REVIEW

Challenges experienced by nurses caring for patients from different cultures: a scoping review of the literature, 2010–2020

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Abstract

Aim: Increased cultural diversity due to global migration and on-going associated healthcare disparities has highlighted the importance of culturally competent care. We sought to summarize existing knowledge and identify gaps in research linked to the cultural challenges encountered by nurses when caring for patients from different cultures. *Design:* A scoping review. *Methods:* Informed by PRISMA-ScR guidelines, we searched PubMed, ScienceDirect, EBSCO Host, Web of Science, and Google Scholar using relevant MeSH keywords for articles published from 2010–2020. We then used a 3-step data screening and extraction process to manage retrieved articles. *Results:* Initially 80 studies were identified, six of which met inclusion criteria. Thematic analysis yielded five themes: lack of cultural knowledge, language barriers, micro-racism, lack of time to attend training and provide culturally competent care, and recommendations to improve care delivery. *Conclusion:* Nurses should be proactive and advocate for the necessary education and training to provide culturally competent care so critical to providing high-quality healthcare. More research, interventional and effectiveness in particular, is needed to address common challenges such as micro-racism and to facilitate the World Health Organization and National Academy of Medicine recommendations directed at providing culturally appropriate care to promote health equity.

Keywords: communication barriers, cultural competence, cultural sensitivity, culturally competent care, education, patient care, racism.

Introduction

Increased demographic and cultural diversity due to global migration presents new challenges for healthcare professionals who have a legal, ethical, and moral responsibility to provide high-quality, equitable, culturally competent care (Prosen & Bošković, 2020). Nurses must consider the patients' cultural background to properly provide culturally appropriate care. Maňhalová and Tóthová (2016) noted that cultural competence is an essential requirement for providing culturally appropriate care. Cultural sensitivity is a prerequisite for achieving cultural competency. Elements of cultural sensitivity include respect, knowledge, understanding, awareness of self and others, non-judgmental attitude, and

effective communication (Sharifi et al., 2019), essential skills for today's nurses. Tong et al. (2021) suggest that experiential learning techniques such as nursing case sharing and role-playing should also be used in nursing education to better understand the application of transcultural nursing in clinical practice. Cultural sensitivity can increase among nurses if transcultural nursing education is included in the nursing curriculum.

Cultural Competence

Culture has been described as "that complex whole that includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society" (Tylor, 1871). Competence, according to the International Board of Standards for Training, Performance, and Instruction (IBSTPI), includes a connected set of knowledge, skills, and attitudes that 1) allows effective performance of the activities of a given profession or 2) ensures that the expected standards

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for a given profession or type of work are attained or exceeded (Richey et al., 2001).

The pioneers of transcultural nursing, Madeleine Leininger and later McFarland (2002), defined cultural competence as a specific concept under transcultural nursing and includes a specific set of skills in terms of values, beliefs about health, religion, and human philosophy. Campinha-Bacote (2002) describe cultural competence as a process in which a nurse must constantly strive to understand a patient's cultural background, including all phenomena surrounding it. According to Shen (2015), cultural competence is a lifelong and dynamic developmental process for healthcare professionals focused on effective healthcare for patients with different cultural backgrounds. Červený et al. (2020) summarized that "cultural competence involves the ability to provide culturally compassionate and proficient nursing care in clinical practice and results from an integrated process of education, training, and self-awareness."

Importance of Culturally Congruent Healthcare

Both 2020 and 2021 were designated as the International Year of the Nurse and Midwife, underscoring the importance of nurses' contribution to healthcare (World Health Organization [WHO], 2020). When nurses do not implement principles of culturally competent care, patients with different cultural backgrounds may be denied healthcare, resulting in worse health outcomes (Higginbottom et al., 2011).

Papadopoulos et al. (2016) emphasized the need for a culturally competent approach to patients from different cultures so that care is patient-centred. The National Academies of Sciences, Engineering, and Medicine ([NAM], 2021) and Prosen (2018) recently emphasized these views as critical to achieving health equity. Both the NAM and Prosen charged nurses with facilitating the delivery of culturally competent, equitable care in their efforts to decrease healthcare disparities and improve patient outcomes.

Aim

Our purpose was to summarize existing knowledge and identify gaps in research linked to the cultural challenges nurses face when caring for patients from different cultures. Our specific research question was: What are the challenges nurses face when caring for patients from different cultures?

