

# Effectiveness of Nursing Cultural Competency in Improving Healthcare Care Delivery in Diverse Populations including Ethnic Minorities: An Integrative Review

Reem Ali Alsharari <sup>1</sup>, Hanadi Ibrahim Alofi <sup>2</sup>, Fawziah Alrashedi <sup>3</sup>,  
Omamh AL-Rashedi <sup>4</sup>, Azizah Albelewi <sup>5</sup>, Majed Sayyah Aljohni<sup>6</sup>,  
Ohud alazhari <sup>7</sup>, Hanan Alharbi <sup>8</sup>, Eman Hafidhi <sup>9</sup>, Amr A Mariee <sup>10</sup>

1. *Specialist-Cardiovascular Nursing., Gurayyat Cardiac Center in General Gurayyat Hospital  
City: Gurayyat-Aljouf, Saudi Arabia*
2. *Nursing specialist at AlHanakiah General Hospital, AlMadinah, AlHanakiah, Saudi Arabia*
3. *Cardiovascular Nursing Specialist in Hail Cardiac Center .Hail Saudi Arabia*
4. *Nursing technician at king Fahad hospital ,Al Madinah Almonawrah, Saudi Arabia*
5. *Nursing specialist at king Fahd hospital at Al Madinah ,Saudi Arabia*
6. *Radiology Technician at king Fahad Hospital, Al madina Al monawara , Saudi Arabia*
7. *Nursing specialist at king Fahd hospital at Al Madinah ,Al madina al monawara, Saudi Arabia*
8. *Nursing specialist at uhod hospital at Al Madinah Saudi Arabia*
9. *Registered Nurse, Department of operation room , king Khaled eye specialist Hospital,  
Kingdom of Saudi Arabia*
10. *Assistant Lecturer of Nursing Administration, College of Nursing, Lotus University, Minya, Egypt*

## **Abstract**

**Aims and objectives:** The aim of this study is to evaluate the effectiveness of nursing cultural competency in enhancing healthcare delivery, communication, and patient outcomes among diverse populations, including ethnic minorities while addressing health disparities and promoting equitable, culturally sensitive care.

**Background:** Research on cultural competency has expanded across disciplines in an effort to better serve diverse communities via healthcare. Research in the field of nursing has utilized this study to investigate how cultural competence, understanding, and sensitivity enhance patient-centered care, particularly for members of underrepresented groups.

**Design:** Research that met the criteria was included after searching PubMed and CINAHL. All of the articles that were considered had data extracted from them, and themes were formed using this data.

**Results:** Patient outcomes, communication, and trust are all enhanced when healthcare providers are culturally competent. Effective but underutilized systemic initiatives include cultural safety and interpretation services.

**Conclusions:** Cultural competence is crucial in healthcare delivery due to the increasing prevalence of diverse cultures. The results demonstrate that healthcare providers value cultural competence and employ practical cross-cultural strategies, such as interpretation services, with due regard.

**Relevance to clinical practice:** Improving communication, trust, and patient outcomes via cultural competency is the focus of this research with practical implications.

## **Keywords**

Effectiveness, Nursing, Cultural, Competency, Improving, Healthcare, Care, Delivery, Diverse, Populations, ethnic, minorities

## **1 | INTRODUCTION**

Estimates show that minorities will make up half of the US population by 2050, and, sadly, current healthcare practices continue to show racial and ethnic disparities (Calhoun-Parker, 2023). To address the healthcare demands of diverse populations, personalized methods are necessary. Due to a lack of access to preventative care and treatment for chronic disorders, minorities have higher rates of emergency department visits, health outcomes, and the likelihood of getting cardiovascular disease, diabetes, cancer, and mental illness (Nair, and Adetayo, 2019). Management roles supporting low-income communities are disproportionately filled by people of color, and even when people from historically under-represented groups reach executive positions, they often receive lower incomes (Joo & Liu, 2021).

These healthcare inequities and gaps must be addressed immediately. Executives at the highest levels of an organization are being sought out to make cultural competence a top priority (Kersey-Matusiak, 2024). More and more research is showing that cultural, linguistic, and ethnic factors significantly affect healthcare quality and patient outcomes. For instance, patient safety events—instances that may have injured the patient—are more common among minority patients than among the general population (Chauhan et al., 2020).

## **2 | BACKGROUND**

Research on cultural competency has expanded across disciplines to better serve diverse communities via healthcare. Research in the field of nursing has utilized this study to investigate how cultural competence, understanding, and sensitivity enhance patient-centered care, particularly for members of under-represented groups. To provide culturally competent care that respects patients' beliefs, values, and needs, nursing has built on this foundational study to establish training frameworks and practices. Nursing education, practice, and research on health disparities in different communities can be guided by understanding the development of cultural competence research.

