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Linguistic, Cultural Competences and Nursing Care of Non-Meranao Staff Nurses

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Abstract

In the healthcare sector, nurses must learn the language of their clients from other cultural groups to prevent the communication gap, ease the communication process, and deliver accurate information to clients and their families. This study looked into the linguistic and cultural competencies of non-Meranao staff nurses and the nursing care they rendered to Meranao clients in a hospital in Marawi City. The descriptive-correlational research design was used. One hundred twelve non-Meranao staff nurses served as the respondents and were selected through purposive sampling. The Linguistic Competence of Staff Nurses Questionnaire, the Cultural Competence of Staff Nurses Questionnaire, and the Nursing Care Rendered by Staff Nurses Questionnaire were used in gathering the pertinent data. In addition, weighted Mean, Standard Deviation, and Pearson Product-Moment Correlation Coefficient were used in treating the data gathered. The study revealed that non-Meranao staff nurses have high linguistic and cultural competencies and high-quality nursing care rendered to their Meranao clients. However, the linguistic competence of non-Meranao staff nurses did not influence their ability to render quality nursing care to their Meranao clients, in contrast to cultural competence, which highly influenced the nursing care rendered by the respondents. The study concludes that cultural competence is essential in delivering healthcare services to people belonging to other cultural groups.

Keywords: communication gap, communication process, cultural group, healthcare sector, quality service

Introduction

Culture and language may influence the behaviors of individuals who are seeking health, rehabilitative, and habilitative care (American Speech-Language-Hearing Association, 2017). Language has a big impact on daily lives regardless of what members of a group, race, creed, and region in the world. Language helps in expressing feelings, desires, and queries to the world around (De Valoes, 2014). It is considered an important means of communication among patients, families, and healthcare providers. It may pose a challenge for nurses to overcome the language barriers to ensure a high-quality care provided to clients, and to maintain high patient satisfaction (Badruddin et al., 2017).

All persons are a part of at least one culture. These cultural contingencies mold behaviors that may or may not be acceptable or familiar to other cultures (Fong, Catagnus, Brodhead, Quigley, & Field, 2016). Culture is a learned behavior that is shared from generations to generations among the members who are within a group. In healthcare work, the reference of the word "culture" may also function as a code for ethical uncertainty or moral distress concerning patients, family, and populations (Berlinger & Berlinger, 2017).

Nurse-patient communication is an indivisible part of the patients' care in every health setting; it is one of the main factors that determine the quality of care (Amoah et al., 2019). Therapeutic communication constitutes an important aspect of care. However, while foreign patients around the globe speak several languages, nurses lack such foreign language skills, leading to inappropriate communication and misunderstanding during nursing activities (Jeon, 2017). Communication difficulties because of a lack of mutual language are challenges in healthcare systems around the world (Alm-Pfrunder, Falk, Vicente, & Lindström, 2018).

In a multilingual community, a major communication barrier to communicate effectively is when a healthcare provider and patients do not share the same first language (Van den Berg, 2016). Differences in the language are a primary stressor which impedes a functioning team

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collaboration, as well as a positive nurse-client relationship (Schilgen, Handtke, Nienhaus, & Mösko, 2019). Language barriers, in any country or setting, can negatively affect nurses' ability to communicate effectively with their patients and thereby harm the provision of appropriate, timely, safe, and effective care to meet patient's needs (Ali & Watson, 2018).

Linguistic competence is greatly recognized as fundamental aspects of quality in healthcare and mental health care, particularly for diverse client populations and as vital strategies for reducing disparities by improving access, utilization, and quality of care (Goode, Dunne, & Bronheim, 2006). Linguistic and cultural competencies are as important to the successful provision of services as are scientific, technical, and clinical knowledge and skills. Regardless of personal cultures, practice setting, demographic caseloads, professionals have to make great efforts for culturally and linguistically appropriate service delivery. Care must be taken to prevent making assumptions about individuals that could lead to misdiagnosis, improper treatment of the individual, or bias (American Speech- Language-Hearing Association, 2017). Applying linguistic frameworks to nursing practice can help nurses understand what is happening in their communication with clients, particularly when clients from different cultures are interacting (Crawford, Candlin, & Roger, 2017).

