

# CULTURAL COMPETENCE LEVEL, ITS IMPORTANCE, AND EDUCATIONAL NEEDS FOR CULTURAL COMPETENCE AMONG NURSES CARING FOR FOREIGNERS IN KOREA

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## Abstract

**Purpose:** This study aimed to identify cultural competency, importance, and educational requirements by analyzing nurses who were experienced in nursing foreigners in secondary hospitals and hospitals all over Korea.

**Methodology:** A cross-sectional survey was conducted with 210 nurses from 39 hospitals in Korea. The collected data were analyzed by t-test, ANOVA, and Scheffe test.

**Main Findings:** Satisfaction with nursing care averaged  $2.48 \pm 0.45$ . Perceived level of cultural competence averaged  $2.69 \pm 0.45$ . Cultural nursing behavior was at the highest level with  $3.05 \pm 0.62$ ; otherwise, cultural knowledge was the lowest among the subcategories ( $2.27 \pm 0.55$ ). The level of importance of cultural competency was  $3.69 \pm 0.53$ . For the subcategories, cultural nursing behavior was at the highest level ( $3.77 \pm 0.63$ ) and cultural awareness was at the lowest level ( $3.58 \pm 0.62$ ). Training requirements had  $6.83 \pm 1.32$ , followed by cultural communication ( $7.34 \pm 1.50$ ), attitudes and skills ( $7.04 \pm 1.50$ ), knowledge of basics ( $6.83 \pm 1.33$ ), knowledge of key concepts ( $6.73 \pm 1.53$ ), and knowledge of theory and research ( $6.28 \pm 1.54$ ).

**Implications/Applications:** We suggest developing educational programs for clinical nurses to provide high-quality care to the subjects from various cultural backgrounds by strengthening cultural competency. In addition, the active support of the medical and health care institutions in improving cultural competency of nursing nurses should be emphasized.

**Keywords:** *Cultural competence, education, international experience, Korean nurses, needs.*

## INTRODUCTION

Due to the acceleration of population influx resulting from an increased number of foreign workers, international marriages, and so on, more than 1.57 million people from broad, which is 3.25% of the whole population, are living in South Korea. As a result of the opening up of hospital markets, the number of foreigners visiting Korean hospitals has increased to 260,000, which is more than four times compared to that in 2009 ([Alshannag, Basah, & Khairi, 2017](#)). There are 1.97 million foreigners living in Japan, which is 1.5% of the whole population ([Alshehhi, 2016](#)).

These changes mean that nursing subjects with different nationalities and cultural backgrounds are expanding as a group, and this could pose a big challenge for nurses looking after their patients' health ([Ameer, 2017](#); [Anderson, Scrimshaw, Fullilove, Fielding, & Normand, 2003](#); [Asako, 2007](#)). Culture, which is intricately connected to health behavior and health care systems of cultural population groups to which one belongs, has an enormous impact on the acceptance and understanding of health and healing, belief system on stability, awareness of disease, health care utilization, behaviors and attitudes, and nursing ([Balcom, 2015](#)). Therefore, nursing subjects feel most comfortable when the care provided to them for healing of diseases and health recovery is tailored considering their cultural backgrounds ([Ballantyne, 2008](#)).

Knowledge, skills, and attitudes to provide high-quality care to the subjects with various cultural backgrounds is called cultural competence in nursing ([Caffrey, Neander, Markle, & Stewart, 2005](#); [Castro & Ruiz, 2009](#); [Chae, Park, Lee, & Kang, 2012](#)). High-leveled cultural competence in nursing allows nurses to respect other cultures and to provide appropriate nursing care to the subjects from different cultural backgrounds by minimizing the cultural imbalance ([Chandrica, Koss, Schmaltz, & Loeb, 2017](#); [Choi, Morgan, Thongpriwan, Lee, & Jun, 2014](#); [Chong & Lee, 2017](#)). Nurses with cultural competence have a positive impact on patients' mental and physical health ([Berenson, 2014](#)) and can improve the satisfaction of subjects ([Dewi, Mataram, & Siwantara, 2017](#)) by making treatment plans compliant ([Festini, Focardi, Bisogni, Mannini, & Neri, 2009](#)).

