

# Nurses' Perceptions of Their Own Transcultural Capability at Delhi's government Hospitals

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**ABSTRACT:** Transcultural self-efficacy refers to a nurse's belief in her or his capacity to carry out tasks successfully for clients from various cultural backgrounds. Different things may have a good or negative impact on this self-efficacy. When nurses deliver patient-centered care that takes the patients' cultural backgrounds into account, the quality of treatment may be considerably enhanced. This study examined nursing students' knowledge of and experiences with transcultural nursing to assess their experiences providing comprehensive care to patients from backgrounds other than their own. The research's findings will be used to enhance nursing and midwifery education and practice via future curriculum development and delivery. It will be advantageous to all patients, customers, nurses, midwives, and members of the larger healthcare community.

**Keywords:** Nurses' Perceptions, Transcultural Capability, Hospitals, Delhi

## INTRODUCTION

The rising diversity of patient populations necessitated the incorporation of transcultural nursing into contemporary nursing curriculum. Nurses must be sensitive to the fact that patients from a wide range of cultural backgrounds and races are increasingly using healthcare services. Because of this, doctors may deviate from standard procedures that would normally guide patient care,

creating a rich environment for experimentation with different approaches to care and other ways to track their patients' progress (1). When making care decisions, it's crucial to think about the patient's perspective and how they'll respond to recommendations for improvement. Thus, it is essential that nurses be able to adjust to new situations and circumstances, especially when it

### **Transcultural nursing**

comes to cultural diversity, which may have an impact on the care patients get (2).

In order to provide comprehensive patient evaluations, nurses need to be well-versed in a variety of cultural norms and practices. When caring for patients of a foreign culture, it's very necessary to do a complete examination (3-5). Quality healthcare increases patient pleasure and trust in the healthcare system. In order to help nurses, arrive at actionable judgments on appropriate patient treatments, the assessment process should be precise, exhaustive, and methodical. To aid nurses in meeting the needs of their culturally varied patient populations, experts have created models to guide them through difficult situations. The models' creators stress the need of nurses developing cultural competence so that they can provide care to patients from any cultural background. After presenting an overview of transcultural nursing, the authors compare and contrast the Leininger, Giger and Davidhizar, Purnell, and Campinha-Bacote models of cultural competency (6). It also addresses how these models may be applied to the existing literature and provides an overview of the criteria that need be met in order to get optimal results (7).

Transcultural nursing is seen as a client-centered, research-focused practice area that is culturally competent. Caregiving in the context of cultural variations and similarities in ideas, values, and behavioural patterns is the subject of transcultural nursing. Transcultural nursing is a field of formal study and practice that examines comparative holistic culture, care, health, and illness patterns of people with respect to the differences and similarities in their cultural values, beliefs, and practice with the aim of providing culturally appropriate, sensitive, and competent nursing care to people of various cultures (8).

Planning, designing, implementing, and evaluating nursing care for people, families, organisations, and communities reflecting many cultures all need for highly developed evaluation and analytic abilities. Being open and aware of the patients' requirements is the greatest method for a nurse to work successfully with transcultural patients. He or she might inquire about any cultural or racial requirements the patients may have. When feasible, a nurse may accommodate a patient's cultural requirements or

preferences by including them in his or her nursing care plan (9). A nurse who practices transcultural nursing may get to know a patient better and ensure that the patient receives the best care possible. After all, a nurse treats the patient as a whole, not simply a sickness or injury, and this includes the patient's culture and history (10).

### **Evaluation of the Role of Client Culture and Ethnicity in Care Preparation, Delivery, and Evaluation**

It is generally agreed that Madeleine Leininger, a pioneering nursing thinker and anthropologist, set the standard for transcultural care during her lifetime.

The study of cultural care by Madeleine Leininger began in the 1950s, and in 1991, her book "Culture Care Diversity and Universality: A Theory of Nursing" was published. In order to build a comprehensive knowledge base on care, Madeleine Leininger contends that her theory is the only one that "searches for full and holistic care data based on social structure, worldview, and many characteristics in a culture."