In primary care settings, competence, attitude, and cultural perception are an essential notion of health, sickness, illness, and care mean differently to different people. Knowledge of customs and cultural beliefs facilitates healthcare providers to afford improved care and helps avert misunderstanding among care providers' staff, clients, and families (Kumar, Bhattacharya, Sharma, & Thiyagarajan, 2019). Developing cultural competence allows practitioners to understand, communicate with, and interact effectively with people across cultures. Developing a culturally competent approach to the provision of healthcare requires a patient-centered approach affecting the care given to individuals in any community (Clarke & DeGannes, 2015).

Cultural competence is the capability to work effectively with individuals from different cultures, and such competence improved

healthcare experiences and outcomes. To help alleviate healthcare disparities and improve healthcare outcomes in the client populations, measures have to be undertaken to improve cultural competence and ethnic diversity (Nair & Adetayo, 2019). Cultural competence includes four components: awareness of one's culture; attitude toward cultural differences; knowledge of different cultural practices and worldviews; and cross-cultural skills (Clarke et al., 2015). Cultural competency is acknowledged as a popular approach to improving the provision of health care to racial/ethnic minority groups in the society to reduce racial/ethnic health disparities (Truong, Paradies, & Priest, 2014). Cultural competence is believed to be a priority that challenges healthcare providers in addressing globalization (Siswadi, Prabawati, Purwarini, & Pongantung, 2018).

Nursing is a profession which is associated with a cultural diversity since each patient is culturally different from the other. Nurses have to be adept in communicating effectively with different cultures by comprehending clients' values, beliefs, and health function to know their clients' needs, make decisions over the appropriate nursing care for clients, and know how to change these measures if needed so that the clients' health improvement is ensured (Bastami, Kianian, Borji, Amerkhani, & Saber, 2016). Cultural competence is the progressively developed ability of nurses to give safe and quality healthcare to clients of different cultural backgrounds. Its describing attributes are cultural knowledge, awareness, sensitivity, skill, and dynamic process. Its preceding attributes are cultural diversity, encounter, and desire (Cai, 2016). Nurses managing various cultural situations ultimately learn to tolerate the different cultures and to give patients culturally appropriate care, thus enhanced the quality of care (Lin, Wu, & Hsu, 2019).

Nurses have to be aware of the importance of modesty and privacy, the correct use of touch, dietary requirements, and the use of medications (Rassool, 2015). Therefore, nurses' cultural competence is a matter of necessity to communicate efficiently with the patients and to improve their health (Bastami et al., 2016). A healthcare system that is manned by a culturally competent workforce can provide high-quality

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care to diverse population groups, thus contributing to the elimination of health disparities (De Beer & Chipps, 2014). It is important for healthcare providers to not only provide culturally appropriate care and but also to prevent the patient from any inappropriate care to avoid unwanted consequences (Shah, 2015).

Objectives of the Study

The study determined the linguistic competence, cultural competence, and nursing care of non-Meranao staff nurses in Amai Pakpak Medical Center, Marawi City. This specifically explore the relationship between the linguistic competence and the nursing care rendered by non-Meranao staff nurses and the relationship between the cultural competence and the nursing care rendered by non-Meranao staff nurses.

Materials and Methods

Research Design

This study utilized the descriptive-correlational research design. It involves the collection of data from the population of interest to examine the significant relationship between the independent and dependent variables (Campbell & Stanley, 2015). The design was appropriate in determining the linguistic, cultural competence, and nursing care rendered by non-Meranao staff nurses.

Research Setting

The study was conducted in one of the hospitals in Marawi City. It is a tertiary government hospital with more than 400-bed capacity. This hospital is an ISO certified institution. The Health Care Delivery System of this hospital is divided into three departments, namely; the Administrative Service Department, the Medical Service Department,

and the Nursing Service Department. Each has its governing policies, guidelines, and functions. However, these three departments have to work together independently for the institution to achieve its primary purpose-the delivery of quality healthcare services. The Nursing Service Department has a workforce of 391 staff nurses comprising both regular and job order staff nurses in which majority are non-Meranao nurses from Iligan City and in other parts of Mindanao. Marawi is an Islamic City and it serves as the capital of the Lanao del Sur province in the Bangsamoro Autonomous Region of the Philippines. The people of Marawi are called Meranao and speak the Meranao language.

