Effects of the Global Multicultural Nursing Competency Enhancement Program on the Cultural Competence of Nursing College Students

Mi-Jung Choi¹ and Seok-Young Han²*

Assistant Professor, Dept. Nursing Science, Chosun Nursing College, Pılmundaero, Dong-gu, Gwangan, Korea
¹tinercmj@cnc.ac.kr, ²*hansy4ever@cnc.ac.kr

Abstract

The purpose of this study was to develop the global multicultural nursing competency enhancement program (GMNCE program) and to examine its effects on the cultural competence of nursing college students. A quasi-experimental study using a nonequivalent control group pretest-posttest design was applied to an experimental group (n=33) and a control group (n=36). The experimental group participated in a global camp held in Malaysia for the GMNCE program for 3 weeks while the control group did not. The data, collected using self-report structured questionnaires prior to the program and after the intervention, were analyzed with descriptive statistics, independent t-test, χ²-test, and ANCOVA using SPSS 24.0 program. Compared to the control group, experimental group reported significant positive changes for cultural competence (F=9.71, p=.003) including cultural knowledge (F=9.52, p=.003), cultural skills (F=13.42, p=.001), cultural encounters (F=4.67, p=.035), cultural awareness (F=11.01, p=.002), and cultural sensitivities (F=9.45, p=.003), and the effect of the program was also supported by significant differences between the two groups. The results of this study indicate that the GMNCE program is effective in raising the level of cultural competence of nursing students. Based on the findings, this study suggests a need to include content from cultural competence curricula or training programs to improve undergraduate nursing college students’ cultural competence.

Keywords: Multicultural nursing, Cultural knowledges, Cultural skills, Cultural encounters, Cultural awareness, Cultural sensitivities, Nursing college students

1. Introduction

Recently, the number of foreign workers, marriage immigrants, North Korean refugees, foreign students, and midway immigrants has increased in South Korea [1]. The number of foreigners living in South Korea exceeds 1.58 millions, accounting for 3.2 percent of the total population [2], and the number of foreign patients tallied at around 120,000 thanks to the government’s medical tourism project as well as the revision of the medical law, which has increased the chance of meeting patients with various cultural backgrounds in medical fields and various communities [3]. Due to the impact of these social changes, reinforcing the

Article History:
Received (November 30, 2019), Review Result (January 4, 2020), Accepted (February 9, 2020)
multicultural capacity of health care providers, including nurses, has become a new concern [4].

Health care providers must understand the cultural context, including the value and belief in health of multicultural groups, and support them to ensure proper health care [5]. However, due to health care providers, when providing medical services to multicultural people, lacking knowledge and experience on lifestyles and health behaviors according to their respective cultures [6] as well as existence of cultural differences in health and health care [7], the satisfaction when being provided with medical services is affected, causing health inequality [8]. Thus, cultural competency, which means to reduce and manage the unfair discriminations arising between contrasting cultures efficiently by improving the prejudices, discrimination and obstacles experienced by multicultural subjects with diverse cultural backgrounds and values when being provided with health care services, is required [9].

It is necessary to confirm the various components that consist of cultural competency since it includes complicated concepts. Cultural competency signifies the acquisition of knowledge, awareness and skills related to diverse cultural groups as well as consistent behavior, attitude and policies of healthcare service providers to convey healthcare services effectively in multicultural situations [10]. Furthermore, cultural competency is applying nursing skills, such as assessing health needs of the client or clinical diagnosis, to subjects with cultural sensitivities- which is to view the clients based on trust, acceptance and respect; cultural knowledge, acquired through various ways, as well as cultural awareness, which is to verify the standards, beliefs and values of multicultural people [11]. Caffrey, Neander, Markle, and Stewart [12] classify cultural awareness, cultural knowledges, and cultural skills as a component of cultural competence, while Schim, Benkert, Doorenbos, and Miller [13] emphasize aspects of cultural behavior, which means to provide culturally congruent nursing care through cultural awareness based on cultural sensitivities, the strive to learn cultural differences and cultural experiences to develop cultural competency. Therefore, a conclusion can be drawn that cultural knowledges, cultural awareness, cultural encounters, cultural sensitivities, and cultural skills, common elements of cultural competence, are included as the main content of multicultural nursing curriculum to comprehensively change the knowledge, skills and attitudes of multicultural nursing care [9][14].

