Evaluation of the relationship between cultural competence and job burnout of nurses

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ABSTRACT

Introduction: Providing nursing care based on observing cultural differences is very influential in the relationship between nurse and patient. Nurses who are not able to recognize and adopt different cultures often experience stress in the work setting. The objective of this research was to evaluate the relationship between cultural competence and job burnout among nurses working in selected hospitals affiliated to Tehran University of Medical Sciences in 2017. Methodology: This descriptive correlational study was conducted on 232 nurses who are working in selected hospitals affiliated to Tehran University of Medical Sciences. They were selected by using simple randomized sampling method. Demographic questionnaire, Moulder Cultural Competence Questionnaire and Maslach Burnout Inventory were used to collect data. Data were analyzed by using Pearson correlation coefficient test and SPSS 16 software. Ethical considerations: After providing complete explanation of the research objectives for subjects, informed consent was taken from them to participate in the research and they were ensured that their information would remain completely confidential and it would not have an effect on their job evaluation process. Results: 73.3% of subjects were female, 65.9% were married, 86.6% had a bachelor level of education, 28% had employment history between 5 and 10 years, and age of most of them (30.6%) was in range of 31-35 years. There was an inverse correlation between dimensions of cultural competence and dimensions of burnout, but it was not statistically significant (p >0.05). Significant correlation was also found between the depersonalization and preparedness for cultural care (p = 0.046). Additionally, in the females group, a reverse and significant correlation was found between the dimension of emotional exhaustion and attitudes in cultural care (p = 0.01), and reverse and significant correlation was found between dimension of reduced personal success and attitude in cultural care (p = 0.04). In addition, dimensions of emotional exhaustion and reduction of personal success showed reverse and significant correlation with cultural competence (p = 0.000). Conclusion: The results of this research revealed that cultural competence is associated with job burnout among nurses and it is necessary to develop supportive and educational strategies to enhance the nurses' cultural competence in the work setting in order to reduce the stress and burnout caused by cultural shock.

Keywords: Cultural competence, burnout, nurses.

Introduction

Cultural diversity has been recognized as an effective factor in development of disease [1], and it is considered as one of the basic characteristics of today's world and an effective factor in interpersonal interactions and social structure [2]. The cultural diversity is seen also among patients and it is one of the important issues faced by nurses today. In clinical setting, nurses face with patients who have different cultural backgrounds [3]. The cultural diversity has caused many challenges for major organizations, including healthcare organization dealing with patients with various language and cultures [4]. The healthcare requirements of people with different cultures vary. Nurses must have the knowledge of caring for people with different cultures to meet their health needs [5]. Thus, the ability to perceive the values, attitudes, beliefs, and customs of patients in different cultures and ethnicities is called cultural competence [6].

Cultural competence is a process in which a nurse strives constantly to gain the ability of performing the works effectively in dealing with different cultures [7]. Nurses' professional practice and the provided services should be consistent with the values and beliefs of patients. Lack of cultural competence and knowledge make nurses not to pay attention to patient's culture

in providing care for them [8]. Cultural misunderstanding between patients and healthcare providers is one of the factors leading to patient dissatisfaction and poor quality of care [9]. Practical programs and issues related to cultural competence have been reported in most of nursing, medical, educational, social services and psychology journals. Providing non-cultural health care directly affects the health outcomes [10]. The most important reason for paying attention to cultural competence is that lack of cultural competence leads to stress and burnout and ultimately reduced quality of nursing care [7]. The theory of cultural competence has been developed in international communities, and a number of researchers consider cultural competence as an indicator which has a significant correlation with job burnout, especially among healthcare staff [11].