Respondents of the Study

This research made use of 112 non-Meranao staff nurses who were identified through a purposive sampling. The following were the criteria used in the selection of the respondents: a non-Meranao staff nurse; currently working in the identified hospital; and had given the full consent to participate in the study.

Research Instruments

The following were the research instruments used in the study:

A. Linguistic Competence of Staff Nurses Questionnaire. It is a researcher-made questionnaire with 13 statements. It was validated by the adviser and two non-Meranao nursing supervisors. It underwent a pilot test using 30 non-Meranao nurses who were not included as actual respondents. The reliability test made yielded the Cronbach's Alpha of 0.7595. Thus, the instrument was valid and reliable for administration to the target respondents.

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B. Cultural Competence of Staff Nurses Questionnaire. It is a researcher-made questionnaire with 15 statements. It was validated by the adviser and two non-Meranao nursing supervisors.
C. Nursing Care Rendered by Staff Nurses Questionnaire. It is a researcher-made questionnaire with 19 statements. It was validated by the adviser and two non-Meranao nursing supervisors.

Data Collection

Before the actual gathering of the data, the researcher sought permission from the Dean of the Graduate School of Misamis University for the conduct of the study. Approval was also sought from the Medical Chief of the hospital. After the respondents were identified, the research instruments were administered to them. Retrieval of the questionnaires followed for the tallying of data. Statistical analysis of the data and interpretation of the results followed.

Ethical Considerations

The principles of ethical considerations by Tina Miller and Linda Bell (2002) were used in this study. Respects for the autonomy, decision-making, and dignity of participants as well as minimizing the risks and maximizing the benefits to research respondents were observed. Full consent was obtained from the nurses before the study was conducted. Protection of the privacy of the respondents, an adequate level of confidentiality of the research data, and the anonymity of individuals participating in the research, were ensured. It was ascertained that the respondents were competent enough to decide on their participation that was free from coercion. The researcher did not share information between respondents who were selected from groups of people whom the research might benefit from. And lastly, the researcher protected and respected the values and interests of the respondents to be free from harm.

Data Analysis

The following statistical tools were used in analyzing the data gathered:

Mean and Standard Deviation were used in describing the respondents' linguistic competence, cultural competence, and the nursing care rendered by staff nurses.
Pearson Product-Moment Correlation Coefficient was used in determining the significant relationship between the respondents' linguistic competence and the nursing care they rendered, and the relationship between respondents' cultural competence and the nursing care rendered.

Results and Discussion

Respondents' Linguistic Competence

Table 1 presents the respondents' linguistic competence. The data show that the respondents' linguistic competence is high (WM= 2.73; SD= 0.58). The finding implies that the non-Meranao staff nurses have a high ability to speak and understand the Meranao language. Generally, non-Meranao nurses can communicate well with their Meranao clients. When dealing with clients with low literacy and speak only their native language, it is important for a nurse to be able to speak and understand the clients' language so that immediate nursing care can be delivered to avoid any delays, and thus prevent further health problems to the clients. If a nurse in a hospital setting does not know how to speak or understand the clients' language, it may result in delays in attending to the health problems and may even lead to improper treatment, thus affecting clients' safety. Language training might be useful to those nurses who do not speak and understand the Meranao language, and it may help in facilitating effective communication with their Meranao clients.

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Even though the linguistic competence of non-Meranao staff nurses is generally high, there were those non-Meranao staff nurses who still do not know how to speak and understand the Meranao language, and they rely on interpreters or translators. According to Lundin, Hadziabdic, and Hjelm (2018), to help the patient receive information quickly and thus save time, sometimes bilingual colleagues were used as interpreters to assess the client's health problems for a referral to the right level or type of care. Diffuse conditions,
complex care, and critical conditions require interpreters, in contrast to simple health problems. Moreover, medical interpreters help bridge the language gap between nurses and clients. Their translation process ensures that what the nurse says is delivered not only with technical accuracy but also culturally specific phrasing. Nurses can assess the quality of interpretation by looking at the clients' responses through body language (Squires, 2017).

