How Cultural Competency of Community Health Care Providers Reflects Multicultural Education: A Case Study on Nursing Majors

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Abstract

In the current global era, multicultural education is a requisite for those who attain higher education, such as nursing majors working in a community with people from a variety of cultural backgrounds. This study aimed to explore the effect of multicultural education by identifying cultural competency (CC) and multicultural acceptance (MA) among two groups of students and professionals who majored in nursing.

A series of surveys was conducted targeting nursing students and clinical professionals. Out of 189 participants, data from 98 participants with experience of multicultural education and 91 participants without experience of multicultural education was analyzed. Independent t-tests, correlation tests, and regression analysis were conducted to examine the effect of multicultural education, and to identify the correlation between CC and MA and the factors influencing them through the comparison of data from each group. The results demonstrated two major points. First, multicultural education was shown to enhance CC and MA of the participants. Second, cultural knowledge and cultural experience were important factors influencing MA.

These results can be used to provide educational direction regarding cultural competency and multicultural acceptance, ultimately leading to provision of better healthcare services in multicultural communities.

Keyword: *Competency, healthcare, cultural competency, culture, diversity.*

Introduction

In the current global era, people with diverse cultural backgrounds reside in merged communities and live and work together. Thus, a certain level of cultural competency is required for highly educated groups of adults, such as students and professionals who majored in nursing, to deal with them. Nursing majors are one group of healthcare providers in the community who are generally highly educated. As such, it is necessary to strengthen their vocational abilities to deal effectively with people from diverse cultural backgrounds to whom they provide healthcare services. Knowledge and experience of cultural differences, such as health-associated cultural traits, play a key role in promoting effectiveness of healthcare services[1,2]. Research literature has labeled these abilities as cultural competency (CC) and multicultural acceptance (MA)[1-6]. Recent studies on CC and MA have emphasized that multicultural education that provides cultural knowledge, or an experience of various cultures have a positive effect on enhancing these competencies[2,5-7]. Therefore, there have been attempts to design effective educational programs to enhance these competencies, and many studies have been conducted to examine these competencies and identify the factors which influence the promotion of these competencies[2, 4-6]. In this context, CC is defined as an ability to possess awareness and knowledge of each culture, cultural experience and sensitivity, and cultural

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skills. It is also considered a practical skill, including a recognition of the unique characteristics of each culture, such as health-related beliefs[2-4], and an imperative ability to understand the sensitivity level of people from diverse cultural backgrounds. These skills are necessary for nursing majors when they provide healthcare services, especially to build therapeutic credibility[2]. Meanwhile, MA is defined as the ability to understand and accept diverse cultural backgrounds of members who have migrated and settled into the local community. It refers to a universal ability covering cultural awareness and open-minded attitudes toward different cultures, social coexistence, and supporting community members with different cultural backgrounds[5,6]. This competency is important for nursing majors not only in their role as a global citizen but also as a community member. However, a recent study indicated that multicultural education for nursing majors as well as other groups of highly educated adults is partially stagnant, and identified the need for a plan to improve multicultural education and individualize competency consolidation to reflect group characteristics[6,7]. Studies on CC and MA have delineated that it is necessary to develop an educational program that reflects the characteristics of each group and employs measures to strengthen those competencies in order to increase the educational effect[2,6,8-10]. Particularly, they have emphasized the need for educational programs by academic level for nursing college students and clinical professionals, and noted that continuous research through repetitive capacity measurement within each group and between groups is needed to develop effective educational programs[2,9-11]. For this purpose, some recent studies on CC and MA have consistently conducted research on the factors that affect each competency, and found that acquiring cultural knowledge through regular classes in school, exposure to multicultural information through mass media, personal experiences through contact with other cultures, and educational experiences in other cultures create a positive effect[11,12]. In contrast, other studies argued that educational programs designed to acquire knowledge regarding different cultures are insufficient to strengthen CC or MA[2,5,13], and that frequency of contact with other cultures has no significant effect on either competency[14]. Therefore, further research on multicultural acceptance as well as cultural competency based on cultural knowledge and experience with CC and MA is extremely necessary. One point of view is that CC and MA are similar concepts in terms of definition. In contrast, another view is that, while CC is considered as a required competency for healthcare workers, MA is a required competency for members of the general society. In recent years, there has been a steady interest in CC and MA of healthcare students and clinical professionals, and related factors which affect these competencies[15]; however, most studies have been focused on CC and few studies have examined the degree of MA and the correlation between the two competencies from the perspective that both clinical professionals and healthcare students are members of the general society too. Therefore, this study aimed to suggest an educational direction that can strengthen CC and MA of healthcare providers by identifying the effect of multicultural education on nursing majors. The study examined CC and MA in individuals involved in the healthcare field and explored the correlations between the two competencies as well as the factors which influence both competencies. Further, the study identified differences in the factors which effect CC and MA between two groups of participants with and without experience of multicultural education.