Understanding the similarities and contrasts across patient populations and

cultural norms is fundamental to transcultural nursing research. A group's culture consists of its members' common values and norms that have been passed down through the generations but are not generally shared by other groups. These ideas are exclusive to the society that conceived them.

In order to offer treatment that is both personalized and suitable for the client's requirements, nurses must take into account the client's cultural beliefs and practices. During the nursing process' review phase, the nurse considers the client's and family's cultural background, needs, and interests and properly modifies the care plan.

The nurse is able to do a better job of meeting the needs of her patients across cultural boundaries by doing cultural assessments and providing treatment that is culturally tailored:

To understand the client's perspective on health, wellness, disease, suffering, and death, it's important to:

- Recognize the role that the client's culture and its characteristics have in shaping such concepts;
- Do your best to have an open mind, treat everyone with dignity, and celebrate our differences

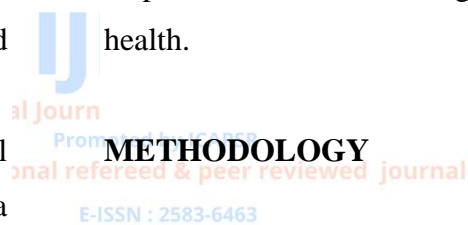
- Support culturally competent evaluations and treatment strategies for clients.
- Grow more passionate about nursing and get a better understanding of the profession as a whole, with an emphasis on culturally informed nurse-patient interactions that treat the patient as a whole, rather than a collection of symptoms or a disease.
- Incorporate their extensive cultural understanding with patient care.
- Foster and integrate an open mind into nursing care; this might result in some cutting-edge, non-traditional, alternative nursing practices like meditation and spiritually based anointing.

Nurses, according to the Transcultural Nursing Theory, must be aware of how a patient's cultural background might affect their health. The health of a patient may be affected not just by the patient's cultural background, but also by the patient's use of culturally informed home remedies.

The three forms of caregiving are:

- Cultural upkeep and preservation
- Cultural sensitivity, avoidance, and accommodation
- Restructuring and repatterning of cultural care

Professionally, nurses and other health care personnel in the modern day have an obligation to respect the cultural backgrounds of their patients. Because the client's culture is so fundamental to who they are as a person, cultural competency is especially crucial in providing high-quality treatment. Cultural influences may have a considerable effect on the health of clients as well as how they respond to treatments and care. The Transcultural Nursing Theory developed by Madeleine Leininger helps nurses learn how and why a patient's cultural background affects health.



## **METHODOLOGY**

### **Research Design**

The research design for the study was created to organize and strategically plan data collection and analysis with the aim of addressing a particular research topic. With better variable control, the research design hopes to improve the reliability of the study at hand. The quantitative methodology used in this research was a descriptive survey. A theoretical framework based on the Purnell Model of

Cultural Competence was used for the research.

The questionnaire's first portion gathers demographic information, and its third component contains questions with Likert scales that have undergone statistical analysis (in terms of frequencies, percentages, and numbers).

Student nurses' and mid-students' descriptions of their transcultural nursing knowledge and comprehension were supplied through their answers to the study questions.

### **Survey**

Data was gathered using a questionnaire that was both open-ended and closed-ended in nature.

### **Population**

Twenty students in their third year of nursing school made up the study population.

### **Sampling**

To choose the students who will take part in the research, a purposeful sampling technique was adopted. The volunteers among the students were well told that their permission would be needed and that absolute confidentiality would be guaranteed.

### **Research Instrument**

A questionnaire was used to gather data since it offers anonymity and enhances the likelihood of receiving accurate answers when sensitive information is required. The respondents' impressions of transcultural care were revealed, and it was seen to be time-efficient.

### **Validity and Reliability**

The validity tool was used to assess the accuracy of the sample as well as the face and content clarity and relevance. The selected instrument's degree of consistency and dependability were examined, and modifications were made in accordance with their assessments and suggestions.

