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Transcultural Nursing Competency Experiences of Foreign Students from Selected Higher Education Institutions in the Philippines

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Abstract

The need for transcultural nursing competency experiences amongst students points to an array of improvements in nursing education. The study utilized a descriptive qualitative research design through a semi-structured interview guided by the central question, "*What characterizes the transcultural nursing experiences of the key informants in the clinical and classroom settings?"* Interviews alongside audio recordings served as key in eliciting the transcultural experiences of the key informants. Data collected through purposive sampling were transcribed verbatim, deeply analyzed, encoded, and synthesized. Thematic interlace, thematic embodiment, peer review, expert validation, and triangulation were done. Three themes surfaced: *Transformational acculturation* (experiences in theoretical and clinical settings with highlights on what changed them upon nursing school entrance); *transitional acculturation* (adaptation by application of theory to practice where there is continuity of learning from classroom to clinical); and *transpersonal acculturation* (experiences in theoretical and clinical settings emphasizing involvement beyond their sense of self, pointing to sublime experiences in nursing education). The themes' interrelationship portrayed students going through this triad of transcultural adaptation with dynamic and unending lifelong learning experiences. In essence, students go through the process of cultural adaptation, so they need to experience that quality nursing care be tailor-fitted to clients of distinct backgrounds.

Keywords: Transcultural, nursing, competency, experiences

INTRODUCTION

The delivery of culturally appropriate and competent care at these times is a complex and multidimensional undertaking for nurses from all walks of life. Nursing programs carry the responsibility to adequately prepare students in providing culturally competent care (Von Ah & Cassara, 2013). It is never an option for a nurse to choose a client to care for with regards to race, nationality, or status. A student nurse is fashioned once training has commenced, thereby molding him to become culturally competent, having reached the desired level of competence across the completion of the BSN program.

The quantity of foreign residents in the country who appeared before the field offices of the Bureau of Immigration has mounted from 95,007 to 106,036 in 2016 and 2017, respectively. Also, there were 15,765 foreign students who were given study visas (SunStar Philippines, 2017). The datum that several foreign students are here denotes that the majority of them, if not all, are in pursuance of quality formal education. Alongside the entrance of foreign students are the distinct peculiarities they each possess in relation to disparities in their traditions, beliefs, norms, cultures, and practices.

The aforementioned data indicate that there is a need for the education of these foreign students, particularly on transcultural nursing competencies, out of various programs where foreign students engage themselves in relation to factors such as a community-based and now an outcomes-based curriculum in nursing. In addition, they also take into consideration the utilization of the globally-accepted English language in most countries as the avenue of instruction and the excellent lineup of teaching faculty.

Upon returning to their country of origin, these students are more likely to engage in their nursing practice where they need to dispense the best quality nursing care. Further, this steers the query, *"Are these foreign students culturally competent during the course of their studies?"* Cultural competence shown by nurses and other health care personnel can help clients at a vantage point (Mitchelson & Latham, 2000). Research studies show that international education can be effective in the transition and adaptation to another culture whereby self-understanding and sensitivity to the needs of others emanate (Ruddock & Turner, 2007). In light of these data, the demand for the preparation of an experienced nursing workforce that can adapt itself to transforming heterogeneous humanity is of the essence.

In various professional career programs like medicine, nursing, and respiratory therapy, education on culturally appropriate and competent care practices is seldom experienced by students (Giger, 2017).

The burden of preparing students to become nurses who are culturally competent does not remain on nurse educators' shoulders alone. Universities, colleges, and nursing programs are starting to focus on increasing diversity as they pursue to effectively teach nursing students to serve different clients and communities (Bednarz, Schim, & Doorenbos, 2010).

The call to prepare students to become experienced in dealing with culturally diversified clientele is imperative so as to provide compassionate care to the populace. Significantly, teachers of nursing programs need to guide students to integrate professional values and behaviors in caring for their clients through their experiential encounters with clients from diverse cultures (Mixer et al., 2013; Giger, 2017; Shattell, Nemitz, Zackeru, Starr, Hu, & Gonzales, 2013).

In light of the need for students to experience transcultural nursing competencies in the care of their patients, the researcher's desire is to bridge the gap brought about by the pressing need of equipping nurses to be culturally competent so as to provide the best quality nursing care.

Statement of the Problem

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This study aims to assess the transcultural nursing competency experiences of foreign nursing students as outcomes of curriculum and education in nursing schools in the National Capital Region (NCR) and Region IV-A of the Philippines. Specifically, it is focused on the central question, "*What characterizes the transcultural experiences of the respondents in the clinical and classroom settings?"*

METHODOLOGY

Research Design

The study utilized a descriptive qualitative research design through a semi-structured interview guided by the central question, "*What characterizes the transcultural nursing experiences of the key informants in the clinical and classroom settings?"*

Population and Sampling

The key informants of this study were foreign nursing students from selected nursing schools in the National Capital Region (NCR) and Region IV-A. Purposive sampling was used based on the following criteria: the second year, third year, and fourth year foreign nursing students; exposed to the clinical area; foreign and not permanent residents of the Philippines and currently enrolled during the school year of 2018.

