

The Effects of Work Characteristics, Supervision, and Cultural Competence on Nurses' Burnout

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Abstract

This study examines the effects of work characteristics, superior supervision, and cultural competence on nurses' burnout. Controlling the effects of work characteristics and supervision, this study focuses on the effects of cultural competence influencing nurses' burnout. Participants in the study are nurses who are working at six small- and medium-size hospitals under 400 beds, which multicultural patients usually use, located in Seoul and Gyeonggi-do. The data were collected by the measure of cultural competence developed in Korea, and the standardized measures of burnout, workload, role ambiguity, and superior supervision. The statistical analyses include descriptive statistics of respondents' general characteristics, correlation analysis of relationships between variables, and hierarchical regression analysis of the effects of precedent variables on work burnout. The result of hierarchical regression shows that role ambiguity, subcategory of work characteristics, is positively related to burnout, and that supervision has no impact on burnout. In addition, it indicates that cultural competence (cultural knowledge and skill, cultural awareness, cultural attitude) is a statistically significant variable predicting burnout, and that the effect of cultural attitude is the largest among subcategories of cultural competence. The significance of this study is that it lays the foundation for nurses' cultural competence by examining the effects of nurses' cultural competence on burnout. Since work-related competence is not a choice but a must, more diverse education should be provided to improve nurses' cultural competence for multicultural patients.

Keywords: *cultural competence, burnout, workload, role ambiguity, supervision*

1. Introduction

Work burnout has been a major issue of organizational management because burnout is the result of negative attitude and behavior of helping professionals such as nurses, counselors, and social workers. In particular, since burnout has negative effects on job satisfaction and leads to turnover intention [1], many studies have been conducted to identify the causes of burnout and seek ways to prevent it. Major factors affecting burnout are work-related factors, organizational factors, and superior-related factors. This study focuses on the precedent factors influencing burnout, including work characteristics (workload, role ambiguity), cultural competence, and superior supervision. As cultural competence is regarded as an important competence of effective nurses in multicultural Korean society, the center of attention in this study is the effect of nurses' cultural competence on burnout.

Effective implementation and organizational performance require competence in wide

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range of skills. Especially cultural competence, which utilizes the diversity of patients and cultural components in the process of nursing practice, is regarded as an essential competence of healthcare professionals, as Korea enters the line of multicultural society. According to 2012 social index, the number of immigrants in Korea exceeded 1.4 million, and continues its upward trend. The main problem with the rapid increase of married immigrants and foreign workers is whether public service organizations and helping professionals are equipped with cultural competence to provide effective services to multicultural clients. Cultural competence should be one of the most important professional competence of nurses because they have to provide rapidly increasing multicultural patients and their families with quality human services. The more important reason is that the lack of cultural competence can lead to job stress and burnout, and finally to a decline in the service quality of nurses [2].

Although cultural competence is needed to help patients and clients with diverse cultural backgrounds effectively, there is a skeptical view that it is nearly impossible to gain perfect cultural competence [3]. Despite the skepticism, the reason this study pays special attention to the importance of cultural competence is that the inability of employees to make clients and patients better can lead to cynical attitude and burnout [4-5]. In previous studies, work characteristics variables (such as workload, role ambiguity, and role identity) have been suggested as factors influencing burnout. However, because competence is a precondition to effective role, it is needed to examine the relationship between cultural competence and burnout empirically.

Since most previous studies of nurses' cultural competence mainly focused on the precedent factors of cultural competence, the study on the effects of cultural competence on organizational behavior is rare. However, cultural competence is not only a result influenced by precedent factors, but also a precedent factor influencing the quality of service and work attitude. Therefore, it is essential to examine the effects of cultural competence on nurses' work attitude.

The main purpose of this study is to examine the effects of cultural competence on nurses' burnout, controlling the effects of precedent factors of burnout identified by previous studies. This is based on the importance of competence and work attitude in the quality of nurses' work. According to previous studies, work characteristics, such as heavy workload and role ambiguity, increase burnout, and support from superior and organization reduces burnout. However, this study analyzes the relationships between cultural competence and nurses' work attitude empirically, going beyond previous studies which are mainly focused on current state of cultural competence and its precedent factors.

2. Research Issues

This study examines the current state of nurses' cultural competence and burnout, and then explores how nurses' cultural competence affects their work burnout. Three main research issues are:

- 1) Examines the current state of nurses' cultural competence and work burnout.
- 2) Identifies the effects of nurses' work characteristics and superior support on burnout.
- 3) Analyzes the effects of cultural competence on burnout, controlling the effects of nurses' work characteristics and superior support.

