

# Family Adaptability Cohesion and Transcultural Nursing Care Competence Among Student Nurses: A Descriptive Correlational Study

## Abstract

The family environment plays an important role in shaping students' attitudes, behaviors, and professional competencies. In nursing education, family adaptability and cohesion may influence the ability of student nurses to provide culturally responsive care. This study aimed to determine the levels of family adaptability and cohesion and examine their relationship with transcultural nursing care competence among student nurses in Iloilo City. A descriptive correlational research design was used, involving 305 Level 2, Level 3, and Level 4 nursing students selected through stratified random sampling. Data were collected using standardized questionnaires measuring family adaptability, family cohesion, and transcultural nursing care competence, including cultural knowledge, cultural skills, and cultural sensitivity. The findings revealed that most respondents belonged to structured families with separated levels of cohesion, indicating moderately connected family systems. Student nurses demonstrated a moderate to high level of transcultural nursing care competence, with cultural sensitivity as the strongest domain. Results also showed a significant positive relationship between family adaptability, family cohesion, and transcultural nursing care competence. The study concludes that supportive and adaptable family environments contribute to the development of culturally competent student nurses. Strengthening family support systems and integrating culturally skill-based training in nursing education are recommended to enhance culturally responsive nursing practice.

**Keywords:** Family Adaptability Cohesion; Transcultural Nursing Care Competence; Student Nurses; Cultural Skills; Cultural Knowledge; Cultural Sensitivity; Descriptive correlational study

## 1. Introduction

The family environment serves as the foundation for children's social and emotional development, shaping their behavior and interactions with others (Mayrinda et al., 2024). Within this family context, factors such as family cohesion defined as the emotional bonds among family members and family adaptability play crucial roles in responding to stressful situations (Yu et al., 2021).

As the population grows increasingly diverse, transcultural nursing has become an essential aspect of modern healthcare (Fabry and McDermott, 2024). For nursing students, it is vital to develop the transcultural competencies necessary to understand, respect, and appropriately address the cultural backgrounds, values, and beliefs of their patients (Malabat and Ruiz, 2022). While previous studies have examined transcultural competence and family influence separately, there is limited research exploring their combined impact, particularly among student nurses.

This study aimed to fill the gap by exploring how family adaptability and family cohesion influenced the transcultural nursing care competence of student nurses in Iloilo City. By linking family cohesion and adaptability to cultural sensitivity, cultural skills, and cultural knowledge in practice, this sought to provide nursing schools with insights on how to better prepare their students.

## 2. Materials and Methods

### 2.1 Study Design

A descriptive correlational research design was employed to examine the relationship between family adaptability cohesion and transcultural nursing care competence.

### 2.2 Study Setting

This research study was conducted at a selected private institution, an urban area located in Molo, Iloilo City, which involved a total population of 1,465 from Level 2, Level 3, and Level 4 nursing students.

### 2.3 Study Population

Using random stratified sampling, 305 students were selected to participate in the study.

### 2.4 Inclusion and Exclusion Criteria

Inclusion criteria required participants to be 18 years old and above and the Bachelor of Science in Nursing (BSN) students who were officially enrolled as Level 2 Level, 3, and Level 4 students respectively at a selected private institution in Iloilo City. The Bachelor of Science in Nursing (BSN) students who were not officially enrolled in the College of Nursing Department, such as those registered in other health-related programs were excluded.

### 2.5 Sample Size Determination

The total population of the students from levels 2, 3, and 4 was 1465 students. Using a Raosoft calculator with a 95% confidence level and a 5% margin of error, the computed sample size was determined to be 305 respondents. This ensures a representative sample for statistical analysis while maintaining feasibility.

### 2.6 Sampling Technique

A stratified random sampling method was employed to provide each eligible participant an equal chance of selection. The number of students was used as the sampling frame, and respondents were randomly drawn using a computerized random number generator. This approach minimizes selection bias and ensures the sample reflects the target population.

