



## ENHANCING CULTURAL COMPETENCE IN NURSING: THE IMPACT OF TRANSCULTURAL TRAINING PROGRAMS ON NURSING STUDENTS IN KARACHI, PAKISTAN

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### Abstract

**Introduction:** The demand for basic culturally competent care has increased with the internationalization and diversification of the world. However, this research focuses on analyzing how effective the transcultural curriculum is in Karachi, Pakistan. This study aimed to assess the effectiveness of a modified transcultural training program on the cultural competence of nursing students in Karachi.

**Methodology:** Employing a second qualitative approach, this experience-based study seeks to understand the participants' knowledge through five focus group discussions and five in-depth interviews with 30 participants.

**Results:** Analysis indicated a positive change in qualitative disposition, where students' cultural competence enhanced their communication, cultural understanding, and appreciation. Concerning the study's findings, the study stresses the need for culturally appropriate nursing education for increased patient satisfaction.

**Keywords:** Keywords: cultural competence, transcultural training, nursing education, qualitative methods, healthcare, Pakistan

### 1- Introduction

Culturally competent nursing care has become necessary as the world becomes a global village with differences in internationalization and diversification (Berger & Miller, 2021). This research is an ethnographic study about Pakistani nursing students' cultural competence learning experiences in Karachi, Pakistan's cultural melting pot city. Students face challenges in dealing with their patients from disparate cultural backgrounds with different systems of beliefs, practices, and protocols. Although there appears to be a need for cultural competency in health, the nursing education system in Karachi did not have standardized transcultural training intervention. This gap raised other significant questions concerning the ability of nursing students to attend to patient care needs and treat patients within the framework of health disparities access. Curricula currently in use by schools

offering nursing courses fail to frequently include systematic approaches to instill cultural responsiveness in the students (Abrons et al., 2019). Instead, miscommunication, lack of organization within service delivery, and communication breakdown between patients and providers were rife. The lack of such training affected the quality of care delivery and bounced back on the patient's confidence and satisfaction. Most prior studies, including Abrishami (2018) and Bai et al. (2020), underscored the necessity of including cultural competence in training nurses, though there remains insufficient data available in Pakistan. This research was designed to help fill these gaps by examining the cultural competence of nursing students in Karachi. The study assessed their competence in terms of culture, and this is where the weaknesses were made known to them. Moreover, it explored how culturally competent training was implemented into those existing nursing education programs. Thus, this analysis offered insight into existing curricular gaps and an opportunity to learn about improvements to embrace.

The study also aimed to evaluate the efficacy of a developed transcultural training intervention in increasing the cultural sensitivity of the sample of nursing students. In this intervention, the study wanted to assess the effectiveness, including how the intervention influenced factors that affected the interactions with patients and understanding of the various cultures of patients when being treated, and finally, how she delivered care as expected by the patient's cultural beliefs. Furthermore, this research established obstacles that might hamper the efficient delivery of transcultural training and suggested ways to overcome the challenges. Cultural competence has been identified conclusively as a construct of nursing education across the globe as it gives healthcare workers the prowess to handle patients from different backgrounds and cultural diversity (Banks et al., 2019). With healthcare organizations experiencing a shift to become diverse, multicultural organizations, the need for offering cultural competency training has gained importance, especially in countries such as Pakistan, where cultural diversity poses implications for the delivery of healthcare services. Nevertheless, cultural competence in nursing education still receives only fragmented attention; gaps concerning curriculum and teaching/learning approaches and support structures have been identified.

The study draws on Campinha-Bacote's (2002) Cultural Competence Model, which emphasizes five key constructs: cultural sensitization, cultural competence, cultural contact, cultural appeal, and cultural aptitude. Several strategies have been advanced to facilitate this model in establishing cultural competence, including self-assessing, gaining cultural wisdom, and enforcing that wisdom in patient relations. The Purnell model of Cultural Competence also presents the client system and cultural presuppositions to the healthcare environment with a specific focus on embracing the belief systems of the client system (Purnell, 2014). These theoretical models help him understand that cultural competence is a multifaceted concept and should be included in nursing education. Over the years, the literature has reported that nursing education lags in preparing culturally competent healthcare providers. The literature review has revealed that traditional curricula in nursing education establish epistemology in technical motivational clinical skills with weak periphery on interpersonal and intercultural communication skills (Bauce, Kridli & Fitzpatrick, 2018). In Pakistan, few resources, poor training, and no model curricula consider cultural differences. When nursing students are in clinical practice in Pakistan, they are not adequately prepared to handle cultural competency, hence compromising cultures, language barriers, and outcomes among patients (Hussain & Afzal, 2015).