3. Theoretical Background

3.1. Cultural Competence

One definition of competence is: “Competence is a particularly useful descriptor for professional practice, because it not only includes the expertise to perform a function but also suggests the capability to translate that expertise into useful actions.”[6]. Therefore, nurses’ cultural competence is essentially required in multicultural Korean society, because it means a skill which nurses should acquire to nurse multicultural patients effectively.

There are several definitions of cultural competence, but they include something in common. According to NASW, “Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals and enable the system, agency, or professionals to work effectively in cross-cultural situations.[7] Campinha-Bacote, (1996) defined cultural competence as "a process, not an end point, in which the nurse continuously strives to achieve the ability to effectively work within the cultural context of an individual, family or community from a diverse cultural/ethnic background.”[8]. And according to Shchim et al. (2005), “cultural competence is the incorporation of personal experience with cultural diversity (fact), awareness (knowledge), and sensitivity (attitude) into everyday practice behaviors. Competence behaviors are learned from personal exposure and experience with people from diverse groups, awareness of individual and group similarities and differences, and sensitivity to self and others. Healthcare providers are not expected to achieve complete cultural competence, but, rather, that they strive to match their competencies to the specific populations, subgroups, and individuals with whom they work” [9].

Based on these definitions, Choi (2012) suggests that cultural competence as a process consists of various subcategories such as cultural diversity, cultural sensitivity, cultural awareness, cultural attitude, cultural knowledge, cultural skill, and cultural behavior. It also suggests that cultural competence is an essential element for the practices of helping professionals, and that it can be expanded through practice process by continuous development of sensitivity to others’ cultures, multicultural awareness, attitude aspect of competence, and multicultural knowledge and skill [10]. The conceptual framework of cultural competence differs among scholars, but common concepts are cultural attitude, cultural awareness, cultural skill and cultural knowledge. Cultural attitude means the understanding of one’s cultural conditioning that affects personal belief, value, and attitude toward culturally diverse people [11]. Cultural awareness is defined as the process of conducting a self-examination of one’s own biases toward other cultures and the in-depth exploration of one’s cultural and professional background [12]. Cultural skill is the ability to conduct a culturologic assessment (to systematically examine beliefs, values, and practices of individuals, groups, and communities), and to determine health care needs within the cultural context. Cultural knowledge refers to knowledge of integrated systems of learned behavior that are characteristic of members of groups (for example, what a specific group of people may think, say, do, make, *etc.*), as well as their system of attitudes, feelings, and values [13].

The studies of cultural competence in Korea have targeted at teachers and social workers. The study of nurses’ cultural competence is beginning recently. Most previous studies of cultural competence focused on the precedent factors influencing the competence. However, since the competence of human service professions is inseparable from the quality of service, it is necessary to pay attention not only to precedent factors affecting competence but also to the resulting effects of competence. Choi’s comparative analysis of cultural competence of helping professionals shows that cultural competence of nurses is relatively lower than that of

social workers, teachers, and social welfare public officials, and emphasizes the importance of cultural competence [10]. Because inability to adapt to organizational change and lack of competence can lead to negative attitude and cynical response, the fulfillment of competence is indispensable.

3.2. Work Characteristics

Workload means the quantity of performance required for a specific work [14]. That is to say a share of responsibility, and heavy workload means a higher degree of workload. Heavy workload is widely recognized to be a major precedent factor which influences work-related stress and burnout, and organizational support and supervision are recognized to be factors which buffer burnout and job stress and influence organizational commitment [15]. Role ambiguity refers to a lack of necessary information at a given organizational position. Especially it is related to the clarity of authority, time, responsibility, and goal [16].

The studies of work characteristics indicate that heavy workload and role ambiguity significantly affect job stress and result in burnout. Therefore, appropriate division of workload and the clarity of role can reduce job stress and finally prevent burnout. Theoretically, burnout results from a situation of chronic imbalance in which the job demands more than the organization can give and provides less (resources) than the individual needs. Excessive workload occurs when an employee perceives that he or she has too many tasks to do in a period of time. Many studies reported excessive workloads contribute to burnout, in particular, emotional exhaustion [17-18].