### **2.1 | Cultural Competency Research**

It is well acknowledged that building cultural competence among nursing students is crucial, and cultural competence development can play a role in this (Majda et al., 2021). Culturally competent healthcare providers can effectively treat patients from a wide range of cultural backgrounds by tailoring their approach to each individual's cultural norms, values, practices, and circumstances (O'Brien et al., 2021). As a whole, cultures are becoming more diverse, which is great for economic and social development but can be difficult for host nations. Inequality and prejudice in several domains can emerge as a result (Ho, and Oh, 2022). Nonetheless, healthcare access disparities remain a global problem, influenced by national policies and legislation as well as individuals' socioeconomic and legal standing (Hilty et al., 2020). To address these inequalities, traditional recipient nations have been striving to establish cultural competency in healthcare institutions (Arruzza, & Chau, 2021). Fewer and various obstacles prevent CLDP from utilizing healthcare services compared to host populations (Kula et al., 2021). This issue is exacerbated by the structure and complexity of healthcare systems, as well as by language and cultural barriers, discrimination, and legal restrictions on access to specific health treatments (Kersey-Matusiak, 2024). Interactions between these groups and individual characteristics such low health literacy, lack of employment, stigma fear, language barriers, and differences in health beliefs and practices are common (Handtke, & Schilgen, and Mösko, 2019:

Brottman et al., 2020). Cultural competency, defined as the ability of healthcare providers to successfully deliver healthcare that meets the social, cultural, and linguistic needs of their patients, appears to be the lynchpin in increasing the involvement of consumers from ethnic minority groups (Ogundipe, Hylton, and Alexander, 2023).

## **2.2 | Nursing Cultural Competency Research**

Nurses from various civilisations encounter patients from diverse cultural backgrounds with unique cultural demands as a result of cultural variety brought about by globalisation and international migration (Sharifi, & Adib-Hajbaghery, and Najafi, 2019; Lin, and Hsu, 2020). A significant obstacle to providing appropriate care is cultural diversity. Disparities in care may arise when nurses are ill-prepared to interact with patients of diverse cultural backgrounds, which can strain their interactions with those patients and lead to negative outcomes for everyone. The ability to effectively communicate across cultural boundaries is thus in high demand around the globe (Marja, and Suvi, 2021). Nurses are more able to forgive their patients for harmful behaviours when they empathise with them and have a thorough comprehension of their emotions and worries (Zarei et al., 2019). Conversely, it stands to reason that more empathy for patients could result from a high degree of cultural competency. As a foundation for developing compassionate communication between the two sides, culturally competent care leads to positive results including increased provider-client communication (Tran, 2024). Personal qualities that contribute to one's competence in the work include one's knowledge, abilities, social role, self-image, characteristics, and motivations. Nurse education programs' efficacy has been tested using competency as an assessment metric (Hughes et al., 2020). As new infectious illnesses arise and healthcare-associated infections (HAIs) continue to grow, infection management in hospitals has become increasingly important (Kim, and Kang, 2024). In the United States, these disparities in mental health persist despite attempts to address racial and ethnic disparities in healthcare. A national study involving over 200,000 individuals examined disparities between Whites, Blacks, Asians, and Hispanics in mental health care. The findings showed that the gap between Blacks and Whites increased from 8.2% to 10.8%, and between Hispanics and Whites from 8.4% to 10.9%. (McGregor et al., 2019). Numerous studies have shown the positive effects of culturally competent healthcare providers. To support the delivery of fair and effective care for all populations, including ethnic minorities, it is necessary to have a better knowledge of how nurses acquire and implement cultural competency in varied clinical contexts.

## **2.3 | Conceptual Frameworks in Nursing Cultural Competency**

The construct of cultural competence has received much attention in the psychological [1,2]; rehabilitation [3–5]; nursing [6–8]; and public health, educational and health professions literature [9,10], due in part to the increased diversity of the population in developed countries. In the USA, the most recent census figures suggest that about 30% of the population is of non-European Caucasian descent and that people of colour are becoming numerical majorities in some of the largest cities [11]. Practitioners like nurses, doctors, psychological and vocational rehabilitation counsellors and physical and occupational therapists are more likely than ever before to encounter individuals from diverse ethnic backgrounds in their practice. The construct of cultural competence has received much attention in the psychological [1,2]; rehabilitation [3–5]; nursing [6–8]; and public health, educational and health professions literature [9,10], due in part to the increased diversity of the population in developed countries. In the USA, the most recent census figures suggest that about 30% of the population is of non-European Caucasian descent and that people of colour are becoming numerical majorities in some of the largest cities [11]. Practitioners like nurses, doctors, psychological and vocational rehabilitation counsellors and physical

and occupational therapists are more likely than ever before to encounter individuals from diverse ethnic backgrounds in their practice

As a result of the growing variety in industrialized nations, the concept of cultural competency has been extensively studied and discussed in the fields of psychology, public health, education, and the health professions (Sharifi, & Adib-Hajbaghery, and Najafi, 2019). To comprehend and implement culturally sensitive care in many healthcare contexts, nurses must possess cultural competency (Botelho, and Lima, 2020). The significance of acknowledging and resolving cultural biases and disparities, as well as incorporating patients' cultural ideas and values into healthcare delivery, is highlighted by these frameworks (Serchen et al., 2021). The goal of Leininger's Culture Care Theory, a popular paradigm, is to ensure that healthcare providers honor the cultural norms and practices of their patients (Berger, and Miller, 2021). The "ASKED" paradigm, developed by Campinha-Bacote, describes the ongoing process by which nurses gain cultural competence via increased cultural awareness, knowledge, skills, encounters, and desire (Cox, 2022). To improve patient outcomes, these frameworks direct nursing practice and education. They assist nurses in recognizing the significance of cultural sensitivity and provide them with the skills to provide appropriate care to various populations (Fabry, & McDermott, and Wilford, 2024). Examining how cultural competency in nursing might enhance healthcare delivery for various groups, particularly ethnic minorities, is the primary goal of this study. To better understand how cultural competency affects patient outcomes, as well as to develop novel approaches to nursing education, practice, and research that will help eliminate health inequalities, it is necessary to first establish what cultural competency is.

