



Original research article

Cultural challenges: Exploring nurses' experiences in clinical practice across two European countries

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Abstract

Introduction: Cultural challenges in clinical practice can directly affect the quality and effectiveness of care for patients from different cultures.

Aim: To find out and compare Czech and Slovak nurses' cultural challenges in their clinical practice.

Methods: This cross-sectional comparative study used a non-standard questionnaire to explore cultural challenges in nurses' clinical practice in the Czech Republic and Slovakia. This study followed the guidelines provided by the STROBE checklist. The statistical analysis was conducted using SASD 1.5.8 and IBM SPSS Statistics version 28.0.0.

Results: The study sample comprised 202 nurses from the Czech Republic and 222 nurses from Slovakia. The findings suggest that the most significant cultural challenge identified by nurses in both countries is the language barrier, which is compounded by staff shortages. It was found that nurses who are proficient in multiple languages demonstrated increased sensitivity to cultural challenges, which may indicate a correlation between multilingual ability and the perception of cultural barriers. The results suggest that factors such as gender, role within the healthcare setting, years of experience, and educational level may have an impact on the perception of cultural challenges.

Conclusion: As a result, it may be important to develop targeted interventions to improve cultural competence. Interventions such as education about cultures, training, and policy adjustments could be considered to create a more equitable and effective care environment for patients from diverse cultural backgrounds. This approach may lead to improved healthcare outcomes and increased patient satisfaction.

Keywords: Clinical practice; Cross-sectional study; Cultural challenges; Nurses

Introduction

There are a wide range of cultural challenges in nursing that can determine the course of care (Ślusarska et al., 2017). In particular, language barriers can lead to misunderstandings between patients and nurses (Červený et al., 2022). Inadequate knowledge of culture influences healthcare providers' perceived readiness to care for patients from different cultural backgrounds and contributes to more negative views of cross-cultural care (Marshall et al., 2017). Similarly, nurses may not always recognize the need for culturally competent care to help increase and improve interventions to address cultural challenges in culturally diverse patients (Cai et al., 2021). Finally, the lack of culturally safe care increases injustice in access to healthcare (Horrell et al., 2022). To eliminate these challenges, it is recommended to increase the level of cultural competence among nurses who are most often in contact with patients (Osmancevic et al., 2023), because the implementation of the principles of culturally competent care increases the quality of care provided (Kaihlainen et al., 2019). Similarly, results have shown that nurses' implementation of a cul-

ture-based caring model raises the standard of nursing care, which increases the quality of care, responsiveness, assurance, and continuity of care (Ellina et al., 2022).

As far as is known, little attention has been paid to the issue in the Czech Republic and Slovakia, and there is a gap in the literature. By identifying potential cultural challenges, strategies and interventions could be designed to eliminate them and make culturally competent care more effective in nurses' clinical practice.

Aim of the study

This study aimed to discover the cultural challenges in nurses' clinical practice in the Czech Republic and Slovakia, and compare the results obtained between these two countries.

Materials and methods

Design

This was a cross-sectional comparative study. The reporting followed the guidelines provided by the STROBE checklist (von Elm et al., 2008).

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Participants

The study included a sample of nurses employed in clinical practice in the Czech Republic ($N = 202$) and Slovakia ($N = 222$), selected using a simple random sampling method. The participants were actively working as nurses in various settings, including hospitals and clinics, on either a full-time or part-time basis.

Data collection and questionnaire

The data collection was carried out from early June to November 2022. In the Czech Republic, data collection was conducted within Czech hospitals. In total, 32 hospitals across the Czech Republic were approached, but only 10 expressed an interest in participating in the research. We contacted the nurse directors of these hospitals, asking for the questionnaire to be accessible to nurses through the hospital's information system. The hospital's information system facilitates communication between nurses and management during work. In Slovakia, data gathering occurred via the Slovak Chamber of Nurses and Midwives (SkSaPa) web portal. Nurses were invited to participate in the study through email invitations sent to their registered addresses with SkSaPa. To gather data, we utilized a non-standardized questionnaire developed and inspired based on a scoping review by Červený et al. (2022), consisting of 17 questions. The questionnaire comprises 6 questions about the demographic information of the respondents and 11 questions concerning potential cultural challenges. These questions identified the most common cultural challenges nurses encounter in clinical practice. Participants could respond on a Likert scale with four levels, where a score of one indicated that the potential cultural challenge occurs very significantly in practice, and four indicated that it does not. The questionnaire was initially developed in Slovak and subsequently translated into Czech language. The translation procedure involved two separate Czech-speaking translators, who each translated the original Slovak version into Czech. The translations were then evaluated and contrasted to produce a unified Czech version of the questionnaire. This version was then re-translated into Slovak. The back-translation was compared to the original Slovak version, which confirmed their agreement and ensured the dependability of the translation process. The Czech version of the questionnaire achieves a Cronbach's alpha value of 0.847, while the Slovak version records a Cronbach's alpha of 0.826.

