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Educational needs of nurses in intensive therapy units to improve attitudes towards interculturally diverse patients in Slovenia

Abstract

Culturally competent nurses can have a positive impact on the quality of nursing care, patient satisfaction and patient health outcomes. They acquire cultural competence through education. Nurses in intensive care units treat more demanding conditions of patients with specific needs, which requires a high level of cultural competence. The aim of the research was to determine the need for the education of nurses in intensive care units with regard to their attitude towards culturally diverse patients. We used a quantitative research approach. The data were collected with a questionnaire, Healthcare Provider Cultural Competence Instrument (HPCCI) and Educational Needs Questionnaire related to multicultural healthcare. 98 healthcare providers from intensive care units in Slovenia participated in the research. The majority of participants in the study were women (73.5 %) of an average 37.7 years of age ($SD = 8.5$) who had an average of 14.6 years of working ($SD = 10.2$) in intensive care units. Participants expressed a relatively high need for education ($M = 3.8$; $SD = 0.6$) and perceived themselves as favorable towards interculturally diverse patients ($M = 4.1$; $SD = 0.5$). The need for education was statistically significantly ($at p < 0.001$) associated with the perception of the nurses' own preferences for interculturally diverse patients ($r = 0.51$). The research found that a better attitude of nurses towards patients in intensive care units predicts a higher expressed need for education.

1. Background

Culture is an extremely demanding and complex concept that includes socially transmitted behavioral patterns, art, beliefs, values, customs, and the way of life of the human population.¹ It encompasses the values, beliefs, and norms that guide group thinking and decision-making,² represents our identity and behavior toward other people,³ and perceptions of health, well-being, disease, and death.⁴

Healthcare providers must recognize, respect, and integrate the cultural beliefs and practices of clients into healthcare. Thus, the provider must be culturally aware, culturally sensitive, and have some degree of cultural competence to be effective in integrating health beliefs and practices into care.⁵ The biggest obstacle to achieving quality healthcare is the failure to take into account the impact of culture on health. Cultural diversity is also a major challenge for healthcare.⁶ Halbwachs summarizes the UNESCO's view of the meaning of cultural diversity and states that cultural diversity does not only refer to diversity in terms of ethnic, linguistic, geographical and religious backgrounds, but also covers the spiritual, material, intellectual and emotional characteristics of a society or social group, as well as coexistence, lifestyles, value systems, traditions and beliefs.⁷

Cultural competence is an individual's evolving ability to understand the beliefs, values, behaviors, and habits of culturally diverse

¹ Larry Purnell: The Purnell Model for Cultural Competence. In: *The Journal of Multicultural Nursing and Health* 11 (2005), pp. 7–15.

² David B. Nicholas, Leonora Hendson, Misty D. Reis: Connection Versus Disconnection: Examining Culturally Competent Care in the Neonatal Intensive Care Unit. In: *Social Work in Health Care* 53 (2014), pp. 135–155.

³ Stephanie Listerfelt, Isabell Fridh, Berit Lindahl: Facing the unfamiliar: Nurses' transcultural care in intensive care – A focus group study. In: *Intensive and Critical Care Nursing* 55 (2019), <https://doi.org/10.1016/j.iccn.2019.08.002>.

⁴ Madeleine Leininger, Marilyn McFarland: *Transcultural Nursing. Concepts, Theories, Research and Practice*. New York, Chicago, San Francisco 2002.

⁵ Purnell: The Purnell Model (Note 1).

⁶ Helena Halbwachs: Samozavedanje in kritična refleksija v modelih kulturne kompetentnosti v zdravstvu [Self-awareness and critical reflection in health care cultural competence models]. In: Nadja Plazar, Gorazd Voga (Eds.): *Medkulturna oskrba v zdravstvu. Znanstvena monografija [Intercultural care in healthcare. Scientific monograph]*. Celje 2019, pp. 51–63.

⁷ Halbwachs: Samozavedanje in kritična (Note 6).

individuals.⁸ It is not an end point, but a conscious process that is not necessarily linear.⁹ In this process, health professionals continuously strive to achieve the ability to work effectively within the cultural context of the patient, family, and community.¹⁰ The process includes and connects cultural awareness, cultural knowledge, cultural skills, cultural encounters, and cultural desire.¹¹ Perng and Watson state that cultural competence is a key competence of health professionals that is needed to provide safe and effective healthcare to culturally diverse patients.¹² Lipovec Čebron et al. state that some authors have envisioned several stages of development in the process of cultural competencies, e.g. Cross et al. predicted six levels, Willis seven levels, Purnell four levels.¹³

Cultural competencies are key to implementing culturally congruent care for patients and their relatives,¹⁴ as they allow health professionals to communicate and deliver quality care to patients with diverse sociocultural backgrounds.¹⁵ The need for health professionals to acquire cultural competencies is urgent in order to reduce the differences in the quality of healthcare that occur due to the cultural diversity of patients.¹⁶ In their study, the authors found that the 12-hour educational program significantly improved the cultural

⁸ Jung-Won Ahn: Structural Equation Modeling of Cultural Competence of Nurses Caring for Foreign Patients. In: *Asian Nursing Research* 11 (2017), pp. 65–73.