Burnout can result from strain due to excessive workload. According to a research, excessive workload has significant positive correlations of anxiety, frustration, and health symptoms [19]. Previous research findings support that workload in nurses predicts negative mental health outcomes [20] and distress reaction in nurses [21]. Also, high workload is a direct antecedent of negative psychological outcomes, including frustration, burnout [22]. When nurses experience an increase in workload, there should be an increase in their emotional exhaustion, cynicism, and anger, resulting in an increase in distress. Thus excessive workload will eventually be emotionally exhausted and burnout. On the grounds of these findings, this study identifies the effects of nurses' workload and role ambiguity on work burnout, and suggests some implications for the management of organizational members.

3.3. Superior Supervision

Educational support and superior supervision are major organizational supports to improve workers' professional capacity. As supervision helps the subjects of supervision react to their needs, sufficient supervision should be provided so that nurses can optimize their professional abilities in hospitals. Supervision from superior nurses can improve front line nurses' professional growth, work attitude, ethical sensitivity, and nursing capacity [23]. Supervision is not limited to techniques, but includes whole range of professional competence such as attitude, ethics, and values. According to empirical studies, a group of nurses who received supervision have significantly low level of burnout [24]; supervision is an effective measure to reduce nurses' high stress and burnout [25]; supervision affects such positive attitude of organizational members as organizational commitment, and is an important factor influencing empowerment [26-27]; those who lack supervision tend to show more cynical and negative attitude and have higher level of burnout [25]. In conclusion, supervision can increase positive attitude (such as organizational commitment) and reduce negative attitude (such as burnout).

There have been lots of discussions that supervision influences worker's capacity positively, but empirical research which provides evidence of how much superior supervision

improves subordinate's competence is very rare. Kadushin(1992)found that supervision can reduce and prevent distress and burnout because emotional aspect of supervision reduces member's stress and job satisfaction[28]. The studies on the effects of supervision on subordinate's job satisfaction, burnout, and competence are under way.

3.4. Burnout

Burnout is a state of emotional, mental, and even physical exhaustion, expressed as listlessness, indifference, or frustration. Clearly, the greatest consequence of negative stress for the organization is reduced productivity. Overstressed employees are apt to call in sick, miss deadlines, take longer lunch breaks, and show indifference to performance [29]. Burnout can also be understood as the final stage of mental or physical exhaustion, where the individual is no longer able to cope with the job [30].

Choi and Chang(2013) summarized previous studies of burnout as follows. First, targets of burnout studies are helping professionals, and burnout is studied with relationships with their organizational characteristics [1]. Major targets are nurses [31], teachers [32] counselors [33], social workers [34], and their relationships with organizational environments. Second, burnout is a dependent variable influenced by precedent variables as well as an independent variable influencing other variables. Previous studies indicate that individual characteristics, work characteristics, and organizational characteristics influence burnout, and that burnout influences job dissatisfaction, job stress, and turnover intention [35]. Third, important precedent factors influencing burnout are work characteristics (such as workload, role conflict, and role identity) and organizational environment characteristics (such as organizational support).

Previous studies identified role ambiguity and workload as major work-related factors influencing burnout. In addition, support from organization and superior was emphasized as an important element to reduce the effects of burnout. Recently, declined self-confidence, stress, and negative emotion, which are caused mainly by lack of competence, began to receive wide attention.

Well (2000) argues that not only nurses' clinical practices but also cultural mentors are important factors to develop nurses' cultural competence [36]. Supervision has positive effects on nurses' clinical. Superior supervision which includes not only knowledge but also relationships and support affects burnout as well as competence [24-25]. Human service workers' lack of individual competence leads to such negative emotions as dehumanization and cynical attitude toward patients and clients [5], and psychological and emotional job stress [37].

4. Research Method

4.1. Hypothesis

The main hypotheses of the study, focused on the factors affecting nurses' burnout, are as follows:

Ha: Work characteristics affect nurses' burnout.

Hb: Superior supervision affects nurses' burnout.

Hc: Nurses' cultural competence affects nurses' burnout, controlling work characteristics and superior supervision.

4.2. Sampling

Nurses who are working at six small- and medium-size hospitals under 400 beds, located

in Seoul and Gyeonggi-do, participated in this study. 187 survey questionnaires among 200 distributed were collected, and 182 were analyzed. The survey was conducted from June to July in 2011. The questionnaire included measures such as socio-demographic characteristics (age, education, multicultural education, length of employment, foreign language skill) and major precedent variables (workload, role ambiguity, superior supervision).

4.3. Measure

4.3.1. Work Characteristics

The workload was measured by the measure developed by Hackman and Oldham[38] and used by Yoon [39]. The role ambiguity was measured by modified version of the measure developed by Rizzo *et al.*, [40] and reported with validity in Korea. The measure consists of 3 items and is 5-point Likert scale. High score means heavy workload.

