

Cultural Competence of Nursesin Providing Culturally Sensitive Nursing Care For Diabetic Patients at Fatmawati Hospital Jakarta

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Abstract: Culture influences human behavior, including behavior during illness and hospitalization. In order to provide nursingcare to patients, nurses need to consider their cultural dimension. Nurses must have cultural competency to provide nursing care. Without this competence, nurses will encounter some problems in fulfilling patients' need. The purpose of this article is to describe the effect of Asuhan Keperawatan Peka Budaya/AKPB Training (culturally-sensitive nursing care training) in enhancing cultural competence of nurses at Fatmawati Hospital. A quasi-experimental design with pre and post test without group was used. By using total sampling method, sixty-three nurses who work at General Ward (Fifth Floor Ward IRNA B) Fatmawati Hospital Jakarta were participated in this research. The modules for the training and the instruments for this research were developed by the researchers and being reviewed by a number of related nursing experts through expert meeting. The research found that cultural knowledge and skills of nurses was increase after the intervention. Based on paired t-test analysis, the mean difference of sub variable of cultural knowledge scores before and after intervention was 8.587 with p value = 0.000 ($\alpha=0.05$); and the mean difference of sub variable cultural skills scores before and after intervention was 10.460 with p value = 0.000 ($\alpha=0.05$). However, the mean difference of sub variable cultural attitude scores before and after intervention was only 0.730 and p value = 0.364 ($\alpha=0.05$). As Conclusion, there are statistically different between nurses' cultural knowledge and cultural skills before and after intervention of AKPB training.

Key words: AKPB Training • Cultural competency • Nursing care.

INTRODUCTION

Globalization and cultural heritage of Indonesia have effects on the variety of people with diverse ethnicities and even nations. Many behaviorists who studied about diseases have found that culture plays a vital role in shaping people behavior. Foster and Anderson [1] stated that behavior of sick and expression of pain is affected by the culture of the patients. In addition, several factors, such as social class, tribes and cultural differences also affect behavior of sick, role of sick and role of patients. People with same disease will have different reactions based on those factors.

Either life style modification or cultural modification is needed for treatment of chronic diseases, such as diabetes mellitus [2]. Culturally sensitive nursing care is expected to provide better treatment process for the

patients because it enables nurses to meet patients' needs based on their culture so that patients will satisfy with the services given [3]. Thus, to treat diabetes mellitus optimally, the proper culturally sensitive nursing care is required and this can only be fulfilled by nurses who have cultural competences.

The purpose of this study is to identify the effects of culturally sensitive nursing care toward the enhancement of cultural competence of nurses especially in the aspects of cultural knowledge, skills and attitudes in providing the nursing care for diabetic patients.

MATERIALS AND METHODS

Cultural competency is a set of skills and attitudes which made the nurses possible to work effectively and culturally sensitive in the cultural context of clients which

appropriate with the client's need. [4] The attribute of cultural competency includes cultural knowledge, cultural skills and cultural attitude or awareness [5]. The nurses in the hospital were lack of preparation regarding the culturally sensitive patient care during their study since the concepts of transcultural nursing and cultural aspect in nursing care were just included in the curriculum of nursing study program in 2008 [6]. Therefore the training of culturally sensitive nursing care (AKPB Training) was developed in order to increase nurses cultural competence in providing nursing care for diabetic patient.

A quasi-experimental design with pre and post test without control group was used in this study. Samples of the research were nurses who work in both north and south sides of inpatient unit on the fifth floor of Fatmawati General Hospital, Jakarta. Total sampling was used to collect data. Inclusive criteria of the respondents were nurses, who are active, not taking leaves and willing to participate in this study by signing informed consent. Respondents of this study were 63 nurses who work at the fifth floor inpatient ward.

The modules for the training and the instruments for this research were developed by the researchers and being reviewed by a number of related nursing experts through an expert meeting. The nurses completed the training of *Asuhan Keperawatan Peka Budaya* (culturally sensitive nursing care) as an intervention of this study. The training was conducted in six batch five working days periode per batch started from May 28 until July 6, 2012. The nurses divided into groups of 11-12 person for each batch of training. The nurses completed the questionnaire provided before and after the training.

Cultural competency was assessed quantitatively through the questionnaire being developed by the researchers based on the concepts and theories regarding transcultural nursing [7,8,9,10,11]. The questionnaire consists of four sections. First section was demography questions. The second part was cultural knowledge which consists of 25 multiple-choices questions. The third part was 25 questions used to assess attitude or cultural awareness and the last one was questions to assess cultural skill, which consists of 35 items, 4-point-Likert scale. The reliability coefficient of the instrument was 0.934. Data were analyzed statistically by using the *univariate* and *bivariate* methods (t-paired test).

Culturally sensitive nursing care module was developed by studying the references and conducting expert review as well as interviewing diabetic patients who had various cultural backgrounds and were hospitalized.

Contents of the module were theory and concepts of culture in general, health culture of diabetic patients, descriptions of diabetic patients' experience and culturally sensitive nursing care competence for patients with diabetes mellitus. [7,8,11,12,13, 14].

The training referred to competency based training which combines lecture, discussion, simulation and role play, case study and direct practice of culturally sensitive nursing care under supervision of the researcher.

RESULT AND DISCUSSION

Characteristics of Nurses: Characteristics of nurses who became the respondents of this research were based on age, gender, ethnic group, level of education, length of working experience and income per month. Data can be seen on the table 5.1 attached below.