If a nurse uses a family member or a friend in translating, it is not unusual for nurses to feel uncertainty when using them as a translator or an interpreter and also puts nurses at risk for misunderstandings and misinterpretations (Alm-Pfrunder, Falk, Vicente, & Lindstrom, 2018). An understanding of language barrier can help nurses seek suitable strategies to overcome such barriers and enhance the provision of effective care to clients affected by language barriers in any clinical setting (Ali & Watson, 2018).

Table 1. Respondents' Linguistic Competence (n=112).

Variable	WM	SD	Interpretation
Linguistic Competence	2.7287	0.5770	High

Legend: 1.00-1.75- Very Low (VL);1.76-2.50 - Low (L); 2.51-3.25 High (H); 3.26-4.00- Very High (VH)

Respondents' Cultural Competence

Table 2 presents the respondent's cultural competence. The data below show that the cultural competence of the non-Meranao staff nurses is high (WM= 3.23; SD= 0.13). This finding implies that the respondents are highly competent in dealing with Meranao clients. Nurses also have their own set of cultural beliefs, values, and practices. But when nurses are dealing with clients from different cultural backgrounds, nurses have to set aside their own cultural beliefs, values and differences, to prevent bias and prejudice in rendering care to their clients with different cultural needs. Clients have to be treated as unique individuals with specific needs. Nurses have to provide culturally congruent care to their clients from a different cultural background. Nurses have to keep in mind that before giving any interventions or make health teachings, the culture of clients has to be considered.

An awareness of one's own cultural beliefs, values, attitudes, and practices was identified as an essential first step before learning about other cultures. This awareness includes being sensitive and adaptive to individual cultural differences (Brooks, Manias, & Bloomer, 2019). Increasing awareness of one's cultural features can be useful for easing cross-cultural encounters in the healthcare setting and improving the cultural competence of nurses in dealing with diverse clients (Kaihlanen, Hietapakka, & Heponiemi, 2019).

Table 2. Respondents' Cultural Competence (n=112).

Variable	WM	SD	Interpretation
Cultural Competence	3.23	0.4190	High

Legend: 1.00-1.75- Very Low (VL); 1.76-2.50 - Low (L;)2.51-3.25- High (H); 3.26-4.00- Very High (VH)

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Nursing Care Rendered by Nurses

Table 3 presents the nursing care rendered by the respondents to their Meranao clients. The data show that the respondents' nursing care rendered was very high (WM= 3.61; SD= 0.089). This indicates that non-Meranao staff nurses rendered a very high quality nursing care to their Meranao clients.

Effective communication is of utmost importance in establishing a nurse-client relationship for the nurse to deliver good nursing care. To deliver good nursing care to the client with another language can be difficult depending on the strategies the nurses use (Tideman & Tengelin, 2019). Being able to communicate effectively with clients from various cultures is vitally important for understanding and optimal delivery of patient care. Communication must be considered in the context of overall care (Touhy, 2019).

The experiences of nurses in the delivery of care to culturally diverse families are challenging and demanding because they imprint a constant tension among barriers, cultural manifestations, and the ethical responsibility of care, incipiently revealing elements of cultural competency (Murcia & Lopez, 2016). Care encompassed many behaviors, including the humanistic aspect of empathy, cultural awareness, sensitivity, and respect, and was indicated as pivotal to nursing. Nurses formed a close relationship with clients, which aided them in fast recovery and adherence to treatment (Perrin, 2016). When nurses are knowledgeable about their own cultural beliefs, biases, prejudges, and ethnocentric values, they can set them aside when doing nursing assessment and providing nursing care to clients from diverse populations (Chiatti, 2014).

A nurse has to know how to communicate effectively with their clients as part of providing quality nursing care. Language plays a powerful role in taking care of clients, as well as in educating them and their family members. It is essential for nurses to have the ability to understand and speak the clients' language to have an effective communication with their clients and family members. Inability to do so

may lead to mistrust, discontinuity of care, and poor adherence to medical regimen. As part of caring, nurses have to respect always the choices and preferences of clients with different cultural backgrounds. Also, nurses need to consider the cultural beliefs and values of the clients.

Table 3. Nursing Care Rendered by Nurses (n=112).

