

ORIGINAL PAPER**Nurses' Views Related to Transcultural Nursing in Turkey****Zeynep Karakuş, RN, MsN Student**

Akdeniz University School of Health, Antalya, Turkey

Burcu Babadağ, RN, MsN Student

Eskişehir Osmangazi University Eskişehir School of Health, Eskişehir, Turkey

Halime Abay, RN, MsN Student

Yıldırım Beyazıt University Faculty of Health Sciences Nursing Department, Ankara, Turkey

İmatullah Akyar, PhD, RN, Lecturer

Hacettepe University Faculty of Health Sciences Nursing Department, Ankara, Turkey

Sevilay Şenol Çelik, PhD, RN, Professor

Hacettepe University Faculty of Health Sciences Nursing Department, Ankara, Turkey

Correspondence: İmatullah Akyar, Hacettepe University Faculty of Health Sciences Nursing Department 06100 Ankara, Turkey E-mail: akyarim@gmail.com

Abstract

Background: Nurses are affected by the developments brought by the health sector's globalization and is denoted with the concept of "transcultural nursing". Nurses are considered transcultural healthcare personnel in transcultural approach to nursing care.

Aim: The study aim was to determine nurses' views related to transcultural nursing.

Methodology: A descriptive study design was used. Participants were 80 nurses working in a private hospital in Ankara, Turkey. Data were collected using a questionnaire, designed by the researchers, which includes 16 questions and 15 statements on transcultural nursing. Percentage and frequency analysis were used to evaluate the data.

Results: 87.5% of the participants stated that they had difficulties communicating with patients from different cultural backgrounds, 62.5% stated that they were not competent in transcultural nursing, 68.8% stated that their proficiency level in a foreign language was not satisfactory, and 74.5% suggested that foreign language education programs should be initiated with the support of health institutions.

Conclusions: This study suggests that nurses are aware of the importance of cultural differences in healthcare and that they think including courses on the topic in nursing education programs, attaching a higher importance to foreign language education, and enforcing regulations that are more conducive to cultural interaction would help increase the quality of nursing care.

Key words: Transcultural health, globalization, nurse, cultural care

Introduction

Globalization is the process by which events that took place at a certain place in the world come to have an effect on the rest of the world, and social relations become closely intertwined on a world scale. Globalization boosts global integration and interdependence in such fields as economics, politics, culture, technology, ecology, social life, and health (Yıldız&Turan 2010).

As the commerce of goods and services became more important with globalization, the "health sector", which is an important part of the service industry, has also been affected by the process of industrial development and prioritization. Globalization has enabled all countries to adopt new methods of diagnosis and treatment, and facilitated dissemination of health policies aiming at improving health all around the world.

Therefore, along with globalization, an increase has been observed in the communication of principles, ethical values, and standards among countries (Yıldız&Turan 2010).

Nurses, who constitute one of the key elements of the health sector, are also affected by these developments brought about by the globalization of the health sector. With those changes, activities such as adapting to the developments, understanding changes and problems brought about by globalization, generating solutions for these problems, and adopting a global perspective on health, are expected by nurses (Ryan et al. 2000, Kaya 2010). Today, this global perspective is denoted with the concept of “transcultural nursing”.

Background

Culture is defined as a set of values, beliefs, attitudes, behaviours, and traditions learned, shared, and inherited by a group of people (Leininger 1997, Bolsoy&Sevil 2006). Culture, which can also be defined as a society’s way of living, is one of the factors that affect individuals’ perceptions of health. The health of an individual is affected by cultural practices just as much as by biological or environmental factors. This is why knowing the cultural characteristics of a society is considered a condition for obtaining society’s acceptance of healthcare services, ensuring public participation, and boosting healthcare services in a given society (Bolsoy&Sevil 2006, Douglas et al. 2009). Transcultural nursing was defined as a concept by Madeline Leininger in the 70’s in order to address the needs of nurses who work with patients from different cultures (Leininger 1997, Tortumoglu 2004, İz Basalan&Bayık Temel 2009). The concept of transcultural nursing is defined as “a branch or sub-field of nursing that aims to establish a culturally congruent nursing care and compares cultures and subcultures on the basis of an analysis of the differences in their conceptions of health-illness and care with due respect to the beliefs and values of each individual culture” (Leininger 1997, Tortumoglu 2004).

