

# Cultural self-efficacy of baccalaureate nursing students in a Greek University

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## ABSTRACT

**Background:** Culturally specific care requires that nursing students know, understand, and identify cultural factors related to client care, and conduct their nursing practice accordingly. The aim of this study was to identify the cultural self-efficacy of baccalaureate nursing students in a Greek University.

**Materials and Methods:** In this cross-sectional study, a Transcultural Self-Efficacy Tool was used as a framework, to examine transcultural practices of Greek nursing students. A questionnaire was administered to a sample of students at a Greek Nursing Faculty, and 136 questionnaires returned (Response Rate: 87%).

**Results:** Neither group, i.e., freshmen and senior (4<sup>th</sup>) year students of a Greek Nursing Faculty, expressed confidence in their ability to care for culturally-diverse patients. Mean scores for the three subscales were higher for senior students (cognitive  $m = 7.17$ , practical  $m = 6.76$ , affective  $m = 7.77$ ) than for freshmen students (cognitive  $m = 6.96$ , practical  $m = 6.60$ , affective  $m = 7.43$ ) making year of studies a characteristic that was found to be statistically important. A medium level of self-efficacy was found for the two subscales; cognitive (72%,  $n = 39$ ; 78%,  $n = 62$ ), practical (52%,  $n = 26$ ; 48.8%,  $n = 4$ ), and for the affective subscale the level of self-efficacy was found high (78%,  $n = 39$ ; 82.6%,  $n = 71$ ) in freshmen year and senior students.

**Conclusions:** Results suggest that freshmen students exhibited a lack of confidence asking patients from different cultural backgrounds, questions about their own cultural heritage and beliefs while senior students appreciated cultural sensitivity and awareness and therefore confirmed the value of skilled nursing care.

**Key words:** Culture, Greece, nursing, self-efficacy, students, university

## INTRODUCTION

There is a large distribution of immigrants in Greece.<sup>[1]</sup> Apart from racial and ethnic minority groups, socio-economically disadvantaged groups also experience health disparities. These populations are frequently described as vulnerable or marginalized and usually get inadequate or inferior care. In addition, research has shown that it is increasingly linked with reduction of racial, ethnic, uninsured, and under-served US populations.<sup>[2]</sup>

To provide safe and effective care, nurses must be aware of how to appropriately respond to their patients' health and illness beliefs, to the religion influences' on health-care decision making, and native language, values, and other cultural and socio-economic factors.<sup>[3]</sup> Moreover, Leininger defined cultural congruent nursing care "the one that is cognitively based on assistive, supportive, facilitative, and

enabling acts and decisions that are made on an individual's group's or institution's cultural values, beliefs, and life-styles, in order to provide meaningful, beneficial, and satisfying health-care services."<sup>[4]</sup>

Cultural competence can be provided to nursing students by including a structured cultural content and multicultural learning experiences in the nursing curricula.<sup>[5-7]</sup> Therefore, it has become a priority commitment of Ontario's Registered Nurses Association since 1999. The challenge for educators is to develop effective curricula emphasizing on the understanding of vulnerable patients and populations from a variety of cultural groups. A culturally competent curriculum has to ensure that students acquire the appropriate knowledge, attitudes, and skills, which enable effective collaboration with patients and their families as well as with other members of communities. Moreover, nursing graduates should demonstrate cultural awareness, cultural sensitivity, and cultural competence.

According to DeSantis,<sup>[8]</sup> transcultural nursing is the integration of culture into all aspects of nursing care: Administration, education, and research. The imperative is for nurses to become "transcultural." In order to achieve this they must temporally step out of their own beliefs so as to understand a culturally different situation and to make

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practical implementations and ethical inventions wherever these deem necessary. Therefore, it is vital that nurses be educated how to provide culturally competent care. Cultural competence, defined as attitudes, knowledge, and skills is necessary in order to provide quality care to diverse populations. It involves that the health-care provider has general cultural or cultural-specific information, so he or she knows what questions to ask.<sup>[9]</sup> Competence is an ongoing process for nurses involved in the care of patients. They should accept and respect differences, without entirely compromising personal beliefs. This balance is hard to achieve and several studies have reported that nurses have difficulties in providing quality care to culturally diverse groups.