Cultural competency is suggested as a core capability for nurses to provide efficient cultural nursing, and nursing college students, in particular, are required to receive systematic multicultural-related education with continuous efforts during the curriculum of nursing education institution to acquire cultural competency as pre-specialized nursing personnel who will prevent and improve and come into contact with the health of various multicultural people in local communities, including clinical hospitals and schools [4][9][12]. It can be said that the integrated results of cultural awareness and cultural sensitivities shown as actions in clinical practice by possessing knowledges through nursing education to correctly recognize the language, religion and beliefs by showing an open attitude towards various cultural groups [13]. Thus, it is a task of foremost significance in a multicultural society to develop a systematic transcultural nursing education and a cultural capacity-building program aiming for the enhancement of nurses’ cultural competence [15].

In Western countries, which have already experienced multicultural society, research results and education strategies are being reported by developing and operating multi-cultural nursing competency education programs within various curricula [16][17], and nursing education standards, based on numerous studies and curricula for the reinforcement of cultural competency of nurses and nursing college students, are presented for a culturally
appropriate nursing practice [18]. The American Association of Colleges of Nursing [19] establishes five core components of cultural competency for the operation of cultural competency curricula, organizing and presenting education content such as nursing theory and nursing model for cultural competence, intramural theoretical lectures for the enhancement of cultural competency, integrated learning strategies required in clinical practice and reference material to learn various cases required within the curriculum for the acquisition of aforementioned skills.

In South Korea, Peek and Park [20] developed and operated multicultural education program called ‘Cultural Class for Nursing College Students’ and found out that cultural competency, consisting of domains of cultural awareness, cultural knowledges, cultural skills, cultural desires and cultural encounters, and self-efficacy have increased. However, multicultural nursing education program that operated once for a short period of time is rather impractical for the enhancement of cultural competency, which leads to the conclusion that multicultural nursing education must be conducted prior to clinical and local community nursing practice, in order to approach health care and nursing issues of a multicultural society by understanding and embracing cultural diversity and cultural values. Cho Chung, Han, and Seo [21] conducted this study to investigate the effects on cultural competence by developing and applying ‘Cultural Competence Educational Program for Nursing Students’ for junior nursing college students. The results showed that the multicultural nursing education program is effective in promoting cultural competence, including cultural knowledges, cultural awareness, cultural acceptances, and cultural competence behaviors of nursing college students. The study was particularly noteworthy since it provided a long-term program with content that fully covered the subdivision of cultural competence for an efficient multicultural nursing education, also since various teaching learning strategies were applied.

Therefore, this study was conducted to operate ‘Global Multicultural Nursing Competence Enhancement program (GMNCE program)’ for senior nursing college students who are prospective nurses before nursing practice in clinical fields, and to evaluate the effectiveness through multicultural experiences overseas and training of global medical institutions. The purpose of this study is to verify the effect on cultural competence after operating the GMNCE program during winter vacation. Cultural competence includes five sub-domain areas of cultural knowledge, cultural skills, cultural encounters, cultural awareness and cultural sensitivities, and the hypotheses of this study are as follows.

Hypothesis 1. The experimental group who engaged in the GMNCE program will score higher cultural competences than the control group not attending the program.

Supplementary hypothesis 1.1. The experimental group who engaged in the GMNCE program will score higher cultural knowledge than the control group not attending the program.

Supplementary hypothesis 1.2. The experimental group who engaged in the GMNCE program will score higher cultural skills than the control group not attending the program.

Supplementary hypothesis 1.3. The experimental group who engaged in the GMNCE program will score higher cultural encounters than the control group not attending the program.

Supplementary hypothesis 1.4. The experimental group who engaged in the GMNCE program will score higher cultural awareness than the control group not attending the program.

Supplementary hypothesis 1.5. The experimental group who engaged in the GMNCE program will score higher cultural sensitivities than the control group not attending the program.
2. Method

2.1. Research design

This study was a quasi-experimental study of the non-equivalence control group design to identify the effects on cultural competence by running the GMNCE Program for nursing college students.

2.2. Participants

This study was conducted on a 3rd grade of C nursing college in G metropolitan. Nursing college students who participated in the GMNCE Program held in Malaysia were classified as experimental group; those who did not attend were classified as control group. The criteria for selecting the participants were: first, willingness to participate in the recruitment of participants in the Malaysia global camp, and second, provision of documentary consent to participate in the program with proper understanding about the purpose and procedure of the research.

The number of study participants was calculated using the G*Power 3.1.9.2 program. Based on a significant level (α), a power(1-β) of 0.80, and an effect size(d) of 0.30, 64 samples were calculated for independent sample verification, with 33 experimental group and 36 control group recruited to finally include 69 people in the data analysis.

