

**Original Article**

## **Social- and Health Care Educators' Cultural Competence**

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## Abstract

**Introduction and aim:** Cultural differences have significant impacts on classroom behaviours and communication in teaching. The aim of this study is to explore social and healthcare educators' cultural competence in transcultural education.

**Methodology:** Data was collected from semi-structured focus group interviews at universities of applied sciences and vocational colleges. Inductive content analysis was used in the analysis process.

**Results:** Educators' cultural competence in transcultural education emerges as generic categories: transcultural education, educatorship and ethical attitudes, and underpins by the sub-categories: language and linguistics, different learning styles, integrating multicultural students, cultural knowledge and sensitivity, collaborating and cooperating, self-awareness and openness, and respecting and caring.

**Conclusion:** Cultural competence represents a core competence for social- and health care educators. Educators need to know students' background, master different learning styles, be flexible in their pedagogical approaches and have an open and ethical attitude.

**Keywords:** Culture, Competence, Social- and healthcare educators, Focus group interview, Content analysis

## Introduction

Health professional mobility has increased continuously over the past 20 years in the European area, with an increasing amount of international students (Wisnar et al. 2011). It thereby draws attention to cultural issues of meeting the educational needs of culturally diverse students, and educators' competence to meet and enable minority students' qualification in various professions (Ume-Nwagbo 2012). Quality education is raised as fundamental for developing social- and health care educators' cultural competence and improving the outcome of education (World Health Organization 2016). This research is an essential part of the research project, 'Competent Educators Together', and a previous study that describes cultural and linguistic competence as a core competence of social- and health care educators (Mikkonen et al. 2019). As a result of international trends in social- and health care education, educators are expected to possess cultural competence in terms of cultural knowledge and awareness, cultural interaction, cultural sensitivity and linguistic diversity (cf. Campinha-Bacote 2008).

**Aim and objective:** The aim is to explore social- and health care educators' cultural competence in transcultural education. The objective is to contribute to further development and implementation of cultural competence into educators' curriculum and further training.

**Theoretical and conceptual framework:** The theoretical and conceptual framework includes two main concepts, 'culture' and 'competence'. Culture is depicted as knowledge, intellectual awareness, education, cultivation, growing, enlightenment, learning, a lifestyle, traditions, beliefs, norms, values, as capabilities and habits

acquired by members of a society (Triandis 1972). According to Kroeber and Kluckhohn (1952), culture describes patterned ways of thinking, feeling and reacting and the essential core of culture is traditional ideas and attached values. 'Transcultural' is chosen for this study to understand educators' competence to teach students from other cultural backgrounds than their own because it describes comparable features in different cultures (Stevenson 2010). The generic understanding of the concept of competence comprises knowledge, skills and attitudes. Knowledge describes a person's ability to understand facts and procedures, skills describe the ability to perform activities in a given context, and attitude is a person's bearing, feelings, and character. (Osagie et al. 2016, Delamare Le Deist & Winterton 2005). According to Sharifi et al. (2019) cultural competence comprises six components: awareness, knowledge, sensitivity, skills, proficiency and dynamicity. Furthermore, main factors related to cultural competence include cultural diversity, encounter and interaction, desire and humility. Campinha-Bacote (2007) describes cultural competence as an on-going process, where cultural desire provokes the whole process. Desire leads to entering the process of becoming culturally competent by seeking cultural encounters, gaining cultural knowledge, performing culturally sensitive judgments and skills, and being humble in the process of cultural awareness.

