

Awareness of Nurses Regarding Culturally Competent Care in Hospitals of Punjab: Cross Sectional Study

TAHIRA PERVEEN¹, SURRIYA SHAHNAZ², ZARNIGAR³, NAJMA BALQUEES ANWAR⁴, TABUASSUM ZIA⁵, WAQAS LATIF⁶, TALHA LAIQUE^{7*}

¹Department of Nursing, CON, DHQ Hospital, Muzaffargarh -Pakistan

²Department of Nursing, CON, Nishtar Hospital, Multan- Pakistan

³Department of Nursing, CON, Children Hospital, Lahore -Pakistan

⁴Department of Nursing, CON, CMH, Multan- Pakistan

⁵Department of Nursing, CON, Services Hospital, Lahore- Pakistan

⁶Department of Biostatistics, University of Health Sciences, Lahore-Pakistan

⁷Department of Pharmacology, Allama Iqbal Medical College, Lahore-Pakistan

Correspondence to Dr. Talha Laique, Email: talhalaique51@gmail.com Tel:+92-331-0346682

ABSTRACT

Background: Nursing profession is one of the professions which is continuously developing and uniformly acclimatizing to not only new medical treatments and expansions but also adapting the socio-cultural norms and expectations.

Aim: To analyze the level of nurses' awareness regarding culturally competent care in three selected hospitals of Punjab.

Study design: Cross-sectional study.

Methodology: Study setting was public hospitals of Punjab-Pakistan after ethical review committee's (ERC) approval. Data was collected from nurses (n=133) by using self-administered questionnaire that was adapted from cultural awareness assessment tool. They were selected from three hospitals through non-probability convenient sampling technique. **Statistical analysis:** Data was analyzed by using SPSS version-20. To summarize the results, mean \pm SD, frequencies, percentages and graphs were used.

Results: Overall average score of cultural competence was 24.31 ± 3.457 which was on the lower side. Scores of Muzaffar Garh nurses was statistically significantly higher than both hospitals (p-value <0.001). This variation is due to years of experience (4-6 years) of nurses in Muzaffar Garh. Perhaps, comparatively long period of experience made them aware of the cultural practices of the people.

Conclusion: We concluded that frequent and long-term interaction of nurses with patient which may help nurses in developing understanding of client's culture because novice nurses are not able to understand point of view of the patients with diverse culture as they are not prepared to deal with the problems of cultural diversity.

Keywords: Nursing Profession, Cultural Norms, Trans-cultural Nursing Care and Awareness.

INTRODUCTION

Nursing profession is one of the professions which is continuously developing and uniformly acclimatizing to not only new medical treatments and expansions but also adapting the socio-cultural norms and expectations. Although, nurses are professionally trained for patients' care and respect. But, in the recent era, it has become a challenge for health care providers, especially for nurses to deal with clients having different demographics, diverse ethnic groups and different socioeconomic statuses.¹

Since concepts of health and illness are perceived differently in different cultures so, it is imperative for nurses to be aware of different cultures in order to provide cultural sensitive care to their clients. Knowledge of culture enables nurses to better understand their patients' needs and avoids misunderstandings.²

Pakistan comprises of five provinces, including Punjab, Sindh, Khyber Pukhtoon Khawa, Balochistan, Gilgat Baltistan and the Federally Administered Tribal Areas (FATA). Many variations exist within a cultural or an ethnic group depending upon their geographic region

and language differences for example, Sindhi, Balochi, Pushto, Saraiki, Punjabi and Hindco. There may be other variations exist in family structure, gender preferences and food choices. Keeping in view these disparities, it is important to know their cultural differences.

According to few researchers knowledge of health beliefs is an important part of understanding cultural competence for health care providers.³ In southern Punjab majority of the people are illiterate and have strong beliefs and cultural values about their health matters like religious beliefs for family planning, breast feeding and "atthra" (a female disease), hospital stigma and concept of hot and 3 cold. In addition, they have their own way of treatment for diseases by home remedies and spiritual leaders' prayers. Since nurses are first line care providers and spend more time with patients and relatives than other health care professionals they are challenged to provide culturally competent care to their patients, particularly in the above mentioned area. Therefore, it is necessary for nurses to have a clear concept and knowledge of multiple cultural backgrounds.