⁹ Josepha Campinha-Bacote: The Process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care. In: *Journal of Transcultural Nursing* 13 (2002), pp. 181–184; Purnell: The Purnell Model (Note 1).

¹⁰ Campinha-Bacote: The Process (Note 9).

¹¹ Campinha-Bacote: The Process (Note 9).

¹² Shoa-Jen Perng, Roger Watson: Construct validation of the Nurse Cultural Competence Scale: a hierarchy of abilities. In: *Journal of Clinical Nursing* 21 (2012), pp. 1678–1684.

¹³ Uršula Lipovec Čebron, Sara Pistotnik, Jerneja Farkaš Lainščak, Ivanka Huber: Medkulturne kompetence in zdravstvena oskrba v Sloveniji [Intercultural competencies and health care in Slovenia]. In: Nadja Plazar, Gorazd Voga (Eds.): *Medkulturna oskrba v zdravstvu. Znanstvena monografija* [Intercultural care in healthcare. Scientific monography]. Celje 2019, pp. 35–49.

¹⁴ Listerfelt, Fridh, Lindahl: Facing the unfamiliar (Note 3).

¹⁵ Robert C. Like: Educating Clinicians About Cultural Competence and Disparities in Health and Health Care. In: *Journal of Continuing Education in the Health Professions* 31 (2011), pp. 196–206.

¹⁶ Mei-Hsiang Lin, Hsiao-Chin Hsu: Effects of a cultural competence education programme on clinical nurses: A randomised controlled trial. In: *Nurse Education Today* 88 (2020), <https://doi.org/10.1016/j.nedt.2020.104385>.

competencies of nurses. Hagqvist et al. came to similar conclusions from their interviews with 12 nurses-mentors, as the competence of intercultural communication was shown to have improved through continuous education to the benefit of patients and staff.¹⁷ Weber also notes that almost all studies on inter-ethnic relations conducted in Western Europe and North America show that individuals with a higher level of education report greater tolerance for migrants and ethnic minorities.¹⁸

There is little research pertaining to the study of culturally diverse patients in intensive care units (ICU). However, that which is available suggests that caring for culturally diverse patients and their relatives in intensive care units is demanding, and a low level of cultural competence can lead to poor clinical outcomes for both patients and family members.¹⁹ Benbenishty and Biswas emphasize that the cultural competencies of nurses in intensive care units are crucial, mainly because of the urgency of the ever-changing patient situation and the need to make quick decisions regarding situations, in which it is difficult to obtain patient and/or family consent.²⁰

In Slovenia, there is no formal training for nurses in intensive care units, nor is there any additional training in cultural competence. The position of a nurse in an intensive care unit can be filled by graduate nurse. Respect for the diversity of patients is written only in the Code of Ethics of Nursing and Care of Slovenia in which we find the following dictum: »Factors such as race, nationality, religion, political opinion, social status, age, sex, sexual orientation, health status, and disability must not in any way affect the attitude towards the patient.«²¹ That dictum stipulates the standard conduct for achieving the first

¹⁷ Pia Hagqvist, Ashlee Oikarainen, Anna-Maria Tuomikoski, Joanna Juntunen, Kristina Mikkonen: Clinical mentors' experiences of their intercultural communication competence in mentoring culturally and linguistically diverse nursing students: A qualitative study. In: *Nurse Education Today* 87 (2020), <https://doi.org/10.1016/j.nedt.2020.104348>.

¹⁸ Hannes Weber: The educational divide over feelings about ethnic minorities: does more education really lead to less prejudice? In: *Journal of Ethnic and Migration Studies* (2020), pp. 228–247.

¹⁹ Listerfelt, Fridh, Lindahl: Facing the unfamiliar (Note 3).

²⁰ Julie Benbenishty, Seema Biswas: Cultural Competence in Critical Care: Case Studies in the ICU. In: *Journal of Modern Education Review* 5 (2015), pp. 723–728.

