Evaluation of Cultural Competence of Nurses Working in Hospitals on the Syrian Border

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Abstract

BACKGROUND/AIMS: This study was conducted to examine the cultural competencies of nurses working in hospitals located on the Syrian border.

MATERIAL AND METHODS: The descriptive study was conducted in Suruc, Akcakale, Harran and Ceylanpınar State Hospitals on the Syrian border between July and August 2020. The population of the study comprises 302 nurses working in hospitals, 245 of whom agreed to participate in the study. A sociodemographic information form and cultural competence scale for nurses created after literature review was used for data collection.

RESULTS: The mean scores for a cultural competence scale, cultural skills subdimension, cultural knowledge subdimension, and cultural sensitivity subdimension of the participating nurses were 74.95±13.50, 45.18±8.43, 22.32±4.23, and 7.44±1.68, respectively. The nurses’ cultural competence levels were found to be above average.

CONCLUSION: Cultural competence should be a priority in the provision of healthcare, and planning for developing this qualification among healthcare workers is essential. Cultural competence education should be included in the training programs for nurses.

Keywords: Cultural competence, nurses, Syrian border

INTRODUCTION

Various factors, such as economic changes, environmental crises, and globalization, force many people to leave their country and willingly or forcefully migrate or seek asylum to other countries. These circumstances have created multicultural population structures comprising individuals, families, and groups from different cultures and subcultures worldwide.1

Since Turkey is located on routes of migration, it has experienced mass migration because of conflicts occurring in surrounding countries.2 Civilians in Syria, which borders Turkey, have left their country and taken refuge in neighbouring countries because of the state of the Syrian regime and internal conflicts in the country since 2011. Turkey is the first of many countries where Syrians took refuge.3 As of 2020, 3,585,209 Syrians live in Turkey under temporary protection.4

Health is a relative concept that varies according to countries and their cultures. The increasingly multicultural structure of societies and the need to provide culture-specific care significantly influence the practice of nursing.5 In a world with increasing cultural diversity, the importance of intercultural nursing is increasing. Cultural competence in healthcare corresponds to the cultural needs of patients.6 Cultural competence for nurses

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is the adoption of the necessary knowledge, skills, approaches, and personal attitudes to ensure to provide services and care in accordance with the cultural characteristics of their patients. For providing effective and adequate healthcare, nurses must be aware of and understand the cultures of their patients. Nurses' cultural competence is familiar with cultural experiences and their own personalities, apply sociocultural knowledge to nursing care, and provide individualised patient care. The provision of culturally appropriate care has become a necessity for reasons such as increased cultural diversity, increasing openly exhibited identities, growing trend of home care, and inequalities in the provision of healthcare. The relevant literature has emphasized the lack of cultural competence in the care of patients from different cultures as a problem. Cultural conflict is considered the result of an ethnocentric focus leading to lack of cultural competence, misunderstanding, lack of trust and obstacles against effective communication and positive relationship formation. Nurses must have cultural enthusiasm, cultural awareness, cultural knowledge, and experience to provide culturally appropriate care.

One study found that nurses had a moderate level of cultural awareness, but exhibited low levels of cultural knowledge and skills in patient encounters. In a study conducted among nursing students, the students were found to have a low level of cultural competence. A review of the literature revealed that limited studies have examined intercultural nursing care in Turkey, although some studies have examined the perspectives of nursing and midwifery students on patient care. This study is crucial because it helps nurses in providing appropriate holistic care to patients from different cultures, gaining an understanding of the intercultural approach, and learning how to manage such situations. Therefore, this study was conducted to examine the cultural competence of nurses working in hospitals on the Syrian border.

**MATERIALS AND METHODS**

This descriptive study was conducted in Suruc, Akcakale, Harran and Ceylanpinar State Hospitals on the Syrian border between July and August 2020. No sampling method was used for sampling. The study population comprised 302 nurses working in hospitals, and the sample involved 245 of the nurses (81%) who agreed to participate in the study. The sociodemographic information form and cultural competence scale for nurses were used for data collection. The data collection forms were completed by the nurses in approximately 10 min. The forms were filled by the nurses in a face-to-face setting. The personal information form comprised 14 questions acquiring information on age, gender, education, marital status, employment status, department, duration, area of residence, knowledge of a foreign language, and any previous experience of intercultural education.

