

PERCEPTIONS OF ETHNOGRAPHY IN NURSING: COMPARISON BETWEEN UNDERGRADUATE AND POSTGRADUATE NURSING STUDENTS

Dr. Pramilaa R*

Principal, Chirayu College of Nursing, Bhopal, Madhya Pradesh, India.

ABSTRACT

Nursing is a profession that is based on a comprehensive approach to health care delivery which encircles patients' cultural needs. Cultural diversity is an affair that is faced by all health-care workers today. Health care professionals should have an insight of the dominant cultures within their surroundings. Communication barriers between nurses and their patients and families may emerge due to cultural differences. However, from an academic frame of mind teaching transcultural nursing is a crucial challenge. The objectives of the study were to: i) assess the scores of perceptions of ethnography in Under Graduate (UG) and Post Graduate (PG) students; ii) compare the perceptions of ethnography between UG and PG students; iii) correlate between the domains of cultural competence with PG students and iv) associate perceptions of ethnography among UG and PG students with demographic variables. Methodology: The research design adopted for the present study was descriptive and comparative of non- experimental type. Permission was sought from Research Advisory Committee. All nursing students who participated in the National level Intercollegiate Research Meet at Chirayu college of Nursing, Bhopal in August 2019 were the participants of the study. Nursing students both M.Sc and B.Sc who gave consent were the participants. There were two tools utilized for this study. Ethnocentrism scale for B.Sc Nursing students; and Nursing cultural competence scale for M.Sc Nursing students. The reliability of the tool was obtained by Cronbach's alpha coefficient. It was 0.78 for ethnocentrism scale and 0.94 for nursing cultural competence scale. The investigator explained the purpose of the study and obtained consent from the participants. And the tool was distributed to B.Sc and M.Sc nursing students and a total of 542 completed the self reports. Results: The mean perception of ethnography was 54.27 with standard deviation 14.41. The mean score of ethnocentrism scale was 45.53 (50.9%) with standard deviation 6.953. And the mean score of Nursing cultural competence scale was 151.5 (67.4%) with standard deviation 27.34. Comparison analysis demonstrated that the ethnography perception was significantly higher in PG students (67.37 ± 16.67) compared to UG students (50.89 ± 11.59) at $P < 0.01$. Correlation analysis indicated that a significant and positive correlation was found among four domains of Nursing Cultural Competence Scale within PG students at $P < 0.01$ level. Association between perception of ethnography and UG and PG students revealed significant association with religion at $P < 0.01$.

Key words: Ethnocentrism, Nursing Cultural Competence, perception, UG, PG students.

Corresponding Author

Prof. Dr. Pramilaa R
Email: - pramilaravi@yahoo.com

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INTRODUCTION

One feature of nursing education encompasses instilling new graduates with the skill and sensitivity required to dispense culturally congruent care to diverse clients. Nurses provide care to diverse clients from diverse backgrounds, of which numerous people may encounter barriers of health services, restricting access to health care

or decreasing the quality of health care rendered. By giving care which is receptive to cultural differences, nurses may become skilful to brace desired outcomes for clients of all cultures. The capability to render culturally congruent care is referred to cultural competence¹.

Nursing is a profession that is based on a comprehensive approach to health care delivery which



encircles patients' cultural needs. Culturally congruent health care is a basic human right, not an advantage, so that all human beings should be empowered to culturally congruent care². A definite way of gazing at the world, people, relationships and events that form a culture may be exceptional to an ethnic group or it may be a holistic view that is shared by a Nation³. Cultural skills entail obtaining those practice behaviors that redesign to diverse cultures. Cultural skill is learned and practiced through the implementation of cultural assessment models and communication skills⁴. Any educational setting can give plenty, ongoing opportunities for advancing cultural competence, nevertheless, the academic setting has the huge influence³.

Cultural diversity is a challenge that is faced by all health-care workers today. Declining inequities in the health care system will necessitate culturally competent nurses and other health care givers to regulate the requirements of helpless group of people⁵. The Joint Commission on Accreditation of Health Care Organizations intensifies the significance of cultural competence pertaining to safety and outcomes and accepts that it is now important for nurses to examine their practices corresponding to cultural elements⁶. Health care professionals should have an insight of the dominant cultures within their surroundings. Communication barriers between nurses and their patients and families may emerge due of cultural differences. It is important for nurses to identify that care giving within the family context may vary from their own exposition and expressing how to incorporate the family's health practices into the universal health care regimen would benefit both patient and family⁷.

