

# Exploration of the cultivation path of cross-cultural nursing competence of registered nurses

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## ***Abstract***

With the rapid development of China's economy, more and more patients from different nationalities and countries are being treated in hospitals. It will become an inevitable trend for registered nurses to provide multicultural nursing with different cultural connotations when facing patients with different cultural backgrounds. The purpose of the study was to determine the level of intercultural nursing competence of registered nurses, including the problems encountered in cultural sensitivity, cultural knowledge, and cultural skills. According to the problems found and the research of cross-cultural nursing education practice in western developed countries, a cross-cultural nursing competence training model for registered nurses was constructed. A total of 100 registered nurses from local Top three hospitals participated in this study. Questionnaire survey showed that the level of cross-cultural nursing competence of registered nurses was significantly improved before and after training. Through thematic analysis, a training model of cross-cultural nursing competence of registered nurses was constructed, which could be further widely applied to clinical training of registered nurses, enrich nurses' cultural skills, increase cross-cultural nursing practice, and aim to improve nurses' cross-cultural nursing competence. It can provide multicultural nursing services for patients with different cultural backgrounds and meet the needs of society for multiculturalism.

***Keywords:*** registered nurse, cross-cultural nursing, training model

## Exploration of the cultivation path of cross-cultural nursing competence of registered nurses

### 1. Introduction

Culture is formed in the life of a particular group and society, including values, language, knowledge, beliefs, customs and lifestyles. In the 1960s, the American nurse Madelen Leininger pioneered a whole new concept of nursing-cross-cultural nursing. Cross-cultural nursing, also known as multicultural nursing, refers to nurses providing nursing care appropriate to their cultural backgrounds for nursing objects with different world views, values, religious beliefs and living customs in the nursing process. This theory points out that nursing workers should incorporate culture into nursing services as much as possible according to the diversity of social culture and the difference of patients' needs for disease, health care, health, nursing and treatment, and adopt different nursing methods to meet the physical, mental and cultural needs of patients.

From the perspective of the diversity of nursing objects, nursing objects may come from different countries and different nationalities, and the differences in their cultural backgrounds will lead to different understandings of life and health, which requires nurses to provide diversified nursing for them. China is a multi-ethnic country composed of 56 ethnic groups with 1.4 billion people and a large population density. With the development of economy, there is a lot of population flow from rural areas to urban areas and from inland areas to coastal areas in China. At the same time, with the deepening of the economy of China and other countries, the number of foreign patients is also increasing, and these floating populations have distinct ethnic and regional cultural characteristics. In the nursing of this group, the cultural background, national background and living custom background of patients are the problems that must be faced in the implementation of nursing.

From the perspective of the diversity of nursing tasks and work contents, the proposal of modern medical model and health concept has changed the work content of nursing from a single disease nursing to a comprehensive holistic nursing, including treatment, prevention, health care and rehabilitation, which means that nurses should also assume the role of education and management, thus requiring comprehensive and diversified nursing of nurses' cultural knowledge.

At present, many scholars believe that the intercultural nursing ability of Chinese nurses is at the medium level and needs to be improved. The reasons are as follows: First, cross-cultural nursing education in China started later than that in Western countries. In the western nursing curriculum system, sociology, psychology, ethics, relations, anthropology, religion, philosophy, linguistics and other humanities related to nursing have been added in addition to medicine, so as to meet the knowledge system needed by cross-cultural nursing. In addition, many universities have set up courses to improve the cross-cultural ability of Medical students. For example, Harvard Medical School in the United States has set up a "patient-centered" cross-cultural medical education, and the education runs through the whole curriculum system. Wageningen University of the Netherlands offers elective courses in intercultural education, among others.

However, the concept of "cross-cultural nursing" was officially introduced in China in 1995. For a long time, Chinese nursing schools only pay attention to the education of basic medicine and nursing operation skills, but neglect the cultivation of multicultural competence. At present, the vast majority of nursing schools in China do not offer courses that combine nursing expertise with cross-cultural nursing, and the training requirements of cross-cultural nursing are not mentioned in the teaching content. Therefore, nurses lack intercultural nursing ability in school, so how to cultivate the intercultural nursing ability of registered nurses is very important. Second, hospital is the main place of work, and its working environment has an important impact on nurses' cross-cultural nursing ability. However, some hospitals do not pay enough attention to cross-cultural nursing and lack the corresponding training and incentive mechanism, which makes nurses lack the motivation to improve

their cross-cultural nursing ability. Third, in clinical work, nurses pay more attention to the observation of diseases and rarely pay attention to the cultural differences of patients, so they can't really help them improve the quality of life. Even if they have the awareness of learning, they can hardly experience the cultural differences in actual work, and they lack opportunities to practice cross-cultural nursing. As a result, nurses' cross-cultural cognition and nursing skills are not high enough.

**Objectives of the Study** - This study aimed for the exploration of the cultivation path of cross-cultural nursing competence of registered nurses. Specifically, to determine the demographic profile of the registered nurses; to determine the cultural competence of registered nurses; to explore on the challenges experience in the adoption cultural competence; to explore the effectiveness of the cultural competence on manifested and; to propose cross cultural nursing competency training model in China.

### *1.1 Theoretical Framework*

Madeleine Leininger's theory of intercultural nursing, also known as cultural nursing theory, falls within both professional categories and general practice areas. The theory has now developed into a nursing discipline. Cross-cultural nursing theory first appeared in Leininger's *Diversity and Universality of Cultural Care* in 1991, but it was developed in the 1950s. This theory was further developed in her book *Cross-cultural Nursing*, published in 1995. In the third edition of *Cross-cultural Nursing*, published in 2002, theory-based research and the application of cross-cultural theory were explained.

Cross-cultural nursing is a cultural study that seeks to understand the similarities and differences of patient populations. Culture is a set of beliefs held by a certain group of people and passed down from generation to generation. In intercultural nursing, the nurse practices according to the cultural considerations of the patient. It begins with culturology assessment, taking into account a patient's cultural background when assessing the patient and his or her health status. After the assessment is complete, the nurse should use the culturological assessment to develop a care plan that also takes into account the patient's cultural background. There are many reasons why nurses use patients' cultural knowledge to treat them. First, it helps nurses understand how patients' cultures and belief systems provide resources for their experiences of illness, suffering, and even death. It helps nurses to understand and respect the diversity that is often very present in the nurse's patient load. It also helps reinforce nurses' commitment to care based on the doctor-patient relationship and emphasizes the whole person, rather than viewing patients simply as a set of symptoms or diseases. Finally, using cultural knowledge to treat patients also helps nurses to be open to what could be considered unconventional treatments, such as spiritual-based therapies such as meditation and anointing. In intercultural nursing theory, nurses have the responsibility to understand the role of culture in patient health. Not only does cultural background affect a patient's health, but the patient may be taking home remedies that may affect his or her health.