### **3 | AIM**

Nursing cultural competency has the potential to enhance healthcare delivery for varied populations, particularly ethnic minorities. This integrative study sought to identify and summarize procedures and characteristics associated with this efficacy. The identification of elements that are congruent with fundamental ideas in cultural competency frameworks was a secondary objective of this review of the literature on cultural competency in healthcare. Together with a librarian, we developed a literature search strategy to scour the nursing literature on cultural competency. Our goal was to fill in some of the gaps in our knowledge and gain a better grasp of the processes and forces at play in this area of practice. In order to accomplish this goal, we devised a set of objectives that included: (i) finding research that examined how cultural competency is applied in practice by nurses; (ii) evaluating the studies' quality; and (iii) extracting key themes from the research that shed light on how cultural competency improves healthcare for multicultural populations.

### **4 | METHOD**

To incorporate a range of research approaches, a literature evaluation was carried out using a mixed-methods approach (Nibbelink, and Brewer, 2018). The literature that was considered for inclusion in this review adhered to strict guidelines for article selection in order to provide an objective portrayal of the data (Nibbelink, and Brewer, 2018). The review's goal informed the keywords used to search databases for relevant material (Nibbelink, and Brewer, 2018). Important processes and aspects in nursing decision-making were synthesized and summarized using thematic analysis (Nibbelink, and Brewer, 2018). To guarantee that the results were consistent, it was helpful to read and reread all of the included articles. Then, to make sure that no important information was missed, study verified the material identified by thematic analysis (Nibbelink, and Brewer, 2018). This approach allows the data included in the research articles and systematic reviews that comprise this study to shed new light on the subject of nursing science.

#### **4.1 Search strategy**

In order to better understand how cultural competency in nursing might improve healthcare delivery for varied populations, including ethnic minorities, the authors defined the key terms for the systematic search. We aimed to include a wide variety of studies on cultural competence and its effects on healthcare outcomes in our search keywords so that we could collect data from a wide range of sources for this evaluation. Several databases were searched with the help of a librarian. "Cultural Competency," "Nurses," and "Healthcare Delivery" were the search phrases used to scour the PubMed database. Search criteria used in the CINAHL database included "Cultural Competency," "Nursing Practice," and "Diverse Populations." The purpose of the search was to uncover studies that discussed how nurses may put cultural competence into practice. We searched in 2024 and did not reject publications because of their release date. From 2017 to 2024, 212 articles were found with this search.

#### **4.2 | Search outcome**

The first screening eliminated 122 articles based on title and abstract, and subsequent removal of articles occurred as a result of duplication, by PRISMA recommendations. Studies published in English, addressing healthcare delivery for different communities, and an emphasis on cultural competency were the inclusion criteria for this evaluation. Research not directly addressing nursing practice, studies concentrating only on educational contexts, and theoretical frameworks without practical applicability were also considered for exclusion. Excluded from the analysis were studies that included advanced practice nurses, students, tool development, or dissertations. A total of 75 items were subsequently removed after undergoing a quality assessment. Fifteen articles covered the years 2017–2024 made up this comprehensive assessment.