Training programs based in other countries have indicated increased cultural competence among practitioners. Chang, Guo, and Lin (2017) concluded that nursing students who had practiced cultural competence training had more potent communication abilities, and their attitude toward other people and cultural differences had improved likewise. They have comparable findings with Choi and Kim (2018), who stressed that students preferred techniques, including role-play and mock learning scenarios, also called experiential learning, to enhance their cultural competence. Unfortunately, in Pakistan, there is very scant data on how effective this concept of transcultural training is. Chun et al. (2021), while assessing the factors in patient satisfaction, also emphasized the importance of appropriate and cultural nursing education. The studies they conducted were that, by delivering culturally suitable care, factors that prevent clients from accessing health services could be reduced,

as well as patient-provider interactions. However, the requirement of such training and subsequent practice was perceived as facing challenges without specialized faculties and institutional support. At a conceptual level, several systems' issues elucidate why cultural competencies have not become a reality of the component of nursing education in Pakistan. For instance, there is always the issue of language because while most patients speak regional languages, the nursing students find it challenging to comprehend what the patients are saying (Creswell & Plano Clark, 2017). In addition, because of time execution difficulties, the curriculum provided to the nursing students only incorporated a flexible applicability of the competence about the issues of diversity in nursing practice (Ding et al., 2020). Issues that surround the current approach to nursing education are worsened by generated resistance from educators and peers and require a shift in the nursing profession paradigm. This paper highlights why culturally competent education for nursing is essential in determining health inequalities and advocating fairness in health provision. A study by Betancourt et al. (2016) saw that clients who first accessed health-based services in culturally competent ways showed the best results in satisfaction, trust, and adherence to recommended measures. Cultural competence helps healthcare providers understand their patients better and provide better solutions to the issue through attitude change (Doroudgar et al., 2021). In the authors' view, the results reveal that cultural competence training improves perceptions and interactions among the healthcare sector staff. Positive attributes of this kind lie at the basis of the presented aspects of the effects of culture on patient health, especially for a city in Pakistan, Karachi, which is considered one of the most ethnically diverse cities in the country.

Nursing education programs must endeavor to assume a more comprehensive strategy to close the gaps identified above in cultural competence training. Evgin & Muz (2021) affirm the integration of cultural competence into the mainstream curricula of nursing rather than including it as an extra credit option. Group activities, including case analysis, simulations, and community-based projects, carry long insights and prove sufficient challenges of applying theoretical concepts in solving problems. Moreover, programs for faculty development should be promoted so that educators can prepare to contribute to students' understanding of cultural differences (Purnell, 2014). The study highlights the importance of transcultural training for nursing students to enable them to adhere to culturally sensitive education and practice. As evidenced by studies from across the world, such programs are helpful, but implementation in nursing education in Pakistan is still lacking considerably. Reducing prejudice and using best practices in curriculum development improves the cultural receptiveness of nursing students and, thus, the quality of patients they will be managing. This review advocates for more research on how other, more inventive approaches to cultural competence training implementation and evaluation can be applied in low-resource contexts. By addressing these issues, the research intends to equip nursing students with the competencies for handling multicultural healthcare delivery systems to enhance patient satisfaction, health equity, and quality of care delivery. The study aimed to follow the following research questions:

- How effectively do existing nursing education programs prepare them to interact with culturally diverse patient populations?
- How does a developed transcultural training program impact the cultural competence of nursing students in Karachi, Pakistan?