Ethical considerations

All participants in this study received information regarding the research objectives. Participation was voluntary and anonymous, with the collected results intended solely for research. No personally identifiable information was gathered from the participants. Submission of the questionnaire indicated participants' consent to partake in the research. The study received approval by the Ethics Committee of the University of South Bohemia in České Budějovice, Faculty of Health and Social Sciences.

Statistical analyses

The data was analysed using descriptive statistics, including percentages, mean, mode, and standard deviation. For interpretation, this means that the lower the value of the arithmetic mean, the more significant the potential cultural challenge in providing care to patients from another culture. Various statistical tests, such as the Chi-square test, Independence test, Pearson coefficient contingency, Kruskal-Wallis test, Mann-Whitney U test, and Spearman coefficient, were also employed. The levels of statistical significance were set at $p < 0.05$,

$p < 0.01$, and $p < 0.001$. The statistical analysis was conducted using SASD 1.5.8 and IBM SPSS Statistics version 28.0.0.

Results

Participants' description

In both groups, the gender representation is very similar, with a significant predominance of women ($N = 192$; 95.0% in Czech nurses and $N = 210$; 94.6% in Slovak nurses). Regarding age distribution, the most represented age group consists of participants aged 40–49 in Czech nurses ($N = 62$; 30.7%) and 40–49 in Slovak nurses ($N = 74$; 33.3%). The average age is similar in both groups: 41.4 years for Czech nurses and 43.51 years for Slovak nurses.

The educational level of participants differs between groups. Most Slovak nurses have a master's degree ($N = 75$; 33.8%), while in Czech nurses, a secondary school for nurses is the most common ($N = 54$; 26.7%). Clinical experience shows that most participants in both groups have long-term experience, with more than 50% having worked for more than 21 years in Slovak and Czech nursing. More information is in Table 1.

Table 1. Characteristics of participants

Characteristics	Czech nurses $N = 202$ (100%)	Slovak nurses $N = 222$ (100%)
Age		
<29	28 (13.9)	39 (17.6)
30–39	48 (23.8)	39 (17.6)
40–49	62 (30.7)	74 (33.3)
50–59	52 (25.7)	57 (25.7)
60+	12 (5.9)	13 (5.9)
$M \pm SD$	41.4 $\pm$ 16.66	43.51 $\pm$ 11.25
Gender		
female	192 (95.0)	210 (94.6)
male	10 (5.0)	12 (5.4)
Education level		
secondary schools of nursing	54 (26.7)	34 (15.3)
nursing diploma – higher	44 (21.8)	35 (15.8)
BSc. degree	49 (24.3)	66 (29.7)
MSc. degree	52 (25.7)	75 (33.8)
PhD. degree	3 (1.5)	12 (5.4)
Nursing role		
nurse	118 (58.4)	180 (81.1)
head nurse	35 (17.3)	10 (4.5)
chief nurse	36 (17.8)	21 (9.5)
other role	13 (6.4)	11 (5.0)
Language skills		
one foreign language	107 (53.0)	96 (43.2)
two foreign languages	60 (29.7)	69 (31.1)
three foreign languages	8 (4.0)	24 (10.8)
more than three foreign languages	4 (2.0)	5 (2.3)
no foreign language	23 (11.4)	28 (12.6)
Years in clinical practice		
1–2 years	9 (4.5)	8 (3.6)
3–5	19 (9.4)	26 (11.7)
6–10	22 (10.9)	37 (16.7)
11–20	47 (23.3)	37 (16.7)
21+	105 (52.0)	113 (50.9)
$M \pm SD$	31.14 (138.33)	20.72 (12.76)
Training in cultural diversity		
yes	64 (31.7)	32 (14.4)
no	138 (68.3)	190 (85.6)

Note: M – mean; SD – standard deviation; BSc. – Bachelor of Science; MSc. – Master of Science; PhD. – Doctor of Philosophy.

Occurrence of cultural challenges in clinical practice

Table 2 compares the mean values of potential cultural challenges encountered by healthcare professionals in groups of

Slovak and Czech nurses when caring for patients from different cultures.