Amalgamation of cultural content into the nursing curriculum is required due to the steep hike in the diversity among our population. Theoretical and practical knowledge aids students to intertwine competencies with evidence-based practice that would permit them to develop more as culturally competent practitioners. However, from an academic frame of mind teaching transcultural nursing is a crucial challenge. In order to enact a curriculum that produces nursing students to become culturally competent needs the commitment of faculty and support of the academic administration. The time has arrived for the nursing institutions to grab the opportunity and become models of excellence for health care system by supporting diversity and cultural competence in their curriculum⁸. In studies of cultural competence education in nursing, findings support that the incorporation of culturally competent content increases

scores on culturally competence measures, as students gain experience during progression through the curricula⁹.

In the light of the abovementioned literature, the need to encompass cultural needs of a patient to complete it as holistic care is established. The present study was aimed to assess the perceptions of ethnography between UG (B.Sc) and PG (M.Sc) Nursing students. The findings of the study would remain as an eye opener for the nursing institutions and pave way for emergence of culture into our curriculum in terms of knowledge, skill and attitude as well.

Objectives of the study

1. Assess the scores of perceptions of ethnography in UG and PG students
2. Compare the perceptions of ethnography between UG and PG students
3. Correlate between the domains of cultural competence with PG students
4. Associate perceptions of ethnography of UG and PG students with demographic variables

MATERIALS AND METHODS

The research design adopted for the present study was descriptive and comparative of non- experimental type. Permission was sought from Research Advisory Committee. All nursing students who attended the National level Intercollegiate Research Meet at Chirayu college of Nursing, Bhopal in August 2019 were the participants of the study. Nursing students both M.Sc and B.Sc who provided consent were the participants. A total of 542 was the sample size. There were two tools utilized for this study. Ethnocentrism scale for B.Sc Nursing students and Nursing cultural competence scale for M.Sc Nursing students were used. Ethnocentrism scale is 15 itemed, 5-point Likert scale. The scores ranged from 1 to 5. And Nursing cultural competence scale is a 41 itemed, 5-point scale. It has four domains; cultural awareness scale, cultural knowledge scale, cultural sensitivity scale and cultural skills scale. The scores ranged from 1 to 5. The reliability of the tool was obtained by Cronbach's alpha coefficient. It was 0.78 for Ethnocentrism scale and 0.94 for Nursing Cultural Competence scale. The investigator explained the purpose of the study and obtained consent from the participants. And the tool was distributed to B.Sc and M.Sc nursing students and 542 participants submitted their completed self reports.

RESULTS

The results were analyzed in accordance to the objectives of the study.



Table 1: Percentage distribution of Demographic Variables of the participants

N=542

Demographic Variables	Frequency	Percent
Age of UG Students (Years)		
19 - 20	129	29.9%
21 - 22	249	57.8%
> 22	53	12.3%
Age of PG Students (Years)		
21 - 25	29	26.1%
26 - 30	53	47.7%
> 30	29	26.1%
Religion		
Hindu	432	79.7%
Christian	98	18.1%
Muslim	12	2.2%

Table 2: Percentage distribution of level of Perception of ethnography among UG and PG students

Perception	UG (N = 431)	PG (N = 111)	Total (N = 542)
Very Low	1 (0.2%)	0 (0.0%)	1 (0.2%)
Low	83 (19.3%)	8 (7.2%)	91 (16.8%)
Average	255 (59.2%)	27 (24.3%)	282 (52.0%)
High	92 (21.3%)	47 (42.3%)	139 (25.6%)
Very High	0 (0.0%)	29 (26.1%)	29 (5.4%)

Table 3: Descriptive Statistics of Perception of ethnography among participants

N=542

Variables	Mean	SD	Mean%	Median	Range
Ethnocentrism Scale	45.53	6.953	50.9%	46	24 - 61
Cultural Competence Scale	151.5	27.34	67.4%	157	82 - 205
Cultural Awareness Scale	38.51	6.808	71.3%	40	19 - 50
Cultural Knowledge Scale	32.98	7.167	66.6%	34	13 - 45
Cultural Sensitivity Scale	27.21	7.044	60.0%	27	11 - 40
Cultural Skills Scale	52.78	10.68	69.3%	56	26 - 70

