

## **Transcultural nursing knowledge level and self-efficacy in applying culturally sensitive nursing care**

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### **Abstract**

**Objective:** Indonesia is an archipelago country, which has various cultures. Culture can affect someone's view about health and illness, therefore cultural sensitive nursing care is needed. Cultural sensitive nursing care needs transcultural knowledge to attain self-efficacy in its application. The aim of this research is to discover the relationship between transcultural nursing knowledge with self-efficacy in applying cultural sensitive nursing care.

**Methods:** This research involved 119 professional nurse program students, Faculty of Nursing, Universitas Indonesia using cross sectional design with total sampling technique.

**Results:** The result of this research shows that there is a significant relationship between transcultural nursing knowledge with self-efficacy in applying cultural sensitive nursing care among professional nurse program students, Universitas Indonesia 2015 (p value = 0,009).

**Conclusion:** Transcultural nursing knowledge is needed to attain self-efficacy in applying cultural sensitive nursing care. This research recommends the integration of transcultural nursing care into other nursing curriculum. Any further research related to cultural competence is needed.

**Keywords:** Transcultural nursing, self- efficacy, cultural sensitive

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### **Introduction**

Indonesia is an archipelago country with diverse cultures. Culture is a system of ideas, action, and human's work, which was obtained by learning in society's lives.<sup>1</sup> The culture shape human behavior in anything includes concepts of health and illness, so nurses need to perform culturally sensitive nursing care. Cultural sensitive nursing care needs cultural competency to obtain self-efficacy while implement it.<sup>2</sup> Lack of cultural competency can leads cultural shock which has a negative aspect for nurses and patient. Both of them may feel uncomfortable, helplessness, frustation, and disorientation.<sup>3</sup>

Cultural competence defined as a process not an event. The process consists of five inter-related constructs: cultural desire, cultural awareness, cultural knowledge, cultural skill, and cultural encounter.<sup>4</sup> One element of cultural competence is a cultural knowledge which already achieved in the academic term (undergraduate) at Basic Nursing Concept Course I in the first semester and Cultural Cross Assessment as an elective course.

Transcultural knowledge is important for nursing student. Therefore, United States and Canada already have compulsory transcultural curricula and collaboration for nursing program between other health professional.<sup>5</sup> In Indonesia, nurses who have a cultural competence result higher patient satisfaction.<sup>6</sup>

Therefore, researcher is interested to discover the relationship between transcultural nursing knowledge to self-efficacy in applying cultural sensitive nursing care in nursing profession student Faculty of Nursing Indonesia University year of 2015. This research is conducted in nursing professional program student because it is important to them to have an ability to do nursing care with ethically, legally, and culturally sensitive which is suitable with the standard from Joint Commission International (JCI) and The Association of Indonesian Nurse Education Center (AINEC).<sup>7</sup>

The aim of this research is to discover the relationship between transcultural nursing knowledge to self-efficacy in applying cultural sensitive nursing care. In addition, to show the characteristics, knowledge, and

self-efficacy in nursing professional program student at Faculty of Nursing Indonesia University year of 2015.

## Methods

This study was conducted from November 2015 until June 2016 using a descriptive correlation methods (Corellation Study) with cross-sectional approached. The sampling technique was used is total sampling. A total number of students participates in this study is 119 nursing professional program student from either regular program nor extension program.

Data is collected using a questionnaire, which consists of three parts. In the first part, the demographic data contained question about initial name, age, gender, religion, ethnicity and program owned by the respondent. In the second part contains question about transcultural nursing knowledge. Transcultural nursing knowledge is measured through a questionnaire which was adapted based on dissertation research by Novieastari.<sup>6</sup> The questionnaire consists of 25 items with a multiple choice response. For further description, the scores were broken down into two categories: less knowledge (<70% or less than 17 correct answer), and good knowledge ( $\geq 70\%$  or more than 17 correct answer).<sup>8</sup> The coefficient reliability of the instrument is 0,621.

In the third section contains question about self-efficacy in applying cultural sensitive nursing care. The questionnaire consist of 45 items to measure and evaluate students self-efficacy perceptions (confidence) for performing general transcultural nursing skills among diverse client populations. The nursing professional program students were asked to rate their confidence on a 10-point Likert scale with 1 means "not all confident" and 10 means "totally confident. Then, the scores were broken down into three categories: low (45-180), medium (181-315) and high (316-450).<sup>2,9</sup> The tool uses the phrase "clients of different cultural background," which is specifically defined as individual representative of various racial, ethnic, gender, socioeconomic, and religious groups. This questionnaire was adapted based on dissertation research by Ferguson.<sup>2</sup> Question was developed by the Transcultural Self-Efficacy Tool (TSET) by Jeffreys & Smodlaka.<sup>2,9</sup> The TSET reliability coefficient is 0,964.

