

Investigating the Relationship Between Cultural Competence and Job Burnout in Nurses: A Study in Southwest Iran

Research Article

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Abstract

Providing nursing care based on respecting cultural differences is very effective in the relationship between nurse and patient. Nurses who are unable to recognise and accept different cultures often experience burnout and anxiety and stress in the work environment. On the other hand, the importance of cultural competence and its relationship with job burnout in nurses as the most important group providing care to patients is becoming more clear. Therefore, we conducted a study to determine the relationship between cultural competence and job burnout in nurses working in selected hospitals affiliated to Jundishapour University of Medical Sciences in Ahvaz in 2021. Methods: This descriptive cross-sectional study was conducted on 232 nurses working in selected hospitals of Jundishapour University of Medical Sciences, Ahvaz. The samples were selected using convenient sampling method. Demographic questionnaire, Mulder's cultural competence questionnaire and Maslach's job burnout questionnaire were used to collect data. Data were analysed using Pearson's correlation coefficient test and SPSS 16 software. Results: Most of the participants were female (74.3%) and 27.7% were male. Also, 71.3% of them were married and 92.3% had a bachelor's degree. There is an inverse relationship between job burnout dimensions and cultural competence dimensions (knowledge in cultural care, preparation for cultural care, attitude in cultural care, awareness in cultural care), but it is not statistically significant ($p > 0.05$). Emotional exhaustion has an inverse and significant correlation with cultural competence ($p = 0.000$), ($r = -0.494$). Conclusion: The results of this study showed that cultural competence is related to job burnout in nurses.

Keywords: Cultural Competence, Burnout, Nurse, Iran.

Introduction

Culture can be called a set of information, beliefs, artistic skills, manners and customs, morals, laws and customs that a person as a member of society acquires in society (1). Since culture affects many aspects of human life, there is no doubt that it plays an important role in shaping people's behaviours, beliefs and health values (2). In Iranian society, like in other countries, due to the growth of the phenomenon of migration from

villages to cities and from smaller cities to big cities, people with different cultures live together, each of them having their own values. These values are hidden in the heart of society's culture and affect all social behaviours of people and determine its direction (3,4).

This diversity of culture is also seen among patients and is one of the important issues that nurses are facing today (5). People's understanding of health and illness can be influenced by cultural factors (6), at the same time, nurses in clinical environments frequently deal with different patients, with different cultural backgrounds, and their professional lives are closely related to the lives of the recipients. Services have been subscribed (4,7). Therefore, the ability to care for patients with awareness of their cultural needs has become an essential part of nurses' communication skills (8), and in order to establish this communication,

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they must acquire the necessary knowledge and skills related to culture and cultural competence (9).

Several definitions have been given in relation to cultural competence. In the simplest definition, cultural competence is defined as the ability to interact effectively with people of different cultures (10,11). In another definition, cultural competence is the same as understanding the values, beliefs and health practices of clients (12). Cultural competence as an essential part of professionalism has a unique place in the field of medical sciences due to the cultural diversity of clients and its dimensions include knowledge of cultural care, attitude towards cultural care, readiness to provide cultural care, cultural competence in care. It is very important to strengthen the nursing force as the main health care providers in the dimensions related to cultural competence, especially in the dimensions of attitude towards cultural care and readiness to provide cultural care, because most of the nurses are at an unfavourable level in these two dimensions (12).

Sources state that despite the importance of cultural competence in the quality of care, it seems that cultural competence is one of those factors whose contribution to the quality of patient care has not been determined accurately (13,14). As mentioned, cultural awareness, cultural knowledge and cultural skills are the most important elements of cultural competence. In general, cultural awareness is defined as a person's awareness of his views towards other cultures; Cultural knowledge is the continuous acquisition of information about different cultures, and cultural skill is defined as the ability to communicate with different cultures (15). According to the studies, cultural competence requires strengthening the knowledge, attitude and skills of working with different cultures, because culture has a direct relationship with improving health care (16).

