The Effects of Cultural Competence on Nurses’ Burnout

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Abstract. This study is to examine the effects of cultural competence on nurses’ burnout, controlling the effects of precedent factors of burnout identified by previous studies. Nurses who are working at six small- and middle-size hospitals under 400 beds, located in Seoul and Gyeonggi-do, participated in this study. The data were collected by standardized measures of cultural competence, burnout, and workload, superior supervision and 182 were analyzed. The analysis includes descriptive statistics of respondents’ general characteristics, correlation analysis of relationships among variables, hierarchical regression analysis of the effects of precedent variables on work burnout. Cultural competence (cultural knowledge and skill, cultural awareness, cultural attitude) is a statistically significant variable predicting burnout. The significance of this study is that it lays the foundation for nurses’ cultural competence by examining the effects of nurses’ cultural competence on burnout. Also, work-related competence is not a choice but a must, more diverse education should be provided to improve nurses’ cultural competence for multicultural patients.

Keywords: cultural competence, burnout, workload, supervision

1 Introduction

Effective implementation and organizational performance require competence in a wide range of skills. Especially cultural competence, which utilizes the diversity of patients and cultural components in the process of nursing practice, is regarded as an essential competence of healthcare professionals, as Korea enters the line of multicultural society [1]. Cultural competence should be one of the most important professional competence of nurses because they have to provide rapidly increasing multicultural patients and their families with quality human services. The more important reason is that the lack of cultural competence can lead to job stress and burnout, and then to a decline in the service quality of nurses.

Although cultural competence is needed to help patients and clients with diverse cultural backgrounds effectively, there is a skeptical view that it is nearly impossible to gain perfect cultural competence [2]. Despite the skepticism, the reason this study pays special attention to the importance of cultural competence is that the inability of employees to make clients and patients better can lead to cynical attitude and burnout [3],[4].
Since previous studies of nurses’ cultural competence mainly focused on the precedent factors of cultural competence, the study on the effects of cultural competence on the organizational behavior is rare. However, cultural competence is not only a result influenced by precedent factors but also a precedent factor influencing the quality of service and work attitude. Therefore, it is essential to examine the effects of cultural competence on nurses’ work attitude.

The main purpose of this study is to examine the effects of cultural competence on nurses’ burnout, controlling the effects of precedent factors of burnout identified by previous studies. According to previous studies, work characteristics such as heavy workload and role ambiguity increase burnout, and support from superior and organization reduces burnout. This study empirically analyzes the relationships between cultural competence and nurses’ work attitude, going beyond previous studies mainly focused on current state of cultural competence and its precedent factors.

2 Research Issues

This study examines the current state of nurses’ cultural competence and burnout, and then explores how nurses’ cultural competence affects their work burnout. Three main research issues are:

1) Examines the current state of nurses’ cultural competence and work burnout.
2) Identifies the effects of nurses’ work characteristics and superior support on burnout.
3) Analyzes the effects of cultural competence on burnout, controlling the effects of nurses’ work characteristics and superior support.

3 Research Method

Nurses who are working at six small- and middle-size hospitals under 400 beds, located in Seoul and Gyeonggi-do, participated in this study. 187 survey questionnaires among 200 distributed were collected, and 182 were analyzed. The survey was conducted from June to July in 2011. The questionnaire included measures such as socio-demographic characteristics (age, education, multicultural education, length of employment, foreign language skill) and major precedent variables (workload, role ambiguity, superior supervision).

The workload was measured by the measure developed by Hackman and Oldham [5] and used by Yoon[6]. The role ambiguity was measured by modified version of the measure developed by Rizzo et al.[7] and reported with validity in Korea. The superior supervision was measured by the Job Descriptive Index developed by Smith, Kendall, and Hulin [8] and used by Lee [9]. The cultural competence included such items as cultural awareness (5), cultural attitude (8), cultural knowledge and skill (20),
and was measured by the measure developed by Choi [10]. For the burnout, the MBI
developed by Maslach and Jackson [11] was used.

In order to reinforce research ethics, the protection of secret and the right of
rejection were notified, and the questionnaires unsigned were collected personally by
researchers. The analysis of the data was conducted by using SPSS 18.0. The analysis
includes descriptive statistics of respondents’ general characteristics, correlation
analysis of relationships among variables, hierarchical regression analysis of the
effects of precedent variables on work burnout.