## **2- Material and Methods**

The study entailed the use of a research method to analyze the effectiveness of the transcultural training program on nursing students in Karachi, Pakistan. A qualitative method was considered appropriate to offer an enriched understanding of participants' experiences, views, and feelings towards the training program and the extent to which it has prepared them to manage cultural diversity in the health sector. This approach allowed for flexibility in capturing the nature of the phenomenon that interested the researchers, as well as the variability of human experience instead of data, as per Mearns and Grove (2015). An interview approach was used to capture the nursing students' views on the transcultural training program. This approach was designed to help identify and investigate

participants' meanings or self-observations of their cultural sensitivity and the program in question. Using an inductive approach to the data analysis, the research questions arise from the collected data. The participants could express their ideas without limitations set in advance by the researchers. This design was beneficial in analyzing features of the phenomenon in the multicultural setting, such as the phenomenon of cultural competence.

## **2.1 Sampling Strategy**

In this study, purposive sampling was used non-probability, where participants who would be helpful to the study and could provide valuable data were identified. These criteria maximized the chances of enrolling nursing students with different levels of exposure to transcultural training and data demographic background. Sample selection for the study was done in consultation with the key informant and using a purposive sampling technique. Participants were selected because they were registered and recognized nursing educational institutions in Karachi, Pakistan, and they were willing to be part of the study. Convenience sampling was also used to target students from easy-to-reach facilities, and referrals from the first participants were obtained through snowball sampling. Specific inclusion criteria: (a) must be actively involved in a nursing program; (b) join the study voluntarily; (c) be willing and able to speak to the research team during focus group discussions and, or interviews. The other excluded groups were students on leave, learners who never consented, and those who could not undertake any interview or discussion as required. These criteria made it possible to get a representative sample and measure the sample variables with high reliability and validity.

## **2.2 Data Collection and Analysis**

The study relied on two primary data collection methods: focus group discussions (FGDs) and individual in-depth interviews. These methods yielded considerable qualitative information since the participants could coherently elicit thoughts, feelings, and experiences. Semi-structured interviews were held with focal groups comprising nursing students who completed the transcultural training program. The groups included members 6-8 and were selected purely from the population, excluding students with disabilities, but included a relatively diverse demographic and educational level. The interviews were conducted semi-structured, in which participants were asked to describe the weekly program's impact on cultural competence training. Group members were informed about the aim and process of the discussions, codes of conduct, and measures taken to achieve anonymity. They were assured of confidentiality and told they were free to withdraw from the study without explanation. These discussions were said or planned to be held in an environment that is neither threatening nor too familiar to encourage the participants to express their views freely. Suggested topics included cultural awareness, difficulties experienced in multicultural encounters, and impressions about the efficiency of the training program.

Thus, all the specific questions were addressed in the individual interviews, while focus group discussions offered a more general field of questioning. The nursing students who post-transcultural training program were asked to give semi-structured interviews. It also allowed for gathering more detailed information on the attitudes of every participant and receiving information that can be useful in group discussion. The interviews were semi-structured in form, and since the respondents were allowed to give their opinions without restrictions, their answers were elaborative. These comprise each participant's background knowledge of cultural competence issues, changes the training program brought about in their competencies and perceptions, and challenges experienced during the training. All the interviews were videographed and audio-clipped with informed consent from participants, and the data was transcribed word by word for further analysis.

Information that was gathered from the FGDs and interviews was analyzed using thematic analysis; this was in the form of consensus building, where consensus was determined by patterns found within data. The analysis followed Braun and Clarke's (2006) six-step framework: Getting to know the data, identifying initial codes, introductory search for themes, revisiting the themes, defining and labeling the themes, as well as writing the final report. The first was to immerse and embed one into the data

by a process of reading and re-reading the data transcripts. The first step was to identify key phrases and ideas and categorize codes that are similar into various tentative themes. These themes were then used to make minor modifications and then checked to determine whether or not they captured the data set appropriately. The final themes were identified regarding the research aims and reflected participants' focus and the effects of the program on the cultural understanding of the participants.

