's cultural awareness, cultural knowledge, cultural understanding and cultural skills (Brathwaite, 2005; Liu, Stone, & McMaster, 2018). Because nursing students have less clinical experience with patients from diverse cultural backgrounds, Liu et al. (2018) find out that it is necessary to include into nursing educational programs and curriculums different contents that will have impact on cultural respect. Cultural respect is defined as an essential attitude towards patients coming from a diverse cultural background (Cai, Kunaviktikul, Klunklin, Sripusanapan, & Avant, 2017). It is also important for students to increase the sense of comfort when they come into interaction with culturally diverse patients, as well as to increase awareness of equality treatment and respect for patient's beliefs, values and behaviors (Cai et al., 2017; Liu et al., 2018).

For increasing cultural awareness of nursing students, different methods for teaching can be included into nursing curricula such as: traditional lecture courses, case studies, role playing and using simulations (Grossman, Mager, Opheim, & Torbjornsen, 2012; Long, 2012; Lonneman, 2015) and gaming (Ong-Flaherty, Valencia-Garcia, & Martinez, 2017). During simulation course that include cultural diversity content students can gain experiences in specific cultural needs of patients based on protective characteristics (age, gender, ethnicity, disability, ...), they can improve communication skills and improve ability in cultural assessment.

The purpose of our research was to measure cultural awareness of nursing students. The aim was to find out the level of cultural awareness of University of Maribor, Faculty of Health Studies (UM FHS) nursing students.

Three research questions were developed: (1) What is the level of cultural awareness of nursing students on UM FHS? (2) How are dimensions of cultural awareness related with gender, year of study and level of nursing program? (3) How dimensions of cultural awareness are correlating?

Methods

A descriptive cross-sectional research design was used with a convenience sample of University of Maribor Faculty of Health Sciences nursing students ($N = 204$): undergraduate 1st year ($n = 9$) 2nd year ($n = 102$), 3rd year ($n = 85$), postgraduates ($n = 8$). Participation rate was 38.9%. Data was collected during summer semester. Before or during the collection of data students haven't received any transcultural educational intervention or course. A combination of online and paper questionnaire was administrated. The data was collected between 17th of May and 31st of August 2018.

Instrument

For measuring cultural awareness of nursing students, we used Cultural awareness tool (CAS) which was developed by Rew, Becker, Cookston, Khosropour, and Martinez (2003). CAS consisted of 36 items. According to the authors of CAS there are 5 different dimensions that best fit the data. Those are: General Education Experience, Cognitive Awareness, Research Issues, Behaviour/Comfort with Interactions, and Patient Care/Clinical Issues (Rew et al. 2003). The questionnaire was translated into Slovene language by two researchers (BD, ML). For ensuring semantic equivalence we performed the back translation by a professional translator. The evidence of the reliability of the questionnaire (internal consistency) was computed with Cronbach's alpha coefficient, which was 0.51.

Ethical Considerations

Permission from University of Maribor, Faculty of Health Studies Ethic Committee was obtained before the study. Students were informed of the purpose of the study. On each questionnaire (paper and online version) there was short description of purpose of the study and other information related to the confidentiality. Those who have been asked to fulfil the paper form of the questionnaire returned them into the sealed envelope. The link with online questionnaire was distributed via social media (Facebook group profiles of each study year).

The anonymity of the participants to the researchers was obtained, because there were no identifying data collected.

Table 1 Sample Demographics

Demographic characteristics		N	%
Gender	Female	179	87.7
	Male	25	12.3
Program	1st year	9	4.4
	2nd year	102	50.0
	3rd year	85	41.6
	1st year postgraduate	5	2.5
	2nd year postgraduate	3	1.5
Type of study	Full time	174	85.3
	Part time	29	14.2
	Unmarked	1	0.5
Ethnicity	Slovene	192	94.1
	Croatian	2	1.0
	Serbian	4	2.0
	Bosnian	4	2.0
	Macedonian	1	0.5
Language that is used at home	Hungarian	1	0.5
	Slovene	200	98.0
Language that is used at home	Serbian	1	0.5
	Macedonian	1	0.5
	Bosnian	1	1.0

Data Analysis

Data was analysed with IBM SPSS Statistics (version 23.0). Descriptive statistics were computed, for answering the research question the arithmetic mean, Mann-Witney test and Spearman's correlation test were used.

