



# **Act Local but Think Global: Transcultural Nursing Competencies and Experiences of Foreign Students from Selected Higher Education Institutions in the Philippines**

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## **ABSTRACT**

The need for transcultural nursing competencies amongst students offers an array of improvements in nursing education, hospitals, and communities around the globe. This research assessed the level of transcultural nursing competencies and experiences of foreign nursing students. The objectives of the study are to assess the: level of perceived transcultural experiences of respondents in terms of nursing education, classroom instruction, clinical instruction and clinical practice; level of transcultural nursing competencies of the respondents in terms of cultural awareness, cultural knowledge, cultural skills, cultural encounters and cultural desire; and the significant relationship between perceived transcultural experiences of respondents and their level of transcultural nursing competencies. Data were collected using descriptive-evaluative, descriptive-comparative and descriptive-correlational research designs with a purposive sample of 104 respondents through a researcher-made tool which underwent exploratory factor analysis establishing its reliability and validity. Frequency distribution and percentage, weighted mean and standard deviation, and Spearman rank were utilized for data analysis. Respondents had adequate general experiences in nursing education (M=3.13); classroom instruction (M=3.16); clinical instruction (M=3.13) and clinical practice (M=3.38). They acquired clinical experiences and adequate competence in cultural awareness (M=3.73); cultural knowledge (M=3.24); cultural skills (M=3.27); cultural encounters (M=3.16) and cultural desire (M=3.52). Respondents were knowledgeable of other cultures and they understood institutional difficulties discouraging cultural groups from obtaining healthcare services. They had skills in understanding the relationship between health and culture including cultural assessment tools used to evaluate patients and they possessed the willingness to learn from others. Significant relationship were between general experiences in nursing education and cultural awareness (p=0.003); classroom instruction and cultural skills (p=0.002); clinical instruction and clinical awareness (p=0.024) and cultural skills (p=0.003); cultural encounters (p=0.001) and cultural desire (p=0.021); clinical practice and cultural awareness (p=0.000); cultural skills (p=0.003); cultural encounters (p=0.000) and cultural desire (p=0.012). Students' theoretical and clinical experiences need strengthening and improvement by incorporating transcultural nursing in the curriculum.

**Keywords:** Transcultural Nursing Competencies, Cultural Competence, Transcultural Nursing Experiences

## **INTRODUCTION**

The provision of a culturally appropriate and competent care in the 21st century is an intricate and multifaceted task for many nurses. Nursing programs bear the responsibility to adequately prepare students in the delivery of culturally competent care (Von Ah & Cassara, 2013). Foreign residents in the country who appeared before the field offices of the Bureau of Immigration has increased from 95,007 to 106,036 in 2016 and 2017, respectively. Additionally, 15,765 foreign students were issued study visas (SunStar Philippines, 2017). The rise in their number indicates that most of them if not all are seeking for quality education. With the influx of foreign students is the stream of idiosyncrasies they each bring, which are related to the diversities in their cultures, beliefs, norms and traditions. The said data indicate the need to educate them particularly on cultural competence. One of the programs where foreign students engage themselves into in relation to factors such as a community-based, and now an outcomes-based curriculum is nursing. Added factors are the usage of the universally accepted English language in most countries as the medium of instruction, and the attributed quality and eminence of the nursing faculty. These foreign students upon returning to their countries will be more or less practicing the nursing profession and are expected to deliver quality care. Moreover, this leads to the question, “Are they culturally competent during the course of their studies in the Philippines?” The obligation to train future nurses who can attend to the healthcare needs of different clients is paramount. It is essential that nursing programs and nurse educators heed the call for the groundwork of nurturing student nurses to become effective professionals, socially responsible citizens, who recognized the need to incorporate professional values and behaviors into their nursing care (Mixer, Lasater, Jenkins, Burk, Oliver, Meyer, Cruz, & Mills, 2013;; Shattell, Nemitz, Crosson, Zackeru, Starr, Hu, & Gonzales, 2013). It is the utmost desire of the researcher to bridge the gap brought about by the dearth of researches on cultural competence here in the Philippines. Further, in light of the pressing need to equip future nurses to be culturally competent in the provision of evidence-based quality nursing care, this paper hence, is pursued.

