

Culture shock level among nursing students during their clinical education

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Abstract

Background: Culture shock not only induces stress but also fatigue, This is primarily due to the frequent exposure with new cultures when moving between different hospital practice locations, potentially affecting the quality of nursing care provided.

Purpose: To determine culture shock level during clinical education of professional nursing student.

Method: This research was conducted on 158 students of the Nursing Profession Program at Jenderal Achmad Yani University utilized a total sampling technique with 127 participants (80%) completing the Mumford Culture Shock Questionnaire in accordance with the principle of sample adequacy. The validity test results were 30 valid items and 8 invalid items, while the reliability test results demonstrating high reliability with elevated alpha values for all 30 items. Ethics obtained from the Ethics Committee of 'Aisyiyah Bandung University. The data were analyzed univariately through frequency distribution.

Results: Non-regular classes tend to have a low level (60%) due to the contrasting background between working non-regular students and non-working regular students. Women tend to have moderate culture shock levels (93.4%) whereas men show lower levels (11.8%). The majority of students are 23 years old and have all culture shock levels. In terms of ethnicity, most non-Sundanese student, have a moderate culture shock level influenced by language disparities. Socio-demographic conditions consisting of gender, age, and ethnicity play a role in differences in the culture shock level experienced by respondents. There are six aspects that play a role in the culture shock experienced by respondents.

Conclusion: The culture shock experienced by professional nursing students is more at the low and medium levels, indicating a spectrum of adaptability among the student body and there are many students who still have difficulty adapting to the new environment.

Keywords: Clinical Education; Culture Shock; Nursing Students.

INTRODUCTION

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Indonesia is an archipelagic country with a diversity of ethnicities, religions, languages, traditions and cultures that make up Indonesia (Antara & Yogantari, 2018). Amidst this diversity, Indonesia is steadfastly advancing its infrastructure across various sectors, including education and health. To meet the growing demands of the health sector, particularly for professional nurses, the

country is making strides in improving facilities. The need for professional nurses in Indonesia is continuously rise. Based on the Decree of the Coordinating Minister for People's Welfare Number 54 of 2013 concerning the standard target for the ratio of nurse needs in 2025, it is stated that the projected ratio of nurse needs for 2025, namely per 100,000 population is 200 nurses, the ratio of nurses

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for every 1,000 population is at 2.28 and currently There are still many community health centers that lack nurses (Directorate General of Health Personnel, 2022). In order for professional nurses to increase in quantity and quality, ¹⁵ the Indonesian government is improving facilities in the education sector by increasing the number of health study programs provided in Indonesia. According to data from Higher Education Database there are presently 532,935 students enrolled in health study programs across 117 educational institutions, both public and private, that produce nursing graduates who are ready to work (Higher Education Database, 2023).

Nursing education is conducted in two stages. The first stage is the undergraduate program, then the next stage is the Nursing Professional Program (NPP). Students at the NPP level will carry out clinical education that cause students to be able to act, behave, and communicate with clients directly and with colleagues in providing nursing care (Perceka, 2020).

Concerning culture in providing nursing care, the transcultural nursing theory closely linked to cultural elements in health services provision that affect disease management, health status, and individual well-being. The main goal of the theory is to promote health care that can be meaningful, high quality, and safe for patients who come from diverse cultures (Albougami, Pounds, & Alotaibi, 2016). Therefore, it becomes imperative for aspiring nurses to cultivate an understanding of cultural differences with client's culture, the client's family culture, or the workplace culture (Adamson, 2018). The culture shock experienced by students can also create cultural, language, physical, perceptual, emotional, psychological and motivational barriers during their clinical education (Febrianty, Octisa, Fuadi, Dimas, & Muhamad, 2022).

The learning process of NPP is influenced by many things including clinical supervisors, learning methods, material content, knowledge, attitudes, skills, facilities, experience, learning environment, motivation, and trainers (Miniati, Lestari, & Lita, 2021). NPP students in pursuing their education will encounter new cultures due to the movement of practical placement at each stage which is carried

out once to two months thereby increasing the possibility of culture shock. NPP students may grapple with culture shock because of the many differences both healthcare and the learning environment system. For example, when there are differences in the language used in communication, in the health care system students will encounter patients with different ethnicities and languages from students (Maginnis & Anderson, 2017). In addition, unexpected cultural distinctions emerge in the interactions between nurses and residents of specific ¹⁶ ethnic backgrounds. These differences can help students to develop personally and professionally, especially when students later become professional nurses (Adamson, 2018).