However, it was observed that foreigners using medical services in Korea were experiencing inconvenience due to authoritative attitudes and lack of concern of healthcare providers, who did not consider their cultural differences and individual thinking ([Hirano, 1998](#), [International Council of Nurses, 2011](#)). They were also experiencing discriminatory treatment from the healthcare provider and difficulties in communication due to the language barrier ([Jones, 2008](#); [Kim, 2015](#)). On the other hand, nurses taking care of foreign patients also faced difficulties, as the foreigners did not understand the local medical environment due to their cultural differences ([Kim, Won, & Bae, 2014](#)). Nurses, who stick to their own culture, or think that they are not ready for nursing foreigners, tend to delegate and avoid foreign patients. The reason for this could be lack of education and training to develop cultural competencies in nursing ([Kim, 2013](#); [Koh & Koh, 2009](#)),

and lack of awareness about nursing grievances regarding foreign subjects in clinical settings ([Langer, 2002](#); [Lee, Oh, & Lee, 2011](#); [Lee, 2011](#); [Lee, Lee, Kim, & Jang, 2014](#)).

Cultural competency can be improved through cultural nursing education ([Leininger & McFarland, 2002](#), [Leininger, 2007](#); [Mahabeer, 2009](#)). This education must emphasize on developing effective educational programs containing the skills and attitudes that can be applied in practice. In order to refine the content for the development and implementation of effective educational programs, it is necessary to determine the level of care and cultural competency training requirements for practical cultural competence of nurses with experience in caring for foreign subjects. In addition, by checking the cultural competency, which is recognized as an important part, through nurses' practical experiences can help pinpoint exactly the kind of practical education required. Given this information, when a systematic training program is developed, an improvement in cultural nursing competency can be expected.

However, most of the previous studies, which conducted a survey on nursing students ([Ministry of Health and Welfare, 2014](#); [Majumdar, Browne, Roberts, & Carpio, 2004](#)), or considered nurses without experience of nursing foreigners as subjects, or conducted a survey ([Ministry of Justice Japan, 2005](#)) on nurses of some hospitals, provided limited information for improving the level of cultural competency of the nurses.

This study is a first one that attempted to identify cultural competency, importance, and educational requirements by analyzing nurses who were experienced in nursing foreigners in secondary hospitals and hospitals all over Korea, as far as the authors know. Through this study, we aimed to suggest the direction of development of the program for improvement of cultural competency of cultural nursing.

## METHODS

### Study Design

This was a descriptive study that attempted to analyze the cultural competence, importance, and educational needs of nurses who have experience in nursing foreigners

### Instruments

This study used a self-reported questionnaire consisting of general characteristics, foreign nursing experience nature, cultural competency, importance, and educational needs.

General characteristics consisted of 10 items including gender, age, career, position, educational state, the experience of foreign residents, learning experience of foreign language within one year, learned language, working in hospital, and hospital location. For foreigner caring experience, place of caring for foreigners, number of patients cared for within six months, foreigner's nationality, satisfaction with nursing care, most difficult part of nursing, educational experience of caring for foreigners within one year, education of caring for foreigners provided by the hospital, educational materials for caring for foreigners provided by the hospital, level of foreign language, necessity of education for cultural nursing competence, and educational contents for cultural nursing competence were considered.

Cultural competence comprised cultural knowledge, cultural comfort, cultural awareness, and cultural nursing behavior. Cultural knowledge, cultural comfort, and cultural awareness were measured using the Cultural Competence in Healthcare Scale (CCCHS) developed by ([Mohamad et al., 2017](#)) and cultural nursing behavior was measured using Cultural Competency Assessment (CCA) scale developed by ([National Statistical Office, 2014](#)). The measurement consisted of 42 items including 10 items for cultural knowledge, 12 items for cultural comfort, 6 items for cultural awareness, and 14 items for cultural nursing behavior. Each item was measured on a 5-point Likert scale with one-point indicating "not at all" and 5 points indicating "strongly agree". A higher score meant that the need for cultural nursing competence recognized by a person was high. In this study, Cronbach's  $\alpha$  for CCCHS was 0.91, for CCA was .91, and for the entire culture nursing competencies was .93.