### **Data Collection**

The survey's purpose, which was to find out participants' thoughts on transcultural nursing, was in line with the study's goals and descriptive approach. For this study's quantitative data, a semi-structured questionnaire was used.

### **Data Analysis**

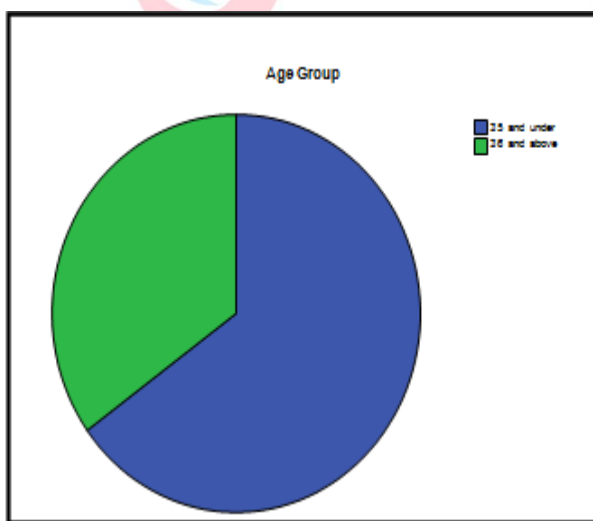
SPSS 14 (Version 14) was used to analyze the quantitative data. For categorical variables, frequency and percentage were used to characterize the research sample. The process of content analysis allows for the systematic identification of its qualities, such as the frequency of the most often used keywords.

**Results and Analysis**

**Table 1: Gender Division**

		Freque ncy	%	Val id %	Cumul ative %
	Fem ale	17	65	65	100
Val id	Mal e	13	35	35	35
	<b>Tota l</b>	<b>30</b>	<b>100</b>	<b>100</b>	

The pie chart shows that 35% of the student nurses in this sample are male and 65% are female.



**Figure 1: Age Division**

Age-wise, 35% of the pupils were over 36

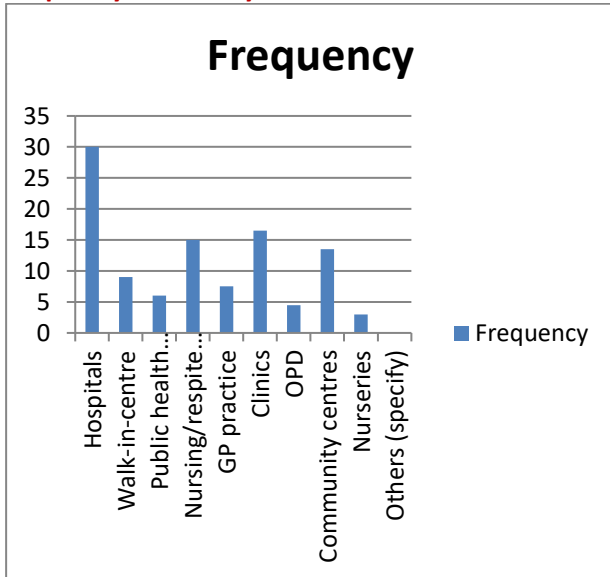
Figure 2 shows adult nursing at a maximum of 40% and learning disability at 10% (minimum).

The variety of clinical placements utilised by students in the sample is shown in Table 2. The fact that all respondents had hospital postings is notable in Table 2.

**Table 2: Type of clinical placement**

Placements	Frequency	%
Hospitals	30	100
Walk-in-centre	9	30
Public health agencies	6	20
Nursing/respice homes	15	50
GP practice	7.5	25
Clinics	16.5	55
OPD	4.5	15
Community centres	13.5	45
Nurseries	3	10
Others (specify)	0	0