Leininger identified three care decisions and actions to achieve culturally friendly care for patients. They are: cultural preservation or maintenance, cultural care accommodation or negotiation, and cultural care reshaping or restructuring. The nurse's assessment of the patient should include a self-assessment to address how nurses are influenced by their own cultural background, especially in working with patients from different cultural backgrounds. The nurse's diagnosis of the patient should include any issues that may arise involving the health care environment and the patient's cultural background. In addition, the nurse's care plan should address all aspects of the patient's cultural background when needed. Finally, the nurse's assessment should include a self-assessment of attitudes towards caring for patients from different cultural backgrounds.

In today's healthcare landscape, nurses need to be sensitive to a patient's cultural background when developing a care plan. This is especially important because many people's culture is so integral to their identity as individuals, and it is this culture that can greatly influence their health and how they respond to treatment and care. Thanks to Madeleine Leininger's theory of intercultural nursing, nurses can understand how a patient's cultural background affects his or her health and use that knowledge to develop a care plan that helps the patient

recover quickly while still being sensitive to his or her cultural background.

Leininger's Sunrise Model is applied to clinical nursing to help nurses study and understand how different cultural contexts affect the health of individuals, families, groups, and social institutions and to guide clinical nursing practice. Collection of culture-related data: patient's culture, social structure and worldview; The health status of the patient and the understanding and expectation of care and the way of care. Identify the commonalities and differences of culture and cultural care: whether the patient's customs, lifestyle and educational background are conducive to healthy recovery, whether the patient's care needs can be met in terms of culture and cultural care, if there are differences, it is necessary to improve the nursing care consistent with the patient's culture. Nursing care decision and action: according to the cultural background of patients, choose the appropriate and culturally acceptable nursing care decision to meet their health needs to the maximum extent.

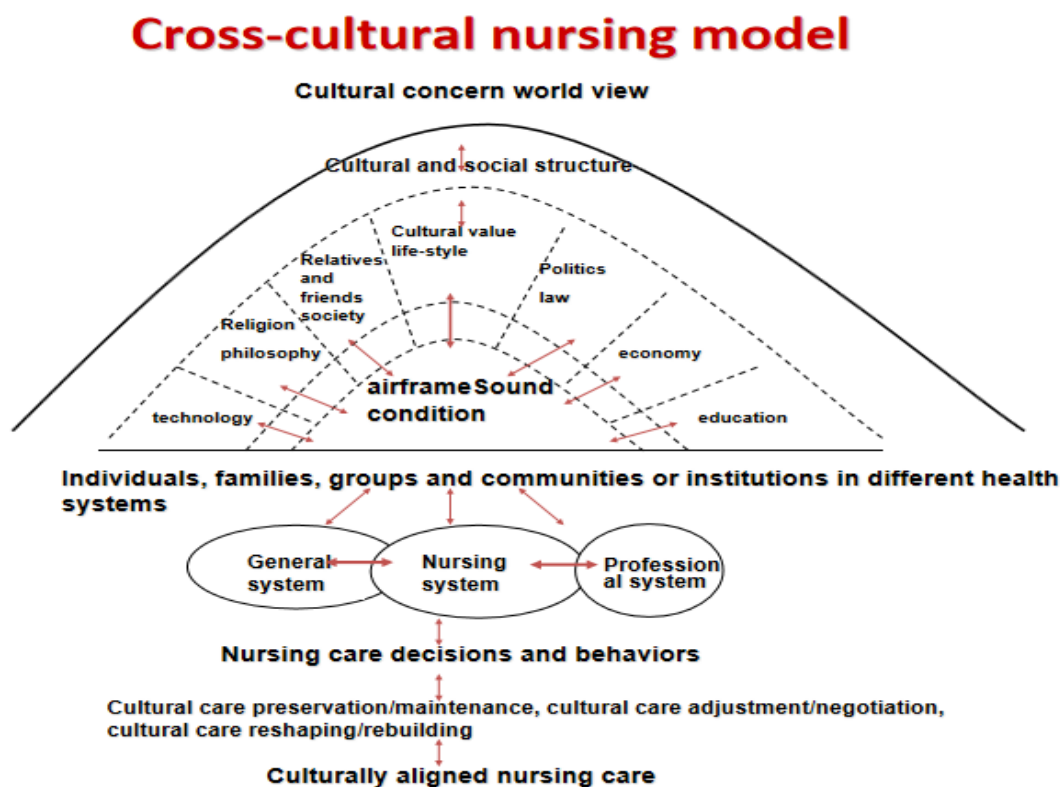


Figure 1 Leininger's Sunrise Model

### 1.2 Conceptual Framework

This paper analyzes the current situation and progress of multicultural nursing education in China by analyzing the literature on multicultural nursing education and multicultural nursing education at home and abroad, finds the existing problems and deficiencies in nursing education, and proposes to construct a cross-cultural nursing competence training model. This model includes three training modules: online course training, practical training and exchange seminar training.

Online course training includes English, nursing sociology, anthropology, folklore, ethnology, etc. Relying on the online platform (Learning), an online training course system has been established. By means of situational teaching and role playing, this paper aims to deepen nurses' understanding of multicultural nursing and improve their practical ability of multicultural nursing. Establish a multicultural nursing platform through wechat, in which cross-cultural nursing cases can be shared, nurse-patient communication experience can be exchanged, and cross-cultural nursing resources can be shared. The training was carried out according to the cross-cultural

nursing competence training model initially constructed. The cross-cultural Sensitivity Scale (NCCS) was selected to investigate and verify the feasibility and effectiveness of the training model. Based on the comprehensive analysis of the research results, the framework and principle of the cross-cultural nursing competence training model are further improved, and the focus of the implementation of the model is discussed to lay a solid foundation for the promotion of this training model in the future.

