Available online at **www.ijmrhs.com**

ISSN No: 2319-5886

International Journal of Medical Research & Health Sciences, 2018, 7(8): 97-102

Cultural Competence of Nursing Faculty in Indonesia

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ABSTRACT

Introduction: *Cultural competence is considered as a priority that challenges healthcare providers in addressing globalization. The nursing faculty takes on the important role to prepare nursing students to be culturally competent. They must strive to become culturally proficient and understand the diverse backgrounds of the population they serve. This study attempts to identify the factors that influence cultural competence among nursing faculty in Indonesia based on the Campinha-Bacote theory.* ***Method and materials:*** *A descriptive-correlational design was used in this study. The cultural competence scale of the nursing faculty was assessed using the Cultural Diversity Questionnaire for Nurse Educators-Revised (CDQNE-R) that was administered using the monkey survey. Purposive sampling was utilized involving a total of 180 nursing faculty in Indonesia.* ***Results:*** *The study found that the nursing faculty from Indonesia are culturally proficient competent with respect to cultural awareness, cultural skills, cultural knowledge, cultural encounters, cultural desire and teaching behaviors. Kendal's tau C statistical analysis revealed that there is no significant relationship between cultural competence and age ($p=0.278$), gender ($p=0.268$), religion ($p=0.230$), ethnic ($p=0.907$), nursing area of specialty ($p=0.767$), educational background ($p=0.423$) and teaching experience ($p=0.085$). Spearman's rho statistical analysis revealed that there is a significant relationship between cultural competence and each of the subscales ($p<0.001$). Furthermore, there is a positive correlation for all subscales. The subscales of cultural awareness ($r=0.514$), cultural encounter ($r=0.628$), and cultural desire ($r=0.620$) have a moderate correlation with cultural competence, while cultural skill and cultural knowledge have a strong uphill linear correlation ($r=0.710$).* ***Conclusion:*** *The study recommends that nursing faculty need to gain more knowledge of cultural competence by reading or conducting researches on transcultural nursing.*

Keywords: Cultural competence, Nursing faculty, Indonesia

INTRODUCTION

Healthy people in 2020 highlight the need to address the social determinants of health which includes cultural competence [1]. Cultural competence is considered as a priority that challenges the health care providers in addressing globalization. Many countries are becoming increasingly culturally diverse as a result of migration. In addition, healthcare providers are requested to understand and address the cultural needs of diverse populations. Moreover, Campinha-Bacote in 2002 highlighted that the changing demographics and economic landscape of a growing multicultural world, and the long-standing disparities in the health status of people from diverse ethnic and cultural background have challenged health care providers to consider cultural competence as a priority [2].

The American Nurses Association and American Association of Colleges of Nursing (AACN) Baccalaureate essential mandate nursing education to focus on diversity due to increased globalization with the expectation that for nurses to provide high-quality safe care requires cultural understanding and sensitivity [3].

Nursing faculty takes the important role to prepare nursing students to be culturally competent, they must strive to become culturally proficient and understand the diverse backgrounds of the population they serve. Nursing faculty needs to demonstrate 2 aspects of cultural competence: they must be prepared to teach students from diverse backgrounds and have the ability to teach nursing students how to care for diverse patients.

The rationale for proposing the cultural competence in the Bachelor of Science in Nursing (BSN) is to support the development of patient center care which identifies respects and addresses differences in patients' values, preferences and expressed needs [4]. Further rationale includes the mandate to eliminate health disparities, for which nurses need to be prepared to function in a global environment, and in partnership with other healthcare disciplines [5].

The deficiency in cultural competence education creates a gap between the nurse and patient center care during clinical practice. Baghdadi in 2014 found out that cultural competence mean score for nursing faculty who teach at BSN across the United States is to a moderate level, with low indexes for cultural skills and cultural encounter [6]. Sealy in 2006 in her study found the cultural competencies of nursing faculty is culturally proficient [7]. In contrast, Yates in 2008 found out that associate degree nurse educators in Ohio perceived themselves as being culturally competent in most categories and include cultural content in the courses they teach [8]. Indonesia, being the biggest archipelago country in the world has 1340 ethnicity, where the Javanese constitute the biggest population; 17,504 islands, 546 dialects and 6 religions, as well as the most populous Muslim-majority country. Differences in population characteristics have an impact on education and healthcare approach.