**Table 4: When transcultural nursing teaching occurred.**



**Figure 2: Course of Study**

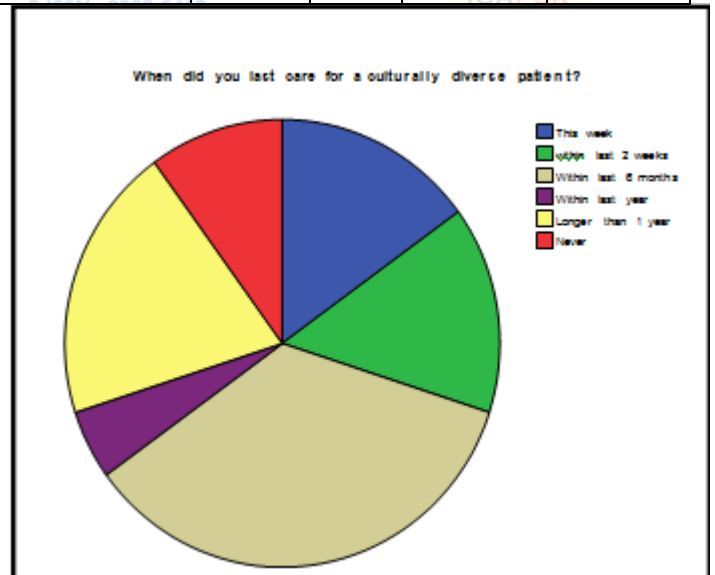
According to Table 3, 75% of respondents have had training in transcultural nursing, whereas 25% of the remaining five respondents have not.

**Table 3: Students taken transcultural nursing classes.**

		Frequency	%	Valid %	Cumulative %
Valid	Yes	22.5	75	75	75
	No	7.5	25	25	100
	<b>Total</b>	<b>30</b>	<b>100.0</b>	<b>100.0</b>	

53.3% of respondents, as shown in Table 4, acquired knowledge about transcultural nursing during the last 11 to 15 months of their degree. Within six to ten months, just 6.7% of people got their learning opportunities.

		Frequency	%	Valid %	Cumulative %
Valid	0-5 months	3	10	13.3	13.3
	6-10 months	1.5	5	6.7	20
	11-15 months	12	40	53.3	73.3
	16-20 months	6	20	26.7	100
	<b>Total</b>	<b>25</b>	<b>75</b>	<b>100</b>	
Missing System		7.5	25		
<b>Total</b>		<b>30</b>	<b>100</b>		