Key informants who were purposively selected based on the aforementioned criteria were interviewed until saturation was reached.

Instrumentation

An aide-memoire, which was a semi-structured interview guided by the central question, "*What characterizes the transcultural experiences of the respondents in the clinical and classroom settings?"* was utilized to explore the transcultural nursing competency experiences of the key informants. This contained questions about the respondents' perceived transcultural nursing competency experiences in the clinical and classroom settings. This was submitted for content validation by experts in qualitative research.

Ethical Considerations

The objectives, procedures, and projected benefits of this research were clearly laid down to the key informants. They had the privilege to refrain from participating in this research, and they can withdraw from involving themselves at any time if they choose to do so.

The key informants were given a consent form on the agreement to participate. An undue force of any kind was discouraged from causing the respondents to join in this study. Further, in conducting this study, the researcher was duty-bound to observe ethical principles on autonomy, beneficence, and confidentiality. The basis of autonomy rests on the idea that individuals are to be regarded as independent agents who are able to make decisions on their own, such as if they desire to involve themselves in research studies such as this.

The key informants were given the freedom to take part in the study and withdraw if they wished to. The concept of beneficence centers on maximizing the benefits for the key informants and the prevention of any harm. Another principle that was observed throughout this research was confidentiality, where respondents' anonymity was maintained and that the data provided by them were never publicly divulged without their consent.

Data Gathering Procedure

The researcher presented a communication letter duly noted and certified by the research adviser and recommended by the Dean of the Graduate School of the Our of Lady Fatima University to the nursing schools in the National Capital Region (NCR) and Region IV-A of the Philippines who had foreign nursing students enrolled in their respective institutions.

Data gathering dealt with the use of the aide-memoire, which was a semi-structured interview. Once saturation point was reached, then redundancy was expected if the researcher continued interviewing more key informants. Particularly, in reference to this study, saturation point was reached with the sixth key informant, which indicated that there were no more new ideas or thoughts added, and confirmation had been achieved.

Statistical Analysis

The researcher acted as the facilitator during the data gathering process. The use of audio recordings and interviews in gathering the responses from the key informants were employed. An interview served as the key process of eliciting the transcultural nursing competency experiences in both the classroom and clinical settings of foreign nursing students from selected higher education institutions in the country.

The first step was the collection of pertinent data based on the experiences of the key informants. This was transcribed verbatim and was deeply analyzed. These were encoded and synthesized for validation of the content. The next phase was coding to identify the major themes through reading and listening from the recorded interviews. After identifying and assigning descriptive codes, these were transcribed, re-evaluated, and underwent refinement. A particular time was scheduled with the key informants for validation of their responses.

After reflectively analyzing the meaning of the experiences, this was combined and was organized into clusters of themes, representing the second level of reflection, the thematic interlace. Again, re-validation was done to deepen and to make the themes valid.

The third reflection was the thematic embodiment, wherein the researcher utilized the themes that were formed through the second step and incorporated these final descriptions of the phenomenon. Finally, these were validated through a peer-review process with the adviser, who possessed extensive knowledge in qualitative research and counter-validated by the researcher who performed the interviews. Expert validation was also accomplished.

Furthermore, the key informants' responses were validated through a *critical friend*, expert's validation, and peer check. In addition, the researcher returned to the key informants after the actual interview to validate and counter-check the accuracy of their responses.

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RESULTS AND DISCUSSION

Three themes surfaced during the data analysis of interviews with six key informants. The themes captured the lived experiences of foreign nursing students from levels II, III, and IV enrolled in different schools in the National Capital Region and Region IV-A as to their transcultural nursing competency experiences. The three themes developed were transformational acculturation, transitional acculturation, and transpersonal acculturation.

From the experiences of the key informants, four themes emerged that described the eidetic insights of foreign nursing students, namely: transformational acculturation, transitional acculturation, and transpersonal acculturation. They are depicted in a triangular plane surrounded by the sources of their experiences – theoretical and clinical settings.