#### **4.3 | Quality appraisal**

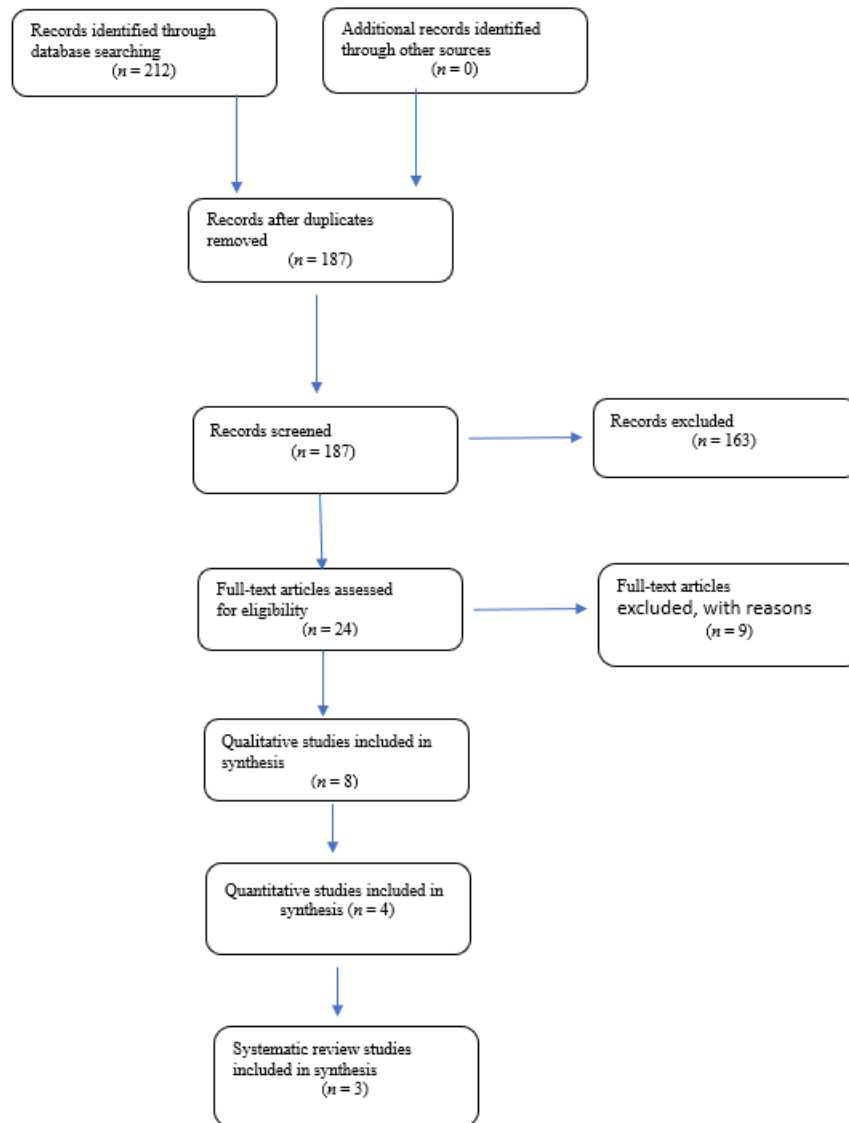
Methods specific to the studies included in this meta-analysis were used to evaluate their quality. Since there isn't a gold standard for quality evaluation, the evaluation instruments used were chosen based on how well they could assess the reliability and validity of each method (Harrison et al., 2021). A score was assigned to each article using the respective instrument, which then determined whether or not it was included in the review. Low assessment ratings led to the exclusion of eleven articles. A modified quantitative evaluation technique was developed specifically for this study and used to analyze quantitative research. Key factors included the following: patient outcomes, the use of cultural competency in healthcare delivery, response rates, data sources, validity and reliability of measuring instruments, and sampling procedures (Harrison et al., 2021).

The 10 questions that made up the qualitative evaluation tool looked at things like how well the research topic and technique were in alignment, how well the participants' voices were represented, and how well the results were in line with the data analysis. Included studies had a minimum score of 40%, whereas approved publications had ratings between 75% and 95% (Joanna Briggs Institute, 2017). To evaluate the efficacy of cultural competency in nursing in enhancing healthcare delivery across varied groups, including ethnic minorities, these assessment techniques made sure that strong and trustworthy data was included.

#### **4.4 | Data abstraction and synthesis**

Throughout this evaluation, matrices were created to help with organisation, data analysis, and topic development (Nibbelink, and Brewer, 2018). The papers were initially categorised according to the databases they were discovered in. Samples, settings, techniques, and outcomes were all detailed in the matrices used at this point. By summarising the collected literature and allowing for comparison of particular criteria including locations, samples, and methodologies,

these matrices were created (Nibbelink, and Brewer, 2018). As a second step, we used matrices that arranged the main sources according to data patterns and commonalities (Nibbelink, and Brewer, 2018). In the first stage of developing themes, there was the second matrix (Nibbelink and Brewer, 2018)The articles were analysed using a final matrix to identify themes. The material gleaned from the research articles was used to put the themes in perspective and help construct the results for this study. The last table helped find commonalities and provided evidence for the growth of themes among writers (Nibbelink, and Brewer, 2018). Finally, a new data representation was created by combining the topics from the included literature (Nibbelink, and Brewer, 2018).



**FIGURE 1 PRISMA flow diagram**

## 5 | RESULTS

### 5.1 | Samples, settings and methods

The studies that were considered have a range of 6–1345 participants. The research includes nine qualitative investigations, four quantitative studies, and five systematic literature reviews. The methodologies and other details of the included studies are provided in Tables 1-3.

The countries associated with the articles in this review were USA (7), Vietnam (2), Poland (1), China (2), Taiwan (1), Portugal (1), Greece (1), Belgium (1), Turkey (2), Spain (1), and Finland (1).

### 5.1.1 | Key findings

Nurses' cultural awareness and knowledge, the effect of cultural competency on patient outcomes, challenges to applying cultural competency in practice, training and education programs, organizational support, and nurses' attitudes towards cultural diversity are some of the themes found in this review on the effectiveness of cultural competency in improving healthcare delivery to diverse populations, including ethnic minorities. Tables 1-3 summarize the specific information of each article that was included. Nurses' cultural awareness and knowledge were the overarching subjects. This includes three subthemes: knowing how to adapt communication approaches to different populations, knowing how to grasp cultural beliefs and practices, and knowing how to recognize cultural variations in patient care. The centrality of cultural knowledge to better healthcare delivery in all contexts is emphasized by this issue.