According to Shimomitsu et al. (2003) [12], complicated relationship between nurse and patient and their families and with the members of medical staff is the main factor of burnout among the nurses [13]. Physical and mental health is one of the basic principles of life for all humans and plays major role in their health, comfort and life span. Nowadays, humans spend most of their social life in work settings, and as work is an important aspect of every human's life, paying attention to the problem of burnout and the problems caused by it is essential [14]. Freudenberger was the first researcher who defined burnout in 1974 as a form of fatigue or frustration caused due to particular reason in life [15]. In 1981, Maslach [16] defined burnout as a syndrome in response to chronic stresses caused by three main factors of emotional exhaustion, depersonalization, and reduced personal success [17]. When healthcare workers are exposed to severe and sensitive pressures, they finally lose their sensitivity to those receiving the services and find negative feelings to themselves and their clients. These negative feelings decrease the job efficiency, satisfaction, and quality of cares and services provided [18]. Stress may be due to hospitalization of foreign patients in hospitals. Nurses often suffer stress in their work setting when they are not able to cope with cultural differences [5]. Research on burnout and cultural competence showed that cultural development is one of the factors eradicating the burnout [19]. Choi et al in 2014 stated that nurses with higher cultural literacy in inter-cultural interactions experience lower level of job burnout. Studies also show that caring along with understanding and accepting cultural differences has a high effect on reducing stress in nurses [5].

Given the cultural diversity in nurses' job and their interpersonal relationships and research gap in this regard, researcher conducted this research to find an answer for the question of whether cultural competence is associated with burnout of nurses in Iran, having its unique conditions and culture. Thus, the present study was conducted to evaluate the relationship between cultural competence and job burnout among the nurses working in selected hospitals affiliated to Tehran University of Medical Sciences in 2017.

Methodology

The present study is a descriptive-correlational study. The research population included all nurses working in Emam Khomeini, Shariati, Baharlu and Bahrami hospitals in 2017. The inclusion criteria included having a bachelor and higher level of education in nursing, having at least one year of clinical employment history, willingness to participate in the study, and being formal or contractual staff. Exclusion criterion of study was unwillingness to cooperate at each stage of the study. A total of 250 nurses were selected by simple randomized sampling method using the formulas of $n = \frac{(z_{1-\frac{\alpha}{2}} + z_{1-\beta})^2}{c^2}$ and $c = \frac{1}{2} Ln \frac{1+r}{1-r}$. First, Tehran city was divided into five regions (west, east, center, north and south), and then, hospitals affiliated to Tehran University of Medical Sciences were selected randomly from four central, west, east, and south regions. As no hospitals affiliated to Tehran University of Medical Sciences was found in the north region of Tehran, no hospital was not selected from north region of Tehran.

After this stage, the list of names and number of nurses was taken from the nursing office and the samples were selected using simple random based on random numbers. Questionnaires were distributed among qualified nurses in different shifts. The questionnaires were provided to the researcher at the date agreed upon by the parties. Out of 250 distributed questionnaires, 232 questionnaires were collected. Questionnaire was used as tool for collecting data in this research. It included three sections. The first section includes personal and job information on subjects (age, gender, marital status, level of education, employment history). The second section of the questionnaire relates to cultural competence, which was developed by Moulder in 2009 [20]. It consists of 51 questions in 4 sub-scales (preparedness in cultural care, attitude towards cultural care, cultural care knowledge, and awareness in cultural care) measured on a 5-point Likert scale from "strongly disagree" to "strongly agree." In the classification, the dimension of preparedness for cultural care included 19 questions, attitude toward cultural care included 9 questions, the dimension of awareness in cultural care included 11 questions and dimension of knowledge in cultural care included 12 questions. Total score between 51 and 109 was considered as poor cultural competence, the total score between 110 and 167 was considered as moderate cultural competence and the total score between 168 and 225 was considered as a strong cultural competence. Validity of cultural competence questionnaire in the research conducted by Bastami et al in Ilam in 2016 was reported high using the views of 5 faculty members of nursing faculty of Ilam University of Medical Sciences. The validity of the cultural competence questionnaire in Bastami et al in 2016 was measured by 20 nurses and calculated 0.86 using Cronbach's alpha [21]. In this study, the reliability of the cultural competence questionnaire was calculated 0.96 using Cronbach's alpha coefficient. The Maslach Burnout Questionnaire was used to measure the burnout of nurses. This tool included 3

dimensions: emotional exhaustion (questions 6.3.2.1, 20,16, 14, 13, 8), depersonalization (questions 22, 15, 11, 10, 5) and reduction of personal job success (Questions 21, 19, 18, 17, 12, 9,7,4) organized in 22 items.