One of the universities that provides study programs for NPP is Jenderal Achmad Yani University (Unjani). Currently, there are two batches of students who have active status as NPP students at the Faculty of Health Sciences and Technology, Unjani, namely batches 2022 and 2023, who have previously taken a Bachelor of Nursing in that year. NPP students are currently practicing directly in the field after previously doing online learning at the undergraduate level due to the COVID-19 pandemic. This can certainly affect the cultural competence of students which affects culture shock, following the research finding which states that the cultural competence level of NPP students is at risk of causing culture shock if no immediate action is taken. (Lumbantobing, Susilaningsih, Rasyidin, Kurniawan, & Praptiwi, 2018).

Inadequate management of culture shock in students can lead to stress-related ⁴ issues, significantly impacting their overall well-being. Stress can lead to negative clinical consequences ⁴ such as errors in providing nursing care, burnout, and unprofessionalism. Stress can also lead to negative personal consequences, such as chronic fatigue, substance abuse, mental stress, and suicidal ideation (Mitha, Sayeed, & Lopez, 2021). Supporting this perspective, studies reveal that support this state that workers who experience culture shock show negative personal consequences such as feeling sad, lack of self-confidence, crying, fear, confusion, nausea, discomfort, dizziness, stomach ache, palpitations, and dizziness (Pratiwi, 2020). In

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addition, the result of other studies revealed that nurses who worked in Japan experienced culture shock showing negative clinical consequences due to differences in language, rules, and consequences with their home country of Indonesia which causes fatigue and anxiety when working because after work they have to learn different languages to be able to adapt (Handayani, 2018).

Culture shock experienced by students when encountering unexpected cultural differences, especially in how nurses treat patients, requires preparation in handling it. In addition, when someone can overcome culture shock well, students will have a guaranteed ability to join the nursing profession (Adamson, 2018).

Based on the preliminary study results, NPP Unjani students have a diversity of regional origins, religions, and other differences. They come from Bandung, Ambon, Bogor, and various other regions in Indonesia predominantly follow the Islamic faith. These differences will certainly cause differences in views of the place of practice carried out by students. The place of practice of Unjani NPP students is carried out at Dustira Regional Hospital, West Java Provincial Mental Hospital, Cibabat Regional Hospital, Al-Ihsan Hospital, Otto Iskandar Dinata Hospital, Mal Hospital, Nursing Home, and Cisarua Community Health Center which previously had cooperation with Unjani. The hospital which is the place of practice for NPP Unjani students certainly has patients and nurse workers who come from various regions, especially one of the practice places is Dustira Hospital which is the main hospital for the Indonesian National Army comes from Sabang to Merauke where they are assigned to the Cimahi and surrounding areas so that it can increase the possibility of increased culture shock. Another phenomenon that occurs at Unjani is group changes at each stage which causes students to have to adapt to new friends when changing stages, as reported by a student from the NPP at Unjani.

In addition, there are two types of classes at NPP Unjani, namely regular and non-regular classes. The difference is that if the regular class is students who only study without doing work, this class goes through each stage by moving between hospitals. Meanwhile, the non-regular class is a special class

for students who are studying and working simultaneously. This class takes all stages in one hospital, namely Dustira Regional Hospital. This causes different difficulties in adapting if regular classes need to adapt to two things, namely their work and their education. Meanwhile, regular classes need to adapt to hospital movements at each stage. According to one of the non-regular NPP Unjani students, the campus practice schedule and the work schedule do not match, but they understand the hospital environment better because they work in the same environment. However, this is different from regular students, they require an adjustment period to familiarize themselves with peers due to group changes at each stage, they have difficulty communicating with people due to language differences so their friends need to help interpret Sundanese, needed time to adjust to the habits in the new room, and there were room nurses who often scolded them if they didn't do something they tell them to do, and the room nurses often talked about each other which made them uncomfortable.