4.3.2. Supervision

The superior supervision was measured by the Job Descriptive Index developed, by Smith, Kendall, and Hulin [41], and used by Lee [42]. 7 items include job support, recognition, fair evaluation, and discretion. High score means that superior supervision is positive. Reliability is .87 and validity is .54~.81.

4.3.3. Cultural Competence

The cultural competence was measured by the measure developed by Choi (2010) for helping professionals [43]. The measure consists of such 5-point subcategories as cultural awareness (5 items), cultural attitude (8 items), cultural knowledge and skill (20 items). High score means that cultural awareness and cultural attitude are positive and the level of cultural knowledge and skill is high. In Choi's study (2010), Cronbach's alpha was .78 (cultural awareness), .89 (cultural attitude), .95 (cultural knowledge and skill), and validity was secured. Cultural awareness includes items asking whether multicultural clients are treated equally as same members or whether they are treated differently but diversity of clients is recognized as strengths. Cultural attitude consists of items asking value-neutral attitude, trust development, information provision, sympathy development, and consistent attitude. Cultural knowledge and skill includes overall knowledge and skill required in multicultural practices, such as data collection, learning, skill development, and application.

4.3.4. Burnout

The burnout was measured by the MBI measure, developed by Maslach and Jackson (1981) [44] and researched by Choi (1995)[45]. Twenty-two items consist of emotional exhaustion (9 items), dehumanization (5 items), and reduced sense of accomplishment (8 items). Reliability is .73~.83. The question is how often you feel at work: from nothing (0) to feel everyday (6). High score means high level of burnout. In Choi's study (1995), Cronbach's alpha was .87; in this study, it is .82.

4.4. Ethical Consideration

In order to reinforce research ethics, the protection of secret by law and the right to reject survey were notified, and the questionnaires were submitted unsigned and collected personally by survey researchers.

4.5. Analysis of Data

The analysis of the data was conducted by using SPSS 18.0. The data analysis includes descriptive statistics of respondents' general characteristics, correlation analysis of relationships between variables, and hierarchical regression analysis of the effects of precedent variables on work burnout.

5. Results of the Study

5.1. General Characteristics of Respondents and Work Characteristics

Almost all of respondents are omen except one man (0.5%). Average age was 30.6; average length of employment was 88.0 months; and average length of employment at current hospital was 54.3 months. 74% (133) graduated from community college, and 26% (46) graduated from college or universities. Regarding foreign language skill which is a personal competence related to multicultural clients, only 14% (24) had sufficient foreign language skill. 81.6% experiences of multicultural work and 35.2% are now in charge of multicultural patients. The most often contacting patients were foreign workers (54.5%), married immigrate women (26.9%), and children of multicultural families (15.8%). The nurses who received multicultural education within two years were only five. 93.9% of nurses did not work with workers of different race and ethnicity, and 6.2% (11) of nurses worked with workers of different race and ethnicity. 31.7% responded that translation services for clients were provided, and only 21.3% said that work guidelines related to multicultural work were provided.

These results show that personal and organizational readiness to increase nurses' cultural competence in multicultural Korean society is not high. Even though more than 80% nurses have experience of nursing multicultural patients, most nurses did not receive multicultural education. In addition, foreign language education, translation service, and multicultural work guideline are not well-prepared.

Table 1. General Characteristics of Respondents

Characteristics	Categories	n(%)	Mean(\pm SD), Min-Max
Gender	Male	1(0.7)	
	Female	181(99.4)	
Age (years)	25 \leq	45(25.4)	30.6(\pm 7.0), 21-54
	26-30	61(34.50)	
	31-40	53(29.9)	
	41 \geq	18(10.20)	
Education	College	133(74.3)	
	University	43(24.0)	
	Master's degree	3(1.7)	
Clinical career in current hospital (years)	1 \leq	38(21.1)	6.44(\pm 4.21), 1.7-8
	2-3	53(29.4)	
	3-5	37(20.6)	
	6 \geq	52(28.9)	

Clinical career in total hospital. (years)	3≤	51(28.3)	54.3(±53.5), 0.3-312
	3-5	28(15.6)	
	5-10	55(30.5)	
	10≥	46(25.6)	
Foreign language ability	Not possible	151(86.3)	
	Possible	24(13.7)	