Results

In overall sample, ($N = 204$) students were included, 87.7% women and 12.3% male students. The mean age was 22 years old ($s = 3.34$) ranging from min 19 to 45 years old. The sample represent students among undergraduate nursing program and postgraduate nursing program (Table 1). The findings are limited because of small sample of postgraduate nursing students. There were also small group of respondents that vary regarding ethnicity and use of language at home. Descriptive statistic was used to analyze the demographic data. Our results showed, that students accessed two statements inside the 'Research Issues' dimension as not applicable. Because of missing data, the 'Research Issues' dimension was excluded from further analyzing.

Table 2 Differences between Gender and Dimensions of Cultural Awareness

CAS Dimensions	Man		Woman		Z	p
	\bar{x}	s	\bar{x}	s		
General Education Experience	3.73	0.326	3.59	0.407	-1.689	0.091
Cognitive Awareness	3.76	0.677	3.79	0.599	-0.105	0.916
Behaviors/Comfort with Interactions	3.32	0.703	3.64	0.663	-2.058	0.040
Patient Care/Clinical Issues	3.57	0.628	3.46	0.505	-0.851	0.395
Total	3.58	0.345	3.62	0.303	-0.361	0.718

Notes Column headings are as follows: \bar{x} – average, s – standard deviation, Z – Mann-Whitney test value, p – statistical significance.

The results showed that the average score of self-assessment for the cultures awareness for nursing students was 3.61 ($s = 0.40$) (72% of total score). General Education Experience 3.60 ($s = 0.40$) (72% of total score), Cognitive Awareness 3.78 ($s = 0.61$) (76% of total score); Behavior/Comfort with Interaction 3.61 ($s = 0.67$) (72% of total score); Patient Care/Clinical Issues 3.47 ($s = 0.52$) (69% of total score). For undergraduate program 1st year nursing students average score was 3.64 ($s = 0.19$), 2nd year student average score was 3.59 ($s = 0.33$) and 3rd year nursing students average score was 3.59 ($s = 0.32$). For postgraduate program average cultural awareness score was 3.73 ($s = 0.29$) and 2nd year nursing students average score was 3.63 ($s = 0.20$).

The Mann-Whitney test showed that the differences between gender in the dimension ‘Behavior/Comfort with Interaction’ are perceived. Female students access dimension Behavior/Comfort statistically significantly higher ($z = -2.058$; $p = 0.040$) (Table 2).

Table 3 presents the results of differences between part time and full-time nursing students. Part time nursing students access the dimension ‘General Education Experience’ statistically significantly higher ($z = -1.988$, $p = 0.047$).

Table 3 Mann-Whitney Test between Dimensions of Cultural Awareness and Type of the Study

CAS Dimensions	Full time		Part time		Z	p
	\bar{x}	s	\bar{x}	s		
General Education Experience	3.58	0.402	3.75	0.339	-1.988	0.047
Cognitive Awareness	3.79	0.604	3.70	0.609	-0.757	0.449
Behaviors/Comfort with Interactions	3.60	0.641	3.63	0.661	-0.563	0.574
Patient Care/Clinical Issues	3.48	0.497	3.41	0.661	-0.279	0.780
Total	3.61	0.299	3.62	0.349	-0.248	0.804

Notes Column headings are as follows: \bar{x} – average, s – standard deviation, Z – Mann-Whitney test value, p – statistical significance.

Table 4 Inter-Correlation between Measured Dimension of Cultural Awareness Scale

CAS Dimensions	(1)	(2)	(3)	(4)
General Education Experience	1	0.349**	0.117	0.308**
Cognitive Awareness	–	1	–0.085	0.420**
Behaviors/Comfort with Interactions	–	–	1	–0.203**
Patient Care/Clinical Issues	–	–	–	1

Notes Column headings are as follows: (1) General Education Experience, (2) Cognitive Awareness, (3) Behaviors/Comfort with Interactions, (4) Patient Care/Clinical Issues. * correlation is significant at the 0.05 level or less. ** Correlation is significant at the 0.001 level or less.