2.3. Measurements

The cultural competence of nursing college students was measured using the ‘The Cultural Competence Scale for Nursing Students (CCS-NS)’ tool developed by Han & Cho Chung [22]. The CCS-NS is 5-point scale tool consisting of nine questions about cultural knowledges, six questions about cultural skills, four questions about cultural encounters, four questions about cultural awareness and four questions about cultural sensitivities, ergo 27 questions altogether. The total score of a nursing college students’ cultural competence measuring tool ranges from 27 to 135, and in this study, the average score was used, thus the higher the score, the higher the degree of cultural competence. The CCS-NS reliability verification was Cronbach’s alpha .91, and Cronbach’s alpha .90 in this study.

2.4. Data collection

The data were collected from Dec. 27, 2018 to Jan. 16, 2019. The preliminary test of cultural competency for the experimental group was conducted by the researchers at the GMNCE global camp orientation, and the test for the control group was conducted by the co-researcher in the classroom of C College after the final examination. The self-reporting questionnaire was distributed and collected. After operating a three-week the GMNCE program, we conducted cultural competency follow-up to the experimental and control groups at the same time.

2.5. Data analysis

The collected data were analyzed using the SPSS Statistics 24.0 program. The general characteristics of the participants of the two groups were analyzed with number and percentages, and the homogeneity test between of the two groups for general characteristics and dependent variables were analyzed with χ²-test and ANCOVA. And for calculation of
difference between the two group before and after the operation of the GMNCE program was analyzed through the Independent t-test.

2.6. Ethical considerations

For the protection of the participants rights, the purpose of this study and its progress were explained. They were also explained that there were no side effects or hazards arising from the participation. The data collected were used only for research purposes and that personal confidentialities were guaranteed. In addition, the research participation was conducted after written voluntary consent was obtained and the participants were fully explained about the benefits and losses of the research participation, privacy and confidentiality, and the possibility of withdrawal from the research participation on their will at any time during the study participation, and that no personal disadvantages would arise therefrom.

3. Results

3.1. General Characteristics and homogeneity between the two groups

The results of the homogeneity test for the general characteristics and pre-dependent variables of the experimental and control groups under this study showed that the general characteristics of the two groups did not differ statistically significantly and therefore that the two groups were homogeneous [Table. 1]. When it comes to cultural competence, the pretest showed significant differences between the two groups in cultural knowledges, skills, and awareness, resulting in unhomogeneity [Table. 2].

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Categories</th>
<th>Exp.(n=33)</th>
<th>Cont.(n=36)</th>
<th>Total.(n=69)</th>
<th>χ²</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>30(43.5)</td>
<td>34(49.3)</td>
<td>64(92.8)</td>
<td>0.32</td>
<td>.458</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>3( 4.3)</td>
<td>2( 2.9)</td>
<td>5( 7.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age (yr)</td>
<td>≤20</td>
<td>7(10.1)</td>
<td>12(17.4)</td>
<td>19(27.5)</td>
<td>14.82</td>
<td>.096</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>22(31.9)</td>
<td>12(17.4)</td>
<td>34(49.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>4( 5.8)</td>
<td>12(17.4)</td>
<td>16(23.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>Have</td>
<td>7(10.1)</td>
<td>11(16.0)</td>
<td>18(26.1)</td>
<td>4.98</td>
<td>.174</td>
</tr>
<tr>
<td></td>
<td>Have not</td>
<td>26(37.7)</td>
<td>25(36.2)</td>
<td>51(73.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction with</td>
<td>No</td>
<td>19(27.5)</td>
<td>18(26.1)</td>
<td>37(53.6)</td>
<td>0.40</td>
<td>.631</td>
</tr>
<tr>
<td>foreigner</td>
<td>Yes</td>
<td>14(20.3)</td>
<td>18(26.1)</td>
<td>32(46.4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exp.=Experimental; Cont.=Control group

<table>
<thead>
<tr>
<th>Variables</th>
<th>Exp.(n=33) M±SD</th>
<th>Cont.(n=36) M±SD</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural competence</td>
<td>2.94±0.41</td>
<td>3.09±0.45</td>
<td>2.08</td>
<td>.155</td>
</tr>
<tr>
<td>Cultural knowledges</td>
<td>2.38±0.56</td>
<td>2.77±0.61</td>
<td>6.78</td>
<td>.012*</td>
</tr>
<tr>
<td>Cultural skills</td>
<td>2.29±0.62</td>
<td>2.68±0.61</td>
<td>6.01</td>
<td>.017*</td>
</tr>
<tr>
<td>Cultural encounters</td>
<td>2.70±0.80</td>
<td>2.92±0.70</td>
<td>1.28</td>
<td>.263</td>
</tr>
<tr>
<td>Cultural awareness</td>
<td>4.16±0.56</td>
<td>3.81±0.78</td>
<td>4.23</td>
<td>.044*</td>
</tr>
</tbody>
</table>
3.2. Effect of multicultural nursing education program