Lack of cultural competence can lead to job stress and job burnout, and then to a decrease in the quality of nurses' services (17). In 1974, Froudenbergarder was the first researcher who defined burnout as a state of fatigue or frustration that is caused by a specific reason in life (18). Job burnout can also be expressed as the final stage of physical or mental fatigue of people who have not been able to cope with the job for a long time (17). According to surveys, 40% of nurses working in hospitals in five countries, the United States, Canada, England, Scotland, and Germany, have a higher level of burnout than the employees of health care centres (19). In 2014, in a study in Singapore, Tai et al. reported that the average burnout rate of nurses was 33.3%, which ranged from 30 to 80% in different hospital departments (20). In 2010, Ava et al. also concluded that 43% of nurses suffered from a high level of burnout in a study they conducted on nurses with one year of work experience in Germany (21). In Iran, studies show that the rate of job burnout is significantly high (50%) (23,22). Also, in the study of Muradbeighi et al., which was conducted on nurses, it was found that the level of burnout among nurses is high and has a significant relationship with the age of the type of department worked. So that the level of job burnout in younger nurses is lower than in older people. Also, in this study,

it was found that the highest level of burnout was among the nurses of the emergency, special care and paediatric departments, respectively (23).

The findings of many studies show that more than a hundred types of possible complications are related to job burnout (24), which include reduced job performance, creating negative emotions, reduced enthusiasm and willingness to perform tasks, performing activities Compulsively and the emergence of problems in the person's relationships with family, friends and colleagues pointed out (25). Sources of occupational stress for nurses include new programs and expectations of the health and treatment organisation, low income, work environment, heavy workload, problematic interpersonal relationships, and working with patients on the verge of death or special care (26). People with high cultural intelligence manage the stress caused by cultural interactions better, and the ability to regulate stress can also reduce the risk of burnout, and leaders with high cultural intelligence experience less burnout in intercultural interactions (27). In 2016, Dolatshah and Gurban Hosseini, in a research titled the relationship between cultural intelligence and job burnout among the employees of Arman Financial Institution in Tehran, concluded that there is a negative and significant relationship between cultural intelligence and job burnout, so that the more cultural intelligence If it is higher, the level of burnout among employees is lower (28).

According to the above explanations, in such a setting, the importance of cultural competence and its relationship with job burnout in nurses as the most important group providing care to patients becomes more clear. Therefore, we conducted a study to determine the relationship between cultural competence and job burnout in nurses working in selected hospitals affiliated to Jundishapour University of Medical Sciences in Ahvaz in 2021.

Material and Methods

This descriptive-cross-sectional study of an analytical type was conducted by easy access sampling method on 232 nursing experts working in selected hospitals of Jundishapour University of Medical Sciences in Ahvaz in 2021. After obtaining the code of ethics from Ahvaz Jundishapour University of Medical Sciences, the researcher distributed the relevant questionnaires to the nursing staff through visiting the departments and the questionnaires were completed by the staff at the nursing station. Before distributing the questionnaire to the nurses, the necessary explanations about the study, how to answer the questions, voluntary participation in the study, and obtaining informed consent from the research subjects were done by the researcher. The response time for each person was 55 minutes. The inclusion criteria included: having a nursing degree or higher and having at least one year of clinical work experience. After the completion of each questionnaire by the nurse, the researcher examined the questionnaires in terms of defects in answering, and if the questionnaire is incomplete, the individual's questionnaire is removed from the study. Finally, in

order to compensate for the time wasted by the nursing staff to complete the questionnaires, a small reception was given to the individuals by the research team.

The tools used in this study include a questionnaire consisting of three parts of demographic information, a cultural competence questionnaire, and a job burnout questionnaire as follows:

A) Demographic Information Questionnaire: This tool includes questions about demographic characteristics such as gender, age, education level and number of years of service.

B) Cultural competence questionnaire: this questionnaire was designed by Mulder in 2009, which includes 51 questions in 4 subscales of cultural care knowledge (1 to 11), attitude towards cultural care (12 to 20), cultural competence (21 to 32) and readiness to provide cultural care (33 to 51). The scoring method of this tool is on a 5-point Likert scale from 'completely disagree' to 'completely agree' so that the total score ranges from 51 to 255. In this questionnaire, a score of 51 to 127 was defined as weak cultural competence, from 128 to 192 as moderate cultural competence, and from 193 to 255 as strong cultural competence. In this research, a localised extended questionnaire was used. The cultural competence questionnaire was localised in Bastami et al.'s study (2016) and its validity and reliability were calculated. Cronbach's alpha coefficient was obtained to evaluate the internal structure and reliability of 0.86 (14).