Importance of cultural competency consisted of the same items as the CCA and CCCHS used in nursing cultural competence. Each item was measured on a 5-point Likert scale with a score of 1 indicating "it is not important at all" and a score of 5 indicating "very important". A higher score meant that the importance of cultural nursing recognized by a person was high. In this study, the reliability of Cronbach's  $\alpha$  for CCCHS was 0.95, for CCA was 0.94, and for the entire cultural importance of nursing competency was 0.97.

To measure components of educational content on cultural competence, we used Blueprint for Integration of Cultural Competence in the Curriculum Questionnaire [BICCCQ] developed by [Paez, Allen, Beach, Carson, and Cooper \(2009\)](#). It was translated into Korean and its validity and reliability with Korean were tested by [Park, Ha, Park, Yu, and Lee. \(2014\)](#). The measurement consisted of 36 items including 11 items for attitudes and skills, 9 items for knowledge of basics, 4 items for cultural communication, 7 items for knowledge of theory, and 5 items for knowledge of key concepts. Each item was measured on a 10-point Likert scale with a score of 1 indicating "no need" and a score of 10 indicating "very needed". Scores ranged up to 360 points with 36 points meaning the score was high; the higher the demand was, the higher was the nursing education need. In the study of ([National Statistical Office, 2014](#)), Cronbach's  $\alpha$  was 0.96. Cronbach's  $\alpha$  was .99 in the study of [Park, Ha, Park, Yu, and Lee. \(2014\)](#). The reliability of this study, Cronbach's  $\alpha$  was 0.97.

## Study Procedure

After ethical approval of this study by the research ethics committee of the author's affiliation, data were collected from 9 January to 28 February 2015. The need for an individual to visit a hospital differs according to the medical needs and the severity of own disease. Nationality of foreigners largely depends on the region in Korea where they live (e.g. Russians mainly visit hospitals in Busan). With these points, we divided regions into 16 districts and divided the hospitals into secondary, general, and senior general hospitals.

The number of institutes registered in Korea Health Industry Development Institute that attracted foreigners was 476 secondary hospitals, 164 general hospitals, and 43 senior general hospitals in October 2014. Information of this study was sent to all registered hospitals. If there were more than 10 local medical institutions by 10% or 10 less than the number of local medical institutions, we aimed to include 20%. We called the hospitals in random order to ask for confirmation of their participation. We called 98 hospitals and explained to them the research objectives, methods, and processes. The hospitals that agreed to participate in the study were 11 regional hospitals, 18 hospitals with four higher general hospitals, 10 general hospitals, and 4 secondary hospitals. Although we tried to call all hospitals in 5 areas including Daegu, Daejeon, Ulsan, Jeonnam, and Chungnam, no hospital agreed to participate in this study. Considering the number of nurses in each hospital, 5-15 surveys were distributed per hospital.

We directly visited the hospitals to collect data and explained to the participants that they could withdraw from the study at any time and that the collected data would only be used for the purpose of research. The questionnaire was sent by mail or distributed by research assistants to each department. The questionnaire responses were collected either in person by the research assistants or received through the mail depending on the convenience of the hospital. Subjects who participated in the study were provided the predetermined Favors. The questionnaire was distributed to a total of 225; 15 nurses did not complete the questionnaire. A total of 210 questionnaires (93.3%) were analyzed.

## Data Analysis

The collected data were analyzed using the SPSS 21.0 program WIN. General characteristics, foreign nursing experience nature, cultural competency, importance, and educational needs were analyzed using descriptive statistics. Differences of cultural competency, importance, and educational needs according to general characteristics and foreign nursing experience nature were analyzed by t-test, ANOVA, and Scheffe test.

## RESULTS

### General Characteristics of Subjects

General characteristics of subjects are given in Table 1. Subjects were 97.6% women; the average age was 31.9 years. The average clinical experience was 8.7 years; 78.6% were general nurses; 47.1% of subjects graduated from university; 85.2% of the subjects did not have experience of living in another country; 76.7% had not recently undertaken a language course within one year. With regard to the types of foreign languages, the subjects learned were English, Japanese, Chinese, Russian, French, and Spanish. About 44% of nurses were working in higher general hospital; 27.6 % were working in Gyeonggi & Incheon.