Table 4: Comparison of Perception between UG and PG

N=542

Group	N	Mean	SD	t - value
UG	431	50.89	11.59	12.11**
PG	111	67.37	16.67	

** Significant at 0.01 level.

Table 5: Correlation between Domains of Cultural Competence Scale

N=542

Domains	Awareness	Knowledge	Sensitivity
Knowledge	0.620**		
Sensitivity	0.585**	0.638**	
Skills	0.675**	0.734**	0.626**

** Significant at 0.01 level.

Table 6: Association between Perception and Demographic Variables in UG Students

N=431

Variables	N	Mean	SD	F - value
Age (Years)				
19 - 20	129	46.39	6.541	1.403 ^{NS}
21 - 22	249	45.14	7.011	
> 22	53	45.30	7.577	
Religion				
Hindu	349	46.24	6.776	13.34**
Christian	73	41.85	6.757	
Muslim	9	48.00	6.164	

** Significant at 0.01 level | NS Not Significant



Table 7: Association between Perception and Demographic Variables in PG Students N=111

Variables	N	Mean	SD	F - value
Age (Years)				
21 – 25	29	152.6	29.91	1.309 ^{NS}
26 – 30	53	154.6	25.33	
> 30	29	144.6	27.93	
Religion				
Hindu	83	155.3	28.92	4.297*
Christian	25	137.9	17.60	
Muslim	3	160.7	7.572	

** Significant at 0.01 level | NS- Not significant

Figure 1: Percentage distribution of level of perception among UG and PG students

