Achieving Culturally Competent Mental Health Care: A Mixed-Methods Study drawing on The Perspectives of UK Nursing Students

ABSTRACT

Purpose

This study aimed to examine the degree of cross-cultural competency amongst UK mental health student nurses, and the care delivery challenges arising from their internalised cultural assumptions.

Design and Methods

This study adopted a mixed-methods design. Participants were final year nursing students in the UK.

Findings

The results revealed participants had a moderate level of cultural awareness and competency but highlighted many challenges to providing cross-cultural care arising from the meanings, enablers and values they attributed to culturally competent mental health care.

Practice Implications

As cultural competency is considered an essential characteristic of effective nursing care, greater attention should be paid to how student nurses assimilate cultural awareness in order to develop confidence in their day-to-day practice.

Keywords: Care, culture, mental health, nurse, nursing.

1 INTRODUCTION

Cross-culturalism and diversity have attracted considerable media attention in recent years due to the mass migration of dispossesed people, the challenges of multiculturalism and, more recently, the Black Lives Matter movement, which highlighted issues of prejudice, inequity and disadvantage. Global displacement has resulted in increasing numbers of refugees being received in high income countries (HIC), such as the UK. The UK offered protection – in the form of asylum, humanitarian protection, alternative forms of leave and resettlement – to 20,339 people in the year ending March 2020 (GOV.UK, 2020). This has required the UK to develop rapid strategies to reform regulation particularly in the field of health access. The Health Access for Refugees Programme (HARP) empowers asylum seekers and refugees to access the UK health system in an appropriate way and at the appropriate time (Refugee Council, UK, 2021). However, the status and circumstances that force refugees to leave their country of origin often mean they are more likely to have mental health issues (Heslehurst et al., 2018; Keygnaert et al., 2016). These mental health issues, including anxiety, fear, depression, post-traumatic stress, and dissociation, commonly originate from characteristics that arise from a person's culture and typically shape an individual's worldview, experience and behaviour (Üzar-Özçetin and Tee, 2020). Culture intersects with a person's mental health which can influence help-seeking behaviour, treatment acceptance and symptom management (Brijnath and Antoniades, 2017). In addition, refugees are further disadvantaged in adapting to the new system and language, as they are not easily accepted by UK society and even health care providers (Campell et al., 2018; Goodman and Kirkwood, 2019; Morgan et al., 2017). These disadvantages often deter health seeking behaviour, leading to isolation, feelings of discrimination and further psychological problems such as anxiety, depression, phobias (Henkelmann et al., 2020; Morgan et al., 2017; Salvo and de C Williams, 2017).

The World Health Organisation (WHO) recognises that stigma in mental health care can have significant detrimental effects on a person's life chances (WHO 2021). In the UK, there is also recognition that people from Black and Ethnic Minority (BAME) experience higher unemployment, socioeconomic inequalities, poverty and homelessness. These alongside their experiences of racism and discrimination, can be significant factors contributing to poor mental health (Barnard and Turner 2011; Powell 2019). McManus et al (2016) found that black men were more likely to be diagnosed with psychosis and subsequently to come into contact with mental health services and being 4 times more likely to be detained under the Mental Health Act (NHS Digital 2018).

The answer to this may be the need for earlier intervention and support but the literature further suggests that health care providers in HIC can be difficult to access with complex systems to navigate and gaps in the provision of care, resulting in alienation and a lack of integration for those from BAME (Moreno and Chhatwal, 2020). Common barriers to mental health care include language literacy, the provision of culturally appropriate care, and discrimination (Shepherd et al., 2018; Kirmayer and Jarvis, 2019). Consequently, researchers suggest that these systemic and institutional barriers mean that people from such groups have a higher risk of poor mental health outcomes (Giscombe, Hui, & Stickley, 2020; Sijbrandij et al., 2017; Üzar-Özçetin and Tee, 2020).[3,8,9]