## **LITERATURE REVIEW**

### **Cultural Competence**

Circulated literature evidently indicates that cultural competence is critical in lowering client care inconsistencies. Cronenwett (2011) highlights the need for competency in various areas involving constant advancement in health care systems' safety and quality, informatics, outcomes-based practice, a know-how concerning complex systems, skills and techniques for leadership and management, health of the populace and population-based care management, continual improvement, and health policy knowledge, skills, and attitude.

Cultural awareness. Repo, Vahlberg, Salminen, Papadopoulus, & Leino-Kilpi (2017) stated that awareness of diversity among human beings, an ability to care for individuals, non-judgmental openness for all individuals, and enhancing of cultural competence as a lifelong continuous process have been identified as common themes in the cultural competence frameworks.

Cultural Knowledge. Bauce, Kridli, & Fitzpatrick (2014) mentioned that since nurses primarily deliver direct health care services, they are expected to have knowledge on various health beliefs and practices of their patients in planning and implementing culturally appropriate interventions.

Cultural Skills. Thornton (2014) stated that a competent nurse performs a physical assessment with precision and obtains important data about the patient's health record and primary problem. Such relevant data encompass the client's opinions, practices, and values; which in turn will aid the nurse to provide the right interventions based on client's distinct background.

Cultural Encounters. Harkess & Kaddoura (2015) emphasized that successful achievement of cultural competence in nursing education entails cultural immersion, encounters, and interactions.

Cultural Desire. In the study of de Beer & Chipps (2014), cultural desire is ranked second highest among constructs of cultural competence of critical care nurses, which means that these nurses are highly motivated and engaged in their quest of being culturally competent.

### **Perceived Transcultural Experiences Factors**

Nursing Education. Mixer, et al. (2013) mentioned that cultural competence of nursing students remain to be a work in progress with the utilization of several educational strategies. Cultural content has been provided either in the form of a single unit or module, integrated during the course, or included throughout the curriculum.

**Classroom Instruction.** The creation of culturally responsive classrooms embracing the development of culturally competent teachers to supervise culturally diverse students is a transformative process. This necessitates time to have efficient and comprehensive research explorations of cultural indicators and intervention outcomes (Cartledge & Kourea, 2008).

**Clinical Instruction.** The role of clinical instructors in molding their students is vital for they unknowingly influence their learning processes enormously. Students interact with their clinical instructors, peers, and clients which later on impacts their professional value system. Multifaceted nursing experiences in an environment that will encourage the development of their self-confidence, professional values, and clinical competencies are essential. Furthermore, enrichment of cultural competence progresses as they constantly afford patients culturally appropriate and competent quality evidence-based care (Vcencio, Albagawi, Alshammari & Elsheikh, 2017).

**Clinical Practice.** Doherty, Maher, Ivanikiw, Hales, Lebiecki & Wren (2017) stated that cultural competence in clinical practice is characterized through one's devotion and dynamic engagement to lifelong learning as a nurse takes part in the cyclic encounters with diverse people in the healthcare setting.

## **METHODS**

Descriptive-evaluative, descriptive-comparative, and descriptive-correlational research designs were used. Nine purposively sampled schools with the following criteria (second, third and fourth year foreign nursing students; foreign and not permanent residents of the Philippines; and were currently enrolled during the school year 2018) were given 110 research-made questionnaires with a 96% retrieval rate. The respondents were predominantly females within the age range of 21 years old and above from Levels II to IV originating from a diverse population with Nigerians as the highest and where majority came from Africa. Data were analyzed utilizing SPSS, particularly frequency distribution and percentage, weighted mean and standard deviation, and Spearman rank.

## **RESULTS**

The study assessed the level of transcultural nursing competencies of foreign nursing students and their perceived transcultural experiences as outcomes of curriculum and education. The responses of 104 foreign nursing students became the source of data.

Perceived Transcultural Experiences in Terms of General Experiences in Nursing Education

Table 1 presents the respondents' level of perceived transcultural experiences in terms of general experiences in nursing education where the highest WM of 3.24 (SD=0.72) belonged to the first statement while the lowest WM of 3.03 (SD=0.73). Both had the same qualitative description of True to me. The grand WM was 3.13 (SD=0.72) with a qualitative description of True to me. Results signified that respondents believed their clinical instructors were effective in dealing with culturally disparate concerns. Their knowledge on health problems related to varied cultural groups emanated from their experiences. Creech, et al. said that nursing programs may entail a cultural competence objective in each course as the initial step in intensifying students' cultural competence.