**Cultural Competence Scale for Nurses**

The cultural competence scale for nurses, which were validated by Gözüm et al., comprised 20 items and three subdimensions (i.e., cultural skills, cultural knowledge, and cultural sensitivity). These subdimensions determine the nurses' cultural knowledge, skills, and sensitivity levels. It is a five-item Likert-type scale with answers ranging from "strongly disagree" indicated by 1 to "strongly agree" indicated by 5. The lowest and highest possible scores on the scale are 20 and 100, respectively. The Cronbach's alpha coefficient of the scale was 0.96. A high score on the scale indicates that nurses have high cultural qualifications. The Cronbach's alpha coefficient of the study was 0.95.

**Statistical Analysis**

SPSS 22.0 package was used for evaluating the data. The descriptive statistics (i.e. numbers, percentages, and mean) were used in data analysis. The t-test was used for normally distributed data; the analysis of variance was used in independent groups; and Kruskal-Wallis analysis was used for nonconforming values. In statistical comparisons, the alpha level of the error was considered significant at p<0.05.

The ethical approval was obtained from the Ethics Committee of Clinical Research at Harran University's Faculty of Medicine (date and no: 30.03.2020/7) and the Provincial Directorate of Health. Consent was obtained from the participants of the study.

**RESULTS**

The study included 52.2% male nurses; 85.7% of the nurses had an Associate or Bachelor's degree; and 44.1% had been working as nurses for less than a year. The average age of the nurses was 26.51±4.24 years (Table 1).

According to the results, 57.1% of the nurses agreed that patient care should be culture specific; 56.9% stated that they offered culture-specific care to their patients; 69.8% had heard the concept of cultural competence; 74.1% expressed that cultural competence was a necessity for patient care; 87.3% stated that they had provided care to patients from different cultures; and 73.1% stated that they had used a different language when caring for patients (Table 2).

The overall mean score of the cultural competence scale for nurses was 74.95±13.50, with mean scores for the cultural skill, cultural knowledge, and cultural sensitivity subdimensions being 45.18±8.43, 22.32±4.23, and 7.44±1.68, respectively.

A significant difference was noted between the scores of nurses working in managerial positions and the service levels for the cultural skill subdimension of the scale (p<0.05). Moreover, no significant difference was noted between the mean scores of the cultural competence scale and its subdimensions based on the
Table 1. Sociodemographic characteristics of nurses (n=245)

| Sociodemographic characteristics of individuals | Number | Percentage |
|-----------------------------------------------|--------|------------|
| Age                                           |        |            |
| 18–27                                         | 117    | 47.8       |
| 26–44                                         | 128    | 52.2       |
| Gender                                        |        |            |
| Female                                        | 140    | 57.1       |
| Male                                          | 105    | 42.9       |
| Education                                     |        |            |
| High school                                   | 27     | 11.0       |
| University                                    | 210    | 85.7       |
| Graduate                                      | 8      | 3.3        |
| Year of employment in this profession         |        |            |
| Less than 1 year                              | 108    | 44.1       |
| 1–5                                           | 92     | 37.6       |
| 6–30                                          | 45     | 18.4       |
| Your position in the unit                     |        |            |
| Service nurse                                 | 209    | 85.3       |
| Leading nurse                                 | 36     | 14.7       |
| Where do you work                             |        |            |
| Suruc                                         | 87     | 35.5       |
| Akcakale                                      | 51     | 20.8       |
| Ceylanpınar                                    | 65     | 26.5       |
| Harran                                        | 42     | 17.1       |

n: number.

Table 2. Nurses' perspectives on culture-specific patient care and cultural competence

| Do you think patient care should be culture specific? | Number | Percentage |
|------------------------------------------------------|--------|------------|
| Yes                                                  | 140    | 57.1       |
| No                                                   | 105    | 42.9       |

| Do you believe you provide culture-specific patient care? | Number | Percentage |
|----------------------------------------------------------|--------|------------|
| Yes                                                      | 148    | 56.9       |
| No                                                       | 97     | 37.3       |

| Have you ever heard of the concept of cultural competence? | Number | Percentage |
|-----------------------------------------------------------|--------|------------|
| Yes                                                       | 171    | 69.8       |
| No                                                        | 74     | 302        |