To seek to address some of these barriers in healthcare, there is a need to develop the cultural awareness and competency of all healthcare staff. Cultural competency is an active and developmental process which is characterised by a set of attitudes and perspectives that enable a mental health professional to behave efficaciously in cross-cultural situations (Sue et al., 2019). For mental healthcare staff, there is a professional imperative to develop an awareness of culture and its relationship to health and illness in order to optimise care (Almutairi, Adlan, & Nasim, 2017; Sue et al., 2019). Mental Health Nurses are often key to ensuring that the

mental health needs of vulnerable populations, such as migrants and refugees, are met. In this regard, nurses are essential to providing cross-cultural mental health care which requires active attempts to understand culture-related characteristics that might influence therapeutic engagement and the process of care. Cultural competency, is therefore key to providing person-centred care and outcomes (ICN, 2015). Cultural competency amongst mental health nurses includes the skill of adapting practice to better match the specific needs of the service user and provide individualised care, including attending to beliefs, personal experiences, behaviours and group norms (Üzar-Özçetin, Trenoweth, & Tee, 2020).

The cultural competency of nurses also contributes to the reduction in disparities through assessment of cultural needs using the complex combination of cultural knowledge, awareness, attitudes and skills (Douglas et al., 2014). Moreover, culturally sensitive perspectives can help overcome the risks of cultural humiliation, racism, classism, sexism, ageism and stereotyping in the healthcare environment by providing empathetic, respectful and effective care (Carrera-Fernández et al., 2021; Üzar-Özçetin et al., 2020). This involves nurses understanding the cultural expressions of diverse populations, while providing individualised culturally sensitive care that will optimise positive outcomes (Guerra & Kurtz, 2017). Cultural competency can also impact at a team and organisation level by helping to develop professionally appropriate attitudes, values and beliefs that enhance the active participation of refugees in their care (Foronda et al., 2018).

Thus in today's health care system, there is an imperative on all nurses to develop their awareness and competence through training and interpersonal interactions with service users from different cultures (Curtis et al., 2019). Nurses need to recognise their professional responsibility to integrate culturally competent care in their day to day practice (Carrera-Fernández et al., 2021; Curtis et al., 2019; Foronda et al., 2018). However, it remains the case that many mental health nurses lack competence in dealing with the mental health problems of

individuals from different cultures (Garcia, Moreno, & Tarjuelo, 2017; Üzar-Özçetin, Trenoweth, & Tee, 2020). In particular, there is a lack of understanding about what cultural competency actually entails in everyday practice (O'Brien, Fossey, & Palmer, 2021; Wolf et al., 2017), which in turn, limits the potential to provide high-quality mental health care (Garcia, Moreno, & Tarjuelo, 2017). For those, such as student mental health nurses, preparing to enter the nursing profession, who need help in developing cultural competence through opportunities to engage with people from increasingly diverse populations, such as refugees, there is relatively little written on this topic (Choi and Kim, 2018; Olukotun et al., 2018). Whilst some studies consider cross-cultural issues in general healthcare, there is dearth of evidence looking at how mental health students can be better prepared to attend to the mental health needs of service users from different cultures.

To seek to address this gap, this study sought to provide a deeper understanding of the factors that influence mental health practice and the underlying assumptions that students hold in providing cross-cultural mental health care. In order to provide an underpinning theoretical position, the researchers adopted a Person-Centred Care framework (PCC), to inform the research aims and objectives (Tee, 2016). PCC helpfully incorporates the principles of culture, recovery and interpersonal relations and views the person as unique and central to the process of care (Reeve, 2018; Tee, 2016).

The person-centred practice framework, developed by McCormack and McCance (2016), assists professionals in understanding the elements of PCC and how they can be implemented in practice. The framework has four domains (see Fig 1):

- The prerequisites focus on the professionals, and their attributes.
- The care environment focus on the context in which care is delivered.

- Person-centred processes focus on activities for delivering care and making practice work.
- Person-centred outcomes, represents the anticipated results (McCormack & McCance, 2016).

