



**Karolinska
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Institutionen för Neurobiologi, Vårdvetenskap och Samhälle

Healthcare providers' perceptions of diversity and cultural competence

AKADEMISK AVHANDLING

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ABSTRACT

Swedish society is ethnically diverse and since the early 1960s immigrants have made significant contributions to the labour market in healthcare. Today many Swedes, including first- and second-generation immigrants, work together in a healthcare setting that serves an increasingly diverse population. Cultural competence is required of nurses, healthcare providers and healthcare organisations in order for them to provide quality service to culturally and ethnically diverse populations. The overall aim of the studies included in this licentiate thesis was to assess healthcare providers' perceptions of diversity and cultural competence. The specific aim of Study I was to compare native Swedish and first- and second-generation immigrant healthcare providers' perceptions of diversity in relation to equality and communication in elder care settings. Data used in this cross-sectional study on healthcare providers (n=643) were obtained using a Swedish questionnaire; Assessing Awareness and Acceptance of Diversity in Healthcare Institutions (AAAD). Factor analysis revealed five subscales within the areas of communication and equality. These subscales were tested for reliability before being used for data analysis. ANOVA testing compared differences between native Swedes and first- and second-generation immigrants. The results show that there are more similarities in the perceptions of communication and equality between native Swedes and second-generation immigrants than between first- and second-generation immigrants. The specific aim of Study II was to describe the translation, adaptation, and psychometric evaluation of a non-Swedish questionnaire, the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Revised (IAPCC-R). This instrument assesses five subscales: Cultural Desire, Cultural Awareness, Cultural Knowledge, Cultural Skill and Cultural Encounter. The evaluation process was guided by Gessinger's structure for translation, validation, and reliability. After translation and adaptation with the help of a group of experts, validity tests were conducted by response test (n=15) and on the content (n=7) and internal structure and internal reliability (n=334). The tests revealed weak validity and reliability for the instrument, and additional item and factor analysis did not confirm the proposed structure. These problems might be related to the translation and adaptation or the structure of the instrument. The IAPCC-R was found to not be appropriate for use in a Swedish context.

Key words: ANOVA, communication, cultural competence, diversity, equality, healthcare provider, healthcare workforce, psychometric evaluation.

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