Our specific aims were to:
1) Identify and summarize current research (qualitative, quantitative, descriptive, interventional, etc.) regarding barriers to best

practices when nurses care for patients from other cultures.
2) Describe and summarize the main challenges faced by nurses caring for patients from other cultures.
3) Identify knowledge gaps and opportunities for future research to address these gaps.

Methods

Design

A scoping review.

Eligibility criteria

Due to the broad nature of our inquiry, this scoping review was informed by the methodology described by Joo and Liu (2020) and presented using the Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews ([PRISMA-ScR]; Page et al., 2021; Tricco et al., 2018) and the Participants, Interventions, Comparison, Outcomes (PICO) method framework for systematic reviews (Robinson et al., 2011). Specifically, we conducted a qualitative scoping literature review (Jordan, 2011).

Search strategy

The primary author developed the search strategy. We searched five electronic databases (Figure 1) using the Medical Subject Headings (MeSH) keywords: "cultural challenges" and "culturally competent care" from 1–28 February 2021. Efforts focused on the following PICO elements:

Population: Nurses caring for patients from cultures different from their own.

Intervention: Nurses caring for patients from different cultures.

Comparison: Nurses caring for patients from their own culture.

Outcome: Challenges nurses experience when caring for patients from different cultures.

Specific inclusion / exclusion criteria are listed in Table 1. Reference lists of the articles initially identified in the databases were manually searched for additional studies. Grey literature (e.g., government, industry, and business reports [Schöpfel, 2011]) was not included. We used a 3-step screening process and managed retrieved records using an Excel spreadsheet. Step one entailed reviewing the title and abstract. In steps 2 and 3, full text reviews identified articles meeting inclusion criteria and data extraction occurred in step 3 (Figure 1, PRISMA-ScR flow diagram by Page et al., 2021). Articles included in the final analysis were read and then reread one week after

Identification of studies via databases and registers
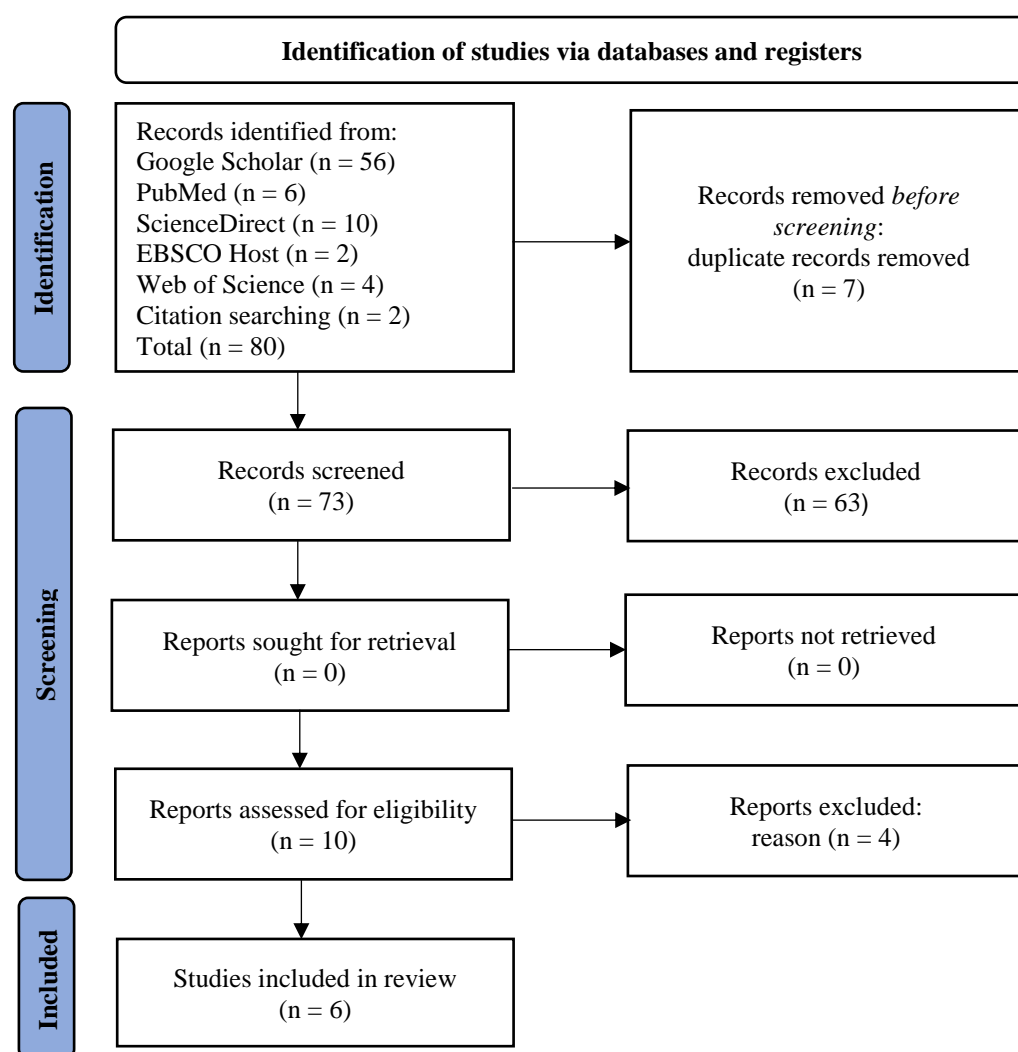
Figure 1 PRISMA flow diagram of this review