Although the PCC theory and framework were not originally developed for cross-cultural issues, the theory and framework closely align with aspects of mental health practice and the professional insights required to deliver effective care. It serves as an informative guide to explore factors that lead to positive outcomes in the face of a challenges arising from cultural differences. PCC theory can facilitate understandability of the adjustment process for those experiencing cultural difference such as refugees.

By viewing the individual through this lens, nurses are able evolve the insight and skills required for cross-cultural care delivery and view the service user as an equal partner (Reeve, 2018). Importantly this approach seeks to provide a supportive and accommodating environment which acknowledges the wider context of individual belief and culture (Rock & Cross, 2020). Adopting this theoretical position helped frame the study in terms of what is typically considered a benchmark of good practice in UK healthcare and a useful reference point in considering student responses. It also helped in the development of questions about the student's care experiences by focusing on aspects they found either positive or challenging, identifying factors specific to culturally competent mental health nursing care.

Given that the provision of cultural sensitivity and awareness is such a critical issue in mental health care and the current dearth of evidence, this study sought to examine cross-cultural awareness and competency of a sample of UK student mental health nurses, the challenges encountered in delivering cross-cultural mental health care and students' internalised

cultural assumptions. The findings were then considered in the context of practice and education.

2 MATERIALS AND METHODS

2.1 Design

This study was a mixed-methods design using parallel data analysis (Fetters, Curry, & Creswell, 2013). This is an appropriate method for examining a complex phenomenon Creswell and Creswell, 2017). Descriptive statistics were used to present sociodemographic characteristics and cross-cultural perspectives. In addition, *Nurse Cultural Competence Scale (NCCS)* is used to measure of the cultural competence of nursing students. Semi-structured questions were analysed by coding techniques based on Heidegger's phenomenological approach (Heidegger, 2010), which sought to present an understanding of the meaning and embedded views and lived experiences of cross-cultural mental health care provided by participants.

This study was also guided by the use of GRAMMS (Good Reporting of a Mixed-methods Study (O'cathain, Murphy, & Nicholl, 2008) and COREQ criteria (COnsolidated criteria for REporting Qualitative research) (Tong, Sainsbury, & Craig, 2007).

2.2 Settings

The study was conducted between October 2017 and May 2018, using the format of a commercial Internet survey provider (SurveyMonkey.com). A confidential survey is considered a good method for managing the possible anxiety of students, who were expressing their personal experiences of providing care.

An email was sent containing a brief explanation of the research and a link to the survey. The survey included both quantitative and qualitative elements and students were free to participate in both or only one aspect of the study. The first phase was quantitative which comprised 66 closed-ended items to assess cultural competency. The second phase was

qualitative and employed open-ended questions. The number of respondents for both phases was 33. The qualitative phase of the study involved collecting student's written quotes (Fig 2).

The participants were mental health nursing students who enrolled to a BSc Mental Health Nursing programme in a Department of Nursing in [Blinded for peer review] University which is located in the south of the UK. The University is medium sized and attracts students from around the World. The Department of Nursing delivers UK Nursing and Midwifery Council's (NMC) approved pre-registration programmes in adult, children's and mental health nursing. The BSc (Hons) in Mental Health Nursing is a programme leading to a professional qualification required for registration with the NMC. The mental health nursing speciality is established from the outset in that students enrol for this award at the start of the programme. The curriculum is accredited by the NMC through its educational standards *(NMC 2018a))*. The proficiencies outline the nursing skills, attitudes and values required by UK nurses in the 21st Century, emphasising the need for compassionate, patient-centred, evidence-based care and for people with diverse needs and from all cultural backgrounds. The BSc Mental Health Nursing programme prepares nursing students to work in a variety of mental health settings with a diverse range of people. Nursing students gain experience within inter-professional practice and develop skills in mental health nursing across the lifespan. In the first year, nursing students experience diversity through both hospital and community placements. In the second year, there is the opportunity to undertake an overseas placement where they will be able to experience mental health care in a different culture. In the third year, there is the opportunity to work within specialist areas such as eating disorders, child and adolescent, addictions and forensic mental health. Overall, nursing students undertake placements in a broad range of settings, including within a Community Mental Health Team, an Older Persons Unit, Acute services and Recovery, with the option of placements with specialist teams who work in areas such as drug and alcohol treatment, forensic services and eating disorders.

