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Attitudes of undergraduate nursing students to cultural diversity: (Portuguese-Spanish) in a transboundary context.

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Abstract

Our main goal was to identify the attitudes of nursing students to cultural diversity in a healthcare setting, and find the potential relationship between this and the students' national background and their knowledge of cultural diversity. A descriptive observational study comparing two culturally different populations within a cross-border area (Algarve-Huelva) was conducted. The attitudes of the participants were measured across six categories: this study will describe the most significant ones. The cultural context is essential to the development of attitudes to immigration. Nursing care is a communicative act and encountering the "other" the core of the nursing professionals' work.

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Keywords: Cultural diversity; nursing education; attitudes.

1. Introduction

In the field of nursing, interpersonal relationships are part of everyday life; in this interactive area the culture of care recipients and nurses themselves is crucial in establishing an effective relationship and achieving cultural competence of care. University teachers, responsible for the training of future professionals, need to identify the students' position on the phenomenon of diversity, and how it influences the care that will be provided to future

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citizens. Although European common competences for the Degree in Nursing are set (Burjales, 2005), addressing responsibilities with regard to cultural care are different in each nursing school.

Like much of society, nursing students have an attitude towards people from other cultural backgrounds, determined by stereotypes and prejudices generated largely by ignorance, which can hinder their future professional work if we cannot plan a competent educational intervention. Following the conclusions made by the authors of the literature reviewed (Moran, Abramson & Moran, 2014; Sosa, Fernandez & Zubieta, 2014; Sanchez & Rondon, 2013; Fernández, Gómez-Fraguela, Romero & Villar, 2010; Souza & De Souza, 2014; Alonso, Navarro & Lidon, 2014; Rúa, 2009; Gonçalves, 2012), it seems appropriate in this study not only to explore and learn about the attitudes of students in our school (taking into account the knowledge they have regarding cultural care), but also to compare this with another society, another environment with a different experience in the inclusion process of immigrant citizens. An example of this is our neighboring country, Portugal, in particular the Algarve region.

The Algarve has a history of migratory settlement very different from the rest of the country, mirroring what happens in the tourist areas of our country apropos elite immigration (Bäckström, 2012), characterized by being from the European Community nations – British, German and French - and over 60 years old; this community being 19.93% of the over 65 population in the Algarvian region. Apart from elite immigration, accepted by society for its great purchasing power, this region also has economic migration from the PALOP countries, Brazil and currently also receiving developing migratory flows from eastern countries, in particular the Ukraine. This favors cross-border comparison as to the attitudes of Portuguese natives with native Spanish.

2. Objectives

Given that attitudes can be modified or changed, the purpose of this research is to:

- Know whether there are differences between attitudes towards cultural diversity shown by university undergraduate nurses, depending on their location within the cross-border area (Algarve-Huelva).
- Know whether there are differences between attitudes toward cultural diversity shown by university nursing students based on the knowledge they have (knowledge acquired during nursing education), their gender, age and area of residence.

From the results of our investigation, and depending on whether they are positive or negative, an intervention could be needed to improve these attitudes.

3. Hypothesis

- The attitudes to cultural diversity shown by university undergraduate nurses are related to the cultural context in which they are (the culture of their own country).
- The knowledge they have as well as the values and beliefs (acquired during nursing education) influence the development of those attitudes.

4. Methodology

This is a descriptive observational quantitative design of populations by means of surveys, as rated by Montero and León (2005). This design is intended to describe how the attitudes of undergraduate nursing students alter depending on other variables. The population subject to study comprises of nursing students from the University of Huelva and the University of the Algarve (Faro). When the two syllabi were analyzed, we noticed that both have a commitment to cultural care, each of them following a different approach: on the one hand, the curriculum of the Escola Superior de Saúde do Algarve includes cultural diversity explicitly, with the subject “Socio-Anthropology of Health”, which is given in the second semester of the first year (having a total of four credits); on the other hand, at the University of Huelva the nursing department launched the subject “Nursing in the New Challenges in Health” several years ago, (despite being a six credit subject, the topic dedicated to this skill is only three hours’ duration, so it is insufficient to culturally educate the students in this area).

A sample of 180 students had to meet two specific criteria to be included in the research, the first of which was to belong to one of the two selected universities and have studied the subject of cultural diversity. The selection was a

random sample size in both populations, the sampling error was assumed $\pm 3.5\%$ ($p = 0.5$; confidence level = 95%). We therefore had two groups: 95 Spanish students and 85 Portuguese students; men and women, matched in both age (Spain: mean 22.5 and standard deviation of 5.72; Portugal: mean 21.39 and standard deviation of 4.77), academic course and place of residence (rural or urban), the age range for both nationalities being from 18 to 59 years and distributed proportionally.