Table 1 Inclusion and exclusion criteria for this review

Inclusion criteria	Exclusion criteria
Nurses providing culturally competent care where nurses had 25% representation	Nursing students
	Retired nurses
Published in English	Nurses not providing direct patient care
Published from 2010–2019	Not original research, e.g., opinion, editorials, conference
Qualitative and quantitative studies	abstracts, systematic reviews, or articles unavailable in English

the first reading prior to data extraction to avoid erroneous conclusions.

Study Selection inc. PRISMA flow diagram

Figure 1 shows the flow diagram for the search of this scoping review. We total identified eighty articles, of which seven duplicates were removed. Based on the analysis of ten articles, only six studies were included in the final analysis.

Evaluation of quality of articles

We used the Critical Appraisal Skills Programme Qualitative Research Checklist (2013) to evaluate the quality of articles by co-authors. This checklist contains 10 questions aimed at evaluating the goal of the article, research design, data collection strategy, methods, data analysis, ethical questions, and the value of the qualitative studies (Joo & Liu, 2020). The studies were reviewed independently by two co-authors of this study. Results of the quality appraisal are presented in Table 2.

Data extraction

The data charting form was developed in MS Excel by the primary author and categorized using the format created by Jordan (2011). The first author adjudicated disagreements between reviewers. Data elements included author, year of issue, country, research

Table 2 Critical appraisal checklist results

Quality criteria	Author (Year), Country					
	Hart & Mareno (2014), USA	**Debesay et al. (2014), Norway**	**Abudari et al. (2016), UAE**	**Shepherd et al. (2019), USA**	**Lin et al. (2019), Taiwan**	**Claeys et al. (2021), Belgium**
1. Was there a clear statement of the aims of the research?	Y	Y	Y	Y	Y	Y
2. Is the qualitative methodology appropriate?	Y	Y	Y	Y	Y	Y
3. Was the research design appropriate to address the aims of the research?	Y	Y	Y	Y	Y	Y
4. Was the recruitment strategy appropriate to the aims of the research?	Y	Y	Y	Y	Y	Y
5. Was the data collected in a way that addressed the research issue?	Y	Y	Y	Y	Y	Y
6. Has the relationship between researcher and participants been adequately considered?	N	N	N^1 / Y^2	N	N	N^1 / Y^2
7. Have ethical issues been taken into consideration?	Y	Y	Y	Y	Y	Y
8. Was the data analysis sufficiently rigorous?	Y	Y	Y	Y	Y	Y
9. Is there a clear statement of findings?	Y	Y	Y	Y	Y	Y
10. How valuable is the research?	Y	Y	Y	Y	Y	Y

Y – Yes; N – No; N^1 – No by M. Nagórska; Y^2 – Yes by M. Prosen; (Critical Appraisal Skills Programme, 2013)

objectives and methods, determination and participants, key findings, and conclusions related to our study aims.