Table 2. Work Characteristics

Characteristics	Categories	n(%)
Multicultural work experience	current	63(35.2)
	past	83(46.4)
	no experience	30(16.8)
	otherwise	3(1.6)
Main caring patients*	immigrant married women	68(26.9)
	foreign worker	138(54.5)
	children of multicultural family	39(15.8)
	otherwise	7(2.8)
Multicultural education time (N=15)/ per year	average time	0.99hour
Multicultural colleague	no	167(93.8)
	yes	11(6.2)
Support of Organization	translation service	58(31.7)
	homepage service	10(5.5)
	staff education	11(6.0)
	work guidance	39(21.3)

* multiple choice

5.2. Descriptive Statistics and Correlations

The results of descriptive statistics of major variables are shown in Table 3. Nurses' workload is relatively heavy (mean=3.54). Role ambiguity is not high (mean=2.87). Superior supervision is about average (mean=3.45). Among cultural competence, cultural awareness is relatively high (mean=3.74), but cultural knowledge and skill is relatively low (mean=2.73). Among job burnout, emotional exhaustion is highest, and depersonalization and diminished personal accomplishment follow emotional exhaustion. Correlations between variables are shown in Table 4.

Table 3. Descriptive Statistics of Variables

Variables	N	Mean	SD	Min	Max	
Workload	182	3.54	.67	1.33	5.00	
Role Ambiguity	182	2.87	.71	1.22	4.67	
Supervision	182	3.45	.67	1.00	5.00	
Cultural competence	Cultural awareness	182	3.74	.57	2.20	5.00
	Cultural attitude	182	3.49	.48	2.25	4.88
	Cultural knowledge and skill	182	2.73	.43	1.55	4.05
	Total	182	3.32	.39	2.24	4.19

Job Burnout	Emotional exhaustion	182	3.34	.94	.67	5.44
	Depersonalization	182	2.24	1.18	00	5.40
	Diminished personal accomplishment	182	1.89	.79	00	3.88
	Total	182	2.57	.72	0.27	4.55

Table 4. Correlations Between Variables

	Role Ambiguity	Supervision	Cultural awareness	Cultural attitude	Cultural knowledge and skills	Burnout
Workload	.458***	-.055	-.075	-.035	.076	.199**
Role Ambiguity		-.265**	-.202*	-.159*	-.002	.300**
Supervision			.212**	.276**	.133	-.199**
Cultural awareness				.562***	.290**	-.249**
Cultural attitude					.402***	-.274**
Cultural knowledge and skill						.012

*p <.05, **p <.01, ***p <.001

5.3. The Results of Hierarchical Regression Analysis

The regression model of the precedent factors affecting cultural attitude does not have any multicollinearity problems. Hierarchical regression analysis was used to identify variables affecting burnout. Model 1 which analyzes the effects of work characteristics shows that workload does not account for burnout, but that role ambiguity has statistically significant effects ($\Delta R^2=.07$, $P<.001$). Model 2 which includes superior supervision shows that the effects of superior supervision affecting burnout are relatively small ($\Delta R^2=.08$, $P<.001$). Model 3 shows that cultural competence (cultural knowledge and skill, cultural awareness, cultural attitude) is a statistically significant variable predicting burnout ($\Delta R^2=.277$, $P<.001$). However, superior supervision which significantly affects burnout in Model 2 does not have significant effects in Model 3. In addition, the result indicates that nurses who think that they have cultural competence have lower level of burnout.

The results of analysis show that Ha (the effects of work characteristics on nurses' burnout) is supported partially. While workload does not have effects on job burnout, role ambiguity has positive effects on job burnout. Hb (the effects of superior supervision on burnout) is rejected. Hc (the effects of cultural competence on burnout) is supported. Nurses who have cultural competence toward multicultural patients have lower level of burnout. Specifically, nurses who have higher cultural attitude and cultural awareness have lower level of burnout.

The result of this study shows difference from previous studies. Unlike previous studies which found that nurses' workload affects burnout, this study shows that workload does not have effects on burnout. In addition, this study shows that superior supervision does not have significant effects on burnout. This result is different from Berg *et al.*'s study (1994) which found that nurses who received supervision had significantly low level of burnout. However,

because nurses' cultural competence affects burnout, the result of this study is same as Abraham's organizational cynicism study(2000) which found that workers who were unable to adapt to changes and lacked capability had negative attitude toward organization.