The aim of transcultural nursing is to offer an effective nursing care service that is sensitive to the needs of individuals, families, and groups receiving healthcare and to promote the use of

nursing knowledge and practices through cultural conceptualization (Maier-Lorentz 2008, Douglas et al. 2009, Tanrıverdi et al. 2009).

In the transcultural approach to nursing care, nurses are considered transcultural healthcare personnel.

Transcultural nursing care increases the quality of nursing care services, enables individuals to adapt to nursing practices more easily, prevents culture shock, helps protect the rights regardless of one’s cultural background, improves cultural awareness of healthcare providers, and prevents cultural clash between healthcare providers and patients (Tortumoglu 2004, Maier-Lorentz 2008, Temel 2008, Douglas et al. 2009, İz Basalan&Temel Bayık 2009).

Based on our observations related to transcultural nursing in our country it can be said that nurses are not feeling competent. In addition to our observations, the literature also suggests that transcultural nursing is an important issue.

In Turkey, research on transcultural nursing is limited. This study is conducted with the aim of determining nurses’ views related to transcultural nursing in today’s global world, where the concept of transcultural nursing came to bear an important and privileged status.

Methodology

Setting and Participants

This is a descriptive survey. Participants were selected among nurses working at a private hospital, where nurses were thought to have a higher chance of working with patients from different cultural backgrounds, in Ankara, Turkey. One hundred and fifty nurses were working in the hospital at the time when this study was conducted, between December 16th 2010 and January 6th 2011, and they were all asked to participate. The aim of the study was explained and 80 nurses (60%) voluntarily agreed to participate.

Data Collection

The questionnaire used in this study was developed by the researchers. It has 16 items related to demographic data, globalization, and transcultural nursing, as well as 15 statements on transcultural nursing. We tested the questions for structure and clarity in a pilot study. No revisions to the questions were indicated. The results of the

pilot study are not included in the results of this study.

Before handing out the questionnaire, the nurses were informed about the study by the nurse administrator and only those nurses who agreed to participate in the study were given questionnaires. Written consents from the institution and the nurses were obtained prior to the study.

The completed questionnaires were returned by the contact nurse administrator.

Data analysis

Data analysis was performed using the Statistical Package for Social Sciences (SPSS) version 11.5. Percentage and frequency analysis were used to analyse the data.

Results

The participants' mean age was 28.61 ± 5.34 . The majority of the participants (97.5%) were female, 67.5% held a university degree, and 98.7% were of Turkish origin. More than half of the participants (63.8%) worked with 2-10 foreigners every year, 95% of them could speak English, and 5% could speak German or French. Nearly half of the participants (48.7%) speaking English ($n=76$) had a moderate level of proficiency, while 50% of those speaking German ($n=2$) had a high or very high level of proficiency, and 33.3% of those speaking French ($n=1$) had a very high level of proficiency.

The majority of the participants (87.5%) had difficulties in communicating with patients from different cultural backgrounds, 62.5% were not competent in transcultural nursing, 68.8% stated that their proficiency level in a foreign language was not satisfactory, and 74.5% suggested that foreign language education programs should be initiated with the support of health institutions.

According to the participants' views' about globalization, nurses stated that globalization caused new diseases to emerge and made disease transmission easier (71.3%); made it easier for healthcare providers to access new research material and practices (52.5%); facilitated access to treatment and healthcare alternatives (62.5%), and boosted the quality of healthcare in a given society (83.3%). In addition, 86.3% of the nurses stated that globalization did not reduce the prevalence of diseases, and 57.5% mentioned that

globalization did not facilitate achieving universal standards in health.

Forty one (51.2%) of the participants indicated that they had heard the concept of "transcultural nursing" before, 57.5% defined the concept as "providing nursing care to individuals from different cultural backgrounds or from different countries by transcultural specified nurses", 90% of the participants had not been educated about this topic (Table 1).

According to the views of nurses' on the statements concerning transcultural nursing, participants strongly disagreed on the statements "providing healthcare to people from different backgrounds should be optional" (52%); "everybody has the same perception of health and illness in a given country" (50.2%); "the education in Turkey is sufficient for providing transcultural nursing services" (41.2%); and "providing healthcare to people from different cultures make nursing care more difficult" (35.5%) (Table 2).