**Previous research about educator's cultural competence:** When educators and students come from various countries, cultural differences emerge, for example, the social positions of educators and students, the understanding of

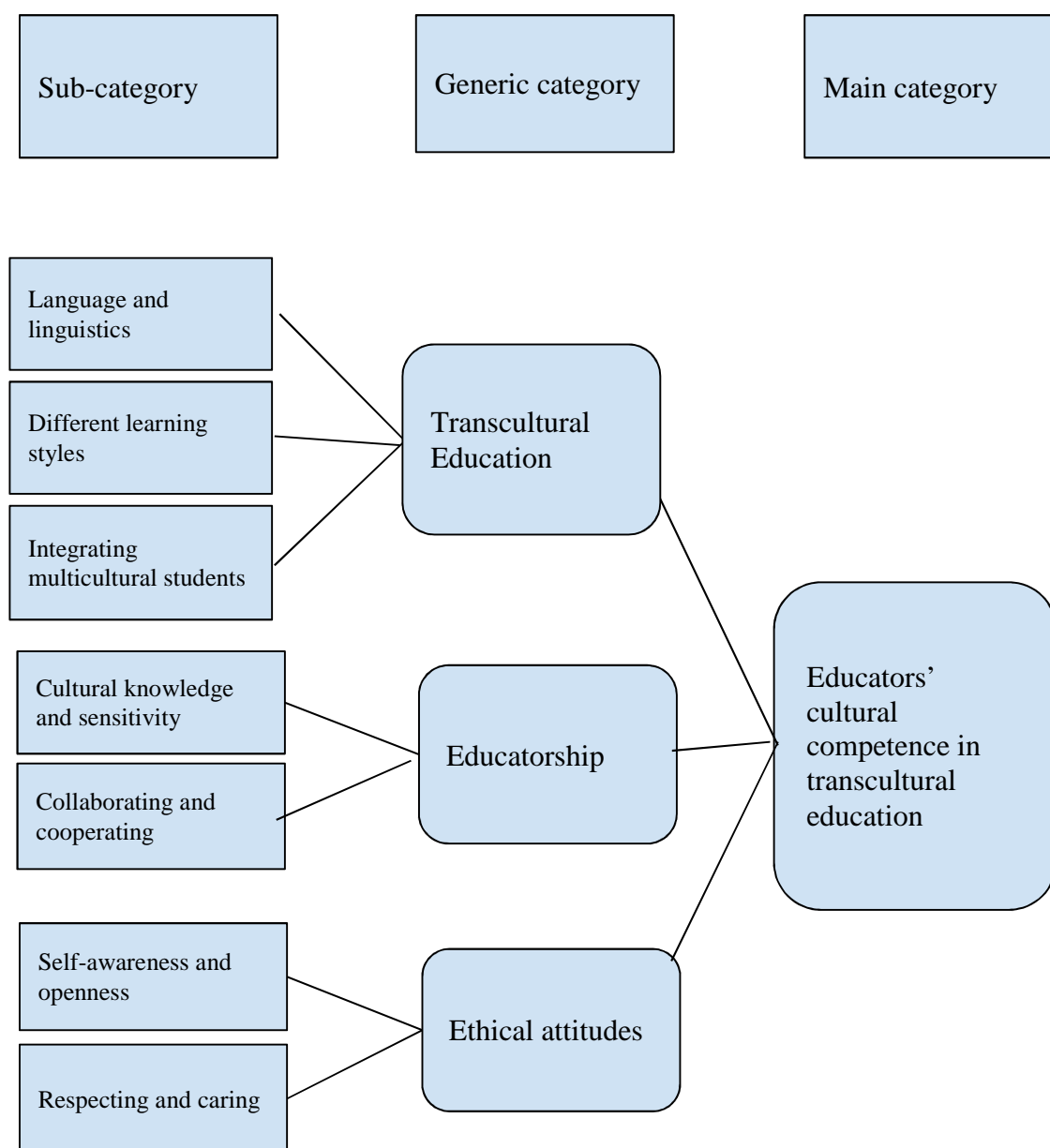
curriculum and interaction in education. Language barriers are described as a challenge in transcultural education and it is hence relevant to be aware of language differences and the burden of adapting to a new learning environment and effective communication, for example by more student-centered approaches (Lu & Kitt-Lewis' 2018, Pitkäljärvi et al. 2011, Cox & Yamaguchi 2010). Educators' cultural competence describes skills that help to understand and appreciate the cultural differences in education. Bednarz et al. (2010) emphasize that educators' cultural competence is influenced by educators' personal cultural histories and backgrounds, their ways of thinking and knowledge about cultural patterns and differences. Morton-Miller (2013) highlights the necessity of showing interest in students' cultural background and allowing students to tell their cultural stories in relation to education, clinical practice and their own lives. Based on Lassenius' study (2011), educators' cultural competence consists of affective competence, cognitive competence and behavioural competence. Affective competence consists of educators' emotions and communicative abilities. Cognitive competence describes how educators improve their knowledge about culture, ethnicities and religions, while behavioural competence describes educators' cultural experience, cultural background and cultural attitudes. Educators' cultural competence develops in a process from cultural awareness to a need of knowledge and further to cultural sensitivity. Thus, they possess cultural competence in interaction and cultural sensitivity. According to Morton-Miller (2013), educators' cultural competence involves many experiences and self-reflection. By reflecting on their own cultural histories, educators' understanding and self-awareness about cultural differences can influence the curriculum and policies in education. Gibbs and Culleiton's (2016) study shows the importance of nurse educators to value diversity, respect cultural differences, and adapt teaching strategies to complement the needs of culturally diverse students.