**Table1. Respondents' Level of Perceived Transcultural Experiences in Terms of General Experiences in Nursing Education**

General Experiences in Nursing Education	WM	SD	Qualitative Description
1. My clinical instructors effectively deal with culturally diverse issues in nursing.	3.24	0.72	True to me
2. My know-how on health problems associated with different racial and cultural groups emerged from my experiences in the school of nursing.	3.03	0.73	True to me
Grand WM	3.13	0.72	True to me

*Legend: 3.50-4 Very true to me; 2.50-3.49 True to me; 1.50-2.49 Not true to me; 1.00-1.49 Very not true to me*

Perceived Transcultural Experiences of Respondents in Terms of Classroom Instruction

Table 2 shows the level of perceived transcultural experiences of the respondents in terms of classroom instruction where the highest WM of 3.49 (SD=0.68) belonged to statement #2 with a qualitative description of True to me while the lowest WM of 2.95 (SD=0.79) went to statement #1 with the qualitative description of True to me. Moreover, the grand WM of 3.16 (SD=0.72) summarized table 3's overall qualitative description of True to me, which pointed to the respondents' level of perceived transcultural experiences in terms of classroom instruction deemed as adequate. Long (2012) mentioned that educational intermediations to instill cultural competence to nursing students establish affirmative outcomes irrespective of the content, method, length of program, or cost.

**Table 2. Respondents' Level of Perceived Transcultural Experiences in Terms of Classroom Instruction**

Classroom Instruction	WM	SD	Qualitative Description
1. I see that the clinical instructors in my nursing school invite students from minority cultural groups when issues concerning them arise in class.	2.95	0.79	True to me
2. I have observed that clinical instructors make certain that all students are included in group discussions, drills, exercises, assignments or tasks.	3.49	0.68	True to me
3. I consider my clinical instructors to possess an interest in learning how their behaviors in class may prevent students' interactions with some cultural or ethnic groups.	3.13	0.77	True to me
4. I think the classroom experiences in my nursing school facilitate students to develop meaningful interactions with individuals from diverse cultures.	3.22	0.70	True to me
5. I perceive that my clinical instructors are examples of behaviors that are considerate of multicultural issues.	3.03	0.67	True to me
Grand WM	3.16	0.72	True to me

*Legend: 3.50-4 Very true to me; 2.50-3.49 True to me; 1.50-2.49 Not true to me; 1.00-1.49 Very not true to me*

#### Perceived Transcultural Experiences in Terms of Clinical Instruction

Table 3 presents the respondents' level of perceived transcultural experiences in terms of clinical instruction where statement #2 had the highest WM of 3.21 (SD=0.77) and the lowest WM of 3.04 (SD=0.74) belonged to statement #1. Both statements received the qualitative description of True to me. The grand WM of 3.13 (SD = 0.75) with the qualitative description of True to me showed the respondents' level of perceived transcultural experiences in terms of clinical instruction was adequate. These results are supported by Brunn (2017) stating the need to incorporate profound activities promoting appreciation and understanding of cultural disparities and customs such as simulation, role play, case studies, special study abroad or immersion experiences in which every client can benefit from the healthcare provider.

**Table 3. Respondents' Level of Perceived Transcultural Experiences in Terms of Clinical Instruction**

Clinical Instruction	WM	SD	Qualitative Description
1. I sense that my clinical instructors value diversities in people from various cultures.	3.04	0.74	True to me
2. I believe my clinical instructors give examples if case studies/clinical scenarios integrating information from different cultural and ethnic groups are presented.	3.21	0.77	True to me
Grand WM	3.13	0.75	True to me

*Legend: 3.50-4 Very true to me; 2.50-3.49 True to me; 1.50-2.49 Not true to me; 1.00-1.49 Very not true to me*

**Perceived Transcultural Experiences in Terms of Clinical Practice**

Table 4 presents the respondents' level of perceived transcultural experiences in terms of clinical practice where the highest WM 3.49 (SD=0.41) belonged to statement #3 while statement #2 had the lowest WM of 3.27 (SD=0.77), both having a qualitative description of *True to me*. The grand WM of 3.38 (SD=0.75) reflected a qualitative description of *True to me*. This ascertained that the respondents' level of perceived transcultural experiences in terms of clinical practice was adequate. Repo, et al. (2017) stated the implication for clinical practice was the improvement of cultural competence of students in terms of nursing education's provision of incessant opportunities for them to interact with diverse cultures, acquire linguistic skills, and be afforded of possible internationalization experiences both at home and abroad.