Table 5. The Result of Hierarchical Regression Analysis

	Model 1		Model 2		Model 3	
	B	t	β	t	β	T
Workload	-.06	-1.07	-.042	-.79	.09	1.85
Role Ambiguity	.28	5.71***	.24	4.51***	.18	3.81***
Superior Supervision			-.11	-1.98*	-.05	-.98
Cultural Knowledge and Skill					-.17	-2.34*
Cultural Attitude					-.34	-3.58***
Cultural Awareness					-.17	-2.33*
R^2	.076		.084		.287	
Adjusted R^2	.071		.078		.277	
Constant	1.66		2.11		4.16	
F	17.55		3.92		40.32	
F Sig.	.000		.048		.000	

*p <.05, **p <.01, ***p <.001

5. Discussion and Implications

The purpose of this study is to examine the effects of nurses' work characteristics, superior supervision, and cultural competence on burnout. As nurses' cultural competence is essentially required to provide effective nursing services for marriage immigrant women, their families, and foreign workers, this study attempts to empirically analyze the effects of nurses' cultural competence on burnout. Despite the fact that cultural competence is a qualification which helping professionals should fulfill in multicultural Korean society, the reality is that cultural competence is not sufficiently understood and lack of cultural competence contributes to significant job stress. Unlike previous studies which focused mainly on the effects of work characteristics and organizational characteristics on burnout, this study examines the effects of nurses' cultural competence on burnout, focusing on nurses who are working at hospitals multicultural patients usually visit.

Current organizational education and support for cultural competence are not sufficient to deal with multicultural patients effectively. Among 182 respondents, only 15 nurses had experiences of multicultural education, even just one hour a year. Despite this poor condition, more than 80% of nurses have contacted multicultural patients. Because the importance of cultural competence in the quality of face-to-face relationships cannot be overemphasized, a new educational structure needs to be established in order to cultivate cultural attitude that can exclude prejudices or discrimination and develop acceptance and understanding [46].

The results of this study show that cultural competence is a significant factor affecting nurses' burnout. After controlling the effects of work characteristics and superior supervision which were identified by previous studies, hierarchical regression analysis of cultural competence shows that cultural competence has statistically significant effects on nurses'

burnout. Especially, nurses' cultural attitude toward multicultural patients has more effects than cultural awareness or cultural knowledge and skill.

On the basis of major findings of empirical data analysis, this study suggests some strategies to enhance the quality of nursing in multicultural society. First, previous studies indicate that nurses' burnout is higher than any other healthcare professionals, and that nurses' work characteristics affect burnout. As this study shows, nurses' workload does not have statistically significant effects on burnout, but role ambiguity has statistically significant effects on burnout. Therefore, more detailed actions need to be taken to enhance nurses' role clarity, for example, more thorough job analysis and rational, clear division of work.

Second, the importance of superior supervision as a part of organizational support should be its role in supporting nurses' growth, rather than its direct effects on nurses' burnout. The effort to reduce and mediate nurses' burnout is an important strategy to improve the quality of nursing. As an effective strategy to mediate nurses' burnout, clinical supervision has been suggested. Since 1990s, many studies of supervision have been applied to the field of nursing in the United States. In addition, the system to enhance work-related ability through superior support and supervision should be strengthened, because supervision has some educational impact.

Third, study on the cultural competence of healthcare professionals in Korean multicultural society is just beginning. Since work-related competence is not a choice but a must, more diverse education should be provided to improve nurses' cultural competence for multicultural patients.

The significance of this study is that it lays the foundation for nurses' cultural competence by examining the effects of nurses' cultural competence on burnout, unlike previous studies which mainly focused on the precedent factors affecting nurses' cultural competence. With diverse viewpoints and approaches, more in-depth discussions of the ways to enhance nurses' cultural competence are urgently needed in Korean multicultural society.

This study focuses on the importance of nurses' cultural competence and positive work attitude in Korean multicultural society. One limitation of the study is that more relevant variables affecting burnout might be included in the design of research. Another is that the issue of how to enhance cultural competence was not dealt with sufficiently for lack of space. Considering these limitations, further studies on the effects of work-related competence on nurses' burnout need to be continued and expanded.