The research objectives were as follows.

Hypothesis 1: The level and perception of CC and MA of nursing majors and the degree of retention of each competency are different depending on whether or not they have had an experience of multicultural educational.

Hypothesis 2: There is a correlation between the CC and MA level.

Hypothesis 3: Multicultural educational experience for CC has a positive effect on increasing MA**.**

Materials and Method

Study Design: This study employed a comparative survey design to identify the degree of CC and MA, the correlation between the two competencies, and the factors influencing the two competencies in nursing students and clinical professionals based on their experience of multicultural education.

Subjects: The number of samples to be surveyed was calculated as 100, with an effect size of 0.90 and $p<0.05$ using G*power version 3.0; however, the sample size was doubled to obtain universal validity of the study results. A total of 189 valid survey results were obtained out of 200 distributed questionnaires, after excluding incomplete questionnaires. Subsequently, 98 participants

were placed in the group with multicultural education and 91 participants in the group without multicultural education. All participants were Korean nationals; participants included college students enrolled in a 4-year program (N=110), graduates who currently work as a nurse (N=70), clinical professionals (N=8), and an unemployed nurse (N=1). Age-wise, 169 participants were in their twenties, 16 in their thirties, and 4 were aged over forty. The sample comprised individuals who were nursing majors, since they are required to have the ability to recognize and utilize health-related cultural characteristics of healthcare recipients from diverse cultural backgrounds in different communities.

Data Collection and Analysis: Copies of self-report questionnaires were distributed to the participants, and the results were collected between June and December 2019. The appropriate measurement tools for the study were selected by the researcher through a literature review between February and May 2019. These tools included a scale for measuring CC by Chae[4], a scale to measure CC developed by Han[16], and a scale for measuring MA for community members by Ahn et al.[6] were used. Each instrument used a 6-point Likert scale with possible responses of "strongly agree" (6 points), "agree" (5 points), "slightly agree" (4 points), "slightly disagree" (3 points), "disagree" (2 points), and "strongly disagree" (1 point) for all items. All participants completed the questionnaires after the researcher had distributed them one by one. The SPSS WIN version 24.0 was used to test the validity of the three measurement tools. A series of independent t-tests, correlation tests, and multiple regression analysis were conducted to examine the degree of CC and MA. Further, the factors influencing the two competencies were identified.

Cultural Competency: Both, the CC measurement tool for nurses (CCN) developed by Chae[4]and the CC measurement tool for nursing students (CCNS) developed by Han[16],were used in this study. The CCN targets clinical professionals and includes 33 questions regarding cultural awareness, cultural knowledge, cultural sensitivity, and cultural skills. The CCNS targets nursing students and consists of 27 questions that add cultural experience to the CCN[4,16]. The reliability analysis conducted on the two tools showed a Cronbach's α value of 0.789 for the CCN and Cronbach's α value of 0.915 for the CCNS, for the sample group with multicultural educational experience. For the group without multicultural educational experience, Cronbach's α was 0.818 for the CCN and 0.842 for the CCNS. Therefore, both analyses showed high reliability.

Multicultural Acceptance: The MA measurement tool developed by Ahn et al.[6] was used in this study to assess MA of healthcare workers as general members of society. The MA includes 35 questions regarding perspectives toward culture, national identity, fixed-prejudice and discrimination, expectations of one-sided assimilation, sentiment of rejection and avoidance, willingness to act on interpersonal exchange, underlying evaluation and willingness to act as a global citizen The reliability analysis of the tool was high, with a Cronbach's α of 0.861 for the group with multicultural educational experience and 0.879 for the group without multicultural educational experience.

Results

Demographic Characteristics: The frequency analysis of the participants' general characteristics is presented in Table 1. 87 participants of the experienced group and 23 participants of the unexperienced groups were college students, and most of all participants were female as seen in Table 1.