**Table 1:** General Characteristics of Subjects (N = 210)

Variables	Categories	n(%) / Mean ±SD
Place of caring foreigners	Ward	109(51.9)
	Special part	56(26.7)
	Outpatient part	21(10.0)
	More than two parts	24(11.4)
Numbers of caring patients within six months	1	35(16.7)
	2~5	96(45.7)
	6~10	35(16.7)
	≥11	44(20.9)
		22.87±101.28
Foreigner's nationality†	Russia	130(61.9)
	China	111(52.9)
	Vietnam	99(47.1)
	Mongolia	95(45.2)
	America	94(44.8)
	Philippines	88(41.9)
	Japan	85(40.5)
	Uzbekistan	61(29.0)
	Kazakhstan	43(20.5)
	Canada	27(12.9)

England	24(11.4)
Indonesia	24(11.4)
Arab	23(11.0)
Australia	21(10.0)
Saudi Arabia	12(5.7)
Others	42(20.0)

†Multiple responses, SD, standard deviation.

### Foreigner Care Experiences of Subject

Foreigner care experiences of the subject are shown in Table 2. The subjects experienced nursing in Wards (51.9%), Special parts (26.7%), Outpatient parts (10.0%), and more than two parts (11.4%). An average of 22.9 foreigners was nursed within the past 6 months. Nationalities of the foreigners were Russia, China, Vietnam, Mongolia, the United States, the Philippines, Japan, and so on. Satisfaction with nursing care averaged  $2.48 \pm 0.45$  out of 4 points.

The highest satisfaction category was nursing performance ( $2.77 \pm 0.60$ ). Otherwise, categories of description and written agreement ( $2.23 \pm 0.65$ ), education for clients and caregivers ( $2.28 \pm 0.64$ ), and nursing assessment ( $2.36 \pm 0.61$ ) were comparatively low. According to the nurses' responses, the toughest part of nursing care was the description and written agreement (40.3%), and education for clients and caregivers (24.5%). About 91% of nurses had not received any education on nursing foreigners within a year, 74.3% had no foreign nursing training in hospitals, and 50.0% had no education-related material on nursing foreigners in the hospital.

The average level of foreign languages that nurses perceived themselves was  $4.22 \pm 1.71$  out of 10, and the necessity of education for cultural nursing competence averaged  $7.10 \pm 2.00$  out of 10. Educational contents for cultural nursing competence were the order of culture-specific characteristic (34.4%), method of communication (31.3%), language education (23.4 %), and so on.

**Table 2:** Foreigner Caring Experiences of Subjects (N=210)

Variables	Categories	n(%) / Mean $\pm$ SD
Place of caring foreigners	Ward	109(51.9)
	Special part	56(26.7)
	Outpatient part	21(10.0)
	More than two parts	24(11.4)
Numbers of caring patients within six months	1	35(16.7)
	2~5	96(45.7)
	6~10	35(16.7)
	$\geq 11$	44(20.9)
		22.87 $\pm$ 101.28
Foreigner's nationality†	Russia	130(61.9)
	China	111(52.9)
	Vietnam	99(47.1)
	Mongolia	95(45.2)
	America	94(44.8)
	Philippines	88(41.9)
	Japan	85(40.5)
	Uzbekistan	61(29.0)
	Kazakhstan	43(20.5)
	Canada	27(12.9)
	England	24(11.4)
	Indonesia	24(11.4)
	Arab	23(11.0)
	Australia	21(10.0)
Saudi Arabia	12(5.7)	
Others	42(20.0)	

†Multiple responses, SD, standard deviation.

**Table 2:** Continue...

Variables	Categories	n(%) / Mean $\pm$ SD
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Satisfaction with nursing care	Description and written agreement	2.23±0.65
		2.28±0.64
	Education for patients and caregivers	2.36±0.61
		2.54±0.64
	Nursing assessment	2.68±0.60
	Trust relationships	2.77±0.60
	Nursing record	2.48±0.45
	Nursing performance Total	
Most difficult part of nursing (n=196)	Description and written agreement	79(40.3)
		48(24.5)
	Education for patients and caregivers	38(19.4)
		23(11.7)
	Trust relationships	5(2.6)
	Nursing assessment	3(1.5)
	Nursing performance	
	Nursing record	
Educational experience of caring foreigners within one year	Yes	18(8.6)
	No	192(91.4)
Hospital provides education for caring foreigners	Yes	54(25.7)
	No	156(74.3)
Hospital has educational materials for caring foreigners	Yes	105(50.0)
	No	105(50.0)
Level of foreign language		4.22±1.71
Necessity of education for cultural nursing competency		7.10±2.00
Educational contents for cultural nursing competency (n=64) †	Culture-specific characteristic	22(34.4)
		20(31.3)
	Method of communication	15(23.4)
		8(12.5)
	Language education foreign language	3(4.7)
		2(3.1)
	materials	2(3.1)
	Acceptance of other cultures	2(3.1)
		1(1.6)
	Education Grants for studying Language Regional format for administration Interpreting Service Education for developing experts	

