Predictors of Culture Competence among Nursing Students in Riyadh City- Saudi Arabia

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Abstract

Cultural diversity is one of the challenges for nurses working in multicultural communities, as Kingdom of Saudi Arabia community. **Aim** of the study was to investigate the cultural competence of Saudi nursing students in Riyadh city. **Design:** Cross-sectional. Quantitative method applied with self-administered questionnaire. **Sample:** Convenience sample consists of 205 participants from five private and governmental colleges collected between November 2016 and January 2017. **Results:** Response rate 70%, the majority of the sample were females (58%), 50% of the participants didn't get any training regarding care for cultural diverse patients. 36 % of the sample didn't live in environment with different cultural people. However the majority (87%) provides a care for diverse cultural patients and deal with patients from different cultures. Total scores of culture competence mean among nursing students in Riyadh city was 74.54 ± 14.9. For each item the highest mean was 3.96 ± 0.96 which related to the ability to teach and guide other nurses to display appropriate behavior.

Keywords: Nursing students, Cultural, Competence.

1. Background and Literature Review

Culture diversity and different nationalities is one milestone of Saudi Arabia in general, and Riyadh city specially. About 3 million out of 7.74 million of Riyadh people are not Saudi, although there are no formal statistics about the number of nationalities in Saudi Arabia; but it's thought that more than 150 nationalities with different religions and cultures can be seen in Saudi Arabia (Saudi Research and Marketing LTD, 2007).

Culture diversity can result in different conflicts between employees; in one study 92% of the participants whom work in hospitality industry have experienced conflict with other workers because of culture diversity (Lee & Lee, 2014).

In nursing one of the causes of conflicts with patients and families is culture diversity, nursing and patient or families conflicts can based on different themes include family culturally based need for participate in patient care, culturally communication difficulties, and families' needs for self-determination and cultural norms, which can conflict with nurses perception as professional and total care provider, and there responsibility for clinical environment (Høye & Severinsson, 2010).

Medical care provider own values can affect the patients and care, Olson et al., (2016) in their study found that 91 % of medical care students (n= 271) were aware that own values might affect the patients. Own culture can influence beliefs and attitudes; one study' results showed that 71% (n= 293 nurses) strongly agree or agree that their culture influence their beliefs and attitudes (McElroy et al., 2016).

Culture was used to describe, the sum of behavior, belief, and values of people in their society (Chuenjitwongsa, 2016). Nurses provide care for patients with different cultures, ethnics, religions, and traditions. In one study in united states the nursing students participants reported that high percentage of their patient were from different culture (M= 68.8%), from ethnic minorities (M= 77.2%), or different language (M= 23.4%) (Flood& Commendador, 2016), this care need to be supported with culture competence in order to provide high quality nursing care.

Nursing Culture competence defined as: the gradual development of nursing capacity to provide quality and safe nursing care for patients of different cultural background (Cai, 2016).

Culture competence can enhance quality care (Young, & Guo, 2016, Jeong, et.al, 2016). To achieve effective health care for diverse patients; culture competence need to be developed (Shen, 2015).

Predictors of culture competence among nursing students include previous training on cultural diversity care, living with people of diverse cultures, to be in the last year of the nursing undergraduate program, previous experience in caring of culturally diverse patients (Cruz et al., 2016). Age also is a predictor as shown in the study conducted by (Riley, Smyer, & York, 2012).

Many dimensions related to culture competence were addressed by different literature instruments include attitude, skills, knowledge, behaviors, encounters, and design (Lin et al., 2016)

Up to date few or no studies were conducted in Riyadh city to assess predictors of culture competence

among nursing students, so; the aim of this study was to assess the predictors of culture care competence among nursing students in Riyadh city.

