

## Cultural Competence among Malaysian Nurses

**Wan Nur Rafikha Tirani Wan Ramzan<sup>1</sup>, Mohamad Firdaus Mohamad Ismail<sup>2\*</sup> & Siti Zuhaidah Shahadan<sup>3</sup>**

<sup>1</sup>Kulliyyah of Nursing, International Islamic University Malaysia, Pahang, Malaysia.

<sup>2</sup>Department of Professional Nursing Studies, Kulliyyah of Nursing, International Islamic University Malaysia, Pahang, Malaysia.

<sup>3</sup>Department of Medical Surgical Nursing, Kulliyyah of Nursing, International Islamic University Malaysia, Pahang, Malaysia.

E-mail: firdausismail@iium.edu.my

Dear Editor,

Cultural competence is one of the crucial parts of the field of medicine, particularly for nurses. Lack of understanding and skills significantly can affect the quality of healthcare for the patients. Culture is the “lifeways of an individual or group concerning values, beliefs, norms, patterns and practices that are learned, shared and transmitted intergenerationally” (1). In addition to this statement, the researcher needs a thorough grasp of cultural meaning and concepts to serve the public good (2).

Cultural competence is the ability of a healthcare provider or an organisation to provide impartial care with optimum quality by understanding and accepting all the cultural diversity in society (3). The precise application of culturally based care and health knowledge in sensitive, innovative, and meaningful ways was termed culturally competent nursing care (4). Healthcare providers can deal effectively with patients that have diverse backgrounds. Respecting cultural diversity is a quality that every nurse must possess since it aids in developing accurate care plans for patients. Since nurses spend more time directly caring for patients from various cultural backgrounds than other healthcare workers with less patient interaction, they should be proficient in cultural competency. Providing healthcare services sensitive to and attentive to diverse patients' cultural needs, health practices, and beliefs can promote positive health outcomes.

In the healthcare industry, it is common for nurses to observe diversity within the patient population daily. Every racial and ethnic group has their uniqueness. Patients from different races and ethnic groups will not look, feel or respond like we do, resulting in a cultural mismatch. Therefore, the nurse should understand their cultural needs, health practices and beliefs to avoid conflicts. Providing cultural competence training and developing policies and procedures that decrease barriers to providing culturally competent patient care are two strategies that can help move health professionals, especially nurses, and systems in this direction (5). In the United States, the Office of Minority Health 2001 published recommendations for 14 national standards for culturally and linguistically appropriate services in health care to provide the knowledge necessary for nurses to work respectfully and effectively with patients and each other in a culturally diverse work environment (6). This recommendation is one of the best interventions to meet the cultural need of patients.

Diversity may even have an impact on the way that members of different racial and ethnic groups respond to treatment. Even worse, the nurse may harm and neglect the patient's needs during the treatment if cultural competence is not upheld. This happens when scientific research demonstrates that Black Americans are consistently given lower priority than White Americans when it comes to receiving pain medication. These results suggest that even people with some medical

training hold and may use myths about biological differences between blacks and whites to inform their medical judgments, contributing to racial differences in pain assessment and treatment (7).

Malaysia is known as a multi-racial and multi-religious country. The diversity of cultures in Malaysia in which Malays, Chinese, Indians and various other ethnicities live together in peace and harmony. Therefore, nurses must understand their preferences and provide all patients with the same treatment options regardless of cultural background. Health disparities can be reduced in large part thanks to increased cultural competence. Improving health outcomes, communication, and access to care can be accomplished by increasing nurses' cultural competence and offering services sensitive to patients' backgrounds and beliefs (8). It is a fascinating study to explore more about cultural competence that will benefit both nurses and patients. Some studies discuss cultural competence in other countries, but little is known about the cultural competence of nurses in Malaysia.

There is a lack of effort to inculcate and integrate the skill of cultural competence in nursing care in Malaysia. Little is known about how healthcare providers, especially nurses, respond to cultural differences and use sensitivity when treating each patient. The factors behind it are still unknown and not being explored yet. Therefore, it is essential to have baseline data to see the level of cultural competence among nurses in Malaysia as our world becomes increasingly global and complex, requiring a realistic and sensitive understanding of people (4). This project will unlock the inquiries by doing research among Malaysian nurses to determine their level of knowledge about cultural competence. It can be one of the coping mechanisms in increasing health care services.

**Article History:**

Submitted: 9 March 2023

Accepted: 25 March 2023

Published: 31 March 2023

DOI: 10.31436/ijcs.v6i1.298

ISSN: 2600-898X

**REFERENCES**

1. Leininger M. Overview of the Theory of Culture Care with the Ethnonursing Research Method. *Journal of Transcultural Nursing*. 1997; 8(2): 32-52.
2. Nurumal MS, Daud A, Samsudin N, Aung KT, Suhaimi MSM. Community Experiences on Prevention, Preparedness and Recovery of The Flood Disaster in Cultural and Local Wisdom Context. *International Journal of Care Scholars*. 2019; 2(1): 13-22.
3. Yu L, Feng X, Jin L, Wang S, Liu H, Song L. Assessment of cultural competence among nurses: The need of hour. *Altern Ther Health Med*. 2021; 27(1): 18-27.
4. Leininger M. Culture care theory: A major contribution to advance transcultural nursing knowledge and practices. *Journal of Transcultural Nursing*. 2002; 13(3): 189-92.
5. Swihart DL, Yarrarapu SNS, L MR. Cultural Religious Competence In Clinical Practice - StatPearls - NCBI Bookshelf [Internet]. Treasure Island (FL): StatPearls Publishing LLC; 2022. p. 1-30. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK493216/>
6. Tucker KA. National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Vol. 75, Federal Register. 2013.
7. Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proc Natl Acad Sci U S A*. 2016; 113(16): 4296-301.
8. Brusin JH. How Cultural Competency Can Help Reduce Health Disparities. *Radiol Technol* [Internet]. 2012; 84:129-52. Available from: <http://geology.gsapubs.org/content/33/6/525.full%0Ahttp://biomedgerontology.oxfordjournals.org/content/68/11/1387.long>