The phenomenon above shows that an assessment of the level of culture shock during their clinical education needs to be done because it can influence the quality of NPP nursing students in preparing themselves to become professional nurses. Hence, there is a need for research that delves into and provides insights into this matter.

RESEARCH METHOD

This study uses a descriptive quantitative design with a population of 158 respondents who are second-semester NPP nursing students at Faculty of Health Sciences and Technology Unjani and uses a total sampling technique. The total sampling technique is a technique for taking samples whose sample size is the same as the population. Total sampling is used when the population is less than 100 people, however, so that the risk of bias in this research is lower, this research uses a total sampling technique. The number of questionnaire fillers in this study was 127 people, although it did not reach 100%, the researcher used the principle of sample adequacy which can be used in several situations where it is not necessary to include the entire population in the study, as long as the sample taken

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13 covers 80% of the characteristics of the research population (Verma & Verma, 2020).

The instrument used in this research is the Culture Shock Questionnaire which was developed by Mumford (1998) and previous research from Amalia (2016) has carried out validity and reliability tests. This instrument was created based on an understanding of culture shock theory, culture shock symptoms, and aspects of culture shock according to Oberg so that it describes the level of culture shock experienced by respondents. The results of the validity tests that have been carried out on the culture shock scale instrument, the results are that out of a total of 38 items, only 30 items are valid while the other eight items, namely numbers 8, 10, 29, 30, 35, 36, 37, and 38 are invalid. This is because invalid items have a correlation coefficient of less than 0.25, while items with a correlation coefficient of 0.267 to 0.607 are valid items and 10 present all aspects of culture shock. Meanwhile, the results of the culture shock reliability test show an alpha value of 0.914 from 30 items, which means that the culture shock scale has high reliability

(Amalia, 2016).

This research was carried out at Unjani from August to December 2023 by applying several ethical principles such as respect for persons, beneficence, justice, non-maleficence, informed consent, authorship and plagiarism (Suryanto, 2020). The letter of ethical suitability for this research was obtained from the Ethics Committee of 'Aisyiyah University Bandung with number 675/KEP. 01/UNI-BANDUNG/VIII/2023. After obtaining the ethics, the researcher carried out the data collection process, then after the data was collected, the researcher carried out data processing procedures, namely editing, coding, calculations, and data tabulation. Subsequently, the researchers conducted data analysis by categorizing the levels of culture shock into high, moderate, and low, based on established criteria for such classification. The level groupings are standardized after knowing the values of the hypothetical standard deviation and hypothetical mean. Last, the data will be analyzed descriptively (univariate) with a frequency distribution.

RESEARCH RESULTS

Table 1. Culture Shock Level of Students (N=127)

Variable	Results
Culture Shock (n/%)	
High	1/0.8
Moderate	61/48.0
Low	65/51.2

1 Based on the table above, it can be seen that the most of Unjani NPP students with a total of 65 (51.2%) are in the low category and almost half are in the moderate category (48.0%). While students who are in the high category are 1 person (0.8%).

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Table 2. Socio-demographic and Culture Shock Cross Tabulation (N=127)

Socio-demographic	Culture shock		
	Low (n=65)	Moderate (n=61)	High (n=1)
Class (n/%)			
Regular	26/40.0	35/57.4	1/100
Non-regular	39/60.0	26/42.6	0
Gender (n/%)			
Female	54/83.1	57/93.4	1/100
Male	11/16.9	4/6.6	0
Age (n/%)			
22	5/7.7	9/14.8	0
23	30/46.2	35/57.4	1/100
24	18/27.7	9/14.8	0
25	6/9.2	4/6.6	0
26	2/3.1	2/3.2	0
27	3/4.6	1/1.6	0
28	0	1/1.6	0
29	1/1.5	0	0
Ethnic Group (n/%)			
Sundanese	57/87.8	54/88.6	1/100
Javanese	5/7.7	4/6.6	0
Dayak	1/1.5	0	0
Malay	0	1/1.6	0
Melanesia	1/1.5	0	0
Ambon	0	1/1.6	0
Palembang	0	1/1.6	0
Betawi	1/1.5	0	0

1 Based on the table provided, it can be seen that among in the regular class are 62 (48.8%), with 35 (57.4%) experiencing moderate levels of *culture shock* category, while those who experience low levels of *culture shock* are 26 (40%), and those who experience high levels of *culture shock* are 1 person (100%). There are 65 non-regular students (51.2%) with 39 (60%) belonging to the low levels of *culture shock* and 26 other (40%) belonging to the moderate level of *culture shock*.