## 2.7 Data Collection Procedure

Permission was secured from students prior to data collection. Respondents were informed of the study's purpose, and informed consent was obtained. Two questionnaires are distributed, two adopted and collected personally by the researchers.

## 2.8 Instrument

Data were collected using two adopted questionnaires. These tools were designed to determine the relationship between transcultural nursing care competence, family adaptability, and family cohesion.

### 2.8.1 Demographic Profile of Respondents

Demographic profiles include age, sex, and year level; these variables were used to describe the study population and assess the relationship between transcultural nursing care competence, family cohesion, and family adaptability.

### 2.8.2 Family Adaptability Cohesion

Family adaptability and family cohesion were measured using Family Adaptability and Cohesion Evaluation Scale (FACES III) developed by Olson (1991). The instrument assessed the level of emotional bonding among family members (cohesion?) and the family's ability to adjust to changes (adaptability). Responses were rated using a 5-point likert scale ranging from 1 (Almost never) to 5 (Almost Always). Higher scores indicated higher levels of family cohesion and adaptability. The scores were summed and interpreted according to the FACES III linear scoring guide to determine the family type as balanced, moderately balanced, mid range, or extreme.

### 2.8.3 Transcultural Nursing Care Competence Among Student Nurses

Transcultural Nursing Care Competence was measured using the adopted Cultural Scale

(CCS) by Perng and Watson (2012). The instruments used a 5-point likert scale ranging from 1 (strongly disagree) to 5 (no comment), where higher scores indicated very high cultural competence. It assessed three domains: cultural knowledge, cultural skills, and cultural sensitivity.

## 2.9 Statistical Analysis

To examine the relationship between the transcultural nursing care competence and family adaptability cohesion in a selected private institution in Iloilo, the Spearman Rank-Order Correlation was employed. This non-parametric test is appropriate for ordinal data and is particularly suitable when the assumptions of normality for parametric tests are not satisfied. In this context, it allowed the researchers to assess the relationship of family adaptability cohesion and transcultural nursing care competence among nursing students.

## 3. Result and discussion

This chapter presents the findings of the study on the relationship between family cohesion, family adaptability, and transcultural nursing care competence among nursing students. It includes the demographic profile of the respondents, the level of family cohesion and family adaptability, the level of transcultural nursing care competence, and the relationship between the variables.

Table 1. The demographic profile of the respondents showed that the majority were female (79.7%), while 20.3% were male. In terms of year level, 35.1% were Level 2, 29.8% were Level 3, and 35.1% were Level 4 students. This shows that most respondents were female nursing students and that the respondents were fairly distributed across different year levels.

Table 2a. The results on family cohesion showed an overall mean score of 26.07 out of 50, which falls under the disengaged level based on the FACES III interpretation. This means that respondents generally viewed their families as having lower to moderate levels of cohesion. The highest mean was "Family members ask each other for help" (4.23), showing that family members still support one another. However, some i Capacity items such as spending free time together and family togetherness had lower

means, suggesting less interaction among family members.

Table 2b. The distribution of respondents according to their level of family cohesion showed that 35.1% were separated, followed by 33.8% disengaged. Meanwhile, 22.0% were connected and only 9.2% were very connected. This indicates that many families have moderate cohesion, while some families show low emotional closeness among members.

Table 3a. The results for family adaptability showed an overall mean score of 26.07 out of 50, which indicates a structured to flexible level. This means that families generally have clear roles and rules but allow some flexibility. Some items showed that children have a say in discipline and family leadership, while lower mean scores were seen in items related to changing rules and shifting responsibilities.

Table 3b. The distribution of respondents according to family adaptability showed that the majority were Structured (38.4%), followed by Very Flexible (27.9%), Flexible (24.9%), and Rigid (8.9%). This suggests that many respondents grew up in families with clear rules and roles but with some level of adaptability.