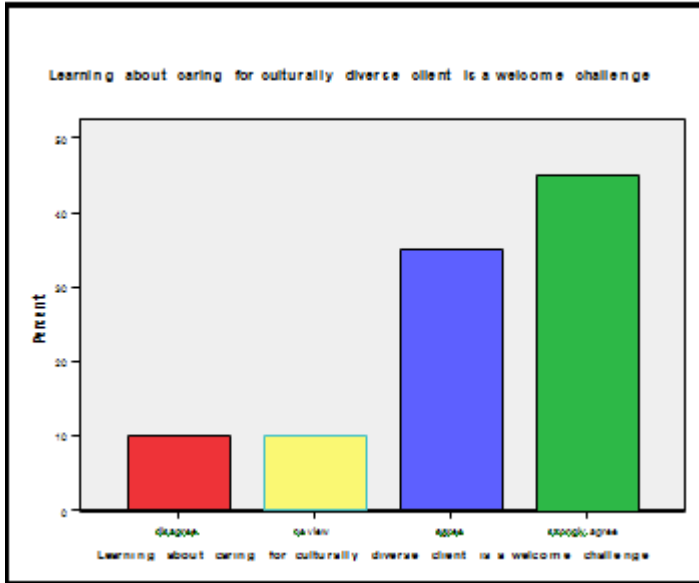


**Figure 3: Last care for a culturally diverse patient**



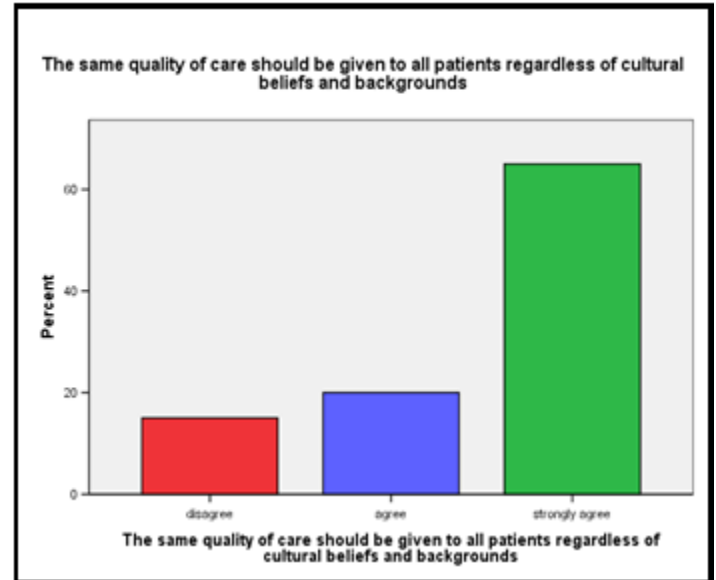
The graph shows that 35% of the treatment was provided during the previous six months.

**Quantitative findings**



**Figure 4: Learning about caring for culturally diverse client is a welcome challenge**

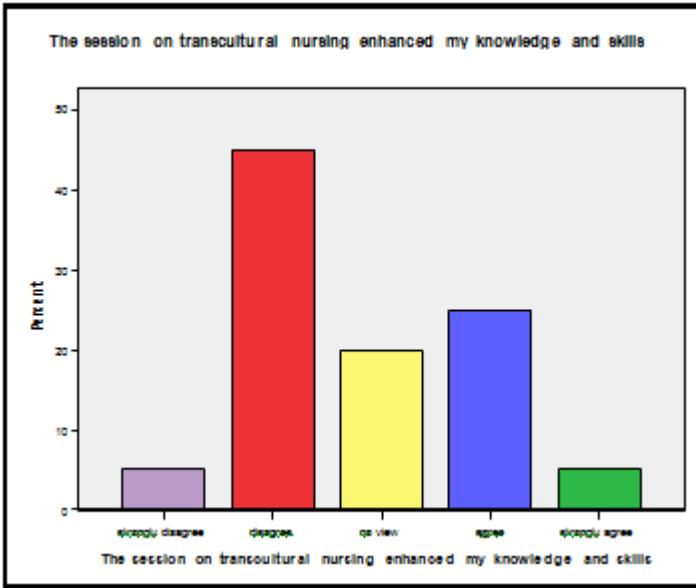
Figure 4's graphic demonstrates that 45% strongly agree, 35% also agree, and 10% have no opinion.



**Figure 5: Quality of care should be given to all patients regardless of cultural beliefs and background**

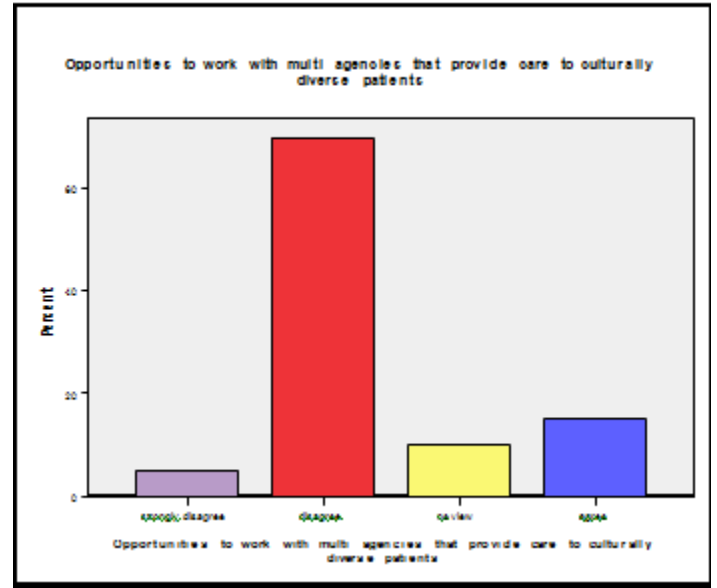
Figure 5 shows that 65% of respondents strongly agree and 20% agree that all patients should get the same quality of treatment regardless of their race, religion, ethnicity, socioeconomic position, or cultural origins, while only 15% of respondents disagree.