To obtain the data a questionnaire previously developed and validated was used (García-Navarro, 2006; García-Navarro, 2015). The questionnaire has four major categories with their correspondent variables, which allow us to evaluate attitudes:

- Knowledge about immigration etiology (causes of immigration, immigrants' health rights and obligations, administrative differences)
- Knowledge about the most prevalent diseases in foreign and native population (comparative ranking native/immigrant made by the students)
- Knowledge about most prevalent health issues in foreign and native population (comparative ranking native/immigrant made by the students)
- Strategies developed by nursing students so as to conduct transcultural care (access problems to the health system, professionals' issues in the nurse-patient relationship, nurses' strategies in cultural care)

First, a descriptive analysis was performed and after these variables were crossed with socio-demographic variables, student year, nationality and the main variable. The standardized coefficient was calculated to assess the degree of influence of the different variables on the results achieved in each case.

For the development of research, an informed consent and student information sheet was prepared, all the students agreeing to participate in the research. The relevant ethical considerations and the principles itemized in the Declaration of Helsinki were taken into account.

5. Results

The results are presented in terms of the objectives set in the study. To assess attitudes, four categories were generated by crossing each with the independent variable Nationality (Luso-Spanish), besides this, they were crossed with other independent variables: age, gender, grade, and place of residence of the subjects.

5.1. Knowledge about immigration etiology

This category was identified to ascertain the attitude of the subjects to foreign individuals, depending on the etiology of the migration process. Analyzing this variable, we found significant differences between the attitudes of Spanish students compared to those of the Portuguese, the most important of which is the variable "health reasons"; 100% of Spanish students interviewed thought that is an acceptable reason to emigrate to other country, compared to 58.8% of the Portuguese students.

5.2. Knowledge about most prevalent diseases in the foreign and native population

This category was created to determine the differences in terms of prevalent diseases of the foreign population. Since the objective of this study was to analyze attitudes to cultural diversity, it was considered important to analyze not only the opinion of the subjects regarding common diseases in the immigrant population, but was also relevant to understand how they compare with the common diseases of the native population in each country. Thus, it was possible to deduce the attitude towards some diseases in the "others" as a projection of what is not desired for the native population. To calculate this variable, we asked nursing students to rank each pathology on a scale of 0 - 10 in terms of prevalence in both populations (immigrant and native). The most significant differential in this category was infectious diseases: Spanish students evaluated these pathologies as being three times more prevalent in the foreign population, however, this was less obvious with the Portuguese students (being 1.5 times more prevalent). The opposite was found with cardiovascular disease, it was ranked higher in the local population than in foreigners, whether Spanish or Portuguese. The most important breakthrough became apparent in the analysis of nutritional problems, where the

Spanish clearly identified it as a foreign problem, while in Portugal, they saw only 0.66 differential over its population, as described in table 1.

Table 1. Knowledge about most prevalent diseases in the foreign and native population

		Nationality			p value
		Total	Spain	Portugal	Student t
Differential in the evaluation of gynaecological illness in the foreign and native population	Mean	,12	,03	,16	P=0.782
	SD	3,21	3,54	2,85	
	N	180	96	85	
Differential in the evaluation of nephrological illness in the foreign and native population	Mean	-,30	-,73	,14	P=0.036
	SD	2,78	2,93	2,56	
	N	180	96	85	
Differential in the evaluation of traumatological illness in the foreign and native population	Mean	,07	-,33	,52	P=0.094
	SD	3,42	3,51	3,25	
	N	180	96	85	
Differential in the evaluation of pneumological illness in the foreign and native population	Mean	,36	,22	,51	P=0.557
	SD	3,28	3,44	3,08	
	N	180	96	85	
Differential in the evaluation of infectious illness in the foreign and native population	Mean	2,28	3,02	1,49	P=0.012
	SD	4,10	4,64	3,21	
	N	180	96	85	
Differential in the evaluation of cardiovascular illness in the foreign and native population	Mean	-1,64	-2,45	-,72	P=0.003
	SD	3,90	4,41	2,98	
	N	180	96	85	
Differential in the evaluation of nutritional illness in the foreign and native population	Mean	1,76	2,73	,66	P=0.001
	SD	4,29	4,39	3,89	
	N	180	96	85	
Differential in the evaluation of urological illness in the foreign and native population	Mean	-,24	-,13	-,36	P=0.532
	SD	2,57	2,41	2,73	
	N	180	96	85	
Differential in the evaluation of haematological illness in the foreign and native population	Mean	-,25	-,28	-,21	P=0.874
	SD	2,94	3,17	2,66	
	N	180	96	85	
Differential in the evaluation of mental illness in the foreign and native population	Mean	-1,04	-1,32	-,69	P=0.268
	SD	3,81	3,81	3,80	
	N	180	96	85	