Because the two groups’ homogeneity in cultural competency was not ensured in the pretest results, ANCOVA analysis was conducted to test the difference between the experimental group and the control group. As a result, hypothesis 1 was supported since there was a statistically significant difference (F=9.71, p=.003) between groups in cultural competency. And sub-hypothesis 1.1. Cultural knowledges (F=9.52, p=.003), 1.2. Cultural skills (F=13.42, p=.001), 1.3. Cultural encounters (F=4.67, p=.035), 1.4. Cultural awareness (F=11.01, p=.002), 1.5. Cultural sensitivities (F=9.45, p=.003), were also supported by significant differences between the two groups [Table. 3].

The results showed that the GMNCE program is effective in enhancing cultural competences of nursing college students, which includes cultural knowledges, cultural skills, cultural encounters, cultural awareness and cultural sensitivities. The hypothesis of this study, “The experimental group who engaged in the GMNCE Program will score higher cultural competences than the control group not attending the program,” was supported with a statistic
significance. Prior to the operation of the GMNCE program, the pre-test score for cultural competency was 2.94, slightly lower than the findings of Han [23], which evaluated the cultural competency of nursing college students using the same tools as this study, yet higher than the score of 2.57 for the 1st degree of nursing college students[21]. Some studies have shown that the low cultural competency scores of nurses at general hospitals and first-year nursing students have ironically demonstrated the need to develop a curriculum for multicultural nursing courses since it clearly demonstrated that the reason the short history of migration and multiculturalism in South Korea, lack of experience in multicultural nursing education, and lack of contact and exposure to multicultural groups [24][25]. In addition, when comparing the average scores by sub-domain of cultural competence, cultural awareness and cultural sensitivities scores were higher compared to cultural encounters, cultural skills and cultural knowledge, cultural skills and cultural knowledge, whose scores were significantly lower among the total domains. This was consistent with the findings of Park [26] and Cha [27], who reported cognitive and affective openness to other cultures at a time of transition to a multicultural society, but the lack of ability to perform practical behaviors. This was different from the results of the preliminary examination of a study for the application of multicultural nursing and cultural competency program for multicultural maternity nursing care [28]. After operating the GMNCE program, the cultural competency score increased from 2.94 to 4.04 compared to the control group’s score. This was consistent with the findings of a study that operated regular and non-regular curriculum and cultural experience programs for nursing college students to enhance their cultural competency [12][20]. In addition, it was also consistent with the results of a study that applied cultural competency enhancement program in special transfer nursing student curriculum alongside with a study that applied cultural competency improvement program for multicultural maternity nursing care [14][28].

First, looking at the results of supplementary hypothesis of cultural competency, the score of cultural knowledges of the experimental group after application of the GMNCE program showed significant positive increase compared to the control group. This was in line with the preceding studies in which multicultural nursing education programs enhanced the cultural knowledge of nursing college students as well as nurses [12][14][20][21][28].

Second, after applying the GMNCE program, the degree of cultural skills of the experimental group increased statistically significantly. This was consistent with the findings of Kim [29] that demonstrated that multicultural nursing education is effective in changing behaviors related to cultural nursing. However, in the case of education through short-term program of case-based small group learning method for multicultural maternity nursing care, the effect of cultural activities did not reach a statistically significant level due to the limitations of short-term education lasting only for six quarters [28]. Education related to cultural skills through the GMNCE program is assumed to have lacked practical nursing services as there were somewhat fewer opportunities for direct contact with subjects from other cultures, unlike cultural knowledges and cultural awareness. However, multicultural experience of an individual, either direct or indirect, played a role not only in improving cultural competency, but also in enhancing cultural sensitivities and cultural awareness through multicultural nursing education program as well as cultural skills as a consequence of a wider cultural knowledges. In other words, since it seems that a lot of in-contact experiences with diverse multicultural students and their families as well as training and education on cultural diversity would have positive effects on cultural skills by promoting cultural awareness and cultural knowledges [30], cultural experience overseas, global training programs, multi-cultural experiences in clinical practice institutions, and voluntary activities
Effects of the Global Multicultural Nursing Competency Enhancement Program on the Cultural Competence of Nursing College Students

in-and abroad, through interaction with people from different cultural backgrounds, are expected to be effective in enhancing the cultural competency of nursing college students [4]. In this study, various teaching and learning strategies for cultural skills, such as case studies, situation plays, interviews with multicultural subjects through field works, and group discussions were used. Various teaching strategies such as role play, discussion in small groups, demonstration, case-based learning, problem-based learning, flip-learning, action learning and simulation-based learning should be developed for an efficient multicultural nursing education in the future.