### **3- Results and Discussions**

Initiated by the exploration of the quantitative data, the transcultural training program in Karachi, Pakistan, showed some of the following findings on nursing students' perspectives. The findings were categorized into four key themes as follows:

#### **Theme 01: Initial Awareness of Cultural Competence**

Subjects were found to have different levels of awareness of cultural competence at the onset of the study. All but one of the nursing students interviewed confessed that before their exposure to the transcultural training program, their knowledge of cultural sensitivity was reduced to a mere understanding of tolerance of other people's cultures. Some of them stated that their nursing education was characterized by technical and clinical content, and little attention was given to cultural competencies. Another common theme noted by the participants was how they confront cultural differences in a clinical context. A participant said: "Once I found myself quite confused, for example, how would I greet this patient?" I was afraid to make some sort of social blunder." Experiences of such like-minded or similar nationals reinforced the lack of preparation that the trainees had before their posting and the lack of clear cultural competence teachings. In support of previous studies, this theme established that there is little awareness of cultural competence in the nursing curriculum created (Ali et al., 2023).

#### **Theme 02: Perceived Impact of the Training Program**

The transcultural training program effectively empowered the participants' cultural sensitivity in the knowledge skills and attitude domains. The participants expressed enhanced multicultural self-reevaluation and cross-cultural awareness, and the program provided structures for analyzing multicultural information. Another student said, "That training was eye-opening for me as to how culture plays a role in things to do with health and stuff." These understandings affirm Campinha-Bacote's (2002) concern that structured education improves cultural understanding. In the aspect of skills, students reported appreciation of the following improvements: more efficient communication and the ability to start cross-cultural conversations with patients. Increased self-assurance was another common misconception, with one respondent saying, "Now I know how not to scare a patient away through a wrong question." This is consistent with other studies, such as that conducted by Farooqui et al., (2023), who also noted that in interactivity, enriching training communication skills was crucial. Besides, the program helped participants develop embodied prosocial attitudes and respect for multiculturalism. Students exchanged their ideas from conventional multiculturalism to multiculturalism as a frame for learning. These findings are in harmony with the research carried out in different countries to reflect that transcultural practices improve patient-centered care.

#### **Theme 03: Barriers to Cultural Competence Development**

Participants did, however, note several limitations that could have stifled the realization of the program in developing their cultural competence. One issue that repeatedly emerged was the lack of time for the training, which many students noted as a factor that inhibited their ability to imbibe and rehearse the concepts fully. When one of the participants was asked what he or she thought about the training, the individual said, "It was informative but seemed too compressed." We require an extra day to interact with the subject matter. This is in line with the study undertaken by Khelifa and Mahdjoub (2022), who closely pointed out that enough time is qualitatively important in achieving lasting changes in the approach to cultural competence.

Other issues highlighted included language differences, whereby participants were equally challenged in responding to patients using regional accents and dialects or unfamiliar languages. It was frequently followed by miscommunication and hampered the ability to provide culturally appropriate treatment, as Li et al. (2020) discuss multilingualism in multicultural healthcare environments. Finally, there were conflicts arising from various stakeholders' resistance to change; this stereotyped our peers and faculties, making the change on culturally sensitive practices hard to adopt. Of course, one student noted, 'Not all the participants paid attention to the training.' Some of them doubted the need for it. These findings also call for concern about the difficulties highlighted by Liu et al. (2022) regarding cultural competence implementation into the nursing education system. These conclusions provide a clear indication that further work is required to ensure cultural competence training becomes an ongoing focus for nursing courses as well as to break down the organizational structures that continue to hinder progress in this area.

#### **Theme 04: Recommendations for Program Improvement**

The participants provided rich feedback to supplement the nomothetic understanding for increasing the effectiveness of the transcultural training program; participants pointed to the more realistic amendments that can increase the preparedness of the nursing students for multicultural healthcare organizations. For example, the respondents would suggest that the duration of the program should be increased; more emphasis should be placed on practical learning. To fill the gap between concept knowledge and clinical experience, Students stressed the need for skill interaction coupled with real-life drilled mock-ups such as role plays. Another participant said, "Perhaps what is required is case studies, simulations or playbacks, and physical demonstrations of what has been learned]." This accords with Liu et al. (2022), who have emphasized the importance of the usage of experience as a means of enhancing diversity understanding. A final measure recommended in the research project was the incorporation of cultural competence training as part of the introductory nursing course, not as a separate course. Some of the pts that patients noted were that It is more effective since the concepts will be reinforced from time to time as they go through their school systems. This approach correlates with the current recommendation by nursing education programs, which supports comprehensive and simultaneous teaching methods (Ali et al., 2023). The study establishes that the transcultural training program effectively boosted the cultural competency of the nursing students, arming them with enough knowledge as well as a disposition that would enable them to handle any cultural environment they encounter at the workplace. Such advancements suggest the need for the program to address the identified cultural issues affecting nursing students in Karachi and promote fairness in healthcare provision.