Cultural awareness includes examining one's own biases, exploring one's cultural and professional background, and being aware of possible racism manifestations in health-care delivery. In cultural knowledge, the health-care professional obtains sound information on worldviews and the bio-cultural ecology of different cultural and ethnic groups.<sup>[2]</sup> Culturally competent Baccalaureate Nurses must have three characteristics. First, they should be fully aware of their own culture values, beliefs, attitudes, and behaviors; hence, the process of professional development and cultural competence begins with self-awareness, sometimes referred to as self-exploration<sup>[10,11]</sup> or critical reflection.<sup>[12,13]</sup> Secondly, they should possess the appropriate skills in assessing and communicating with individuals from different cultural backgrounds. Thirdly, they should learn as much as possible about the specific cultures of patients to whom they provide care to, in order to avoid overgeneralization and stereotyping. As students prepare to practice nursing it is necessary for them not only to develop an understanding of what is happening in other countries, but also to know how to provide care to patients from other cultural backgrounds.<sup>[14]</sup> Several studies have reported that cultural competence can be increased by including structured cultural content in nursing curricula and multicultural learning experiences.<sup>[5,6]</sup> Nursing can be transformed through the teaching of transcultural nursing, but there are several barriers that prevent a rapid effective transformation. One barrier is the lack of faculty formally prepared to teach transcultural nursing.<sup>[15,16]</sup>

The aim of this cross-sectional study was to examine undergraduate nursing students' perceptions of self-efficacy in performing transcultural nursing skills for patients from culturally diverse backgrounds.

## MATERIALS AND METHODS

The researchers recruited a sample of 1<sup>st</sup> year and 4<sup>th</sup> year undergraduate nursing students ( $n = 136$ ), on a voluntary basis, from a Greek Nursing Faculty (RR: 87%). The reason

for choosing these groups was the potential demonstration of differences in the perception of self-efficacy between 1<sup>st</sup> year and 4<sup>th</sup> year. The 1<sup>st</sup> year students had a very limited exposure to nursing education or knowledge or know-how before completing the questionnaire while the 4<sup>th</sup> year students had exposure to extensive knowledge in regards to holistic care, including transcultural nursing, and had acquired clinical experience in a variety of nursing contexts. Researchers obtained approval for this project from the Institutional Review Board of Faculty of Nursing. Anonymity of participants and informed consent was guaranteed.

The questionnaire had two parts; the first part consisted of various demographic variables, and the second contained the Transcultural Self-Efficacy Tool (TSET) designed by Jeffreys Marianne, which measures student's self-efficacy in performing transcultural nursing skills.<sup>[17,18]</sup> TSET consists of 83-items, with a 10-point rating scale anchored from (1) "not confident" to (10) "totally confident." There are three subscales in the TSET; the cognitive, practical and affective subscales. The first subscale (cognitive) consists of 25-items that rate the respondents' self-efficacy in relation to their knowledge of cultural factors that influence nursing care among culturally diverse groups. The second subscale (practical) consists of 28-items, which measure the respondents' self-efficacy about interviewing culturally diverse clients in relation to their beliefs and values. Interview topics include items such as language preferences, religion, discrimination and attitudes about health and illness. The third subscale (affective) contains 30-items where respondents are asked to rate their self-efficacy in respect to values, attitudes and beliefs concerning cultural awareness, acceptance, appreciation, recognition, and advocacy. Factor analysis of the TSET was performed by Jeffreys and Dogan<sup>[18]</sup> The validity and reliability of the TSET were examined by Jeffreys and Smoldaka in four different studies.<sup>[19-22]</sup> In the current study, the 83-items of the TSET demonstrated an  $\alpha$  coefficient of 0.96; thus, exhibiting highly satisfactory reliability. The three subscales (cognitive, practical, and affective) of the TSET exhibited reliability with an  $\alpha$  coefficient of 0.9 for the cognitive subscale, 0.96 for the practical subscales and 0.95 for the affective subscale. Hence, these overall results suggest that the TSET is a reliable tool to measure students' self-efficacy in providing transcultural care to diverse cultural groups. Cronbach's  $\alpha$  yielded a high level of internal consistency, ranging from 0.9 to 0.96 for the three subscales (cognitive, practical and affective), and for the total instrument. Data analysis was conducted with SPSS 19.0 (Statistical Package for the Social Sciences). Descriptive statistics were calculated to summarize the demographic data ( $t$ -test). Self-efficacy strength was calculated using the mean score of each

subscale (cognitive, practical, and affective). The self-efficacy level of each subscale was further divided into three categories: Low, medium, and high. A low-level of self-efficacy was rated for participants who selected a “1” or “2” response on the Likert scale for more than 80% of the subscale items. A medium level of self-efficacy was rated for participants who responded with anchors “3” to “8” for more than 80% of the subscale items and a high-level of self-efficacy was rated for participants who selected a “9” or “10” response for more than 80% of the subscale items. A two sided  $P < 0.05$  was considered statistically significant.