Education for nursing students is an important method for enhance culture care among health care provider (Repo et al., 2016). Medical educations curricula need to be improved to enhance cultural competence (Paul et al., 2014) one study results conclude that: providing assignments, one class, or on activity to enhance cultural competence among students will not be enough (Arbour et al., 2015). While continuous education and clinical training with patients; can enhance and develop cultural competence among nurses (Mareno & Hart, 2014; Delgado et al., 2013).

Many learning strategies can be used to enhance cultural competence among students, include: clinical practice, continuous education, programs for cultural immersion, experiential education, multimedia technology, video, or gaming (Reid-Searl et al., 2011; Truong et al., 2014; Kemppainen et al., 2012; Joye and Crawley,2014; Mu et al., 2016, Cruz, Colet, & Estacio, 2016; Olson et al., 2016; Flood, & Commendador, 2016).

Cultural competence can be influenced by some intrapersonal or organizational factors, in one study in Korea; it was influenced by: foreign languages fluency and experiences, job position, training programs, health education materials, job control, and interpersonal conflicts (Chae, 2012), another study in Philippine showed that cultural competence predictors include previous cultural care training and experiences, and cultural diversity environment (Cruz, Colet, & Estacio, 2016).

Barriers of cultural competence in Turkey include language difficulties, religion, gender differences, ethnicity (Karatay et al., 2016). In one study in USA barriers were, language, patient noncompliance, and medical error (Flood & Commendador, 2016).

Nurse's knowledge about cultural care was varied among students; one study reported the ability of students to define cultural competence, and their inability to say the method by which it can affect practice (Karatay et al., 2016), another study reported the cultural knowledge construct as the lowest mean of instrument items (Riley, Smyer, & York, 2012), and only 45 % of the sample (N=269) in one study perceived them as knowledgeable of acculturation models of minority groups (Olson et al., 2016). Discussion

Nursing skills and ability to identify the appropriate nursing care for diverse culture patients got the lowest mean in one study in Philippine (Cruz, Colet, & Estacio, 2016).

Nursing students in Eastern Turkey were unprepared to practice in a multicultural setting (Karatay et al., 2016); while another study in united states showed that nursing student perceived themselves to be prepared for culture competent care (Flood& Commendador, 2016), and another study in Australia showed that 68% of medical care students (n=273) report their ability to assess the health needs of patients with different cultural, ethnic, or racial background (Olson et al., 2016). Discussion

2. Methodology and design
2.1Sample and setting
A total of 205 out of about 300 nursing students return the survey, with a response rate of about 70%. Participants were Saudi nursing students in last year of undergraduate program or internship year in five nursing colleges, governmental 85 and private 118 participants in Riyadh city–Saudi Arabia.

2.2 Design
A cross-sectional descriptive design.

2.3 Instrument
A Self administrated questionnaire was used to assess predictors of culture competence among nursing students, the questionnaire consists of two parts: First part is demographic data and Second part is Cultural Capacity Scale- Arabic (CCS-A) Questions. Five levels Likert scale was used (Agree, No answer, Disagree, strongly agree and strongly disagree).

By Email the author gives the agreement to use the Arabic version of the questionnaire which is tested from the author for validity and reliability to be used in Saudi Arabia (Cruz et al., 2016).

Participants were asked to insure consent form, and informed not to write their personal information and names there is no benefits or possible harms for them and they have the right to leave the study any time.

2.4 Data Analysis
Data were analyzed using SPSS version 20.0, demographical data and cultural background were analyzed using frequency and percentage to measure nursing students cultural competence; mean and standard deviation were analyzed. Predictors of culture competence were identified using a stepwise multiple regression statistics.

3. Results
The majority of the sample was females (58%), the mean of age was 24.1 ± 3.79 years, studying in level 7 of

undergraduate nursing program (58%), in private nursing college (58%), 50% of the participants didn't get any training regarding care for cultural diverse patients, 36 % of the sample didn't live in environment with different cultural people, However; the majority (87%) provides a care for diverse cultural patients and deal with patients from different cultures.