Table 1: Demographic characteristics of participants

Characteristics		Variables	
		Group according to experience of Multicultural Education	
		Experienced (N=98)	Unexperienced (N=91)
		% (N)	% (N)
Age (years)	20−30	87.76 (85)	92.3(84)
	30−40	12.24(12)	4.4(4)4
	over 40	1 (1)	3.3(3)

Characteristics		Variables	
		Group according to experience of Multicultural Education	
		Experienced (N=98)	Unexperienced (N=91)
		% (N)	% (N)
Occupation	College student	88.78(87)	25.3(23)
	Graduate student with career	11.22(11)	64.8(59)
	Clinical nurse	0 (0)	8.8(8)
	Unemployed nurse after resignation	0(0)	1.1(1)
Gender	Male	4.08 (4)	4.4(4)
	Female	95.92(94)	95.6(87)
Educational Background	College students	69.4(68)	53.8(49)
	University student	30.6(30)	26.4(24)
	Graduates	0(0)	19.8(18)

The Degree of Awareness Regarding Cultural Competency and Multicultural Acceptance between Groups According To Educational Experience: An independent sample t-test was conducted to identify the degree of awareness regarding cultural competency and multicultural acceptance between the groups according to educational experience. The group with experience in multicultural education was found to have higher awareness as seen in Table 2.

Table 2: Independent t-test results between groups

Variable	Group		t (*p* value)
	Experienced (N=98)	Unexperienced (N=91)	
	M±SD		
Perception of CCN, CCNS and MA	3.95±0.093	3.41±0.911	-4.106 (0.000)***
Level of CCN	4.90±1.20	4.38±0.62	3.734 (0.000)***
Level of CCNS	4.83±0.55	4.17±0.69	3.054 (0.000)***
Level of MA	4.51±0.52	4.17±0.35	3.543(0.000)***
*p<0.05, **p<0.01, ***p<0.001			

Cultural competency and the competency of multicultural acceptance according to experience in multicultural education: An independent sample t-test and correlation analysis were conducted between the two groups on cultural competency and multicultural acceptance. The group with educational experience had higher cultural competency and multicultural acceptance, and significant differences between the groups were detected in the degree of each competency, as seen in Table 2. In addition, there was no significant correlation between cultural competency and multicultural acceptance in the cultural competency tool by Chae[4]in either groups. Conversely, 'cultural experience' showed a positive correlation with 'open perspectives towards culture' (r=.203, p=.045) in the tool developed by Han[16] for the group with educational experience, and 'cultural knowledge' and 'cultural experience' showed a negative correlation with the willingness to act as a global citizen, which is a factor for multicultural acceptance (r=-.249, -.223 p=.017, .024).

Table 3: Correlation test results of CCNS and MA between groups

Group	Variable		r (*p* value)
	MA item	CCNS item	
Experienced (N=98)	Open perspectives toward cultures	Cultural Experience	0.203 (0.045)*
Unexperienced (N=91)	Willingness to act as a global citizen	Cultural Knowledge	-0.249 (0.017)*
		CulturalExperience	-0.223 (0.034)*

*p<0.05, **p<0.0, ***p<0.001

Next, based on Table 3, multiple regression analysis was conducted to identify the influencing factors between cultural competence and multicultural acceptance. 'Cultural experience'was found to have an effect on multicultural acceptance ('open perspectives towards cultures') in the multicultural education group, with an overall explanatory power of 28.5%, as shown in Table 4.However, regression analysis of the group without multicultural educational experience showed 'cultural experience' and 'cultural knowledge' as factors influencing MA ('willingness to act as a global citizen'). The overall explanatory power was 24.7%, as shown in Table 4.

Table 4: Multiple Regression test results of influencing factors of CCNS on MA between groups (N=Number of participants)

Group	Variable	B	SE	β	t	F (*p* value)	r ²
Experienced group (N=98)	(Constant)	5.101	0.648	-0.534	2.659	3.592 (0.000)***	0.285
	'Cultural experience' of CCNStoward'Open perspectives toward cultures' of MA	-0.364	0.166				
Unexperienced Group (N=91)	(Constant)	5.101	.648	-.621	2.768	2.412 (0.012)*	0.247
	'Cultural knowledge' of CCNS toward 'Willingness to act as a global citizen' of MA	-.488	.176				
	'Cultural experience' of CCNS toward 'Willingness to act as a global citizen' of MA	-.364	.166	-.534	-2.195		