Results

We identified a total of 73 articles after de-duplication. In step 1, 63 articles failed to meet inclusion criteria. In step 2, full-text analysis, only six articles met the inclusion criteria. Articles were discarded because they were systematic overviews, and one article used ethno-nursing research methods by Leininger but did not describe issues from the nurses' point of view. The data was sorted, encoded, and categorized into five themes (Cultural challenges for patients with different backgrounds; Language difficulties in nursing care; Prejudice in nurses; Quality of culturally competent care; Suggestions to develop culturally competent care).

Article Characteristics

The articles included in the analysis were published from 2013–2020. A total of 2,035 nurses participated from five countries: the USA, Belgium, Norway, Taiwan, and Saudi Arabia. All studies were descriptive, exploring the perceptions and experiences of participants. Just one study included quantitative data (Claeys et al., 2021). No intervention studies met inclusion criteria. Tables 3 and 4 summarize the main points and proposals to eliminate cultural challenges in nursing practice identified in the articles.

Table 3 General characteristics of included articles

Authors (Year)	Title	Design, Sample size, Country	Purpose / Aims
Hart & Mareno (2014)	Cultural challenges and barriers expressed by nurses	qualitative descriptive thematic analysis nurses (n = 2,000), USA	The purpose of this study was to discover and describe challenges and barriers perceived by nurses in providing culturally competent care to diverse patient populations.
Debesay et al. (2014)	Facing diversity under institutional constraints: challenging situations for community nurses when providing care to ethnic minority patients	community nurses (n = 19), Norway	To understand the challenges encountered by community nurses while providing home healthcare to ethnic minority patients in Norway.
Abudari et al. (2016)	Caring for terminally ill Muslim patients: lived experiences of non-Muslim nurses	qualitative descriptive phenomenology nurses (n = 10), Saudi Arabia	The study aimed to explore non-Muslim nurses lived experiences in caring for terminally ill Muslim patients and their families and to investigate the context or situations that influenced these experiences as described by the nurses.
Shepherd et al. (2019)	The challenge of cultural competence in the workplace: the perspectives of healthcare providers	mixed-methods (quantitative descriptive study and qualitative analysis) healthcare workers (n = 56), nurses (n = 18), USA	To explore the general perspectives of healthcare professionals on culturally competent care, their experiences working with multicultural patients, their levels of cultural competence, and the extent to which they believe their workplaces address cross-cultural challenges.
Lin et al. (2019)	Exploring the experiences of cultural competence among clinical nurses in Taiwan	nurses (n = 30), Taiwan	To generate a descriptive theory framework regarding the experiences of the cultural competencies among clinical nurses in Taiwan.
Claeys et al. (2021)	Culturally sensitive care: definitions, perceptions, and practices of healthcare professionals	focus groups and individual interviews healthcare workers (n = 32), nurses (n = 7), Belgium	The purpose of this study was to expand knowledge and understanding of culturally sensitive care by exploring: 1) the definition and perception of healthcare professionals of the concept of culturally sensitive care and 2) how culturally sensitive care is delivered by healthcare professionals in their daily practice.

Theme 1. Cultural challenges for patients and nurses

All six studies acknowledged the challenges associated with differences in the cultural background between patients and healthcare professionals. Nurses in Hart and Mareno's (2014) study suggested that society's great cultural diversity was the biggest problem. One study included nurses' perception of the effect these differences had on patients, reporting that 40% of participants felt these differences "often make patients from other cultural backgrounds uncomfortable" (Shepherd et al., 2019) and caused anxiety and nervousness for patients of colour in particular. Other studies cited the effect these differences had on nurses themselves (Abudari et al., 2016; Claeys et al., 2021; Lin et al., 2019). In the study by Debesay et al. (2014), nurses expressed concerns about providing intimate care to minority patients. Nurses were afraid that they would cross cultural boundaries due to the lack of knowledge about the patient's culture. Specifically, nurses were stressed about their lack of cultural knowledge and understanding of specific cultural influences on healthcare, two key components of culturally sensitive and competent care. This resulted