Frequency was rated based on 6-point Likert scale ranging from "everyday" option (score 6) to "never" (score 0). Finally, with a separate scoring for question questions, each of three dimensions of job burnout was classified in three levels of high, moderate and weak (emotional exhaustion: high (above 30), moderate (18-29), and low (below 17). Depersonalization: High (above 12), moderate (6-11), low (below 5). Reduced personal success: high (below 33), moderate (34 -39), low (above 40). The validity of Job burnout questionnaire in the studies conducted by Ghahremani et al (2011) and Akbari et al (2011) was reported high [22, 23]. The reliability of Maslach burnout questionnaire was examined by Hosseini Nejad et al in 2016 [24]. The Cronbach's alpha coefficient of three dimensions of job burnout was found 91% for emotional exhaustion, 82% for depersonalization, and 88% for the reduction of personal success level. In the study conducted by Sabokru in 2017, Cronbach's alpha coefficient of burnout was calculated 80% [25]. In the current research, the reliability of the burnout questionnaire was calculated 0.70 using Cronbach's alpha coefficient. After data collection, they were analyzed by SPSS software. For description of data, central indices (mean) and distribution indices (SD) were used. To examine the relationship between the variables, T-test and Pearson correlation were used and the significance level was considered less than 0.05. Ethical Considerations: After receiving the approval of the Ethics Committee and obtaining an allowance from Head of Nursing and Midwifery Faculty of the Azad University of Medical Sciences of Tehran Branch and presenting it to the head of the relevant hospitals and referring to the considered units and after explaining the research objectives for participants, the informed consent was taken from the subjects and they were ensured that their data would remain completely confidential and they would have no effect on their job evaluation process.

Results

According to Table 1, out of 232 nurses participating in the study, the majority of subjects were female (73.3%) and 26.7% of them were male. In addition, 65.9% of them were married and 86.6% of them had bachelor level of education. The age of most people (30.6%) was in the range of 31-35 years, and age of only 20 subjects (8.6%) was below 25 years. In addition, most of people (28%) had employment history between 5 to 10 years and the lowest number of them (3.9%) had a history of 20 years and more.

Table 1: Distribution of absolute and relative frequency of nurses' demographic variables

	frequency	Percentage of frequency
Gender		
Male	62	26/7
Female	170	73/3
Marital status		
Single	79	34/1
Married	153	65/9
Level of education		
Bachelor	201	86/6
Master	31	13/4
Employment history		
Less than 5 years	58	25
5-10	65	28
10-15	62	26/7
15-20	38	16/4
20 years and higher	9	3/9
age		
Less than 25 years	20	8/6
25-30	57	24/57
31-35	71	30/6
36-40	58	25/70
41 and higher	26	10/53

Table 2: Correlation coefficient test between dimensions of cultural competence and dimensions of burnout of nurses

	Attitude in cultural care	preparedness in cultural care	Awareness of Cultural Care	Knowledge in cultural care
Emotional exhaustion	R= -.18 P= .138	R= -.019 P= .77	R= -.015 P = .184	R= -.14 P= .122
Reduced personal success	R= - .07 P= .264	R= -.09 P= .888	R= -.08 P= .898	R= -.02 P= .774
Depersonalization	R= -.05 P= .506	R= -.135 P= .046	R= -.01 P=.928	R= -.02 P= .901

Based on Table 2, there is a reverse relationship between dimensions of burnout and cultural competence dimensions (knowledge in cultural care, preparedness for cultural care, attitude in cultural care, awareness in cultural care), but it is not statistically significant (p >0.05). There is a significant relationship between the depersonalization and preparedness for cultural care (p = 0.046), so that by increasing preparedness level in cultural care, the level of depersonalization in nurses decreases and vice versa.