C) Job burnout questionnaire: This questionnaire includes 22 questions (9 questions related to emotional analysis dimension, 5 questions related to depersonalisation dimension and 8 questions related to personal success dimension). The frequency of burnout is measured with a Likert scale from 0 to 6, and finally, with separate scoring for the questions of each of the three dimensions of burnout, these dimensions are classified as low, medium, and high, which include: emotional analysis: high (higher) from 30); Medium (18-29) Low (below 17), Depersonalisation: High (above 12); medium (6-11); Low (below 5) and individual failure: high (above 40); average (34-39); Low (below 33).

The validity and reliability of the burnout questionnaire was investigated in Hosseini Nejad et al.'s research in 2016, and in this study, the Cronbach's alpha coefficient for the three dimensions of burnout was 91% for emotional exhaustion, 82% for depersonalisation, and 88% for the feeling of lack. calculated individual success (29) and in Sabukro et al.'s study in 2017, Cronbach's alpha coefficient of job burnout was calculated as 0.8. After collecting the data, it was analysed with SPSS version 16 software. Central indices (mean) and distribution indices (SD) were used to describe the data. T-test and Pearson's correlation were used to check the relationship between the variables and the significance level was considered less than 0.05.

Results

Of the 232 nurses participating in the study, most of the participants were female (74.3%) and 27.7% were male. Also, 71.3% of them were married and 92.3% had a bachelor's degree. The age of most people (40.7%) was in the range of 31-35 years and the age of only 24 people (9.8%) was under 25 years. Also, most of the people (35%) have an employment history between 5 and 10 years and the least number (2.8%) have an employment history of 20 years and more (Table 1).

Table 1: Absolute and relative frequency distribution of demographic variables of nurses

Gender	Frequency	Percentage of Frequency
Male	60	25.7
Female	172	74.3
Marital Status		
Single	67	28.7
Married	165	71.3
Level of Education		
Bachelor	214	92.3
Master	18	7.7
Employment history		
Less than 5 years	50	24
05-Oct	81	35
Oct-15	61	27.7
15-20	33	15.4
20 years and higher	7	2.8
Age		
Less than 25 years	24	9.8
25-30	56	24.3
31-35	73	31.4
36-40	58	25
41 and higher	21	9.5

There is an inverse relationship between job burnout dimensions and cultural competence dimensions (knowledge in cultural care, preparation 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 depersonalisation and preparation for cultural care ($p = 0.048$), so that as the level of preparation in cultural care increases, the level of depersonalisation in nurses decreases (Table 2).

There is an inverse relationship between job burnout dimensions and cultural competence dimensions in terms of gender, but there is an inverse and significant relationship between emotional burnout dimensions and attitude in cultural care ($p = 0.01$). Also, there is an inverse and significant relationship between the reduction of individual success and attitude in cultural care ($p = 0.04$) (Table 3).

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

	Attitude in cultural care	Preparedness in cultural care	Awareness of Cultural Care	Knowledge in cultural care
Emotional exhaustion	r=-0.17	r=-0.018	r=-0.15	r=-0.16
	p=0.135	p=0.77	p=0.125	p=0.125
Reduced personal	r=-0.06	r=-0.09	r=-0.04	r=-0.04
	p=0.271	p=0.0897	p=0.774	p=0.784
Depersonalization	r=-0.06	r=-0.02	r=-0.04	r=-0.01
	p=0.508	p=0.048	p=0.904	p=0.0902