In addition, the BSc (Hons) in Mental Health Nursing programme comprises 50% theory and 50% practice. Both elements stress the need to demonstrate continuous self-awareness and refection in and on practice, through feedback as a means of developing professional practice and skills. In discharging their duties, nurses are required to consider the impact of their own values on the delivery of care and take active steps to avoid making assumption in order to respect diversity and human rights. This is embodied in the NMC Code (NMC 2018b) which is legally binding for professional registrants.

2.3 Participants

The participants were purposively chosen, based on their year of enrolment into pre-registration mental health nursing programmes. Only final year nursing students were included to ensure they had sufficient experience of clinical environments and caring for people from different cultures. .

Study inclusion criteria were (1) studying pre-registration mental health nursing in the UK, (2) being final year nursing student, (3) have provided mental health nursing care to refugees/persons from another culture to their own, and (4) Able to participate voluntarily

2.4 Data Collection

On accessing the survey, students were provided with a Participant Information Sheet (PIS). The PIS facilitated a process of informed consent by asking participants to confirm that they had read the statement. When consent was obtained, students can access the study questions. Completing the tool and open-ended questions took 45 minutes on average.

2.4.1 Quantitative Element:

NCCS is a commonly used measure of the cultural competence of nursing students. This tool consists of 20 items, which are rated on a five-point Likert-type scale. The scale scores can range from 20 to 100. Higher scores are indicative of a higher level of cultural competence. The scale consists of three subscales, namely, *cultural skills*, *cultural knowledge*, and *cultural*

sensitivity. Twelve items assess cultural skills, six items assess cultural knowledge, and two items assess cultural sensitivity (Perng and Watson, 2012). The Cronbach's αs of the subscales of this scale ranged from 0.66 to 0.81 and from 0.82 to 0.93 in this study.

2.4.2 Qualitative Element: A semi-structured pilot tested interview guide was used (Fig 2). There were no prior relationships between the participants and the researchers.

2.5 Data Analyses

Analysis of the different data sets was carried out separately (parallel), and their outcomes were compared, and integrated in the interpretation stage.

2.5.1 Quantitative Data: The collected data were analyzed using SPSS version 22.0 for Windows (IBM, Armonk, NY, USA). Participant sociodemographic characteristics were examined by computing frequencies (n) and percentages (%). Their levels of cultural competence were examined by computing frequencies (n), means, and standard deviations.

2.5.2 Qualitative Data: This study used a framework analysis approach (Ritchie et al., 1994). This approach involves interconnected phases (familiarization, identifying a thematic framework, indexing, charting, mapping and interpretation). The data were downloaded from the SurveyMonkey system, exported to The Microsoft Word Office program. Two of the researchers assessed the written answers of students independently to gain recurring themes (familiarization). Recurring themes were analysed and labelled into categories (indexing). A summary of categories was produced under each theme (charting). Charts were assembled to show the associations between thematic headings according to the nature of the phenomenon (mapping and interpretation).

One of the researchers is a female with a PhD degree in mental health nursing, also an assistant professor in a department in a University. One of the researchers is a male mental health nurse with a PhD degree and is a professor in a different University.

To ensure trustworthiness, a third researcher checked the emergent themes and sub-themes and where necessary referred back to the transcripts to make a final judgement. The codes and themes were were discussed, and we assessed whether the intended focus was covered. The researchers were aware of possible unequal power dynamics between the participants and the researchers but by using the SurveyMonkey system this would help reduce participants' anxiety arising from expressing their experiences of delivering care.

Data saturation was achieved, which is the point at which no further new relevant information can be identified (Corbin and Strauss, 2015). In qualitative studies, data saturation is reached when there is enough information to reveal data appropriate for the purpose of the study (O'Reilly and Parker, 2012) when the ability to obtain additional new information, and further coding is no longer feasible (Guest et al., 2006). In this study, saturation was deemed to have been met when the researchers noted repetition in the participants' responses and observed no new data related to the experiences of participants. In this regard, researchers systematically checked the answers from SurveyMonkey System at the end of each week during the data collection period.