Health care changes have presented many challenges for nursing in Indonesia. The challenge for nursing education is to ensure that professional education remains relevant and keeps on track with the needs of the market. These challenges include globalization, changes in patient characteristics, and impacts of technology information, migration, future tendencies and other current issues in nursing development in Indonesia. In line with these changes; nursing education in Indonesia has also been developed positively over the last decades. Nursing education has shifted from a biological paradigm to a humanistic or holistic paradigm [9]. One of the unit competencies in the BSN curricula of Strata-1 program consists of transcultural nursing that describes and respects ethnic, religion and others factors that manifest the uniqueness of patients, thus nursing faculty should be able to transform their knowledge in cultural competence so that the students can deliver nursing care based on cultural sensitivity and disparities. In the light of the above background, the purpose of this study sought to identify the factors that influence cultural competence among the nursing faculty in Indonesia.

PATIENTS AND METHODS

A descriptive, correlational, non-experimental design was used in this study. A total of 180 nursing faculty in Indonesia were involved as participants using purposive sampling. The cultural competence scale of the nursing faculty was assessed using the Cultural Diversity Questionnaire for Nurse Educators (CDQNE-R) administered through monkey survey. The collected data were analyzed using the frequency and percentage, weighted mean, Kendall Tau-C and Spearman rho. The mean range was used to interpret the mean score obtained from the use of the CDQNE-R questionnaire: culturally novice (1.00-1.59), culturally advanced beginner (1.60-2.59), culturally competent (2.60-3.59), culturally proficient (3.60-4.59), and culturally expert (4.60-5.00).

RESULTS AND DISCUSSION

The characteristics included in the study were gender, age, religion, ethnic, nursing specialty area, educational background and teaching experiences. The total respondents in this study were 180 nursing faculties in Indonesia.

Age of the study participants was reflective of the general nursing faculty with the majority (n=44.4%) of study participants in the 26-35 age group and the least (1.1%) under 25 years of age. That is different from Sealey in 2003 and Burke in 2011, the age of the study participants majority was 46-65 years [10,11]. The majority of the participants were female 82 (2%) and male 17 (8%) similarly in another study by Ume-Nwagbo in 2012, Sealey in 2003, Burke in 2011, Yates in 2008, and Baghdadi in 2014 [6,8,10-12]. The Catholic religion was listed as majority 67 (28.3%) which was followed by Muslims and Christians 51 (28.3%). The largest number of the participant was Javanese ethnic 51 (28.3%) followed by bataknes ethnic 32 (17.8%), others ethnic 72 (40.0%).

The most frequently reported specialties were adult health (n=78 (43.3%)), and the findings of this study were similar with Ume-Nwagbo in 2012, Baghdadi in 2014, Yates in 2008 [6,8,12]. The majority of teaching experiences of the participants have been teaching for over 10 years. Another study showed similar results by Yates in 2009, and Baghdadi in 2014 who found teaching experience over 15 years [6,8]. The largest number of participants hold a master degree 161 (89.4%) as their highest academic degree, followed by 20 (10.5%) reported having a doctoral degree and bachelor degree. The result of this study was similar to research conducted by Ume-Nwagbo in 2012, Baghdadi in 2014, Yates in 2009, Burke in 2011 (Table 1) [6,8,11,12].

Table 1 Demographic profile of nursing faculty in Indonesia

Profile	*n*	%
Gender		
Male	32	17.8%
Female	148	82.2%
Age (Years)		
17-25	2	1.1%
26-35	80	44.4%
36-45	72	40.0%
46-55	19	10.6%
56-65	7	3.9%
Religion		
Muslim	51	28.3%
Catholic	67	37.2%
Christian	54	30.0%
Hinduism	8	4.4%
Ethnic		
Javanese	51	28.3%
Bataknes	32	17.8%
Dayaknes	15	8.3%
Flores	10	5.6%
Others	72	40.0%
Education background		
S1 (Bachelor)	15	8.3%
S2 (Graduated)	161	89.4%
S3 (Post Graduated)	4	2.2%
Specialization nursing area		
Adult health	78	43.3%
Mental health	15	8.3%
Maternity	18	10.0%
Community	17	9.4%
Pediatric	13	7.2%
Management	28	15.6%
Critical	11	6.1%
Teaching Experience		
1-5	54	30.0%
6-10	54	30.0%
11-15	38	21.1%
16-20	22	12.2%
>20	12	6.7%

Table 2 explains the level of cultural competence of the nursing faculty teaching in accredited BSN programs.