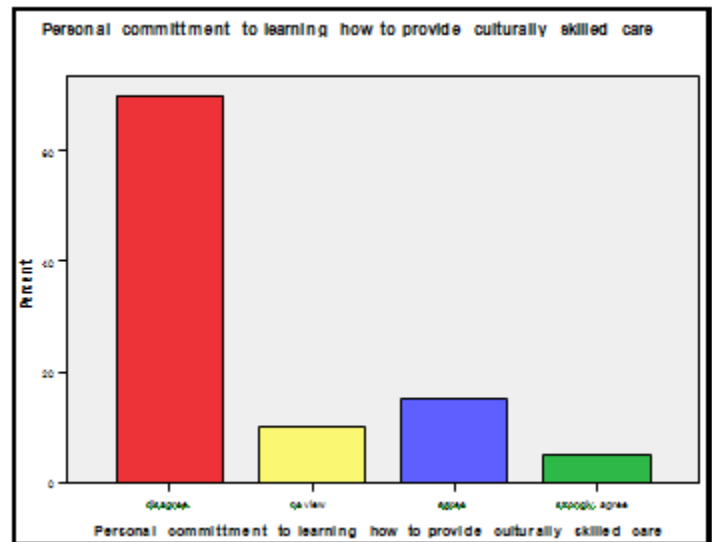
**Figure 6: The session on transcultural nursing enhanced my knowledge and skills**

Figure 6 shows that the majority of respondents (45%) disagreed and 5% strongly disagreed that the transcultural nursing session improved their knowledge and abilities. 20% did not express a position, however 25%, 5%, and 6% agreed and strongly agreed, respectively.



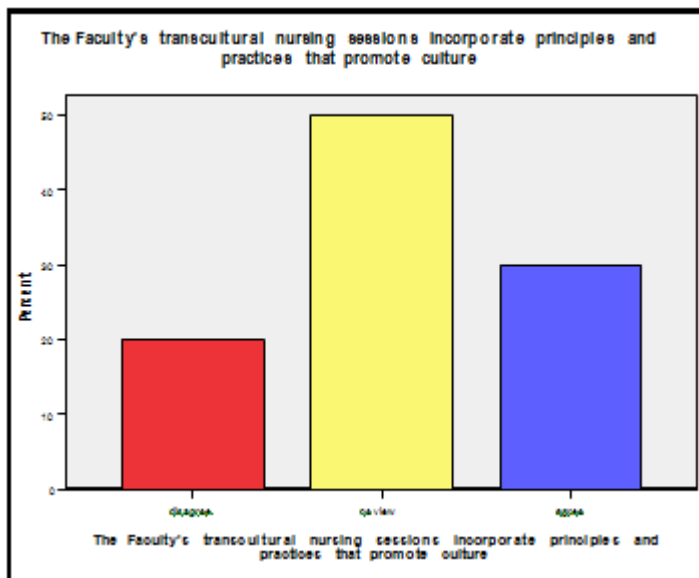
**Figure 7: Opportunities to work with multi agencies that provide care to culturally diverse patients**

Because they have not been informed of any options to collaborate with many organizations that offer healthcare to people from varied cultural backgrounds, the biggest proportion of respondents (70%) in figure 7 are in disagreement. Only 15% concurred.



**Figure 8: Personal commitment to learning how to provide culturally skilled care**

Figure 8 shows that the majority of the respondents—70 in total—did not agree with the statement regarding "personal commitment to learning how to offer culturally competent care," whereas 15% and 5% did and 5% strongly agreed.