## RESULTS

The participants' demographic data are summarized below. Our student sample comprised of 86.8% females ( $n = 118$ ) and 13.2% males ( $n = 18$ ). Mean age of participants was 20.01 years (SD: 1.57). 36.8% were freshmen and 63.2% seniors.

Table 1 shows the mean scores for both 1<sup>st</sup> year and 4<sup>th</sup> year participants in each TSET subscale. Both 1<sup>st</sup> year and 4<sup>th</sup> year participants reported higher mean scores on the affective subscale. Mean scores for the three subscales (cognitive, practical and affective) were higher for 4<sup>th</sup> year students than for 1<sup>st</sup> year students [Table 1]. Fourth year students' perception of self-efficacy in performing transcultural nursing skills was higher compared to 1<sup>st</sup> year students' perception. There were statistically significant differences between the first and last year of studies for every subscale subscales; cognitive subscale ( $P = 0.032$ ), practical subscale ( $P = 0.042$ ), and affective subscale ( $P = 0.006$ ).

Table 2 shows the level of self-efficacy for both groups of nursing students. A medium-level of self-efficacy was found for the first two subscales; cognitive (72%,  $n = 39$ ; 78%,  $n = 62$ ), practical (52%,  $n = 26$ ; 48.8%,  $n = 4$ ) and a high level of self-efficacy was found for the affective subscale (78%,  $n = 39$ ; 82.6%,  $n = 71$ ) for both groups. When comparing nursing students' perception of self-efficacy in transcultural nursing, we found that 1<sup>st</sup> year and 4<sup>th</sup> year participants' perception of self-efficacy was related to their gender as women had more self-efficacy in practical subscale (women  $n = 118$ , mean: 6.74, SD: 1.38, men: 18, mean: 6.48, SD: 0.74,  $P = 0.003$ ).

## DISCUSSION

The purpose of this study was to determine whether the cultural competence was integrated in educational programs for baccalaureate nursing degree freshmen and senior students. This descriptive study of nursing students

during their 1<sup>st</sup> and 4<sup>th</sup> year of studies, evaluated the changes of how they perceive their self-efficacy toward patients from different cultures after a 4 year education. The findings showed that senior students demonstrated a higher perception of self-efficacy than freshmen students when performing transcultural nursing skills. This result is supported by the findings of Sargent *et al.*,<sup>[7]</sup> who also indicate that senior students are significantly more culturally competent than freshmen students.

In addition, the results suggest that both groups of students demonstrated a higher perception of self-efficacy in the affective subscale. The affective domain describes their awareness, acceptance, appreciation, and recognition of the importance of one's cultural values, and beliefs. Moreover, both participant groups demonstrated having the lowest self-efficacy in the practical domain, especially, when interviewing culturally diverse clients in regards to their beliefs and values. The topics that made them more uncomfortable were language preferences, religion, discrimination and attitudes about health and illness.

**Table 1: First year and 4<sup>th</sup> year students mean scores**

Subscales	N	Mean	SD	P value
Cognitive				
1 <sup>st</sup> year	50	6.96	1.20	0.032
4 <sup>th</sup> year	86	7.17	1.32	
Practical				
1 <sup>st</sup> year	50	6.60	1.33	0.041
4 <sup>th</sup> year	86	6.76	1.31	
Affective				
1 <sup>st</sup> year	50	7.43	1.39	0.006
4 <sup>th</sup> year	86	7.77	1.28	

**Table 2: Comparison of self-efficacy levels between 1<sup>st</sup> year and 4<sup>th</sup> year students**

Subscale	1 <sup>st</sup> year	2 <sup>nd</sup> year
Cognitive		
High	11 (22)	24 (27.9)
Medium	39 (72)	62 (78)
Low	0 (0)	0 (0)
Practical		
High	24 (48)	44 (51.2)
Medium	26 (52)	42 (48.8)
Low	0 (0)	0 (0)
Affective		
High	39 (78)	71 (82.6)
Medium	11 (22)	15 (17.4)
Low	0 (0)	0 (0)

Values are expressed as n (%)

Therefore, students felt more effective in the cognitive and affective domain and less effective in situations regarding practical cultural aspects.