Table 4 Summary of major findings in the articles

Author (Year), Country	Main findings	Recommendations
Hart & Mareno, (2014), United States of America	• lack of knowledge about patients of different culture because of great diversity • major barriers to provide culturally competent care are lack of time, money, and training • language barriers • people from other countries should adapt to the host country (prejudices and biases)	• develop cultural competences by education programmes • do research to explore assets, challenges, and barriers to the provision of culturally competent care • remove scope-of-practice barriers • improve lifelong learning • implement nurse residency programmes • prepare and enable nurses to lead changes to advance health
Debesay et al. (2014), Norway	• intimate care of minority patients • crossing cultural boundaries • uncertainty of community nurses • taboo in patients' family when he / she is dying • lack of openness about death with minority patients dilemma of respecting the patients' values and beliefs in dying or illness	• create a course focused on dealing with patients from different culture
Abudari et al. (2016), Saudi Arabia	• language barrier is a problem or challenge in nursing care • culture care is the major challenge for nurses • culture care needs more time and causes culture shock • religion influences everything in nursing care	• culture care education must be introduced as part of a cultural care nursing delivery model
Shepherd et al. (2019), United States of America	• nurses' cultural background makes patients from different cultures uncomfortable (anxiety or nervousness among patients of colour) • using language assistance positively determines healthcare	• cultural considerations are an important component of best practices • professionals should be learning about different cultural groups • regular organization-wide meetings for staff to have discussions about cultural competence
Lin et al. (2019), Taiwan	• lack of cultural training and limited resources • communication barriers (interpreters are unavailable in the majority hospitals or during the night shift, junior nurses cannot speak local language or dialect) • poor relationship between nurses and patients due to language barrier • cultural differences of making decisions • taboos of healing process in the seventh month of the lunar year; taboos of dying • lack of understanding the cultures of different countries, religious beliefs, and dietary habits • lack of understand patients' beliefs, fear from the patients • lack of time	• using modern technology and communications products to communicate with foreign patients
Claeys et al. (2021), Belgium	• racisms among nurses • stereotypes of immigrants, especially Muslims • lack of cultural knowledge • lack of time to provide culturally sensitive care • lack of clear communication	• courses, coaching, exercising, peer learning or simulations for developing culturally sensitive care

in a sense of culture shock and frustration associated with caring for individuals whose culture differed from their own.

Theme 2. Language challenges

Language differences were another major challenge nurses faced when providing culturally competent care. As expected, communicating effectively and gaining patients' trust were difficult when nurses did not speak the patients' language (Debesay et al., 2014; Hart & Mareno, 2014; Lin et al., 2019). Use of basic phrases in a patient's language was cited as a valuable and authentic means of overcoming language barriers and improving communication (Abudari et al., 2016). Lin et al. (2019) recommend nurses use communication applications to facilitate communication with minority patients.

Theme 3. Nurses' prejudices

Overcoming prejudice, stereotypes, and racism are specific cultural challenges in healthcare (Abudari et al., 2016; Debesay et al., 2014; Lin et al., 2019). Micro-racism refers to subtle intentional or unintentional negative attitudes towards specific groups of people (Claeys et al., 2021). Some participants did not realize they had micro-racist attitudes. For example, Claeys et al. (2021) reported that during the interviews, nurses identified clear differences between "us" and "them". Participants also felt unprepared and insecure when faced with racist comments from colleagues. Hart and Mareno (2014) found similar nurse opinions to Claeys et al. (2021). They also cited one participant's response that "the major challenge is to help healthcare workers understand their own prejudices and biases toward other cultures" (Hart & Mareno, 2014). However, Claeys et al. (2021) also point out that they were concerned by statements that nurses were forced to be overly responsive to the needs of patients from different cultures. It is interesting that respondents in this study usually said: "we (healthcare professionals) respect you (the patient) and we will listen to you, but eventually it will be 'our' way and within 'our' boundaries" (Claeys et al., 2021).

Theme 4. Quality of nursing care provision

Three studies identified several factors influencing the quality of culturally competent care (Claeys et al., 2021; Hart & Mareno, 2014; Lin et al., 2019). Competing workflow demands limited time available to 1) deliver culturally competent care, 2) attend training, and 3) engage in self-education. Financial concerns in the current cost-saving climate further affected the quality of nursing care provided to patients from different cultures, because nursing care of these patients from different culture need more time

and nurses have too little time and too much work in daily practice.