**Table 4. Respondents' Level of Perceived Transcultural Experiences in Terms of Clinical Practice**

Clinical Practice	WM	SD	Qualitative Description
1. I feel comfortable working with patients even if my cultural background is different from theirs.	3.38	0.78	True to me
2. I utilize available resources like books, periodicals, journals, articles, videos, and other references whenever I need added information regarding my patient's culture.	3.27	0.77	True to me
3. If I think more information about a certain patient's culture is necessary, I consider asking people I work	3.49	0.71	True to me

with.

Grand WM	3.38	0.75	True to me
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*Legend: 3.50-4 Very true to me; 2.50-3.49 True to me; 1.50-2.49 Not true to me; 1.00-1.49 Very not true to me*

Transcultural Nursing Competencies in Terms of Cultural Awareness

Table 5 shows the respondents’ level of transcultural nursing competencies in terms of cultural awareness where the highest WM of 3.73 (SD=0.47) belonged to statement #2a with a qualitative description of *Very true to me* while the lowest WM of 2.97 (SD= 0.84) with a qualitative description of *True to me* was for statement #7. The grand WM of 3.52 (SD= 0.58) with a qualitative description of *Very true to me* pointed to the respondents’ very adequate level of cultural competence in terms of cultural awareness. Tate (2016) mentioned that the emphasis on the impact of cultural awareness and competency education has been made clear by accrediting bodies for nursing programs where enhancements to safeguard the provision of effective nursing education must address the students’ needs.

**Table 5. Respondents’ Level of Transcultural Nursing Competencies in Terms of Cultural Awareness**

Cultural Awareness	WM	SD	Qualitative Description
1. I am aware of my own biases and prejudices regarding other cultures.	3.29	0.76	True to me
2. I respect other people's:			
a. cultural heritage	3.73	0.47	Very true to me
b. values	3.68	0.47	Very true to me
c. beliefs	3.69	0.46	Very true to me
d. customs	3.67	0.51	Very true to me
e. traditions	3.69	0.46	Very true to me
f. norms	3.63	0.54	Very true to me
g. practices	3.64	0.57	Very true to me
3. I acknowledge the cultural differences of patients.	3.70	0.50	Very true to me
4. I acknowledge the cultural similarities of patients.	3.47	0.64	True to me
5. I am aware that each patient should receive culturally specific nursing care.	3.47	0.64	True to me



6. In obtaining cultural competence, aspects such as occupation, sexual orientation, religious affiliation, gender, and geographic location are regarded as matters of concern.	3.41	0.57	True to me
7. I know of at least two institutional difficulties that discourage cultural/ethnic groups from obtaining healthcare services.	2.97	0.84	True to me
8. I am mindful of my preconceived ideas regarding other ethnic/cultural groups.	3.30	0.65	True to me
9. I acknowledge that cultural awareness mostly denotes to one's know-how concerning different cultural/ethnic backgrounds.	3.42	0.62	True to me
Grand WM	3.52	0.58	Very true to me

*Legend: 3.50-4 Very true to me; 2.50-3.49 True to me; 1.50-2.49 Not true to me; 1.00-1.49 Very not true to me*

#### Level of Transcultural Nursing Competencies in Terms of Cultural Knowledge

Table 6 shows the respondents' level of transcultural nursing competencies in terms of their cultural knowledge. The highest WM of 3.35 (SD=0.64) with a qualitative description of *True to me* belonged to statement #2 while the lowest WM of 3.13 (SD=0.71) with a qualitative description of *True to me* went to statement #1. The grand WM of 3.24 (SD =0.67) with a qualitative description of *True to me* substantiated the respondents' adequate knowledge of at least two ethnic groups' perspectives and their recognition of certain diseases that often affect diverse cultural groups. Neese (2016) states that one's cultural knowledge is enhanced by keeping abreast with information from journals, articles, seminars, textbooks, internet sources, workshop presentations, and university courses.