Table 2. Encountering cultural difficulties in a clinical nursing setting

	Mean $\pm$ SD	
	Czech nurses (N = 206)	Slovak nurses (N = 222)
Lack of knowledge about a patient's culture	2.34 $\pm$ 0.75	2.41 $\pm$ 0.77
Religious beliefs of a patient from another culture	2.49 $\pm$ 0.70	2.60 $\pm$ 0.80
Language barrier in communication with a patient from another culture	1.89 $\pm$ 0.83	2.04 $\pm$ 0.80
Lack of knowledge about providing cultural care	2.42 $\pm$ 0.77	2.46 $\pm$ 0.80
One's own cultural background as a challenge	2.76 $\pm$ 0.77	2.82 $\pm$ 0.80
Lack of time to ensure care for a patient from another culture	2.34 $\pm$ 0.92	2.39 $\pm$ 0.94
Shortage of staff as a determining factor in the treatment of a patient from another culture	2.32 $\pm$ 0.98	2.07 $\pm$ 0.99
Lack of practical skills in treating a patient from another culture	2.77 $\pm$ 0.84	2.82 $\pm$ 0.87
Feeling uncomfortable during the treatment of a patient from another culture	3.16 $\pm$ 0.79	3.48 $\pm$ 0.66
Feeling nervous during the treatment of a patient from another culture	3.17 $\pm$ 0.76	3.51 $\pm$ 0.66
Experiencing prejudices towards patients from another culture	3.40 $\pm$ 0.71	3.57 $\pm$ 0.64
Total	2.64 $\pm$ 0.92	2.74 $\pm$ 0.97

Note: SD – standard deviation.

From the analysis of mean values, it is clear that in the Slovak Republic, the most significant potential cultural challenge in caring for patients from different cultures is the language barrier and the limited number of staff, which has a crucial impact on the care of these patients. On the other hand, prejudices and feelings of nervousness when interacting with patients from different cultures are considered the least problematic. Compared with Czech nurses, the language barrier is the most significant potential cultural challenge. In contrast, prejudices against these patients are considered the least limiting cultural challenge.

Correlation of variables and occurrence of cultural challenges

The results in Table 3 show statistically significant differences in the perception of cultural challenges among different groups and variables. Among Slovak nurses, females perceived higher cultural challenges than male. However, this trend was not statistically significant among Czech nurses. Regarding age differences, no significant correlation was found between the age of nurses and perceived cultural challenges in both groups. In terms of current role, Slovak nurses found chief nurses (2.84 $\pm$ 0.54) to be more exposed to cultural challenges than other roles, which was statistically significant ($p < 0.000$). In terms of years of experience, a mild but statistically significant relationship between years of experience and perceived challenges was observed among Slovak nurses ($p < 0.028$). In contrast, this relationship was not statistically significant among Czech nurses.

Education emerged as a significant factor among Slovak nurses, where lower perceived challenges correlated with a higher level of education. This trend was not observed among Czech nurses. Language skills were only statistically significant among Slovak nurses, with those who spoke more foreign languages perceiving higher cultural challenges.

Table 3. The relationship between characteristics and the occurrence of cultural challenges

Variables	Czech nurses (M $\pm$ SD)	Slovak nurses (M $\pm$ SD)
Gender		
female	2.63 $\pm$ 0.50	2.77 $\pm$ 0.46
male	2.89 $\pm$ 0.57	2.45 $\pm$ 0.36
significance	$p = 0.163^a$	$p < 0.019^{*a}$
Age (Years)	43.41 $\pm$ 11.02	43.51 $\pm$ 11.25
significance	$p = 0.073^b$	$p = 0.125^b$
Current role		
nurse	2.68 $\pm$ 0.51	2.75 $\pm$ 0.46
head nurse	2.74 $\pm$ 0.42	2.60 $\pm$ 0.14
chief nurse	2.50 $\pm$ 0.53	2.84 $\pm$ 0.54
significance	$p < 0.104^c$	$p < 0.000^{***c}$
Years of practical experience	31.14 $\pm$ 138.33	20.72 $\pm$ 12.76
significance	$p = 0.383^b$	$p < 0.028^{*b}$
Education level		
secondary school of nursing	2.70 $\pm$ 0.55	2.89 $\pm$ 0.70
nursing diploma	2.69 $\pm$ 0.45	2.82 $\pm$ 0.47
BSc. in nursing	2.63 $\pm$ 0.45	2.72 $\pm$ 0.39
MSc. in nursing	2.52 $\pm$ 0.49	2.71 $\pm$ 0.46
PhD. in nursing	3.12 $\pm$ 0.41	2.32 $\pm$ 0.26
significance	$p = 0.093^c$	$p < 0.000^{***c}$
Foreign language skills		
no skills in any other language	2.53 $\pm$ 0.39	2.55 $\pm$ 0.72
speak one foreign language	2.64 $\pm$ 0.48	2.73 $\pm$ 0.44
speak two foreign languages	2.64 $\pm$ 0.58	2.82 $\pm$ 0.47
speak three foreign languages	2.83 $\pm$ 0.49	2.85 $\pm$ 0.37
speak more than three foreign languages	2.73 $\pm$ 0.86	2.35 $\pm$ 0.21
significance	$p = 0.680^c$	$p < 0.018^{*c}$
Cultural diversity training		
yes	2.59 $\pm$ 0.44	2.63 $\pm$ 0.48
no	2.66 $\pm$ 0.54	2.77 $\pm$ 0.45
significance	$p = 0.209^a$	$p = 0.177^a$