Table 3: testing the correlation coefficient between dimensions of cultural competence and dimensions of burnout of nurses in terms of gender

	preparedness in cultural care		Attitude in cultural care		Awareness in cultural care		Knowledge in cultural care	
	males	Females	males	females	Males	females	Males	females
Emotional burnout	R= -.03 P= .919	R= -.111 P= .148	R= -.07 P= .573	R= -.22 P= .01	R= -.04 P= .744	R= -.114 P= .138	R= -.05 P= .675	R= -.09 P= .238
Reduced personal success	R= -.136 P= .292	R= -.07 P= .330	R= -.05 P= .724	R= -.157 P= .04	R= -.09 P= .457	R= -.07 P= .330	R= -.15 P= .227	R= -.04 P= .590
Depersonalization	R= -.136 P= .291	R= -.03 P= .710	R= -.08 P= .525	R= -.07 P= .345	R= -.13 P= .302	R= -.001 P= .195	R= -.15 P= .122	R= -.01 P= .909

Based on Table 3, there is a reverse relationship between burnout dimensions and cultural competence dimensions in terms of gender, but there is a reverse and significant relationship between dimensions of emotional exhaustion and attitude in cultural care (p = 0.01) and also between reduction in personal success and attitude in cultural care (p = 0.04).

Table 4: testing correlation coefficient between burnout and cultural competence of nurses in terms of gender

Dimensions of burnout	Cultural competence	p-value
Emotional exhaustion	R= -.492	.000
Personal success reduction	R= -.424	.000
Depersonalization	R= -.117	.076
Correlation coefficient separately in males and females		
Emotional exhaustion (males)	R= -.746	.000
Emotional exhaustion (females)	R= -.425	.000
Reduced personal success (males)	R= -.758	.000
Reduced personal success (females)	R= -.325	.000
Depersonalization (males)	R= -.199	.121
Depersonalization (females)	R= -.117	.129

Based on Table 4, Emotional exhaustion has a reverse and significant correlation with cultural competence (p = 0.000), (r = -0.492), and dimension of reduction in personal success also indicates an inverse relationship with competence and it is statistically significant (p = 0.000). However, there is no significant relationship between depersonalization and cultural competence (p = 0.076). In a separate investigation of the relationship between emotional exhaustion in males and females and cultural competence, reverse and significant relationship was found (p = 0.000), and dimension of personal success in males and females showed reverse and significant relationship with cultural competence (p = 0.000). In addition, dimension of depersonalization showed no significant relationship with cultural competence in males and females (p = 0.129) (p = 0.121).

Discussion and Conclusion

This research was conducted to evaluate the relationship between cultural competence and burnout among nurses. Based on Pearson correlation coefficient between cultural competence and burnout, results showed a reverse and significant relationship between depersonalization and preparedness for cultural care, so that by increasing the level of preparedness in cultural care, the level of depersonalization decreases in nurses, and vice versa, and the rest of the dimensions of burnout did not show a significant relationship with none of the dimensions of cultural competence in this study. In fact, their correlation coefficient was at low level. With regard to correlation of dimensions of cultural competence with dimensions of job burnout in terms of gender, results showed that there is was reverse and significant relationship between emotional exhaustion dimension and attitude in cultural care in women, so that with increasing the attitude level in cultural care in nurses,

their emotional exhaustion decreases significantly. There is also a reverse relationship between the reduction of personal success and the attitude of cultural care in women, so that with increasing the level of attitude toward cultural care in women, their personal success level decreases. In addition, in examining the dimensions of burnout with cultural competence, a reverse relationship was found between the dimensions of emotional exhaustion and the reduction of personal success and cultural competence and no significant relationship was found between depersonalization and cultural competence.