**Table 6. Respondents' Level of Transcultural Nursing Competencies in Terms of Cultural Knowledge**

Cultural Knowledge	WM	SD	Qualitative Description
1. I recognize specific diseases that frequently affect different cultural/ethnic groups.	3.13	0.71	True to me
2. I am knowledgeable of the different viewpoints of at least two cultural/ethnic groups.	3.35	0.64	True to me

Grand WM	3.24	0.67	True to me
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*Legend: 3.50-4 Very true to me; 2.50-3.49 True to me; 1.50-2.49 Not true to me; 1.00-1.49 Very not true to me*

### Level of Transcultural Nursing Competencies in Terms of Cultural Skills

Table 7 presents the respondents' level of transcultural nursing competence in terms of their cultural skills where the highest WM of 3.56 (SD = 0.62) with a qualitative description of *Very true to me* belonged to statement #1 while the lowest WM of 3.11 (SD=0.72) with a qualitative description of *True to me* went to statement #2. The grand WM of 3.27 (SD=0.69) showed that the respondents had an adequate capacity in terms of their cultural skills when attending to their patients in the clinical area. Cultural skill denotes the nurse's capacity to perform cultural assessment to elicit pertinent cultural information of a patient's existing health problem with the incorporation of related data into nursing care planning, implementation, and evaluation in a culturally sensitive way (Matteliano & Stone, 2014).

**Table 7. Respondents' Level of Transcultural Nursing Competencies in Terms of Cultural Skills**

Cultural Skills	WM	SD	Qualitative Description
1. I understand that a relationship exists concerning health and culture.	3.56	0.62	Very true to me
2. I am acquainted with at least two cultural assessment tools used in evaluating patients.	3.11	0.72	True to me
3. I can perform a cultural assessment on patients that are important regardless of their cultural backgrounds.	3.15	0.72	True to me
Grand WM	3.27	0.69	True to me

*Legend: 3.50-4 Very true to me; 2.50-3.49 True to me; 1.50-2.49 Not true to me; 1.00-1.49 Very not true to me*

### Level of Transcultural Nursing Competencies in Terms of Cultural Encounters

The respondents gauged their level of transcultural nursing competencies in terms of cultural encounters as table 8 presents it. They increased their understanding and efficiency in dealing with patients from different cultural backgrounds by obtaining consultation (WM = 3.38, SD = 0.63 as the highest) and training experiences regarding diverse cultures (WM = 3.32, SD = 0.71). Although, statement #2 received the lowest WM of 2.88 (SD = 0.99) with a qualitative description of *True to me*, it exhibited that the respondents were not frustrated and

disappointed when their beliefs and values were in conflict with that of their clients, meaning they have a positive outlook towards their diverse pool of clients. Grand WM of 3.16 (SD=0.78) with a qualitative description of *True to me* connoted the respondents' adequate level of transcultural nursing competence in terms of cultural encounters. Chen, et al. (2018) identified that cultural encounters was a predictor in the variation of cultural competence of undergraduate nursing students together with cultural knowledge. Esposito (2013) states that encounters with patients help validate, explain, moderate, and at times contradict biased views or opinions regarding other cultures.

**Table 8. Respondents' Level of Transcultural Nursing Competencies in Terms of Cultural Encounters**

Cultural Encounters	WM	SD	Qualitative Description
1. I increase my understanding and efficiency in dealing with patients from different cultural backgrounds by obtaining:			
a. consultation	3.38	0.63	True to me
b. training experiences regarding diverse cultures	3.22	0.71	True to me
2. I do not get frustrated and disappointed when my beliefs and values are in conflict with that of my patient.*	2.88	0.99	True to me
Grand WM	3.16	0.78	True to me

*Legend: 3.50-4 Very true to me; 2.50-3.49 True to me; 1.50-2.49 Not true to me; 1.00-1.49 Very not true to me*

#### Level of Transcultural Nursing Competencies in Terms of Cultural Desire

Table 9 shows the respondents' assessment of their level of transcultural nursing competence in terms of cultural desire where the highest WM of 3.57 (SD=0.62) belonged to statement #1 with a qualitative description of *Very true to me* while the lowest WM of 3.46 (SD=0.67) went to statement #3 with a qualitative description of *True to me*. The grand WM of 3.52 (SD=0.65) interpreted as *Very true to me* showed the respondents' willingness to learn from others as cultural informants and were passionate in caring for patients from different cultural backgrounds. These characteristics of a diverse group of nursing students were very important in understanding the culture of other people. As what Mareno & Hart (2014)

states, cultural desire is the nurse’s driving force to learn about cultural differences and be able to work together with patients from distinct cultures.