4 Results of the Study

4.1. General Characteristics of Respondents and Work Characteristics

Every respondent is woman except one man (0.5%). Average age is 30.8, average
length of employment is 88.0 months, and average length of employment at current
hospital is 54.5 months. 74%(133) graduated from community college, and 26%(46)
graduated from college or universities. Regarding foreign language skill which is a
personal competence related to multicultural clients, only 14%(24) have sufficient
foreign language skill. 81.6% have experiences of multicultural work, and 35.2% are
now in charge of multicultural patients. The most often contacting patients are foreign
workers (54.5%), married immigrate women (26.9%), and children of multicultural
families (15.8%). The nurses who received multicultural education within two years
were only five. 93.9% of nurses do not work with workers of different race and
ethnicity, and 6.2%(11) of nurses work with workers of different race and ethnicity.
31.7% responded that translation services for clients were provided, and 21.3% said
that work guidelines related to multicultural work were provided.

4.2. The Results of Hierarchical Regression Analysis

Hierarchical regression analysis was used to identify variables affecting burnout.
Model 1 which analyzes the effects of work characteristics shows that workload does
not account for burnout, but that role ambiguity has statistically significant effects
(Δ R²=.07, P<.001). Model 2 which includes superior supervision shows that the
effects of superior supervision affecting burnout are relatively small (Δ R²=.08,
P<.001). Model 3 shows that cultural competence (cultural knowledge and skill,
cultural awareness, cultural attitude) is a statistically significant variable predicting
burnout (Δ R²=.277, P<.001). However, superior supervision which significantly
affects burnout in Model 2 does not have significant effects in Model 3. In addition,
the result indicates that nurses who think that they have cultural competence have lower level of burnout.

[Table 1: The Result of Hierarchical Regression Analysis]

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<th>Model 1</th>
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<th>Model 2</th>
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<td>Workload</td>
<td>-0.06</td>
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<td>Role Ambiguity</td>
<td>0.28</td>
<td>5.71***</td>
<td>0.24</td>
<td>4.51***</td>
<td>0.18</td>
<td>3.81***</td>
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<td>Superior Supervision</td>
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<td>-0.11</td>
<td>-1.98*</td>
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<td>Cultural Knowledge and Skill</td>
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<td>-0.17</td>
<td>-2.34*</td>
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<td>Cultural Attitude</td>
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<td>-0.34</td>
<td>-3.58***</td>
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<td>Cultural Awareness</td>
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<td>R²</td>
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<td>Adjusted R²</td>
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<td>0.078</td>
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<td>Constant</td>
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<td>2.11</td>
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<td>F</td>
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5 Discussion and Implications

The purpose of this study is to examine the effects of nurses’ cultural competence on burnout. The results show that cultural competence is a significant factor affecting nurses’ burnout. After controlling the effects of work characteristics and superior supervision which were identified by previous studies, this hierarchical regression analysis of cultural competence shows that cultural competence has statistically significant effects on nurses’ burnout.

On the basis of major findings of empirical data analysis, this study suggests some strategies to enhance the quality of nursing in multicultural society.

First, nurses’ burnout is higher than any other healthcare professionals. As this study shows that role ambiguity has more significant effects on burnout than heavy workload, more efforts to enhance the identity and clarity of nurses’ role are needed.

Second, the effort to reduce and mediate the impact of nurses’ burnout is an important strategy to improve the quality of nursing. As an effective strategy to mediate the impact of nurses’ burnout, clinical supervision has been suggested. Since
1990s, many studies of supervision have been applied to the field of nursing in the United States. In addition, the system to enhance work-related ability through superior support and supervision should be strengthened, because supervision has some educational impact.

Third, study on the cultural competence of healthcare professionals in Korean multicultural society is just the beginning. Since work-related competence is not a choice but a must, more diverse education should be provided to improve nurses’ cultural competence for multicultural patients.

The significance of this study is that it lays the foundation for nurses’ cultural competence by examining the effects of nurses’ cultural competence on burnout, differently from previous studies which mainly focused on the current state of nurses’ cultural competence and precedent factors. With various viewpoints and diverse approaches, more in-depth discussions of the ways to enhance nurses’ cultural competence are needed in Korean multicultural society.

References