†Multiple responses, SD, standard deviation.

### Perceived Cultural Competence Level and the Importance of Cultural Competence

Findings of perceived cultural competence level and the importance of cultural competence are shown in Table 3. Perceived level of cultural competence averaged  $2.69 \pm 0.45$  out of 5. Cultural nursing behavior was at the highest level with  $3.05 \pm 0.62$ ; otherwise, cultural knowledge was the lowest among the subcategories ( $2.27 \pm 0.55$ ). The level of importance of cultural competency was  $3.69 \pm 0.53$  out of 5 points. For the subcategories, cultural nursing behavior was at the highest level ( $3.77 \pm 0.63$ ) and cultural awareness was at the lowest level ( $3.58 \pm 0.62$ ). The difference in scores between perceived level and importance level of cultural competence was larger in cultural knowledge ( $-1.42 \pm 0.79$ ), followed by cultural comfort ( $-0.98 \pm 0.63$ ), cultural awareness ( $-0.93 \pm 0.73$ ), and cultural nursing behavior ( $-0.72 \pm 0.67$ ).

**Table 3:** Cultural Competency and Importance of Subjects (N=210)

Cultural competency	Perceived level	Importance	Differences
	Mean $\pm$ SD	Mean $\pm$ SD	Mean $\pm$ SD
Cultural knowledge	2.27 $\pm$ 0.55	3.70 $\pm$ 0.59	-1.42 $\pm$ 0.79
Cultural comfort	2.64 $\pm$ 0.50	3.62 $\pm$ 0.50	-0.98 $\pm$ 0.63
Cultural awareness	2.64 $\pm$ 0.50	3.58 $\pm$ 0.62	-0.93 $\pm$ 0.73
Cultural nursing behavior	3.05 $\pm$ 0.62	3.77 $\pm$ 0.63	-0.72 $\pm$ 0.67
Total	2.69 $\pm$ 0.45	3.69 $\pm$ 0.53	-0.99 $\pm$ 0.61

SD, standard deviation.

### Educational Needs for Cultural Nursing Competence

Results for the educational needs for cultural nursing competence of the subjects are shown in Table 4. Training requirements were 6.83  $\pm$  1.32 out of 10 points average, followed by cultural communication (7.34 $\pm$ 1.50), attitudes and skills (7.04 $\pm$ 1.50), knowledge of basics (6.83 $\pm$ 1.33), knowledge of key concepts (6.73 $\pm$ 1.53), and knowledge of theory and research (6.28 $\pm$ 1.54).

**Table 4:** Educational Needs for Cultural Nursing Competency of Subjects (N = 210)

Educational needs	Mean $\pm$ SD	Range
Attitudes and skills	7.04 $\pm$ 1.50	2.34~10.00
Knowledge of basics	6.83 $\pm$ 1.33	3.11~9.78
Cultural communication	7.34 $\pm$ 1.50	3.00~10.00
Knowledge of theory and research	6.28 $\pm$ 1.54	2.57~10.00
Knowledge of key concepts	6.73 $\pm$ 1.53	3.20~10.00
Total	6.83 $\pm$ 1.32	3.11~9.86

SD, standard deviation

### Cultural Competence, Importance, and Educational Needs in Accordance with the General Characteristics and the Characteristics of Nursing Experience of Foreign Subjects