Table 4. The results on transcultural nursing care competence showed an overall mean of 3.38, which indicates a moderate level of competence. Among the three areas, Cultural Sensitivity had the highest mean (3.51), followed

by Cultural Knowledge (3.35) and Cultural Skills (3.29). This shows that respondents are generally open to understanding different cultures, although some areas such as skills may still need improvement.

Table 5. The relationship between family cohesion and transcultural nursing care competence showed a significant relationship. Family cohesion was significantly related to cultural knowledge ( $r = .259$ ), cultural skills ( $r = .198$ ), cultural sensitivity ( $r = .176$ ), and overall transcultural nursing care competence ( $r = .242$ ). This means that family cohesion has a relationship with the development of transcultural nursing care competence among the respondents.

Table 6. The relationship between family adaptability and transcultural nursing care competence also showed a significant relationship. Family adaptability was significantly related to cultural knowledge ( $r = .291$ ), cultural skills ( $r = .248$ ), cultural sensitivity ( $r = .229$ ), and overall transcultural nursing care competence ( $r = .299$ ). This suggests that family adaptability also has a relationship with transcultural nursing care competence. Overall, the findings showed that family cohesion and family adaptability are related to transcultural nursing care competence among nursing students.

**Table 1.***Demographic Profile of the Respondents (n=305)*

Variables	%
Sex	
Male	20.3
Female	79.7
Year Level	
Level 2	35.1
Level 3	29.8
Level 4	35.1
Total	100.0

Table 1 shows the demographic profile of the respondents. A total of 305 respondents participated in the study. In terms of sex there were males (20.3%) followed by females (79.7%) indicating that females dominate the population.

**Table 2a.***Distribution of mean responses on family cohesion, specific indicators (n=305)*

Family Cohesion Items	Mean	SD
Family members ask each other for help.	4.23	.87
We approve of each other's friends.	3.86	1.01
We like to do things with just our immediate family	3.78	.95
Family members feel closer to other family members than to people outside the family	3.73	.93
Family members like to spend free time with each other	3.68	.88
Family members feel very close to each other	3.64	.92
When our family gets together for activities, everybody is present	3.59	.97
We can easily think of things to do together as a family	3.54	.99
Family members consult other family members on their decisions	3.54	.99
Family togetherness is very important	3.50	.94
Overall Mean Score	26.07/50	5.91

The results illustrate the mean responses on family cohesion with an overall mean score of 26.07 out of 50 which was within the disengaged range according to the FACES III interpretation. This showed that respondents generally viewed their families as having lower to moderate levels of cohesion, revealing that while family members provide emotional support and closeness, they still maintain some emotional distance and independence.

**Table 2b.**

*Distribution of the respondents according to level of family cohesion (n = 305)*

Level of Family Cohesion	<i>f</i>	%
Separated (35-50)	107	35.1
Disengaged (10-34)	103	33.8
Connected (35-50)	67	22.0
Very Connected (46-50)	28	9.2
Total	305	100

*Legend: Disengaged (10-34), Separated (35-40), Connected (41 – 45), Very Connected (46-50)*

Table 2b illustrates the distrust of families according to their level of cohesion. The results showed that the highest percentage of families were classified as Separated, while the second highest were also classified as Disengaged. Only a small percentage fell under Connected and Very Connected. This implied that many families demonstrate moderate cohesion, but a significant number show low emotional closeness.

**Table 3a.***Distribution of mean responses on family Adaptability, specific indicators (n=305)*

Family Adaptability Indicators	Mean	SD
	3.18	.99
Children have a say in their discipline.	2.97	1.01
Different persons act as leaders in our family.	2.66	1.00
Our family changes its way of handling tasks.	2.62	1.07
Parent(s) and children discuss punishment together.	2.60	1.01
The children make the decisions in our family.	2.58	1.07
Rules change in our family.	2.51	.95
We shift household responsibilities from person to person.	2.39	.99
It is hard to identify the leader(s) in our family.	2.29	1.01
It is hard to tell who does which household chores.	2.20	.95
Overall mean of total score	26.07/50	5.91

The results in Table 3a present the respondents' mean family adaptability scores. The overall mean score of 26.07 out of 50 indicates a structure to flexible level in the circumflex model, reflecting mid-range or fairly balanced family type. The highest means course highlights children's involvement in discipline, family leadership, and consideration of suggestions in resolving conflicts.