However one researcher pointed out the four major challenges for nurses to provide culturally competent care i.e. are, difference in ethnic and racial groups, problem in communication (languages, words, symbols) religious

Received on 23-02-2021

Accepted on 03-06-2021

ethics and last challenge is having the trust worthy relationship among nurse and patient^{4,5}. These barriers consequently result in compromised nursing care. So nurses are required to be aware of all these component of diverse cultures. Many studies on knowledge, attitude and practice have been done so far worldwide but no study has been carried out on awareness of cultural competence in nurses in Pakistan. For this purpose, this study was conducted in three district Head Quarter hospitals i.e. D.G Khan, Muzaffargarh and Lahore, Pakistan.

The objective of the study was to analyze the level of nurses' awareness regarding culturally competent care in three selected hospitals of Punjab.

METHODOLOGY

Study setting was public hospitals of Punjab-Pakistan after ethical review committee's (ERC) approval. Data was collected from nurses (n=133) as per inclusion and exclusion criteria by using self-administered questionnaire that was adapted from cultural awareness assessment tool. They were selected from three hospitals through non-probability convenient sampling technique. All charge nurses working in Selected District Head Quarter Hospitals having minimum one year of experience with any Specialty were included. Head

nurse, lady health visitors, students and midwives were excluded. Informed consent was taken from all participants.

Statistical Analysis: Data was analyzed by using SPSS version-20. Means±SD was calculated for quantitative variables e.g. age and experiences etc. Descriptive statistics were used to compute frequencies, percentages and graph for qualitative variables.

RESULTS

Distribution of nurses among different DHQs with varying work experience duration was presented as frequency in table-1. Majority of them were from Mian Munshi Hospital. The study participants with any specialization had also scored lower in all DHQs as did the nurses without specializations and the trend was same in all the studied hospitals but only in Muzaffargarh the scores were statistically different (p-value <0.001) as depicted by table-2. Different responses of different subjects were assessed and depicted in table-3 below. Majority showed that discussion about cultures did not affect their working attitude and they fully understand their limitations. In three hospitals out of 133 nurses 122(91.8%) nurses got below average scores and 11(8.2%) nurses got average score as shown by table-4.

Table-1: Distribution of Nurses Among DHQs (n=133)

Parameters	Hospitals	Diploma in Nursing/Midwifery		Diploma in Nursing & Midwifery Specialization	
Distribution of Nurses According to Hospital	Mian Munshi Hospital	49 (36.8%)		03 (2%)	
	Dera Ghazi khan (DHQ)	47 (35.3%)		01 (0.75%)	
	Muzaffargarh (DHQ)	28 (21%)		05 (3.8%)	
Working Experience (Years)	1-2	2- 4	4- 6	More than 6	
Mian Munshi Hospital	20 (15%)	08 (6%)	09 (6.8%)	15 (11.3%)	
Dera Ghazi khan (DHQ)	19 (14.3%)	18 (13.5%)	04 (3%)	07 (5.3%)	
Muzaffargarh (DHQ)	00	03 (2.2%)	06 (4.5%)	24 (18%)	
Total	39 (29.32%)	29 (21.8%)	19 (14.3%)	46 (34.6%)	

Table-2: Comparison of Scores according to Professional Qualification, DHQ wise

Institution	Prof. qualification	N	Mean	t-test	p-value
D.G. Khan	Diploma in Nursing & Midwifery	47	23.32±2.51	0.523	0.603
	Any Specialization	1	22.00±0.00		
Mian Munshi Hospital	Diploma in Nursing & Midwifery	49	23.53±3.16	0.427	0.671
	Any Specialization	3	24.33±2.31		
Muzaffargarh	Diploma in Nursing & Midwifery	28	25.32±1.44	9.648	<0.001*
	Any Specialization	5	35.00±4.12		