Cultural competence, importance, and educational needs in accordance with the general characteristics and the characteristics of nursing experience of foreign subjects are shown in Table 5. The level of cultural competence was different according to age (F = 6.645, p = .002), experience of living in other country (t = -4.145, p = .001), learning experience of foreign language within one year (t = -2.397, .019), working at a hospital (F = 6.105, p = .003), place of caring for foreigners (F = 5.706, p = .002), number of patients who needed care within six months (F = 13.791, p = .001), educational experience of caring for foreigners within one year (t = 2.955, p = .003), satisfaction with nursing care (F = 18.170, p = <.001), and level of foreign language (F = 10.191, p < .001). The importance level of cultural competence was different according to age (F = 4.025, p = .019), total career (F = 5.231, p = .006), position (t = -2.171, p = .031), experience of living in another country (t = -3.930, p = -.001), experience of learning a foreign language within one year (t = -2.028, p = .044), working in a hospital (F = 9.345, p = .001), foreigner's nationality (F = 2.416, p = .050), educational experience of caring for foreigner within one year (t = -3.662, p = .002), hospital providing education of caring for foreigners (t = -2.055, p = .014), satisfaction with nursing care (t = 4.106, p = .018), and level of foreign language (F = 6934, p = .001). The level of educational needs was different according to experience of living in other country (t = -3.104, p = .002), working in a hospital (F = 3.983, p = .020), satisfaction with nursing care (F = 5.594, p = .004), and level of foreign language (F = 8.779, p < .001).

### DISCUSSION

This study examined the level of cultural competence, importance, and educational needs of cultural competence among nurses who had experience of caring for foreign persons from across nations. The level of cultural competence of the present study was the middle level. It is lower than those for American Nurses (Park, 2011) and the Canadian Nurses (Park & Park, 2013).

Previous studies have been reported to enhance the cultural competency (Langer, 2002; Lee, Oh, & Lee, 2011; Lee, 2011, Lee, Lee, Kim, & Jang, 2014). In the present study, nurses with an experience of living in other countries had a higher level of cultural competency compared to those who had no such experience. This was consistent with the results of previous study (Lee, Lee, Kim, & Jang, 2014, Park et al., 2014). Also, nurses who had undertaken a foreign language

course had a higher level of cultural competency compared to those with no such experience. This was also consistent with the results of the study [Langer \(2002\)](#) and [Lee \(2011\)](#). These results indicated that exposure to other cultures through mingling with foreigners or learning languages is helpful in increasing cultural competence levels.

The level of the importance of cultural competency was 3.69 points on average on a 5-point rating scale, which is higher than the level of cultural competency rating of 2.69 points in this study. That means nurses recognized that cultural competency is important but perceived their own level had not reached the required level. Therefore, programs to enhance nurses' cultural competency should be developed.

An interesting finding of this study was that the importance of cultural competency significantly differed not only according to age, the experience of living in another country, learning language, but also nursing career, position, whether hospital provided education for foreigners' care, and whether hospital provided educational materials for foreigners' care. Thus, the level of cultural competency seems to relate to personal experiences of different cultures, whereas the importance of cultural competency seems to relate to official characteristics. Persons who assumed senior positions, such as charge nurses, in Korea nursing station were usually asked to design nursing educational programs or develop nursing information sheets in hospitals. Therefore, it is important for managers to recognize the need for cultural competency. This difference in perceptions is reflected when you want to associate with foreign nursing education, particularly to make the educational content compatible with their educational needs and characteristics depending on the age, experience, and position.

The importance levels of cultural nursing behavior and knowledge were similar in this study. However, perceived levels of those were entirely different. While the level of cultural nursing behavior was highest among the subcategories of cultural competency; cultural knowledge was the lowest in them. Subcategory with the largest score difference between the level and the importance of cultural competency was cultural knowledge. Cultural knowledge level was low in this and the previous study ([Reimann, Talavera, Salmon, Nunez & Velasquez, 2004](#)), thus it should be considered a priority for future configuration of cultural education.

Educational needs of the study subjects were middle or high. Given that 8.6% of subjects had an educational experience of caring for foreigners within one year, most nurses were not ready to provide the appropriate care to international patients from various cultural backgrounds. This low level of experience is thought to have been reflected in educational needs.