Theme 5. Recommendations for improving delivery of culturally competent care

Shepherd et al. (2019) noted that delivering care in a culturally appropriate manner was part of best practices and emphasized the importance of healthcare professionals learning about different cultural groups. These views were echoed in the remaining articles. Recommendations included providing nurses with regular education or training focused on cultural norms and cultural care principles with people from different cultures and language courses (Abudari et al., 2016; Claeys et al., 2021; Debesay et al., 2014; Hart & Mareno, 2014). Specific approaches to training were also mentioned. For example, training should be interactive and involve supervisors; include coaching, reflex exercises, and mutual learning; and use simulation as available (Claeys et al., 2021; Hart & Mareno, 2014). One study acknowledged the difficulties people who were not raised in a culturally sensitive environment had unlearning previous behaviours.

Discussion

Global population migration results in culturally diverse societies, adding to the complexity of healthcare (Betancourt et al., 2012; Červený et al., 2019). Providing culturally sensitive and competent care is an essential skill for nurses, increases the quality of healthcare, and may help decrease healthcare disparities. Results from our literature review regarding challenges faced by nurses caring for patients whose culture differed from their own aligned with what has been reported in other studies. For example, Chen et al. (2017) also indicated that the time to acquire the necessary knowledge and skills and provide culturally competent care was a significant barrier. In the studies we reviewed, a lack of knowledge of the patient's culture resulted in discomfort for both nurses and patients (Balante et al., 2021; Shepherd et al., 2019). Wesołowska et al. (2018) suggested that these problems could be solved by developing cultural competencies.

Communication is the most important aspect of nursing practice. Language barriers are an omnipresent challenge, limiting communication and negatively affecting care provided (Ali & Watson, 2017). Patients from other cultural backgrounds often receive poor quality care due in part to language barriers (Torres-Ruiz et al., 2018). Language barriers also add to the stress and workload of nurses, triggering feelings of incompetence and inability

to provide nursing care (Alosaimi & Ahmad, 2016; Gerchow et al., 2021; Taylor & Alfred, 2010). Hendson et al. (2015) reported similar findings in their study with immigrant families in a neonatal intensive care unit. In addition to differences in faiths and cultural values, the fragile relationships between healthcare providers and immigrant families were affected by communication and language barriers. Results from our review indicated that quality of care, patient trust, and communication improved with efforts to address these barriers. Using interpreting services or online translation tools that are easily accessible and free of charge can also improve care and patient satisfaction (Albrecht et al., 2013; Al Shamsi et al., 2020).

Perhaps the most significant finding in our review was cultural micro-racism (Claeys et al., 2021; Hart & Mareno, 2014). Cultural racism refers to negative racial stereotypes and prejudices associated with minorities (Cobbinah & Lewis, 2018). Racism substantially affects the quality of care and results in poorer patient outcomes (Feagin & Bennefield, 2014; Hacket et al., 2020; Williams & Mohammed, 2013; Williams et al., 2019). Patients who had already experienced some form of racism were afraid to seek further healthcare (Shepherd et al., 2018). Nurses often have the greatest number of interactions with patients and are professionally and legally obligated to provide equitable care. Caring for patients and families of different races, languages, sexual orientations, countries of origin, and unique background experiences is considered by some to be a privilege in care (Baptiste et al., 2020). Plaza del Pino et al. (2013) recommended that nurses overcome prejudices and stereotypes as part of their professional training. All authors included in our review recommended nurses develop their cultural competence through targeted education. Recommendations to improve cultural sensitivity and delivery of culturally competent care identified in this review centred on leadership-supported education and training. Intervention research is urgently needed to identify which educational approaches, content, and frequency of training would be most effective in terms of cost and time.

Limitation of study

Sample size was a major limitation, as was the lack of intervention studies to mitigate barriers to providing culturally competent care. Only research articles published in English were included in our literature review. We did not include grey literature. This may have led to the omission of relevant articles in other languages. Although the quality of the studies was high, there were no level I, II, or III studies identified in this review. All studies were descriptive in nature.

Conclusion

Increased cultural diversity due to global migration and on-going associated healthcare disparities has highlighted the importance of culturally competent care. More research – interventional and effectiveness in particular – is needed to address common challenges such as micro-racism and to facilitate World Health Organization and National Academy of Medicine recommendations directed at providing culturally appropriate care to promote health equity.

Ethical aspects and conflict of interest

The authors declare that they have no conflict of interest.

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Author contributions

Conception and design (MC, LS), data analysis and interpretation (MC, LS), manuscript draft (MS, LS, MP. MN), critical revision of the manuscript (MC, LS, MP, MN), final approval of the manuscript (MC, LS, MP, MN).

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