**Table 3b.***Distribution of the respondents according to level of family Adaptability (n = 305)*

Level of Family Adaptability	<i>f</i>	%
Structured (20-24)	117	38.4
Very Flexible (30-50)	85	27.9
Flexible (25-29)	76	24.9
Rigid (10-19)	27	8.9
Total	305	100

*Legend: Rigid (10-19), Structured (20-24), Flexible (25 – 29), Very Flexible (30-50)*

The findings of Table 3b showed the distribution of respondents according to level of family adaptability. This indicates that many were raised in households with clear roles and rules while allowing some adaptability, reflecting Filipino values of paggalang, utang na loob, and pakikisama.

**Table 4.**

*Distribution of mean responses on transcultural nursing care competence, specific indicators (n=305)*

Items	Mean	SD
<b>Cultural Knowledge</b>		
I can use examples to illustrate communication skills with clients of diverse cultural backgrounds.	3.41	0.65
I am familiar with health or illness-related cultural knowledge or theory.	3.39	0.65
I can list the methods or ways of collecting health-illness, and culture-related information.	3.33	0.65
I can compare the health beliefs among clients with diverse cultural backgrounds.	3.39	0.68
I can easily identify the care needs of clients with diverse cultural backgrounds.	3.27	0.70
I can explain the possible relationship between the health/illness beliefs and culture of the clients.	3.32	0.69
<b>Overall Mean Cultural Knowledge</b>	3.35	0.51
<b>Cultural Skills</b>		
I can teach and guide other nursing colleagues about the differences and similarities of diverse cultures.	3.31	0.74
I can teach and guide other nursing colleagues about planning nursing interventions for clients from diverse cultural backgrounds.	3.24	0.70
I can teach and guide other nursing colleagues about the communication skills for clients from diverse cultural backgrounds.	3.24	0.71
I can explain the influence of cultural factors on one's beliefs/behavior towards health/illness to clients from diverse ethnic groups.	3.26	0.66
To me collecting information on each client's beliefs/behavior about health/illness is very easy.	3.20	0.73
I can teach and guide other nursing colleagues about the cultural knowledge of health and illness.	3.30	0.72
I can teach and guide other nursing colleagues to display appropriate behavior, when they implement nursing care for clients from diverse cultural groups.	3.36	0.68
I can explain the influence of culture on a client's beliefs/behavior about health/illness.	3.32	0.72
When implementing nursing activities, I can fulfill the needs of clients from diverse cultural backgrounds.	3.27	0.66
I can establish nursing goals according to each client's cultural background.	3.31	0.69
When caring for clients from different cultural backgrounds, my behavioral response usually will not differ much from the client's cultural norms.	3.26	0.78
I can use communication skills with clients of different cultural backgrounds.	3.37	0.74
<b>Overall Mean Cultural Skills</b>	3.29	0.54
<b>Cultural Sensitivity</b>		
I usually actively strive to understand the beliefs of different cultural groups	3.57	0.77

I usually discuss differences between the client's health belief/behavior and nursing knowledge with each client.	3.45	0.74
<b>Overall Mean Cultural Sensitivity</b>	3.51	0.71
<b>Overall Mean Transcultural Nursing Care Competence</b>	3.38	0.51

The findings in Table 4 indicated a level of transcultural nursing care competence with an overall mean score of 3.38, demonstrating a very high level of competence. This implied that most student nurses believed they were capable of providing culturally appropriate and sensitive nursing care to meet the diverse cultural needs of their patients.

