

IMPORTANCE OF CULTURAL COMPETENCE, AWARENESS IN NURSING PRACTICE IN TERTIARY CARE HOSPITAL

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DOI: <https://doi.org/10.5281/zenodo.15104835>

Keywords

Cultural competency, cross cultural communication, patient satisfaction, Diversity.

Article History

Received on 22 February 2025

Accepted on 23 March 2025

Published on 28 March 2025

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Abstract

Background

Cultural competence in nursing is critical for providing patient-centered care, enhancing healthcare outcomes, and eliminating inequities. Nurses must manage varied patient populations to offer effective and respectful care. This study evaluates the cultural competency of nurses in public and private hospitals in Pakistan to find strengths and areas for growth.

Methodology

A descriptive cross-sectional study was conducted using a structured, pre validated Cultural Competence Self-Assessment Checklist from the Central Vancouver Island Multicultural Society. The study employed a systemic random sampling technique to select 180 registered nurses from Holy Family Hospital Rawalpindi and Rawal General and Dental Hospital Islamabad. Data were collected through self-administered questionnaires. Descriptive and inferential statistical analyses were used to evaluate cultural competence levels and identify factors influencing competency variations.

Results

The study reveals that nurses exhibit high cultural competency, with 78.3% engaging in courteous cross-cultural interactions and 60% effectively intervening in discrimination cases. However, only 22.8% have strong familiarity with minority communities' histories, emphasizing the importance of professional exposure.

Conclusion

While nurses in public and commercial institutions frequently practice cultural competence, educational inequalities persist. Improving cultural competency training in nursing education is critical for better patient outcomes, inclusion, and equitable healthcare delivery. Expanding curricula and engaging in continual self-assessment can help nurses deliver culturally relevant care.

INTRODUCTION

The term "culture" traces its roots to the Latin language, which means both cultivation and care for growth. [1]. The continuous development of cultural awareness together with knowledge and skills along with sensitivity becomes known as cultural competency. [2] Cultural awareness involves examining one's social base, beliefs, preconceptions, biases, and behavior's to recognize their impact on interactions with people from diverse cultural backgrounds. Cultural sensitivity is when nurses practice and they treat their patients as distinct individuals with particular needs and see them as partners in providing appropriate care.

Cultural skill is the capacity to become familiar with a person's culture and customs, conduct a physical examination in a way that is appropriate for their culture, and quickly determine their main health issue. [3]

"Cross-Cultural Competence (CCC)" refers to a person's capacity to interact effectively with people from different socioeconomic backgrounds, languages, religions, and educational levels. [4]. Nurses are vital in ensuring safe and efficient healthcare services by adapting to changing health environments, meeting patient needs, fostering a patient-centered culture, and championing safety. [5] Student nurses' cultural competency is crucial for effective, compassionate care, enabling them to understand and appreciate diverse cultures, manage multicultural communication, establish trust, and provide patient-centered treatment.

Student nurses' cultural competency is crucial for effective, compassionate care, enabling them to understand and appreciate diverse cultures, manage multicultural communication, establish trust, and provide patient-centered treatment. [6].

Culturally competent nurses enhance patient satisfaction, improve care quality, and combat racism in the medical field, benefiting patients from diverse cultural backgrounds through improved treatment adherence and health outcomes. [7] The relationship between a nurse's cultural competency and patient's perceived quality of care needs further investigation due to its under researched nature in current research. [8].

Research shows that nursing personnel need to enhance their culture awareness, as critically assessing cultural biases and values is crucial for fostering

respectful patient interactions. [9]. Patients' trust in healthcare systems is increased, treatment adherence is encouraged, and healthcare satisfaction is raised when culturally competent care is incorporated into healthcare services. [10]

Cultural awareness is essential for personal and professional development, enhancing cross-cultural communication and requiring language instructors to create successful learning environments. [11] Healthcare providers worldwide recognize the importance of cultural competency in providing comprehensive care, addressing patient social elements, language requirements, and individual attributes to improve health outcomes and reduce inequalities. [12]. Cultural competency programs in healthcare face challenges in implementation, particularly in religious training. Research on training development needs better foundations, understanding of facility access, education, and socioeconomic effects. [13]. The American Nurses Association (ANA) has introduced a new standard for culturally congruent care in Nursing: Scope and Standards of Practice, focusing on professional development and cultural competency. [14]

European countries Spain, Belgium, Portugal, and Turkey prioritize cultural competency for healthcare professionals, offering training to their staff to ensure their cultural competence. [15]. Pakistani healthcare professionals must adopt flexible strategies to uphold women's healthcare rights despite cultural limitations, as comprehensive cultural competency methods are insufficient in addressing these issues [16]. Cultural and religious sensitivities in Pakistani patients cause challenges for healthcare professionals, including nurses, in providing reproductive and vaccination services. [17]. Nursing programs need to prioritize cultural competence training for Pakistani students to improve patient satisfaction and reduce healthcare inequalities, considering gender roles, language difficulties, and social economic disparities. [18]

Materials and methods

Through the collection of self-assessment cultural competence data from nursing staff, this study sought to determine the participants' perceived level of cultural competence knowledge and skills.