Table 6: Demographic characteristics and cultural background of the participants (N= 205)

Demographic data	Level	Mean (SD)/ N (%)
Academic level	Level 7	119 (58.0%)
	Level 8	24 (11.7%)
	Internship	59 (28.8%)
Gender	Male	79 (38.5%
	Female	119 (58%)
Age		24.1 (3.79)
Type of college	Governmental	85 (41.5%)
	Private	118 (57.6%)
Cultural background		
Previous training on cultural diversity	Yes	102 (49.8%)
	No	103 (50.2%)
Taking care for patients with diverse cultures	Yes	178 (86.6%)
	No	26 (12.7%)
Live in environment with people from diverse cultures/ race	Yes	130 (63.4%)
	No	74 (36.1%)
Met special population groups as patients within the healthcare environment in the past 12 months	Yes	178 (86.8%)
	No	27 (13.2%)

Total scores of culture competence mean among nursing students in Riyadh city was 74.54 ± 14.9.

For each item the highest mean was 3.96 ± 0.96 which related to the ability to teach and guide other nurses to display appropriate behavior, when implement care for clients from diverse cultures followed by 3.90 ± 0.93 which is related to the ability of using communication skills with patient from diverse cultures, while the lowest mean was 3.40 ± 1.13 which related to the easiness of collecting information about client's beliefs/behavior about health or illness, followed by 3.52 ± 1.16 which is related to the discussion with each client of differences between the beliefs/behavior of the client's health and nursing knowledge.

Table 7: Culture competence among nursing students in Riyadh city

Item	Mean ± SD
1. I can teach and guide other nursing colleagues about the differences and similarities of diverse cultures	3.76 ± 0.99
2. I can teach and guide other nursing colleagues about planning nursing interventions for clients from diverse cultural backgrounds	3.66 ± 1.03
3. I can use examples to illustrate communication skills with clients of diverse cultural backgrounds	3.81 ± 0.98
4. I can teach and guide other nursing colleagues about the communication skills for clients from diverse cultural backgrounds	3.87 ±1.05
5. I can explain the influences of cultural factors on one's beliefs/behavior towards health/illness to clients from diverse ethnic groups	3.67 ±1.03
6. To me collecting information on each client's beliefs/behavior about health/illness is very easy	3. 40 ±1.13
7. I can teach and guide other nursing colleagues about the cultural knowledge of health and illness	3.87 ± 0.95
8. I can teach and guide other nursing colleagues to display appropriate behavior, when they implement nursing care for clients from diverse cultural groups	3.96 ± 0.96
9. I am familiar in health- or illness-related cultural knowledge or theory	3.63 ±1.00
10. I can explain the influence of culture on a client's beliefs/behavior about health/illness	3.75 ±0.96
11. I can list the methods or ways of collecting health-, illness, and cultural-related information	3.60 ± 1.05
12. I can compare the health or illness beliefs among clients with diverse cultural background	3.67 ± 0.99
13. I can easily identify the care needs of clients with diverse cultural backgrounds	3.57 ±0.99
14. When implementing nursing activities, I can fulfill the needs of clients from diverse cultural backgrounds	3.80 ± 0.98
15. I can explain the possible relationships between the health/illness beliefs and culture of the client	3.71± 0.96
16. I can establish nursing goals according to each client's cultural background	3. 71± 0.95
17. I usually actively strive to understand the beliefs of different cultural groups	3.63 ±1.05
18. When caring for clients from different cultural backgrounds, my behavioral response usually will not differ much from the client's cultural norms	3.69 ±1.04
19. I can use communication skills with clients of different cultural backgrounds	3.90 ±0.93
20. I usually discuss differences between the client's health beliefs/behavior and nursing knowledge with each client	3.52 ± 1.16

Predictors of culture competence among nursing students in Riyadh city were predicted using stepwise multiple regression; which was significant (p= 0.000), only one factor (previous training of care for diverse cultures patient) was significant (p = 0.000) as a predictor for culture competence among nursing students in Riyadh city, while seven factors were excluded (p > 0.005) these factors were: age, level, gender, previous diverse patients care, previous deal with patients from diverse cultures, living in an environment with diverse cultures people, and type of the college (private or governmental).