References

- [1] S. Y. Choi, and H. S. Chang, "A Study on the Relationships among Work Characteristics, Burnout, and Turnover Intention of Social Workers Working in Multicultural Family Centers", *Journal of Community Welfare*, vol. 43, (2012), pp.291-318.
- [2] S. Y. Choi and K. S. Kim, "The Effects of Cultural Competence on Nurses' Burnout", *Advanced Science and Technology Letters*, vol. 47, (2014), pp. 300-304.
- [3] K. D., Kim, "Social Philosophical Analysis of Critical Discourses on the Cultural Competence". *Korean Journal of Social Welfare*, vol. 3, no. 3, (2011), pp. 239-260.
- [4] A. E. Reichers, J. P. Wanous., & Austin T. T., "Understanding and managing cynicism about organizational change", *Academy of Management Executive*, vol. 11, no. 1, (1997), pp. 48-59.
- [5] R. Abraham, *Organizational Cynicism: Bases and Consequences*, Genetic, Social, and General Psychology, Monographs, vol. 26, no. 3, (2000), pp. 269-292.
- [6] A. M. Morales. and B. W. Sheafor, "Social Work: A Profession of Many Faces. 7th ed", Allyn and Bacon: MA (1997).
- [7] National Association of Social Workers, *Cultural competence in the social work profession*, "In *Social work speaks: NASW policy statements*", Washington, DC: NASW Press, (2000).
- [8] J. Campinha-Bacote, T. Yahle, M. Langenkamp, "The challenge of cultural diversity for nurse educators", (1996).
- [9] S. M. Schim, A. Z. Doorenbos, and N. N. Borse, "Cultural Competence among Ontario and Michigan

- Healthcare Providers”, *Journal Of Nursing Scholarship*, vol. 37, no 4, pp. 354-360, (2005).
- [10] S. Y. Choi, “A Study on the Antecedent Factors Affecting Helping Professions' Cultural Competence-Focusing on Social Workers, Teachers, Nurses, and Social Work Civil Servants”, *Korean Journal of Social Welfare*, vol. 64, no. 2, (2012), pp. 5-29.
- [11] D. W. Sue, “Multicultural Social Work Practice”, John Wiley & Sons, Inc. (2006).
- [12] J. Campinha-Bacote, “*The process of cultural competence in the delivery of healthcare services*”, Retrieved January 8, 2007, <http://www.transculturalcare.net/>, (2006).
- [13] Y. S. Kim-Godwin, N. Pamela, Clarke, L. Barton, “A model for the delivery of culturally competent community care”, *Journal of Advanced Nursing*, vol. 35, no. 6, (2001), pp. 918-25.
- [14] R. D. Caplan and K. W. Jones, “Effects of workload, role ambiguity, and type A personality on anxiety, depression, and heart rate”, *Journal of Applied Psychology*, vol. 60, (1975), pp. 713-719.
- [15] G. Koeske, and R. D. Koeske, “Work Load and Burnout: Can Social Support and Perceived Accomplishment Help?”, *Social Work*, vol. 3, no. 3, (1989), pp. 243-248.
- [16] H. G. Rainey, “*Understanding & Managing Public Organization. 2nd Ed.*”, CA: Jossey-Bass (1997).
- [17] E. Greenglass, R. J. Burke, & R. Konarski, “Components of burnout, resources and gender-related differences”, *Journal of Applied Social Psychology*, vol. 28, (1998), pp. 1088-1106.
- [18] M. P. Leiter, “Coping patterns as predictors of burnout: The function of control and escapist coping patterns”, *Journal of Organizational Behavior*, vol. 12, (1991), pp. 123-144.
- [19] P. E. Spector, “Interactive effects of perceived control and job stressors on affective reactions and health outcomes for clerical workers”, *Work and Stress*, vol. 1, (1987), pp. 155-162.
- [20] P. Tyler, & D. Cushway, “Stress in nurses: The effects of coping and social support”, *Stress-Medicine*, vol. 11, (1995), pp. 243-251.
- [21] K. A. Moore, “Reactions to increased workload: effects on professional efficacy of nurses”, *Applied Psychology: An International Review*, vol. 52, no. 4, (2003), pp. 580-597.
- [22] G. A. Walker, “Burnout: From metaphor to ideology”, *Canadian Journal of Sociology*, vol. 11, (1986), pp. 35-55.
- [23] M. Cleary and A. Freeman, “The cultural realities of clinical supervision in an acute inpatient mental health setting”, *Issues in Mental Health Nursing*, vol. 26, (2005), pp. 489-505.
- [24] A. Berg, & U. W. Hansson, & I. R. Hallberg, “Nurses' creativity, tedium and burnout during 1 year of clinical supervision and implementation of individually planned nursing care: comparisons between ward for severely demented patients and a similar control ward”, *Journal of advanced nursing*, vol. 20, no. 4, (1994), pp. 742-749.
- [25] D. Edwards, P. Burnard, B. Hannigan, L. Cooper, J. Adams, T. Juggessur, A. Fothergil, & D. Coyle, “Clinical supervision and burnout: the influence of clinical supervision for community mental health nurses”, *Journal of Clinical Nursing*, vol. 15, no. 8, (2006), pp. 1007-1015.
- [26] K. A. Chun, “A Study on the impact of supervision of staff who works for the senior welfare center on social worker empowerment”, Master degree, Chung-Ang University, Seoul, (2006).
- [27] C. Sarah, “The power of supervision in child welfare services”, *Child & Youth Care Forum*, vol. 33, no. 5, (2004), pp. 313-327.
- [28] A. N. Kadushin, “*Supervision in Social Work*, Columbia University Press, NY”, (1992).
- [29] C. H. Deutsch, “Winning the Battle against Burnout”, *The New York Times*, (2006), August 27, sec. 3, p.5.
- [30] K. Gaines, Larry and L. John, Worrall, “*Police Administration. Clifton Park*”, NY: Delmar (2012).
- [31] E. R. Greenglass, R. J. Burke and R. Fiksenbaum, “Workload and Burnout in Nurses”, *Journal of Community & Applied Social Psychology*, vol. 11, (2001), pp. 211-215.
- [32] K. Nagar, “Organizational Commitment and Job Satisfaction among Teachers during Times of Burnout”, *VIKALPA*, vol. 37, no. 2, (2012), pp. 43-60.
- [33] A. Kirk-Brown and D. Wallace, “Predicting Burnout and Job satisfaction in Workplace Counselor: the influence of role stressors, job challenge, and organization knowledge”, *Journal of Employment Counselling*, vol. 41, (2004), pp.29-37.
- [34] H. Kim, J. Ji and D. Kao. Burnout and Physical Health among Social Workers: A Three-Year Longitudinal Study”, *Social Work*, vol. 56, no. 3; pp. 258-268, (2011).
- [35] S. Jayaratne and W. Chess, “Job Satisfaction and Burnout in Social Work: A National Survey”, *Social Work*, vol. 29, no. 5, (1984), pp. 448-453.
- [36] M. I. Wells, “Beyond Cultural Competence: A Model for Individual and Institutional Cultural Development”, *Journal of Community Health Nursing*, vol. 17, no. 4, (2000), pp. 189-199.
- [37] S. J. Kim, M. S. Choi and K. W. Sung, “Variables Affecting Competency of Nurses in Nursing Homes”, *Journal of Korean Gerontological Nursing*, vol. 12, no. 1, pp. 29-39, (2010).
- [38] J. R. Hackman and G. R. Oldham, “Development of Job Diagnostic Survey”, *Journal of Applied Psychology*, vol. 60, (1975), pp. 159-170.
- [39] G. S. Yoon, S. Y. Kim, “Influences of job stress and burnout on turnover intention of nurses”, *Journal of Korean*