²¹ Zbornica Zveza: Kodeks etike v zdravstveni negi in oskrbi Slovenije [Code of ethics in healthcare and care in Slovenia]. In: *Uradni list Republike Slovenije* [Official Gazette of the Republic of Slovenia] 71 (2014), p. 7847.

principle of the code, which is: Nursing and healthcare providers take care to preserve people's lives and health. They are obliged to perform their work humanely, professionally, with quality, safety, compassion, responsibility, conscientiousness, and respect for the patient's needs, values and beliefs.

Culturally competent nurses should be able to transfer and apply knowledge of different cultures in practice. Cultural competence in nursing means adaptability and respect for difference. It also means that nurses know how to listen to patients and obtain all the information that significantly affects their health, i.e. the patient's beliefs, cultural habits and customs.²²

The aim of the research was to determine the need for the education of nurses in intensive care units so that they may acquire intercultural competencies.

2. Methods and materials

Our research included 98 nursing care providers from intensive care units in Slovenia. The majority of the respondents were women ($f = 72$), the participants were on average 37.7 years of age ($SD = 8.5$) and had an average of 16.0 years of work experience ($SD = 9.8$), of which 14.6 years ($SD = 10.2$) was spent working in intensive care units.

In our research we used a quantitative research approach, descriptive and compilation research methods and a causal non-experimental method. The data were collected using the Healthcare Provider Cultural Competence Instrument (HPCCI) questionnaire,²³ and the educational needs questionnaire relating to multicultural nursing care, which we designed ourselves. The HPCCI questionnaire consists of 49 items combined into 5 sets of questions: (set I) attitudes about

²² Tina Razlag Kolar, Bojana Filej, Boris Miha Kaučič: Pomen kulturne kompetentnosti medicinskih sester za kakovostno in k pacientu usmerjeno zdravstveno nego in oskrbo [The importance of cultural competences of nurses for quality and patient oriented nursing care]. In: Nadja Plazar, Gorazd Voga (Eds.): Medkulturna oskrba v zdravstvu. Znanstvena monografija [Intercultural care in healthcare. Scientific monography]. Celje 2019, pp. 75–95.

²³ Joshua L. Schwarz, Raymond Witte, Sherrill L. Sellers, Rebecca A. Luzadis, Judith L. Weiner, Eloiza Domingo-Snyder, James E. Page: Development and Psychometric Assessment of the Healthcare Provider Cultural Competence Instrument. In: Inquiry – The Journal of Health Care Organization, Provision, and Financing 52 (2015), <https://doi.org/10.1177/0046958015583696>.

cultures (11 items), (set II) behavioral aspect of the relationship with a patient (16 items), (set III) offering options as a part of the relationship with a patient (3 items), (set IV) orientation of practice during the treatment (8 items), (set V) self-perceived sympathy. In the present study we used two sets of questions that relate to the behavioral aspect of the relationship (set II) and self-perceived sympathy (set V) towards interculturally diverse patients. Set II consists of 16 items evaluated on a 7-point Likert scale (from 1 – Never to 7 – Always, with two additional options: 8 – No opinion, 9 N/A). Set V consists of 9 items measured on a 5-point Likert scale (from 1 strongly disagree to 5 strongly agree; with additional option: 6 N/A). Schwarz et al. (2015) reported the following Cronbach's alpha for subscales of the original version of the HPCCI: awareness and sensitivity, 0.791; behavior, 0.926; patient-centered orientation, 0.764; practice orientation, 0.722; and self-assessment, 0.920. On our sample the Cronbach's alpha of original scales was somewhat lower (awareness and sensitivity, 0.633; behavior, 0.887; patient-centered orientation, 0.841; practice orientation, 0.680; and self-assessment, 0.841).

The educational needs questionnaire relating to multicultural nursing care, which was designed for this study, consisted of 15 items measuring the self-perceived need for education, tendency towards informal self-education and special knowledge required for quality work performance (languages, ethnic diversity). Items were scored on 5-point Likert scale (from 1 – I completely disagree to 5 – I completely agree). Cronbach's alpha for the scale was 0.913.

The data were collected by online survey within the project Erasmus+, KA2: Cooperation for innovation and exchange of good practices, Strategic Partnership for Higher Education and Training, Multicultural Care and European Intensive Care Units (MICE-ICU) – <http://mice-icu.eu/>.

The research does not involve vulnerable groups of patients, only nursing care providers, so approval from an ethics committee was not required.

3. Results

Participants expressed a relatively strong need for education ($M = 3.8$; $SD = 0.6$) and perceived themselves as sympathetic towards interculturally diverse patients ($M = 4.1$; $SD = 0.5$). It has also

been reported that the described behaviors are used occasionally to frequently ($M = 3.7$; $SD = 1.0$).