**Table 9. Respondents’ Level of Transcultural Nursing Competencies in Terms of Cultural Desire**

Cultural Desire	WM	SD	Qualitative Description
1. I have the willingness to learn from others as cultural informants.	3.57	0.62	Very true to me
2. I am passionate in caring for patients from diverse cultures.	3.54	0.65	Very true to me
3. I think that one must intend to be culturally competent in order to attain cultural competence.	3.46	0.67	True to me
Grand WM	3.52	0.65	Very true to me

*Legend: 3.50-4 Very true to me; 2.50-3.49 True to me; 1.50-2.49 Not true to me; 1.00-1.49 Very not true to me*

Relationship Between Perceived Transcultural Experiences of the Respondents and their Level of Transcultural Nursing Competencies

Table 10 presents the results using the Spearman correlation test. Regarding transcultural experiences as to general experiences in nursing education and transcultural nursing competencies, between general experiences in nursing education and cultural awareness, the computed Spearman value of 0.292 with a qualitative description of low positive relationship was proven to be significant since, the computed P-value of 0.003 was less than 0.05. The null hypothesis that there was no significant relationship between the perceived transcultural experiences as to general experiences in nursing education of the respondents and their level of transcultural nursing competencies was rejected. This implied that their general experiences regarding nursing education affected their transcultural nursing competencies as to cultural awareness. The more they had experiences with nursing care of patients from different cultures, the more competent they became. Patterson & Krouse (2015) stated that the potentials for nursing education were intimately related to excellent client care and the thought that nursing education should address the needs of students and the community as well. Contrariwise, the computed Spearman value between general experiences in nursing education as to cultural knowledge (rs=0.005), cultural skills (rs=0.165), cultural encounters (rs=0.097) and cultural desire (rs=0.157) were proven to be not significant, since their computed P-values of 0.958, 0.094, 0.326 and 0.112, respectively, were greater than 0.05.

Therefore, there was no significant relationship between the perceived transcultural experiences as to the general experiences in nursing education of the respondents and their level of transcultural nursing competencies except in cultural awareness. The results revealed that their general experiences in nursing education as to cultural knowledge, cultural skills, cultural encounters and cultural desire did not affect their transcultural nursing competencies. In reference to transcultural experiences as to classroom instruction and transcultural nursing competencies, between classroom instruction and cultural skills, the computed Spearman value of 0.294 with a qualitative description of low positive relationship was proven significant since, the computed P-value of 0.002 was less than 0.05. Therefore, the null hypothesis was rejected. There was a significant relationship between classroom instruction and cultural skills. The respondents' cultural skills were affected by how classroom instruction was done. If the classroom instruction was good, they develop more skills. This holds true with Hall & Guidry's (2013) study which focused on health-related programs' usefulness in fostering the skill sets of students as they take care of clients from diverse cultural backgrounds.

Contrariwise, the computed Spearman value between classroom instruction as to cultural awareness ( $r_s=0.084$ ), cultural knowledge ( $r_s=0.018$ ), cultural encounters ( $r_s=0.170$ ), and cultural desire ( $r_s=0.085$ ) were proven to be not significant, since their computed P-values of 0.398, 0.856, 0.085 and 0.391, respectively, were greater than 0.05. Therefore, there was no significant relationship between the perceived transcultural experiences as to classroom instruction of the respondents and their level of transcultural nursing competencies except in cultural skills. The results revealed that classroom instruction did not affect the cultural awareness, cultural knowledge, cultural encounters and cultural desire of the respondents.