Based on the research results above, it can be seen that there are 112 female NPP Unjani students (88.2%) with a low level of *culture shock* 54 (83.1%), moderate 57 (93.4%), and high 1 person (100%). Meanwhile, there were 15 male students (11.8%) with a low *culture shock* level of 11 (16.9%), and a moderate 4 (6.6%).

The data in the table shows that NPP Unjani students range in age from 22 to 29 years with 52% aged 23 years. Students who are 23 years old have varying levels of *culture shock* and are more dominant than other ages. Low *culture shock* levels were more often experienced by students aged 23 years with a total of 30 (46.2%), as well as moderate *culture shock* levels totaling 35 (57.4%) and high as many as 1 person (100%), the majority of which were experienced by students aged 23 years.

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The results of the research above show that NPP Unjani students come from various ethnic groups, starting from the Sundanese with a total of 112 (88.2%), the Javanese with 9 (7.1%), and from the Dayak, Malay, Melanesi, Ambon, Palembang, and Betawi tribes each 1 person (0.8%). Students from the Melanesian, Betawi, and Dayak tribes have a low level of *culture shock*. Students from the Malay, Palembang, and Ambon tribes have a moderate level of *culture shock*. Javanese students with a low level of *culture shock* were 5 (7.7%) and those with a moderate level of *culture shock* were 4 (6.6%). Students from the Sundanese tribe have varying levels of *culture shock* which range from a low level as many as 57 (87.8%), moderate levels of *culture shock* as many as 54 (88.6%), and high levels of *culture shock* as many as 1 person (100%).

Table 2. Analysis of Culture Shock Aspects

Aspect	Indicator
Tension due to efforts to adapt psychologically	Surprised by habits in a new environment. The emergence of anxiety when interacting with other people.
2 Feelings of loss and lack of family, friends, status, and belonging	No longer finding a replacement parental figure in the new environment.
Rejection from and towards people in the new environment	Less appreciated when carrying out an activity in a new environment
There is confusion regarding roles, expectations for those roles, feelings, values held and self-identity	Feeling less able to explore yourself in a new environment. Lack of confidence in your abilities when applied in a new environment.
2 Dislikes differences in language, customs, values or norms, manners in the area of origin and in the new area	Consider strange habits, norms and values in the new environment. Less interested in learning the language and norms that exist in the new environment.
2 Feelings of helplessness caused by the inability to adapt to a new environment	Feeling failed in adapting to a new environment

DISCUSSION

Culture Shock Level

The results of the research carried out show that the *culture shock* during NPP students clinical education were mostly at a low level (51.2%) and almost half were at a moderate level (48.0%). However, when viewed from the class differences between non-regular and regular. Most of the regular classes experience *culture shock* at a fairly high level, namely at a moderate level (57.4%), while the non-regular classes are mostly at a low level (60%). This follows the theory that one factor that can affect

the level of *culture shock* is the existence of cultural similarities between the new culture and the old culture can be a factor that affects *culture shock*. The different backgrounds between non-regular students who have worked as nurses in hospitals and regular students who have not worked, as well as the differences in experience experienced by each individual, so it is natural that there are differences in the *culture shock* level experienced by students. Experience during work in hospitals is also one of

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the things that makes it easier for non-regular students to adapt when carrying out clinical education in hospitals (Koesma, 2004; Amalia, 2016).

According to insights gathered from interviews with non-regular students, they stated that they were not much surprised by the differences because they had worked in hospitals so they felt used to the differences. This indication suggests that they are in a stage of culture shock known as the recovery phase, a situation when a person begins to understand the new culture and has adapted to the new culture so that he is not stressed by the differences (Samovar, McDaniel, Porter, & Roy, 2013; Devinta, 2015).