Variable	WM	SD	Interpretation
Nursing Care	3.61	0.089	Very High

Legend: 1.00-1.75- Very Low (VL);1.76-2.50 - Low (L);2.51-3.25- High (H); 3.26-4.00- Very High (VH)

Relationship between the Linguistic Competence and the Nursing Care Rendered by Non-Meranao Staff Nurses

Table 4 presents the relationship between the linguistic competence and the nursing care rendered by non-Meranao staff nurses. The table shows that there was no significant relationship between the linguistic competence of staff nurses and the nursing care they rendered to their Meranao client(r-value= 0.142; p-value= 0.135). Even though the non-Meranao nurses have high linguistic competence, this does not affect nor influence rendering quality nursing care toward their Meranao clients.

Effective communication between healthcare providers, patients, and families is critical for the provision of safe, high-quality care. The healthcare organization should be supported, at all levels, in their efforts to increase awareness of the impact of a language barrier and developing and implementing practical strategies to reduce them. Only then can equity in quality of care and patient safety for the official language minority population be ensured (de Moissac & Bowen, 2019).

There is no current study that shows how linguistic competence affects the nursing care rendered by nurses to clients whom both have differences in language used. According to the responses of some non-Meranao nurses on this study, even though they have difficulty in understanding the language used by Meranao clients, it does not stop them

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from providing holistic quality nursing care toward their clients. The level of their linguistic competence does not influence on how they provide quality nursing care to their Meranao clients under their care.

Table 4. Relationship between the Linguistic Competence and the Nursing Care Rendered by non-Meranao Staff Nurses.

Variables	Test Statistics		Remarks
	r-value	p-value	
Linguistic Competence and Nursing Care	0.142	0.135	Not Significant

*Legend: 0.00-0.01** - Very Significant*
0.02-0.05 Significant*
above 0.05-Not Significant

Relationship between the Cultural Competence and Nursing Care Rendered by Non-Meranao Staff Nurses

Table 5 presents the relationship between cultural competence and the nursing care rendered by non-Meranao staff nurses. The data shows that the relationship between the cultural competence of non-Meranao staff nurses and the nursing care they rendered was highly significant (r-value= 0.59; p-value= 0.00). This finding indicates that the cultural competence of non-Meranao staff nurses greatly affects or influences on how they provide nursing care to their Meranao clients. Being culturally competent, non- Meranao staff nurses are able to give quality and culturally appropriate nursing care to their Meranao Clients.

Cultural competence is the progressively developed ability of nurses to give safe and quality healthcare to clients of different cultural backgrounds (Cai, 2016). Nurses have had difficulty implementing their nursing work and seeking resources that represented situations in which interactive behavioral characteristics appeared to improve their cultural competence. The nurses managing different cultural situations ultimately learned to tolerate the different cultures and to give culturally congruent nursing care that enhances the quality of care (Lin, Wu, & Hsu, 2019). In

today's healthcare environment, nurses have to provide culturally competent care to their clients. In providing client and family-centered care, nurses have to recognize their own level of cultural awareness, knowledge, skill, and comfort caring for diverse patients and families (Hart & Mareno, 2016).

Table 5. Relationship between the Cultural Competence and Nursing Care Rendered by Non-Meranao Staff Nurses.

Variables	Test Statistics r-value	p-value	Remarks
Cultural Competence and Nursing Care	0.594	0.00**	Highly Significant

*Legend: 0.00-0.01** - Very Significant*
0.02-0.05 - Significant*
above 0.05 Not Significant

Conclusion and Recommendations

High linguistic competence can help in facilitating the communication process between staff nurses and clients. Knowledge of the language of the people being given healthcare is indispensable in the delivery of quality nursing care. Also, a culturally competent nurse can provide an effective nursing care to clients belonging to a distinct group of people. Awareness of and careful adherence to the nuances of culture play paramount importance in providing nursing care to people being served.

Based on the findings and conclusion of the study, it is recommended for the hospital to provide free in-house language training to non-Meranao staff nurses who have difficulty speaking and understanding the Meranao language, as well as a cultural awareness orientation to help non- Meranao staff nurses enhance their cultural competence. Meranao nurses assist further their non-Meranao counterparts in developing further the latter's linguistic and cultural competence. Future studies be conducted employing the variables used in

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the study but using a bigger population of respondents and multiple research settings.

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