In addition, 55.8% of the nurses agreed to the statement that "speaking a foreign language is necessary for nursing", 54.5% agreed to the statement that "institutions should initiate in-service training programs to enhance transcultural nursing care", 48.7% agreed that "the perception of health and illness is universal", and 46.1% agreed to the statement that "human being is a social being, and cannot be thought independent from cultural background" (Table 2).

Discussion

An individual's perceptions of health and illness are affected by his or her culture. Culturally congruent healthcare practices aiming to improve the quality of healthcare, also helps individuals to adapt to nursing services faster and boosts the overall effectiveness of care (Tortumoglu 2004, Maier-Lorentz 2008, Douglas et al. 2009).

The participants stated that globalization had some advantages (such as facilitating access to treatment and healthcare alternatives for the patients, and to new research material and practices for the healthcare personnel), but they also stated that it caused new diseases to emerge and enabled contagious diseases to transmit easier and faster (Table 1). The participants held various positive and negative views on the effect of globalization on health.

Literature related to this topic emphasizes the lack of nurses' awareness on the effects of globalization on environment and health; nurses'

Table 1. Views of Nurses About Transcultural Nursing (n=80)

Views About Transcultural Nursing	n	%
Being Aware of Transcultural Nursing Concept		
Yes	41	51.2
No	32	40.0
Unanswered	7	8.8
Definition of Transcultural Nursing		
Providing nursing care to foreign national individuals	6	7.5
Providing nursing care to individuals from different cultural backgrounds or different countries	26	32.5
Performing nursing services abroad	2	2.5
Providing nursing care to individuals from different cultural backgrounds or from different countries by transcultural specified nurses	46	57.5
Education Status About Transcultural Nursing		
Educated	8	10.0
Not Educated	72	90.0

reluctance to engage in discussions on the topic; and that globalization causes increase in the spread of diseases such as AIDS, malaria, or tuberculosis. The literature also emphasizes that nurses' knowledge is transferring globally and globalization influences nursing education, science, research and clinical practice (Holt et al. 2000, Davidson et al. 2003, Kaya 2010, Globalization 101 2011).

Half of the participants stated that they had heard of the concept transcultural nursing before, and almost half of them defined it as "providing nursing care to individuals from different cultural backgrounds or from different countries by specified nurses" (Table 1). Our study showed that nurses were not competent to define the concept, even if they had heard of it before. A study conducted by Ayaz et al. with the participation of nursing students, found that nursing students were not knowledgeable enough about the concept of transcultural nursing and were not able to define it (Ayaz et al. 2010). A

study conducted by Cang-Wong et al. concluded that nurses could understand and define transcultural care and nursing practices with reference to their own experiences and their colleagues (Cang-Wong et al. 2009). Considering that 90% of the participants did not receive any training on the subject, it might be argued that their inability to define the concept might have to do with their lack of education.

As illustrated in Table 2, nurses' views on the statements about transcultural nursing showed that they are confused with the concept "transcultural nursing care". Less than half of the participants stated that the concepts nursing care, health and illness are universal, whereas most of them stated that human being is a social being, and cannot be thought independent from cultural background. In addition, more than half of the participants stated that they felt incompetent in cultural care. Also in Baldonado et al.'s study nurses were not confident in transcultural nursing (Baldonado et al. 1998).

Most of the participants mentioned "communication difficulties" among the challenges posed by providing healthcare to people from different cultural backgrounds (Table 2). Similarly, 80% and 37% of nursing students were found to have "communication problems" while working with people from different cultures in the respective studies conducted by Tortumoglu et al. and Ayaz et al. (Tortumoglu et al. 2006, Ayaz et al. 2010). Also in a study by Jirwe et al., (2010) communication problems were encountered as a fundamental component of transcultural nursing. At Jirwe et al.'s study most participants experienced particular communication difficulties with patients.