2.6 Ethical Considerations

Ethical approval was granted by the [Blinded for peer-review] University's Research Ethics Board (ID number: 17804) before the commencement of the study. Additionally, necessary permissions were obtained from the participating nursing faculty.

3 RESULTS

3.1 Characteristics

Of the participants, 42.4% were aged 18-24 years; 88.8% were female; 77.1% were white English/Welsh/Scottish/Northern Irish; 57.6% were living within the south west of UK, 97% were native English, 3% were not native (mother or father is not British) but 100% were

UK born. 75.8 were enrolled on the BSc Mental Health Nursing and 24.2% enrolled on the Postgraduate Diploma in Mental Health Nursing, 36.4% enrolled in 2015.

3.2 Quantitative Results

The results indicate that more than half of respondents (54.5%) had not received training in cross-cultural mental health care and 60.6% had never heard of cross-cultural nursing before, even though 78.8% had cared for service users from different cultures.; The majority agreed (87.9%) that nurses need to be trained, as 69.7% found it difficult, although the same percentage felt competent in delivering cross-cultural care. (Table 1).

Unfortunately, this level of competency, in terms of skills, knowledge and sensitivity, were not really born out in the results of the NCCS (see Tables 2 and 3). The total cultural competency scores of students ranged from 25 to 74 (51.38±10.53). Cultural skill scores of students ranged from 17 to 45 (30.81±6.43). Cultural knowledge scores of students ranged from 6 to 24 (16.60±3.74). Cultural sensitivity scores of students ranged from 2 to 6 (1.128±1.26).

Of particular note were responses to questions about being able to explain the relationship between the health/illness beliefs and culture of the clients, to explain the influence of culture on a client's beliefs/behaviour about health/illness or to identify the care needs of clients from diverse cultural backgrounds, all of which achieved less than 40% agreement.

There was also a lack of confidence expressed in understanding health or illness related cultural knowledge or theory or how this might be used in assessing and identifying individual care needs based on this understanding.

3.3 Qualitative Findings

The quotes were gathered under the three main themes as follows; (1) attributed meanings to culturally competent mental health care, (2) facilitators of culturally competent mental health care, and (3) the value of culturally competent mental health care (Fig. 3).

3.3.1 Attributed meanings to culturally competent mental health care

Nursing students determined cultural competency as a necessary capability and a combination of knowledge that can be developed by student nurses to provide safe, effective and culturally competent care.

3.3.1.1 Interaction between beliefs, attitudes and behaviours

Students stated that appreciation of and being respectful to those they care for, no matter what their background, was essential to understand the interaction between a person's beliefs, attitudes and behaviours.

"I think the term means you are competent in communicating and delivering care in the context of a persons' culture. Using understanding and awareness of sensitives, beliefs and value systems, so that every time you communicate, engage and formulate with that person; their culture is included and validated." (Student 2)

Students emphasised that researching another's culture helped in seeing a person's life and their situation through a different lens which really opened their eyes.

"I think as nurses if we begin and aim for a small target to begin with then we can appreciate and understand the cultural beliefs of those we are caring for. It won't be a quick process as it will take time. It will be important in understanding specific cultures view on ill mental health such as Afro-Caribbean where having ill mental health may not be so widely accepted. If we understand a culture view on mental health, then we can apply it to how that person is treated and cared for." (Student 17)

3.3.1.2 Embracing the differences

Students were enthusiastic about providing cross-cultural care as a means of learning about other cultures, and embracing the opportunities afforded by a multicultural society.

"The world is full of different people from different backgrounds, with different stories, with different beliefs, and different narratives that make up who they are. No two people ore the same, but many find others with similar beliefs and they come together in different cultures.

