Cultural Competence among Nursing Students in Three Countries: A Cross-sectional Study

Jonas Preposi Cruz, PhD, MAN, BSN, RN\(^1\), Paolo C. Colet, PhD, MAN, BSN, RN, RM\(^1\), Joel Casuga Estacio, MAN, BSN, RN, RM\(^2\), Helen Shaji John Cecily, PhD, MSN, MA (Psych), BSN, RN, RM\(^3\)

\(^1\)Nursing Department, College of Applied Medical Sciences, Shaqra University, Al Dawadmi, Saudi Arabia
\(^2\)Institute of Community Health and Allied Medical Sciences, Don Mariano Marcos Memorial State University, Agoo, Philippines
\(^3\)Nursing Department, College of Applied Medical Sciences, Majma‘ah University, Majma‘ah, Saudi Arabia

Purpose

This study investigated the cultural competence of nursing students in three countries. It also compared the cultural competence of the students from the three countries and examined the significant predictors of their cultural competence.

Methods

A convenience sample of 723 Bachelor of Science in nursing students from India (n=265), Philippines (n=258) and Saudi Arabia (n=200) was surveyed in this descriptive, cross-sectional study. Data collection was conducted from January to March 2016 using the Cultural Capacity Scale English (Peng & Watson, 2012) and Arabic (Cruz, Colet, Bashaw, Mesde & Cruz, 2016) versions. Descriptive statistics were used to fully describe the demographic characteristics and cultural experiences of the students. Pearson product moment correlation, ANOVA (with Tukey HSD test) and t-test for two independent samples were used to examine the relationship between the demographic and cultural-related variables and the cultural competence, as appropriate. Multiple regression analysis was conducted to identify the significant predictors of cultural competence. All statistical analyses were performed at 0.05 level of significance.

Results

The overall cultural competence mean score was 66.07 (SD = 15.19). Individually, Indian students had a cultural competence mean score of 64.68 (SD = 17.28), while Filipino and Saudi students had 66.63 (SD = 12.18) and 64.62 (SD = 15.37), respectively.

Bivariate analyses revealed significant relationship between the demographic characteristics (except for gender) and the cultural competence of the respondents (see Table 2).

A multiple regression analysis was conducted to identify the significant predictors of cultural competence among the students in this study. As reflected in Table 3, country of residence, gender, academic level, experience of taking care of diverse patients and living in culturally diverse environment as significant predictors of the students’ cultural competence (F (10, 712) = 41.36, p<0.001), accounting for approximately 35.9% of the total variance of cultural competence (R\(^2\)=0.367; Adjusted R\(^2\)=0.359).

Conclusion

The findings suggest that the cultural competence of the nursing students from the three countries had varying levels. This implies that appropriate interventions must be planned and implemented to address the specific needs of students from each country. The significant factors that were identified in this study should also be taken into consideration in planning educational intervention to ensure the development of cultural competence among the students. Moreover, assessment of cultural competence development among students should also be done regularly in order to monitor their progress. Lastly, cultural diversity and cultural competence should be incorporated in both classroom and clinical courses of the students throughout the nursing program to ensure a continuous development of their cultural competence.

References