**Research methods:** Data was collected in social- and health care educational units at seven universities of applied sciences and two vocational colleges in Finland during the spring 2018. Sixteen semi-structured focus group interviews with 2-5 educators per group were conducted. In total 48 educators participated in focus group interviews, 33 female and 15 males

aged from 46 to 54 years. Of the respondents 26 were health care educators, 7 social work educators, 6 physiotherapy educators, 3 public health educators and 6 from other health care educations. 41 worked at universities of applied sciences and 7 worked at vocational colleges. In relation to working experience, 14 respondents had less than 5 years' working experience while 34 respondents had more than 10 years' working experience. An interview guide based on the results of a systematic literature review study regarding social and health care educators' competence area was used during the interviews (Mikkonen et al. 2019). The open-ended theme, what competences do the social and health care educators need today and in the future, was important for this study. The interviews were recorded with voice recorders and transcribed into 525 pages text. Elo and Kyngäs' (2008) inductive content analysis is used as the analysis method. The analysis process consists of open coding, creating categories and abstraction. At first, the transcribed interviews have been read through several times and open codes, i.e. notes and headings, are written in the margins while reading. Codes and selected unit of analysis related to them are written into a coding sheet. After that, the codes are classified into particular groups with higher order headings by collapsing those that are similar or dissimilar. Through further reading and interpretation that gave us an increased understanding about the content, we put together unit of analysis and codes and visualized them as subcategories. In the abstraction phase, we found seven sub-categories with similar events and incidents. The sub-categories resulted in three generic categories and a main category or general description in relation to the research topic. Authors XX, XX and XX performed the data analysis.

## Results

Educators' cultural competence in transcultural education emerges as the main category of this study. The generic category, transcultural education, is underpinned by the sub-categories: language and linguistics, different learning styles, integrating multicultural students. The generic category, educatorship, is underpinned by the sub-categories: cultural knowledge and sensitivity, and collaborating and cooperating. The generic category, ethical attitudes, is underpinned by the sub-categories: self-awareness and openness, and respecting and caring.



**Figure 1. The abstraction process and results**

### Transcultural education

**Language and linguistics:** A language skill, especially knowledge of the English language, is an essential factor and starting point regarding whether educators can manage to teach multicultural students. Educators are aware of the importance of language skills in education, but teaching in a foreign language can also be challenging. They are also aware of multicultural students' language difficulties in education. For some students, grammar and vocabulary can be their weakness, and they understand terminology differently and use lingual expressions in the

learning process. Words, or terms, may also have different meanings in various cultures. Since the educational language is not the same as students' native language, they may express opinions according to their own cultural thinking. As a result, such different understanding can cause misunderstandings and turn into a cultural obstacle in communication. By enhancing educators' language ability, educators increase their self-confidence in teaching, and the communication between them and students becomes more understandable.