Table-3: Assessment Regarding Different Levels Of Awareness Among Subjects

Statements	Categories	Never	Sometime
I feel comfortable when discussing different lifestyles with clients?	Dera Ghazi khan (DHQ)	19 (14.3%)	29 (21.8%)
	Mian Munshi Hospital	47 (35.3%)	5 (3.8%)
	Muzaffargarh (DHQ)	22 (16.5%)	11 (8.2%)
I know the limits of my communications skills with clients from different cultures?	Dera Ghazi khan (DHQ)	21 (15.8%)	27 (20.3%)
	Mian Munshi Hospital	2 (1.5%)	50 (37.6%)
	Muzaffargarh (DHQ)	11 (8.2%)	22 (16.5%)
I use different techniques to assess their culture at time of admission?	Dera Ghazi khan (DHQ)	38 (28.6%)	10 (7.5%)
	Mian Munshi Hospital	49 (36.8%)	3 (2.2%)
	Muzaffargarh (DHQ)	26 (19.6%)	8 (6%)
It makes me more confident as a nurse when I remain alert to the cultural consideration?	Dera Ghazi khan (DHQ)	29 (21.8%)	19 (14.3%)
	Mian Munshi Hospital	47 (35.3%)	05 (3.8%)
	Muzaffargarh (DHQ)	08 (6%)	25 (18.8%)
I accept that there is a strong relationship between cultural values and health?	Dera Ghazi khan (DHQ)	28 (21%)	20 (15%)
	Mian Munshi Hospital	06 (4.5%)	46 (34.6%)
	Muzaffargarh (DHQ)	16 (12%)	17 (12.8%)

Table 4: Overall scoring of three hospital participants

DHQ Hospital name	High	Average	Below average
Scoring of Participants			
Dera Ghazi Khan	00	02 (1.5%)	46 (34.6%)
Main Munshi Hospital	00	01(0.75%)	51 (38.3%)
Muzffar Garh	00	08 (6%)	25 (18.8%)
Total	00	11 (8.2%)	122 (91.8%)

DISCUSSION

In health care profession, some essential factors are linked with culturally competent nursing care like communication with the patient, cross cultural skills, ethnicity and education of the health care provider.⁵ In present study, the overall average score of cultural competence was 24.31 ± 3.457 which was on the lower side. These findings are in line with studies who presented similar results.^{6,7} While, comparing the average score in hospitals under study, D.G Khan Hospital nurse's average score was 23.35 ± 2.33 , Mian Munshi hospital average score was 23.58 ± 3.10 and district Muzaffargarh average score was 26.93 ± 4.18 . Average scores of Mian Munshi hospital's nurses were higher than D.G Khan Hospital but the difference was statistically insignificant (p-value 0.721).

Scores of Muzaffargarh Nurses was statistically significantly higher than both hospitals nurses group (p-value <0.001). This variation may be due to years of experience of nurses in the same place as majority of the nurses in Muzffar Garh were with 4-6 years of working experience with the public of same district. Perhaps, comparatively long period of experience made them aware of the cultural practices of the people.

Furthermore, these nurses were having post-basic education that why they represented better understanding of the diverse cultures as a handsome component of behavioral sciences and therapeutic communication is included in the curricula of post-basic specializing. These findings are comparable with one previous study who identified that the nurses working with specific population for a long period of time showed fair level of cultural understanding⁸ while, a study conducted by researchers also supported our findings⁹. They mentioned that nurses with higher level of professional education are reasonably competent in dealing with the people of diverse cultures as their communication; confidence and level of understanding turn out to be better.

Reviewing the Likert scale analysis, In present study more than 66% of the nurses did not feel comfortable with cross cultural clients whereas only 34% feel some time comfortable with client when discussing different lifestyles with clients. These findings are congruent with the findings of who also identified that majority of the nurses confronted difficulty in dealing with patients from multi-cultural back ground because of difference in language, as different meaning of the same word in different culture is considered to be a big communication barrier.^{10,11} Similarly, one researcher documented in their study that nurses were not much culturally competent because of lack of awareness about different cultures, so during their practice they do not feel comfortable¹².

