Greek Military Nurses Readiness to Provide Transcultural Care to Immigrants

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Authors' contributions

This work was carried out in collaboration between all authors. Author MM designed the study and wrote the first draft of the manuscript. Author AO wrote the protocol and performed the statistical analysis. Author SN managed the analyses of the study. Author PS managed the literature searches. All authors read and approved the final manuscript.

Original Research Article

ABSTRACT

Aim: The aim of this study is to explore the cultural competence of military nurses in Greece by measuring levels of cultural knowledge, empathy and cultural skills.
Methodology: It is a quantitative, non-experimental, correlational design in which the researchers determined cultural competence of Greek military nurses. The Transcultural Self-Efficacy Tool (TSET) was used to measure cognitive, practical, and affective level, using self-rated, scale-weighted questions from 1–not confident to 10–totally confident. The distribution and collection of questionnaires was conducted from February to March 2015. The study sample consisted of 127 Military Nurses of the Armed Forces throughout Greece. The response rate was 98% (RR).
Results: Mean value of cognitive subscale was found to be 7.2 (SD=1.7) of affective subscale was 6.9 (SD=1.8) while mean value of practical subscale were found to be 7.8 (SD=1.5). Using multiple

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linear regression analysis it was found that Military nurses with a master degree or a PhD rated 0.77 greater score in cognitive subscale, 1.09 greater score in affective subscale, those who had problem dealing with managing patients with different cultural backgrounds had scored 0.88 lower in cognitive subscale, 0.90 lower score in affective subscale, 0.90 lower score in practical subscale and those who thought that the resolution of problems arising with patients from different cultural environments is of medium or of much importance rated 0.80 higher in cognitive subscale, 1.18 higher in affective subscale, 1.01 higher in practical subscale. Military nurses who had been trained in transcultural care after graduation scored 1.09 higher in practical subscale.

Conclusion: The ever growing population coming from different cultural backgrounds like immigrants in Greece is a challenge for nurses to provide care based on cultural needs of patients. This study highlights the need for transcultural education for military nurses.

1. INTRODUCTION

Culture is an integral part of everyday behavior of the individual, the way people perceive the reality and what are their attitudes on issues that surround them. Concepts of health and disease are shaped according individuals' cultural characteristics. Nurses Transcultural education is a necessity of our time, since internationalization of politics, economy has made a routine people's migration.

Cultural competence refers to knowledge and skills required by a health professional to take care of patients from a cultural background different from their own [1]. Awareness and understanding of nurses' own culture is the first step to know and understand the values and beliefs of others in order to provide effective health care [2]. According to Vanderpool [3] in order health professionals to provide culturally adequate care must have the ability and willingness to provide care in the patient's environment and to adapt their attitudes and behaviors to different patient groups' needs. Achieving cultural competence indicates the nurse's ability to respond effectively to patients' cultural needs.

The studies carried out in Greece concerning the cultural competence of health professionals are limited [4]. A sufficient number of relevant studies has developed in countries where there is a need of development of a process aiming at culturally competent health care providers and reducing the problems arising from the lack of it. An important component of the process as depicted in many studies is the relevant training of health professionals at all levels of their studies and continuing education during their career path [5-7].

In a study by Chevannes [8], where educational intervention was performed in a group of professionals in order to improve their cultural competence, it was stated that while their confidence in data management, attitudes and beliefs relating to different cultures increased their knowledge, their everyday practice was not influenced by their intercultural ability.

According to studies [4,9] stress and uncertainty are increasingly recognized as important feelings experienced by health professionals at work in all cultural environments, particularly when providing care to people from different cultures [6,9]. This mainly happens due to reduced perception of the differences between cultures and how they affect the patients' beliefs. Health professionals report that they consider the immigrant as a difficult patient, mostly because of the difficulty of verbal communication and because of this, they may avoid contact with these patients [9].