Figure 1: Triad of Transcultural Adaptation in Nursing Education

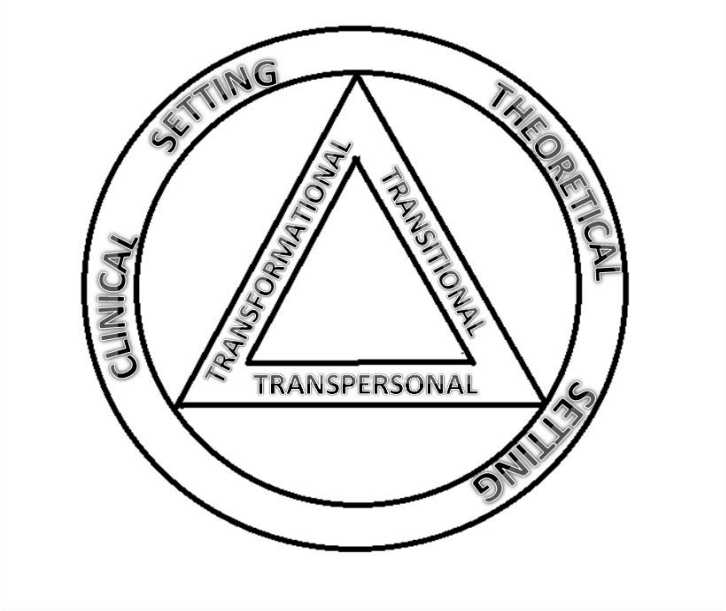

Figure 1 depicts the transcultural adaptation of the foreign nursing students as they studied in their respective institutions. As portrayed, engulfed within the circle were theoretical and clinical settings, the areas where the key informants had their experiences in nursing.

Theme 1: Transformational acculturation

The theme of transformational acculturation embraced the key informants' experiences both in the theoretical and clinical settings, highlighting those that had changed them when they entered the nursing school. Enhancement of a nurse's cultural competency is through being thoughtful and mindful of the many cultural aspects that may impact the behaviors of clients, kinfolks, and other health care providers (Al-Mutair, Plummer, O'Brien & Clerehan, 2014). Whereas, the key informants stated:

"Transcultural nursing is nursing based on different types of cultures. It is a way of understanding the different sides of the world. The importance of transcultural competencies is that it is a mind opener." (KI-1)

The key informants' experiences deepened their understanding as to what nursing is all about with regards to viewpoints coming from all sides of the world, which pointed to believing in one's culture.

"Transcultural nursing is an area focusing on different cultures, values, and beliefs of patients that brings about vast understanding on certain diseases, healing, and how people's way of life affects health. Transcultural competencies have made me appreciate cultural differences. They contribute to giving care that best fits the patient's way of life." (KI-4)

"Transcultural nursing is involving, encompassing, or extending across two or more cultures. It is important to me because as we get along with different people with characters, you have to behave like them so that you can know how to treat them or to deal with them without conflicts." (KI-6)

"I try to humble myself since my culture is different. Teachers show us that though we have differences, we can still be the same in caring for our patients." (KI-6)

Theme 2: Transitional acculturation

The theme of transitional acculturation pointed to what the key informants were able to learn theoretically in the classroom and practically experienced adaptation to such by its application in the clinical setting.

The key informants claimed that there was a continuity of their learning experiences from the theoretical setting to the clinical setting, which was proven by the following responses:

"The thing that actually helps me is what we learn in the classroom is seen in the clinical setting. Sometimes the nurses you are working with do not always have time to teach you, but usually, when the CI is with us, they're able to remind us, 'Oh, remember, you learned about this in the class, so you can do this.' When they show us in the classroom, then we learn fast. There is a comparison of what is seen and done in the classroom and in the clinical area." (KI-2)

Cultural competence is a lifelong learning process and is believed to be one of the major potentials for developing better cultural competence during students' working lives (Repo et al., 2017).

"Day-to-day classes are so educative, and I learn a new thing each day. They have contributed to my knowledge growth. Clinical exposure has made me think out of the box. Attending to different patients and encountering different new cases has made me do more research and not depend on what is written in the books. Some cases are not found in the book, so I thrive on being challenged, and this is one way leading to success." (KI-4)

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"My expectation is to know and apply what I am learning, above all to understand more, but then I do not know what will happen as I go further with my studies, but I keep on praying harder so God can help me through." (KI-6)

These statements were further upheld by another key informant. She stated:

"One thing I learned here is that Filipinos are very resourceful; even they have a lack of supplies, they will find ways to make things work, not just in the clinical setting but even outside. For example, in the US, we don't have certain supplies. Then we will try to get that exact supply because, like for patient safety, you cannot compromise by giving another product, but here, they do everything that they can in order to keep the patient safe. But even though they have limited resources, even though they don't have much, they have ways to survive." (KI-2)

Theme 3: Transpersonal acculturation

The third theme was directed to the key informants' experiences both in the theoretical and clinical settings, where they emphasized their involvements that went beyond their sense of self, pointing to sublime experiences in nursing education. This is in congruence with the study of Cruz et al. (2017), which revealed the importance of cultural diversity and cultural competence to be intertwined in both classroom and clinical settings throughout the nursing program to safeguard the incessant growth of the students' cultural competence.