It shows that nursing faculty is all culturally proficient in term of all subscales with a weighted mean ranging from 3.79 to 4.28.

Cultural awareness subscale: It can be described as the awareness that biological variations exist in different cultural, racial, and ethnic group. This result is similar with previous studies that were conducted by Burke in 2011, Yates in 2008 and dan Sealey in 2006, where the cultural awareness subscale was reported as having the highest index [7,8,11].

- **Cultural skill subscale:** It indicates the respondents were proficient about their skill in using a variety of cultural assessment tools in the health care setting and use the appropriate communication with clients who are of different cultural/racial/ethnic backgrounds. These findings are consistent with Yates in 2008, who reported that the respondents have achieved cultural skills which are necessary for effective implementation of multicultural education [8].

- **Cultural knowledge:** This result is similar to a study that conducted by Burke in 2011 and Yates in 2008 that the index of cultural knowledge was the second lowest index [8,11]. The item on the cultural knowledge subscale indicated that the respondents proficient, how the difference between their perceptions of health, illness, and preventive health could affect the outcome of their care and about diseases that have a high incidence among cultural/racial/ethnic groups in our service area.

Cultural encounter: This result in line with previous studies that the cultural encounter was the lowest index [6-8,11]. The element of cultural encounter subscale shows that the respondents often seek out clinical opportunities for their students to care for clients who are culturally, racially, ethnically diverse and involved socially with cultural/racial/ethnic groups different from their own, outside of their teaching role and healthcare setting. The importance of cultural encounters in improving communication skills and in ridding healthcare providers of stereotypes is underscored in the literature [2].

Cultural desire: Cultural desire can be described as they make time to include cultural competence in their course content and caring for clients who are culturally, racially, or ethnically diverse. Then, cultural desire can be shown that the respondent avail themselves of professional development to enhance their knowledge and skills in the provision of healthcare services to culturally, racially, and ethnically diverse groups. Cultural desire can facilitate faculty in cultivating a multicultural perspective among themselves and the students in the movement toward implementing a transformative approach to cultural education. Cultural desire is a necessary element in developing a commitment to cultural competence [8].

Teaching behavior: This result is in line with Burke in 2011, where the participants agreed (M=4.06, SD=0.47) that they are culturally proficient when incorporating transcultural teaching behaviors. Moreover, Baghdadi in 2014 identified teaching behaviors related to transcultural nursing and provide guidance for curriculum development and design, and guidance for future studies to improve practice and innovative teaching/learning [6].

Cultural competence: Studies have found that nurse educators with higher levels of cultural competence were more likely to meet the needs of culturally diverse nursing students and to feel more comfortable providing nursing care to clients from diverse cultural backgrounds [13]. The result of this study was similar to the previous study that the majority of nursing faculty were culturally proficient [6,8,11]. Cultural competence is "the ongoing process in which the healthcare professional continually strives to achieve the ability and availability to work effectively within the cultural context of the patient (family, individual or community)" [2].

Table 2 Frequency counts for CDQNE-R scores based categories

Subscale	Mean	Description
Cultural Awareness	4.28	Culturally proficient
Cultural Skill	3.96	Culturally proficient
Cultural Knowledge	3.81	Culturally proficient
Cultural Encounter	3.79	Culturally proficient
Cultural Desire	4.27	Culturally proficient
Teaching Behavior	4.08	Culturally proficient
Overall Cultural competence	4.01	Culturally proficient

Table 3 shows the relationship between the nursing faculty's cultural competency to age, gender, religion, ethnicity, nursing specialty area, educational background and teaching experience. There is no significant relationship between cultural competence to age, religion, nursing specialty area, educational background and teaching experiences ($p<0.05$). From Purnell Model for Cultural Competence, it is stated that a culturally competent health care provider develops an awareness on his/her existence, sensations thought and the environment without letting any factors which have an undue effect on those for whom care is provided [14]. Cultural competent is the adaptation of care in a manner that is consistent with the culture of the students/clients. In his theories, he divided 2 characteristics that will give influence on cultural competency. The terms of nationality, race, color, gender, age and religious are classified into primary characteristic.