In a study of Goodman et al. [10] whose aim was to identify the cultural factors affecting the provision of health care from military nurses to Iraqi patients in a military combat support hospital in Iraq, cultural differences among Iraqi patients and nurses reflected mainly in terms of economic and political factors, customs, beliefs and values in relation to gender, religion. It was also found a communication deficit due to language barriers. These findings demonstrated the need for training military nurses with language skills and cultural awareness of the customs and the Iraqi people in order to promote quality health care and good health outcomes [11]. Duke et al. [12] describe the need for cultural awareness in practice and consider it a two-way process of health professional and the patient. However, theories and practices described in peacetime, may not be so easy to

apply in military conditions. But awareness of cultural issues and the proper preparation of military nurses could help avoid further conflict in an already difficult environment such as military operations.

A positive correlation has been found between culturally competent healthcare providers and higher quality of care, improved patient self-management as well as health and treatment outcomes among minority patients. This means that the most efficient culture may limit the racial / ethnic differences in the quality of health care and treatment outcomes. According to Saha [13] high cultural competence of the provider is associated with higher quality of care, improving patient self-management, better health outcomes among minority patients.

1.1 Aim of the Study

The aim of this study is to explore the cultural competence of military nurses and to find its correlation with independent variables such as demographic profile, academic qualifications, and years of service.

1.2 Research

From literature review the following research hypotheses were formulated: (a) Military Nurses with more academic qualifications show higher levels of cultural competence, (b) Military Nurses with more professional experience have higher levels of cultural competence (c) Military Nurses who have cultural knowledge, understanding and skills have higher levels of cultural competence.

2. METHODOLOGY

The study was a quantitative, non-experimental, correlational design in which the researchers determined cultural competence of Greek military nurses. This descriptive correlation study with cross-sectional design had the aim to identify factors relating to Cultural Competence. The distribution and collection of questionnaires conducted from February to March 2015. The study sample consisted of 127 Military Nurses of the Armed Forces throughout Greece and were selected by purposive sampling. The sample size is almost one third of the whole study population of Greek Military Nurses. The only criteria set for participation in the study was their professional experience of at least one year in the provision of health services. The response rate was 98% (RR) which is a real great number of responsiveness but Military Nurses are willing to respond to researches. The Transcultural self-efficacy tool was designed by Marianne Jeffreys and it was translated in Greek and validated by Sarafis, Malliarou and their colleagues [14,15]. The 83 items are divided into three subcategories which contained cognitive, practical, and affective related questions. The 25 cognitive items investigated the participants' knowledge concerning the ways cultural factors influence nursing care. Twenty eight items composed the practical subscale measuring participants' confidence for interviewing clients of different cultural backgrounds to learn more about their values and beliefs.

The affective subscale included 30 items addressing the participants' attitudes, values, and beliefs. Scoring was reported in terms of TSET scores with higher scores indicating higher levels of self-efficacy/confidence. The TSET was designed to measure and evaluate confidence related to transcultural self-efficacy for performing general transcultural nursing skills among diverse populations [16]. The 83-item TSET was a questionnaire using self-rated, scale-weighted questions from 1–not confident to 10–totally confident. Factor analysis of the TSET was performed by Jeffreys and Dogan [17]. The validity and reliability of the TSET were examined by Jeffreys and Smodlaka in four different studies [18-21]. Sarafis and Malliarou [4] found Cronbach's alpha ranging from .92 to .98 for the three subscales (cognitive, practical, and affective) and total instrument of the Greek version of the TSET questionnaire.