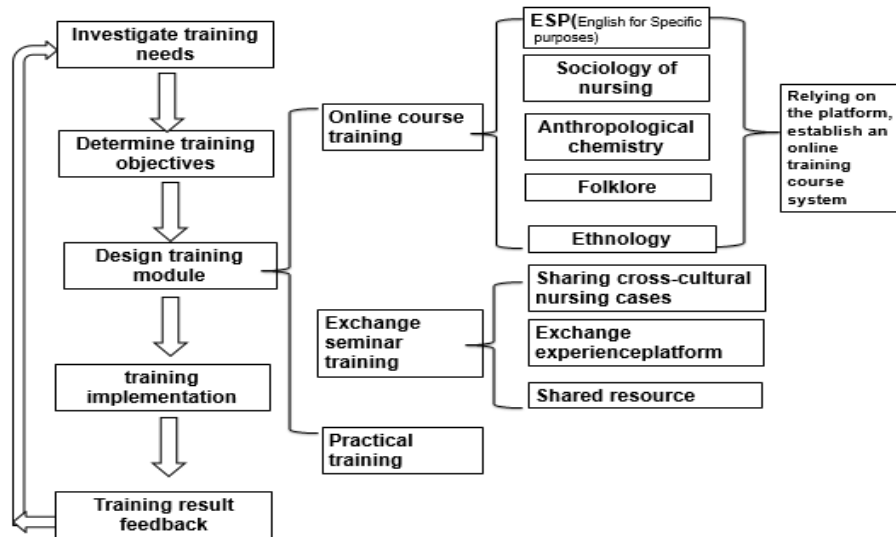


Figure 2 Conceptual Framework

## 2. Methods

**Research Design** - This study adopts quantitative research method. The current situation of nurses' intercultural nursing ability was obtained from three aspects: multicultural sensitivity, multicultural nursing knowledge and multicultural nursing skills by using the Scale of Nurses' Cultural Nursing Ability. Secondly, according to the influencing factors, the cross-cultural nursing ability training model is constructed, and the cross-cultural nursing ability training is conducted according to this model. Finally, the intercultural nursing competence of nurses was investigated with the Scale of Nurses' Cultural Nursing competence. By identifying the changes of nursing level before and after intercultural nursing competence training, a more reasonable training model is proposed.

### Setting and Participants

**Survey object.** The researchers will use a simple random sampling method to sample 320 registered nurses from local tertiary hospitals. (1) Inclusion criteria: in-service and with a nurse practicing certificate; Have worked in the department for more than one year. (2) Exclusion criteria: assistant nurses who do not have a nursing practice certificate; Not working or working in the department for less than one year; Students or interns. Prior to handing over to the respective respondents, the approval letter is first submitted to the Chief Nurse and hospital Director, together with the study title, objectives and sample questionnaire. Before conducting the survey, nurses at the aforementioned hospitals were briefed on the purpose of the study, explained about data privacy, and had them sign consent forms.

**Investigation method.** Questionnaire is an online survey tool that involves the following steps: create a questionnaire, publish a questionnaire, collect data, and analyze data. Explain the precautions for filling in the questionnaire before delivery. After the questionnaire is issued, it should be recalled immediately and checked for completeness. For blank questionnaires, the nurse should be asked to fill them in again carefully.

**Sample Size Calculation.** There are 20 items in the Scale of Nurses' Cultural Nursing Ability. According to Tinsley's suggestion, the sample size should be 5-10 times the number of items when conducting questionnaire

survey, and the sample size of this survey is calculated to be 100-200 people. However, considering the existence of invalid questionnaires and the objectivity of survey results, the sample size of the survey is finally set at 320 people.

### ***Data Gathering Instrument***

(1) General information questionnaire. With reference to relevant literature and research, the general situation questionnaire was prepared by ourselves, including gender, age, ethnicity, marital status, birthplace, religious belief, highest education, English level, years of work, job title, department, multicultural education and training experience, cross-cultural nursing experience and whether you like nursing career.

(2) The Nurse Cultural Competence Scale (NCCS) was used to investigate the current situation. The scale of nurses' cultural nursing competence was developed by Peng Shaozhen from Taiwan in 2012 based on the cultural nursing competence model of Campinha-Bacote and Jeffreys, and was divided into three dimensions: cultural sensitivity, multicultural nursing knowledge and multicultural nursing skills. Likert 5 scale scoring method was adopted, from 1 to 5, indicating from strongly disagree to strongly agree. The score range was 20 to 100, and the higher the score, the stronger the cultural nursing ability. The internal consistency reliability of each dimension of the scale was 0.90 ~ 0.98. G zum et al. introduced this scale into Turkey and made local modifications. The survey found that the Cronbach  $\alpha$  coefficient of this scale was 0.96 and the retest reliability was 0.90, which had good reliability.

The data were exported using the Questionnaire star software and imported into SPSS23 for statistical analysis. In this study, mean and standard deviation were used for measurement data, and frequency and percentage were used for statistical description for counting data. Reliability analysis method was used to analyze the reliability of the scale, and one-way ANOVA, T-test and multiple linear regression were used to explore the influencing factors of cultural nursing ability of nurses in oncology department. P<0.05 indicates a statistically significant difference.

### ***Data Collection Procedures***

*Quantitative Phase.* The first phase of data gathering is collected through survey questionnaire distributed initially to registered nurses in Grade III hospitals in Zibo City. Simple random sampling is used in this study, and the researchers will first obtain approval from Zibo Central Hospital to conduct a questionnaire survey of nurses. Participants will be informed that they can decline to participate in the study and provide informed consent before the investigation begins. The Chinese questionnaire will be produced electronically and sent to all target respondents via wechat. All participants will have 1 day to complete the questionnaire. Completed online questionnaires will be collected automatically through online application. All data will be collated and prepared on the computer for analysis and interpretation. A total of 310 respondents participated in the questionnaire sampling, and the recovery rate was 97%.

*Qualitative Phase.* In the qualitative stage of this study, phenomenological research method was adopted. Face-to-face structured interviews were conducted with interviewees, and the talking time was 15-20 minutes. After obtaining the consent of the interview subjects, the whole process was recorded, and the transcript was completed within 24 hours after the interview. The recording data was analyzed by Colaizzi seven-step analysis method. In December 2023, 15 nurses with cross-cultural nursing experience were selected in the hospital by purpose sampling method.