However, the barriers discussed above show that there is more to the concept of spanning cultural competence training in RCN environments. Solving these problems implies changes in the curriculum, personal development of the faculty, and enhanced institutional focus. Based on the results of the study, the author concludes that the results support research from other countries stressing the need for culture in nursing. By extending these perceptions to the Pakistani population, this study adds to the vast literature for support to culturally appropriate nursing education. The thematic analysis highlighted that the transcultural training program made a positive impact in enhancing the level of cultural competence among nursing students but, at the same time, helped unveil the program's practical challenges due to structural factors. To overcome these challenges, measures such as curriculum integration, training duration, and faculty development must be taken to improve the quality of the program. Hence, the following conclusion Emerges from these study results, which carry significant implications for nursing education in Pakistan and underscore the centrality of cultural competence in creating a patient-centered orientation. Achieving cultural competence enhances the capacity of nursing students in Karachi to address the healthcare needs of a culturally diverse population and improve the nursing practice model.

#### 4- Conclusion and Recommendations

This paper brought into focus the need to adopt transcultural training programs to increase the cultural literacy of nursing students in Karachi, Pakistan. Thus, in the context of the growing diversity of the healthcare environment, the work demonstrated that despite the low cultural competence of students in the absence of training, the program influenced the changes in knowledge, skills, and attitudes positively. The participants expressed enhanced competence as per the responses: They saw a significant improvement in learning cultural practices, verbal communication skills, and developing patience with patients of different backgrounds. Promoting Structured Cultural Competence Training: Implications for Closing Deficiencies in Nursing Education and Eliminating Disparities. However, the research also established several factors that hinder the achievement of the best results. Limitations due to the training time and language and cultural differences were the significant issues identified by the researchers. Students requested a longer duration of training and the inclusion of practical elements like dramatizations, and simulations of realistic conditions to the learning process. Furthermore, the absence of cultural competence training in some or most of the core curricula in nursing schools, as well as inadequate faculty preparation, negatively impacted the program. These issues suggest that future research needs to provide a better and more comprehensive model of cultural competence for the process of nursing education.

The research underlined that a properly balanced cultural competence program is crucial for preparing future nurses to provide culturally sensitive, patient-centered care in the multicultural context of Karachi. Minor would agree with this statement, but although this study is beneficial, there is always room for more exploration. Only cross-sectional survey designs were identified in this research; therefore, more research is needed in the future, especially employing longitudinal designs to evaluate the long-term effects of cultural competence training concerning the practice of nursing. It would be helpful to compare the efficacy of different training paradigms in various contexts of practice to derive some comparative assessment. Furthermore, understanding the views of patients who receive care from culturally trained, culturally preferred nurses may give the researchers a comprehensive view of the effects of the program on patient outcomes and satisfaction. Moreover, subsequent research should examine organizational characteristics related to the enhancement of cultural competence training, such as the readiness of the faculty to deliver training on culture, available resources, and institutional encouragement. Studying the potential of the applied forms of utilizing the latest technologies like simulation-based learning and the concept of virtual reality in delivering transcultural training also let the authors discover new opportunities for the further development of nursing education.

The research presented in this paper has important implications for policy and curriculum considerations. Regarding Pakistan, cultural competence should be given special emphasis in the instruction of nursing education courses. Unique approaches in faculty development should be taken to prepare teachers to assist students to succeed in multicultural settings. Institutions should also provide adequate time and resources for transcultural training and adopt practical training approaches since they must incorporate a consistent development of competencies. In this research, the significance of transcultural training programs as an approach to accustom nursing students to diverse cultural practices was established. To reduce the influence of such barriers and increase the range of training, it is possible to develop changes in nursing education in Pakistan. Subsequently, future studies should extend from these results in constructing novel, enduring, and culture-sensitive strategies for cultural competence training which will eventually translate into modifying otherwise prejudiced and inequitable structuring of healthcare systems.

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