Furthermore, the findings suggest that 1<sup>st</sup> year students lack certain knowledge regarding the importance of cultural factors when compared to 4<sup>th</sup> year students. Freshmen wouldn't perceive themselves as effective when interviewing culturally diverse groups and learning about their individual's values and beliefs regarding health and illness. This can be explained by the fact that 1<sup>st</sup> year students usually get a basic education on health-care models or the socio-cultural perspectives of health-care.<sup>[7]</sup> Contrary to senior students, who have been acquainted to holistic care, and transcultural-nursing. In this regard, Jeffreys and Smodlaka have shown that students with more clinical experience are found to be confident in recognizing and accepting that cultural values and beliefs do affect one's perception of health-care.<sup>[19-22]</sup> Therefore, as Jeffreys's<sup>[17]</sup> points out "self-efficacy is a dynamic construct that changes over time in response to new experience and information."

Several studies have drawn to the same conclusions, that is, clinical experience and appropriate education make nurses confident enough to deal with culturally diverse clients.<sup>[23,24]</sup> Similarly, other researchers' report that frequent clinical exposure affects the students' confidence in their ability to communicate effectively with their patients.<sup>[23,24]</sup>

Rooda<sup>[25]</sup> in 1993 Sandra<sup>[26]</sup> in 2000 and Sargent *et al.*<sup>[7]</sup> in 2005, support that knowledge of cultural issues is directly related to the students' level of educational preparation. Campinha-Bacote's,<sup>[27]</sup> findings show that nurses demonstrate extreme anxiety when caring for patients with another cultural background. Sargent *et al.*<sup>[7]</sup> report that cultural competence can be increased by including structured cultural content in nursing curricula. Nurses with cultural knowledge and skills are able to understand their patients' cultural perceptions, beliefs and values with regards to health and illness, and reassess their own practice on the basis of this information.<sup>[20,21]</sup> These findings suggest that Greek nurses need to implement transcultural education and skills, in order to have a more effective culturally congruent care in today's rising multicultural society.

Leininger points out the importance of culture in nursing as early as 1950s. Back then knowledge and awareness of cultural influences was largely unknown and unrecognized in nursing education. However, cultural competence is an essential attribute to nursing graduates entering the health-care system.<sup>[7]</sup> Nurses need to acquire skills regarding

appropriate practice behaviors, which will help them confront diverse cultures in their workplace.<sup>[28,29]</sup>

Cultural skills entail the acquisition of the appropriate practice behaviors, which adapt to diverse cultures.<sup>[28]</sup> In 2008, American Association of College of Nurses developed five cultural competencies for baccalaureate, which can be brought into Greek university curriculum in order to make nursing students culturally competent.<sup>[29]</sup> These competencies comprise of (a) applying knowledge of social and cultural factors that affect nursing and health-care across multiple contexts (b) using relevant data sources and best evidence in providing culturally competent care (c) promoting achievement of safe and quality outcomes of care for diverse populations (d) advocating for social justice, including a commitment to the health of vulnerable populations and the elimination of health disparities (e) participating in continuous cultural competence development.<sup>[29]</sup>

## CONCLUSION

It is critical for nurse educators to focus on transcultural nursing care, so as to ensure that future clinical nurses are able to provide effective and efficient care, and are able to meet the health-care demands of a multicultural society. Graduate Baccalaureate nurses need to develop a strong sense of efficacy in providing transcultural nursing care, because only then will they have reached their potential and be prepared to provide optimal health-care to diverse multicultural groups. Formal preparation in transcultural care is urgently needed. The challenge for nurse educators in Greece is to breed clinical nurse specialists, properly equipped to provide quality care to culturally diverse individuals. Future qualitative studies will help evaluate the impact that experience has on transcultural learning in the cognitive, practical, and affective dimension and appreciate how "live experience" of students' can change transcultural self-efficacy perceptions. Cultural competence is essential and requires preparation through University education.

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## REFERENCES

1. Mediterranean Migration Observatory. 2004. Available from: [http://www.mmo.gr/pdf/news/Migration\\_in\\_the\\_Middle\\_East\\_and\\_Mediterranean.pdf](http://www.mmo.gr/pdf/news/Migration_in_the_Middle_East_and_Mediterranean.pdf) [Last retrieved 2012 May 24].
2. Lipson JG, DeSantis LA. Current approaches to integrating elements of cultural competence in nursing education. *J Transcult Nurs* 2007;18:10S-20.

