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## Cultural competence of nurses working in elderly care in an acute hospital in the United Kingdom: A quantitative study

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**Aims:** This study sought to assess the knowledge, skills, attitudes and practice of nurses related to culture, in order to assess their level of cultural competence (CC) and its impact upon the care of older people.

**Background:** The UK continues to be an increasingly diverse and ageing population; hence, it is important that healthcare professionals become aware of the needs of older patients from ethnic minority groups. CC is one approach which has been suggested as a strategy to improve quality of healthcare and reduce inequality for all patients.

**Methods:** A cross-sectional survey was carried out using the Cultural Competence Assessment Tool (CCATool) developed by Papadopoulos, I. (2004). Registered and non-registered nurses working within elderly care were surveyed (n=81). Participants were assigned to one of four categories of CC based on the scores they achieved in the survey. Statistical tests were used to explore trends and patterns of CC based on participants' demographic characteristics.

**Results:** No nurses achieved scores that placed them in either the culturally incompetent, or the culturally competent categories. 65 (80.2%) nurses were found to be culturally aware, whilst 13 (16%) were culturally safe; 3 participants were excluded from data analysis due to large volumes of missing data. There were no statistically significant associations between CC scores and demographic characteristics such as ethnicity, or social characteristics such as having worked in a culturally diverse environment. Statistically significant associations were found between participants' cultural sensitivity and; first language, religion, and whether participants had worked abroad. The fact that so few significant results were found emerged as the key finding of this study.

**Discussion:** CC measurement tools are most frequently used to compare changes in individuals' CC following, for example, changes in organisational policy or attendance at training programmes. This study demonstrated that scoring the absolute CC of individuals' may not be that clinically useful. Interpreting the findings revealed the limitations of most CC frameworks in offering practicing nurses clear guidance on what actions can be taken to achieve CC nursing care. In order to address these shortfalls, a new framework for CC in nursing practice was developed. The framework links Activities of Living (Roper, Logan and Tierney, 1980) to the four categories of CC assigned to the participants. The purpose of the framework was to distinguish in practical nursing terms, the difference between cultural incompetence (CI), cultural awareness (CA), cultural safety (CS) and cultural competence (CC). This exercise also sought to uncover what care of the older patient would look like in these categories, what nursing actions they would entail, and how the patients' experience of care would differ when provided by nurses in the four categories.

**Conclusion:** It is hoped that the finding of this study and development of the nursing framework will support nurses to improve the care of older patients from minority ethnic groups.

### Biography

Sukdeep K Dhabda is a final year undergraduate Masters of Nursing Science student at the University of Nottingham (UK), and is due to graduate as a newly-qualified staff nurse at Nottingham University Hospitals NHS Trust. She has been involved in a range of initiatives aimed at promoting and supporting the needs of ethnic minority patients, staff and communities, including her first published article within the Nursing Standard, supporting student nurses to enhance care delivery to patients from diverse cultural backgrounds through the development of cultural competence.

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