**Different learning styles:** The differences of multicultural students' learning styles have

influenced profoundly on students' absorption of new knowledge. For example, in some cultures students are trained to write correct answers without understanding of text. The study pace varies among multicultural students; therefore, it requires educators to utilize what kind of teaching style in class and to know how to guide students in education. If cultural differences are integrated into teaching, students may learn easier and more effectively. It will also help them to finish the course, to reach goals in their studies and increase the quality of education, especially, when multicultural students have difficulties in learning. It is valuable if educators are aware of students' challenges and can perceive this from the feedback that they receive from students about their studies. Thus, educators can obtain information on how well students have learned and managed courses and contents. With this reference, educators can have flexibility in education and evaluation to complement those students' challenges and design a better curriculum for future students. Additionally, being creative in teaching can make knowledge more attractive and memorable.

**Integrating multicultural students:** When students come to another cultural society, cultural differences emerge both in living and clinical training. Multicultural students may feel insecure in class, and they can have difficulties of being integrated. It may take a long time for an exchange student to adapt to a completely new environment. It is thereby necessary for educators to be observant about students' integration into a new cultural learning process and help them to integrate with others in class. Adapting to another cultural environment is not only about learning new knowledge in school, but also about norms, traditions and values of another culture.

### **Educatorship**

**Cultural knowledge and sensitivity:** The result emphasises the importance of having cultural knowledge and sensitivity in education. Thus, it can minimize misunderstandings and communication gaps between educators and students. Certainly, it is not possible for educators to learn and know each student's culture, traditions, values and customs. Educators require the capacity to know different cultures and also to see health, care and caring in a global perspective. Learning a new culture can be a gradual development as well as a lifelong

exploring procedure that takes time and presupposes sensitivity, and it is enriching for all teaching and learning. In order to increase cultural knowledge, educators talk about different methods, that is, reading, travelling or communicating with multicultural students. With increased cultural knowledge, educators improve their understanding about different cultures and it may decrease students' anxiety and increase educators' satisfaction in transcultural teaching. Cultural sensitivity is thereby beneficial for the process and outcome of transcultural education.

**Collaborating and cooperating:** When educators work cooperatively, educators can help each other when teaching a multicultural group, for example, by having more than one educator in the class or a language educator who serves as a supportive resource to clarify language issues. Cooperation among educators reduces learning stress for students in education. Being aware of cultural differences can also be part of organizational culture. It is beneficial to share knowledge and experience in transcultural teaching, which can increase educators' awareness about students' cultural background and needs. It can also improve educators' cultural understanding and help to adjust the curricula and course plans through a transcultural perspective. Collaborating with universities abroad offers educators more opportunities to meet other cultures. Through being involved in international cooperation, collaboration or as exchange educators, educators can benefit themselves and come together in new networks. In addition to cooperative academic research and exchange programs, educators can obtain additional economic support from transcultural activities. The budget or financial policy in the organization can also be a cornerstone for educators to take initiatives to participate in transcultural events.

### **Ethical attitudes**

**Self-awareness and openness:** Self-awareness and willingness are the basic motive in transcultural education and educators are conscious of gaining more cultural knowledge when teaching a multicultural group. When possessing the self-awareness and inner willingness, educators can increase their interest in, initiatives for and participation to meet new cultures. It is important for educators to have self-awareness and motivation to improve and implement their own skills and ability in



transcultural education. It is relevant to have openness when meeting different cultures without prejudice or discriminations. Being open-minded is a productive way to show respect, gain new knowledge and a way of mutual learning. It is a catalyst to increase and improve the communication between educators and students; hence, educators can broaden their horizons, avoid cultural taboos or bias in transcultural teaching. When meeting a new culture without prejudice, cultural experience will gradually increase.