Table 3: Correlation coefficient test between dimensions of Cultural competence and dimensions of job 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= -0.4	r= -0.112	r= -0.08	r= -0.25	r= -0.05	r= -0.116	r= -0.06	r= -0.09
	p= 0.917	p= 0.149	p= 0.575	p= 0.03	p= 0.746	p= 0.135	p= 0.678	p= 0.237
Reduced personal success	r= -0.135	r= -0.09	r= -0.06	r= -0.159	r= -0.09	r= -0.08	r= -0.16	r= -0.06
	p= 0.294	p= 0.340	p= 0.726	p= 0.04	p= 0.459	p= 0.340	p= 0.228	p= 0.591
Depersonalization	r= -0.137	r= -0.04	r= -0.09	r= -0.09	r= -0.15	r= -0.001	r= -0.16	r= -0.01
	p= 0.293	p= 0.711	p= 0.527	p= 0.348	p= 0.304	p= 0.196	p= 0.125	p= 0.907

Emotional exhaustion has an inverse and significant correlation with cultural competence ($p = 0.000$), ($r = -0.494$) and the decrease in individual success also shows an inverse relationship with competence and is statistically significant ($p = 0.000$). But there is no significant relationship between depersonalisation and cultural competence ($p = 0.088$) (Table 4).

Table 4: Correlation coefficient test between job burnout and cultural competence of nurses in terms of gender

Dimensions of burnout	Cultural competence	p-value
Emotional exhaustion	r=-0.494	0
Personal success reduction	r=0.426	0
Depersonalization	r=-0.119	0.088

Discussion

This study was conducted with the aim of investigating the relationship between cultural competence and burnout in nurses. Based on the Pearson correlation coefficient between cultural competence and job burnout, the results showed that there is an inverse and significant relationship between depersonalisation and preparation for cultural care, so that as the level of preparation in cultural care increases, the level of depersonalisation in nurses decreases. Regarding the correlation of cultural competence dimensions with job burnout dimensions according to gender, the results showed that there is an inverse and significant relationship between the emotional burnout dimension and attitude in cultural care in female nurses, so that with the increase in the level of attitude in cultural female nurses, care in Nurses, their emotional exhaustion is significantly reduced. Also, there is an inverse relationship between the decrease of individual

success and the attitude of cultural care in female nurses, so that with the increase in the level of attitude towards cultural care in women, the level of their individual success decreases. Also, in examining the dimensions of job burnout with cultural competence, an inverse relationship was found between the dimensions of emotional burnout and the reduction of personal success and cultural competence, and no significant relationship was found between depersonalisation and cultural competence.

In Choi et al.'s (2014) study to evaluate the effect of cultural competence and working conditions on job burnout, the results showed that cultural competence (cultural knowledge and skills, cultural awareness, cultural attitude) is a statistically significant predictive variable for job burnout ($p < 0.001$) (17). In addition, the results showed that nurses with cultural competence have lower burnout levels, especially nurses with high levels of cultural awareness and burnout attitude experience. In the research carried out by Buccino and his colleagues (2011) with the aim of investigating the effect of cultural competence and bias on cultural diversity in cases of burnout in the interactions between the patient and the care provider in Spain and Italy, the results showed that there was a significant correlation between cultural awareness and depersonalisation. There is (31).

In addition, in the research conducted by Ozon et al. (2015), the results showed that with increasing sensitivity in cultural care, the level of stress in nurses decreases and vice versa (as the level of stress in nurses increases, the level of cultural sensitivity decreases). These results show that cultural competence is correlated with stress and job burnout (26). 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 job burnout (27). Therefore, the results showed that cultural competence is related to the job burnout of nurses, so that with the increase in the level of cultural competence in nurses, their job burnout decreases. It is very important to promote cultural competence and reduce job burnout caused by cultural issues and train students and personnel to resolve the cultural gap and reduce stress and burnout caused by cultural conflicts.

Conclusion

The importance of this study is that, unlike previous studies that mainly focused on background factors affecting nurses' cultural competence, by investigating the effect of nurses' cultural competence on job burnout, it establishes the cultural foundation of nurses. With diverse perspectives and approaches, deeper discussions about ways to increase the cultural competence of nurses in the multicultural society of Iran are necessary.

Variables affecting job burnout may be included in the research design. Another thing is that due to the lack of space, the issue of how to promote cultural competence was not addressed. Considering these limitations, further studies on the effects of work-related competence on nurses' burnout should be continued and expanded.

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Conflict of interest

There is no conflict of interest for the authors in this study.

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