2.1 Statistical Analysis

The data were analyzed using IBM's Statistical Package for the Social Sciences (SPSS Version 19). Descriptive statistics were calculated. Self-efficacy strength was calculated using the mean score of each subscale (cognitive, practical, and affective). Continuous variables are presented with mean and standard deviation SD). 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. Mean values and standard deviations (Standard Deviation / SD) were used for

quantitative variables and the descriptive analysis of burnout and job satisfaction - and the absolute (N) and relative (%) frequencies for the description of the qualitative variables. For comparison of quantitative variables between two groups Student's t-test control was used. Bivariate analysis was used to study the relationships that may exist between the variables. Statistical tests t-test, ANOVA was used. Kolmogorov-Smirnov test was used to test normality distribution of data. A two sided $P < 0.05$ was considered statistically significant. Control of internal reliability of questionnaire was found with Cronbach a. To find independent parameters relating to the scales linear regression analysis was used using stepwise procedure. The level of significance is bilaterally and statistical significance was set at 0.05. Parametric tests were done.

2.2 Procedure

The investigator informed military nurses and proceeded to describe the nature and purpose of the investigation, stating the ability to accept or to refuse to participate in research or even withdraw during the course of the study. In addition, another objective of this communication, which had an average duration of 20 minutes, was to create a safe and secure environment and a climate of trust. In the event that the employee agreed to take part in the study he/she could indicate a convenient meeting with the investigator to complete the questionnaire. During the meeting, the interviewer, giving questionnaires, provided a clear explanation for the entire process.

2.3 Ethical Considerations

This research study meets the fundamental ethical principles, which govern the conduct of psychological research.

Specifically:

1. Complied with complete confidentiality in respect of information relating to their subjects and safeguarded the safety of the material.
2. Patented the anonymity of the test.
3. Subjects gave their informed consent after clarifying to them the purpose of the study.
4. Results were used solely for the purposes of this study and only by this research group.

2.4 Description of Sample

The sample of the study comprised of 127 Greek military nurses who completed the questionnaire distributed. A percentage of 81.1% of military nurses were women. Also, the majority of participants were between 41 and 50 years, with the rate reaching 43.3%. A percentage of 63.0% of the participants were married. Mean time of years of service was 18.6 years (SD = 8.8 years).

3. RESULTS

Table 1 provides answers concerning cognitive subscale. Higher scores related to health, health maintenance, dying and death. Unlike the lower scores were found to questions relating to exercise and activity as well as diagnostic and blood tests.

Table 1. Mean scores in items forming cognitive subscale

Cognitive	Mean	SD
Health history and interview	7.1	2.2
physical examination	7.3	2.1
informed consent	7.1	2.3
health promotion	7.4	2.0
illness prevention	7.4	2.1
health maintenance	7.5	2.0
health restoration	7.4	2.0
safety	7.1	2.2
exercise and activity	6.8	2.1
pain relief and comfort	7.0	2.1
diet and nutrition	7.5	2.2
patient teaching	7.4	2.2
hygiene	7.6	2.0
anxiety and stress reduction	7.0	2.1
diagnostic tests	6.9	2.1
blood tests	6.9	2.1
pregnancy	7.2	2.1
birth	7.2	2.1
growth and development	7.2	2.1
aging	7.0	2.1
dying and death	7.5	2.3
grieving and loss	7.3	2.4
life support and resuscitation	7.4	2.3
sexuality	7.2	2.4
rest and sleep	7.0	2.1

Table 2 presents mean scores in items forming affective subscale. Items that scored high in affective subscale were those that related to the importance of verbal and non-verbal communication and time perception, space and touch. Unlike the lower scores were found to

items relating to acculturation and the world view (philosophy of life).

Table 2. Mean scores in items forming affective subscale

Affective	Mean	SD
language preference	6.8	2.2
level of English comprehension	7.1	2.2
verbal communication	7.5	2.1
nonverbal communication	7.5	2.2
space and touch	7.3	2.1
time perception	7.5	1.9
racial background and identity	7.0	2.1
ethnic background and identity	6.9	2.1
socioeconomic background	6.9	2.1
religious background and identity	6.9	2.1
educational background and interests	7.0	2.1
religious practices and beliefs	6.7	2.3
acculturation	6.2	2.2
world view	6.4	2.4
technological views	6.5	2.4
ethnic food preferences	6.7	2.3
role of elders	6.8	2.3
role of children	6.9	2.1
financial concerns	6.7	2.2
traditional health and illness beliefs	6.9	2.1
folk medicine	6.6	2.2
gender role	6.7	2.2
sick role behaviors	6.8	2.3
family role during illness	7.2	2.2
discrimination and bias experiences	6.7	2.2
home environment	6.7	2.2
kinship ties	6.7	2.2
aging	6.6	2.2