Univariate Analysis of Nurses Cultural Competence

Cultural Knowledge: Table 5.2 showed that majority of nurses' knowledge before the intervention was low (73%). After the training of culturally sensitive nursing care, level of nurses' knowledge was increased dramatically to high (96.8%).

Cultural Attitude: There was no difference on cultural attitude of nurses before and after the intervention. All data was in good category (100%).

Cultural Skill: Cultural skill of nurses in performing culturally sensitive nursing care increased from 77.8% to 96.8 percent. Data can be seen on the table 5.4 and diagram 3 attached below.

Bivariate Analysis of Nurses Cultural Competence

Cultural Knowledge: Mean analysis of cultural knowledge before and after the training of culturally sensitive nursing care is showed on the table 5.5 (attached below). Based on paired t test analysis, the cultural knowledge of nurses before and after training of culturally sensitive nursing care was significantly different (p value = 0.000, $\alpha=0.05$).

Cultural Attitude: Mean analysis of cultural attitude before and after the training of culturally sensitive nursing care can be seen on the table 5.6 (attached below). Based on paired t test analysis, the cultural attitude of nurses before and after training of culturally sensitive nursing care was no significantly different (p value =0.364, $\alpha=0.05$)

Table 5.1: Characteristics of Nurses (n=63)

Variable (s)	Frequency	Percentage (%)
Age (years)		
21-30	35	55.6
31-40	15	23.8
41-50	12	19.0
51-60	1	1.6
Gender		
Male	11	17.5
Female	52	82.5
Religion		
Islam	55	87.3
Protestant	7	11.1
Hindu	1	1.6
Ethnicity		
Javanese	29	46.0
Sundanese	15	23.8
Betawinese	6	9.5
Bataknese	6	9.5
Minang	3	4.8
Others	4	6.3
Highest Level of Education		
Nursing High School	2	3.2
D3 (Vocational)	35	55.6
S1 (Bachelor)	11	17.5
Ners (Practice Nursing Program)	15	23.8
Work Period (years)		
0-2	16	25.4
3-10	24	38.1
11-20	14	22.2
21-30	9	14.3
Salary (IDR)		
0-5 million	55	87.3
6-10 million	8	12.7
Family Income (IDR)		
0-5 million	34	54.0
6-10 million	25	39.7
11-15 million	2	3.2
16-20 million	2	3.2

Table 5.2: Cultural Knowledge of Nurses before and after the Intervention (n=63)

	Pre- Intervention		Post-Intervention	
	n	%	n	%
Level of Knowledge				
Low	46	73	2	3.2
High	17	27	61	96.8

Table 5.3: Cultural Attitude of Nurses before and after the Intervention (n=63)

	Post- Intervention		Cultural Attitude	
	n	(%)	n	(%)
Pre-Intervention				
Less Good	0	0	0	0
Good	63	100	63	100

Table 5.4: Cultural Skill of Nurses before and after the intervention (n=63)

	Pre- Intervention		Post- Intervention	
	n	%	n	%
Cultural Skill				
Less Skillful	14	22.2	2	3.2
Skillful	49	77.8	61	96.8

Cultural Skill: Mean analysis of cultural skill before and after the intervention showed on the table 5.7 (attached below). Based on paired t test analysis, the cultural skills of nurses before and after training of culturally sensitive nursing care was significantly different (p value = 0.000, $\alpha=0.05$).

Based on the above result, the training of culturally sensitive nursing care could increase the nurses cultural competency in the aspect of cultural knowledge and skills. However, the training was not effective in improving the nurses cultural attitudes. These result in with our previous research on nursing students cultural awareness where the knowledge aspect of cultural awareness were increased significantly after utilizing modified simulation

Table 5.5: Mean Distribution in Cultural Knowledge of Nurses before and after the intervention (n=63)

Cultural Knowledge	Mean	SD	SE	Min- Max	95% CI	t	P Value
Before intervention	9.94	3.951	0.498	2 - 18	8.94-10.93	15.307	0.000
After intervention	18.52	3.431	0.432	7 - 24	17.66-19.39	8.587	

Table 5.6: Mean Distribution of Cultural Attitude before and after the Intervention (n=63)

Cultural Attitude	Mean	SD	SE	Min- Max	95% CI	t	P Value
Before Intervention	63.25	5.634	0.710	54-79	61.84-64.67	0.915	0.364
After Intervention	63.98	5.868	0.739	55-76	62.51-65.64	0.730	

Table 5.7: Mean Distribution of Cultural Skill of Nurses before and after intervention (n=63)

Cultural Skill	Mean	SD	SE	Min- Max	95% CI	t	P Value
Before Intervention	98.68	14.511	1.828	68-125	95.03-102.34	5.202	0.000
After Intervention	109.14	12.461	1.570	76-135	106.00-112.28	10.460	

learning method whereas the attitude aspect of cultural awareness have no significant different between intervention and control group [14]. We believed that increasing the attitude aspect of nurses cultural competence, need more time and futher research.

CONCLUSION

The cultural competencies in knowledge and skills aspects of the participants are statistically different before and after completing the training of culturally sensitive nursing care. *Asuhan Keperawatan Peka Budaya* training (culturally sensitive nursing care for diabetic patients) significantly increased the nurse's cultural competency in the aspect of cultural knowledge and cultural skills. Further research needed to explore the nurses cultural attitude in providing nursing care for the patient.

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