In terms of transcultural experiences—clinical instruction and transcultural nursing competencies, between clinical instruction and cultural awareness ( $r_s=0.222$ ), cultural skills ( $r_s=0.291$ ), cultural encounters ( $r_s=0.327$ ), and cultural desire ( $r_s=0.225$ ) were proven significant, since their computed P-values of 0.024, 0.003, 0.001 and 0.021, respectively, were less than 0.05.

Contrariwise, between clinical instruction and cultural knowledge the computed Spearman value of 0.188 was proven to be not significant, since the computed P-value of 0.056 was greater than 0.05. Therefore, there was no significant relationship between the perceived transcultural experiences as to clinical instruction of the respondents and their level of transcultural nursing competencies as to cultural knowledge; however, there is a significant

difference when cultural awareness, cultural skills, cultural encounters, and cultural desire were considered. The results may indicate that the transcultural experiences of the respondents did not affect the level of their transcultural nursing competencies as to cultural knowledge, but it affected their competence in terms of cultural awareness, cultural skills, cultural encounters, and cultural desire. This is in congruence with the study of Budgen & Gamroth (2008), stating that clinical instruction is of paramount importance so as to include it in the nursing curriculum.

Lastly, with regards to transcultural experience as to clinical practice and transcultural nursing competencies, between clinical practice and cultural awareness ( $r_s=0.344$ ), cultural skills ( $r_s=0.288$ ), cultural encounters ( $r_s=0.387$ ), and cultural desire ( $r_s=0.246$ ) with a qualitative description of low positive relationship, were proven to be significant, since their computed P-values of 0.000, 0.003, 0.000 and 0.012, respectively, were less than 0.05.

Contrariwise, between clinical practice and cultural knowledge, the computed Spearman value of 0.129 was proven to be not significant, since the computed P-value of 0.104 was greater than 0.05. Therefore, there was no significant relationship between the perceived transcultural experiences as to the clinical practice of the respondents and their level of cultural competencies as to cultural knowledge; however, there was a significant relationship when cultural awareness, cultural skills, cultural encounters, and cultural desire were considered. Clinical practice affected the level of cultural competencies of the respondents as to their cultural awareness, cultural skills, cultural encounters, and cultural desire. Smith (2017) admonishes that concepts on cultural care must be taught to students as well as to increase their clinical experiences through diverse patient assignments. Also, Oelke, Thurston, & Arthur (2013) revealed that a systematically structured clinical practice can influence the provision of nursing care.

**Table 10. Relationship Between the Respondents' Perceived Transcultural Experiences and Transscultural Nursing Competencies**

Transcultural Experiences	Cultural Competence				
	Cultural Awareness	Cultural Knowledge	Cultural Skills	Cultural Encounters	Cultural Desire
General Experiences in Nursing Education					
Spearman r	0.292	0.005	0.165	0.097	0.157
Qualitative Description	LR	NegR	NegR	NegR	NegR
P-Value	*0.003	0.958	0.094	0.326	0.112

Classroom Instruction						
	Spearman r	0.084	0.018	0.294	0.170	0.085
	Qualitative Description	NegR	NegR	LR	NegR	NegR
	P-Value	0.398	0.856	*0.002	0.085	0.391
Clinical Instruction						
	Spearman r	0.222	0.188	0.291	0.327	0.225
	Qualitative Description	LR	NegR	LR	LR	LR
	P-Value	*0.024	0.056	*0.003	*0.001	*0.021
Clinical Practice						
	Spearman r	0.344	0.129	0.288	0.387	0.246
	Qualitative Description	LR	NegR	LR	LR	LR
	P-Value	*0.000	0.104	*0.003	*0.000	*0.012

*Legend: Significant at  $p < 0.05$ :*

<i><math>\pm 1</math> Perfect Relationship (PR)</i>	<i><math>\pm 0.21 - \pm 0.40</math> Low Relationship (LR)</i>
<i><math>\pm 0.91 - \pm 0.99</math> Very High Relationship (VHR)</i>	<i><math>\pm 0.01 - \pm 0.20</math> Negligible Relationship (NegR)</i>
<i><math>\pm 0.71 - \pm 0.90</math> High Relationship (HR)</i>	<i>0 No Relationship (NR)</i>
<i><math>\pm 0.41 - \pm 0.70</math> Moderate Relationship (MR)</i>	

## DISCUSSION

The purpose of the study is to assess the level of transcultural nursing competencies of foreign students and their perceived transcultural experiences as outcomes of curriculum and education from selected higher education institutions in the Philippines. This contributes to the body of knowledge in nursing as to culturally competent and appropriate nursing care. This benefits local and foreign nursing students, nursing faculty, school administrators, nursing education, nursing practice, policy makers, CHED, curriculum planner and developer, professional nursing organizations, researcher and future researchers.