4. Discussion

The results of this study reflect high cultural competence among nursing students in Riyadh city, this result is compromised with previous study among nursing students in different countries; in Philippine the mean of culture competence score was 68.98 ± 11.73 (Cruz, Estacio, Bagtang, & Colet, 2016) which is near for the mean of this study (74.54 ± 14.9),the highest individual items mean (3.96) was higher than previous studies in divers countries, in Philippine it was 3.65 (Cruz, Estacio, Bagtang, & Colet, 2016), in Korea the mean was 2.57 (Chae, 2012), while in Taiwan it was 2.46 (Perng and Watson, 2012).

Nursing students in this study reported the easiness of collecting information about client's beliefs/behavior about health or illness as the lowest level of culture competence ($M = 3.40 \pm 1.13$). Nursing students in one study in Philippine reported low mean (3.40 ± 0.71) for the same item (Cruz, Estacio, Bagtang, & Colet, 2016) which is very compatible with this study results, this result may be related to the inability or weakness to discuss the differences between patients health believes or behaviors and nursing knowledge which also reported to be the second lowest item ($M = 3.52 \pm 1.16$), as reported in one study in Philippine this item mean was lower (3.40 ± 0.86) than the study results of (Cruz, Estacio, Bagtang, & Colet, 2016), or it may be related to the poor training to provide nursing care for patient from diverse cultures.

The highest mean of culture competence was 3.96 ± 0.96 which related to the ability to teach and guide other nurses to display appropriate behavior, when implement care for clients from diverse cultures, this result is higher than that one for nursing students in Philippine which was 3.52 ± 0.79 (Cruz, Estacio, Bagtang, & Colet, 2016), statistics showed significant effect ($p < 0.005$) of previous training on cultural diversity nursing care on this item.

The second highest mean (3.90 ± 0.93) was for the ability of using communication skills with patient from diverse cultures, it was higher than previous studies, in Philippine it was 3.48 ± 0.81, there was significance ($p< 0.005$) between this item and previous training of nursing care for diverse culture patients; and statistics showed some significance for the effect of living in an environment includes people from diverse cultures ($p = 0.015$), which may explain more the results of this study.

Predictors of culture competence among nursing students in Riyadh city as results of multiple regression statistics ($p< 0.005$) includes only previous training of nursing care for patients from diverse cultures or groups.

Many studies around the world reported the positive effect of cultural care training and education programs on the total mean of culture competence (Chae, 2012; Reid-Searl et al., 2011; Truong et al., 2014; Kemppainen et al., 2012; Joye and Crawley,2014; Mu et al., 2016, Cruz, Colet, & Estacio, 2016; Olson et al., 2016).

Statistics exclude another demographical factors (age, level, gender, previous diverse patients care, previous deal with patients from diverse cultures, living in an environment with diverse cultures people, and type of the college private or governmental); while in previous studies some of them were reported as predictors of culture competence among nursing students, in the study of cruz et al., (2016); in addition to previous training; cultural competence predictors included are: living in an environment with people from diverse cultures, and taking care for diverse cultures patients.

Age was reported to be a predictor of culture competence among nursing; nurses whom 20-30 years old showed higher culture competence than whom 41-50 years old (Riley, Smyer, & York, 2012). While in this study age was excluded by statistics from culture competence predictors, it may be rationalized because almost all the sample is between 20 and 30 years of old.

5. Conclusion

Culture competence among nursing students in Riyadh city-Saudi Arabia is in high level. Predictors of culture competence among nursing students in Riyadh include previous training on nursing care for patients from diverse cultures and groups. More researches need to be utilized to predict factors enhance culture competence, and more training programs are needed to maintain and enhance the high level of culture competence.

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