**TABLE 1 Quantitative articles**

Publication/date/ authors	Aims/purpose	Design/methods	Context/setting/ sample	Findings
Kula et al., 2021	in order to determine if nursing students can improve their cultural competency in the event of an emergency by participating in an online culturally aware intervention.	A randomized controlled trial	72 undergraduate nursing students In the USA	Incorporating a culturally aware intervention into the curriculum using an online platform improved students' cultural competence in terms of their cognitive abilities (particularly in the areas of fundamental knowledge and comprehension), but did not affect other areas of competency.
Ho, and Oh, 2022	In order to design a cultural competency course and assess its impact on Vietnamese undergraduate dental students	mixed-methods study	Sixty-six nursing students were recruited in Vietnam	Course structure and content, as well as a variety of instructional approaches (from lecture to field experience) meant to foster students' cultural competency, were all built on the ADDIE paradigm.

<b>Tang et al., 2019</b>	In order to put a route model to the test, study will be looking at how the cultural competency of nurses affects patient satisfaction through the mediating effect of confidence in the healthcare provider.	A cross-sectional	583 hospitalized patients In China	In order to enhance patient satisfaction, interventions should be developed to enhance nurses' cultural competency, particularly in the areas of communication, trust, and shared decision-making.
<b>Majda et al., 2021</b>	expanding one's understanding, competency, and perspective on multiculturalism	A cross-sectional	130 participants in Poland	The study demonstrates that culturally relevant knowledge and intervention abilities may be effectively developed through training and workshops.
<b>Lee et al., 2020</b>	This study aims to analyze the impact of nursing school curricula and classroom environments on students' self-reported views of cultural competency and patient safety.	cross-sectional study	249 participants in the USA	Nursing care that is both safe and respectful of patients' cultural backgrounds requires nurses to have cultural competencies and training in patient safety.

**TABLE 2 Qualitative articles**

<b>Publication/date/ authors</b>	<b>Aims/purpose</b>	<b>Design/methods</b>	<b>Context/setting/ sample</b>	<b>Findings</b>
<b>Antón-Solanas et al., 2022</b>	in order to examine how a selected group of registered nurses from four European nations—Belgium, Portugal, Spain, and Turkey—perceive culture	A Qualitative Study	28 staff nurses and 11 nurse managers conducted in Belgium, Portugal, Spain, and Turkey	Culturally congruent care isn't always easy to provide because of things like language barriers, biases and stereotypes within the health care system, an ethnocentric bias,

	and how they have dealt with patients from varied cultural backgrounds				an absence of cultural competence training and education, and an unwillingness on the part of the health care system to embrace new approaches.
<b>Shepherd et al., 2019</b>	The purpose of this study is to enquire into health care workers' perceptions of culturally competent treatment, their beliefs about how their workplaces handle cross-cultural issues, their cultural competence levels, and their experiences dealing with patients from diverse cultural backgrounds.	A Study	Qualitative	56 healthcare professionals across several healthcare systems from a Mid-Western state in the United States	point to the necessity of interventions that investigate the benefits of more all-encompassing cultural competency and safety strategies, while also recognising the merit of methods based on cultural awareness.
<b>Kaihlanen, Hietapakka, and Heponiemi, 2019</b>	This study looks at how nurses feel about cultural competency training, which aims to make people more conscious of their cultural characteristics.	A Study	Qualitative	n = 20 in Finland	Participants found the training to be both informative and stimulating since it raised their level of cultural awareness among healthcare providers.
<b>Lin, Wu, and Hsu, 2019</b>	This study aims to develop a conceptual framework for describing cultural competencies as clinical nurses in Taiwan experience them.	A Study	Qualitative	A total of 30 registered nurses in Taiwan	cultural variety among patients and carers, as well as the many facets of cultural competency that nurses encounter.

<b>Hussein et al., 2020</b>	To have a comprehensive conversation on cultural competency, the study must include not only the information and abilities required at the individual and organizational levels to deliver care that is sensitive to other cultures but also	A Qualitative Study	A total of 65 registered nurses in the United States	To create culturally competent practices that are specific to the requirements of the community, it is essential to acknowledge the influence these efforts have on provider-patient interactions and their function in reducing healthcare access and delivery disparities.
<b>White et al., 2019</b>	The study aims to learn about the perspectives of both patients and medical interpreters in a crisis hospital situation who may have inadequate English ability.	A Qualitative Study	12 patients from Greek, Chinese, and Vietnamese	This study highlights the challenges of building a therapeutic connection in modern healthcare, especially in light of the increasing ethnic variety in our society.

**TABLE 3 Systematic reviews**

<b>Publication/date/ authors</b>	<b>Aims/purpose</b>	<b>Design/methods</b>	<b>Context/setting/ sample</b>	<b>Findings</b>
<b>Chae et al., 2020</b>	locate, evaluate, and compile the most up-to-date research on the impact of cultural competency training programs on the results achieved by healthcare providers and their patients.	a systematic search of published literature (ASSIA, CINAHL, Cochrane, EMBASE, Google Scholar, MEDLINE, PubMed, PsycINFO, Science Direct	(n = 6) design and were conducted in the USA	Healthcare workers' performance improved after participating in cultural competency teaching programs. Very little is known about the effects of treatments on patient outcomes, and much less is known about the amount of research that has