5.3. Knowledge about the most prevalent health issues in foreign and native population

In this category we found similar results to the previous one, the only difference in this was that we analyzed those foreigners' characteristics that induce health problems such as drug addiction, HIV, hepatitis or family planning, not common pathologies.

5.4. Strategies developed by nursing students so as to conduct transcultural care

This category was created in order to ascertain the position of students tending to the foreign population, and how the nurse should interact with them. Predictably significant results were not only in the main independent variable (Spanish/Portuguese nationality), but also the variable “academic year studied”, the most mature students being more inclusive and not just the ones who studied cultural diversity (Table 2 and Table 3).

Table 2. Strategies developed by nursing students so as to conduct transcultural care according to nationality

		Nationality						Significance level
		TOTAL		Spain		Portugal		
		n	%	n	%	n	%	
Knowing their culture and perception of health	Yes	145	81,0%	78	81,3%	68	81,0%	P=0.959
	No	34	19,0%	18	18,8%	16	19,0%	
Use a intercultural mediator to translate us	Yes	51	28,5%	33	34,4%	19	22,6%	P=0.083
	No	128	71,5%	63	65,6%	65	77,4%	
Health Education	Yes	99	55,3%	44	45,8%	55	65,5%	P=0.008
	No	80	44,7%	52	54,2%	29	34,5%	
Generating empathy so that they can trust us	Yes	109	60,9%	70	72,9%	40	47,6%	P=0.001
	No	70	39,1%	26	27,1%	44	52,4%	
Adapting our health care to their culture	Yes	94	52,5%	40	41,7%	54	64,3%	P=0.002
	No	85	47,5%	56	58,3%	30	35,7%	
Consultations on demand	Yes	24	13,4%	16	16,7%	8	9,5%	P=0.160
	No	155	86,6%	80	83,3%	76	90,5%	
They do not need different support comparing to natives	Yes	9	5,0%	5	5,2%	4	4,8%	P=0.891
	No	170	95,0%	91	94,8%	80	95,2%	

Table 3. Strategies developed by nursing students so as to conduct transcultural care according to academic year

		Academic year						Significance level
		TOTAL		1°-2° Year		3°-4° Year		
		n	%	n	%	n	%	X2
Knowing their culture and perception of health	Yes	145	81,0%	85	78,7%	61	84,7%	P=0.312
	No	34	19,0%	23	21,3%	11	15,3%	
Use a intercultural mediator to translate us	Yes	51	28,5%	20	18,5%	32	44,4%	P=0.000
	No	128	71,5%	88	81,5%	40	55,6%	
Health Education	Yes	99	55,3%	68	63,0%	31	43,1%	P=0.009
	No	80	44,7%	40	37,0%	41	56,9%	
Generating empathy so that they can trust us	Yes	109	60,9%	62	57,4%	48	66,7%	P=0.212
	No	70	39,1%	46	42,6%	24	33,3%	
Adapting our health care to their culture	Yes	94	52,5%	60	55,6%	34	47,2%	P=0.273
	No	85	47,5%	48	44,4%	38	52,8%	
Consultations on demand	Yes	24	13,4%	20	18,5%	4	5,6%	P=0.012
	No	155	86,6%	88	81,5%	68	94,4%	
They do not need different support comparing to natives	Yes	9	5,0%	6	5,6%	3	4,2%	P=0.675
	No	170	95,0%	102	94,4%	69	95,8%	

6. Discussion

From the results of this research we can confirm that the cultural context that frames the academic curriculum of nursing degree influences the attitudes of its students, despite being neighbors, involving different cultural characteristics which affect perceptions, attitudes and behaviors. Attitudes were measured across four categories with corresponding variables; analyzing the category that deals with student attitudes about the migration etiology shows that 96.9% of Spanish students thought that the main reason for emigrating to Spain was economic, reflecting the current reality of Huelva province, while the Portuguese students scored 12.3% lower, since Algarvian immigration is different, elite migration being more prevalent than economic immigration. However, even more remarkable is the attitude shown by Spanish respondents to health tourism, because 100% of respondents thought that is why foreigners choose our country as a destination, whereas only 50% of the Portuguese share this perception, despite the migration profile characterizing them as consistent with the definition of health tourism.