For this reason, we were conducting descriptive quantitative research methodology. The Cultural Competence Self-Assessment Checklist of the "Central Vancouver Island Multicultural Society" pre validated tool [19] was used to collect data from nurses.

Research Question

How does cultural competence among nurse’s impact patient-centered care and health outcomes in tertiary care hospitals in Pakistan?

Data collection and sample of the study

Data collection employed from 180 nurses who live and work in 2 different hospitals. Systematic random sampling was used.

The sample comprised Registered nurses from the Holy family hospital Rawalpindi and Rawal general and dental hospital Islamabad.

Study Tool:

The Central Vancouver Island Multicultural Society developed a Self-Assessment tool to help individuals understand their cultural competency has been validated and proven reliable. Cronbach's technique was used to assess reliability. Confirmatory factor analysis (CFA) was used to test the internal structure, and validity analysis was also considered. Cronbach alpha scores averaged 0.80, indicating the tool's reliability.

It uses a Likert grading scale and includes questions about cultural knowledge, history, history of diversity,

adaptability, support, and communication skills. It encourages active participation in cultural experiences.

Ethical Consideration

Ethical informed consent ensures participants understand study goals, methods, risks, rewards, confidentiality, while maintaining anonymity and obtaining Institutional Review Board permission.

Results

(Table 1) The population size of the study sample includes 180 people. The age breakdown shows that the majority (27.8%) are between the ages of 25 and 29, followed closely by those between the ages of 30 and 34 (26.1%). The 40-44 age group accounts for the least amount (9.4%). In terms of gender, the sample is 90% female, with only 10% male participation. In terms of years of experience at the facility, the majority (53.9%) have more than five years, while 21.1% have one to two. Only 4.4% have less than one year of experience. According to cultural background data, the majority (73.9%) identify as Punjabi, followed by Sindhi (12.8%) and Pashton (11.1%), with only a minor percentage (2.2%) adhering to other cultures. Finally, the bulk of participants (89.4%) are linked with Holy Family Hospital, with Rawal General and Dental Hospital accounting for 10.6%.

Table 1: Demographic Characteristics

Age	F	%
20-24		
25-29	36	20.0
30-34	50	27.8
35-39	47	26.1
40-44	30	16.7
45-49	17	9.4
Total	180	100.0
Gender	F	%
Male		
Female	18	10.0
	162	90.0
Total	180	100.0

Years of experience at facility	F	%
less than 1 year		
1-2year	8	4.4
2-5 year	38	21.1
More than 5 years	37	20.6
Total	180	100.0
From which culture do you belong?	F	%
Punjabi		
Pashton	133	73.9
Sindhi	20	11.1
Other	23	12.8
Other	4	2.2
Total	180	100.0
Which hospital do you belong?	F	%
Rawal General and Dental Hospital	19	10.6
Holy Family Hospital	161	89.4
Total	180	100.0

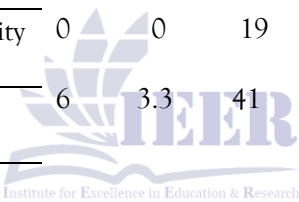
(Table 2) The results of the Cultural Competence Self-Assessment show that participants are highly aware of and engaged in culturally competent activities. Most respondents continuously showed respect for cultural diversity, with 78.3% always engaging efficiently and politely with different people and groups. A sizable proportion (60%) reported always intervening effectively when seeing racist behavior. Furthermore, 65.6% said they could change their communication approaches as needed, while 51.7% actively sought opportunities to learn transcultural abilities.

While 47.2% were always involved in programs to promote cultural understanding, 38.3% participated frequently. Similarly, 60% consistently showed respect for diverse cultures and viewpoints. Notably, 46.1% constantly engaged in learning specific transcultural themes required for their professions,

while 40.6% were recognized as allies by colleagues from various backgrounds. Even when they disagreed, the majority (48.9%) sought to understand and respect different demands. In contrast, knowledge gaps were acknowledged, with 41.1% constantly attempting to bridge them and 52.2% learning from cultural diversity-related mistakes. While 58.9% acknowledged their lack of knowledge of specific cultural groups and stated a desire to learn more, just 22.8% claimed to know a lot about the history of minority groups. Finally, 76.7% were knowledgeable about their own family history, indicating a strong sense of cultural identity. These findings indicate that participants had a generally high level of cultural competency, with opportunities for improvement in historical knowledge and greater participation in diversity related learning.