In a research conducted by Choi et al. (2014) to evaluate the effect of cultural competence and working conditions on burnout, results showed that cultural competence (cultural knowledge and skills, cultural awareness, cultural attitude) is an important statistical predictor variable for job burnout ($\triangle R2=0.227$, $p<0.001$). Moreover, the results showed that nurses with a cultural competence had lower levels of burnout, especially nurses with high levels of cultural awareness and attitude experience burnout. This result is consistent with that of our research (cultural competence has a reverse and significant relationship with job burnout). In a research conducted by Bocchino et al. (2011) [26] with the aim of examining the impact of cultural competence and bias on cultural diversity in cases of burnout in the interactions between patient and care provider in Spain and Italy, the results revealed a significant correlation between cultural awareness and depersonalization (p = 0.000), emotional exhaustion (p = 0.001), and reduced personal success (p = 000), so that with increasing the level of cultural awareness in nurses, depersonalization and emotional exhaustion decrease and personal success increases.

In addition, in a research conducted by Uzun et al. (2015), results revealed that with increasing sensitivity in cultural care, the level of stress in nurses decreases and vice versa (with increasing stress level in nurses, the level of cultural sensitivity decreases). These results show that cultural competence is correlated with stress and burnout. This result is consistent with that of this research. Cultural intelligence is a base for cultural competence [27]. In a study conducted by Stokes in 2013, the results showed that people with high cultural intelligence can better manage the stress caused by cultural interactions, and the ability to adapt to stress can also reduce the risk of burnout [28]. Dolatshah and Ghorban Hosseini in 2016 [29] examined the relationship between cultural intelligence and burnout among the employees of the Arman Financial Institute in Tehran and found that there was a reverse and significant relationship between cultural intelligence and burnout. In a study conducted by 2015, Hallmone stated that teachers with a high level of cultural intelligence have a higher sense of personal success and less job burnout. Thus, results showed that cultural competence is associated with job burnout among nurses, so that as level of cultural competence increases in nurses, their job burnout would decrease, and vice versa. Enhancing the cultural competence and reducing the burnout syndrome caused by cultural shock and educating students to eliminate the cultural gap and reduce the stress and burnout caused by

cultural conflicts is very important. Thus, it is necessary to use the views of curriculum designers in educational programs of the nurses. Cultural competence education can enhance the cultural awareness. It is also recommended that further studies to be carried out in order to generalize the results to wider population. Moreover, the results of this research can be used in the management of nursing care and education and research in nursing.

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References

1. Lin, C. J. Lee, C. K. Huang, M. C. (2017). Cultural competence of healthcare providers: A systematic review of assessment instruments. journal of nursing research, 25(3), 174-186.

2. Sadeghi, A. (2010). reviewing the national curriculum of their of iran using a multi cultural approach.

3. Khezrullo, et al. (2016). Cultural Competence in Nursing Education: Review Article. Journal of Ethics and Medical History in Iranian. 8 (6): 21-11.

4. Dejman M, Forouzan AS, Ekblad S. (2012). Adapting research to local contexts based on the model of Campinha-Bacote for cultural competence: a case scenario of 3 ethnic groups in the Islamic Republic of Iran. East Mediterr Health J; 18(11): 1166-9.

5. Uzun, Ö. Sevinç, S. (2015). The relationship between cultural sensitivity and perceived stress among nurses working with foreign patients. Journal of clinical nursing, 24(23-24), 3400-3408.

6. Mahmoudi, Azam. Khani, Lotfali and Ghaffari, Mozaffar. (2016). The Relationship between Cultural Competency and Responsibility with Nurses 'Attitude toward Patients' Rights: The Mediating Role of Ethical Beliefs. Journal of ethics and medical history. 9 (5): 51-39.

7. Choi, S.-Y. Kim, K.-S. (2014). The effects of work characteristics, supervision, and cultural competence on nurses' burnout. International Journal of Bio-Science and Bio-Technology, 6(4), 187-200.

8. Valizadeh, Layla, et al. (2017). Explaining the Consequences of Care with Cultural Sensitivity in Nursing Children: A Qualitative Study. Quarterly Journal of Hayat, 23 (1), 59-73.

9. Almutairi, A. F. McCarthy, A. Gardner, G. E. (2015). Understanding cultural competence in a multicultural nursing workforce: Registered nurses' experience in Saudi Arabia. Journal of Transcultural Nursing, 26(1), 16-23.