**Respecting and caring:** Some students may fall out-of-step with others in the class due to challenges in following the study plan. Educators concern about multicultural students' challenges and study capacity, and it is important for them to discuss and consider challenges in relation to course planning. A good educator can also be a 'helpful friend' to students and a positive and respectful attitude towards multicultural students contributes to increasing educators' interest in students' cultural background and building a harmonious educator-student relationship. Respecting each individual culture is regarded as the foundation of transcultural communication. Caring for students is thereby one irreplaceable rule of educators' ethics because it gives students spiritual support.

### Discussion

The results highlight that educators should have the capacity of cultural knowledge, cultural sensitivity in transcultural education and the competence of assisting students in cultural adaptation. In terms of 'skills' of educators, it is useful to set up the goals of courses and design the curriculum considering multicultural students' different learning styles. Through knowing and learning students' cultural background, educators increase their cultural knowledge about patterns of students' thinking and learning as well as ways of communication in class. Continuous education or extra training can improve educators' skills in transcultural education. To optimize the learning outcomes, it is necessary to build collaborations between educators to help each other in transcultural education. Cultural differences influence students' learning styles, behaviours and interaction. (Cox & Yamaguchi 2010) Encouraging educators to participate in international cooperation will not only benefit themselves with a wider network of counterparts

from other countries, but also improve their cultural knowledge. Educators' attitudes towards transcultural education and multicultural students are considered an essential part of cultural competence. To develop the cultural competence, educators are supposed to have cultural desire and willingness to encounter another culture and communicate with culturally diverse students. With a deeper understanding of different cultures, educators develop cultural sensitivities and avoid cultural taboos in education (cf. Campinha-Bacote 2008, Campinha-Bacote 2007). Moreover, educators' self-awareness and desire are the foundation for gaining cultural competence in a transcultural context. Educators' positive attitudes e.g. respect and openness will improve the educator-student relationship and students' satisfaction as well as educators' self-achievement and enjoyment in transcultural education.

Multicultural students' language barriers have been reviewed as a challenge for educators in transcultural education. Sanner and Wilson (2008) have pointed out that the teaching language has a direct influence on the result of transcultural education; however, the main problem is educators' attitude such as discrimination or prejudice. It is meaningful for educators to be open-minded and respectful towards other cultures. Additionally, due to differences in the students' learning capacity, educators need to have innovation, creation and flexibility in their pedagogical approaches in course and curriculum planning.

**Conclusion:** With the demographic globalization, the number of multicultural students is growing dramatically within social- and health care education. To provide them with a competent cultural education, it is crucial to improve educators' cultural competence in transcultural education. Continuous education will benefit educators in terms of raising their cultural awareness and offer them a blueprint to visualize about teaching in multicultural groups. A specialized education in transcultural learning should be an additional part of the curriculum for social and health care educator candidates. In this way, candidates can easily adjust to a transcultural environment. Continuous education and further training is an important supportive part in increasing educators' competence to fulfil transcultural education. Educators need continuous education so they can use different

didactical methods or even change their speech when teaching cultural diversity students.

**Ethical considerations:** This research was conducted based on the ethical principles for research involving human subjects in the Helsinki Declaration (2013). On 12<sup>th</sup> December 2017, the ethical committee at the University of Jyväskylä appraised the ethical permission. All participating organizations and participants in the focus group interviews granted research permission in this study. The respondents were informed about the process and aim of research and their participations in the study were voluntary, confidential and anonymous. The collected data will be saved for 10 years in archive files according to General Data Protection Regulation (GDPR) and the legislation of personal data.