In this research, it was shown from the table that there is no significant relationship between cultural competences to age, gender, religion, ethnic, nursing specialty area, educational background and teaching experience. This result

implies that the cultural competence of nursing faculty in Indonesia is not affected by the above variables. The result in this study has the similar outcome with study conducted by Songwathana and Siriphan in 2015, where they found out that there were no statistically significant differences ($p>0.05$) in cultural competency according to period of working, healthcare setting or training experience in multicultural care, but cultural competency differed according to religion [15]. Luquis and Perez in 2006 in their study found out those participants who have two or more degrees in health education had a higher mean rank on cultural competence score than a participant with one degree in health education [16]. Moreover, Kardong-Edgreen in 2007 and Ume-Nwagbo in 2012, found that nurse educators teaching in areas with large numbers of immigrants were more culturally competent than those living where there were fewer immigrants [12,13]. Some schools could have had more nursing faculty who had lived abroad, thereby increasing their cultural competence. Kitsantas and Meyers in 2001 found that living abroad increased an individual's cultural competence. However, this study has a contradictive result with Baghdadi in 2014, where there was a significant difference between cultural competences with demographic profile [6].

Table 3 The relationship between cultural competence to age, gender, religion, ethnicity, nursing specialty area, educational background and teaching experience

Variables	Computed Value	p-value	Remarks
Age	0.050	0.278	No significant
Gender	0.058	0.268	No significant
Religion	0.058	0.230	No Significant
Ethnic	0.006	0.907	No significant
Nursing specialty area	0.014	0.767	No significant
Educational background	0.033	0.423	No significant
Teaching experience	0.083	0.085	No significant

Table 4 shows the relationship in the cultural competence of the nursing faculty in each of the cultural competence subscales. There is a significant relationship between cultural competency and each subscale; there is a positive correlation for all subscale. The subscale of cultural awareness ($r=0.514$), cultural encounter ($r=0.628$), and cultural desire ($r=0.620$) have a moderate correlation, while cultural skill and cultural knowledge have a strong uphill linear correlation ($r=0.710$). However, the cultural skill (3.93 ± 0.584) and cultural knowledge (3.81 ± 0.584) are the 3rd and the 2nd lowest index of the CDQNE-R, with a range of the possible minimum and maximum response is 8-40 for cultural skills and 11-55 for cultural knowledge. This finding is in line with Sealey in 2003, who reported if cultural skill (3.65 ± 0.50) and cultural knowledge (3.65 ± 0.50) are the 2nd lowest index of the CDQNE-R, it means that Indonesian's nursing faculty need to increase their skill and knowledge in order to increase their cultural competency [10]. Campinha-Bacote stated there is a direct relationship between healthcare professional level of cultural competence and their ability to provide culturally competent services [17]. On another hand, the cultural awareness has the weakness correlation ($r=0.514$) but have the highest index of the CDQNE-R (4.28 ± 0.486), with a range of the possible minimum and maximum response is 8-40. This finding is similar with the study conducted by Burke in 2011, that he reported cultural awareness to have the lowest correlation with $r=0.79$ [11]. Moreover, Ume-Nwagbo in 2012, in her study found a positive correlation between nurse educators' cultural competence and the student graduated from the nursing program [12]. Furthermore, she emphasized the importance of nurse educators becoming more culturally competent to assist students from the diverse cultural background.

Table 4 Correlation between cultural competency and each subscale

Subscale	Cultural Competence		
	Coefficient correlation	p-value	Remarks
Cultural Awareness	0.514	Less than 0.001	Significant
Cultural Skills	0.710	Less than 0.001	Significant
Cultural Knowledge	0.710	Less than 0.001	Significant
Cultural Encounter	0.628	Less than 0.001	Significant
Cultural Desire	0.620	Less than 0.001	Significant
Teaching Behaviors	0.674	Less than 0.001	Significant

CONCLUSION

The study found that the nursing faculty from Indonesia are culturally proficient competent with respect to cultural awareness, cultural skills, cultural knowledge, cultural encounters, cultural desire and teaching behaviors. The cultural competence was not affected by a demographic profile in terms of age, gender, religion, ethnic, educational background, nursing specialty area and teaching experience. However, there is a significant relationship between cultural competence and each of the subscales ($p<0.001$) with positive correlation for all subscales. Moreover, the subscales of cultural awareness, cultural encounter, and cultural desire have a moderate correlation with cultural competence, while cultural skill and cultural knowledge have a strong uphill linear correlation ($r=0.710$).

DECLARATIONS

Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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