| Do you think cultural competence is a necessity for patient care? | Number | Percentage |
|------------------------------------------------------------------|--------|------------|
| Yes                                                               | 182    | 74.3       |
| No                                                                | 63     | 25.7       |

| Have you provided patient care for individuals from different cultures? | Number | Percentage |
|-----------------------------------------------------------------------|--------|------------|
| Yes                                                                   | 214    | 87.3       |
| No                                                                    | 31     | 12.7       |

| Do you use any language other than Turkish when you care for patients? | Number | Percentage |
|-----------------------------------------------------------------------|--------|------------|
| Kurdish                                                               | 81     | 33.1       |
| Arabic                                                                | 48     | 19.6       |
| Kurdish-Arabic                                                        | 50     | 20.4       |
| No                                                                    | 66     | 26.9       |

The mean scores of the cultural competence scale and its subdimensions of cultural skills and knowledge were significantly higher for nurses who had provided care to patients from different cultures and had used languages other than Turkish while providing care (p<0.05) (Table 4).

**DISCUSSION**

Most nurses participating in the study stated that cultural competence is a necessity for patient care. Moreover, the nurses’
levels of cultural competence were found to be satisfactory. Other studies in the literature emphasize that raising the level of cultural competence is crucial for patient care and eliminating of inequalities in healthcare.\textsuperscript{15,16} Similar to the findings of the present study, Beer and Chipp\textsuperscript{17} reported nurses’ cultural qualification levels were high (70.2±7.2). The same study reported that the levels of cultural sensitivity, skills, and knowledge were high, which was similar to the findings of this study.\textsuperscript{17} However, another study demonstrated that cultural competence in nursing was unsatisfactory, which contradicts the findings of this study.\textsuperscript{7} Nurses must have cultural skills, knowledge, and sensitivity to provide culturally appropriate care to their patients. Therefore, nurses must strive to understand their patients’ beliefs regarding health and their worldviews.\textsuperscript{5} The results of this study revealed that nurses’ levels of cultural competence, knowledge, skills, and sensitivity are high. More than 50% of the nurses who participated in the study stated that they had provided culture-specific care, that nursing care should be culture specific, that cultural competence is necessary for patient care, and that they had heard of cultural competence before. These results support the conclusion of this study.

In this study, as the level of education of nurses increased, the mean cultural competence scores increased as well. However, the difference between them was not found to be statistically significant. A study reported a correlation between nurses’ levels of education and their cultural understanding and competence.\textsuperscript{13} In a study with nurses in hemodialysis services, Mahabeer\textsuperscript{15} identified a meaningful correlation between the level of education and cultural competence. Another study demonstrated that as the level of education increases, healthcare decisions are increasingly influenced by culture.\textsuperscript{13} The results of this study are important because they demonstrate the necessity of including cultural competence in both nursing students’ educational curriculum and in-service training of nurses. Nurses with a longer duration of employment have a higher level of cultural competence. However, no significant difference was noted between the duration of employment and the level of cultural competence. In a study by Hart and Mareno\textsuperscript{19}, no relationship was noted between nursing experience and cultural knowledge in their study. A study by Noble et al.\textsuperscript{20} identified a correlation between professional experience and cultural competence.

This study found that the levels of cultural competence, cultural knowledge, skills, and sensitivity of nurses who had cared for individuals from different cultures were higher. Similarly,
Meydanlıoğlu et al. conducted a study with university students from health departments and reported a significant difference in the intercultural sensitivity of individuals who did and did not co-exist with individuals from different cultures. Furthermore, a study by Bulduk et al. found the cultural sensitivity levels of those who interact with individuals from other cultures to be significantly different.

Other studies in the literature indicate that the levels of cultural competence among nurses and nursing students are high. In this study, the results were anticipated to indicate a high level of cultural competence in nurses. The high level of cultural competence among nurses improves the health outcomes of patients they care for and their families, institution where they work, and the society as a whole. It further enhances the professional appreciation for their institution.

The level of cultural sensitivity in nurses was considerably high in this study. However, a study by Suk et al. indicates that school nurses had a low mean score for cultural sensitivity. The nurses in this study had a high level of cultural sensitivity, which may indicate a high awareness of cultural competence.