Table 2: Scale results

Sr.	Cultural Competence Self-Assessment Awareness Questioner	Never		Sometimes		Often		Always	
		F	%	f	%	f	%	f	%
1	I develop ways to interact effectively and respectfully with individuals and groups.	1	6	10	5.6	28	15.6	141	78.3
2	I intervene effectively when I observe racist behavior	3	1.7	19	10.6	50	27.8	108	60
3	I can adapt to my communication style according to the circumstances and communicate effectively.	0	0	13	7.2	49	27.2	118	65.6
4	I am looking for opportunities to acquire more transcultural skills.	5	2.8	23	12.8	59	32.8	93	51.7
		0	0	26	14.4	69	38.3	85	47.2
5	I am actively involved in initiatives that promote understanding of different groups.	3	1.7	30	16.7	39	21.7	108	60
6	I behave with respect for the culture and opinions of others.	0	0	20	11.1	77	42.8	83	46.1
7	I learn specialized transcultural topics that are necessary for my job.	0	0	19	10.6	88	48.9	73	40.6
9	I try to understand the needs of others and respect them even if I disagree with them.	6	3.3	41	22.8	45	25	88	48.9
10	I enjoy building relationships/friendships, building skills, and making connections with people different than me.	3	1.7	20	11.1	78	43.3	79	43.9
11	I deal with potential gaps in my knowledge of diversity and try to fill them.	3	1.7	38	21.1	65	36.1	74	41.1
12	I make mistakes in my behavior in relation to people who are characterized by diversity and I learn from them.	10	5.6	17	9.4	59	32.8	94	52.2
13	I realize that my knowledge of specific cultural groups is limited and I would like to know more.	4	2.2	9	5.0	61	33.9	106	58.9
14	I am interested in listening well before moving on to the next questions when communicating with people who are different.	1	6	31	17.2	43	23.9	105	58.3
15	I know that differences in color, nationality, etc. are important elements of someone's identity that have equal value and I do not hide it in my conversations with others.	6	3.3	34	18.9	62	34.4	78	43.3
16	I know a lot about the history of people from Eastern or African countries as well	10	5.6	74	41.1	55	30.6	41	22.8



	as the history of minorities in my country.									
17	I recognize that cultures change depending on individuals and time.	6	3.3	19	10.6	82	45.6	73	40.6	
18	I understand that cultural competence means, at the same time, lifelong learning on issues of diversity	2	1.1	35	19.4	53	29.4	90	50.0	
19	I recognize that stereotypes can encourage exclusion, violence, and injustice.	6	3.3	28	15.6	40	22.2	106	58.9	
20	I know my family history.	3	1.7	9	5.0	30	16.7	138	76.7	

Discussion

This study's findings show that nurses in Pakistan's public and private hospitals have a generally high level of cultural competency. The findings show that nurses actively engage in culturally competent behaviors, with 78.3% displaying courteous cross-cultural interactions and 60% successfully intervening in discrimination incidents. This implies that most nurses understand the value of cultural sensitivity in patient-centered score [20]. Furthermore, 65.6% indicated the ability to adjust their communication approaches to the demands of varied patients, emphasizing the need of excellent communication in transcultural nursing. These findings are consistent with prior research that has highlighted the importance of cultural competency in enhancing healthcare outcomes and patient satisfaction. [2] [3] Despite these strengths, the study found knowledge gaps in historical awareness of minority communities, with only 22.8% of nurses conversant with the history of oppressed groups. This shows a lack of formal instruction on cultural diversity in nursing courses, emphasizing the importance of better training programs. Other studies have found similar results, with healthcare workers demonstrating significant cultural sensitivity but poor historical knowledge [21] Furthermore, the data show that more experienced nurses have greater levels of cultural competency, implying that occupational exposure is essential for establishing cultural awareness. [22] emphasize the importance of ongoing education and hands-on training to bridge the gap between theoretical knowledge and practical applications. Furthermore, the study's gender distribution raises crucial questions, as 90% of the participants were female. This gender disparity shows that gender dynamics may influence cultural competence research

in nursing, and future studies should investigate whether male nurses demonstrate comparable levels of cultural awareness and intervention in discriminatory contexts [18]. Furthermore, while the majority of nurses actively seek chances for transcultural learning, only 47.2% routinely engage in diversity-related efforts. This highlights the need for more structured initiatives within hospitals to promote continuing cultural education. [23] The findings indicate that, while nurses have a strong commitment to cultural competency, more work is needed to improve historical knowledge and active involvement in diversity training. Expanding nursing courses to include comprehensive cultural education, enhancing professional development programs, and encouraging self-assessment methods can all help to promote cultural competency in healthcare settings [24]. Addressing these difficulties is critical to improving patient outcomes, encouraging inclusivity, and guaranteeing equitable healthcare delivery.

Limitation

The study has limitations, including self-reported data, limited scope to two hospitals, cross-sectional design, lack of patient viewpoints, and gender disparity among female nurses, which could introduce bias and limit generalizability.

Conclusion

The study reveals that while nurses in both public and private hospitals exhibit high cultural competence, historical understanding of minority communities and broader diversity education gaps persist. Strengthening cultural competency training is crucial for improved patient outcomes.

Acknowledgment

I want to sincerely thank everyone who helped me finish this task. A special thank you to Sir Majid and Ma'am Daizi Jafar for their incredible help and advice. I also want to express my sincere gratitude to Ma'am Ifza, my co-superior, for her support and encouragement. In addition, I appreciate my colleagues' thoughtful conversations and continuous encouragement.

We express our profound gratitude to the nursing staffs of Rawal General and Dental Hospital Islamabad and Holy Family Hospital Rawalpindi for their significant contribution.

Conflict of interest

The authors declares that there is no conflict of interest.

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