THAI NURSES’ CULTURAL COMPETENCY IN CARING FOR CLIENTS LIVING AT A MULTICULTURAL SETTING

Presented By
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Why is cultural competence important in our nursing practice today?

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Burmese Migrants in 2009: illegal = 87% of total 800,000

Thailand has been a destination for refugees and migrant persons for more than three decades, particularly from Myanmar. About 4 million migrants live in Thailand and half of them are non-registered (Thailand Burma Border Consortium, 2012)

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Why is cultural competence important in our nursing practice today?

Population: Muslim 85%

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Health and cultural beliefs in southern Thai

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Situation analysis

Major issues In caring for diverse population

- Language and communication barrier
- Lack of cultural awareness of the values, customs, and norms of minority/ethnic population
- Lack of cultural specific knowledge

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• Diverse population will become more evidence elsewhere including Thailand, transcultural care is therefore an important aspect of health care

• Different health belief, cultural need & practice in southern Thai

• The need for nurses to be more sensitive in cultural difference and gain competence in providing care

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BACKGROUND & SIGNIFICANCE

• Measuring nurses’ cultural competency is obligated
• Some factors may be related to nurses’ cultural competency eg., religion, years of working experience, settings, and training
• Improving nurses’ ability in caring clients from various culture is a future optimum goal

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Nurses working in the field

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Nurses working in the field

Our Soul is for the Benefit of Mankind

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OBJECTIVES

1. To assess the level of Thai nurses’ cultural competency in caring for clients living at a multicultural setting

2. To compare the difference of Thai nurses’ cultural competency classified by religion, years of working experience, settings, and previous training in culture diversity

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CONCEPTUAL FRAMEWORK
A culturally competent model of health care
(Campinha-Bacote, 2002)

Cultural competent care

Cultural Awareness
Cultural Knowledge
Cultural Skill
Cultural Encounter
Cultural Desire

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RESEARCH DESIGNS

- Descriptive Research
- Use Campinha-Bacote (2002) as a framework
- Using structured questionnaire

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• Provincial hospitals, community hospitals and local health centers in three provinces of Southern Thailand: Yala, Pattani, and Narathiwat

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POPULATION & SAMPLE

Population: New graduated & RNs in settings (3000)

Sample size: 150 participants were calculated from 5 percent of populations

Proportional Sampling Technique: Population in primary, secondary, and tertiary hospital (2:2:1)

Return questionnaire = 126

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INSTRUMENTS

1. Demographic Data Questionnaire

2. Modified IAPCC-R (Campinha-Bacote, 2002) Questionnaire in Likert Scale format:
   
   2.1 Cultural knowledge (20)

   2.2 Cultural competency (16) assessing:
      - Cultural awareness (4)
      - Cultural skill (6)
      - Cultural encounter (3)
      - Cultural desire (3)
DATA ANALYSIS

• Cultural competency scores using descriptive statistic
• Comparing cultural competency scores with 4 variables using t-test and F-test

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• Female
• 20-30 years old
• Islamic
• Living at the 3 provinces of Southern Thailand
• Having 1 year of working experience
• Working in general hospital
• Never had any cultural diversity training
• Using Thai central dialog and Yahweh/Malay language to communicate

N = 126

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RESULTS (CONT)

1. Most of sample (57.1 %) earned moderate scores on cultural competency questionnaire.

Table of cultural competency scores assessing 5 competencies in diverse culture

<table>
<thead>
<tr>
<th>Cultural competency</th>
<th>$\bar{x}$</th>
<th>SD</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>2.21</td>
<td>.531</td>
<td>Medium</td>
</tr>
<tr>
<td>Awareness</td>
<td>3.11</td>
<td>.509</td>
<td>High</td>
</tr>
<tr>
<td>Skill</td>
<td>2.84</td>
<td>.405</td>
<td>Medium</td>
</tr>
<tr>
<td>Encounter</td>
<td>3.08</td>
<td>.519</td>
<td>High</td>
</tr>
<tr>
<td>Desire</td>
<td>3.23</td>
<td>.671</td>
<td>High</td>
</tr>
</tbody>
</table>

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Table comparing cultural competency scores with 4 variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>x</th>
<th>SD</th>
<th>t/F</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buddhist</td>
<td>12</td>
<td>13.22</td>
<td>2.584</td>
<td>F = 6.108</td>
<td>P = .015</td>
</tr>
<tr>
<td>Islamic</td>
<td>114</td>
<td>14.54</td>
<td>1.790</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yrs at work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yr</td>
<td>118</td>
<td>14.43</td>
<td>1.931</td>
<td>F = .339</td>
<td>P = .562</td>
</tr>
<tr>
<td>2-5 yrs</td>
<td>8</td>
<td>14.24</td>
<td>1.612</td>
<td></td>
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</tr>
</tbody>
</table>

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A table comparing cultural competency scores with 4 variables (Cont.):

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>x</th>
<th>SD</th>
<th>t/F</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comm. H.</td>
<td>48</td>
<td>14.77</td>
<td>1.610</td>
<td>F = 1.718</td>
<td>P = .184</td>
</tr>
<tr>
<td>Gen. H.</td>
<td>58</td>
<td>14.30</td>
<td>2.164</td>
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<tr>
<td>Cent. H.</td>
<td>20</td>
<td>13.89</td>
<td>1.676</td>
<td></td>
<td></td>
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<tr>
<td>Training</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>82</td>
<td>14.34</td>
<td>2.033</td>
<td>F = 2.404</td>
<td>P = .124</td>
</tr>
<tr>
<td>No</td>
<td>44</td>
<td>14.56</td>
<td>1.660</td>
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</tbody>
</table>

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DISCUSSION ON CULTURAL COMPETENCY LEVEL

High Cultural Competency Level

↑Cultural Desire

Improving Process

↑Cultural Encounter: Wanting to adjust & understand clients’ life style

↑Cultural Awareness: No discrimination

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Moderate Cultural Competency Level

Cultural Knowledge

↑ Causes of different races
↓ Burmese laborers do not seek health service

Cultural Skill

↑ Listening to others
↓ Evaluating thoughts & belief, respecting others’ value

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DISCUSSION on a difference between nurses’ cultural competency level and religion, years of working experience, settings, and training in culture diversity

No difference except religion

Religion
P= .015

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There are some differences of cultural value and belief among patient, nurse, organization which may affect of nurse-patient relationship, service quality and patient safety.
Way forward:
Hand in hand
towards ASEAN

Cultural competence
become more significant

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Recommendations

• **Clinical:** The study found that the competency of cultural knowledge and skills were at the moderate level and the majority had never trained on multicultural concept. Therefore, the development of specific knowledge about different cultural care is important, especially with all the hospitals in the area in order to be able to modify the process of providing services to meet the cultural needs and issues of identity.
Recommendations

**Education:** Integration of cultural diversity content including life skills among harmoniously diverse cultures into teaching and practicing of nursing students

**Research:** Need a large sample size as well as a qualitative research in specific settings; in-depth interview study of nurses who experience caring of diverse culture clients; and study the issues of the cultural value and conflicts related to caring between nurses and clients

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Thank you for your attention