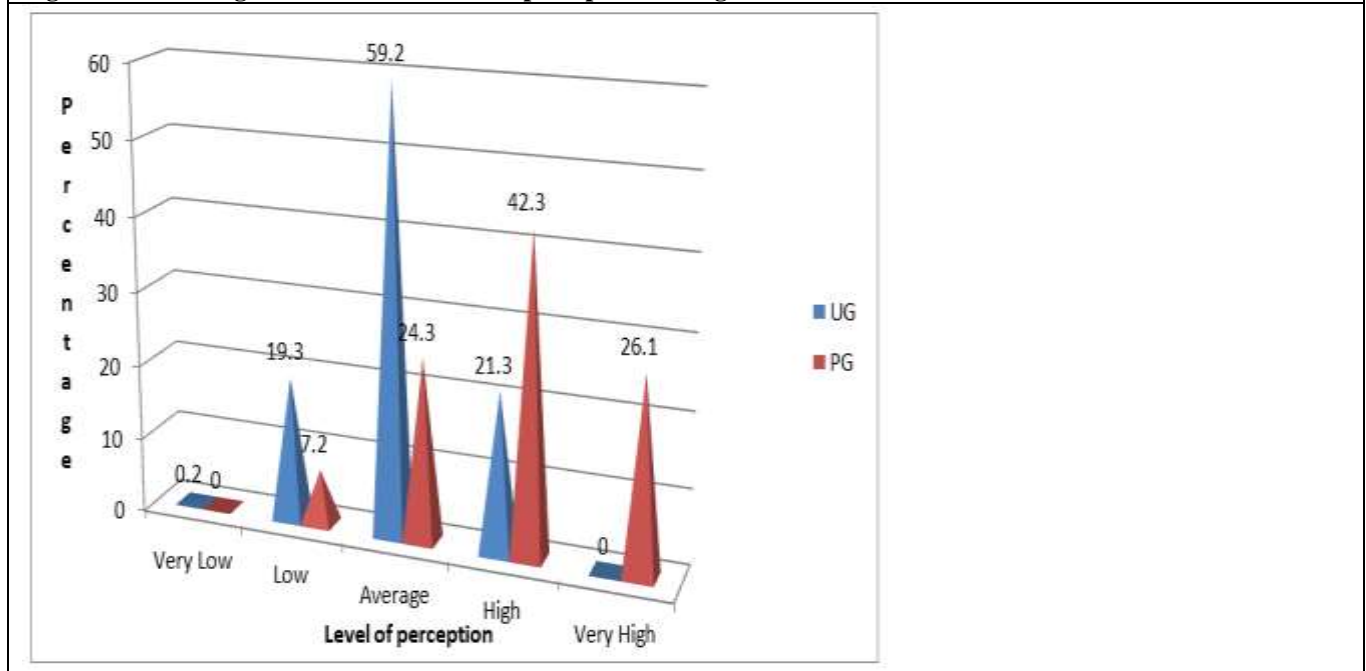


Table 1 portrays the demographic characteristics of the participants. Table 2 enumerates that 0.2% of the participants have very low perception and 16.8% have low perception, 5.4% have very high perception and 25.6% have high perception regarding ethnography. It was found that 52% of participants had average perception of ethnography. The same is illustrated in Fig.1. The mean perception was 54.27 with standard deviation 14.41. The minimum and maximum ethnography perception scores were 15 and 100 respectively.

Table 3 depicts that the mean score of ethnocentrism scale was 45.53 (50.9%) with standard deviation 6.953. The median score was 46 with range 24 - 61. And the mean score of Nursing cultural competence scale was 151.5 (67.4%) with standard deviation 27.34. The median score was 157 with range 82 - 205. Table 4 describes that t-value proves the difference in perception between UG and PG was significant. The table reveals that the perception was significantly higher in PG students

(67.37±16.67) compared to UG students (50.89±11.59). Table 5 reveals that all the domains were significantly correlated to each other. A significant and positive correlation indicates that one domain increasing / decreasing with increase / decrease in other domain. Table 6 depicts that the perception of ethnography was significantly higher in Muslims (48.00±6.164) and Hindus (46.24±6.776) compared to Christians (41.85±6.757). With age no association was found. Table 7 illustrates that the perception was significantly higher in Muslims (160.7±7.572) and Hindus (155.3±28.92) compared to Christians (137.9±17.60). With age there was no association found.

DISCUSSION

Characteristics of demographic variables

Pertaining to age group, majority (57.8%) of them belonged to 21-22 years among UG and 47.7%



between 26-30 years among PG. In relation to Religion, majority (79.7%) were Hindus.

Measurement of perceptions of ethnography among UG and PG students

The mean, standard deviation and mean percentage of Ethnocentrism scale among UG students were 45.53, 6.953 and 50.9% respectively. The median was 46 and range was 24-61. And the mean, standard deviation and mean percentage of 151.5, 27.34 and 67.4% respectively. The median was 157 and range was 82-205. Based on their scales of measurement of UG and PG, overall perception scores demonstrated that majority (52%) of the participants had average level of perceptions of ethnography. A quantitative study done in Sweden indicated a contrast findings with moderately high cultural awareness among nursing students pertaining to their general education, cognitive awareness, comfort with interaction and clinical practice or patient care¹⁰.

Comparison of perceptions of ethnography between UG and PG students

Comparison analysis enumerated that the perception was significantly higher in PG students (67.37±16.67) compared to UG students (50.89±11.59) at $P < 0.01$. Similar findings of a study revealed a statistically significant difference in perceived level of cultural competence between the two groups, with graduating nursing students possessing a higher perceived level of cultural competence than the beginning nursing students. This indicates that graduating nursing students perceive that they have greater cultural awareness and sensitivity and have a greater understanding of what constitutes culturally competent behavior¹¹.

Correlation between domains of cultural competence among PG students

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A study on students' survey demonstrated that the mean percentage of subscales of cultural competence scale was cultural awareness scale 89.37; cultural knowledge scale 60.31; cultural sensitivity scale was 93.12 and cultural skills scale was 85.93¹² which was contrast to the present study findings. The mean percentage of present study was low except for cultural knowledge scale that was higher. Correlation analysis projected that all the domains were significantly correlated to each other.

Association between perception of ethnography and demographic variables

There was significant association found between perception and religion and no association found with age.

CONCLUSION

The present study findings projected that the cultural perceptions were found higher in PG nursing students than UG. However, the overall perceptions were found to be only average which indicates imparting education on cultural awareness is mandatory. But education is not the only way to improve cultural awareness, it is a dynamic concept that can be learned and adopted in everyday life activities. Nursing education requires developing and promoting the skills of students to work in an intercultural setting. Collaboration and training is indispensable within academia and practice and is crucial in confirming that all nursing students get quality education.

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