Table 3 presents mean scores in items forming practical subscale. Higher scores on practical subscale rated those items that relate to the differences and similarities between cultural groups and those of Greek health system. Unlike items that scored low were those relating to traditional care behaviors and home remedies and folk medicines.

Table 4 presents the mean scores of three subscales, cognitive, affective and practical. Higher Scores indicate higher levels of self-efficacy/confidence. Mean value of cognitive subscale was found to be 7.2 (SD=1.7) of affective subscale was 6.9 (SD=1.8) while mean value of practical subscale were found to be 7.8 (SD=1.5).

Table 5 presents correlation of cognitive subscale with demographic and other characteristics of the sample. Participants who had studied abroad had significantly higher score on cognitive subscale which suggests a greater knowledge concerning the ways cultural factors influence nursing care compared with participants who had not studied abroad. University graduates had significantly less knowledge about the cultural factors compared with participants who had masters / doctorate.

Still, military nurses who had received some training in transcultural health care after graduation had significantly greater knowledge about the cultural factors compared with participants who did not receive such training.

Also, the cognitive score was significantly higher in those who come into contact with patients with different cultural backgrounds several times a year to every day, in military nurses who did not have problems with the management of patients with different cultural backgrounds and those who consider moderate / very important to solve problems that arise when caring patients from different cultural backgrounds.

Table 6 presents the multiple linear regression analysis with dependent variable the scoring of cognitive subscale with stepwise method. The educational level of the participants, problems solving in the management of patients with different cultural backgrounds and how important they believe it is to solve problems that arise with patients from different cultural backgrounds were associated independently with their score in the cognitive subscale.

- Military nurses with a master degree or a PhD rated 0.77 greater score in cognitive subscale in relation to those without.
- Military nurses who had a problem dealing with managing patients with different cultural backgrounds had 0.88 lower score in cognitive subscale in relation to those who had not any problem.
- Military nurses who thought that the resolution of problems arising with patients from different cultural environments is of medium or of much importance rated 0.80 higher in cognitive subscale in relation to those who thought it is of none/low importance.

Table 7 indicates the educational level of the participants, problems solving in the

management of patients with different cultural backgrounds and how important they believe it is to solve problems that arise with patients from different cultural backgrounds were associated independently with their score in the affective subscale.

Moreover:

- Military nurses with a master degree or a PhD rated 1.09 greater score in affective subscale in relation to those without.

- Military nurses who had a problem dealing with managing patients with different cultural backgrounds had 0.90 lower score in affective subscale in relation to those who had not any problem.
- Military nurses who thought that the resolution of problems arising with patients from different cultural environments is of medium or of much importance rated 1.18 higher in affective subscale in relation to those who thought it is of none/low importance.

Table 3. Mean scores in items forming practical subscale

Practical	Mean	SD
cultural heritage and beliefs	8.4	1.5
biases and limitations	8.5	1.5
cultural group differences	8.2	1.6
insensitivity and prejudice	7.2	2.3
differences in perceived role of nurse	7.5	2.2
traditional caring	7.0	2.3
professional caring	7.7	2.0
comfort and discomfort felt when entering culturally different world	7.5	2.2
interaction between nursing\ folk and professional systems	7.2	2.4
differences between cultural groups	8.8	1.6
similarities between cultural groups	8.7	1.6
client's refusal of treatment based on beliefs	7.7	2.4
interaction with culturally diverse people	8.0	1.9
cultural sensitivity and awareness	7.9	2.0
culture-specific nursing	7.6	2.1
family role in health care	8.3	1.9
client's world view	8.0	2.0
inadequacies Greek health care	8.6	1.4
home remedies and folk medicines	7.1	2.2
roles	7.4	1.9
values	7.6	1.9
socioeconomic factors	7.8	1.9
political factors	7.6	2.0
cultural care preservation:maintenance	7.5	1.9
cultural care accommodation:negotiation	7.6	2.0
cultural care repatterning:restructuring	7.6	2.0
ethnocentric views	7.6	2.0
cultural imposition	7.6	2.0
client's decisions based on cultural beliefs	7.3	2.2
culture-specific care	7.4	2.1