Looking at the subcategory of the educational needs, "cultural communication" and "attitudes and skills" were high, whereas "theoretical and research knowledge" appeared lowest, similar to the results of [Salman et al. \(2007\)](#) and [Schim, Benkert, Doorenbos, and Miller, \(2003\)](#). Based on these results, we recommend that further cultural education program should emphasize on linguistic skills in nursing to seamlessly communicate with foreign patients during nursing care. In addition, it should consider the attitudes and skills needed to provide appropriate nursing care to subjects with different cultural backgrounds.

Level of satisfaction with the care provided to foreigners was slightly higher than the mid-point, 2.48 out of 4 points. Satisfaction for getting "description and written agreement", "education for clients and caregivers", and "nursing assessment" was relatively low compared to other subcategories, which were consistent with responses of difficulties when nurses cared for foreigners. In addition, the communication level of the subjects was lower by 4.22 points on a 10-point rating scale. Nurses in nursing practice especially faced difficulty indirect interaction and communication with patients rather than nursing performance. Inaccurate communication between nurses and patients undermines each other's trust, which discourages a patient from taking the prescribed medical treatment and also threatens patient's safety through inappropriate treatment due to wrong medical information ([Son, Je, & Lee, 2014](#)).

Six hospitals in the USA classified the incidents that threaten the safety of the patients according to the language proficiency of the patients ([Sugiura, 2003](#)). Patients with low level of command of a language experienced more physical harm than those who spoke English fluently, and even the overall level of harm was high. In addition, 52.4% of total impaired cases were caused by limited English communication skills. There is no doubt that language barriers could be of significant risk to patients' safety.

This problem was not limited to Korea. In previous studies, most Japanese nurses ([Taiwan, Na-Nan, & Ngudgratoke, 2017](#)) had a lack of confidence in speaking foreign languages. They reported their communication skills caused inconvenience to foreigners receiving medical care as well as caused inefficiency in nursing performance when caring for foreign patients ([Taylor, 2005](#)). Therefore, more effort is needed to improve the ability of communication with foreigners at both individual and organizational levels worldwide.

For providing a high quality of nursing, ([Taylor & Alfred, 2010](#)) emphasized the need to examine languages primarily used by foreigners living in the country and training the nurses in these languages. Since nationality of foreign patients depends on the region in Korea where they live, each hospital needs to examine the nationality of their main clients. Organizations should support by developing manuals or books, like handbook for international patient's care and conversation books for international patients. Hospitals can also develop smartphone application for foreign patients. Organizations should provide administrative support and encourage nurses to attend educational programs including language training abroad or hospital-developed courses.

Currently, nursing schools in Korea have established educational courses on culture and have performed cultural nursing empowerment program for nursing students in universities. However, only a handful of these programs are performed for clinical nurses (Langer, 2002; Lee, 2011). Moreover, these programs emphasized cultural awareness and acceptance, whereas the importance of cultural knowledge and technical sides that can be directly utilized in clinical environment were lacking (Tulman & Watts, 2008). Thus, training programs for improving future cultural nursing competence could also promote cultural receptivity, perception, knowledge, and cultural practices. Since one-hour lectures improved participants' cultural awareness (Walton, 2011), we recommend conducting systematic cultural competency programs for more than one hour through training or online lectures. In addition, we recommend establishing networks among cultural centers, hospitals, and nursing associations in the community. If nurses engage in medical outreach and education programs for foreign patients, their experience would enhance through direct contact with foreigners. Nurses will be able to break the stereotypes and personal prejudices against foreigners, improve cultural awareness and acceptance, knowledge, and communication skills naturally.

The participants of this study were nurses who had experience of caring for foreigners within six months. In the process of recalling the past experience, it is difficult to rule out the possibility of contamination of the person's memory. We recommend prospective studies in the future. In addition, although levels and the degrees of care provided by nurses may be diverse and differ in frequency, we did not study this. Nevertheless, this study is significant as it identified the level of cultural competency, the importance, and educational needs of nurses who have experience of nursing in diverse medical institutions in the country.

## CONCLUSION

Nurses recognized that cultural competency is important but their proficiency level of it was not enough. Nurses had a middle or high level of educational needs, and education for cultural communication, cultural attitudes, and skills were high in particular. Based on results of this study, we suggest developing educational programs for clinical nurses to provide high-quality care to subjects from various cultural backgrounds by strengthening cultural competency. In addition, the active support of the medical and health care institutions in improving cultural competency of nursing nurses should be emphasized.

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