3. Calvillo E, Clark L, Ballantyne JE, Pacquiao D, Purnell LD, Villarruel AM. Cultural Competency in Baccalaureate Nursing Education. *J Transcult Nurs* 2009;20:137-45.
4. Leininger M. Teaching transcultural nursing in undergraduate and graduate programs. *J Transcult Nurs* 1995;6:10-26.
5. Benkert R, Tanner C, Guthrie B, Oakley D, Pohl JM. Cultural competence of nurse practitioner students: A consortium's experience. *J Nurs Educ* 2005;44:225-33.
6. Doutrich D, Storey M. Education and practice: Dynamic partners for improving cultural competence in public health. *Fam Community Health* 2004;27:298-307.
7. Sargent SE, Sedlak CA, Martsof DS. Cultural competence among nursing students and faculty. *Nurse Educ Today* 2005;25:214-21.
8. DeSantis L. The relevance of transcultural nursing to international nursing. *Int Nurs Rev* 1988;35:110-2, 116.
9. Giger J, Davidhizar RE, Purnell L, Harden JT, Phillips J, Strickland O, *et al.* American Academy of Nursing Expert Panel report: Developing cultural competence to eliminate health disparities in ethnic minorities and other vulnerable populations. *J Transcult Nurs* 2007;18:95-102.
10. Markus HR, Kitayama S. Culture and self: Implications for cognition, emotion, and motivation. *Psychol Rev* 1991;98:224-53.
11. Lim J, Downie J, Nathan P. Nursing students' self-efficacy in providing transcultural care. *Nurse Educ Today* 2004;24:428-34.
12. Gardner F. Culture and change management. *Int J Knowl* 2008;67:73-80.
13. Teekman B. Exploring reflective thinking in nursing practice. *J Adv Nurs* 2000;31:1125-35.
14. Lindquist GJ. Integration of international and transcultural content in nursing curricula: A process for change. *J Prof Nurs* 1990;6:272-9.
15. Leininger M. Teaching and learning transcultural nursing. In: Mashaba TG, Brink HI, editors. *Nursing Education: An International Perspective*. Kenwyn: Juta and Company Ltd.; 1994. p. 213.
16. Andrews M. Transcultural nursing: Transforming the curriculum. *J Transcult Nurs* 1995;6:4-9.
17. Jeffreys MR. Development and psychometric evaluation of the transcultural self-efficacy tool: A synthesis of findings. *J Transcult Nurs* 2000;11:127-36.
18. Jeffreys MR, Dogan E. Factor analysis of the transcultural self-efficacy tool (TSET). *J Nurs Meas* 2010;18:120-39.
19. Jeffreys M, Smoldlaka I. Steps of the instrument design process: An illustrative self-efficacy tool. *Int J Nurs Stud* 1996;35:217-25.
20. Jeffreys MR, Smoldlaka I. Exploring the factorial composition of the transcultural self-efficacy tool. *Int J Nurs Stud* 1998;35:217-25.
21. Jeffreys M, Smoldlaka I. Changes in students' transcultural self-efficacy perceptions following an integrated approach to cultural care. *J Multicult Nurs Health* 1999;5:12.
22. Jeffreys MR, Smoldlaka I. Construct validation of the Transcultural Self-Efficacy Tool. *J Nurs Educ* 1999;38:222-7.
23. Cortis JD. Culture, values and racism: Application to nursing. *Int Nurs Rev* 2003;50:55-64.
24. Felder E. Baccalaureate and associate degree student nurses' cultural knowledge of and attitudes toward black American clients. *J Nurs Educ* 1990;29:276-82.
25. Rooda LA. Knowledge and attitudes of nurses toward culturally different patients: Implications for nursing education. *J Nurs Educ* 1993;32:209-13.
26. Sandra B. Nurses' experiences in caring for patients from different cultural backgrounds. *Transcult Nurs* 2000;5:382-8.
27. Campinha-Bacote J. Cultural desire: The key to unlocking cultural competence. *J Nurs Educ* 2003;42:239-40.
28. Leininger MM. Leininger's theory of nursing: Cultural care diversity and universality. *Nurs Sci Q* 1988;1:152-60.
29. American Association of Colleges of Nursing. 2008. Cultural competency in baccalaureate nursing education. Available from: <http://www.aacn.nche.edu/Education/pdf/competency.pdf>. [Last retrieved on 2012 Oct 24].

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