*Data Analysis* - Frequency count and percentage. This will be used by researchers to analyze the respondents' profiles in terms of age, gender, race, marital status, place of birth, religious belief, highest education, English proficiency, years of work, job title, department, multicultural education and training experience, cross-cultural nursing experience, and whether they like nursing careers. T-test and analysis of variance. The T-test and ANOVA will be used to determine whether the nurses' multicultural nursing competence

is affected. Recorded responses to interview guide questions were tabulated and carefully analyzed. To analyze qualitative data, content is thoroughly reviewed, coded, and analyzed to reach subject categories.

**Ethical Consideration** - The first step in conducting a study is to obtain approval from the research tool sponsor, the school of Nursing, the nursing administration, and the research Ethics Committee. All participants in this study will receive an explanation of the purpose of this study. Participants will be informed of their right to withdraw from the study at any time. In addition, patients participating in this study are required to sign a formal consent form, and the anonymity and confidentiality of all participants are guaranteed. The researchers will also seek approval from the LPU Ethics Committee.

### 3. Results and discussion

**Table 1**

*Assignment of Argument Variables*

variable	Assign
sex	1=male; 2=female
age	1=<25; 2=25-35; 3=>35-45; 4=>45
nation	1= The Han nationality; 2= Minority nationality
matrimony	1= Spinster; 2= Married; 3= Divorce; 4= Be bereaved of one's spouse
Place of Birth	1= Towns; 2= village
Educational background	1=Technical secondary school; 2= Junior college; 3= Undergraduate course; 4= Graduate student
English proficiency	1= Miss the test; 2= Failed to pass College English Test Band 4; 3= College English Band 4; 4= College English Band 6
Religious belief	1=yes; 2=no
Whether you like different cultural practices	1=yes; 2=no
Whether to participate in multi-cultural education and training experience	1=yes; 2=no
Have cross-cultural nursing experience	1=yes; 2=no
Whether you love nursing career	1=yes; 2=no

The findings of this study show the quantitative and qualitative data results. The results are integrated and presented in accordance with the research questions.

**Table 2**

*Scores of registered nurses in each dimension of intercultural nursing competence (n = 310)*

Indicators	N	Dimension score	Entry equalization
Cultural sensitivity	2	7.95±1.62	2.97±0.59
Cultural knowledge	6	22.88±4.14	2.81±0.46
Cultural skill	12	44.36±8.23	2.69±0.40
Cultural nursing ability	20	58.32±1.25	2.73±0.52

*Legend* : < 60 = low intercultural nursing ability; 60 -80 = medium cross-cultural nursing ability, 81 -100= high cross-cultural nursing ability.

As can be seen from Table 2, the cultural nursing ability of local registered nurses is low, the total score of registered nurses' intercultural nursing ability is (58.32±1.25), the score of nurses' intercultural nursing ability is not high, and the total score of items of intercultural nursing ability is (2.73±0.52). Among them, items of cultural sensitivity were divided into (2.97±0.59), items of cultural knowledge were divided into (2.81±0.46), and items of cultural skills were divided into (2.69±0.40).

Nurses did not know much about multicultural nursing knowledge, and their multicultural nursing skills needed to be improved, which was similar to the results of Qian et al.(2012) and Delgado et al. (2013)investigated American nurses without any cultural training, and the results showed that 90.8% of clinical nurses had multicultural awareness, but only 9.2% of nurses had multicultural nursing ability. The possible reasons for the low multi-cultural nursing ability of nurses investigated in this study are as follows: most of the nurses involved in the survey are Han, lacking ethnic cultural diversity; Most of them have junior college education, but lack of multicultural nursing education in school. Most of them were aged between 25 and 35 years old and lacked cultural diversity experience with patients. 80.65% of nurses said that they had not received special training in multicultural nursing. The cultural sensitivity score of nurses is higher than that of

multicultural nursing knowledge and skills, which may be because the existing clinical admission assessment form has included the assessment of patients' ethnic and religious beliefs, so the cultural sensitivity score of nurses is higher than that of cultural knowledge and skills.

Table 3 shows the general information of registered nurses. Among the 310 registered nurses in this survey, 264 were female and 46 were male, among which 19 were ethnic minorities (6.1%). 162 (52.26%) aged 25-35; 215 (69.35%) were born in rural areas; 243 students with bachelor degree (78.39%); 25 college English Test Band 4 (8.07%); 5 (1.61%) had religious belief; There were 253 (81.61%) who liked different culture and customs; 60 participants (19.35%) participated in multi-cultural education training; 26 (8.39%) had intercultural nursing experience; There were 289 (93.23%) who loved nursing career.

**Table 3**

*Univariate analysis of cross-cultural nursing competence of nurses with different characteristics (n = 310)*

	N	%	$\bar{x} \pm s$	t/F	P
<b>1. Sex</b>				<b>0.137 a</b>	<b>0.899</b>
Male	46	14.84%	60.65±4.24		
female	264	85.16%	54.25±2.39		
<b>2. Age</b>				<b>0.715 a</b>	<b>0.402</b>
<25	21	6.77%	53.38±3.94		
25-35	162	52.26%	55.46±5.66		
>35-45	106	34.20%	62.87±5.67		
>45	21	6.77%	68.85±3.98		
<b>3. Nation</b>				<b>-1.849<sup>a</sup></b>	<b>0.611</b>
The Han nationality	291	93.87%	64.86±12.81		
Minority nationality	19	6.13%	70.47±12.84		
<b>Matrimony</b>				<b>35.443<sup>b</sup></b>	<b>0.515</b>
Spinster	61	19.68%	62.39±11.74		
Married	245	79.03%	65.90±13.08		
Divorce	4	1.29%	65.50±12.87		
Be bereaved of one's spouse	0	0	59.50±4.92		
<b>Place of Birth</b>				2.347 <sup>a</sup>	0.001
Towns	95	30.65%	66.90±6.76		
village	215	69.35%	64.45±6.19		
<b>Educational background</b>				7.365 <sup>b</sup>	<0.001
Technical secondary school	1	0.32%	48.00±0.00		
Junior college	65	20.97%	57.93±6.49		
Undergraduate course	243	78.93%	60.26±6.14		
Graduate student	1	0.32%	50.00±0.00		
<b>English proficiency</b>				1.117 <sup>a</sup>	0.357
Miss the test	190	61.29%	59.13±6.61		
Failed to pass College English Test Band 4	94	30.32%	59.98±6.47		
College English Band 4	25	8.07%	58.26±6.43		
College English Band 6	1	0.32%	51.06±3.18		
<b>8. Religious belief</b>				2.314 <sup>a</sup>	0.018
Yes	5	1.61%	62.56±5.61		
No	305	98.39%	59.47±6.14		
<b>9. Whether you like different cultural practices</b>				2.953 <sup>a</sup>	0.003
Yes	253	81.61%	60.56±6.35		
No	57	18.39%	57.27±5.78		
<b>Whether to participate in multi-cultural education and training experience</b>				4.427 <sup>a</sup>	<0.001
Yes	60	19.35%	71.58±5.06		
No	250	80.65%	63.59±6.28		
<b>Have cross-cultural nursing experience</b>				4.308 <sup>a</sup>	<0.001
Yes	26	8.39%	75.30±6.04		
No	284	91.61%	64.21±5.52		
<b>Whether you love nursing career</b>				4.816 <sup>a</sup>	<0.001
Yes	289	93.23%	66.06±5.45		
No	21	6.77%	52.47±5.85		