						evaluated these effects.
<b>Arruzza, and Chau, 2021</b>	to survey the literature on the topic and assess the efficacy of intervention measures implemented in the classroom to raise the level of cultural competency among health science undergraduates	a systematic search of published literature (ASSIA, CINAHL, Cochrane, EMBASE, Google Scholar, MEDLINE, PubMed, PsycINFO, Science Direct	(n = 10) design and were conducted in the USA			Results demonstrated that cultural competence interventions improved students' knowledge acquisition, skill performance, attitude, and overall happiness across a variety of health science fields.
<b>Tosun et al., 2021</b>	the purpose of this review is to compile and analyze data from research on transcultural nursing education programs	a systematic search of published literature (ASSIA, CINAHL, Cochrane, EMBASE, Google Scholar, MEDLINE, PubMed, PsycINFO, Science Direct	n = 1375 nursing students in Turkey			Research on the efficacy of transcultural nursing education for nursing students is limited. There was a lack of uniformity in the literature about the duration, nature, and topic of training.
<b>Osmancevic et al., 2021</b>	To catalog and evaluate, with care, the psychometric features of tools for gauging nurses' cultural competency.	a systematic search of published literature (ASSIA, CINAHL, Cochrane, EMBASE, Google Scholar, MEDLINE, PubMed, PsycINFO, Science Direct	44 studies describing 21 instruments were included in this study in the USA			If the study wanted to know how culturally competent nurses are, the study may suggest the Cultural Competence Assessment or the Cultural Competence Health Practitioner Assessment.

## 5.2 | Synthesis of findings

### 5.2.1 | Nurses' Perspectives and Experiences with Cultural Competency

Working with heterogeneous communities places a premium on cultural awareness for healthcare workers from the Mid-Western area of the USA. Effective cross-cultural care was seen to be connected with staff-endorsed practical cross-cultural techniques (such as interpretation services), which seemed to have passionate support. Study participants seldom acknowledged the concepts of systemic cross-cultural methods, such as cultural competency and cultural safety (Lee

et al., 2020; Shepherd et al., 2019). Participants found the training to be both informative and stimulating since it raised their level of cultural awareness among healthcare providers. Better communication between doctors and patients is an essential part of healthcare (Hussen et al., 2020; White et al., 2019; Kaihlanen, Hietapakka, and Heponiemi, 2019). The ADDIE model served as the basis for the cultural competence course's design, content, and pedagogy, which included a variety of methods from traditional lectures to hands-on fieldwork to help students develop their cultural competence (Ho, and Oh, 2022; Osmancevic et al., 2021).

### **5.2.2 | Cultural Awareness and Sensitivity in Nursing Practice**

The provision of culturally sensitive and high-quality healthcare services is ensured by cultural competency in the healthcare industry. Consequently, all students majoring in health sciences should prioritize developing their cultural competency. Key student outcomes, including knowledge, skills, happiness, confidence, and qualities, might be positively impacted by cultural competence education (Arruzza, and Chau, 2021). The necessity for culturally competent care, particularly during crises, has been brought to light by immigration and the rise of a heterogeneous society. Future intervention initiatives should be built upon a thorough comprehension of local preferences and requirements and should include ethnographic cultural knowledge, according to the study's findings (Kula et al., 2021; Tosun et al., 2021). Cultural variety among patients and carers, as well as the many levels of cultural competency that nurses encounter. In light of patients' subjectively diverse cultural viewpoints, these findings will aid healthcare practitioners by providing references for clinical treatment. To improve the quality of clinical care, medical organizations should provide an in-service cultural education program to enable nursing experts to develop cultural competencies that are relevant to their work with patients, take into account their unique cultural care requirements, and more (Lin, Wu, and Hsu, 2019). Although this study is exploratory, it does provide some information on the correlation between nurses' cultural competency and patients' happiness. Positive impacts on patient satisfaction were associated with nurses' cultural competency, with patient trust mediating some of this effect. To decrease avoidable medical conflicts and increase patient satisfaction, organizations should prioritize the development of culturally competent nurses and emphasize establishing reliable nurse-patient relationships (Majda et al., 2021; Tang et al., 2019).

### **5.2.3 | Impact of Cultural Competency on Healthcare Outcomes**

Continuing education to enhance the cultural competency of health workers is crucial in reducing health inequities, especially as the shift to a multicultural society gains momentum. Evidence synthesis is impeded by the treatments' and outcomes' heterogeneity. In general, health professionals' cultural knowledge, attitudes, abilities, and awareness were all improved by cultural competency training interventions (Chae et al., 2020). The idea is that healthcare systems in Europe aren't ready to provide everyone with care that is safe, fair, and culturally appropriate. Being culturally competent means being able to adjust your practice to meet the requirements of patients from all walks of life. Yet, some obstacles make it hard for these changes to be implemented in nursing practice. These include issues with language and communication, prejudice and stereotyping within the healthcare system, an inclination towards ethnocentrism, inadequate training and education in cultural competence, and a lack of support from the healthcare system to encourage new approaches (Antón-Solanas et al., 2022).

### **5.3 | Strengths and limitations**

A strength of the study is its extensive approach, which draws on a wide range of sources to find out how cultural competency in nursing enhances healthcare delivery for diverse populations, including ethnic minorities. Culturally competent care and evidence-based practice

are both enhanced by the concepts presented in this comprehensive analysis. Additionally, it highlights health disparities and offers healthcare providers practical advice to improve outcomes for different patient populations. When nurses prioritize cultural competency, they better understand and implement inclusive care practices, which in turn enhances patient-provider interactions.