Cultural competency is the ability for nurses to treat everyone equally at the point of care no matter what their background. As nurses we should be asking the questions that enable us to find out what someone believes in and what someone expects from us based on their culture. We put our own views aside in order to provide care to them. Human being to human being." (Student 7)

Additionally, students emphasised the importance of this understanding for being person-centred.

"It's what important to the service user that is vital, if there is an aspect of their culture that is needed to be addressed then this is part of their care, a need that needs to be met. By nursing individuals in this person-centred way, we all learn from one another and the knowledge can be disseminated across the health care profession." (Student 27)

3.3.2 Facilitators of culturally competent mental health care

3.3.2.1 Communication

Participants indicated that developing cross-cultural competency requires holism and flexibility in order to acquire the knowledge, attitudes and practice skills, and then integrate these aspects into mental health care delivery. If a person feels understood, respected and valued they will often be more engaged with their care and less fearful of nursing interventions:

"It is the ability of the nurse to display behaviours and communicational skills that allow them to work with and build trust with patient from different culture." (Student 11)

"I think it is possible if you have the opportunity to practice in culturally diverse settings. I don't believe it is something you can become competent in by reading textbooks and literature alone. The one-to-one interactions humans share with one another have an element of phenomenology. I could interact with someone on a regular basis and after a while, I'd be able to gauge what approach suits them - if you asked me what that is, I probably wouldn't be able to articulate it to the extent another person would be able to replicate it - but that knowledge

would be innate to me and perhaps elements of it unexplainable in the context of language. That's why I believe you can only be competent through direct experience where you are immersed in a culturally rich environment." (Student 27)

3.3.2.2 Cultural-awareness

Students indicated the need to demonstrate cultural awareness to determine how best to implement appropriate care. A key enabler was the nursing curricula which supported the development of nursing student's self-awareness, along with the ability and willingness to examine one's own culture.

"By improving training and support in this area and ensuring there is more cultural diversity amongst management, mentors and academic staff. Also, sub-cultures within our own cultures need to be considered. Overall, any changes in this area need to avoid becoming an area where assumptions or generalisations are made by other cultures. To overcome this out of the box thinking is required." (Student 30)

Additionally, students emphasized the value of noticing one's own culture and how it may limit understanding and sensitivity to other cultures.

"It is certainly possible to have greater cultural understanding and awareness….. avoiding assumptions of another's culture and developing communication skills to explore cultural differences and include them in care planning as much as possible without being invasive, discriminatory or causing offence." (Student 22)

However, they felt it is up to student nurses to develop interventions that reflect cultural sensitivity as well as engaging in more open-minded critical self-reflection and dialogue around cultural competence.

"Definitely. From personal experience in mental health, learning and researching other countries cultures really helped my recovery in seeing life and certain situations in a different

light. Reading about different opinions in these cultures and how they deal with situations really opens your mind." (Student 1)

3.3.2.3 Empathy

Participants indicated that culture is a significant part of people's lives and central to this was the development of empathy and an understanding of the person's cultural frame of reference. Students stated that being empathetic helps the client and their carer feel more comfortable.

"I think cultural care is hugely important - if I imagined myself as an inpatient somewhere the culture is very different from my own; I could envisage feeling isolated, alone, frightened and almost alien. Familiarity is comforting when everything else is unstable, in the absence of it I could imagine my distress being magnified." (Student 32)

Each person was seen to be different and needed to be treated as an individual. What one person might believe to be their cultural view of their care, could be completely different to someone from the same cultural background.

"Cultural care would be beneficial as it means that care will be accessible and fair for everyone involved, creating a more equal atmosphere and approach to care." (Student 9)

3.3.2.4 Knowledge Enhancement

Students stated that they need to be skilled to recognise when a person's culture is not being respected and to consider ways to avoid this. They perceived the need to have better training on how different cultures might have different views and expectations of care.