Note: a = t; b = F

In Table 3, t test and one-way ANOVA were conducted for general data that may affect nurses' multicultural nursing ability. The results showed that there were statistically significant differences in multicultural nursing



ability among nurses with place of birth, education background, religious belief, and multicultural nursing training experience (all  $P < 0.05$ ), and there was no significant difference in multicultural nursing ability among nurses of different sex, age, nationality, marriage and English level ( $P > 0.05$ ).

**Ethnic background factor.** The results of this survey show that ethnic and religious beliefs are one of the factors affecting nurses' cross-cultural nursing ability, and the results are consistent with the conclusions of Zheng et al.(2019). The reason may be that religion, as a cultural phenomenon, contains some specific norms, taboos and rituals. Nurses with religious beliefs and ethnic minorities may better respect the living customs and cultural differences of patients, and provide nursing services in line with their cultural background on the basis of fully understanding the cultural background, eating habits and regional characteristics of patients, so they have better intercultural nursing ability.

**Educational background factor.** Education not only imparts necessary knowledge, but also improves one's cultural cultivation. The results showed that most of the nurses were college students with low educational background and received little cross-cultural knowledge in school. The lack of multicultural education and training after working is the factor that affects nurses' cross-cultural nursing ability. The research of Wang et al.(2015) also confirmed that multicultural education and training is a factor affecting nurses' cross-cultural nursing ability. Multicultural education and training activities can build a multicultural nursing learning and exchange platform for nurses, conduct systematic, comprehensive and targeted cultural knowledge training for nurses, enrich knowledge reserves, and improve cultural nursing ability. Relevant studies show that multicultural nursing training intervention is an effective way to improve the cognitive level of multicultural nursing.

**Self factor.** The results showed that age and preference for different cultural practices were the factors affecting nurses' intercultural nursing ability. With the increasing of age, increasing work and life experience, and constant collision with different cultures, clinical nurses have a tendency to increase their cognition of multicultural nursing, and the study of She et al.(2013) also confirmed this view. In addition, hobbies are the best teacher of a person. When nurses like different cultural customs, they will pay more attention to multicultural knowledge and actively explore and understand cultural diversity through various ways, so as to expand their cultural knowledge and gradually transform into multicultural nursing ability.

*Interview nurses to discuss the challenges and experiences of cultural competence of registered nurses.*

**Table 4**  
*Basic data of nurses interviewed (N=15)*

ID	sex	Home province	The province where the practice hospital is located
A	male	Shandong (Province)	Peking
B	female	Shandong (Province)	Peking
C	male	Sichuan	Shandong (Province)
D	female	Gansu (Province)	Henan (Province)
E	female	Shandong (Province)	Hainan (Province)
F	female	Shandong (Province)	Shanghai
G	female	Anhui (Province)	Shanghai
H	female	Shandong (Province)	Henan (Province)
I	male	Shandong (Province)	Anhui (Province)
J	female	Shandong (Province)	Guizhou (Province)
K	female	Xinjiang	Shandong (Province)
L	female	Shandong (Province)	Peking
M	female	Shandong (Province)	Guangzhou.
N	female	Shandong (Province)	Henan (Province)
O	female	Hunan (Province)	Jiangxi (Province)

*Interview Outline*

(1) When you first cared for patients from different countries/nationalities/regions, did you have any difficulties? What are the main manifestations? (2) Has the hospital provided training on cross-cultural nursing for nurses after you started working? (3) Do you think it is necessary for hospitals to carry out cross-cultural

nursing education for nurses? (4) If there is an inter-textual nursing training, what aspects of the training would you like?

### *Interview Results*

Through the interview, the status quo of cross-cultural nursing implementation of registered nurses was mastered. More than half of the interviewees were nervous and anxious during the nursing process because they did not know the cultural background of patients, and even did not dare to communicate with patients too much. After analysis and extraction, four themes were identified in this study.

*Theme 1: Lack of knowledge of cross-cultural nursing theory.* Respondents learn cross-cultural theory too early, too little, and out of touch with practice, which can not effectively guide clinical practice. Nurse B: "I remember when I was in college, I learned the sunrise model and had a little impression in my mind, but I forgot the specific theoretical content." Nurse C: "The teacher talked about the cross-cultural nursing procedure, but did not introduce its implementation in detail. I do not know when to apply this theory." Nurse K: "After nursing a Hui patient, I went to help him tidy the bedside table and put the paper on the Koran, and he was very unhappy to rearrange it, and was very confused at that time." After work, I approached a Hui colleague and learned that nothing can be placed on the Quran." Nurse M: "I feel that cross-cultural theory is very abstract, unlike nursing operations, which can be followed by operation steps." Nurse N: "There was a lack of deep understanding of the adjustment and reconstruction of cultural care when documenting nursing issues."