The sympathy of nurses was associated with their self-reported behavior towards interculturally diverse patients ($r = 0.49$). More sensitive and sympathetic nurses also reported more culturally competent behavior.

The need for education was statistically significantly (at $p < 0.001$) associated with the perception of the nurses' own sympathy towards interculturally diverse patients ($r = 0.51$) and their behavior towards these patients ($r = 0.48$). Nurses who perceived themselves as more sympathetic towards the patient also reported a greater need for education. Apparently, more sensitive nurses detected greater discrepancies between their existing knowledge and the knowledge they need to work more efficiently. Moreover, nurses who described their behavior as more culturally competent perceived a greater need for additional education. Based on the literature review and presented correlations, it was concluded that at least some cultural competence was needed for nurses to become conscious of their incompetence. Just 16.5 % to 19.4 % of participants were consciously incompetent. They reported using culturally competent behavior and showing sympathy towards their patients less often, yet at the same time recognized the need for education (Table 1, Table 2). The consciously incompetent group of nurses was statistically smaller than the consciously competent group (33 % and 30.6 %) or the unconsciously incompetent and unconsciously competent groups, which could not be properly separated (50.6 % and 50.0 %).

		Need for education	
		No	Yes
Self-assessed culturally competent behavior	No	34 (35.1 %) unconscious incompetence	16 (16.5 %) conscious incompetence
	Yes	15 (15.5 %) unconscious incompetence	32 (33.0 %) conscious competence

Table 1: Need for education in relation to self-assessed culturally competent behavior. The difference in group sizes was statistically significant ($X^2 = 12.62$, $p < 0,001$)

		Need for education	
		No	Yes
Sympathy	No	34 (34.7 %) unconscious incompetence	19 (19.4 %) conscious incompetence
	Yes	15 (15.3 %) unconscious incompetence; unconscious competence	30 (30.6 %) conscious competence

Table 2: Need for education in relation to self-perceived sympathy. The difference in group sizes was statistically significant ($X^2 = 9.25$, $p = 0,002$)

Due to the correlation between culturally competent behavior, self-perceived sympathy and the perceived need for education, we formed a simple regression model predicting the need for education in cultural competence. Culturally competent behavior and self-perceived sympathy explained 31.4 % of the need for education. Both the behavioral ($\beta = 0.307$; $p = 0.002$) and attitudinal components (i.e., sympathy, $\beta = 0.307$; $p < 0.001$) of the cultural competence were important indi-

vidual predictors of the concurrently assessed need for education ($F(2, 95) = 23.16$; $p < 0.001$; Adjusted $R^2 = 0.31$). A more positive attitude towards cultural competence and more culturally competent behavior predicted a greater need for education regarding cultural competence. Only when individuals gain basic knowledge and experience can they become aware that they are lacking in knowledge about other cultures (conscious incompetence), resulting in a need for additional education.

4. Discussion

The research found that Intensive Care Unit nurses who have a better attitude towards patients express a greater need for education to acquire cultural competencies than those with a worse attitude towards patients. At the Intensive Care Unit, only culturally competent nurses can provide nursing care due to the complexity and vulnerability of the patients' condition, family involvement and their informational needs, and the character of nursing work. A survey of nurses from 15 European countries found that 88 % of nurses believe that education contributes to the development of cultural competences.²⁴ Through a review of various research notes, Weber determines that education as a process develops knowledge and cognitive skills in individuals, and consequently increases tolerance towards different ethnic groups. He also states that a higher level of education leads to a greater awareness of the importance of an ideology that does not support the stereotyping of ethnic groups.²⁵

A lack of understanding of patients' cultural beliefs about the method of treatment can lead to greater insecurity, anxiety, helplessness and stress in nurses. It is therefore imperative that nurses acquire knowledge about the characteristics of different cultures.²⁶ In a case study, Benbenishty and Biswas studied cultural competences in the

²⁴ Beata Dobrowolska, Aleksandra Gutysz-Wojnicka, Dorota Ozga, Eva Barkestad, Julie Benbenishty, Kristijan Breznik, Bojana Filej, Darja Jarosava, Boris Miha Kaučič, Ivana Nytra, Barbara Smrke, Renata Zelenikova, Bronagh Blackwood: European intensive care nurses' cultural competency: An international cross-sectional survey. In: Intensive and Critical Care 60 (2020), <https://doi.org/10.1016/j.iccn.2020.102892>.

²⁵ Weber: The educational divide (Note 18).

²⁶ Ahn: Structural Equation (Note 8).