In the clinical setting, one of the good things experienced by the key informants was how they were guided by their clinical instructors, as manifested by the following verbalizations:

"For the related learning experience, our clinical instructors take us to procedures, meaning, they walk us through it…They tell us what is expected of us. In everything we do, they guide and correct us respectively." (KI-1)

Clinical supervision is the key to transformation. For other cultural or foreign groups, supervising them in the clinical setting is already an effective way of helping them to personally adjust to a new environment. This is supported by one of the key informants' verbalizations of their feelings and emotions:

"They're always around us when we are doing something and keep demonstrating how to do it." (KI-5)

"Everyday classes are new days of learning skills or lectures and new experiences. In the clinical area, I came to know different cultures and characters. These made me know how to deal with different people and behaviors." (KI-6)

"I have learned that someone with a different cultural and academic background can show a different level of assertiveness. The smallest things can be seen and understood in different ways by different people. This contributes to more understanding and gives a different perspective of another culture." (KI-4)

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The experiences of the key informants both in the theoretical and clinical settings did not only help them in personally knowing but also in personally understanding themselves and others.

"Since I've been here two years ago, I got to know about the different cultures. I try my best to understand them even if we have different cultures. I try to behave like them to humble myself in front of them like bowing my head when I greet them and many more things..." (KI-6)

Personal adaptation is not only knowing others but also knowing what is within – it is also a personal knowing, adopting, and embracing the meaning of spirituality. As the key informants said:

"Before we do anything else, we had to pray so that the Lord our God can help us through. I really like it, and they tell us that if we do not know what to do, we can ask them. This helped us to learn more skills. They really push us, and if something is wrong with us, they will feel bad as well." (KI 6)

"They first start with devotionals, and sometimes they can relate it to the current topic that we are studying about…" (KI-2)

Cultural encounters ensue when nurses go through a process to engage in cross-cultural interactions with clients from diverse cultural backgrounds (Neese, 2016). Likewise, Bauce et al. (2014) believe that since every client possesses an exceptional experience on health and affliction, all encounters amongst clients and nurses are regarded as multicultural encounters.

Moreover, the emergence of the interrelationship of the three themes, namely, transformational acculturation, transitional acculturation, and transpersonal acculturation, portrayed that they are intertwined to one another, and one has to go through this triad of transcultural adaptation in nursing education and at the same time go through the dynamic and unending cyclic experience of lifelong learning in both theoretical and clinical settings.

CONCLUSION

The respondents have adequate experiences in nursing education in terms of their exposures in the classroom and clinical settings. As a whole, they were able to acquire transcultural nursing competency experiences, which made them aware, knowledgeable, skillful that made them realize their desire to adapt to multi-cultures as they encounter clients from distinct backgrounds.

Also, this study emphasized the importance of understanding how student nurses were able to adapt to their new environment as foreign students. Three themes were developed, namely: transformational acculturation, transitional acculturation, and transpersonal acculturation. On a personal note, student nurses, whether local or foreign, should go through the process of being and becoming culturally adaptable so that quality nursing care is tailor-fit to clients of distinct backgrounds.

In essence, a quote from a published article says it all: *"Clinicals are an exciting time in nursing school. It gives one the ability to experience lots of different branches of nursing. I suggest you be open and excited to be there and learn. Let your preceptor know that you're there to learn*

and you're excited to be there. Nurses are teachers by nature; we love to teach! Be excited and ask a lot of questions. Above all, treat your patients as you would if you were already their nurse…because a good nurse starts with kindness and goodness".

Recommendations

Grounded on the findings and conclusions drawn from this study, the researcher offers the following recommendations.

1. Nurse educators need to continuously improve and strengthen their students' knowledge, skills, and attitude, which can be done by assimilating transcultural nursing competencies both in their theoretical and clinical experiences.

a. Students should be given the opportunity to give their views on minority cultural issues and include them in group discussions, drills, exercises, assignments, or tasks.

b. Students should also have meaningful interactions with individuals from diverse cultures.

c. Students should be encouraged to understand and develop knowledge on the awareness of cultures among different types of patients and in administering patient care per specific group.

d. Students should be well taught on the recognition of different specific diseases that commonly affect diverse cultures within the classroom or in the clinical setting.

e. Students should be properly trained on the different cultural assessment tools for evaluating patients and their importance to different cultural groups.

2. Development of a cultural competence program should be taken into consideration during educational planning.

3. The inclusion of transcultural nursing in the current curriculum is a positive approach for students to develop transcultural caring. Moreover, cultural adaptation on the part of foreign nursing students should also be included because of their increasing numbers in some colleges/universities. As such, evaluation of cultural awareness and competency curriculum should be done.

4. The study could be replicated in other nursing institutions to get a wider scope of data among students coming from diverse cultural backgrounds to measure students' perceptions of transcultural nursing competence and cultural awareness.

5. The study could also be duplicated to other nursing institutions, with the respondents coming from other allied health professions.

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