**CONCLUSION**

In conclusion, we found that the nurses’ cultural competence levels were above average. The inclusion of training on cultural evaluation in undergraduate and postgraduate programs for nursing is recommended to improve the levels of cultural competence and cultural evaluation skills of nurses.

**MAIN POINTS**

- Cultural competence should be a priority in the provision of healthcare.

| Table 4. Comparison between Cultural Competence Scale for nurses and other variables |
|---------------------------------------------------------------|
| Cultural | Cultural | Cultural | Total  |
| skills    | knowledge | sensitivity | score |
|----------------|----------------|----------------|-------|
| Do you think patient care should be culture specific? | | | |
| Yes     | 47.94±7.53 | 23.60±3.88 | 7.83±1.57 | 79.37±12.21 |
| No      | 41.50±8.19 | 20.62±4.09 | 6.93±1.70 | 69.06±12.92 |
| t=6.374 | t=5.787 | t=4.28 | t=6.379 |
| p=0.001 | p=0.001 | p=0.001 | p=0.001 |
| Do you believe you provide culture-specific patient care? | | | |
| Yes     | 47.62±7.85 | 23.53±3.95 | 7.77±1.65 | 78.93±12.68 |
| No      | 41.45±7.93 | 20.48±3.99 | 6.95±1.61 | 68.89±12.46 |
| t=5.991 | t=5.880 | t=3.781 | t=6.097 |
| p=0.001 | p=0.001 | p=0.001 | p=0.001 |
| Have you ever heard of the concept of cultural competence?? | | | |
| Yes     | 46.24±8.26 | 22.80±4.13 | 7.70±1.63 | 76.75±13.22 |
| No      | 42.87±8.40 | 21.27±4.28 | 6.89±1.66 | 71.03±13.34 |
| t=2.952 | t=2.670 | t=3.554 | t=3.132 |
| p=0.003 | p=0.008 | p=0.001 | p=0.002 |
| Do you think cultural competence is a necessity for patient care? | | | |
| Yes     | 46.72±7.79 | 23.04±3.92 | 7.70±1.61 | 77.47±12.57 |
| No      | 40.73±8.67 | 20.23±4.41 | 6.71±1.68 | 67.68±13.54 |
| t=5.106 | t=4.738 | t=4.141 | t=5.224 |
| p=0.001 | p=0.001 | p=0.001 | p=0.001 |
| Have you provided patient care for individuals from different cultures? | | | |
| Yes     | 45.87±8.029 | 22.67±3.99 | 7.52±1.61 | 76.07±12.76 |
| No      | 40.41±9.69 | 19.90±5.05 | 6.90±2.05 | 67.22±15.99 |
| t=3.439 | t=3.487 | t=1.938 | t=3.490 |
| p=0.001 | p=0.001 | p=0.114 | p=0.001 |
| Do you use any language other than Turkish when you care for patients? | | | |
| Yes     | 46.31±7.86 | 22.72±3.94 | 7.56±1.65 | 76.60±12.62 |
| No      | 42.10±9.20 | 21.25±4.79 | 7.12±1.74 | 70.48±14.83 |
| t=3.549 | t=2.424 | t=1.856 | t=3.209 |
| p=0.001 | p=0.016 | p=0.065 | p=0.002 |
• Planning is essential to develop this competence among health professionals.
• Cultural competence education should be included in the training programs for nurses.

ETHICS

Ethics Committee Approval: Ethics committee approval was obtained from the Noninvasive Clinic Ethics Committee of the Medical Faculty at Harran University (date: dated 30.03.2020, no: 7).

Informed Consent: Consent was obtained from the participants.

Peer-review: Externally peer-reviewed.

Authorship Contributions

Concept: S.H., F.E., Design: S.H., F.E., Data Collection and/or Processing: S.H., F.E., Analysis and/or Interpretation: S.H., F.E., Literature Search: S.H., F.E., Writing: S.H., F.E., Critical Review: S.H., F.E.

DISCLOSURES

Conflict of Interest: The authors declare no conflict of interest.