In response to the question, "I know the limitations of communications skills with clients from different cultures"

e.g. eye contact, touch, handshaking, giving smile etc.", majority of the participants in present study reported that they feel difficulty while communicating with clients from other cultures. The findings of our study are consistent with findings of one previous work which documented that 84% nurses feel difficulty while communicating and interacting with clients due to the language barriers, phrases, symbols, and gestures because language, body gestures vary in different cultures.^{13,14}

Limitations: Our study had limitations like financial constraints, lack of resources and small sample size.

CONCLUSION

We concluded that frequent and long-term interaction of nurses with patient which may help nurses in developing understanding of client's culture because novice nurses are not able to understand point of view of the patients with diverse culture as they are not prepared to deal with the problems of cultural diversity.

Authors' Contribution: TP: Conception and design of work, SS: Collecting and analyzing the data, Z: Drafting the manuscript, Najma Balquees Anwar: Drafting the manuscript, TZ: Collecting and analyzing the data, WL: Drafting the manuscript, TL: Drafting and revising the manuscript for intellectual content.

Conflict of Interest: None to declare

Financial Disclosure: None

REFERENCES

- Alexander, G.R., 2002. Cultural Competence Models in nursing. *Journal Crit Care Nurse Clin North America*. 20(4):415-421
- Joseph, R. Betancourt., Alexander, R. Green., J. Emilio, Carrillo., 2002. Culturally Competent in Health Care. *Emerging Farm Work and Practical Approaches*. 6(3): 220-315.
- Andresen, J., 2001. Cultural Competence and Health Care. Japanese, Korean and Indian patients in the United States. *Journal of cultural Diversity*.8 (4):109- 21.
- Andrews, M. M., 1992. Cultural perspectives on Nursing in the 21st century. *Professional nursing, journal of Nursing Education*. 8(1):7-15
- Arno k. Kumagai.,M.D.,Monica,L. Lypson, M. D. 2009 Beyond Cultural Competence: Critical Consciousness, Social Justice and Multicultural Education, *Academic Medicine*.Vol84:782-787.
- Camphinha-Bacote, J., 1994. Cultural Competence in Psychiatric Mental Health Nursing: *Journal Nursing Clinics of North America*, vol 29 (1): 1-8.
- Camphinha-Bacote, J., 1999. A Model and Instrument for Addressing Cultural Competence in Health Care: *Journal of Nursing Education*. vol 38 (5): 203- 207.
- Camphinha-Bacote, J., 2003. Many Faces Addressing Diversity in Health Care. *Journal of Issues in Nursing*. 8(1):7-21 Retrieved on May 4, 2009.
- Curtis, E. F., Dreachslin, J. L., &Sinioris, M., 2007. Diversity and Cultural Competence Training in Health Care Organizations. *Hallmarks of success. Journal, The Health Care Manager*, 26(3): 255.
- Celeste, Cang-Wong., Susan,O. Murphy., Toby, Adelman., 2009. Nursing Responses to Transcultural Encounter. *What Nurses Draw on When Faced with Patients from Another Culture? The Permanente. Journal* 13(3):31-37.
- Cheryl, Kodjo, M. D., 2009. Cultural Competence in Clinician Communication, *Journal NIH Public Access*. 30(20):57-64.
- Daniella, Olubode., 2011. Multicultural Competence in Nursing: Experience of Patient and Families, *Journal Metropolia*:64:21-51
- Dawn, Lehman., Ph.D., Paula, Fenza, M.A., Linda, Hollinger, Smith. Ph.D., 2012. Diversity and Cultural Competency in Health Care Settings. *Mather Life Ways*. 01-25.
- Flowers, D.L., 2004. Culturally Competent Care, A Challenge for the 21st century. *Journal Critical Care Nurse*.24: 48-52.