Intensive Care Unit and found that a critical care environment is a demanding work environment, both physically and emotionally.²⁷ They also note that, in addition to providing an optimal physical environment for stabilizing the condition of patients and providing treatment, it is important to consider how to communicate, inform, counsel and comfort patients and their relatives. Therefore, there is no doubt that knowledge of different cultures is essential.

Sotler studied the instruments for measuring cultural competences in healthcare through a systematic review of the literature and found that there is a need for targeted education in cultural competences, as this significantly affects raising the level of the cultural competence of health professionals.²⁸ Razlag Kolar et al. analyzed the content of 27 articles and identified the expressed need for the education of health professionals to acquire cultural competencies in 12 of them.²⁹ Using qualitative research, Hvalič Touzery also found that the lack of cultural competencies can have a fatal impact on the course of treatment of disease, therefore appropriate education is needed that is capable of improving the level of cultural competence.³⁰

Being a culturally competent nurse at the Intensive Care Unit is not easy. Nurses must first confront their own personality traits, prejudices, and perceptions in order to overcome them and ensure culturally competent care for each patient on both the personal and the institutional levels.³¹

²⁷ Benbenishty, Biswas: Cultural Competence (Note 20).

²⁸ Robert Sotler: Merjenje kulturnih kompetenc v zdravstvu – uporabnost in zanesljivost [Measuring cultural competence in healthcare – usability and reliability]. In: Nevenka Kregar Velikonja (Ed.): Celostna obravnavava pacienta. Mednarodna znanstvena konferenca [Comprehensive treatment of the patient. International scientific conference]. Novo mesto 2017, pp. 467–477.

²⁹ Razlag Kolar, Filej, Kaučič: Pomen kulturne (Note 22).

³⁰ Simona Hvalič Touzery, Sedina Kalender Smajlović, Marta Smodiš: Multikulturne kompetence kliničnih mentorjev. Rezultati projekta Soulbus [Multicultural competencies of clinical mentors. Results of the Soulbus project]. In: Sanelia Pivač, Brigit Skela Savič, Simona Hvalič Touzery, Sedina Kalender Smajlović (Eds.): 8. šola za klinične mentorje: Klinično usposabljanje skozi EU direktivo in mednarodne standarde ter izkušnje v Sloveniji: količina in kakovost kliničnega usposabljanja Jesenice [8th school for clinical mentors: Clinical training through the EU directive and international standards and experience in Slovenia: quantity and quality of clinical training in Jesenice]. Jesenice 2014, pp. 56–64.

³¹ Julie Benbenishty, Aleksandra Gutysz-Wojnicka, Irene Hart, Eva Barkestad, Drago Satosek, Kaisa Jacobsson, Bronagh Blackwood: The migrant crisis and the importance

5. Conclusion

The chapter present Slovenian part of the results of the study which is based on the results obtained in intensive care units in Slovenia and is part of a broader study conducted within the international research and development project MICE-ICU in which the following establishments have participated: (1) University of Ostrava, Faculty of Medicine, Department of Nursing and Midwifery, Czech Republic; (2) Association for Anesthesiology and Intensive Care, Poland; (3) Assist GmbH, Germany; (4) College of Nursing in Celje, Slovenia; (5) European Association of Nurses in Intensive Care, and (6) Danmar Computers, Poland. With the project we wanted to improve the knowledge, skills and competencies of nurses in the Intensive Care Units for the implementation of culturally sensitive patient care. Based on the evidence, the project partners prepared educational content for the self-education of Intensive Care Unit nurses, using the learning management system (e-learning platform) and divided it into three modules:

1. Cultural awareness and sensitivity;
2. Culturally diverse patients in healthcare environment;
3. Specifics when caring for culturally diverse patients on intensive care wards.

Each topic has specific objectives, precise contents, learning outcomes and listed activities, i.e reading, test, film, discussion, examples of good practice, case study, that the participant must carry out in order to achieve the objectives of the training.

This was a special challenge for Slovenia, as nurses encountered a system for using learning (e-learning platforms) and a distance self-education approach for the first time. The e-learning platform is freely available in four different languages – English, Czech, Polish and Slovenian – and is an example of successful implementation of the Intercultural Nursing educational program in the Intensive Care Unit, which took place among 120 nursing providers in Europe. Today, the online course is used not only for self-education by Intensive Care Unit nurses, but also by nurses in other professional fields of nursing (modules 1 and 2), as well as nursing students. A higher

of developing cultural competence in the intensive care unit. In: Nursing in Critical Care 22 (2017), pp. 262–263.

level of cultural competence reduces inequality in treatment between culturally diverse patients. Due to more effective communication, health professionals better understand the patient's needs, and as a result, patients are more satisfied with the quality of nursing and care.