Then, the process of data collection in this study focuses to the code ethics guide by four principles: 1) respect for human dignity; 2) respect for privacy and confidentiality; 3) respect for justice an inclusiveness; 4) balancing harms and benefits.<sup>8</sup> After the data was collected, researcher conducted data processing starts from editing, coding, entry and cleaning. This study used a chi-square test to see the relationship between transcultural nursing knowledge with self-efficacy in applying cultural sensitive nursing care.

## Results and Discussion

Based on the results from questionnaire, as summarized in table 1, the mean age was 23 years of age ranged from 21 to 40 years (SD = 3,254). Researcher used the median value because the data did not have normal distribution after kolmogorov-smirnov tested ( $\alpha=0,000$ ).

**Table 1. Composition of Data Set Based on Age (n =119)**

Median	SD	Min	Max	95%CI
23	3,254	21	40	23,23-24,41

Table 2 shows 89,1% were female and 10,9% were male in this research. Mostly respondents were moslem 85,7%. Other religion of respondents include 11,7 Christians, 1,7% Hindu, and 0,8% Budha. Mostly students were Javanese 41,2% with the second other were Sundanese (18,5%). Other ethnic group of student include Betawi, Batak, Minang, Bali, Makassar, and Melayu. Students who are regular program were 90 (75,6%) and extensions program were 29 (24,4%).

**Table 2. Compostion of Data Set Based on Gender, Religion, Ethnic, dan Origin of Program (n=119)**

No	Characteristic	n	%
1	<b>Gender</b>		
	Male	13	10,9
	Female	106	89,1
2	<b>Religion</b>		
	Islam	102	85,7
	Protestan	13	10,9
	Katholik	1	0,8
	Hindu	2	1,7
	Budha	1	0,8
3	<b>Ethnic</b>		
	Javanese	49	41,2
	Sundanese	22	18,5
	Betawi	9	7,6
	Batak	12	10,1
	Minang	10	8,4
	Melayu	4	3,4
	Bali	2	1,7
	Makassar	3	2,5
Lain-lain	8	6,7	
4	<b>Origin of Program</b>		
	Regular	90	75,6
	Extension	29	24,4

Mostly respondents who from regular program have less knowledge about transcultural nursing (table 3). Generally, majority of respondent have a less knowledge about transcultural nursing knowledge were 62 student (52,1%). In Self-efficacy as is shown table 4 ,both of the origin program profession student generation 2015 have a high self-efficacy with 83 student (69,7%). The other categories indicates 7 students (5,9%) in the low category and 29 students (24,4%) in the medium category.

**Table 3. Descriptive Result of Transcultural Nursing Knowledge**

Transcultural Nursing Knowledge	Less n (%)	Good n (%)	Total
Regular	53 (44,5%)	37 (31,1%)	90 (75,6%)
Extension	9 (7,6%)	20 (16,8%)	29 (24,4%)
<b>Total</b>	<b>62 (52,1%)</b>	<b>57 (47,9%)</b>	<b>119 (100%)</b>

**Table 4. Descriptive Result of Self-efficacy in applying cultural sensitive nursing care**

Self-efficacy	Low n (%)	Medium n (%)	High n (%)	Total
Regular	7 (5,9%)	23 (19,3%)	60 (50,4%)	90 (75,6%)
Extension	0 (0%)	6 (5%)	23 (19,3%)	29 (24,4%)
<b>Total</b>	<b>7 (5,9%)</b>	<b>29 (24,4%)</b>	<b>83 (69,7%)</b>	<b>119 (100%)</b>

Table 4 shows there are 7 students (5,9%) who have less transcultural nursing knowledge and low self-efficacy. While, profession student who have good transcultural nursing knowledge and high self-efficacy were 46 students (38,7%). As a statistic, it shows (see table 5) that a significant relationship between transcultural nursing knowledge with self-efficacy in applying cultural sensitive nursing care among nursing profession student, Faculty of Nursing Universitas Indonesia 2015 (p value = 0,009).

**Table 5. Summary of Chi Square Test for Predicting the Relationship between Transcultural Nursing Knowledge with Self-efficacy in Applying Cultural Sensitive Nursing Care among Nursing Profession Student, Faculty of Nursing Universitas Indonesia 2015**

Variable	Transcultural Nursing Knowledge		Total	P Value
	Good n (%)	Less n (%)		
<i>Self-efficacy</i>				<b>0,009</b>
Low	0 (0%)	7 (5,9%)	7 (5,9%)	
Medium	11 (9,2%)	18 (15,1%)	29 (24,4%)	
High	46 (38,7%)	37 (31,1%)	83 (69,7%)	
<b>Total</b>	<b>57 (47,9%)</b>	<b>62 (52,1%)</b>	<b>119 (100%)</b>	