"I would find multicultural placement opportunities extremely useful. Teaching from service users who share different cultural backgrounds would also be very beneficial - hearing someone's own narrative is extremely powerful; it leaves you with an awareness the power you have to positively or negatively affect another's experience." (Student 17)

Training was seen as essential for avoiding assumptions or generalisations being made:

"I deeper knowledge is needed of the way in which different cultures view mental illness. An individual's culture needs to be highlighted as important as it can have a strong influence in assessing what is important for them and promoting recovery. I believe due to the clinical nature of which mental health is currently viewed, cultural influences might not be perceived as so important to clinicians as they might be to a service user and as a result a need may be missed and recovery hindered." (Student 30)

3.3.3 The Value of culturally competent mental health care

Students indicated that interaction with service users from different cultural backgrounds can magnify the barriers that already arise when communicating with people from their own culture. As such cultural competence is seen by participants to add value in the promotion of individual mental health through holism and respecting difference:

3.3.3.1 Holistic approach

Cultural care was perceived to need a holistic understanding of a person's needs in order to develop their skills for working in areas of great cultural diversity. This was seen to mitigate against many generalised misunderstandings of other cultures:

"Everyone will be treated equally and their care needs will be respected according to how they want it to be met. The challenges are when there is a barrier between the understanding of a person's culture where someone may over look past it and think "it's not such a big deal let's do it this way it won't affect them" without considering the factors around it. Also, another challenge is when people are unable to understand different cultures and haven't been trained on it." (Student 14)

3.3.3.2 Respect to differences

Participants referred to the importance of respecting other cultures and wanting service users from different cultures to be recognised and treated the same as if they were in their own country receiving care, thus aiding recovery:

"Culture is a massive part of people's lives, accepting and respecting someone's cultural will allow you to have a therapeutic relationship and provide the best care possible." (Student 11)

Students emphasized that service users from different cultures receiving good cross-cultural care are likely to experience a sense of dignity which is essential to creating a humanistic approach. This ensures, service users from different cultures are respected as unique human beings and are encouraged to participate in and influence their own care:

"The benefits of cross-cultural care are that no matter what someone believes or no matter the story that makes them who they are, at the point of contact they can receive the best care possible. The challenge is judgement and ignorance from healthcare professionals when they are faced with people in their care whom they have not (or do not) Understand in terms of their culture (way of living, beliefs, rituals, views of the world). This is particularly difficult if the healthcare professional themselves hold a particular view that differs. To be culturally competent as healthcare professionals we have to be non-judgemental about the person we see before us whom we are nursing." (Student 5)

4 DISCUSSION

This study was concerned with the delivery of culturally-competent person-centred mental healthcare that recognises and adapts to accommodate individual cultural characteristics. Cross-cultural issues add complexity to healthcare particularly concerning issues of quality of life, acceptance of life-prolonging measures, reluctance to withdraw life support, and quality of communication (Schrank et al., 2017).

As such, this study undertook a snapshot of the cross-cultural competency of a sample of UK student mental health nurses approaching the end of their pre-registration nursing programmes. We were particularly interested in the challenges they encountered in delivering cross-cultural mental health care, their internalised cultural assumptions in relation to caring for

people from cultures other than their own and the implications for nursing education in terms of how learning experiences might be strengthened to enhance their future practice.

Person centred care, is a helpful framework for navigating the barriers to good care by raising awareness of and acting on individual cultural differences (Tee, 2016). It is a holistic approach, acknowledging the service user as equal partner in their care decisions, but also seeks to transform practice by highlighting and countering discrimination (Gabrielsson, Sävenstedt, & Zingmark, 2015; Reeve, 2018; Tee, 2016).

On the positive side, the findings of this study indicate that in the main students understand that being aware of cultural meanings and values are important for promoting PCC and navigating cultural barriers. It is also evident that these final year students had confidence in being able to use their communication and clinical skills to assess needs and develop therapeutic engagement with clients from diverse backgrounds. This is important as past studies have reported that sensitiveness toward cultural needs, helps nurses/ student nurses to feel more satisfied with their care, to cope with challenges and provide better understanding of service user's needs (Üzar-Özçetin and Tee, 2020; Üzar-Özçetin, Trenoweth, & Tee, 2020).