The majority of the participants (62.5%) stated that they "felt incompetent" to provide nursing care to people from different cultural backgrounds and attributed their incompetence to incompetence in foreign language skills, unfamiliarity with different cultures and societies, and lack of experience. This result could be attributed to the relatively lower mean age of the participants, and relatively less frequent interaction with people from different backgrounds. As cited by Temel (2008), according to Narayanasamy and White, transcultural care is negatively affected by such factors as language and communication problems,

insufficient level of knowledge acquisition, and the inability to align services with the needs of patients. The standards of practice for culturally competent nursing care which is a universal guide for nurses were designed by Douglas and colleagues on the basis of the social justice principle. Among those standards transcultural nursing knowledge, health care systems and organization, cross cultural communication, and cross cultural practice titles helped nurses to have a place in the system as competent nurses (Douglas et al. 2009, Cowan&Norman 2006).

Most of the participants (58.8) stated that their nursing education was not sufficient for providing transcultural nursing services and that they had never received any training on the subject. As İz and Temel mention in their article, a study conducted by Bond, Kadron-Edgren, and Jones with the participation of nursing students and professional nurses to assess their knowledge about and attitudes towards people from different cultural backgrounds, found that both undergraduate and graduate programs on nursing were insufficient in providing nursing students with necessary knowledge and skills for working with special cultural groups (İz Basalan&Temel Bayık 2009). Similarly, the curricula of undergraduate and graduate education programs in nursing should be designed in such a way that they encompass regional, national, and global health (Kaya 2010). Cang-Wong et al. (2009) and Ryan et al. (2000) argue that both nursing education and in-service training programs need to address culturally congruent nursing approaches. Our study participants also indicated that in-service training programs should address the subject.

Conclusion

This study suggests that nurses are keen to be aware of the importance of cultural differences in healthcare and that they think including courses on the topic in nursing education programs, attaching a higher importance to foreign language education, and enforcing regulations that are more conducive to cultural interaction would help increase the quality of nursing care. In light of these results, we recommend that more undergraduate nursing programs include transcultural nursing training, that health institutions organize in-service training programs on this subject, and that protocols for

transcultural nursing care be developed and employed in practice.

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Table 2. Nurses' views on Statements Concerning Transcultural Nursing

Statements on Transcultural Nursing	Strongly Disagreed		Partially Disagreed		Agreed		Partially Agreed		Strongly Agreed	
	n	%	n	%	n	%	n	%	n	%
Providing healthcare to people from different cultural backgrounds should be optional (n:77)	40	52.0	11	14.3	7	9.1	14	18.2	5	6.4
Everybody has the same perception of health and illness in a given country (n:76)	38	50.2	14	18.4	2	2.6	16	21.0	6	7.8
Education in our country is sufficient for providing transcultural nursing services (n:80)	33	41.2	29	36.3	3	3.8	8	10.0	7	8.7
Providing healthcare to people from different cultures makes nursing care more difficult (n:79)	28	35.5	18	22.8	12	15.2	16	20.2	5	6.3
The concept of health changes from culture to culture (n:79)	25	31.7	19	24.1	5	6.3	13	16.4	17	21.5
Nursing care is universal, so culture is irrelevant for healthcare (n:80)	22	27.5	17	21.2	10	12.5	11	13.8	20	25.0
Speaking a foreign language is necessary for nursing (n:79)	7	8.8	1	1.3	13	16.4	14	17.7	44	55.8
Institutions should initiate in-service training programs to enhance transcultural nursing care (n:79)	6	7.6	8	10.1	17	21.5	5	6.3	43	54.5
The perception of health and illness is universal (n:78)	13	16.7	6	7.7	15	19.2	6	7.7	38	48.7
Human being is a social being and cannot be thought independent from cultural background (n:78)	6	7.7	4	5.2	16	20.5	16	20.5	36	46.1
Knowledge of transcultural nursing would increase the quality of healthcare (n:76)	11	14.5	2	2.6	20	26.3	10	13.2	33	43.4
Nurses' cultural background is important in the conduct of nursing practices (n:79)	16	20.3	7	8.8	16	20.3	12	15.2	28	35.4
Transcultural nursing is necessitated by globalization (n:76)	7	9.2	6	7.9	20	26.3	16	21.0	27	35.6
I can effectively communicate with patients from different cultures (n:78)	3	3.9	14	17.9	17	21.8	35	44.9	9	11.5
In order to provide care services to individuals from different cultures speaking the same language is not important, care can be served with using body language (n:80)	14	17.5	19	23.8	13	16.2	21	26.2	13	16.3