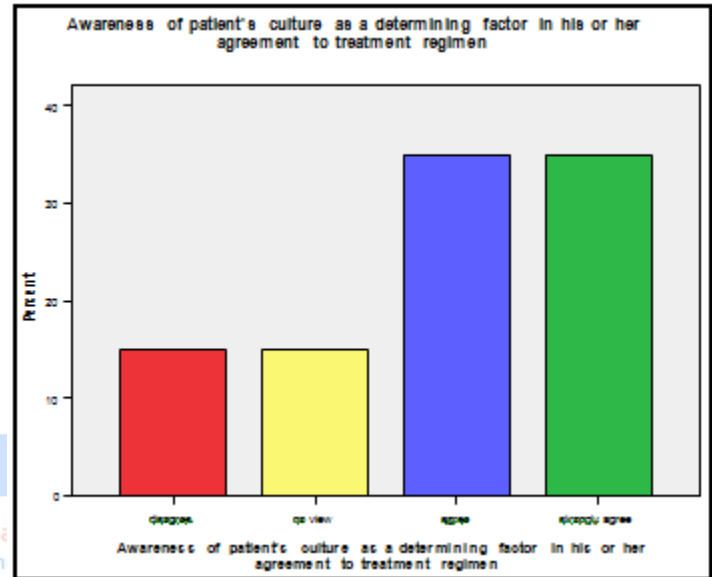


**Figure 9: The Faculty's transcultural nursing sessions incorporate principles and practices that promote culture**

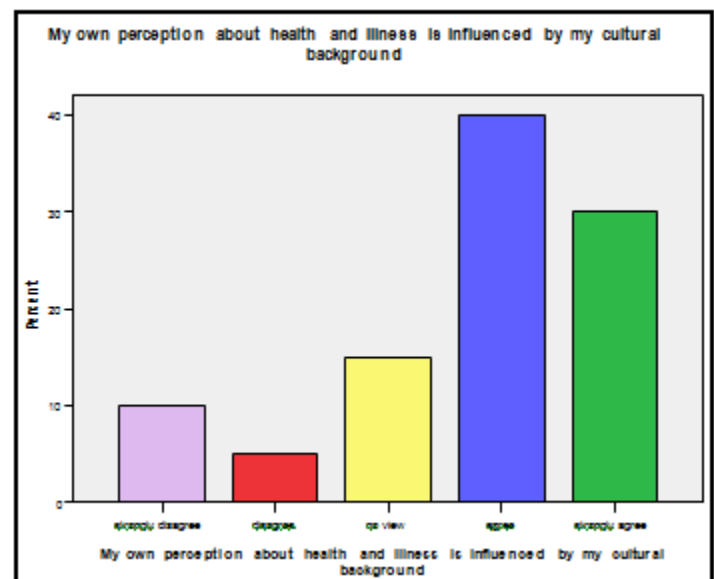
With regard to whether the transcultural nursing sessions include ideas and methods that support culture and cultural care, the biggest proportion of respondents (50%) in figure 9 had no opinion. 20% of comments were in disagreement, while 30% agreed.

Figure 10 shows that the majority

of respondents—35%—agreed and strongly agreed regarding the patient's knowledge of his or her culture as a decisive element in the patient's compliance to the treatment regime, while 15% disagreed and had no opinion.



**Figure 10: Awareness of patient's culture as a determining factor in his or her agreement to treatment regimen**



**Figure 11: My own perception about health and illness is influenced by my cultural background**

Figure 11 shows that the majority of respondents, 40%, agreed and 30% strongly agreed that their cultural background influences how they see health and sickness. The remaining respondents, 15%, had no opinion, 10% strongly disagreed, and 5% disagreed.

**CONCLUSION:**

Nurses require greater practical experience caring for patients from different cultural backgrounds, and nursing curricula need to provide more material on transcultural nursing. International exchange programmes, the use of cultural and transcultural nursing films, videos, and compact discs (CDs), and the use of poetry, paintings, and drawings pertaining to culture care and health are just a few examples of the teaching and learning methods that could be used to gain the experience. It would be advantageous to use patient-student interactions and student experienced narratives, as well as open discussions on cultural heritage and life experiences.

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