#### **5.4 | Implications for practice, education, and research**

A strength of the study is its extensive approach, which draws on a wide range of sources to find out how cultural competency in nursing enhances healthcare delivery for diverse populations, including ethnic minorities. Culturally competent care and evidence-based practice are both enhanced by the concepts presented in this comprehensive analysis. Additionally, it highlights health disparities and offers healthcare providers practical advice to improve outcomes for different patient populations. When nurses prioritize cultural competency, they better understand and implement inclusive care practices, which in turn enhances patient-provider interactions.

### **6 | CONCLUSION**

Cultural competence is crucial in healthcare delivery due to the increasing prevalence of diverse cultures. The results demonstrate that healthcare providers value cultural awareness and pragmatic cross-cultural strategies like interpretation services, but they overlook cultural competence and cultural safety. Students and healthcare professionals can benefit from increased cultural competency, better knowledge and skills, and happier patients through training programs grounded in analysis, design, development, implementation, and evaluation (ADDIE) and other teaching approaches. Reducing health inequities, improving patient happiness, and preventing medical conflicts are all outcomes of cultural competence. All patients should have access to fair, high-quality treatment in the future, and efforts should concentrate on developing intervention programs that are both thorough and culturally sensitive to solve these issues.

### **7 | RELEVANCE TO CLINICAL PRACTICE**

Improving communication, trust, and patient outcomes via cultural competency is the focus of this research with practical implications. Healthcare providers may effectively handle cultural diversity by utilizing translation services, providing culturally tailored therapy, and engaging in continuous professional development. Better clinical outcomes, more equal care, and a focus on the patient are all outcomes of cultural competence.

### **CONFLICTS OF INTEREST**

The authors declare that they have no conflict of interest associated with this article.

### **REFERENCES**

- Antón-Solanas, I., Rodríguez-Roca, B., Vanceulebroeck, V., Kömürçü, N., Kalkan, I., Tambo-Lizalde, E., ... & Subirón-Valera, A. B. (2022). Qualified nurses' perceptions of cultural competence and experiences of caring for culturally diverse patients: a qualitative study in four European countries. *Nursing Reports*, 12(2), 348-364.
- Arruzza, E., & Chau, M. (2021). The effectiveness of cultural competence education in enhancing knowledge acquisition, performance, attitudes, and student satisfaction among undergraduate health science students: a scoping review. *Journal of educational evaluation for health professions*, 18.
- Berger, J. T., & Miller, D. R. (2021). Health disparities, systemic racism, and failures of cultural competence. *The American Journal of Bioethics*, 21(9), 4-10.
- Botelho, M. J., & Lima, C. A. (2020). From cultural competence to cultural respect: A critical review of six models. *Journal of Nursing Education*, 59(6), 311-318.

- Brottman, M. R., Char, D. M., Hattori, R. A., Heeb, R., & Taff, S. D. (2020). Toward cultural competency in health care: a scoping review of the diversity and inclusion education literature. *Academic Medicine*, 95(5), 803-813.
- Calhoun-Parker, D. E. (2023). *2050: Projections of Health for a Diverse Society; Individual Responsibility for the State of the Nation's Health*. Christian Faith Publishing, Inc..
- Chae, D., Kim, J., Kim, S., Lee, J., & Park, S. (2020). Effectiveness of cultural competence educational interventions on health professionals and patient outcomes: A systematic review. *Japan Journal of Nursing Science*, 17(3), e12326.
- Chauhan, A., Walton, M., Manias, E., Walpole, R. L., Seale, H., Latanik, M., ... & Harrison, R. (2020). The safety of health care for ethnic minority patients: a systematic review. *International journal for equity in health*, 19, 1-25.
- Cox, J. A. (2022). *Nurses' Perceptions of Culturally Competent Care at the Bedside* (Doctoral dissertation, Walden University).
- Fabry, L., McDermott, S., & Wilford, B. (2024). Culturally competent care for diverse populations: A review of transcultural nursing education. *Advanced Emergency Nursing Journal*, 46(3), 274-282.
- Handtke, O., Schilgen, B., & Mösko, M. (2019). Culturally competent healthcare—A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. *PloS one*, 14(7), e0219971.
- Harrison, R., Jones, B., Gardner, P., & Lawton, R. (2021). Quality assessment with diverse studies (QuADS): an appraisal tool for methodological and reporting quality in systematic reviews of mixed-or multi-method studies. *BMC health services research*, 21, 1-20.
- Hilty, D. M., Gentry, M. T., McKean, A. J., Cowan, K. E., Lim, R. F., & Lu, F. G. (2020). Telehealth for rural diverse populations: telebehavioral and cultural competencies, clinical outcomes and administrative approaches. *Mhealth*, 6.
- Ho, T. T. T., & Oh, J. (2022). Development and evaluation of cultural competence course on undergraduate nursing students in Vietnam. *International Journal of Environmental Research and Public Health*, 19(2), 888.
- Hughes, V., Delva, S., Nkimbeng, M., Spaulding, E., Turkson-Ocran, R. A., Cudjoe, J., ... & Han, H. R. (2020). Not missing the opportunity: Strategies to promote cultural humility among future nursing faculty. *Journal of Professional Nursing*, 36(1), 28-33.
- Hussen, S. A., Kuppalli, K., Castillo-Mancilla, J., Bedimo, R., Fadul, N., & Ofotokun, I. (2020). Cultural competence and humility in infectious diseases clinical practice and research. *The Journal of Infectious Diseases*, 222(Supplement\_6), S535-S542.
- Joanna Briggs Institute (2017). Checklist for Systematic Reviews and Research Syntheses. Critical Appraisal Tools. Retrieved from [http://joannabriggs.org/assets/docs/critical-appraisal-tools/JBI\\_Critical\\_Appra is-Checklist\\_for\\_Systematic\\_Reviews.pdf](http://joannabriggs.org/assets/docs/critical-appraisal-tools/JBI_Critical_Appra is-Checklist_for_Systematic_Reviews.pdf)
- Joo, J. Y., & Liu, M. F. (2021). Culturally tailored interventions for ethnic minorities: a scoping review. *Nursing open*, 8(5), 2078-2090.
- Kersey-Matusiak, G. (2024). *Delivering culturally competent nursing care: Working with diverse and vulnerable populations*. Springer Publishing Company.
- Kim, E. J., & Kang, J. (2024). Infection control nursing competency model for nurses in intensive care units: A Delphi study. *American Journal of Infection Control*.
- Kula, Y., Cohen, O., Clempert, N., Grinstein-Cohen, O., & Slobodin, O. (2021). Educating nursing students for cultural competence in emergencies: a randomized controlled trial. *BMC Nursing*, 20, 1-12.
- Kula, Y., Cohen, O., Clempert, N., Grinstein-Cohen, O., & Slobodin, O. (2021). Educating nursing students for cultural competence in emergencies: a randomized controlled trial. *BMC Nursing*, 20, 1-12.
- Lin, M. H., & Hsu, H. C. (2020). Effects of a cultural competence education program on clinical nurses: A randomized controlled trial. *Nurse Education Today*, 88, 104385.
- Lin, M. H., Wu, C. Y., & Hsu, H. C. (2019). Exploring the experiences of cultural competence among clinical nurses in Taiwan. *Applied Nursing Research*, 45, 6-11.