Note: * Correlation is significant at $p < 0.05$; ** Correlation is significant at $p < 0.01$; *** Correlation is significant at $p < 0.001$; M – mean; SD – standard deviation; BSc. – Bachelor of Science; MSc. – Master of Science; PhD. – Doctor of Philosophy. ^a Mann–Whitney U test; ^b Spearman's correlation coefficient; ^c Kruskal–Wallis test.

Discussion

This study aimed to find out and compare the cultural challenges Czech and Slovak nurses face in their clinical practice. The findings reveal a statistically significant difference in the occurrence of cultural challenges based on gender among Slovak nurses ($p < 0.019$), with female nurses reporting higher levels of cultural challenges than male nurses. Conversely, this gender difference is not statistically significant among Czech nurses ($p = 0.163$). The results show that the language barrier is the most common cultural challenge for Czech and Slovak nurses. Furthermore, a statistical correlation exists between foreign language skills and the Slovak nurses' perception of cultural challenges ($p < 0.031$). The findings suggest that nurses who speak three foreign languages are more aware of cultural challenges in clinical practice. This can be explained by the fact that multilingual nurses are more sensitive to cultural aspects.

Repo et al. (2017) confirm this fact, stating that if a nurse can communicate in at least one foreign language, their cultural competence scores are higher ($p = 0.01$). However, the language barrier can negatively impact the relationship between the nurse and the patient (Kallakorpi et al., 2019). Alosaimi and Ahmad (2016) also confirmed that communication barriers can induce stress, uncertainty, and inadequacy in providing nursing care. Using interpreting services, online translation tools, or applications leads to greater patient satisfaction from various cultural backgrounds. The study by Torres-Ruiz et al. (2018) noted that patients facing language barriers often experienced a lower quality of healthcare provision. This study indicated that Slovak and Czech nurses do not experience discomfort, nervousness, or prejudice as cultural challenges during nursing care. The study by Shepherd et al. (2019) indicates that up to 40% of participants expressed feeling unprepared and uncomfortable in the presence of patients from different cultural backgrounds. In turn, patients from other cultures experienced anxiety and tension due to the cultural background of their healthcare workers.

Furthermore, the study by Claeys et al. (2021) indicates that insufficient knowledge about various cultures caused stress, tension, and anxiety among the study participants. On the other hand, these results show that the lack of knowledge about providing nursing care for patients from different cultures, staff shortages, and lack of time for patient care are significant cultural challenges in the Czech Republic and Slovakia. Factors such as excessive working hours, high workload, lack of practical experience, and frequent confrontations with fatal cases can impact the engagement of nurses in intensive care with cultural competence. Reducing the workload, providing specialised training, and regularly rotating healthcare personnel among hospital departments are essential strategies for improving cultural competence (Soleimani and Yarahmadi, 2023). The results of this study indicate that Slovak nurses with higher education perceive cultural challenges more significantly than nurses with lower education degrees ($p < 0.000$). The study by Mareno and Hart (2014) found that nurses with a bachelor's degree exhibited lower scores in the knowledge subsection (Mean = 2.10, SD = 0.84) compared to those with graduate degrees (Mean = 2.29, SD = 0.79), with this disparity being statistically significant ($p < 0.05$).

Furthermore, Soleimani and Yarahmadi (2023) add that nurses with higher academic degrees may have a better understanding of cultural competence and can participate in training on this subject as part of their master's level studies,

unlike nurses at the bachelor's level of education. However, further study is needed to explain this relationship. Based on the research findings of Wesołowska et al. (2018), it is recommended that cultural challenges be addressed through the development of cultural competence.

Study limitations

The research sample size may be a limitation to this study, and may not accurately represent the entire nursing population from the Czech Republic and Slovakia. Additionally, the research instrument used could also be a limitation. However, the findings are unique to these countries and fill a gap in the literature from the Czech Republic and Slovakia.

Conclusion

These findings emphasise the importance of addressing cultural challenges in nursing through targeted interventions such as education about culture, training with patients from different cultures, and policy adjustments of patient care. This can enhance the cultural competence of nurses and help them provide more equitable and effective care for patients from diverse cultural backgrounds, ultimately improving healthcare outcomes and patient satisfaction.

Authors' contributions

MC, VT – Study design, Data collection, Data management, Data analysis; MC, MA, VT – Study supervision, Manuscript writing.

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Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

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