When viewed from other socio-demographics such as gender, mostly females experience *culture shock* at moderate to high levels. This is different from men, who mostly experience *culture shock* at a low level. In addition, when viewed from the socio-demographic age, students are mostly 23 years old. Students who are 23 years old mostly have moderate to high levels of *culture shock* and almost half have *culture shock* at a low level. This shows that individual differences such as gender and age can influence levels of culture *shock* during their clinical education (Koesma, 2004; Amalia, 2016).

Students who are not Sundanese have moderate to low levels of *culture shock*. 7 out of 10 students who are not Sundanese have a moderate level of *culture shock*. This is accordance with the aspect of culture *shock* theory which stated that there was tension in adapting and not being able to adjust to a new environment because of language differences so students had difficulty in communicating. Difficulty in communicating was expressed by one of the students who is not from Sunda, who stated that he could not speak Sundanese so he needed help to translate the language by his friends when communicating with patients (Ober, 1960; Amalia, 2016).

Culture Shock Aspect

Based on the research results, NPP Unjani students showed high scores (>45.5%) in several aspects, namely first, the aspect of tension because there was an effort to adapt psychologically with

indicators such as being surprised by the habits in a new environment and the emergence of anxiety when interacting with other people. This is caused by differences in rules or language in hospitals that students encounter. In addition, based on the results of interviews with NPP students during their clinical education, an increased workload causes *stress reactions* in students when they are in a new environment.

Second, rejection from and towards people in a new environment with indicators such as lack of respect given when doing an activity in a new environment. This is supported by interview data which states that when NPP students make mistakes in the hospital, they are often immediately scolded by the room nurse.

Third, feelings of loss and lack of family, status, friends, and sense of belonging with the indicator being not finding a figure to replace parents in the new environment. The high percentage in this aspect is because students have not found someone who can be used as a friend or parent to share their stories because the people around them are individualistic, this was conveyed by one of the students during an interview.

Fourth, there is confusion regarding roles, expectations from these roles, values, feelings, and self-identity with indicators of feeling less able to explore themselves and low self-confidence in their abilities when applied in a new environment. The high percentage in this aspect shows that it conforms with research conducted on nursing students involved in an exchange program between Scotland and Western Australia which stated that these students experienced a feeling of being lost when in a new environment if they did not prepare beforehand (Adams, 2018).

Fifth, they don't like the differences in customs, language, values, or norms in the new area and the home area with indicators of considering strange habits, norms, and values in the new environment and being less interested in learning the norms and language in the new environment. The high percentage in this aspect indicates that the factor causing *culture shock*, namely *cognitive fatigue* experienced by students, hospitals require a lot of effort with full attention and awareness to understand

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new information which is very tiring and causes mental and emotional fatigue so that it can cause students' disinterest in learning new things in the new environment (Nuraini, Sunendar, & Sumiyadi, 2021).

Sixth, feelings of helplessness are caused by the inability to adapt to a new environment with indicators such as feeling hopeless, wanting to return to their place of origin immediately, and feeling like they have failed in adapting to the new environment. This shows that students are experiencing *culture shock* in the stage of disappointment which is described by feeling failed and frustrated with their new environment.

CONCLUSION

The culture shock encountered by NPP Unjani students is mostly at a low level. This explains that many NPP Unjani students have successfully navigated and adapted to the culture shock after participating in diverse hospital practices for more than one semester. Some respondents were able to cope with culture shock because of having friends who can help in understanding a new culture in a new environment. Some others have the same cultural background as the new environment so that they can overcome *culture shock*. However, almost half of NPP Unjani students still experience *culture shock* at moderate to high levels. Many students still have difficulty adapting to their new environment. The student feels anxious, surprised by the new culture, a sense of rejection, a perception of losing a parental or friendly figure, diminished self-confidence, a lack of self-exploration, thinks the rules in the new environment are strange, lacks interest in learning the new culture, a desire to swiftly return to their place of origin, and a perception of failure in adapting to the new environment.

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ORIGINALITY REPORT

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