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## References

- Bednarz H., Schim S. & Doorenbos A. (2010) Cultural diversity in nursing education: Perils, pitfalls, and pearls. *Journal of Nursing Education* 49(5): 253–260.
- Campinha-Bacote J. (2007) *The process of cultural competence in the delivery of healthcare services: The Journey Continues*. 5<sup>th</sup> edition, Transcultural C.A.R.E. Associates, Cincinnati, Canada
- Campinha-Bacote J. (2008) Cultural desire: 'Caught' or 'taught'?. *Contemporary Nurse* 28(1-2): 141–148.
- Cox K. & Yamaguchi S. (2010) Japanese graduate nursing students' perception of the teaching performance of an intercultural teacher. *Nursing Education Perspectives* 31(3): 156–159.
- Declaration of Helsinki. (2013) Ethical principles for medical research involving human subjects. *JAMA* 310(20): 2191–2194.
- Delamare Le Devist F. & Winterton J. (2005) What is competence? *Human resource Development International* 8(1): 27–46.
- Elo S. & Kyngäs H. (2008) The qualitative content analysis process. *Journal of Advanced Nursing* 62(1): 107–115.
- General Data Protection Regulation (GDPR). *Regulation (EU) 2016/679 of the European Parliament and of the Council of 27, April 2016*. (online) <https://eurlex.europa.eu/legalcontent/EN/TXT/?qid=1575013157201&uri=CELEX:32016R0679> (25.03.2020)
- Gibbs D. & Culleiton A.L. (2016) A project to increase educator cultural competence in mentoring at-risk Nursing students. *Teaching and Learning in Nursing* 11(3): 118–125.
- Kroeber A.L. & Kluckhohn C. (1952) *Culture: A critical review of concepts and definitions*. Vintage Books, New York, U.S.A.
- Lassenius Y. (2011) *Utvecklingen av vårdlärarnas kulturkompetens. En kvalitativ studie om fokuserar på lärarna i en mångkulturell Finland*. Diss.: University of Jyväskylä, Jyväskylä University Printing House, Jyväskylä, Finland
- Lu H. & Kitt-Lewis E. (2018) Pedagogical differences: A comparative reflection between American and Chinese nursing education. *Nurse Education Today* 63: 108–111.
- Mikkonen K., Koskinen M., Koskinen C., Koivula M., Koskimäki M., Lähteenmäki M-L., Mäki-Hakola H., Wallin O., Sjögren T., Salminen L., Sormunen M., Saaranen T., Kuivila H-M. & Kääriäinen M. (2019). Qualitative study of social and healthcare educators' perceptions of competence in education. *Health and Social Care in the Community* 27(6): 1555–1563.
- Morton-Miller A.R. (2013) Cultural competence in nursing education: practicing what we preach. *Teaching and Learning in Nursing* 8 (3): 91–95.
- Osagie E., Wesselink R., Blok V., Lans T. & Mulder M. (2016). Individual competencies for corporate social responsibility: A literature and practice perspective. *Journal of Business Ethics* 135(2): 233–252.
- Personal Data Act 523/1999, (1999) *Ministry of Justice. Finland*. (online) <https://www.finlex.fi/en/laki/kaannokset/1999/19990523> (25.03.2020)
- Pitkäjärvi M., Eriksson E. & Kekki P. (2011) Teachers' experiences of English-language-taught degree programs within health care sector of Finnish polytechnics. *Nurse Education Today* 31(6): 553–557.
- Sanner S. & Wilson A.H. (2008) The experiences of students with English as a second language in a baccalaureate nursing program. *Nurse Education Today* 28(7): 807–813.
- Sharifi N., Adib-Hajbaghery M. & Najafi M. (2019) Cultural competence in Nursing: A concept analysis. *International Journal of Nursing studies* 99: 1–8.
- Stevenson A. (ed.) (2010) *Oxford Dictionary of English*, 3<sup>rd</sup> edition, Oxford University Press, Oxford, U.K.

Triandis H.C. (1972) *The analysis of subjective culture*. John Wiley & Sons, New York, U.S.A.

Ume-Nwagbo P.N. (2012) Implications of Nursing Faculties' Cultural Competence. *Journal of Nursing Education* 51(5): 262–268.

Wismar M., Maier C.B., Glinozich I.A., Dussault G. & Figueras J. (Eds.) (2011) *Health Professional*

*Mobility and Health Systems*. European Observatory on Health Systems and Policies. World Health Organization, U.K.

World Health Organization. (2016) *Nurse educators core competencies*. WHO Document Production Services, Geneva, Switzerland.