In the Table 4 the inter-correlation between measured dimensions in CAS are performed. Spearman's correlation test was performed. The results showed that there is statistically significant weak correlation between the dimensions 'General Education Experience' and 'Cognitive Awareness' ($r = 0.349$; $p < 0.001$) and 'Patient Care/Clinical Issues' ($r = 0.308$; $p < 0.001$). There is a moderate correlation between the dimension: 'Cognitive Awareness' and 'Patient Care/Clinical Issues' ($r = 0.420$; $p = 0.004$) and the weak correlation between the 'Behaviors/Comfort with Interactions' and 'Patient Care/Clinical Issues' dimension ($r = 0.203$; $p < 0.001$).

Discussion

The purpose of this study was to measure and analyse cultural awareness of nursing students as first step to improve cultural competencies of nursing students in UM FHS. Results showed that nursing students assessed their level of cultural awareness as moderate (the total average value was 3.61 out of max. 5). According to Starr Tate (2016) slightly lower average mean scores show that there is a space and a need for improvement of student's cultural awareness and cultural competency education courses. To develop cultural awareness, nursing students should have the opportunity to increase their knowledge in transcultural aspect of care. The key for increasing cultural awareness is to improve the understanding of health inequities and health disparities (Cantey, Randolph, Molloy, & Cary, 2017). It is also crucial that nursing students raise their awareness on the communication and cultural beliefs of people (Goodman, Edge, Agazio, & Prue-Owens, 2015). There are different strategies to promote cultural awareness and competency within nursing programs (Eshleman & Davidhizar, 2006). Lonneman (2015) and Long (2012) state that current approaches for increasing cultural competencies are lectures, group discussion, written reports, clinical experiences, simulations, role playing, journal keeping, studying abroad and working experiences in

community settings. It is important to investigate in further research how effective those strategies are. Cultural competence can be increased by including structured cultural content in the nursing curricula (Sargent, Sedlak, & Martsolf, 2005).

In our study, the results didn't vary between age, level of nursing program, way of study and year of study. Safipour, Hadziabdic, Hultsjö, and Bachrach-Lindström (2017) also find out an insignificant correlation between demographic variables and the level of cultural awareness. In comparison between female nursing students and male nursing students, the results showed statistically significant higher scores accessed by female students in one dimension: 'Behaviors/Comfort with Interactions.' This can be explained by the results of the study (Parlar Kılıç & Sevinç, 2018) that female students are more sensitive toward cultural differences, have more positive attitudes toward cultural factors, and that they feel more responsible than male students. Also, Yılmaz, Toksoy, Denizci Direk, Bezirgan, and Boylu (2016) find out, that female scored the determinant: respect for cultural differences higher than male.

Testing the inter-correlation between dimensions was important due to investigate how some dimensions vary between. We can conclude that interesting inter-correlations were found. The negative correlation between Cognitive awareness and Behaviors/Comfort was identified. Positive correlation between 'General Education Experience' and 'Patient Care/Clinical Issues' was identified. There is also a moderate correlation between the dimension: 'Cognitive Awareness' and 'Patient Care/Clinical Issues. Hadziabdic, Safipour, Bachrach-Lindström, and Hultsjö (2016) report the negative inter-correlation between those dimensions.

However, there are some limitation of this study that can be outlined. In this research, the number of male participants, 1st year undergraduate nursing students and postgraduate nursing students is smaller, therefore the results must be interpreted with conscious. Also, due to small sample there was impossible to measure the relation between demographic variables such as ethnicity and language that participants speak at home with cultural awareness score. The nature of research was quantitative, therefore the results can't provide the impact of some variables that can increase cultural awareness of nursing students.

Conclusions

Culture is having a huge impact on peoples every day live. During undergraduate or postgraduate nursing education, students must achieve an adequate level of competences, also cultural competences. Concept of culture

diversity care can be learned and adopted in every nursing education curriculum. This will result the high level of student's cultural awareness. In nursing education there is a need that students perform their clinical settings in diverse – intercultural clinical settings. Further researches are needed to measure cultural awareness among nursing students for identifying strategies for improving their cultural awareness and implementing various teaching strategies in nursing educational programs. The main finding of our study, that there is a moderate level of cultural awareness score among nursing students in our faculty, suggests the importance of continuously measuring the level of cultural awareness between nursing students and recognize the important steps in incorporating strategies for improving cultural awareness of students in nursing education.

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