Majority of the respondents were females, 21 years old and above, mainly Nigerians, predominantly from Level III, and largely African by ethnicity.

The level of perceived transcultural experiences of the respondents in terms of nursing education (grand WM=3.13; SD=0.72); classroom instruction (grand WM=3.16; SD=0.72); clinical instruction (grand WM=3.13; SD=0.75) and clinical practice (grand WM=3.38; SD=0.75) were deemed adequate as all had a qualitative description of True to me.

The level of transcultural nursing competencies of the respondents in terms of cultural awareness (grand WM 3.52; SD=0.58) was very adequate with a qualitative description of Very true to me while cultural knowledge (grand WM 3.24; SD=0.67), cultural skills (grand

WM 3.27; SD=0.69) and cultural encounters (grand WM 3.16; SD=0.78) were deemed adequate with a qualitative description of True to me. Cultural desire with a (grand WM 3.52; SD=0.65) was deemed very adequate with a qualitative description of Very true to me. Significant relationships were found between general experiences in nursing education and cultural awareness ( $p=0.003$ ); classroom instruction and cultural skills ( $p=0.002$ ); clinical instruction and cultural awareness ( $p=0.024$ ) and cultural skills ( $p=0.003$ ); cultural encounters ( $p=0.001$ ) and cultural desire ( $p=0.021$ ); clinical practice and cultural awareness ( $p=0.000$ ); cultural skills ( $p=0.003$ ); cultural encounters ( $p=0.000$ ) and cultural desire ( $p=0.012$ ). General experiences regarding nursing education affected their transcultural nursing competencies as to cultural awareness. The more they had experiences with nursing care of patients from different cultures, the more competent they became.

### **Conclusion**

The level of perceived transcultural experiences of the respondents in terms of nursing education, classroom instruction, clinical instruction, and clinical practice was deemed adequate overall. The level of transcultural nursing competencies of the respondents in terms of cultural awareness and cultural desire was very adequate while in terms of cultural knowledge, cultural skills, and cultural encounters, it was deemed adequate. There was a significant relationship between perceived transcultural experiences of responses and their level of transcultural nursing competencies, namely: between general experiences in nursing education and cultural awareness; between classroom instruction and cultural skills; between clinical instruction and cultural awareness; clinical instruction as to cultural skills; clinical instruction as to cultural encounters; clinical instruction as to cultural desire. Also, significant relationships between: clinical practice and cultural awareness; clinical practice and cultural skills; clinical practice and cultural encounters; and clinical practice and cultural desire.

Respondents, predominantly females ranging from 21 years old and above were from levels II to IV originating from a diverse population with Nigerians as the highest and where majority came from Africa. They had adequate experiences in nursing education, classroom instruction, clinical instruction, and clinical practice. As a whole, they were able to acquire very adequate competence as to cultural awareness; nonetheless, they had adequate competence in terms of cultural knowledge, cultural skills, cultural encounters and cultural desire. They were knowledgeable of the different viewpoints of at least two ethnic groups. Also, they were able to develop skills in understanding the relationship between health and culture through consultations as they efficiently dealt with their clients. Furthermore, they



also possessed the willingness to learn from others as cultural informants and they knew how to respect other people's cultural heritage. Their general experiences in nursing education affected their cultural competence in terms of cultural awareness; classroom instruction affected their cultural competence in cultural skills; clinical instruction affected their cultural competence in terms of cultural skills, cultural encounters, and cultural desire; clinical practice affected the level of cultural competencies of the respondents' cultural awareness, cultural skills, cultural encounters, and cultural desire. Limitations included small numbers as to none in reference to the respondents during data gathering. Also, some questionnaires were invalid due to incomplete data. Moreover, the study could be replicated to other institutions to get a wider scope of data among students from diverse cultures to measure their perceptions of transcultural nursing competence and cultural awareness. Likewise, respondents coming from other allied health professions can also be included.

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