*p<.05, **p<.01, ***p<.001

Discussion

This study aimed to prove the significance and necessity of multicultural education by identifying the level of CC and MA awareness, the degree of the two competencies, and the correlation between the two competencies as well as factors influencing CC and MA in two groups of participants according to their experience of multicultural education. First, participants showed significant differences in their degree of awareness regarding CC and MA according to their multicultural educational experience (Tables 2). The group with multicultural education had a higher awareness of CC and MA than the group that did not have such education (Table 2). Upon examining the degree of CC and MA between groups according to their multicultural educational experience, the CCN, the CCNS, and the MA measurement tool all outlined significant differences between the groups (Table 2). The level of MA among participants in this study was higher than the average score (4.07/6) in a group of highly educated clinical professionals surveyed by Kim et al.[5]. Moreover, the CC in the multicultural education group was higher than the 4.14 ± 0.45 score obtained by Choi and Kim[10],and the 3.9 2± 0.46 score in Han[2] (Table 2). Furthermore, the scores detecting cultural experience as part of the CCNS between the groups with or without multicultural educational experience were higher than the score of 3.85±0.72 points in Choi and Kim[10]and 3.05±0.79 points in Han[2]. The score in the group without multicultural education was also higher than the 3.34±0.70 points in Choi and Kim[10]and 2.54±0.22

points in Han[2]. These results identifying the differences between the groups with and without multicultural educational experience appear to be meaningful, based on comparison with previous studies. Thus, multicultural educational experience is effective in enhancing CC and MA, and more opportunities to receive multicultural education should be provided to those pursuing higher education, including nursing majors, to enhance CC and MA.

Second, on examining the correlations and factors influencing CC and MA, it was found that among the subcomponents of CC, 'cultural experience' and 'cultural knowledge' showed a significant correlation with MA (Table 3). In addition, according to the results of the multiple regression analysis, 'cultural experience' influenced MA in the multicultural education group, and 'cultural experience' and 'cultural knowledge' influenced MA in the group with multicultural education (Table4). These results support the findings of Cho and Sok[17], which state that the degree of multicultural awareness and degree of CC affect MA. Therefore, education that raises awareness of CC is necessary for nursing majors and clinical professionals to enhance MA. However, cultural experience such as an experience in providing medical services to foreign patients, and cultural knowledge gained in the classroom such as introduction to and explanation of various cultures were identified to have greater impacts on MA. The results of this study are different from results of previous studies that showed that contact with foreigners and exposure to multicultural information through media such as television broadcasts, Internet, and newspapers positively influenced MA[10,11]. In contrast, in this study, contact with foreigners and exposure to multicultural environments were found to have a negative impact by hindering open perspectives toward people from diverse cultural backgrounds, for the group with multicultural education. This difference in the results was further evident in the group without multicultural education, as such contact and exposure can diminish social support for healthcare recipients by forming a rigid manner of thinking. However, as interest in CC and MA is consistently increasing among healthcare workers, including nursing majors, providing academic or professional level-specific educationis an effective method to enhance CC and MA. In conclusion, multicultural education can enhance CC by considering cultural knowledge and cultural exposure, such as teaching the unique health beliefs of the recipients' culture; such education may have more effect on groups with multicultural educational experience to enhance the competencies necessary for healthcare providers, as suggested by Chae et al.[18]and Byun and Park[19]. In addition, providing education about multicultural policies in local communities and providing training for healthcare skills tailored for recipients from multicultural backgrounds, as well as providing education to enhance empathy and human rights sensitivity as suggested by Han[2] and Ahn and Noh[19], is also needed.

Conclusion

In this study, the following results were obtained through a comparative analysis of CC and MA between two groups of nursing majors according to their educational experience.First, the degree of awareness of CC and MA varied depending on the experience of multicultural education. Second, CC affected the degree of MA.Specifically, it was confirmed that in the group with experience of multicultural education, cultural experience acted as the main influencing factor for MA, and in the group without multicultural education, cultural experience and cultural knowledge were the main factors influencing MA. Third, the components of multicultural education should be different depending on healthcare providers' educational experience. Job skills training that utilizes knowledge of each individual's own culture may be more effective in groups with multicultural educational experience than exposure to information through mass media and contact with foreigners and other cultures. Last but not least, the components of multicultural education must be different depending on the educational experience. For those who have received multicultural education, job skills training based on specific information to provide differentiated services in consideration of the cultural characteristics of recipients from different cultural backgrounds, may be effective. Whereas, for those who have not experienced multicultural education, it is necessary to provide education to improve policy toward foreigners in the community, increase empathy for foreigners, and sensitivity to human rights. However, as this study specifically targeted healthcare providers who majored in nursing, there are limitations to extensively applying the results on broader spectrums, and therefore, follow-up studies are required.

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Conflicts of interest: There is no conflict of interest.

Ethical Clearance: None. This study was exempt from the Ethical committee as the clinical research results were irrelevant in this study. However, ethical aspects were considered by explaining the research objectives, the content, and the rights of the participant.

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