**Table 5.**

*Relationship between Family Cohesion and Transcultural Nursing Care Competence*

Variables	Transcultural Nursing Care Competence			
	Cultural Knowledge	Cultural Skills	Cultural Sensitivity	Overall Transcultural Nursing Care Competence
Family Cohesion	$r = .259^{**}$ (p = 0.000)	$r = .198^{**}$ (p = 0.001)	$r = .176^{**}$ (p = 0.002)	$r = .242$ (p = .000)

*\*\*.* Correlation is significant at the 0.05 level (2-tailed)

The results in Table 5 showed the relationship between family cohesion and transcultural nursing care competence, with the correlation coefficient of  $r = .242$  and a p-value of .000, showing a statistically significant relationship. This implied that higher family cohesion was associated with higher transcultural nursing care competence, although the relationship was weak, suggesting that other factors may influence the development of this competence.

**Table 6.***Relationship between Family Adaptability and Transcultural Nursing Care Competence*

Variables	Transcultural Nursing Care Competence			
	Cultural Knowledge	Cultural Skills	Cultural Sensitivity	Overall Transcultural Nursing Care Competence
Family Adaptability	$r = .291^{**}$ (p = 0.000)	$r = .248^{**}$ (p = 0.001)	$r = .229^{**}$ (p = 0.00)	$r = .299^{**}$ (p = .000)

*\*\*.* Correlation is significant at the 0.05 level (2-tailed).

The results presented in Table 6 indicate the relationship between family adaptability and transcultural nursing care competence, showing a significant positive but with correlation, implying that higher family adaptability is associated with higher competence. The subdomain's cultural knowledge, cultural skills, and cultural sensitivity also showed significant positive relationships with family adaptability.

#### 4. Summary of Finding

The study revealed that the majority of the respondents were female student nurses, while male students comprised a smaller portion of the sample. In terms of year level, Level 2 and Level 4 had the highest representation, whereas Level 3 had comparatively fewer respondents. The findings suggest that women make up the majority of nursing students.

The degree of family adaptability among student nurses was organized. Most families allowed only minor changes in responsibilities, maintaining clearly defined leadership, roles, and rules. Despite the fact that some responses fit into the very flexible and flexible categories, the general conclusions show that families operate in stable environments with controlled changes and within an organization.

Moreover, the majority of respondents fell into the separated category when it came to family cohesion. Participation in common activities and full attendance at events were less frequent, even though they had reported closeness and mutual support and had valued family together. This suggested that although there had been an emotional bond, there had not been many chances to deepen communication.

In addition, student nurses had shown a moderate to high level of transcultural nursing care competency. The highest level was reached by cultural sensitivity, which was followed by cultural knowledge. The lowest level was reached by cultural skills. It was suggested that while students had cultural awareness and knowledge, they still needed to improve their practical application of culturally appropriate nursing interventions.

Cultural knowledge, cultural skills, cultural sensitivity and overall competence were all significantly correlated with family cohesion, which demonstrated a strong positive relationship with transcultural nursing care competence. All of its domains showed a significant correlation with family adaptability, and also showed a significant positive relationship with transcultural care competence. These results demonstrated that greater

adaptability and family ties had a positive impact on transcultural nursing care competency.

#### 5. Conclusion

The study concludes that female student nurses made up the majority of respondents. Level 2 and level 4 had the highest participation rates, suggesting that year levels were fairly evenly represented. The majority of the respondents were categorized as separated in terms of family cohesion and came from structured families in terms of adaptability, indicating stable family systems with emotional ties but fewer shared family activities.

In terms of transcultural nursing care, student nurses showed a moderate to high level of competency. Cultural sensitivity ranked highest, followed by cultural knowledge, while cultural skills indicated the need for additional practice. Overall, the results showed a positive correlation between family cohesion, family adaptability and transcultural nursing care competence, suggesting that supportive and flexible family environments help student nurses become more culturally competent.

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