Table 4. Min-max and mean scores of cognitive, affective, practical subscales of Greek military nurses

TSET	Min	Max	Mean	SD	Cronbach a
Cognitive	1.6	10.0	7.2	1.7	0.98
Affective	1.0	10.0	6.9	1.8	0.98
Practical	2.6	10.0	7.8	1.5	0.98

Table 5. Cross correlation of cognitive, affective and practical skills with different characteristics of Greek Military nurses

Items		Cognitive		p value	Affective		p value	Practical		p value
		Mean	SD		Mean	SD		Mean	SD	
Had worked abroad	no	7.1	1.7	0.044				7.6	1.6	0.006
	yes	8.0	1.2					8.5	1.0	
Level of studies	University level without master or PhD	6.9	1.8	0.004	6.4	1.9	<0.001	7.5	1.6	0.002
	Master / PhD	7.8	1.4		7.7	1.4		8.3	1.2	
Training on transcultural care	no	7.0	1.7	0.011	6.7	1.8	0.015	7.5	1.5	<0.001
	yes	8.0	1.3		7.7	1.7		8.8	1.0	
Contact with patients with different cultural backgrounds	Never to once a month	6.7	2.1	0.026				7.1	1.9	0.004
	Many times to every day	7.4	1.5					8.0	1.3	
Having trouble managing patients with different cultural backgrounds	no	7.4	1.6	0.017	7.1	1.8	0.027	8.0	1.4	0.005
	yes	6.5	1.9		6.2	1.7		7.1	1.7	
Importance of resolution of problems from different cultural environments	slight importance	6.6	2.1	0.024	5.9	2.0	0.001	7.1	1.9	0.012
	much importance	7.4	1.6		7.1	1.7		7.9	1.4	

Table 6. Multiple linear regression analysis with dependent variable the scoring of cognitive subscale

Cognitive subscale		beta+	SE++	P
Level of studies	University without Master/PhD	0.00*		
	Master/PhD	0.77	0.30	0.012
Having trouble managing patients with different cultural backgrounds	No	0.00		
	Yes	-0.88	0.34	0.012
How important do you think is the resolution of problems arising with patients from different cultural environments	no/ of little importance	0.00		
	medium/ of much importance	0.80	0.35	0.025

*+standardized coefficient ++standard error of estimate *reference category*

Table 7. Multiple linear regression analysis with dependent variable the scoring of affective subscale

Affective subscale		beta+	SE++	P
Level of studies	University level without Master/ PhD	0.00*		
	Master/PhD	1.09	0.31	0.001
Having trouble managing patients with different cultural backgrounds	No	0.00		
	Yes	-0.90	0.36	0.013
How important do you think is the resolution of problems arising with patients from different cultural environments	no/ of little importance	0.00		
	medium/ of much importance	1.18	0.36	0.001

*+standardized coefficient ++standard error of estimate *reference category*

Table 8. Multiple linear regression analysis with dependent variable the scoring of practical subscale

Practical subscale		beta+	SE++	P
Training on transcultural care	no	0.00*		
	yes	1.09	0.32	0.001
Having worked abroad	no	0.00		
	yes	0.77	0.31	0.015
Having trouble managing patients with different cultural backgrounds	No	0.00		
	Yes	-0.90	0.29	0.002
How important do you think is the resolution of problems arising with patients from different cultural environments	No/ of little importance	0.00		
	Medium/ of much importance	1.01	0.29	0.001

*+standardized coefficient ++standard error of estimate *reference category*

Table 8 above indicates how training on transcultural care, having worked abroad, having trouble managing patients with different cultural backgrounds and how important they believe it is to solve problems that arise with patients from different cultural backgrounds were associated independently with their score in the practical subscale.