10. Lo, Y. (2012). The importance of transcultural nursing in cancer care. British journal of nursing, 21(4), 32-S37.

11. Hallmon, L. Y. (2015). Exploring the relationship between cultural intelligence and teacher burnout in the Mississippi Delta: Liberty University.

12. Shimomitsu T, Ohya Y, Odagiri Y. (2003). Burnout and associated job stress among Japanese hospital nurses. Journal of Psychosomatic Research. 55(2):150.

13. Darban, F, et al. (2016). Effect of communication skills training on the burnout of nurses: a cross-sectional study. Journal of clinical and diagnostic research: JCDR. 10(4). IC01.

14. McCormick, J. Barnett, K. (2011). Teachers' attributions for stress and their relationships with burnout. International journal of educational management, 25(3), 278-293.

15. Freudenberger, H. (1974). Staff burn-out. J. Soc. Issues 30, 159–165. Gaines, J., Jermier, J., 1983. Emotional exhaustion in a high stress organization. Acad. Manage. J. 26, 567–586.

16. Maslach, C. Jackson, S. (1981). The measurement of experienced burnout. J. Occup. Behav. 2, 99–113.

17. Romero, H. G. (2016). Burnout syndrome in nursing personnel of a referral hospital in Ibague, Colombia, 2014/Síndrome de Burnout en el personal de enfermería de un hospital de referencia Ibagué, Colombia, 2014. Enfermería Global, 15(1), 258-270.

18. Uzlu, Z.K. Yayla, A.c. Gümüş, K. Khaghanyrad, E. (2017). Comparison of Nurses in Two Different Cultures: Who Experiences More Burnout. Journal of PeriAnesthesia Nursing. 32(3). 238-244.

19. Schaufeli, et al. (2009). Burnout: 35 years of research and practice. Career Development International, 14, 204-220.

20. Moulder, M.)2009(. Senior nursing student level of preparation, attitudes, awareness, and competence in ethnocare. PhD thesis. Oakdale, New York: Dowling College.

21. Bastami, M. R, et al. (2016). Assessment of cultural competence among nurses. Medical Ethics Journal, 10(36), 65-72.

22. Ghahramani, M. Arastehnazar, Z. Meemar, M. A. (2011). Effect of locus control on burnout in instructors of Iranian governments literal movement. 291-7 .(4)4 .

23. Akbari, Amin, et al. (2011). Factor Validity and Psychometric Properties of Maslach Burnout Questionnaire. Journal of Knowledge and Wellbeing in Basic Medical Science. 6 (3): 8-1.

24. Hosseininejad, Seyed Mohammad, et al. (2016). Job burnout among the emergency department nurses of medical training centers affiliated to Mazandaran university of medical sciences. Iranian Journal of Emergency Medicine. 3(4). 125-131.

25. sabokro, M., allahyari, M., & Ebrahimzadehpezeshki, R. (2017). Job burnout in nurses and its impact on their

negligence. Journal of Nursing and Midwifery Urmia University of Medical Sciences, 15(2), 86-94.

26. Bocchino, A. Garcia-Ramirez, M. Arcidiacono, C. (2011). Understanding the impact of cultural competence and prejudice towards cultural diversity on cases of burnout in patient-to-provider interactions. In R. Zapata-Barrero & A.R. van Ewijk (Eds.), Spheres of diversities. From concept to policy. 155-169.

27. Ang, S. Van Dyne, L. Tan, M. L. (2011). Cultural intelligence. Cambridge handbook on intelligence. New York, NY: ME Sharpe.

28. Stokes, D. M. (2013). Exploring the Relationship between Cultural Intelligence, Transformational Leadership, and Burnout in Doctorate of Education Students, Dissertation Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Education. Liberty University, Lynchburg, VA.

29. Dolatshah, A. Hosseini, M. G. (2016). The Relation between Cultural Intelligence and Burnout among Staff. Modern Applied Science, 10(3), 184.