Whilst recognising the obvious benefit of understanding the culture related needs of service users from different cultures, nursing students still reported difficulties in noticing and attending to the unique belief systems of people from cultures different to their own. This may stem from a lack of attention to such issues in the curriculum and exposure in practice to service users from different cultures. The most obvious risk in this is the potential for distrust and 'othering' that may be caused by differences in belief systems, perceptions, values, and attitudes (Bailey et al., 2017; Malterud, Siersma, & Guassora, 2016).

Participants clearly had an awareness of 'cross-cultural' care in mental health setting, although did not necessarily recognise the term, but wanted more experience of working with people from different cultures, as it was not something that could be learnt from books or

lectures. Üzar-Özçetin and Tee (2020) have highlighted the importance of diversity in practice experiences to widen understanding of cultural influences on mental health. Similarly, Choi and Kim (2018) found that direct encounters increased cultural competence. If students throughout their training only encounter people from similar cultures to their own, they will neither develop the self-awareness or the confidence for truly person-centred practice.

However, a culturally diverse practice environment may cause individuals to experience anxiety, which may undermine their confidence and ability to adapt effectively. Students' anxieties and fears might be related to feelings of lack of preparedness (Fokuo et al., 2017; Patterson et al., 2016). Therefore, whilst practice is important Üzar-Özçetin et al. (2020) argue that practice needs to be underpinned by appropriate training and preparation. This can include information on different cultures, use of reflexive thinking to challenge assumptions, development of empathy tolerance and sensitivity and behavioural techniques involving communications and role play to develop confidence.

Although nurse education aims to promote cultural competence, many participants stated they were not confident in understanding different cultures. This suggests the need for introducing more resources such as film, video and documentary, that explore and explain cultural narratives, to help student nurses learn to navigate the challenges of providing effective cross-cultural care. Perhaps educators need to be looking at simulation through technology to find more immersive ways to expose students to new cultural understandings thus improving their confidence to meet the needs of our increasingly diverse communities.

As future health care providers, it is evident that student nurses not only need to be aware that negative attitudes may arise from differences in culture (i.e. values, attitudes, perceptions), but they need to internalise positive perceptions and translate these into practice. Cultural competence helps to clarify misunderstandings and to create an open mind. Furthermore, it may

help nurses demonstrate respect for people from different cultures and develop an inner confidence that exudes reliability and trustworthiness (Alpers, 2018).

4.1 Study's strengths and limitations

We acknowledge this study was conducted in one nursing school in the UK and the response rate may be considered relatively low. However, this mixed-methods study was conducted in a robust and rigorous manner under university ethical approval. Whilst a relatively limited snapshot of the cultural competence of final year student nurses, we believe the findings provide useful insights that could be the source of further investigation.

5 CONCLUSION

This study adds to what is a relatively under-researched area at a time of global challenges arising from cultural and ethnic differences. Results showed that the nursing students experienced a difficulty in providing cross-cultural care and the most difficult part of this care was the alleviation of the requirements correctly. Mental health nurses have an important role to play in supporting the mental health of people at vulnerable times in their lives and will only do this effectively if they appreciate the inter-relationship between culture and mental health.

6 IMPLICATIONS FOR NURSING PRACTICE

The participants in this study recognised that cross-cultural education contributes to improving their cultural sensitivity to provide mental health care that is centred around the person and most believed they had many of the skills needed to communicate and engage with people from different cultures. However, the study also revealed that participants lacked knowledge and understanding which impacted on their confidence to practice effectively when qualified. Education and placement providers therefore have a responsibility to consider the degree and depth of exposure cultural aspects of care that nursing students experience throughout their training. Consideration should be given to increasing placement diversity and to capitalise on the opportunities provided to increase exposure cultural narratives.

As previously stated, cultural competency is an active and developmental process, characterised by a set of positive attitudes and perspectives that enable the delivery of effective mental healthcare. If services providers are to avoid the prejudice, exclusion and inequity of the past greater attention needs to be paid to improving the training and education of our future mental health professionals.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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