- Academy of Nursing Administration, vol. 16, no. 4, (2010), pp. 507-516.
- [40] J. R. Rizzo, R. J. House, & S. E. Lirtzman, "Role Conflict and Ambiguity in Complex Organizations," Administrative Science Quarterly, vol. 19, no. 6, (1970), pp. 150-16.
- [41] P. C. Smith, L. M. Kendall, & C. L. Hulin, "The Measurement of Satisfaction in Work and Retirement", Chicago: Rand McNally, (1969).
- [42] E. J. Lee, "A study of the Vocational Rehabilitation Effects on the Job Satisfaction", Unpublished Master's dissertation, Yonsei University of Korea, Seoul, (1993).
- [43] S. Y. Choi, "A Study on the Development of Cultural Competence Measure for Helping Professions", Journal of Community Welfare, vol. 2, no.26, (2010), pp. 23-53.
- [44] C. Maslach and S. E. Jackson, "The Measurement of Experienced Burnout", Journal of Occupational Behavior, vol. 2, (1981), pp. 91-113.
- [45] H. Y. Choi, "The Study of Effects on Social Workers' Burnout: Focused on Welfare centers and Hospitals", Master degree, Yonsei University, Seoul, (1995).
- [46] S. Y. Choi and Kim, K. S., "Factors Influencing Cultural Competence of Helping Professionals in Multicultural Korean Society: An Empirical Analysis Comparing Cultural Attitude of Social Workers and Nurses", Journal of Convergence Information Technology, vol. 8, no.14. (2013), pp. 297-303.

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