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REFERENCES

1. Temel Bayık A. Transcultural nursing education. J Atatürk University Nurs. 2008;11:92-101.
2. Tazefidan K. The evaluation of socio-cultural condition of the refugees under temporary protection. Şanlıurfa Exame. KUJSS. 2020;10:505-518.
3. Arık DS. Migration governance and the impacts of syrian refugees on the turkish economy and social life. Aydın Adnan Menderes Unive Journal Institut Soc Sci. 2020;7:58-74.
4. Akın MH, Bozbaş G. Sociological consequences of migration from syria to turkey: a field research on syrian migrants. Liberal Düşünce Dergisi. 2020;25:47-65.
5. İz Başalan F, Temel Bayık A. Cultural Competency in Nursing. Aile ve Toplum. 2009;5:51-58.
6. Lin MH, Hsu HC. Effects of a cultural competence education programme on clinical nurses: A randomised controlled trial. Nurs Educ Today. 2020;88:e104385.
7. Vydelingum V. Nurses’ experiences of caring for South Asian Minority ethnic patients in a general hospital in England, Nurs Inq. 2006;13:23-32.
8. Eunyoung ES. The model cultural competence through an evolutionary concept analysis, J Transcult Nurs. 2004;15:93-102.
9. Hart PL, Mareno N. Nurses’ perceptions of their cultural competence in caring for diverse patient populations, J Cult Competence Nurs Healthcare. 2016;1:121-136.
10. Repo H, Vahlberg T, Salminen I, Papadopoulos I, Leino-Kilpi H. The cultural competence of graduating nursing students, J Transcult Nurs. 2017;28:98-107.
11. Ayaz S, Bilgili N, Akın B. The transcultural nursing concept: a study of nursings tudents in Turkey. Int Nurs Rev. 2010;57:449-453.
12. Tannverdi G, Okanli A, Şıpkin S, Özyaşcilı N, Akyıl R. The evaluation of the cultural differences experienced by nursing and midwifery students in nursing. DEUHFED. 2010;3:117-122.
13. Yaman Aktaş Y, Gök Üğur, H. Orak OS. Investigation of the opinions of nurses concerning the transcultural nursing care. Int Refereed J Nurs Res. 2016;8:120-135.
14. Göüzüm S, Tuzu A, Kirca N. Validity and reliability of the turkish version of the nurse cultural competence scale. J Transcult Nurs. 2016;27:487-495.
15. Mahabbeer SA. A descriptive study of the cultural competence of hemodialysis nurses. CANNT. 2009;19:30-33.
16. Starr S, Wallace DC. Self-reported cultural competence of public health nurses in a southeastern U.S. public health department. Public Health Nurs. 2009;26:48-57.
17. Beer J, Chipp J. A survey of cultural competence of critical care nurses in KwaZulu-Natal. South Afr J Crit Care. 2014;30:1-5.
18. Sealey LJ, Burnett M, Johnson G. Cultural competence of baccalaureate nursing faculty: Are we up to the task? J Cult Divers. 2006;13:131-140.
19. Hart PL, Mareno N. Nurses’ perceptions of their cultural competence in caring for diverse patient populations. J Cult Competence Nurs Healthcare. 2006;6:121-137.
20. Noble A, Engelhardt K, Newsome Wicks M, Woloski Wruble AC. Cultural competence and ethnic attitudes of midwives concerning Jewish couples. J Obstet Gynecol Neonatal Nurs. 2009;38:544-555.
21. Meydanlioğlu A, Arikan F, Göüzüm S. Cultural sensitivity levels of university students receiving education in health disciplines, Adv Health Sci Educ Theory Pract. 2015;20:1195-1204.
22. Bulduk S, Usta E, Dincer Y. Determination of intercultural sensitivity and influencing factors: an example of vocational school of health. J DU Health Sci Ins. 2017;7:73-77.
23. Aslan S, Yılmaz D, Kartal M, Erdemir F, Güleç HY. Determination of intercultural sensitivity of nursing students in Turkey. Int J Health Sci. 2016;12:202-208.
24. Aslan S, Kızır Z. Cultural sensitivity and cultural sensitivity of nurses working in a hospital examining the relationship between their intelligence, CBU-SBED. 2019:6:115-120.
25. Suk MH, Oh WO, Im, YJ, Cho HH. Mediating effect of school nurses’ self efficacy between multicultural attitude and cultural sensitivity in Korean elementary schools. Asian Nurs Res. 2015;9:194-199.