Some studies (Navarro et al., 2014) show the opposite, indicating that immigrants residing in Spain use fewer resources than the natives. The Spanish population visits the doctor more frequently than immigrants: the immigrants use the primary health care doctor less (12.7% versus 57.75%) and the consultant. The only anomaly is the immigrant population use of emergency services (a 15.9% increase): they do not know Spanish healthcare protocol, and hours/working conditions.

A further attitude evident from the results is that Spanish students have about prevalent diseases, identifying infectious and contagious ailments as the most frequent in the foreign population, and cardiovascular diseases and mental health for the Spanish population. This concept is reproduced in Spanish society, despite being incompatible with the actual data (Belmonte, Czech & Arjona, 2012). The main reasons why foreign people go to the doctor, as with the native population, is due to skeletal and muscular diseases, respiratory disorders, gastrointestinal problems or accidental injuries (frequently linked to their social and labor situation).

Psychosomatic symptoms arising from migration process should be added to work-related diseases. The data analyzed in this study is contradictory, i.e. Spanish students consider mental health issues more frequent in the native population. With the category “health problems”, the trend is repeated, resulting in the mental health problems like anxiety and depression being identified as “Spanish” problems, however students from the neighboring country (Portugal) did not agree; there was a statistically significant difference ($p = 0.00$) as the Portuguese students perceived these problems as similar in both populations (foreign/native), since the profile for immigration in the Algarve is mostly from the European Community.

If we refer to previous research (Muñoz-de Bustillo & Anton, 2010), the immigrant and native population use medical services for the same reasons, dependent on their employment sector, which proves that they are not a source of rare disease and danger to public health. So, once again, the attitude to the “other” prevails over the evidenced data. The results of this investigation underline this concept, considering that Spanish students have identified tuberculosis and malnutrition as prevalent health problems in the foreign population, and family planning, childbirth and postpartum the main issues in the native population (contradictory to the survey of Navarro et al., 2014 which claims that immigrants have unimportant health problems, so rarely visiting the consultant, only outnumbering Spaniards in visits to the gynecologist and pediatrician). The reason is obvious: they are responsible for the rising birth rates. With regard to the attitude to maternal and pediatric problems, there is a great difference in the attitude of the Portuguese students, as the profile of the foreign population of the Algarvian region falls outside of the fertility range.

Finally, discussing the strategies that students use to care for foreigners, we observed significant differences not only in terms of nationality, Spanish students being more inclusive and culturally competent (prioritizing actions and generating empathy 30% more than the Portuguese students), but also the respondents’ academic year indicates that strategies are more culturally competent later in the academic course, although the topics related to the phenomenon are offered in the first year; this happens in both countries, so it is perceived that what really makes sensitive students is not only knowledge but most of all maturity in the essential concepts of the nursing discipline.

It is worth noting that the study is limited as the cross-sectional design cannot establish associations as strong as in longitudinal studies. Methodological rigor was followed in the selection of the sample and the statistical treatment of the data enabled us to have, for the first time, a description of student attitudes from two different populations, showing us that the cultural context in which the students are immersed is crucial for the development of their attitudes towards cultural care, allowing us to consider interventions and future research.

7. Conclusion

Given the results obtained in the study, it was found that the cultural context is essential to the development of attitudes to immigration; data showed that the cross-border area (Huelva/Algarve) has totally different migration profiles, and elite migration is not considered a threat as against economic or health immigration, that is perceived as such, hence the attitudes of Portuguese students stand out as more equitable and inclusive.

Considering that societal values and beliefs seem to have a bigger impact on the development of the nursing students' attitudes than the information given during the first years of academic education, the introduction of this content in the fourth year would thus be an alternative to ensure cultural competency, in addition to regular meetings with teaching staff to ensure cross-cultural competence is a common thread throughout the degree.

It is important to remember that nursing care is, above all, a communicative act and it is through care that meaningful and respectful relationships with patients are developed. Students should strive to increase awareness of their culture and incorporate that knowledge into their nursing role, losing the fear of the unknown to accept and understand the need to integrate Intercultural Communicative Competence into their general competence, the right to maintain a cultural identity without negating that of the "other", enriching each other with new knowledge.

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