Generally, respondents in this study are in young adult age. Young adult stage is phase which has the ability to think critically, improve self-concept, have a problem solving skills, have a good motor skills, and can develop specific skills.<sup>10</sup> It indicates that the respondents have been able to learn a specific thing like transcultural nursing knowledge and applying specific skill, such as implementing cultural sensitive nursing care. While, for gender characteristic, it reports that mostly respondent were a woman. This is in line with the report of Australian Institute of Health and Welfare that nurses is still dominated by women.<sup>11</sup>

Most of respondent's religion is Islam. This proves that moslems still dominant in Indonesia. According report by Central Bureau of Statistic, over 87% of total population was moslems.<sup>12</sup> As for ethnic, mostly respondent were a Javanese. This is like Central Bureau of Statistics reported that the majority of Indonesia's population is Javanese reaching 40.2%, followed by ethnic Sundanese reach 15.5%.<sup>12</sup> On the characteristic of the origin program, the majority of respondent from regular program. It causes the origin program of extension total less than the regular program. Total of extension program is 37 students and who continue profession was just 29 people. Meanwhile, the total of regular program is 102 and 90 people of them continue to nursing professional program.

Majority of respondent have less transcultural nursing knowledge and it comes most from regular program student. This may be due to factors that affect the level of knowledge, such as education, occupation, age, environment, experience, and time of information.<sup>8</sup> These factors certainly more possessed extension student. Transcultural nursing knowledge that already respondent obtained in the academic term then will be used to provide culturally competent nursing care.<sup>3</sup> The other study said that transcultural nursing is important and it can help to ensure patient satisfaction and positive outcomes.<sup>13</sup> In line with that study, Novieastari in his journal said that "nursing student should be prepared to be culturally competent nurse" (p1).<sup>14</sup> Consequently, nurses who don't have transcultural nursing knowledge will be have a feeling of frustration while they meet patient from different cultural background.<sup>15</sup> This research proves state of Leininger who developed transcultural nursing knowledge that nurses can experience cultural shock when nurse did not have cultural competence.<sup>3</sup>

In self-efficacy of the respondent, most of them have a high self-efficacy. Self-efficacy is people's belief about their capability to produce designated level of performance that tries to influence over events that affect their lives.<sup>16</sup> The initial and ongoing assessment of students' self-efficacy perceptions (confidence) concerning culture care of diverse individuals is a valuable component in transcultural nursing education.<sup>17</sup> They conceptualized transcultural self-efficacy as the perceived confidence for performing or learning transcultural nursing skills. There are three

components to shape self-efficacy to applying cultural sensitive nursing care, such as cognitive, psychomotor, and affective.<sup>2</sup> Self-efficacy owned by nursing professional program students will affect them when they implement cultural sensitive nursing care. It is similar to past research which said that self-efficacy has a positive relationship to the work that we do. In addition, self-efficacy will also affect the performance we have.<sup>18-19</sup>

There is a statistically significant relationship between transcultural nursing knowledge with self-efficacy in applying cultural sensitive nursing care (p value=0,009;  $\alpha=0,05$ ). This result is in line with the previous publication, which states that one of the analysis factors Transcultural Self-Efficacy Tool (TSET) is knowledge or understanding. Thus, we can analyze the self-efficacy with knowledge that we have. Other factors, namely interview, awareness, acceptance, appreciation, and recognition.<sup>9</sup> The importance of knowledge to enhance self-efficacy can also be seen on the another research with states that 85% of nurses who attended training cultural differences have confidence to care clients with different cultural backgrounds. They are comfortable with the client, even if the client is a long-term care.<sup>20</sup>

In addition, cultural knowledge is also a requirement to improve cultural competency. It also fits with the model of Cultural Competence and Confidence (CCC) that perceives between cultural competence and self-efficacy to applying culturally congruent care. COMPETENCE is an acronym, that stands for Caring, Ongoing, Multidimensional, Proactive, Ethics, Trust, Education, Network, Confidence, and Evaluation.<sup>9,17</sup> Other study that support the result of this research said that increasing transcultural knowledge can raise cultural awareness which is the most important element in cultural competency. Therefore, it should be prepared since academic phase, so it can improve self-efficacy while implement to the patient.<sup>14</sup> So that, nursing education institution has a responsibility to prepare the student.

## Conclusions

The result of this research shows a significant relationship between transcultural nursing knowledge with self-efficacy in applying cultural sensitive nursing care among nursing profession student, Faculty of Nursing, Universitas Indonesia year of 2015 (p value = 0,009). In the future, further research is needed. It recommends that to develop cultural knowledge of nursing student needs a sustained process and plan to be integrated into curriculum program. This study is still limited in result since it only explored the aspect of cultural knowledge. Other attributes of cultural competence such as cultural skills and cultural encounter also needs to explore. It should to be done in order to improve the satisfaction and comfort to the patients.

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