*Theme 2: Low awareness of intercultural nursing.* Respondents ignored the importance of cross-cultural nursing. Nurse A: "In fact, it doesn't matter whether you understand cross-cultural nursing or not, because patients in the hospital are subject to the hospital management, if we respect the patient's culture in everything, our work will be difficult." Nurse E: "It is not very important to implement cross-cultural nursing, because our work records do not reflect this requirement." Nurse G: "The staff of nurses in the hospital is already very tight, and the daily nursing work is very busy. Where there is time to consider their cultural background and corresponding needs, it is already very good to finish the work at hand."

*Theme 3: Insufficient intercultural nursing capacity.* Cross-cultural nursing training is urgent. Nurse H: "I think the biggest obstacle in cross-cultural nursing is language. I once cared for a Filipino in the intensive care unit, who could only speak a few simple sentences in broken English. I found that I could not communicate with him in English at all, so I had to turn to a teacher with overseas experience for help, and I felt that the patient was disappointed with me. I feel depressed myself." Nurse B: "When I was caring for a black patient, I asked my colleague to help pass the infusion stand. When I said "that", the patient was furious. After communication, I realized that the patient had heard "nigger", which was an insulting word to them." Nurse F: "Patients in different regions have different languages or dialects, and sometimes they cannot understand the meaning of the patient's expression when communicating, so the patient needs to repeat it again." Probably because the patient is sick, the mood is not good, this time it is easy to appear irritable mood, dissatisfaction with our nursing work." Nurse I: "When I met a Xinjiang Uygur patient, I did not feel as good as we Han people. I did not dare to look up at him when giving an injection, nor did I dare to speak freely, for fear of touching the patient's taboo, and I was especially nervous and careful when operating, even my hands trembled."

*Theme 4: Inadequate nursing staffing and facilities.* A full range of supporting personnel and facilities is a favorable guarantee for the implementation of cross-cultural nursing. Nurse B: "We run around like a top every day, busy with all kinds of nursing operations, there is no more time to deeply understand the patient's cultural background, and from the cultural background, to provide him with more comprehensive and humane nursing services." Nurse F: "Every nursing operation should be completed on time, if I wait for the patient to complete the prayer, it will affect the next treatment or examination of other patients, too busy!" Nurse I: "There is a retired female teacher, especially like quiet, asked for a single room, but the whole ward is very tense, and finally can not meet her request." Nurse K: "There was once an old man in the countryside who had been using squat toilets at home, but after coming to the hospital, he found that they were all toilets and could not go to the toilet."

He came to the nurse and asked for a change of ward."

#### 4. Discussion

*Obstacles in the implementation of cross-cultural nursing.* Many interviewees indicated that language is the main obstacle to the implementation of cross-cultural nursing in clinical nursing work. Language comes from culture and is one of the carriers of culture. The diversity and complexity of languages increase the difficulty of cross-cultural nursing. At present, inadequate allocation of nursing human resources is common in our country, and nursing staff have heavy workload, physical and mental fatigue, and can not do meticulous care and care for patients, which is also a practical reason affecting the implementation of cross-cultural nursing. In addition, while increasing the number of beds, the hospital should fully take into account the medical needs of patients, and the cultural needs of patients should be included in the configuration and renovation of facilities, such as setting up prayer rooms, emotional release rooms, providing more private space, etc., to meet the cultural needs of special groups.

*The cross-cultural nursing ability of registered nurses needs to be improved.* The results of the interview showed that more than half of the interviewees were nervous and anxious when they cared for foreigners or other ethnic patients in the nursing work, and they even did not dare to communicate with patients too much because they did not know the cultural background of patients. Among them, two interviewees had small friction with patients due to poor communication, which was attributed to the weak awareness of cross-cultural nursing, the lack of theoretical knowledge of cross-cultural nursing, and the lack of practical experience in cross-cultural nursing. Cross-cultural nursing is not simply to comply with patients' wishes, but to give patients different ways of communication and nursing according to their cultural background. Cross-cultural nursing ability is a comprehensive ability that nurses should possess, and it is a large set of cross-cultural awareness, cultural knowledge reserve, cross-cultural communication ability and nursing ability. Its cultivation and formation should run through and permeate the whole process of professional learning and clinical work.

##### *To explore the effectiveness of cultural competence in performance*

Cross-cultural nursing respects the living habits of patients and promotes the harmonious relationship between nurses and patients. In different cultural backgrounds, different patients have different living habits, so in the nursing process, the nursing staff should respect the living habits of the patients, for example, in the process of diet nursing for patients, they need to specifically understand the patient's dietary taboo, especially for patients with religious beliefs, they will pay more attention to the diet. In terms of living habits, different cultural backgrounds will also make patients have certain life taboos, so it is carried out for patients. Special attention should be paid to nursing arrangements to avoid touching the patient's life taboo and causing the patient's aversion.

*Cross-cultural nursing can enrich the connotation of nursing and enhance the ability of nursing service.* Modern health concept requires nurses to assume the role of education management, in addition to normal clinical care, but also need to pay attention to the psychological condition of patients. For patients with high cultural level, if they have anxiety in the process of treatment, nurses can take the initiative to communicate with the patients to understand their inner thoughts, help the patients to further understand the condition, and give them some encouragement after they have achieved certain treatment results to help them further improve the treatment effect. In addition, different psychological care can be carried out according to the different personality of the patient, for example, for patients with malignant tumors, if the patient with poor psychological endurance can choose to keep it confidential; For patients with a more cheerful personality, they can choose to inform their physical conditions in order to improve the cooperation of treatment.

*Systematic and standardized cross-cultural training model is the key to ensure the implementation of cross-cultural nursing.* There are few relevant courses in Chinese nursing schools, and the research level is relatively weak, and the relevant training after nurses join the work is even less. The "health-centered" medical

model poses new challenges to the intercultural competence of nursing staff, which means that cross-cultural nursing is not only necessary when dealing with individuals from different countries and regions, but also when dealing with individuals with different personal positions, family backgrounds and work backgrounds, all involve the understanding of their cultures. Care is no longer a simple technical task, but a complex cultural interaction, and caregivers should try to understand the culture of the people they serve, accepting the specificity of the individual case rather than the universality of the disease. Therefore, systematic and standardized cross-cultural training mode is the key to ensure the implementation of cross-cultural nursing. Strengthen theoretical study, enrich the knowledge system of humanities, consolidate the multicultural foundation, pay attention to the study of cultural differences and language communication; In clinical work, the nursing procedure is the thinking orientation, and the cultural nursing of patients is included in it, so as to realize the holistic nursing. According to the characteristics of different regional cultures, combined with the shortcomings of nurses' multicultural nursing knowledge, regionally targeted special training is carried out, such as local dialects, living habits, customs and taboos, so as to better serve patients.