- Majda, A., Zalewska-Puchała, J., Bodys-Cupak, I., Kurowska, A., & Barzykowski, K. (2021). Evaluating the effectiveness of cultural education training: Cultural competence and cultural intelligence development among nursing students. *International Journal of Environmental Research and Public Health*, 18(8), 4002.
- Marja, S. L., & Suvi, A. (2021). Cultural competence learning of the health care students using simulation pedagogy: An integrative review. *Nurse Education in Practice*, 52, 103044.
- McGregor, B., Belton, A., Henry, T. L., Wrenn, G., & Holden, K. B. (2019). Improving Behavioral Health Equity through Cultural Competence Training of Health Care Providers. *Ethnicity & disease*, 29(Suppl 2), 359–364. <https://doi.org/10.18865/ed.29.S2.359>
- Nair, L., & Adetayo, O. A. (2019). Cultural Competence and Ethnic Diversity in Healthcare. *Plastic and reconstructive surgery. Global open*, 7(5), e2219. <https://doi.org/10.1097/GOX.0000000000002219>
- Nibbelink, C. W., & Brewer, B. B. (2018). Decision-making in nursing practice: An integrative literature review. *Journal of Clinical Nursing*, 27(5-6), 917-928.
- O'Brien, E. M., O'Donnell, C., Murphy, J., O'Brien, B., & Markey, K. (2021). Intercultural readiness of nursing students: An integrative review of evidence examining cultural competence educational interventions. *Nurse education in practice*, 50, 102966.
- Ogundipe, A., Hylton, D., & Alexander, P. (2023). Inclusion of cultural competence and racial awareness in nursing education: an exploration of the nurse educator role. *Nurse Education Today*, 120, 105611.
- Serchen, J., Doherty, R., Atiq, O., Hilden, D., & Health and Public Policy Committee of the American College of Physicians. (2021). A comprehensive policy framework to understand and address disparities and discrimination in health and health care: a policy paper from the American College of Physicians. *Annals of Internal Medicine*, 174(4), 529-532.
- Sharifi, N., Adib-Hajbaghery, M., & Najafi, M. (2019). Cultural competence in nursing: A concept analysis. *International journal of nursing studies*, 99, 103386.
- Shepherd, S. M., Willis-Esqueda, C., Newton, D., Sivasubramaniam, D., & Paradies, Y. (2019). The challenge of cultural competence in the workplace: perspectives of healthcare providers. *BMC health services research*, 19, 1-11.
- Tosun, B., Yava, A., Dirgar, E., Şahin, E. B., Yılmaz, E. B., Papp, K., ... & Tricas-Sauras, S. (2021). Addressing the effects of transcultural nursing education on nursing students' cultural competence: A systematic review. *Nurse Education in Practice*, 55, 103171.
- Tran, J. L. (2024). *Addressing Cultural Competency Among Health Care Providers in Home Health* (Doctoral dissertation, University of Massachusetts Global).
- Zarei, B., Salmabadi, M., Amirabadizadeh, A., & Vagharseyyedin, S. A. (2019). Empathy and cultural competence in clinical nurses: A structural equation modeling approach. *Nursing ethics*, 26(7-8), 2113-2123.