Moreover:

• Military nurses who had been trained in transcultural care after graduation scored 1.09 higher in practical subscale in relation to those who had not been trained
• Military nurses who had worked abroad scored 0.77 higher in practical subscale in relation to those who had not.

- Military nurses who had a problem dealing with managing patients with different cultural backgrounds had 0.90 lower score in practical subscale in relation to those who had not any problem.
- Military nurses who thought that the resolution of problems arising with patients from different cultural environments is of medium or of much importance rated 1.01 higher in practical subscale in relation to those who thought it is of none/low importance.

4. DISCUSSION

This research study attempts to investigate the level of cultural competence of the Military Nurses in Greece. A percentage of 22% state they have problems with management of patients from different cultural backgrounds, while 78% say they have cultural competence. This result contrasts with several studies conducted abroad stating lowest cultural competence of health professionals even ignorance of the terms "cultural competence" and "intercultural health care" [1,22]. This is also consistent with research conducted by Beaumont [23], who stated that nurses felt they were sufficiently prepared to take care of patients from different cultural backgrounds and the nurses' preparedness level increased after experience acquired in military field.

A percentage of 97% of Military nurses of our study reported moderate / high levels of knowledge. The highest score in knowledge questions related to hygiene and maintenance of health while the lowest score related to exercise and physical activity. These findings are consistent with those of Apostolara's research [24].

In affective subscale higher scores were found in importance of verbal or non-verbal communication while lower score were found in items that had to with to acculturation and the world view (philosophy of life). In another study it was found that cultural competence of health professionals is affected by perceptions of their own culture and while they recognize problems related to communication, orientation and space understand less issues concerning life philosophy and the integration process [25]. In a survey of Goodman et al. [10] it was reflected that cultural differences among Iraqi patients and nurses exist mainly in economic and political factors, customs, beliefs and values in relation to gender, religion and nutrition.

Military nurses with Master's degree had higher values on all 3 subscales compared to university graduates and therefore a higher degree of cultural competence. Also Mareno & Hall [9] and Sarafis & Malliarou [14] found that there is an important need for transcultural education in educational institutions, the workplace and continuing professional education.

Military nurses who thought that solving problems that arise when caring for patients from different cultural backgrounds is very important, scored higher in three subscales cognitive, affective and practical compared to those who considered it of little importance. This finding could be interpreted in relation to the desire of the participants to identify and meet the needs of patients in order to provide individualized care, which is a right of the patient [25] as well as the willingness to adapt their attitudes and their behaviors in different patient group's needs [3] prioritizing high self-esteem and self-esteem [26].

Duke et al. [12] describe the need for cultural awareness in practice and consider that it is a two-way process of health professional and patient. However, theories and practices described in peacetime, may not be so easy to apply in military conditions. But awareness of cultural issues and the proper preparation of military health professionals could help avoid further conflict in an already difficult environment as military operations.

5. LIMITATIONS OF THE STUDY

Due to the cross-sectional nature of the study, it is not possible to detect causality. Furthermore, the individual cultural differences and similarities in the findings are difficult to generalize owing to the fact that our analysis was at country level.

6. CONCLUSION

The ever growing population coming from different cultural backgrounds like immigrants in Greece is a challenge for nurses and other health professionals to provide personalized and holistic care based on cultural needs of patients. Intercultural awareness is important to allow them to become sensitive to the needs of patients from different cultures, as societies evolve to be more globalized and complex. This study highlights the need for transcultural

education for military nurses. Military nursing academies should include intercultural nursing courses in the curriculum as well as graduate programs in the context of continuing education and lifelong learning.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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