***Put forward the model of intercultural nursing competence training in China.***

**Table 5**  
*Intercultural nursing competence training programs in China*

Theme	Aim	Content
The first stage: theoretical introduction of cross-cultural nursing concepts	Awaken nurses' intercultural nursing consciousness and enhance nurses' cultural desire.	Strengthen theoretical learning and enhance cultural heritage: 1.Relying on the online platform (Learning), establish an online training course system. The relevant learning content of this study will be uploaded to the learning Channel for nurses' reference, review and application. 2.open "Multiculturalism and nursing" course will be more. The combination of meta-culture and nursing work leads nurses to enhance cross-cultural nursing consciousness theoretically and understand the influence of culture on individual health.
The second stage: expand the cultural vision and create a caring atmosphere	Improve cultural sensitivity and master the skills of cultural interaction through cultural exchanges.	Create a diverse cultural atmosphere: 1. Hold a cultural nursing knowledge lecture every week, and invite clinical nursing experts to share cross-cultural nursing experience. 2. Hold a cultural salon every month to tell the cultural stories around you; Folk customs sharing meetings were held to allow nurses from ethnic minorities to talk about the cultural customs and customs of their hometowns. Organize nurses to watch films and television works with cultural materials, feel cultural differences, and trigger cultural thinking.
The third stage; Build a cross-cultural nursing platform.	Integrate cultural knowledge into nursing practice to improve their cross-cultural nursing skills.	Theory guides practice, application improves skills: 1. Establish a cross-cultural nursing platform through wechat. 2. Cross-cultural nursing cases can be shared on the platform. Exchange nurse-patient communication experience and share cross-cultural nursing resources. 3. Push excellent articles, development trends, training materials, meeting notices and other information of cross-cultural nursing

*Identify consulting experts.* The inclusion criteria of consulting experts are: (1) nursing education experts, nursing psychology experts, clinical nursing experts; (2) Bachelor degree or above or intermediate or above title, and have more than 10 years of clinical nursing work experience; (3) Have cross-cultural nursing teaching or clinical experience; (4) Willing to participate in the study. A total of 6 experts were included.

Based on a large number of relevant literature at home and abroad, this paper collects data, sorts out ideas, forms a basic framework of intercultural training paths and modes, and combines the current intercultural situation of nurses to develop a preliminary plan suitable for cross-cultural training of registered nurses. In order to ensure the quality of the training program, the feasibility and scientificity of the training program, the university and hospital experts were consulted on related issues. Five experts suggested that cross-cultural care assessments should include an assessment of "knowledge patients", i.e. patients' ability to access relevant medical knowledge via the Internet; 4 experts stressed that the training process should focus on the use of cases to avoid repeated indoctrination of theories; Four experts suggested that nurse-patient communication skills should be added to the training program; Three experts suggested that cross-cultural care should focus more on

patients' perceptions of death to help restore patients' confidence. According to the revised opinions put forward by experts, the problems that may be encountered in the implementation of the plan are predicted, corresponding solutions are formulated, and the preliminary plan is re-sorted and revised to form the final cross-cultural education and training plan. Table 5 lists the parameters

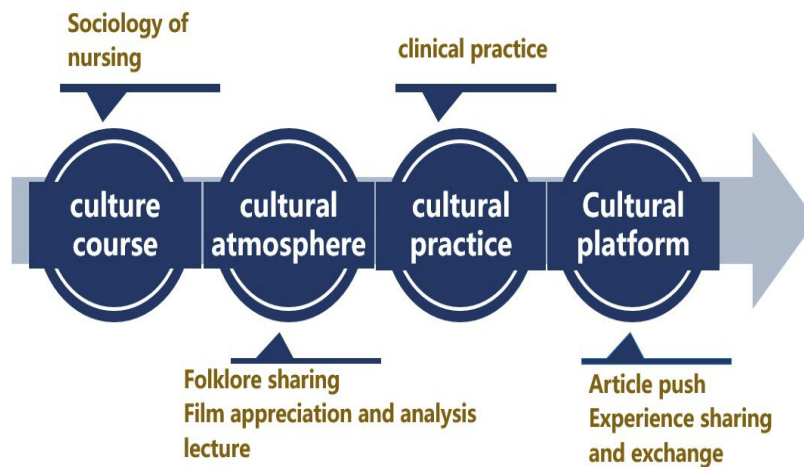


Figure 3 Training path of cross-cultural nursing competence in China

#### **Preparation 《Cross-cultural Nursing Handbook》**

With reference to "Multiculturalism and Nursing" written by Ye et al.,(2014), "Analysis of Typical Cases of Nurse-Patient Communication" by Han Lin(Han Lin,2018), "The Third Edition of Cross-cultural Communication" by Chen et al.,(2021), etc., and combined with the experience of clinical experts, the author wrote "Cross-cultural Nursing Manual" by himself. The manual covers cross-cultural nursing theories, customs, case analysis, international nursing development trends, policies related to the International nurse Certificate, nursing English dialogues, misunderstandings of common cultural differences, and nurse-patient communication skills, etc. It is convenient for nurses to carry around, consult and learn at any time, and improve their cross-cultural nursing ability.

#### **Implementation phase**

1. The first stage: theoretical teaching into the implementation of cross-cultural nursing concept program.

(a) Introduce cross-cultural nursing theory, focusing on theoretical analysis and application. Learn Leininger's cross-cultural nursing theory in class, analyze the relationship between cross-cultural nursing and holistic nursing, and make nurses fully realize the importance of cross-cultural nursing. Carry out cross-cultural nursing case discussion, guide nurses to evaluate patients' cultural background one by one according to the "daily rise mode", including patients' world view/cultural/social structure level, service object level, and health care system level; Based on culture, find out the commonalities and differences of cross-cultural nursing of patients, and list the nursing problems of patients; According to different nursing problems, the nursing measures matching the cultural background of patients were provided by means of cultural care preservation, cultural care adjustment and cultural care reconstruction.