Third, after the operation of the GMNCE program, a statistically significant increase in score for cultural encounters of the experimental group compared to the control group demonstrated the effectiveness of the program for wider experiences. Cultural encounters mean the environmental factors that improve cultural competencies such as encountering foreigners, through activities like voluntary work overseas, international cultural exchange activities and travel, or engagement in multicultural-themed education. This study showed consistency with the study of Caffrey, Neander, Markle, and Stewart [12] in which an advancement in cultural competency was reported after completing a multicultural education program which organized nursing college students to perform nursing action to patients from diverse cultural backgrounds as well as the study of Cooper-Brathwaite [31] which reported a reinforcement in cultural encounters after a multicultural education program operated for public health nurses.

Fourth, after the application of the GMNCE program, the statistically significant increase in score for cultural awareness of the experimental group compared to the control group confirmed the effectiveness of the program in promoting cultural awareness. It was consistent with the results of studies that employed various programs for nursing college students and nurses [25][26].

Finally, the experimental group engaged in the GMNCE program had a higher score for cultural sensitivities than the control group, which had statistically significant. In other words, it means that the GMNCE program for nursing college students was effective in enhancing receptivity to culture through cultural sensitivities. This is in line with the results of studies such as a study which proved the effectiveness of an experience program for nursing college students in increasing cultural sensitivities [14], a study which verified that the multicultural attitude including cultural sensitivity was improved through a multicultural social welfare special lecture program for college students majoring in social welfare [32] as well as a study which demonstrated an increased cultural sensitivities after a cultural competency enhancement program for the nursing of multicultural maternity [27]. Cultural sensitivities must be preceded by a change in multicultural attitude, which can be achieved with sufficient understanding and receptive attitude between major and immigrants’ cultures [23]. Therefore, it is possible to make a judgment that a positive and receptive change in attitude towards cultural diversity was made possible through multicultural nursing education program.

This study has difficulty in generalizing results since the study was conducted to nursing college students of a single university, and it also has limitations of investigation research through short-answer questions, that is, the lack of in-depth exploration. In addition, further complementary research on the sustainability of the effects of the GMNCE program through winter vacation will be needed. In addition, the point at which it will be effective to take place before and after the GMNCE program has entered the clinical practice must be proven through continuous research, and it is meaningful to apply the multicultural nursing curriculum and to implement the cultural competency of nursing college students graduating
with sufficient personal experience. Despite these limitations, it can be seen as very urgent and important to train nurses who combine cultural capabilities in a rapidly changing internationalizing society into a multicultural society. Therefore, various educational programs to enhance the cultural competency of nursing college students in the future are developed and operated to provide culturally suitable nursing services to multicultural students.

6. Conclusions

This study was conducted in order to determine the effects of the GMNCE program on the cultural competency of nursing college students. The results of this study demonstrated that the GMNCE program was effective for the improvement of nursing college students’ cultural competency. These results will let nursing college students establish and expand the role of specialized nurses capable of efficient managing of multicultural subjects by providing effective nursing intervention to multicultural subjects.

Through this study the acquisition of cultural competencies to provide diverse and practical nursing to local multicultural subjects by operating multicultural sharing program or culture exchange programs overseas associated with clinical practices after school and during vacation is expected to accelerate.

Repetitive researches on cultural competency education programs for nursing college students are demanded, as is a cross-sectional research to verify the effects after providing direct multicultural nursing services during clinical practice after the education.

References

Effects of the Global Multicultural Nursing Competency Enhancement Program on the Cultural Competence of Nursing College Students


Authors

Mi-Jung Choi
Chosun Nursing College Associate professor
B.A. Gwangju National Education University
M.A. Gwangju National Education University
Ph.D. Korea National University of Education
Post. Doctoral course. Saint John’s University
Research field
Creativity & Curriculum

Seokyoung, Han
Chosun Nursing College Assistant professor
B.A. Christian College of Nursing
M.A. Chonnam National University
Ph.D. Chonnam National University
Research field
- Cultural Competence
- Pediatrics care programs
This page is empty by intention.