(b) Collect typical cases of common cross-cultural nursing in clinic. The collection of common clinical cross-cultural nursing typical cases, cases into the theoretical teaching, since then, cross-cultural nursing cases can be relied on.

2. The second stage: sharing folk customs and broadening cultural horizons

(a) Establish cultural sharing meetings to promote interaction among nurses. Foreign students, volunteers of the West China Project and nurses of Tibetan, Hui, Uyghur and other ethnic minorities are invited to introduce

local cultural customs, focusing on their traditional lifestyles, understanding of health and disease, people's beliefs and values, as well as their religious beliefs, living habits, and communication taboos. Share their cultural conflicts or broaden nurses' horizon, broaden nurses' cultural vision, and promote the exchange and integration of different cultures.

**Table 6***Cross-cultural nursing case*

Scene	Case	Cross-Cultural Nursing Strategies
Hospital environment	The patient's family hung an open peach wood sword for the patient in the ward.	Treatment that respects the patient's folk care
Be admitted to hospital	Many hospital wards do not have a "4" bed number.	Respect the patient's folklore
Comfort and safety	The Korean patient suffered a perforated appendix due to excessive tolerance of pain.	1. Affirm the patient's resilience to pain. 2. Encourage patients to express pain in a timely manner. 3. Strengthen observation and inquiry.
Cleaning care	Chinese traditional confinement vs. Scientific confinement	Adjust the cultural care model and do a good job in health education.
Observation and nursing of vital signs	When a male nurse measured the breath of a female patient, he observed the fluctuation of the patient's chest and was misunderstood by his family.	1. Respect traditional Chinese rites and avoid gender misunderstanding. 2. Communicate, explain and popularize nursing cultural knowledge.
Diet nursing	Patients who believe in Islam and have a history of diabetes have hypoglycemia due to "fasting".	1. Understand religious culture and respect patients' religious beliefs. 2. Choose alternatives and do a good job of blood glucose monitoring.
Excretion care	Because of bed tension, men and women in the same ward, female patients because they can not get out of bed to go to the toilet, urine retention.	1, timely adjustment of beds, good communication. 2. Cultural care adjustment: Guiding family members to induce urination.
Drug administration	The elderly have poor medication compliance due to worries about the economic burden and lack of understanding of the disease.	1. Strengthen health education. 2, cultural care adjustment: inform the family, improve the degree of attention.
Intravenous infusion	American patients refused IV fluids, considering them to be a minor operation.	1. Respect medical differences. 2. Reduce the risk of intravenous infusion.
Heat and cold therapy	When a Thai child became sick with a fever, the nurse touched the child's forehead and the parents became very angry.	1. Understand cultural taboos in different countries. 2. Promote nurse-patient communication and gain trust.
Care of the terminally ill	After the death of the Buddhist patient, the family wanted the hospital to agree to keep the patient's body in the ward for a longer period of time instead of moving it immediately.	1. Protect patients in the same ward and advise them to leave the ward. 2. Respect patients' religious beliefs.

(b) Hold expert lectures, share experience, and enhance cross-cultural nursing competence. Clinical front-line nursing experts and teachers with rich cultural experience are invited to conduct cultural nursing lectures for nurses, stimulate nurses' learning enthusiasm with fresh and vivid cross-cultural cases and experiences, and help every nurse to grow with their profound academic attainments and rich practical experience; With its advanced nursing model and nursing concept, it promotes the high quality of nursing work.

(c) Watch movies. Organize nurses to watch cross-cultural film and television works, such as "Gua Sha", "Wedding Banquet", "Push Hand", "American Factory" and other typical films, which mainly show the conflict of values between China and the West from various aspects, bring strong cultural impact to nurses, and guide nurses to express their perception and experience.

3. The third stage: understand the development frontier of cross-cultural nursing and build an online communication platform.

(a) Create online courses. The relevant learning content of this study will be uploaded to the "Learning Pass" platform for nurses' reference and application.

(b) Create communication groups. Clinical nursing experts and nurses working across regions are invited to join the exchange group to share and exchange knowledge and experience related to cross-cultural nursing. Push

excellent articles, developments, training materials, conference announcements and other information on cross-cultural nursing; Participate in the learning of "Huhui Cloud Class" and NetEase Open Class; Nurses consult and discuss through communication groups.

4. Evaluation stage - (a) Cross-cultural nursing competence; and (b) Nursing satisfaction.

## 5. Conclusions and recommendations

The intercultural nursing level of local registered nurses is at a lower than medium level, and ethnic group, religious belief, educational background and multicultural nursing training experience can affect the intercultural nursing ability of registered nurses. The results of interviews with nurses showed that the theoretical knowledge, consciousness and ability of intercultural nursing were lacking. At present, the biggest challenges faced by nurses are insufficient allocation of nursing human resources, heavy workload of nursing staff, physical and mental exhaustion, insufficient time for training, and inability to provide meticulous care and care for patients in clinical work, which is also a practical reason affecting the implementation of cross-cultural nursing. Explore the significance of cross-cultural nursing training, which can provide targeted nursing and improve nursing quality. Cross-cultural nursing respects the living habits of patients and promotes the harmonious relationship between nurses and patients. Cross-cultural nursing can enrich the connotation of nursing and enhance the ability of nursing service. The implementation of standardized cross-cultural nursing knowledge and skills training can effectively improve nurses' cross-cultural nursing ability and patients' nursing satisfaction. Put forward a model of intercultural nursing competence training in China, which includes three stages: theoretical teaching, introduction of intercultural nursing concept and implementation; Folk customs sharing to broaden cultural horizons; Understand the development frontier of cross-cultural nursing and build an online communication platform. At the same time, a better evaluation method is sought to form a closed loop and improve the cross-cultural nursing ability training model.

Expanding the sample size This study adopts a small sample study with a single sample and only studies nurses in a local hospital, which may lead to certain bias in the research results. Future studies could expand the sample size of nurses and patients. Extension of research time The training of registered nurses was only conducted for 1 month in this study, and the long-term training effect is still unknown. Future studies may try to extend the training time. Inclusion of objective indicators The detection indicators of nurses and patients in this study are subjective assessments and lack the support of physio-chemical indicators. Some objective indicators can be added in the future. Diversified training methods The training of nurses in this study is limited to classroom communication, and the method is single. Research can try to go to the ward for example on-site teaching, timely ask the patient's response.

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